This Handbook will be your primary source of information during the clinical year. Read it. Refer to it. Keep it close to you. The Program will expect you to refer to it prior to calling or emailing with a question.
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SECTION 1                                    PURPOSE AND PHILOSOPHY

PURPOSE

The second year of the Joint MSPAS/MPH Program consists of 54 weeks of supervised clinical & Public Health experiences referred to as rotations. Clinical rotations enable students to integrate and apply their didactic knowledge in the evaluation, diagnosis and treatment of patients in a supervised clinical setting. Learning in a clinical setting is different than learning in a classroom setting. The transition can be difficult yet exciting and is vital to the success of a clinician. The Public Health field study provides students with practical experience in a public health setting allowing for the integration and application of the public health skills and knowledge acquired during the didactic curriculum.

These experiences are designed to build competence in fundamental clinical skills through practice and feedback, and to enhance confidence in preparation for graduation and practice.

This handbook states the policies, procedures, student requirements and expectations for the clinical experience of the program. This handbook supersedes the Joint MSPAS/MPH handbook. All policies from the student handbook not addressed in this handbook shall remain in effect.

PHILOSOPHY

Learning the skills necessary to become a competent and empathetic health care practitioner is best accomplished through rigorous yet nurturing clinical & Public Health experiences that include direct observation, hands-on practice, constructive feedback, mentoring, and supplemental reading. We view this process as an active partnership between the student, the clinical & Public Health supervisor or preceptor, the Joint MSPAS/MPH Program, and the University.
DISABILITY SERVICES

TUC is committed to providing reasonable accommodations to students with documented disabilities. Policies and procedures must ensure that students with a disability will not, on the basis of that disability, be denied full and equal access to academic and co-curricular programs or activities or otherwise be subjected to discrimination under programs offered by the University.

Disabled students’ rights are protected under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). It is the policy of TUC to insure that no qualified student with a disability is excluded from participation in or subjected to discrimination in, any University program, activity, or event.

If a student feels he or she has been discriminated against because of a disability by another student or by University personnel, he or she has the right to request an investigation into such a matter through the stated grievance policies and procedures stated in the Student Handbook.

Please see the Student Services Department for full information on procedures and information regarding requests for accommodations. Accommodations must be renewed for the clinical year.
SAFETY

Crime Awareness and Campus Security
As required by federal law, Touro University makes information available to students about policies and procedures to report criminal actions on campus, current policies concerning security and access to facilities on campus, and information on campus law enforcement and statistics concerning incidents of campus crime. Students interested in this information should contact the Office of Student Services or visit tu.edu and click on “Current Students,” “Student Services,” “Security.”
http://www.tu.edu/departments.php?id=52&page=1202&prev=1

FOR EMERGENCIES CALL 911

Additional Important Phone numbers:
1. Campus Security (707) 638-5804
2. Emergency Pager (707) 551-6034
3. Vallejo Police (707) 552-3285
4. Vallejo Fire Dept. (707) 552-3285

Crime Awareness and Off-Campus Security
Touro University makes every effort to ensure student safety when off campus on clinical rotations. The university and program recommend that all students be aware of their surroundings at all time, and utilize common sense security techniques (i.e. keeping one hand free, locking your car and concealing valuables from view in your car.) Additionally, the university and program recommend that students utilize any available safety systems present at clinical rotation sites, such as “security escorts to your car”.

FOR EMERGENCIES CALL 911

If at any time a student does not feel safe in a clinical rotation site, the student is to notify the program immediately. Students are expected to notify the program immediately if a crime occurs.
SECTION 4

EXAMINATION PROTOCOL

ADMINISTRATION OF EXAMINATION PROTOCOL

The following are the procedures regarding the administration of an examination. Both the student and proctor are responsible for ensuring the examination protocol is adhered.

- Students are required to be present for all scheduled examinations and must arrive on time for the examination.

- A student who arrives late to an examination will not be given additional time to complete the exam. If a student arrives 15 minutes or more late from the exam start time, it will be at the discretion of the course coordinator or designated proctor to determine if the student will be permitted to take the exam at that time or whether the exam will be rescheduled for that student. If the exam is rescheduled, the exam will cover the same subject material covered by the original examination; however, the exam may be in a different format than the original examination. Furthermore, any student arriving after other students have completed the exam and left the testing area will not be allowed to start the examination.

- A student unable to attend a scheduled examination for any reason must immediately notify the course coordinator (in person or phone) as soon as possible prior to the start of the exam. The course coordinator will determine whether the absence is excused or unexcused. A physician’s note for absences due to illness may be requested by the Program. Failure to inform the course coordinator prior to the exam will result in the grade of zero (0) for the test.

- In the rare instance should an excused absence be granted, it is the student’s responsibility to contact the course coordinator within 36 hours to arrange to take the exam. The missed exam will be administered as soon as possible, so students should be prepared to take the exam with short notice. The date and time will be determined by the course coordinator. Although the make-up exam will cover the same subject material covered by the original examination, it may be in a different format than the original exam. Failure to make up the examination within the specified time period will result in a grade of zero (0) for that examination.

- If a student fails to appear for an examination and fails to notify the clinical coordinator prior to the exam or misses an examination with an unexcused absence, formal documentation will be placed in the student file. In addition the student will receive a grade of zero (0) for the exam and no make-up exam will be offered. Such behavior is considered unprofessional and may result in disciplinary action.

- All examinations, including examination grading sheets such as for practical/OSCE exams will remain in possession of the Program. No student may retain a copy of an examination or part of an examination. Retaining an examination is grounds for disciplinary action up to and including dismissal from the Program.
Examination Decorum
Assessment of the physician assistant students’ knowledge is essential. This not only reflects what the student has learned, but also the quality and content of the information presented. It is therefore essential that examination decorum consistent with accepted academic and professional standards be maintained at all times to ensure fairness and validity of exams.

Upon entry into the examination site, the student must place all books, notes, study aids, phones, coats and personal possessions at a site away from the seats. Students must sit several seats apart within a row and with have at least one empty row between rows of seated students. The Program reserves the right to assign seating. No talking is allowed once an examination starts. Students are expected to uphold to the Code of Responsibility of Students of TUCA (Appendix C). Obtaining a copy of the exam, a previous year’s exam or questions and/or getting help from another student during the exam are all considered cheating. Any student engaging in dishonest acts during an examination are subject to disciplinary action up to and including dismissal from the Program.

Hats/caps may not be worn during any examination except for the wearing of a headpiece for religious reasons. Any student wearing a hat will be asked to remove it. Failure to comply with this or any other reasonable request of a proctor will result in the immediate dismissal of the student from the examination. In such instances, the student will receive a zero for the examination.

Exam Review Process & Procedure
Students may NOT review end-of-rotation exams at any time.
THE CLINICAL CURRICULUM AND SCHEDULE

The clinical year consists of 9 six-week blocks (54 weeks total). The clinical portion of the Program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules will vary greatly depending on the site. Students may not start any clinical rotations until successful completion of all didactic coursework. The organization of the clinical experiences is outlined below, though the order will vary for each student.

**REQUIRED CLINICAL ROTATIONS**

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Rotation</th>
<th>Length</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PH 623</td>
<td>Public Health Field Study</td>
<td>6 wks</td>
<td>2.0</td>
</tr>
<tr>
<td>PA 636A</td>
<td>Primary Care I</td>
<td>6 wks</td>
<td>6.0</td>
</tr>
<tr>
<td>PA 637B</td>
<td>Primary Care II</td>
<td>6 wks</td>
<td>6.0</td>
</tr>
<tr>
<td>PA 631A</td>
<td>Primary Care III</td>
<td>6 wks</td>
<td>6.0</td>
</tr>
<tr>
<td>PA 633B</td>
<td>Primary Care IV</td>
<td>6 wks</td>
<td>6.0</td>
</tr>
<tr>
<td>PA 634</td>
<td>Emergency Medicine</td>
<td>6 wks</td>
<td>6.0</td>
</tr>
<tr>
<td>PA 632</td>
<td>Surgery</td>
<td>6 wks</td>
<td>6.0</td>
</tr>
<tr>
<td>PA 638</td>
<td>Elective I</td>
<td>6 wks</td>
<td>6.0</td>
</tr>
<tr>
<td>PA 639A</td>
<td>Variable</td>
<td>6 wks</td>
<td>6.0</td>
</tr>
</tbody>
</table>

**Total for Clinical Rotations** 54 wks 50.0

Clinical rotations will average approximately 30 - 40 hours a week on site. Some rotations may involve slightly shorter or longer hours, evening or on-call responsibilities, and weekend hours. The preceptor will determine the student schedule and clinical responsibilities. Students **MUST** adhere to each block schedule and to all assignments developed by the sites and preceptors.

Joint MSPAS/MPH students must complete 400-hours of fieldwork experience. Joint MSPAS/MPH students, enrolled in PH 623, automatically receive an “hours waiver”. This “hours waiver” acknowledges that Joint MSPAS/MPH students obtain 200 hours of PH field experience throughout their remaining clinical rotations. Therefore, Joint MSPAS/MPH students must only complete the remaining 200 hours (of the required 400 hours) during the field study rotation.
**SUMMARY OF CLINICAL ROTATIONS**

**Primary Care I and II** - Students will be placed in a primary care outpatient and/or inpatient setting, with a family practitioner or internist, to obtain exposure to primary care medicine. These rotations’ examination will focus on Family Practice medicine, geriatrics and psychiatric/behavioral health.

**Primary Care III** - Students will be placed in an outpatient and/or inpatient setting, with a family practitioner or internist, to obtain exposure to primary care medicine. This rotation’s examination will focus on Internal medicine, geriatrics and psychiatric/behavioral health.

**Primary Care IV** – Students will be placed in an outpatient and/or inpatient setting, with a family practitioner, internist, pediatrician and/or OBGYN, to obtain exposure to primary care medicine. This rotation’s examination will focus on Pediatrics and Women’s Health.

**Emergency Medicine** – Students will be placed in a hospital based emergency room to gain exposure to urgent and emergent care. This rotation’s examination will focus on Emergency Medicine.

**General Surgery** – Students will be placed in a surgery rotation to obtain pre-, intra-, post operative experiences. This rotation’s examination will focus on General Surgery Principles.

**Elective** – Student in good academic standing within the program to be considered for an elective of their choice. The program reserves the right to replace a student’s chosen elective with an additional core rotation if deemed in the best interest of the student.

**Variable** – Students in good academic standing will be given the opportunity to utilize this rotation as an additional elective rotation. The program reserves the right to utilize this rotation in the best interest of the student. If knowledge/skill deficiencies are identified, then the program will place the student in a rotation that addresses the deficiency.

**ROTATION SCHEDULE**

<table>
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<tr>
<th>Session</th>
<th>Block</th>
<th>Dates</th>
<th>Call Back Dates</th>
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<td>5</td>
<td>1</td>
<td>February 11 – March 22, 2013</td>
<td></td>
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<tr>
<td>6</td>
<td>3</td>
<td>May 6 – June 14, 2013</td>
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<td>June 17 – July 26, 2013</td>
<td>July 29 – August 2, 2013</td>
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<td>September 16 – October 25, 2013</td>
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<td>7</td>
<td>November 4 – December 13, 2013</td>
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<td></td>
<td>PHFS</td>
<td>February 3 – March 14, 2014</td>
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**Attendance for the Call Back dates is mandatory** (as noted in Section 8, item #17.) Call Backs will include multiple activities. Completion of these examinations and assignments on the day(s) scheduled by the Program is mandatory.
ASSIGNMENT OF STUDENTS

Student Clearance Protocol
Students are required to successfully complete/pass the following requirements prior to starting clinical rotations:

- Pre-clinical check sheet items
- A criminal background check
- A 10 panel urine toxicology and alcohol screen with urine creatinine
- All required immunizations and titers

Failure to complete any of these required items by the due date may result in a delayed start to the clinical year and/or clinical site placements. This may in turn delay the student’s graduation from the Program and may result in additional tuition.

Some rotations and field study placements have additional requirements which students will also be required to complete prior to starting the specific rotation/field study (i.e. interview, orientation, and time specific background checks/drug testing or physical exam). Students may incur additional costs for clearance requirements associated with elective and/or variable rotations.

Clinical Rotation Placement
Assignment of student rotations is the responsibility of the Clinical Coordinator(s) and Program.

1. Students may NOT develop or arrange their own clinical sites.
2. Students will be given the opportunity to rank preferred geographical locations and preceptors to aid in student placement at desired rotation sites.
3. Students will have the opportunity to request rotation assignments and recommend potential preceptor sites through the Student Preceptor/Rotation Request Form. The Joint MSPAS/MPH Program will accept recommendations and requests from students regarding new sites at least 12 weeks in advance for rotations not yet confirmed. This will allow the Program adequate time to visit (or contact) the site, speak to the potential preceptor, evaluate the site’s suitability, and develop an affiliation agreement. Completion of the request form does not guarantee student placement in the requested site.
4. Students must be in good academic standing within the Program to be considered for placement in a requested site or a requested elective rotation.
5. The Program reserves the right to replace a student’s elective rotation with an additional core rotation.
6. Students may not switch site assignments with other students.
7. Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations only.
8. Students MAY NOT arrange their own clinical sites to avoid moving or to avoid placement at a particular rotation site.
9. Although most of the sites are in California, students may be placed outside of the state.
10. All students are expected to relocate at least two times during the clinical rotations.
11. The Program works toward firmly establishing each six week block, however unforeseeable events can occur which may require a student to be moved to a different site with short notice, just prior to starting and/or during a rotation. Students are responsible for all financial costs associated with travel and/or relocation regardless of the cause.

Public Health Rotation Placement
Student placement is the sole responsibility of the Public Health Field Study Coordinator.

1. Students will be matched to a site based on experience, skills inventory and interests whenever possible. The office maintains a notebook of preceptor opportunities. Students identify those in which they are interested and for which they are qualified. Students will complete a Field Study Planning Form (See Appendix B) and submit it to the program. The majority of Community Health track placement sites are located in the San Francisco Bay Area; however sites are available and permissible throughout California. Institutional agreements are also in place in Ethiopia, Bolivia and Cambodia for Joint MSPAS/MPH student field study placements. Students will work on available projects in local or global locations within various public health organizations including but not limited to: hospitals, clinics, government agencies, health departments, community organizations, and advocacy programs.

2. Students will have the opportunity to request field study placements using the Placement Request Form. (See Appendix B) The PH Program will accept requests from students for new sites with the Placement Request Form (See Appendix B) and the organization’s completed Organizational Registration Form (See Appendix B) - at least 12 weeks in advance of the placement. This will allow the Program adequate time to contact the potential site/organization, speak with the preceptor, evaluate site suitability, and develop affiliation agreements. Submission of a request form does not guarantee student placement in the requested site.

3. Students must be in good academic standing within the Program to be considered for placement in a requested site and/or in an international public health field study.

The Program makes all final decisions regarding the placement of students in sites throughout the clinical year.

STUDENT NOTIFICATION OF CLINICAL ROTATION PLACEMENTS

Initial Notification
Prior to the start of the clinical year, students will receive a list of all confirmed rotations, the name of the practice and geographical location.

Ongoing Notifications
Students will be notified of confirmed rotation assignments via email one or two weeks prior to the start of each rotation whenever possible. This email will contain information for both the immediate upcoming rotation as well as information for all confirmed rotations for the remainder of the year. Students are responsible for reviewing all the information regarding their future rotation schedule to ensure the timely completion of any rotation specific requirements. While the program makes every
effort to not change rotations once confirmed, occasionally this is unavoidable. **Students are responsible for reviewing the ongoing notification list of confirmed rotations to monitor for rotation changes.**

**Immediate upcoming rotation information:**
The content of the email will contain the contact information for the upcoming rotation, as well as any additional rotation specific clearance requirements that the student needs to complete prior to the start of the rotation.

**Future rotation schedule information:**
Attached to the email is a list of the student’s updated confirmed rotation schedule for the entire year. This attachment will also contain the necessary contact information for each rotation, as well as any rotation specific clearance requirements that the student needs to complete prior to the start of the rotation.

The program recommends that students open rotation notification emails and attachments on a computer. Opening such documents on other electronic devices (such as smart phones) may result in omission of important information and instructions.

**PREPARATION FOR ROTATIONS**

Prior to beginning any rotation, the student must complete the following tasks:

1. Contact the designated contact person at the site upon receiving the notification email to determine specifics such as reporting time, location, and any special instructions at least one week prior to the start of the rotation when possible. **Students are not to correspond with any institutional staff until the rotation site has been cleared by the program.**
2. Complete all rotation specific requirements. (For example: obtain ID badge, get hospital clearance, or complete toxicology screen) Be prepared to provide all necessary clearance documents to the appropriate departments (IZ, ACLS, hospital forms, OSHA/HIPPA).
3. Make housing arrangements. (All housing and transportation expenses are the student’s responsibility.)
4. Review rotation objectives.
5. Review rotation specific topics (For example, surgical instruments and suture procedures for ER and surgery rotations or IV medications for a hospitalist rotation.)
HOLIDAYS
There are no official holidays during the clinical year. Students on clinical rotations do NOT follow the University academic calendar regarding holidays.

ABSENCE (due to illness or emergency)
Students must contact the Preceptor and the Clinical Coordinator prior to the regular reporting time if they need to be absent for illness or emergency. Failure to notify Preceptor and Clinical Coordinator of absences prior to the regular reporting time will result in an unexcused absence. Unexcused absences will result in the lowering of the rotation’s overall professionalism grade by 5% on the first absence and 10% for each additional unexcused absence. Determination of an unexcused absence is at the discretion of the Clinical Coordinator. The student will be placed on probation and referred to the SPC for Professionalism for the third unexcused absence. Please note: Unexcused absences will be tallied cumulatively over the course of the clinical year.

PERSONAL DAYS
There is a maximum of 14 personal days off during the clinical year. These personal days include holidays, sick days, emergent absences, unexcused absences and other requests for time off. Students may use a maximum of two days per rotation. Personal days cannot be taken during the Public Health field study. Students must inform the Program prior to the beginning of the clinical year if time off is requested to observe religious holidays (i.e. Rosh Hashanah, Yom Kippur, Christmas, Easter, etc.). Prior approval from the Program and Preceptor is required for utilization of any Personal Days. The Student is required to submit a Student Time Off Request Form (see Appendix A) to the Clinical Coordinator at least 14 days prior to the expected absence. Submission of the form does not guarantee approval.

Students absent (whether excused or unexcused) for more than two days on one rotation or more than 14 days throughout the entire clinical year may have an overall grade reduction of 10% for the corresponding rotation(s) and/or may be required to make-up the missed time or repeat a rotation. (This grade reduction is in addition to the reduced Professionalism grade if any of the absences were unexcused). This may prolong the length of the Program and delay graduation.

CONFERENCES
It is the program’s desire to promote dedication to the lifelong learning process needed for our profession. As such, students may request time off to attend regional and national PA conferences (e.g. AAPA National Conference, CAPA). Students must be in good academic standing to attend. While, this time will not be counted against Personal Days, prior approval from the Program and Preceptor is required. The Student is required to submit a Student Time Off Request Form (see Appendix A) to the Clinical Coordinator at least 14 days prior to the expected absence. Submission of the form does not guarantee approval. The number of approved days is at the discretion of the Clinical Coordinator. Failure to adhere to the approved dates shall result in an unexcused absence. Refer to the above consequences for unexcused absences.
TRAVEL DAYS

For Travel Back to Campus
Students in rotation sites more than 4 hours away from campus will be excused from the rotation the Wednesday prior to the May Call Backs to allow for travel back to campus. This **will not** count towards the student’s personal days. If additional time is required, the student must submit a Time Off Request Form (See Appendix A) to the Clinical Coordinator(s) at least 14 days prior to the requested dates. If approved, the additional time **will** count towards the student’s personal days. No travel day will be provided for the Call Back Weeks since students will have the weekend to travel.

For Travel between Rotations
No additional travel days are given for travel between rotations. If additional time is required, the student must submit a Time Off Request Form (See Appendix A) to the Clinical Coordinator at least 14 days prior to the requested dates. If approved, the additional time **will** count toward the student’s personal days.
STUDENT GUIDELINES
Students will be evaluated not only on their academic and clinical skills but also on their interpersonal skills, reliability, and professional and behavioral conduct. The following is a list of guidelines, in addition to those found in the Student Handbook, to which the student must adhere during their participation in the clinical year.

1. **Timeliness**- Students must report to and remain at the site for the entire time designated on their approved schedule. Any modifications to their approved schedule must be reported to the clinical coordinator. If a student anticipates being late, they must contact the Preceptor immediately. Repetitive tardiness (≥ 3) will result in lowering of the professionalism grade for that rotation by 5% and/or disciplinary action such as referral to the SPC for professionalism. Students must also submit all required assignments and forms by their designated due date.

2. **Attire**- Students are expected to dress in conservative professional attire and present a clean neat appearance. Students should avoid soiled, wrinkled or revealing clothes. Men must wear a tie. Jeans and sneakers/athletic shoes or open toed shoes are not permitted. Students should wear a short white clinical jacket with the Program patch at all times except when specifically requested not to do so by the preceptor. Students should not wear full-length lab coats. Perfume and/or cologne should not be used. Excessive and/or long jewelry should be avoided.

3. **Preparation**- Students must report to clinical sites fully prepared for work with all necessary equipment (i.e. stethoscope, lab coat, etc.). Additionally, students have the following documents readily available at all times:
   - BLS and ACLS card
   - Immunization Certificate
     - It is the student’s responsibility to ensure that they maintain all required immunizations, such as PPD.
   - Resume
   - HIPPA Certificate
   - OSHA Certificate
   - Any hospital forms required for the rotation

While the program works diligently to monitor the specific requirements of all facilities, frequently, facilities will change a protocol without notifying the program. Students are responsible for notifying the program of any protocol changes that they discover, in order for the program to update the requirements for future students.

4. **Identification**- Students must introduce themselves to every patient using their name, and the term “physician assistant student”. Students should at no time present themselves to patients or other practitioners as a physician, resident, medical student, or as a graduate or certified physician assistant. While in the Program, students may not use previously earned titles (i.e. RN, MD, DC, PhD, etc.) for identification purposes. Students must wear their Program issued
identification name-tag at all times on clinical sites, in addition to any student identification required by the site. Students must report lost or destroyed name-tags within one day and will incur the cost of replacement tags. *Lab coat & student I.D. are not required on the PH field study.*

5. **Student Role**- Students must be aware of their limitations as students and of the limitations and regulations pertaining to PA practice. Students at clinical sites must always work under the supervision of a Preceptor. They may not function in the place of an employee or assume primary responsibility for a patient’s care. **Students shall not treat and/or discharge a patient from care without consultation with the clinical preceptor.** Students should seek advice when appropriate and should not be evaluating or treating patients without supervision from, and direct access to a supervising clinical preceptor at all times. Students shall perform only those procedures authorized by the preceptor. Students must adhere to all regulations of the Program and the clinical sites. The student is to contact the Program immediately with any questions or concerns about the student’s role at a site.

6. **Demeanor**- Students must conduct themselves in a professional and courteous manner at all times displaying respect for the privacy, confidentiality, and dignity of patients, preceptors, faculty, staff, health care workers and fellow students. Displays of aggression, argumentative speech (in verbal and/or written correspondence), threatening language or behavior, inappropriate sexual conduct or speech, demeaning language, and behavior and language that is deemed to be insensitive to, or intolerant of, race, religion, gender, sexual orientation, and ethnicity toward Program faculty, a preceptor, staff and/or patient will **not** be tolerated. The physician assistant and physician assistant student role requires teamwork and the ability to carefully follow directions from a clinical supervisor. The role of the clinical preceptor commands the utmost respect. Students displaying this type of behavior will be referred to the SPC which may result in disciplinary action including possible dismissal from the Program.

7. **Integrity**- Students are expected to follow all policies in the Student Code of Conduct outlined in this handbook and the Student Handbook including those pertaining to academic honesty. Infractions such as forgery, plagiarism, stealing/copying tests, and cheating during examinations will not be tolerated. PA students are also expected to display the highest ethical standards commensurate with work as a health care professional. Students shall report any illegal or unethical activity to the Program Director or Clinical Coordinator. Students may not accept gifts or gratuities from patients or families. Breeches in confidentiality, falsification of records, misuse of medications, and sexual relationships with patients and preceptors will not be tolerated.

8. **Confidentiality**- In accordance with the [Guidelines for Ethical Conduct for the PA Profession](www.aapa.org) and in compliance with HIPPA Standards, students must respect and maintain the confidentiality of patients. Students are not permitted to discuss any patients by name or any other identifiable means outside the clinical encounter. All identifiable information must be removed from all case presentations, including H&Ps and SOAP notes, as per HIPAA requirements. 

9. **Health and Safety**- Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed
from the clinical site and/or face disciplinary action. Removal from a clinical rotation may prolong the length of the program and delay the student’s graduation.

10. **Nondiscrimination**- Students shall deliver quality health care service to patients without regard to their race, religion, gender, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, legal involvement, or political beliefs.

11. **Impairment** - Students shall not appear at the university or clinical sites under the influence of alcohol or drugs. Should this occur, the student will be immediately removed from the rotation and referred to the SPC for disciplinary action.

12. **Site Regulations**- Students must comply with all rules, regulations, bylaws, and policies of the site for which they are assigned. Failure to do so will result in removal from the rotation and may result in additional disciplinary action.

13. **Learning Expectations** - Students are responsible for fulfilling all learning objectives. It is not possible nor expected that the student be exposed to each entity or problem listed during their rotations; however it is the student’s responsibility to ensure comprehensive knowledge about all the objectives for each discipline. Furthermore, students must complete the Clinical Year Minimum Requirements to graduate.

14. **Student Participation in the Learning Process**- Students must take an active part in the learning process during this phase of their training. Active listening skills must be applied to all clinical encounters whether observational or interactive. Students should show initiative and an eagerness to learn. Preceptors have very different teaching styles and time constraints. Students must be assertive in pursuing their educational goals but never aggressive nor disrespectful. **In general, preceptors are likely to invest more time and energy teaching students who demonstrate significant interest and effort.** Students are expected to manage their time well and use slow periods for medical reading and preparation for examinations. Students are responsible for all assignments given by the preceptor and the Program.

15. **Flexibility**- Students must be flexible to accommodate the various teaching styles, schedules of the preceptors/sites, and PH project formats.

16. **Problems/Conflicts**- Students should initially attempt to work out any minor problems with their Preceptor or Supervisor. If the student still perceives a problem in any area of the experience including personality conflicts, communication issues, supervision, or inadequacy of the learning experience they should contact the Program immediately.

17. **Call Back Days**- Students are **required** to attend all Call Back Days. Completion of the EOR examinations and all other activities on the day(s) scheduled by the Program is mandatory. Each Call Back examination and assignment that is not completed on the day(s) scheduled by the Program without prior approval will be counted as a failed exam or assignment and is subject to the consequences described in Section 11. Students must arrive on time for all Call Back days and stay for the entire day. Failure to arrive on time, stay for the entire Call Back day or absences without prior program approval **will result in the loss of up to 15% from** the student’s overall professionalism grade for each rotation associated with that Call Back.
18. **Weapons**- Students are not permitted to carry any firearms or other weapons to clinical sites.

19. **Registration and Financial Obligations**- Students on clinical rotations MUST continue to be attentive to all necessary forms, and adhere to deadlines concerning tuition bills, financial aid, registration and current contact information.

20. **Blood/Body fluid Exposure**- Students must **immediately** report any blood/body fluid exposure(s) to their Preceptor, the Clinical Coordinator(s) and any hospital personnel (if instructed by their preceptor) **immediately**. Students must adhere to the University’s Exposure protocol (See appendix A). The protocol is also available on Blackboard and at the Program’s office. **Be advised that the school is not liable for health care costs accrued if an exposure occurs. Students are expected to submit claims to their own medical health insurance.**

21. **Address Forms** - Students are required to provide the Program with permanent contact information for the entire rotation year prior to the clinical year. Students are expected to notify the Program **immediately**, as well as the Office of the Registrar, upon any change of contact data. It is not the responsibility of the Program to confirm the accuracy of this information or report it to the Registrar.
SECTION 9  
CLINICAL PRECEPTOR RESPONSIBILITIES

CLINICAL PRECEPTOR RESPONSIBILITIES
The preceptor plays a vital role in the educational process. The preceptor acts as a clinical resource while students apply the medical knowledge obtained during the didactic training. *It is not the expectation that a preceptor act as an instructor for said didactic knowledge.* The Preceptor must be a physician and is responsible for the on-site supervision, training, assessment and evaluation of the physician assistant student. Daily teaching duties can be delegated to a MD, DO, resident, physician assistant or nurse practitioner.

1. **Student Schedule** - The Preceptor determines the student’s schedule. Students are expected to adhere to the Preceptor’s work schedule. Students are expected to work at the site at least 40 hours per week but this can vary depending on the site, with a minimum of 30 hours and a maximum of 60 hours per week. When a preceptor is seeing patients, it is expected that the student will be working as well. Students are expected to work nights, weekends, and be on-call if required by the site.

2. **Clinical Experience** - Students should spend as much time as possible involved in supervised hands-on patient care activities. Seeing the largest number and greatest diversity of patients that is possible at the site enhances the learning experience. It is especially important that all students obtain exposure to patients across the entire life span.

3. **Objectives** - Students are given learning objectives to guide their learning and to focus their study efforts for the end of rotation exam. Students are also required to complete a list of minimum requirements throughout the clinical year. We acknowledge that it is not possible for the student to be exposed to each entity or problem listed; however we do ask that the preceptor review the learning objectives and the minimum requirements.

4. **Supervision** - The preceptor is responsible for the overall supervision of the physician assistant student’s educational experience at the clinical site. An assigned qualified practitioner (attending physician, resident physician, PA, NP) **must be on the premises and available at all times** while the student is performing patient care tasks. The student must know who this person is and how to contact them. **Unusual or abnormal physical findings must be confirmed.** Students require supervision for surgical procedures. While on rotations, the physician assistant student will be supervised in all his/her activities commensurate with the complexity of care being given and the student’s own abilities. **Students cannot treat and/or discharge a patient from care without consultation with the clinical preceptor.**

5. **Assignment of Activities** - Students shall be directly involved in the evaluation and management of patients based on the clinical preceptor’s preference and the individual student’s skill and knowledge level. Patient encounter volumes vary depending on the specialty, location and practice; however, a student is expected to see between 3-10 patients per day as the primary provider for the encounter for early rotations and 8-15 patients per day by the end of the clinical year. Students should not see 20 or more patients per day as the primary provider for the encounter. Students shall not be used to substitute for regular
clinical or administrative staff. The preceptor should assign the students to appropriate clinical oriented activities such as:

- patients to examine and/or follow
- procedures to perform/ surgeries to assist
- clinical oriented paperwork (reviewing diagnostic test results and consultation reports, pharmacy refill requests, treatment prior authorizations, insurance/specialist referrals)
- diagnosis and treatment research

6. **Presentation** - Preceptors should have the student present patients on a regular basis.

7. **Documentation** - Preceptors must review and countersign all student documentation and charting. If the practice uses an Electronic Medical Record system, students should be provided with a student ID and password. Students cannot use a licensed provider’s ID and password. If the office/system uses predominately checklists, the program encourages the preceptor to assign (and subsequently evaluate) written notes to the student and/or additional case presentations to the student.

8. **Teaching** - The Preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments, hallway or informal consultations between patient encounters and/or recommending specific conferences. It is expected that the preceptor will model, expose students to and teach in accordance with current evidence based medicine guidelines and the accepted standards of care.

9. **Evaluation** - The preceptor, or his/her designee, must observe and assess the student performing clinical functions, including documentation, on a regular basis and provide constructive verbal feedback to the student periodically over the course of the rotation. The preceptor may also be asked to give feedback on student performance to faculty members during site visits. The preceptor will be responsible for completing a written evaluation of student competence and performance mid-way through the rotation and again at the end of the rotation using the designated form. Receiving honest critique and constructive feedback is critical to the academic and professional progression of a student.
1. **Preparation** - The Program will adequately prepare the student for his/her clinical and Public Health experiences.

2. **Assignment** - The Program will be responsible for assigning students to clinical and Public Health sites that will provide a quality learning experience.

3. **Objectives** - The Program will provide learning objectives for clinical experiences to students and preceptors. The program shall evaluate the student’s competency based on the objectives.

4. **Affiliation Agreements** - The Program will develop and maintain affiliation agreements with all clinical and public health sites.

5. **Insurance** - The Program will ensure that all students have current malpractice liability insurance.

6. **Student Health Insurance** - The Program will also ensure that all students have current health insurance and immunizations.

7. **Grading** - The Program will be responsible for assigning a final grade to every student for all rotations.

8. **Problems** - The Program will interact with all preceptors, sites and students and be available to respond to any problems or concerns. Should problems arise at the site, the Program retains the right to remove a student from a rotation.

9. **Health and Safety** - Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. Students may be removed from a clinical rotation(s) immediately if such behavior is demonstrated. This action may prolong the length of the Program and result in a delay of the student’s graduation.
SECTION 11     CLINICAL ROTATIONS, EVALUATION AND GRADING

Evaluation and grading for each rotation will be based on the measures listed below. Although the University requirement for Pass (P) is 70%, the Program requires a minimum score of 75% or higher to pass clinical rotation grading components. Students receiving a final grade of 95% or higher will receive honors (HP). Honors will not be assigned for the elective or variable rotation.

GRADING FOR CLINICAL ROTATIONS

<table>
<thead>
<tr>
<th>Clinical Knowledge/Skills (CK/S)</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Rotation Examination*</td>
<td>35%</td>
</tr>
<tr>
<td>Preceptor Evaluation</td>
<td>15%</td>
</tr>
</tbody>
</table>

Components of Professionalism 50%

| Preceptor Evaluations            | 25% |
| (Professionalism Portion)        |     |

FORMS (Completion & Submission) 25%

| Check–In                         | 5%  |
| Signed Schedules                 | 5%  |
| Case/Time Logs                   | 5%  |
| SOAP note                        | 5%  |
| Mid Rotation Evaluations         | 5%  |

* An End of Rotation Examination is not required for the elective or variable rotation. For these rotations, the Clinical Portion of the Preceptor Evaluation will count for 50% of the rotation grade.

It is fundamental in the role of a PA to be detail oriented, accountable, meet deadlines, communicate effectively, document thoroughly and demonstrate intellectual initiative. Completed “FORMS” must be submitted or postmarked by the designated due dates. Each “FORM” is worth 5% of the Professionalism grade. Submission of incomplete “FORMS” and/or failure to submit any “FORMS” by the designated due date constitutes unprofessionalism and constitutes an infraction. Each infraction will result in the loss of the corresponding percentage points (5%). In addition to the loss of points, the following actions will also apply:

1st infraction  Communication with the clinical coordinator via phone, e-mail or in person
2nd infraction  Program Warning and communication with the clinical coordinator via phone, e-mail or in person
3rd infraction  Academic probation for professionalism and communication with the clinical coordinator via phone, e-mail or in person.
4th infraction  Placement in the category for dismissal, referral to the SPC and communication with the Clinical Coordinator via phone, e-mail or in person

Please note: “FORMS” infractions are tallied cumulatively over the clinical year. For example, incomplete logs in block 2 and a failure to submit a soap note in block 4 would count as two infractions and the consequences will be as outlined above. Be aware that multiple “FORMS” are due on the same day; however, each “FORM” is counted individually.
Clinical Rotations Grading Components

1. **Clinical Student Check-In** - Students are required to complete the “Clinical Check-In” questionnaire (Refer to Appendix A) on the Friday of the first week of each rotation (Refer to the Clinical Rotation Calendar located in Appendix A). The student is to answer the questions and submit the document via E-mail to the clinical coordinator. The Clinical Check-In is designed to ensure that the student is not encountering any difficulties with the clinical rotations/preceptors or sites and to monitor the professionalism of the student.

2. **Clinical Schedules** - Students are to submit a “Clinical Schedule” for each rotation (Refer to Appendix A). This is to be faxed to the Program no later than Friday of the first week of each rotation (Fax 707-638-5891). The preceptor must develop, review, approve and sign this clinical schedule prior to the student submitting it to the Program. (Refer to the Clinical Rotation Calendar located in Appendix A). Once submitted, the student must adhere to this schedule. Any changes to this schedule must be reported to the Clinical Coordinator(s) immediately. For rotations with varying shifts (i.e. Emergency Department), students are permitted to substitute the “Clinical Schedule” for a different format that shows the assigned schedule for the current month and then submit the subsequent month’s schedule upon receipt.

3. **SOAP Note** - Students will be required to submit a handwritten SOAP note, without any real or fake patient identification information, to the Program for each rotation. All students will be expected to keep a copy of each SOAP note submitted. A grade of 75% is required to pass the SOAP note. (Refer to the Appendix A for the SOAP note requirements.) SOAP notes must be mailed to the Program and postmarked by the designated due dates (Refer to the Clinical Rotation Calendar located in Appendix A). Do not fax or e-mail the note to the Program. SOAP notes that are typed, illegible or submitted to the Program via fax or e-mail shall result in an automatic failure. This will count as a forms infraction.

   If the student does not receive a passing grade of 75% on the first attempt, the student will be expected to critically analyze and submit a self-critique of their original note. The student’s SOAP note self-critique will be evaluated by a faculty member. If the self-critique sufficiently demonstrates insight into the initial omissions, inaccuracies and/or inadequacies, the student will receive the minimum passing grade for the SOAP note. Inadequate self-critique will result in a Failure for the SOAP note and will count as a “FORMS” infraction.

   Failure of 2 SOAP notes on the first attempt will result in a meeting with the Clinical Coordinator. Failure of 3 or more SOAP notes on the first attempt may result in disciplinary action.

   *Do not make photo copies of the patient’s charts, notes, labs, etc as this constitutes a HIPPA violation and unprofessionalism.* Such actions shall result in a loss of points for that rotation and potentially removal from the rotation. Removal from a clinical rotation may prolong the length of the program and delay the student’s graduation.
4. **Case Log Totals Report** - Utilizing the Typhon tracking system, the student will keep a daily patient log. A “Case Log Totals” report shall be submitted to the Program twice during each rotation. The first report shall consist of the first 2 weeks of the rotation. The final “Case Logs Total” report shall consist of the entire rotation (Refer to the Clinical Rotation Calendar located in Appendix A). Failure to submit the report on-time and without errors shall result in a “FORMS” infraction. Refer to the **Typhon Tracking System Guidelines and Instructions** in Appendix D for guidance on appropriate completion of encounter data entry.

5. **Time Logs** – Utilizing the Typhon tracking system, the student will keep a daily time log. Each daily time log shall include the total time spent: at the site, reviewing/completing paperwork at the site, reading/studying, hospital rounds, long term care facility rounds, and completing Typhon data entry. Additionally, students are to document time spent on Typhon data entry on non-clinic days. Students are to submit the Time Log Report on the same dates as the “Case Log Totals” reports (Refer to the Clinical Rotation Calendar located in Appendix A). Refer to the Typhon Tracking System Guidelines and Instructions for guidance on appropriate completion of time log data entry.

6. **Clinical Year Minimum Requirements (MRs)** – Although clinical year minimum requirements are not calculated into a rotation grade, students must meet the clinical year minimum requirements in order to graduate from the program (See Section 16). Students will be provided with a Minimum Requirement Grid (MR Grid).

   Students are to submit the following documents/reports on the same dates as the “Case Log Totals” reports (Refer to the Clinical Rotation Calendar located in Appendix A):

   A. Updated Minimum Requirement Grid.
      Students will be expected to track completion of MRs on the MR Grid by entering the encounter number into the corresponding opening on the MR grid provided. The new encounter numbers entered, for each submission, must correspond with the “Case Log Details” reports submitted.

   B. A “Case Log Details” report, from the Typhon tracking system, for each encounter for which the student is requesting credit. Students are only to submit “Case Log Details” reports for outstanding minimum requirements. Submissions containing multiple duplicate Case Log Detail printouts will not be reviewed.

   Each report will be reviewed by a faculty member to ensure the encounter qualifies as completion of a minimum requirement. Upon reviewing the submissions, an updated MR Grid containing the approved encounters will be provided to the student. If an encounter was not approved, the student is responsible for making all necessary corrections and resubmitting the corrected encounter. Refer to Section #16 for criteria for approval.

7. **Mid Rotation Evaluation** – The Mid Rotation evaluation form is completed by the preceptor and returned to the Program (by the student **via fax to 707-638-5891**) on Friday of the third week of the rotation (Refer to the Clinical Rotation Calendar located in Appendix A). The purpose of the Mid Rotation evaluation is to monitor and assess the student’s progress and clinical performance by identifying areas of weakness to be addressed, as well as showcase strengths. All unsatisfactory evaluations shall be investigated by the Clinical Coordinator via correspondence with the student.
and/or preceptor. An unsatisfactory evaluation on any two Mid Rotation evaluations will result in a meeting with the Clinical Coordinator and a Program Warning. The third unsatisfactory evaluation shall result in Academic Probation. Any additional unsatisfactory evaluations (≥ 4) times will result in referral to the SPC and placement in the category for dismissal.

8. **End of Rotation (EOR) Examination** – There is a written exam that corresponds with each of the six core rotations (PC 1-4, EM and Surgery). At each Call Back, the student will complete the exam(s) that correspond to the rotation(s) prior to the Call Back. The material covered on the examination corresponds with the title of the assigned rotation(s) and may not correspond with the patient population of the rotation.

   **Students must receive a grade of ≥ 75% to pass the EOR.** Failure to receive a grade of 75% on the end of rotation exam shall result in a Program Warning. The student may proceed on to the next rotation but shall be scheduled for a retake examination within two weeks. Although retake examinations will test the same subject material covered by the original examination, they may be different in format than the original examination. **The students may not review EORs at any time.** A passing grade of 80% or above must be obtained on the retake. If a grade of 80% or above is attained on the retake exam, the student will receive a grade of 70% for the end of rotation exam for that block. Failure to successfully pass the end of rotation examination on two attempts **(with a grade of at least 75% on the first attempt, and at least 80% on the second attempt)** will result in **failure of the rotation.** Failure of any two EORs on the first attempt will result in Academic Probation. Failure of a third EOR on the first attempt will result in referral to the SPC and placement in the category for Dismissal. Failure of either sections of the Preceptor Evaluation and the EOR on the first attempt for the same rotation, will result in the **failure of the rotation.**

   **Please note:** The number of EOR failures on the first attempt will be tallied cumulatively over the entire clinical year.

9. **Preceptor Evaluation** - The Preceptor Evaluation Form is completed by the preceptor at the conclusion of the rotation. There are two different Preceptor Evaluation forms. Form “A” applies to the first four clinical rotations (Block 1-4). Form “B” is used for the last four rotations Block 5-8. Each form is divided into **two** sections. The first section evaluates the student’s clinical knowledge and competence. The second section evaluates the student’s professional behavior. (Refer to the Guidelines for Obtaining and Submitting Preceptor Evaluations of Student Performance located in Appendix A)

   **Students must receive a minimum score of 75% on each section regardless of the preceptor’s Overall Impression.** The first failure of either portion of the preceptor evaluation shall result in a Program Warning and mandates communication with the Clinical Coordinator via phone, email or in person. A second failure of either portion shall result in Academic Probation and a meeting with the Clinical Coordinator. A third failure of either or both portions of the Preceptor Evaluation will result in referral to the SPC and placement in the category for dismissal. Failure of **either** sections of the Preceptor Evaluation and the EOR on the first attempt for the same rotation, will result in the **failure of the rotation.**

   **Failure of the Overall Impression will result in failure of the rotation.**
10. Site Visit – Each student will be site visited at least once during the clinical year. The timing of the site visit is based on multiple factors. The site visitor will speak with the student and preceptor, observe the student in at least one clinical encounter and review student chart notes, when possible. During the site visit, the student will be evaluated on history taking, physical examination skills, diagnostics, assessment, plan development, patient education and professionalism. During the site visit, the preceptor will also be asked to evaluate the student.

Although the site visit is not calculated into the final rotation grade, the student is required to pass the site visit with a minimum grade of 80% and pass the “Overall Impression” of the site visitor. Failure of the site visit or an unsatisfactory evaluation from a preceptor during the site visit constitutes a lack of academic, clinical and/or professional progression. The student will meet or correspond with the Clinical Coordinator, receive a Program Warning and will have an additional site visit in a subsequent rotation block.

A grade of 85% is necessary to pass all subsequent site visits. If the student should fail a subsequent site visit, the student will be removed from clinical rotation for the remainder of that rotation and the subsequent rotation and will undergo an on campus remediation. Additionally, the student will be placed on Academic Probation. The student shall then return to clinical rotations and will have an additional site visit the subsequent rotation. Failure of a third site visit shall result in a referral to the SPC and placement in the category for dismissal.

11. Clinical Year OSCE - Clinical year OSCE(s) will be held during Call Back Weeks. Attendance and completion of the OSCE(s) on the day scheduled by the Program is mandatory. Failure to complete the OSCE(s) on the assigned day may demonstrate a lack of professionalism and may result in an automatic failure, followed by immediate referral to the SPC. Although the OSCEs are not calculated into a final rotation grade, the student is required to pass the OSCE(s). Clinical year OSCE(s) are utilized to assess academic, clinical, and/or professional progression. Therefore, the passing grade is 75% for the first clinical year OSCE and 80% for all subsequent and remediation OSCEs.

Failure of an OSCE may constitute failure of academic, clinical, and/or professional progression. The student will be allowed to proceed on to the next rotation; however the student will be required to complete a remediation OSCE. If the student should fail the remediation OSCE, the student will receive a Program Warning and a site visit in a subsequent rotation. Additional remediation requirements may also be assigned including, but not limited to, removal from clinical rotations for the remainder of that rotation and/or the subsequent rotation for on campus remediation. If a student is removed from clinical rotations successful remediation, including an additional OSCE is required to return to clinical rotations. Removal from a clinical rotation may prolong the length of the program and delay the student’s graduation.

Failure of a second remediation OSCE shall result in Academic Probation. Failure of a third OSCE shall result in a referral to the SPC and placement in the category for dismissal.
12. **Call Back Case Presentations** - Students are required to provide a case presentation to the class during a specified Call Back Day (See Appendix A for guidelines for case presentations). Attendance and completion of the case presentation on the day scheduled by the Program is mandatory. Failure to complete the case presentation on the assigned day may demonstrate a lack of professionalism and may result in an automatic failure and Academic Probation. Although the case presentation is not calculated into a final rotation grade, **students are required to pass the case presentation with a grade of 75%**. Failure of the case presentation constitutes a lack of academic/clinical progression and may demonstrate a lack of professionalism. Failure of the case presentation shall result in a Program Warning. The student will be required to generate a new case presentation(s) to present to peers and/or campus faculty until a grade of 80% is received.

**CRITERIA FOR FAILURE OF A ROTATION**
The following shall result in failure of a rotation:

1. Failure to receive a final rotation grade of 70% or above will result in failure of the rotation.
2. Failure of an End of Rotation Examination on two attempts.
3. Failure of an End of Rotation Examination on the first attempt along with failure of either or both portions of the Clinical Preceptor Evaluation for that rotation.
4. Student is asked to leave the rotation site by the preceptor.
5. Failure of the Overall Impression on the Preceptor Evaluation.
6. Disciplinary decision by the SPC.

The following is a summary of disciplinary consequences that have been predetermined by the program. These consequences will be directly implemented and do not need the SPC to initiate the process. Students will be referred to the SPC, when the student is in the category for dismissal.

**AUTOMATIC DISCIPLINARY CONSEQUENCES**

**Rotation Failure**
- If first failure in the Program
  - Repeat the rotation
  - Academic probation until successful repeat of the rotation
  - Delay in graduation
- Prior course/rotation failure[s]
  - Category for Dismissal
  - Referral to SPC
  - Delay in graduation

**EOR Failure**
- Failure of 1st EOR on 1st attempt
  - Program Warning
  - Take a Retake EOR for the corresponding rotation
    - Failure of Retake EOR
      - Failure of the corresponding rotation
      - Refer to Rotation Failure section
• Pass the Retake EOR
  • No additional consequence

• Failure of 2nd EOR on the 1st attempt
  o Academic Probation
  o Take a Retake EOR for the corresponding rotation
    • Failure of Retake EOR
      • Failure of the corresponding rotation
      • Refer to Rotation Failure section
    • Pass the Retake EOR
      • No additional consequence

• Failure of 3rd EOR on the 1st attempt
  o Category for dismissal
  o SPC referral
  o Take a Retake EOR for the corresponding rotation
    • Failure of Retake EOR
      • Failure of the corresponding rotation
      • Refer to Rotation Failure section
    • Pass the Retake EOR
      • No additional consequence

Mid Rotation Evaluations
• First unsatisfactory Mid rotation evaluation
  o Communication with the clinical coordinator
• Second unsatisfactory Mid rotation evaluation
  o Program Warning
• Third unsatisfactory Mid rotation evaluation
  o Academic Probation
• Fourth unsatisfactory Mid rotation evaluation
  o Category for dismissal
  o SPC referral
  o Delay in graduation

Final Preceptor Evaluation
• First Failure of the preceptor evaluation (either portion)
  o Program Warning
• Second Failure of the preceptor evaluation (either portion)
  o Academic Probation
• Third Failure of the preceptor evaluation (either portion)
  o Category for dismissal
  o SPC referral
  o Delay in graduation

Clinical Site Visit Failure
• First Failure and/or unsatisfactory preceptor evaluation during a site visit
  o Program Warning
  o Additional site visit the following rotation
• Second Failure and/or unsatisfactory preceptor evaluation during a site visit
  o Academic Probation
- Removal from clinical rotations for remainder of that rotation and subsequent rotation
- On campus remediation
- Delay in graduation

- Third Failure and/or unsatisfactory preceptor evaluation during a site visit
  - Category for Dismissal
  - Referral to SPC
  - Continued removal from clinical rotations
  - Delay in graduation

**Clinical Year OSCE**

- OSCE Failure:
  - Repeat an OSCE
  - Continuation with clinical rotations as scheduled

- Remediation OSCE Failure:
  - Program Warning (note: failure of two remediation OSCEs is ground for academic probation)
  - Site visit in subsequent rotation
  - Additional consequences may be assigned, including possible removal from rotations. This may delay graduation
PUBLIC HEALTH FIELD STUDY OVERVIEW
The Public Health Field Study Course is required of all MPH students. The Field Study provides students with practical experience in a public health setting allowing for the application and integration of the skills and knowledge acquired during their graduate didactic coursework.

1. Overall Objective: Students will learn and apply relevant skills in a public health setting.
2. Learning Objectives: Through the field experience, MPH students will be able to:
   a. Integrate public health theory, knowledge and skills in a practice setting;
   b. Complete a defined project(s) in an area of public health practice including core public health functions such as a needs assessment, program plan, program evaluation, policy development, educational campaign, applied research project;
   c. Exhibit proficiency in at least one of the following areas: program planning, needs assessment and data gathering, program implementation, applied research, program evaluation, policy analysis, or data analysis under the guidance of an experienced preceptor;
   d. Demonstrate competence in a public health practice setting; and
   e. Demonstrate leadership, teamwork, communication skills, and creativity in the development of a public health practice activity.

Requirements
Students must have the approval of their faculty advisor, be in good academic standing and have completed all core MPH course requirements prior to registration for their field study experience.

Course and Field Study Format
Joint MSPAS/MPH students must complete 400-hours of fieldwork experience. Joint MSPAS/MPH students, enrolled in PH 623, automatically receive an “hours waiver”. This “hours waiver” acknowledges that Joint MSPAS/MPH students obtain 200 hours of PH field experience throughout their remaining clinical rotations. Therefore, Joint MSPAS/MPH students must only complete the remaining 200 hours (of the required 400 hours) during the field study rotation.

Students will work on available projects in local or global locations within various public health organizations including but not limited to: hospitals, clinics, government agencies, health departments, community organizations, and advocacy programs.
The Field Study will involve:

1. Participation in “project-oriented” work in a public health setting. Examples of appropriate tasks may include the following, but are not limited to involvement in:
   a. Developing, implementing and or evaluating health promotion programs for specific population(s);
   b. Conducting research on a public health issue of interest (e.g. study and instrument design, data collection, data entry, analysis, and assessment of findings;
   c. Conducting policy analysis or advocacy related to a public health issue;
   d. Conducting a community needs assessment;
   e. Coalition building and coordination of resources;
   f. Developing, pre-testing and evaluation of curriculum and or health education materials;
   g. Contributing to the development of grant proposals;
   h. Communicating health education needs and information to policy makers and the public

2. Development of a plan to implement the selected project;

3. Presentation of project findings in a Field Study Summary Report that addresses a health issue of the community and contributes in resolving practical health problems.

4. Presentation of project findings in a Capstone paper, if desired by the student. The Capstone paper will primarily be worked on following the fieldwork experience and is not expected to be completed during the fieldwork placement.

Public Health Preceptor Responsibilities
Overall, preceptors are expected to provide supervision for the student and to ensure assigned tasks meet not only the agency's needs but provide opportunities for the student's personal and professional growth. Preceptors must also serve as a liaison between the fieldwork site supervisor (if preceptor is not on site) and the student’s faculty advisor. Specific duties related to the student fieldwork learning objectives include:

1. Mutual agreement on a public health project and field study objectives for the student to pursue.
2. Assists the student in developing the scope of work and identification of competencies.
3. Development of a work schedule based on mutually agreed upon objectives for the field experience.
4. Ensure that access for primary data collection and or the availability of relevant existing program data set is provided for the student to complete the written Capstone paper.
5. Ensure that a project for which the student can carve out ownership of the process and outcome is provided.
6. Review policies and procedures with which the student is expected to comply.
7. Be accessible to the student through a commitment to meeting with the student on a regular basis to discuss and critique the student’s work and progress.
8. Encourage student to work independently while providing opportunities for data gathering and sharing information.
9. Attend, if possible, the student’s oral presentation on campus.
10. Evaluates the student's performance during the field experience by completing the performance evaluation.

**Student Responsibilities:** Please refer to Section 8 Please Note: Lab coat & student I.D. is not required on the P.H. field study.

**In addition to the student responsibilities located in Section 8, students are not allowed to perform clinical duties/skills during the Public Health Field Study.**

**Program Responsibilities:** Please refer to Section 10.
PUBLIC HEALTH FIELD STUDY EVALUATION AND GRADING

Evaluation and grading for each rotation will be based on the following measures. Each component must be completed as defined and/or assigned before a grade of pass or fail will be assigned. Students must complete a minimum of 200 hours and receive a passing grade on the Field Study Summary in order to pass the Field Study Rotation.

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Percentage of grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Work, Competency Inventory and Contract</td>
<td>20%</td>
</tr>
<tr>
<td>Logs</td>
<td>15%</td>
</tr>
<tr>
<td>Field Study Summary</td>
<td>35%</td>
</tr>
<tr>
<td>Site Evaluation</td>
<td>5%</td>
</tr>
<tr>
<td>Preceptor’s Evaluation</td>
<td>25%</td>
</tr>
<tr>
<td>Site Visit</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Score</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Grading is subject to change. Refer to PH Field Study Manual when provided.

Scope of Work/Competency Inventory/Contract
Late – Lose up to 5 points
Not Done – Results in Zero

Logs
Late – Lose up to 5 points each
Not Done – Results in zero

Site Evaluation
Late – Lose up to 2.5 points
Not Done – Results in Zero

Field Study Summary
Late – Lose up to 5 points
Not Done – Results in Zero

Failure to complete the minimum 200 hour requirement due to a lack of student follow through may result in the student’s public health field study being delayed until after Semester 8. If the student does not complete this minimum due to a complication at the site, the student may be required to repeat the rotation. If the student’s public health field study is delayed, the student would be required to complete it after semester 8 which would in turn delay graduation.

Failure of the Public Health field study, without prior PH program failure will result in an automatic repeat of the field study or after semester 8. Failure of the repeat Public Health field study would result in a referral to the PH program APC and the student would be in the category for dismissal. Failure of the Public Health field study with a history of a prior PH course failure shall result in referral to the PH program APC and the student would be in the category for dismissal.
Public Health Field Study and Grading Components

1. **Scope of Work** – Students are required to complete and submit a Scope of Work. (Refer to Instructions for Scope of Work in Appendix B). The scope of work provides the framework for the field study, by ensuring that the student and preceptor have a clear understanding of this planned experience. The scope of work identifies the specific assignments the student will have at the site, objectives, activities, timeline and evaluation. The scope of work needs to be approved by the faculty advisor. (Refer to the PH Field Study calendar located in Appendix B). Failure to submit the scope of work by the designated due date will result in a loss of 5 points from the final grade. Failure to submit the scope of work will result in a grade of zero.

2. **Contract** – Students are required to submit a Field Study Contract. (Refer to Appendix B) The contract serves as an agreement between the site and the student, ensuring that the student will carry out the objectives outlined in the scope of work and agreed upon between the preceptor and the student. The contract must be signed by the preceptor and submitted to the Program by the designated due dates. (Refer to the PH Field Study calendar located in Appendix B). Failure to submit the contract by the designated due date will result in a loss of 5 points from the final grade. Failure to submit the contract will result in a grade of zero.

3. **Field Study Logs** – Students are required to complete and submit weekly Field Study Logs. (Refer PH Field Study calendar located in Appendix B). The purpose of the weekly logs is to help students develop the discipline of keeping track of significant activities and progress toward reaching the objectives that you have set out to achieve in during the six-week field study. Failure to submit any of the logs by the designated due date will result in a loss of 5 points from the final grade. Failure to submit any of the logs will result in a loss of 10 points from the final grade. Failure to submit all logs will result in a zero.

4. **Competency Inventory** - Students are required to identify at least ten core public health competencies and three community health track competencies. (Refer to Section 15). Students are required to complete and submit a Competency Inventory form, in conjunction with their preceptor, which list the competencies they believe will be addressed through their field study experience. (Refer to the PH Field Study calendar located in Appendix B). At the end of the field experience, students will be evaluated to determine the degree to which the selected competencies were acquired. The competency inventory ensures the integration of didactic coursework with public health practice. Failure to submit the competency inventory by the designated due date will result in a loss of 5 points from the final grade. Failure to submit the competency inventory will result in a grade of zero.

5. **Summary Report** - Students are required to submit a Field Study Summary Report one week following the end of the fieldwork. (Refer to the PH Field Study calendar located in Appendix B). (Refer to Summary Report Guide in Appendix B) Specific instructions for completing the summary can be found in the appendices. The purpose of this assignment is for the student to provide a written demonstration of the application and integration of the skills and knowledge acquired through the didactic and practical components of the MPH program. Failure to submit the summary paper by the due date will result in a loss of 5 points from the final grade. Failure to submit summary paper will result in a grade of zero.
6. **Preceptor Evaluation** - Student performance during this field study will be evaluated by the site administrators and site preceptors to document students’ demonstration of public health competence in a public health setting via an online survey within one week of the final field study end date. Student will be responsible for meeting with their preceptors to ensure that this evaluation is completed. (Refer to the PH Field Study calendar located in Appendix B).

7. **Site Evaluation** - Students are required to submit an evaluation of the field study site via an online survey within one week of the final field study end date. (Refer to the PH Field Study calendar located in Appendix B). Failure to submit the preceptor evaluation by the designated due date will result in a loss of 2.5 points from the final grade. Failure to submit the preceptor evaluation will result in a grade of zero.

8. **Site Visit** - During the course of the field study, a site visit from the Program will likely take place. The Program will contact the student to arrange this visit. The student will be responsible for assisting with scheduling the visit, which should include a meeting with the site preceptor or supervisor.
ACADEMIC AND PROFESSIONAL PROGRESS PROGRAM POLICIES AND PROCEDURES

Academic Progress
Satisfactory academic progress must be evident and demonstrated by students in the Program in order to continue in the Program. Any failure to progress academically up to and including the failure of a course will be cause for referral to the MSPAS Student Promotions Committee (SPC). The MSPAS SPC monitors academic progress for the entire program to include the clinical year of experiences.

Professional Progress
Professionalism is as important as, and holds equal importance to academic progress. Students are expected to demonstrate the legal, moral and ethical standards required of a health care professional and display behavior which is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, timeliness, competence, demeanor, attitude, appearance, mannerisms, integrity, and morals displayed by the students to faculty, staff, preceptors, peers, patients, colleagues in health care and other educational settings and the public. The Program expects nothing short of respect and professional demeanor at all times.

Professional Code of Conduct
Success in the physician assistant profession requires certain professional behavioral attributes in addition to content knowledge. Therefore, these professional behavioral attributes, to include empathy, respect, discipline, honesty, integrity, the ability to work effectively with others in a team environment, the ability to take and give constructive feedback, the ability to follow directions, and the ability to address a crisis or emergency situation in a composed manner, are considered to be a part of academic performance. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Accreditation Standards for Physician Assistant Education 4th edition states, “The role of the physician assistant demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient’s welfare are essential attributes”. Adherence to these attributes requires that physician assistants and physician assistant students exhibit a high level of maturity and self-control even in highly stressful situations or in difficult circumstances and situations.
Students must adhere to the professional standards and Professional Code of Conduct. Failure to do so will result in the following:

I. First incident of unprofessional behavior
   a. The Program will provide the student with a verbal warning to change the behavior depending on the severity of the offense. The appropriate faculty member (e.g. advisor or clinical coordinator) will document the incident in the student file.

II. Second incident of unprofessional behavior
   a. The Program will document the incident in writing and the student will meet with the faculty. This documentation will go on the student’s permanent record.

III. Third incident of unprofessional behavior or egregious behavior
   a. The student will be automatically referred to the SPC Committee.
      i. The Committee will meet to determine a course of action for the behavior that can include but is not limited to corrective or disciplinary action, probation or dismissal.

MSPAS Student Promotion Committee (SPC)
The MSPAS SPC is made up of faculty members from the Joint MSPAS/MPH Program and representatives from other Colleges in the University. This committee is charged with monitoring all Joint MSPAS/MPH students both academically and professionally, and reviews the cases of students who meet the criteria for probation or dismissal. The MSPAS SPC reviews the academic progress of courses in the PA curriculum of the Joint Program. This committee works with the MPH Academic Progress Committee (APC) when dealing with failure of a public health course or requirement issue. The MSPAS SPC may review student records and discuss student records with appropriate faculty members and/or preceptors in determining an appropriate course of action for students experiencing academic and/or professional conduct difficulties in the Program. The MSPAS SPC may choose to request the appearance of the student during an MSPAS SPC meeting. The committee can recommend remedial or corrective actions (see above), probation, or dismissal. Recommendations are on an individual basis after considering all pertinent circumstances in each case. The committee’s recommendations are forwarded to the MSPAS Program Director for review. The Program Director may agree, amend or disagree with SPC recommendation. The Program Director issues a letter of decision to the student regarding their status in the Program.

Since the MSPAS Program only offers courses once a year, if the MSPAS SPC recommends that a student repeat an entire semester, the student must take a leave of absence from the Program until those courses are offered again. A place will be held for the student to return to the Program at the beginning of the semester which must be repeated. See additional requirements above.

Failure to comply with requirements put forth by the SPC and Program Director will be considered unprofessional conduct and will place a student in the category for dismissal.

JOINT MSPAS/MPH PROGRAM: PROGRAM WARNING

Program Warning is internal to the Program and is not documented on the official transcript. It serves as a warning that academic and/or professionalism improvement is needed. A student must successfully complete all remediation criteria. Failure to successfully remediate the material will result in failure in the course and placement on Academic Probation. Failure to improve
professionalism issues will result in placement on Professionalism Probation. Satisfaction of multiple criteria for Program Warning shall result in the progression to the category for Academic Probation.

**MSPAS Program Criteria for Clinical Year Program Warning**
- Failure of 1st clinical year site visit
- Failure of a Clinical Year Remediation OSCE
- Failure of 1 EOR on 1st attempt
- Two clinical year forms infractions
- Two unsatisfactory Mid Rotation evaluation
- First unsatisfactory preceptor evaluation during a clinical year site visit
- Failure of final Preceptor Evaluation (either portion)
- Minor Professional misconduct, behavior and/or attitude inconsistent with the PA profession

**JOINT MSPAS/MPH PROGRAM: ACADEMIC/PROFESSIONAL PROBATION**

*Academic Probation* is the result of unsatisfactory scholarship or professionalism which may lead to dismissal from the Program. It is documented on the official transcript.

*Professionalism Probation* is a subcategory of Academic Probation. It is the result of unsatisfactory professionalism which may lead to dismissal from the Program.

Probation is a warning that there are deficiencies. Steps to remediate these deficiencies will be provided to the student. During probation, the student’s academic/clinical progress and/or professional conduct will be closely monitored by the MSPAS Student Promotion Committee (SPC) and the MPH Academic Progress Committee (APC). Failure to demonstrate improvement in areas of deficiency may place a student in the category for dismissal.

*Most state licensure boards request information on academic and professionalism probation when paperwork verifying program graduation is completed. The Program must document when a student has been on Academic and/or Professionalism Probation, and in most cases, the reasons for probation. Additionally, this information is often requested by credentialing agencies, and therefore, it may impact your ability to obtain employment clearance.*

Students must meet the minimum standards and requirements set by the Joint MSPAS/MPH Program and Touro University in order to remain in good academic standing.

**MSPAS Program Criteria for Placement on Academic/Professional Probation**
The following are criteria for which a student will be placed on probation
- Failure of a course/rotation
- Failure of 2nd clinical year site visit
- Failure of 2nd Clinical Year Remediation OSCE
- Failure of 2 EORs on 1st attempt
- Three clinical year forms infractions
- Three unsatisfactory Mid Rotation Evaluation
- Two unsatisfactory preceptor evaluation during a clinical year site visit
- Failure of 2 Preceptor Evaluations (either portion)
• Three unexcused absence (as tallied throughout the clinical year)
• Semester GPA < 2.3 MSPAS coursework
• Failure of re-examination under a remediation plan
• Satisfaction of two or more Program Warning criteria
• Professional misconduct, behavior and/or attitude inconsistent with the PA profession
• Failure to adhere to the Program policies and procedures found in the Clinical Rotations Handbook and/or the Student Handbook
• Verbal or written reports and/or evaluations from academic faculty, clinical preceptors or designees indicating that a student is not adhering to site regulations, site schedule, ethical standards of conduct, limitations of student role
• Verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student is not progressing academically and/or not demonstrating proficiency to a level where it may jeopardize patient safety.
• Failure to follow and/or comply with requirements set forth by the MSPAS SPC and Program Director

It is important to remember that some aspects of knowledge integration and clinical judgment cannot be adequately evaluated by examinations alone. Observations from academic and/or clinical faculty/preceptors are crucial for evaluating these critical skills. Failure to achieve minimum competency in coursework, including clinical assignments and satisfactory progress in professional development, behaviors and attitudes may result in Program probation or dismissal. A pattern of documented evaluator concerns about performance may indicate unsatisfactory progress when the record is viewed as a whole, even though passing grades have been assigned. In such instances, successful completion of a remediation plan is required to continue in the Program.

MSPAS Terms of Probation
• When a student is placed on probation he/she will be notified in writing by the Program and the reasons will be stated. A copy of this letter will be provided to the Dean of Students and the Registrar’s office, and placed in the student's academic file. Probation is also noted on the official transcript.
• A student will remain on probation until the terms of probation have been satisfied, as stated in the remediation plan and probation letter. Probation may continue throughout the remainder of the clinical year, or until graduation, if deemed appropriate.
• A cumulative semester GPA of 2.5 or greater by the end of the following academic semester is required of a student placed on probation.
• In the case of probation due to professional misconduct, the Program will determine whether or not the student has achieved an acceptable level of professional behavior. This information may be gained from faculty evaluations, preceptor evaluations or any other evaluations from individuals the Program deem appropriate. Failure to remediate professionalism issues will result in referral to the SPC.
• When the terms of probation have been satisfied, notification of removal from probation will be forwarded to the Registrar and the Dean of Students so the necessary adjustments to the student’s transcript can be made. Additionally, documentation will be placed in the student’s academic file.
• The primary responsibility of a TUCA Joint MSPAS/MPH student is to gain the knowledge, skills and attitudes to become a competent PA. Therefore a student on Academic Probation
may not serve as an officer of any official TUCA club or organization, or as a representative of the College as it may detract from time needed to be academically successful. If a student who is presently serving as an officer/representative is placed on Academic Probation, a substitute officer/representative will be chosen to fulfill the position until the student is removed from probation.

MSPAS Remediation
Remediation is the opportunity to correct unsatisfactory performance, progress and/or professional conduct in the Program. The offer of remediation is not automatic or guaranteed. Recommendations regarding remediation will be made by the MSPAS SPC on an individual basis after considering all pertinent circumstances in each case and with a final decision made by the Program Director. Any student placed on probation for academic or professionalism reasons and offered remediation must fulfill all the terms of the contract of the remediation plan within the designated time frame or face actions including, but not limited to, dismissal. Remediation is to be regarded as a privilege which must be earned by a student through demonstrated dedication to learning, and active participation in the educational program to include, but not limited to, overall academic/clinical performance, regular attendance, and individual initiative and utilization of resources available to him/her.

The MSPAS SPC may recommend a remediation plan that includes, but is not limited to, the following:

- Development of a contract/plan which outlines and defines a remediation program, successful remediation criteria and the responsibilities of the student.
- A retest of failed subject material as constructed by the course coordinator.
  - The student must score at least a 80% to successfully pass the retest. The maximum score recorded is 70% since this is a second chance to demonstrate mastery of the material. A student must score 80% for an OSCE. The highest grade assignment for a successfully remediated course is U/70 or U/P for a remediated rotation.
- Repeating the course or courses failed the next time the course(s) is offered.
- Repeating the entire academic semester. The student will be required to repeat all course offerings.
- Auditing previously taken courses or laboratory classes for students with a remediation plan which includes extended time away from studies.
- Demonstrating continued competency in previously learned material by passing re-entry competency requirements for students with a remediation plan which includes extended time away from studies.
- Repeating a clinical rotation and/or completion of additional rotation(s).
- Requiring corrective action on the part of the student for unprofessional behavior and/or misconduct. This may include but is not limited to direct apologies, letters of apology, ongoing monitoring and reports of professional behavior corrections by faculty, preceptors etc.

Students who are directed to repeat a year of curriculum for academic reasons remain on Academic Probation until successful completion of all courses scheduled within that academic year and may remain on academic probation for the remainder of enrollment in the program.

Failure to meet the requirements of a remediation contract or competency exam results in:
1. failure of the course
2. placement on Academic Probation
3. referral to the MSPAS SPC committee, and/or
4. consideration for placement in the category for dismissal.

MSPAS Dismissal
It should be clearly understood that the Touro University California Joint MSPAS/MPH Program, after due consideration and process, reserves the right to require the dismissal of any student at any time before graduation if circumstances of a legal, moral, behavioral, ethical, patient safety concerns, health or academic nature justify such an action.

If a student is dismissed for failure of the MSPAS component of the Joint Program he/she may apply for consideration to the stand-alone MPH Program. However, acceptance is at the discretion of the MPH Program Director. If a student is dismissed for failure of the MPH Program, they may not remain in the MSPAS component of the Joint Program and will therefore dismissed as a Joint student.

MSPAS Criteria for Dismissal
Any of the following may place a student in the category for dismissal:

- Failure of 2 or more didactic courses within the MSPAS curriculum
- Failure of 2 or more clinical rotations
- Failure of 1 or more didactic courses and 1 or more clinical rotations
- Failure of 3 or more end-of-rotation examinations on the first attempt
- Failure of 3 or more clinical year site visits
- Four or more clinical year forms infractions
- Four or more unsatisfactory Mid rotation Evaluations
- Failure of 3 or more Preceptor Evaluations (either portion)
- Failure of a repeated or remediated course
- Failure of a remediation plan
- Failure of re-entry competency examinations
- Failure by a student on probation to comply with or complete a remediation program within the defined time frame
- Satisfaction of two or more criteria for Academic Probation
- Two or more occurrences of professional misconduct, behavior and/or attitude inconsistent with the PA profession
- Verbal or written reports from academic faculty, clinical preceptors or designees indicating that a student who is already on probation is not adhering to site regulations, site schedules, ethical standards of conduct, or limitations
- Verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student who is already on probation is not progressing academically and/or not demonstrating proficiency to a level where it may jeopardize patient safety.
- Failure to maintain a minimum semester cumulative GPA of 2.5 or greater after being on Academic Probation in the prior academic semester.
- Consistently failing to progress academically
- Jeopardizing patient safety because of lack of skill or knowledge
- Two or more occurrences of failure to follow Program policies and procedures as defined in the Clinical Handbook as well as those defined in the Student Handbook.
Decisions regarding dismissal are made on an individual basis after considering all pertinent circumstances and extenuating circumstances relating to the case. The MSPAS SPC makes a recommendation to the Program Director. The Program Director issues a letter of decision to the student. Dismissal is immediately effective upon receipt of the letter of notification from the Program Director. If a student is dismissed, his/her registration will be voided and tuition will be refunded per University policy.

PUBLIC HEALTH PROGRAM ACADEMIC PROGRESS COMMITTEE (APC)
For the responsibilities of the Academic Progress Committee - Refer to the student handbook.

Failure to comply with requirements put forth by the Committee and Program Director will be considered unprofessional and may place a student in the category for dismissal.

MPH Probation
Academic probation is the result of unsatisfactory scholarship or professionalism; it is a warning and an opportunity to improve. Probation is defined as a period of time during which the student’s academic progress and/or professional conduct will be closely monitored by the Academic Progress Committee. Students must meet the minimum standards and requirements set by the Public Health Program and Touro University in order to remain in good academic standing.

MPH Criteria for Probation
- failure of a course or field study
- session average below 80% (3.0 GPA)
- verbal or written reports and/or evaluations from academic faculty, field study preceptors or designees indicating that a student is not adhering to site regulations, site schedule, ethical standards of conduct
- failure to receive a satisfactory preceptor evaluation
- failure to follow and/or comply with requirements set forth by the APC and Program Director

MPH Terms of Probation
Refer to Student Handbook

MPH Remediation
Remediation is the opportunity to correct unsatisfactory performance, progress and/or professional conduct in the Program. The offer of remediation is not automatic or guaranteed. Recommendations regarding remediation will be made by the APC on an individual basis after considering all pertinent circumstances in each case and with a final decision made by the Program Director. Any student placed on probation for academic or behavioral reasons and offered remediation must fulfill all the terms of the contract of the remediation plan within the designated time frame or face actions including but not limited to dismissal. Remediation is to be regarded as a privilege which must be earned by a student through demonstrated dedication to learning, and active participation in the educational program to include but not limited to overall academic/clinical performance, regular attendance, individual initiative and utilization of resources available to him/her.

The Academic Progress Committee may recommend a remediation plan that includes, but is not limited to, the following:
1. A re-examination of failed subject material as constructed by the course coordinator. The student must score at least a 75% or greater to successfully pass the re-examination. The maximum score for a re-examination is 70. The maximum grade for a re-mediated course is U/70.

2. Repeat the Public Health field study.

MPH Dismissal

It should be clearly understood that Touro University California, Public Health Program after due consideration and process, reserves the right to require the dismissal of any student at any time before graduation if circumstances of a legal, moral, behavioral, ethical, health or academic nature justify such an action.

MPH Criteria for Dismissal

- failure of 2 or more courses or field study over the course of the Program
- session GPA < 3.0 for more than one session
- probation for 2 or more sessions throughout the duration of the Program
- failure of a repeated or remediated course or field study
- failure of re-entry competency examinations
- professional academic misconduct
- students on probation who fail to comply with or complete a remediation program within the defined time frame

Decisions regarding dismissal are made on an individual basis after considering all pertinent circumstances and extenuating circumstances relating to the case. The APC recommends dismissal to the Program Director. The Program Director with concurrence of the Dean of Students, issues a letter of decision to the student. Dismissal is effective upon receipt of the letter of notification from the Program Director. If a student is dismissed, his/her registration will be voided.

Should the PH program APC dismiss a student of the Joint MSPAS/MPH Program, the student will be automatically dismissed from the PA portion of the Program as well since there is no stand alone PA program option.
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SECTION 15

PUBLIC HEALTH COMPETENCIES
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DISCIPLINE SPECIFIC COMPETENCIES

Biostatistics
Biostatistics is the development and application of statistical reasoning and methods in addressing, analyzing and solving problems in public health; health care; and biomedical, clinical and population-based research.

Competencies:
- Describe the roles biostatistics serves in the discipline of public health.
- Describe basic concepts of probability, random variation and commonly used statistical probability distributions.
- Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.
- Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.
- Apply descriptive techniques commonly used to summarize public health data.
- Apply common statistical methods for inference.
- Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.
- Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.
- Interpret results of statistical analyses found in public health studies.
- Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.

Environmental Health Sciences
Environmental health sciences represent the study of environmental factors including biological, physical and chemical factors that affect the health of a community.
Competencies: Upon graduation a student with an MPH should be able to...

Competencies:
- Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.
- Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.
- Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues.
- Specify current environmental risk assessment methods.
- Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.
- Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.
• Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.
• Develop a testable model of environmental insult.

Epidemiology
Epidemiology is the study of patterns of disease and injury in human population and the application of this study to the control of health problems.

Competencies:
• Identify key sources of data for epidemiologic purposes.
• Identify the principles and limitations of public health screening programs.
• Describe a public health problem in terms of magnitude, person, time and place.
• Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.
• Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.
• Apply the basic terminology and definitions of epidemiology.
• Calculate basic epidemiology measures.
• Communicate epidemiologic information to lay and professional audiences.
• Draw appropriate inferences from epidemiologic data.
• Evaluate the strengths and limitations of epidemiologic reports.

Health Policy and Management
Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. This definition assumes both a managerial and a policy concern with the structure, process and outcomes of health services including the costs, financing, organization, outcomes and accessibility of care.

Competencies:
• Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
• Describe the legal and ethical bases for public health and health services.
• Explain methods of ensuring community health safety and preparedness.
• Discuss the policy process for improving the health status of populations.
• Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
• Apply principles of strategic planning and marketing to public health.
• Apply quality and performance improvement concepts to address organizational performance issues.
• Apply "systems thinking" for resolving organizational problems.
• Communicate health policy and management issues using appropriate channels and technologies.
• Demonstrate leadership skills for building partnerships.
Social and Behavioral Sciences
The social and behavioral sciences in public health address the behavioral, social and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contributes to the development, administration and evaluation of programs and policies in public health and health services to promote and sustain healthy environments and healthy lives for individuals and populations.

Competencies:
- Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
- Identify the causes of social and behavioral factors that affect health of individuals and populations.
- Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.
- Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.
- Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.
- Describe the role of social and community factors in both the onset and solution of public health problems.
- Describe the merits of social and behavioral science interventions and policies.
- Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.
- Apply ethical principles to public health program planning, implementation and evaluation. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.

CROSS CUTTING COMPETENCIES
- Identify characteristics of a system in the context public health interactions.
- Identify unintended consequences produced by changes made to a public health system.
- Explain how systems (e.g. individuals, social networks, organizations and communities) may be viewed as systems within systems in the analysis of public health problems.
- Explain how the contexts of gender, race, poverty, history, migration and culture are important in the design of interventions within public health systems.
- Illustrate how changes in public health systems (including input processes and output) can be measured.
- Analyze inter-relationships among systems that influence the quality of life of people in their communities.
- Analyze the effects of political, social and economic policies on public health systems at the local, state, national and international levels.
- Analyze the impact of global trends and interdependencies on public health-related problems and systems.
- Assess strengths and weaknesses of applying the systems approach to public health problems.
Program Planning

The ability to plan for the design, development, implementation, and evaluation of strategies to improve individual and community health.

- Describe how social, behavioral, environmental and biological factors contribute to specific individual and community health outcomes.
- Describe the tasks necessary to assure that program implementation occurs as intended.
- Explain how the findings of a program evaluation can be used.
- Describe logic models in program development implementation and evaluation.
- Differentiate among goals, measurable objectives, related activities and expected outcomes for a public health program.
- Differentiate the purposes of formative, process and outcome evaluation.
- Differentiate between qualitative and quantitative evaluation methods in relation to their strengths limitations and appropriate uses and emphases on reliability and validity.
- In collaboration with others prioritize individual, organizational, and community concerns and resources for public health programs.
- Assess evaluation reports in relation to their quality utility and impact on public health.

Professionalism

The ability to demonstrate ethical choices, values and professional practices implicit in public health decision; consider the effect of choices on community stewardship, equity, social justice and accountability; and to commit to personal and institutional development.

- Discuss major milestones in the history and development of the public health profession and their relevance for practice in the field.
- Apply basic principles of ethical analysis (e.g. the Public Health Code of Ethics, human rights framework, other moral theories) to issues of public health practice and policy.
- Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.
- Apply the core functions of assessment, policy development and assurance in the analysis of public health problems and their solutions.
- Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.
- Analyze determinants of health and disease using an ecological framework.
- Analyze the potential impacts of legal and regulatory environments on the conduct of ethical public health research and practice.
- Distinguish between population and individual, ethical considerations in relation to the benefits, costs and burdens of public health programs.
- Embrace a definition of public health that captures the unique characteristics of the field (e.g. population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice.
- Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies and organizations).
Public Health Biology
The ability to incorporate public health biology -- the biological and molecular context of public health -- into public health practice.

- Describe how behavior alters human biology.
- Identify the ethical, social and legal issues implied by public health biology.
- Explain the role of biology in the ecological model of population-based health.
- Articulate how biological, chemical and physical agents affect human health.
- Apply biological principles to development and implementation of disease prevention control or management programs.
- Apply evidence-based biological and molecular concepts to inform public health laws policies and regulations.
- Explain and integrate general biological and molecular concepts into public health.

Leadership
The ability to create and communicate a shared vision for a changing future; champion solutions to organizational and community challenges; and energize commitment to goals.

- Describe the skills, responsibilities and attributes of leadership in public health.
- Describe alternative strategies for collaboration and partnership among organizations focused on public health goals.
- Articulate an achievable mission set of core values and vision.
- Engage in dialogue and learning from others to advance public health goals.
- Demonstrate team building negotiation and conflict management skills.
- Demonstrate transparency integrity and honesty in all actions.
- Use collaborative methods for achieving organizational and community health goals.
- Apply social justice and human rights principles when addressing community needs.
- Develop strategies to motivate others for collaborative problem solving decision-making and evaluation.

Communications and Informatics
The ability to collect, manage and organize data to produce information and meaning that is exchanged by use of signs and symbols; to gather, process, and present information to different audiences in-person, through information technologies, or through media channels; and to strategically design the information and knowledge exchange process to achieve specific objectives.

- Describe how the public health information infrastructure is used to collect process maintain and disseminate data.
- Describe how societal organizational and individual factors influence and are influenced by public health communications.
- Apply theory and strategy-based communication principles across different settings and audiences.
- Apply legal, ethical and confidentiality principles to the use of information and resources in public health settings.
- Use communication and informatics tools in the process of design implementation and evaluation of public health programs.
- Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.
- Use information technology to access, evaluate and interpret public health data.
- Use informatics methods and resources as strategic tools to promote public health.
• Use informatics and communication methods to advocate for community public health programs and policies.

**Diversity and Culture**

The ability to interact with both diverse individuals and communities to produce or impact an intended public health outcome.

• Describe the roles of history, power, privilege and structural inequality in producing health disparities.
• Explain how professional ethics and practices relate to equity and accountability in diverse community settings.
• Explain why cultural competence alone cannot address health disparity.
• Use culturally appropriate concepts and skills to engage and empower diverse communities.
• Apply the principles of community-based participatory research to improve health in diverse populations.
• Differentiate the terms ‘availability’, ‘acceptability’ and ‘accessibility’ in the context of health care across diverse populations.
• Differentiate between linguistic competence, cultural competency and health literacy in public health practice.
• Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.
• Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.

**TRACK COMPETENCIES**

**Community Health Track**

• Identify and assess community status and community health needs
• Plan, develop and implement community health programs using a variety of strategies to improve a community's health.
• Advocate for better health and wellbeing through community mobilization efforts.
• Analyze and/or evaluate policies that impact a community’s health
• Demonstrate cultural sensitivity towards underserved populations.
• Manage fiscal and organizational resources to insure optimal program and service delivery
• Evaluate the efficacy of health promotion/prevention programs.
• Demonstrate a commitment to social justice and health equity.
• Explain and interpret the roles and/or approaches of public health organizations.
• Synthesize and disseminate public health information.
• Apply conceptual frameworks of health patterns, determinants and disparities in support of community health policy, education, promotion or prevention.
Global Health Track

- Define the global public health challenges of the developing world in terms of key parameters including population, region, countries and magnitude.
- Explain the political economy of global health issues.
- Demonstrate the linkages between local and global health problems.
- Demonstrate the health disparities within the developing states and between the developed and developing world.
- Communicate effectively the mandates, roles and approaches of international public health organizations.
- Facilitate to build partnership with health institutions of higher learning, the NGO sector and local community organizations.
- Demonstrate an understanding of community’s awareness of their own health problems and their solutions.
- Recognize the primacy of local solutions to global health issues and promote participatory approaches to problem solving.
- Demonstrate a commitment to public health that values social justice and promotes health equity globally.
- Apply theoretical concepts related to global health patterns and social determinants in support of global health policy, promotion or prevention.
- Engage in critical thinking about global health policy and health strategies, especially regarding feasibility, cost effectiveness, sustainability and scalability of different approaches.
- Demonstrate an understanding of the importance of listening in an unbiased manner, respecting diverse points of view, and observing humility in international situations.
- Develop skills to advocate for programs, resources and policies that advance global public health.
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SECTION 16

CLINICAL YEAR MINIMUM REQUIREMENTS
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The following pages outline the minimum requirements (MRs) that each student is to fulfill during the clinical year. These are designed to guide the student’s learning and to ensure exposure to medical diseases, procedures and situations across the entire life span. Completion of these minimum requirements is necessary to graduate from the program. These requirements may be fulfilled during any of the clinical rotations, when plausible (i.e. a pediatric MR may be fulfilled during the pediatric, emergency medicine or family practice rotations). Only ONE requirement can be claimed per patient encounter. For example, if you see a patient with hypertension, depression and you give them a tetanus shot, you can only receive credit for one those MRs. Students will be provided an updated “MR Grid” after each submission date to assist the student in tracking completed MRs. Students are to only submit “Case Log Individual” reports for outstanding MRs. Packets containing duplicate MR submissions will not be reviewed by the Clinical Coordinator.

DIAGNOSTIC MINIMUM REQUIREMENTS
To receive credit, the student must have performed at least 50 percent of the patient encounter.

General/Other
1. Medication Management * 3 (1 pt > 65 y/o)
   *(evaluating efficacy of treatment plan for a pt with ≥ 2 medications for ≥ 2 chronic diseases)
2. Chronic pain 2 (1 pt > 65 y/o)
3. End of Life 1
   DNR orders, Power of attorney issues or wills, or transitions to higher levels of assisted care
4. EtOH/Drug/Physical Abuse 2
5. Altered Mental/Cognitive Status 3 (1 pt > 65 y/o)
   Neurological (Trauma, Alcohol, Drugs, Alzheimer’s, CVA) not Psychiatric reasons (i.e. Schizophrenia)
6. Fatigue 1
7. Chest Pain 4 (1 pt > 65 y/o)

Respiratory/ENT
1. Viral URI 10
2. OM 10 (2 pts < 10 y/o)
3. OE 2
4. Sinusitis 5
5. Allergic rhinitis 2
6. Acute Bronchitis/pneumonia 10
7. Asthma 10
8. COPD 10

Cardiovascular
1. Hypertension 30 (5 pts > 65 y/o)
2. Hyperlipidemia 20 (1 pt > 65 y/o)
3. CHF 4 (1 pt > 65 y/o)
4. Arrhythmia 4
5. Heart murmur  4
6. Peripheral Vascular Disorder  2

**Neurology**
1. Headache  5
2. Dizziness  3 (1 pt > 65 y/o)
3. TIA/stroke  3
4. Chronic seizure disorder  1

**Gastrointestinal**
1. Abdominal pain  10 (1 = pt > 65 y/o)
2. Diarrhea  2
3. GERD  5
4. Rectal bleeding  1
5. Constipation  1
6. Pediatric GI complaint  1

**Genitourinary**
1. STD evaluation  4
2. UTI  5
3. Prostate/rectal exam  3
4. Hernia/testicular exam  2
5. Erectile dysfunction  1
6. Urinary Incontinence  2 (1 pt > 65 y/o)
7. Vaginitis - any etiology  5
8. Pelvic Pain- Female  4
9. Menstrual Irregularities  4
10. Contraception Management  3
11. Prenatal visit (initial or routine)  1
12. Postnatal visit  1

**Renal**
1. Chronic kidney disease  1

**Musculoskeletal**
1. OA or RA  10 (2 pts > 65 y/o)
2. Back/Neck pain  10 (1 pt > 65 y/o)
3. UE problem  5
4. LE problem  5
5. Pediatric MSK complaint  1

**Dermatology**
1. Rash (contact derm, etc.)  5 (1 pt < 10 y/o, 1 pt > 65 y/o)
2. Infection (bact., fungal, paracytic)  5 (1 pt < 10 y/o, 1 pt > 65 y/o)
3. Acne  2

**Hematology**
1. Anemia evaluation 3 (1 pt < 10 y/o)

**Ophthalmology**
- a. Vision change 1
- b. Red eye 3

**Psychiatry**
1. Mood Disorders 10 (1 pt > 65 y/o)
2. Anxiety Disorders 10 (1 pt > 65 y/o)
3. Sleep Disorders 3 (1 pt > 65 y/o)

**Endocrine**
1. DM 30
2. Thyroid Disorder 5
3. Osteoporosis 3

**Surgery**
1. Preop Management 5 (1 pt in hospital setting)
2. First/Second Assist 5
3. Postop Management 5 (1 pt in hospital setting)

**ROUTINE EXAMINATION MINIMUM REQUIREMENTS**
To receive credit, the student must have contributed at least 50 percent of the patient encounter.

**Routine Examinations**
1. Well Child Check < 1 y/o 5
2. Well Child Check 1 - 4 y/o 5
3. Well Child Check 5 - 11 y/o 5
4. Well Child Check/Sports Physical 12 - 17 y/o 5

**COUNSELING MINIMUM REQUIREMENTS:**
To receive credit, the student must perform 100% of all counseling.

**Counseling**
1. Immunization counseling 5
2. Pediatric Nutrition 5
3. Peds. Anticipatory Guidance 5
4. STD/HIV/AIDS 4
5. Self Breast Exam 2
6. Self Testicular Exam 2
7. Menopause 2
8. Contraception/Fam Planning 5 (2 for hormonal contraception)
9. Smoking Cessation 1
PROCEDURE MINIMUM REQUIREMENTS

To receive credit, the student must perform 100% of procedure and at least 50% of the corresponding encounter. Encounters with “less than shared” student participation in the encounter may be given credit, with additional supportive explanation from the student. Final approval is at the discretion of the Clinical Coordinator.

Procedures

1. Pap Smear 3
2. Pelvic Exam 5
3. Breast Exam 4 (1 pt with breast complaint)
4. Urine Dip Stick 2
5. Cryo/Electrocaudery skin lesion removal 2
6. Lesion excision/biopsy 1
7. Splint 2
8. Injections 20
9. Suture placement 10
10. Suture/staple removal 2
11. EKG interpretation 10 (3 pts > 65 y/o)
12. Imaging Interpretation- CXR 2
13. Imaging Interpretation - Abd/Msk 3

Criteria for Approval of Minimum Requirements Submissions

1. Billing and coding must be correct, and justify the MR being requested
   a. Nonspecific codes will not be accepted IF a specific code is available. [i.e. 401.9]
2. The “Type of H&P” must match your CPT code.
3. Encounter must be billed appropriately.
4. The “MR requirement” box must be marked.
5. The “Competency” must be marked as ‘performed’.
   a. Correct: First Assist = Performed
   b. Incorrect: First Assist = Assisted
6. The MR you are requesting must be entered in the clinical notes section [i.e. MR= HTN].
7. If the MR is age dependent, the age must be correct.
8. Office procedures must be billed correctly. (i.e. EKG, UA)
9. The rotation type must be correct (geriatric, psychiatric, pediatric, etc).
10. You must explain circumstances that aren’t obvious by the coding.
    a. Ex.) “I interpreted an X-ray that the patient brought in, but didn’t take the X-ray in the office.” You would NOT enter the CPT code for the X-Ray because it was not done in your office.
11. Counseling MRs will not receive credit if the encounter is billed incorrectly.
SECTION 17

ROTATION SPECIFIC OBJECTIVES

This section includes the learning objectives for each rotation. In addition there are learning objectives for psychiatry and geriatrics which will be included in internal medicine and family practice since these are common settings in which student will encounter such issues. Students are responsible for these objectives.

Resource books include all required and recommended texts from the academic year. Students should also utilized available resources at each site. A list of additional resources will be provided.
General Learning Objectives for Clinical Skills

Upon completing the clinical year, students will be able to demonstrate competency in the following areas. These skills may be obtained in the outpatient, inpatient, emergency room and/or long term care settings. Methods of assessment of these skills include but are not limited to: end-of-rotation examinations, site visits, OSCEs, SOAP notes and clinical year assignments.

A. Elicit the appropriate focused history and identify the characteristic symptoms associated with common medical/psychiatric/surgical illnesses/diagnoses across the lifespan.

B. Perform the appropriate focused physical examination and identify the characteristic signs associated with common medical/psychiatric/surgical illnesses/diagnoses across the lifespan.

C. Elicit and perform a comprehensive history and physical exam for preventative health screening across the lifespan.

D. Recognize and differentiate normal anatomic, physiologic and cognitive changes related to growth, development and the aging process.

E. Assess normal and abnormal trends or patterns of growth, including those documented on growth charts, and recommend further evaluation when indicated.

F. Recommend and interpret appropriate lab studies and diagnostic studies/findings.

G. Identify, diagnose, manage and perform ongoing monitoring for common medical/psychiatric/surgical illnesses/diagnoses across the lifespan.

H. Identify, recommend and initiate screening/health promotion/disease prevention, immunizations and counseling for routine preventative health, well care and common illnesses/diagnoses across the lifespan.

I. Document medical/surgical information using acceptable abbreviations and appropriate formats (for example: H&P, SOAP, pre/post operative notes).

J. Recognize the major causes of morbidity and mortality across the lifespan.

K. Orally present clinical cases in a clear and concise manner.

L. Identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice.
M. Approach therapeutic encounters with a diverse patient population in an empathetic, non-judgmental and caring manner that promotes open and effective patient-provider communication across the lifespan.

N. Interact with physicians, healthcare personnel and patients tactfully, using appropriate language, speech patterns and nonverbal communication to promote/facilitate open and effective communication.

O. Demonstrate cultural sensitivity in the management of patients from a variety of backgrounds.

P. Demonstrate the ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.

Q. Demonstrate accountability to the patient, profession, community and program.

R. Demonstrate critical thinking and medical decision making.

S. Identify, recognize and discern legal and ethical issues in medicine, including assessment of competence, end of life decision making, power of attorney, living wills, advanced directives, and DNR orders.

T. Identify and recognize the effects of chronic illness on the patient and the family. Recognize and discuss the issues associated with loss, grief and bereavement, death and dying.

U. Demonstrate an understanding of and commitment to the legal requirements and ethical principles as they apply to the confidentiality of patient information across the life span.
PRIMARY CARE I AND II ROTATION LEARNING OBJECTIVES
(Also see Psychiatric and Geriatric objectives)

Primary Care I and II- Students will be placed in a primary care outpatient and/or inpatient setting, with a family practitioner or internist, to obtain exposure to primary care medicine. This rotation’s examination will focus on Family Practice medicine. The following pages outline the learning objectives for this clinical experience. They are designed to guide students in their clinical activities and supplemental reading. It is not the Program’s intention that students will be exposed to this complete list of objectives during the clinical experience. This section is designed to assist students in their preparation for the Primary Care I and II end-of-rotation exams.

LEARNING OBJECTIVES FOR MEDICAL KNOWLEDGE

Upon completion of this clinical experience, the student will be expected to competently recognize and apply knowledge to compare, differentiate and evaluate the:

- etiology, epidemiology, risk factors and pathophysiology (if appropriate)
- clinical manifestations
- differential diagnosis
- assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)
- management (including pharmacological/non-pharmacological, patient education, procedural and necessary referrals)
- prognosis, complications and prevention

of the following diseases/disorders/symptoms:

**General**
- Fatigue
- Weakness
- Weight loss
- Falls
- Altered levels of consciousness
- Health promotion/disease prevention (IZ and health screening tests/schedules)

**Infectious Disease**
- Viral disease - Epstein-Barr infections, herpes simplex, HIV infection, influenza, human papilloma virus, roseola, rubella, measles, varicella-zoster

**Cardiovascular System**
- Cardiomyopathy - dilated, hypertrophic, restrictive
- Conductive disorders - atrial fibrillation / flutter, atrioventricular blocks, bundle branch block, paroxysmal supraventricular tachycardia, premature beats, ventricular tachycardia, ventricular fibrillation.
- Congestive heart failure
- Hypertension - essential, secondary, urgency and emergency
- Hypotension - orthostatic / postural
Ischemic heart disease - acute myocardial infarction, angina pectoris (stable, unstable, Prinzmetal’s/variant)
Valvular disease – Stenosis, insufficiency/regurgitation of:
Aortic, Mitral, Tricuspid, Pulmonay
Mitral valve prolapse,
Other forms of Heart Disease - acute and subacute bacterial endocarditis
Vascular disease - acute rheumatic fever, aortic aneurysm / dissection, arterial embolism / thromboembolism, peripheral vascular disease, bruises, thrombophlebitis.
Lipid disorders - hypercholesterolemia, hypertriglyceridemia

Pulmonary System
Infectious disorders - acute bronchitis, acute bronchiolitis, pneumonia (bacterial, viral, fungal), influenza, tuberculosis
Obstructive pulmonary diseases - asthma, chronic bronchitis
Emphysema
Restrictive pulmonary diseases
Pleural effusion
Other pulmonary diseases - foreign body aspiration, pulmonary emboli, sleep apnea

Eyes, Ears, Nose & Throat
Ear disorders - acute/chronic otitis media, barotrauma, cerumen impaction, hearing impairment, mastoiditis, Meniere’s disease, labrynthitis, otitis externa, tympanic membrane perforation, tinnitus
Nose/sinus disorders - acute/chronic sinusitis, allergic rhinitis, epistaxis, nasal polyps, vasomotor rhinitis
Mouth/throat disorders - acute pharyngitis, acute tonsillitis, aphthous ulcers, dental abscess, epiglottitis, laryngitis, oral candidiasis, oral herpes simplex, oral leukoplakia, peritonsillar abscess, parotitis, sialadenitis, gingivitis and dental caries
Other – upper respiratory infection - viral

Endocrine System
Diseases of the Thyroid gland – hyperthyroidism (Grave’s disease, thyroid storm), hypothyroidism (Hashimoto’s Thyroiditis), thyroiditis, neoplastic disease
Diseases of the Parathyroid gland - hyperparathyroidism, hypoparathyroidism
Diseases of the Adrenal glands – Cushing’s syndrome, corticoadrenal insufficiency
Diseases of the Pituitary gland – acromegaly / gigantism, dwarfism, diabetes insipidus
Diabetes mellitus - type 1, type 2, hypoglycemia
The student will be able to recognize and apply knowledge of the following of complications of DM:
• Retinopathy
• Nephropathy
• Neuropathy
• Cardiovascular
• Depressed immunity
• Hypoglycemia reactions
• Ketoacidosis
Other: Metabolic syndrome, obesity, PCOS, hirsutism, gynecomastia, osteoporosis and osteopenia

Musculoskeletal system
Disorders of the forearm / elbow/ wrist / hand - tenosynovitis, carpal tunnel syndrome, de Quervain’s tenosynovitis, trigger finger, epicondylitis, Olecranon bursitis
Disorders of the shoulder – bursitis, tendonitis, calcification tendonitis, rotator cuff tear, frozen shoulder
Disorders of the back / spine - ankylosing spondylitis, low back pain, cauda equine, spinal stenosis, herniated disk pulposis, kyphosis / scoliosis
Disorders of the hip - aseptic necrosis, trocanteric bursitis
Disorders of the knee – bursitis, ligament tear, meniscal injury, patellofemoral pain
Disorders of the leg/ foot/ ankle – sprains, planter fasciitis, bunions, hammer toes, shin splints
Infectious – osteomyelitis, septic arthritis
Osteoarthritis
Other – ganglion cyst, Baker’s cyst, Morton’s neuroma, TMJ, Costchondritis, over use syndromes

Rheumatologic
Fibromyalgia, gout / pseudogout, rheumatoid arthritis

Genitourinary/ Reproductive disorders
Benign conditions of the GU tract - benign prostatic hyperplasia, erectile dysfunction, hydrocele / varicocele, incontinence (female and male)
Infectious/inflammatory conditions – cystitis – acute (simple and complicated)/interstitial, epididymitis, orchitis, prostatitis, pyelonephritis, urethritis, vaginitis
Renal Diseases - acute / chronic renal failure, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, renal calculi
Other: scrotal mass, scrotal pain, testicular torsion, sexually transmitted diseases, breast mass

Neurologic System
Diseases of peripheral nerves - Bell’s palsy, diabetic peripheral neuropathy
Headache - migraine, tension, cluster, SAH
Movement disorders – essential tremor, Huntington’s disease, Parkinson’s disease
Seizure Disorders – generalized convulsive disorder, generalized nonconvulsive disorder, status epilepticus
Vascular diseases - cerebral aneurysm, stroke, transient ischemic attacks
Acute head injuries in adults and kids
Other: Alzheimer’s disease, multiple sclerosis, nystagmus

Ophthalmological
Vision change – blurred vision, floaters, macular degeneration, retinal detachment, retinal artery occlusion
Infectious – conjunctivitis, dacryocystitis, orbital cellulitis, blepharitis
Other – hordeolum, chalazion, strabismus, foreign body, cataract, glaucoma, corneal abrasion
Dermatologic System
Eczematous eruptions - dermatitis (atopic, contact, diaper, nummular eczematous, perioral, seborrheic, stasis), dyshydrosis, lichen simplex chronicus.
Papulosquamous diseases - dermatophyte infections (tinea versicolor, tinea corporis / cruris/ pedis), candida, drug eruptions, lichen planus, pityriasis rosea, psoriasis.
Acneiform lesions - acne, rosacea, folliculitis
Verruciform lesions - seborrheic keratosis, actinic keratosis
Insects / parasites - lice, scabies, spider bites
Neoplasms - basal cell carcinoma, melanoma, squamous cell carcinoma, nevi
Hair and Nails - alopecia areata, androgenic alopecia, onycomycosis, paronychia
Viral Diseases - condyloma acumminatum, exanthems, herpes simplex, molluscum contagiosum, verrucae, varicella-zoster virus infections
Bacterial infections - cellulitis, erysipelas, impetigo, MRSA
Other - acanthosis nigricans, burns, pressure ulcers / leg ulcers, hidradentis suppurativa, lipomas, epithelial inclusion cysts, melasma, urticaria, vitiligo, vasculitis

Gastrointestinal System / Nutrition
Stomach - Gastroesophageal reflux, gastritis, peptic ulcer disease
Gallbladder - acute / chronic cholecystitis, choledolithiasis
Liver - acute / chronic hepatitis, cirrhosis
Pancreas - acute / chronic pancreatitis
Small intestine / colon - appendicitis, constipation, diverticular disease, inflammatory bowel disease, irritable bowel syndrome, obstruction, diarrhea - infectious/noninfectious/malabsorption
Rectum - anal fissure, anorectal abscess / fistula, fecal impaction, hemorrhoids, pilonidal disease, polyps
Hernia - hiatal, incisional, inguinal, umbilical, ventral
Other - lactose intolerance, vitamin deficiency

Hematological
Anemias - iron deficiency, B12, folate, hemolytic, chronic disease

Upon completion of this clinical experience, the student will be expected to recognize, compare, differentiate and evaluate the etiology, epidemiology, risk factors, pathophysiology, clinical manifestations, and differential diagnosis of the following diseases/disorders/symptoms. In addition, the student will be expected to recognize strategies for prevention and the most common complications of the following disease/disorders/ symptoms.

Infectious Disease
Spirochetal disease - lyme borreliosis (Lyme disease), Rocky Mountain spotted fever, syphilis

Rheumatologic
Polyarteritis nodosa, polymyositis, reactive arthritis, systemic lupus erythematosus, Scleroderma

Neurological
Infectious disorders - encephalitis, meningitis
Ophthalmological
   Iritis, uveitis

Gastrointestinal System / Nutrition
   Esophagus - esophagitis, motor disorders, strictures, varices

Dermatological
   Desquamation - Stevens-Johnson syndrome, toxic epidermal necrolysis, erythema multiforme
   Vesicular Bullae - bullous pemphigoid

LEARNING OBJECTIVES FOR PHARMACOTHERAPEUTICS

Students will also be expected to discern the properties of the following drug or drug classes
including mechanism of action, interactions, contraindications, and major and common side
effects. Students will also be expected to discern the appropriate patient education and necessary
follow up required for the following drugs or drug classes.

- Antihypertensives
- Antiarrhythmics
- Thrombolytic therapy
- Asthma/ COPD medications
- Mood/ Anxiety/ OCD drugs
- Antiparkinson agents
- ADHD / narcolepsy drugs
- Acne medications
- Corticosteroids
- Antiemetics
- Laxatives and Bowel evacuants
- Antispasmodics/anticholinergics
- Ophthalmological anti-inflammatory/ allergy/ antibiotic/ steroid preparations

LEARNING OBJECTIVES FOR DIAGNOSTICS

Students will be expected to appropriately recommend, interpret the findings, and recognize the
indications/clinical significance of the following diagnostic studies. In addition students will be
expected to discern appropriate management (including counseling and informed consent) when
abnormalities are found in the following routine tests, and recognize the potential complications for
each:

- PFT & Peak Flow
- Chest X-ray
- 12 Lead ECG& Rhythm Strip
- Stool occult blood
- CBC & Differential
- Glucose
- ESR
- BUN
- Creatinine
- Potassium
- AST/ALT
- Alkaline Phosphatase
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<td>B12</td>
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<td>Albumin, Total Protein</td>
<td>Pulse Oximetry</td>
<td>Folic acid</td>
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<tr>
<td>Lipase</td>
<td>Ferritin</td>
<td>Uric acid</td>
</tr>
<tr>
<td>Amylase Cardiac enzymes</td>
<td>Serum Iron &amp; TIBC</td>
<td>HIV ELISA &amp; Western blot</td>
</tr>
<tr>
<td>T3, T4, TSH</td>
<td>Therapeutic drug Levels</td>
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</tr>
<tr>
<td>CT scan</td>
<td>Qual/Quantitative</td>
<td>HCG</td>
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<td>Urine Analysis</td>
<td>MSK X-ray/MRI</td>
<td>Bilirubin</td>
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<td>HgA1C</td>
<td>Rheumatoid factor</td>
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</tbody>
</table>

**END OF PRIMARY CARE I AND II LEARNING OBJECTIVES**
PRIMARY CARE III ROTATION LEARNING OBJECTIVES
(Also see Psychiatric and Geriatric objectives)

Primary Care III– Students will be placed in a primary care outpatient and/or inpatient setting, with a family practitioner or internist, to obtain exposure to primary care medicine. This rotation’s examination will focus on Internal medicine. The following pages outline the learning objectives for this clinical experience. They are designed to guide students in their clinical activities and supplemental reading. It is not the Program’s intention that students will be exposed to this complete list of objectives during the clinical experience. This section is designed to assist students in their preparation for the Primary Care III end-of-rotation exam.

LEARNING OBJECTIVES FOR MEDICAL KNOWLEDGE

Upon completion of this clinical experience, the student will be expected to competently recognize and apply knowledge to compare, differentiate and evaluate the:

- etiology, epidemiology, risk factors and pathophysiology (if appropriate)
- clinical manifestations
- differential diagnosis
- assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)
- management (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)
- prognosis, complications and prevention

of the following diseases/disorders/symptoms:

**General**
- Fatigue
- Weakness
- Weight loss
- Falls
- Altered levels of consciousness
- Health promotion/disease prevention (IZ and health screening tests/schedules)
- End of Life/Palliative Care/Hospice

**Infectious disease**
- Viral disease - Epstein-Barr infections, erythema infectiosum, herpes simplex, HIV infection, human papillomavirus infections, roseola, rubella, measles, varicella-zoster virus infections, influenza

**Cardiovascular System**
- Cardiomyopathy - dilated, hypertrophic, restrictive
- Conductive disorders - atrial fibrillation / flutter, atrioventricular block, bundle branch block, paroxysmal supraventricular tachycardia, premature beats, ventricular tachycardia, ventricular fibrillation.
- Congestive heart failure
- Hypertension - essential, secondary
Hypotension - orthostatic / postural
Ischemic heart disease - acute myocardial infarction, angina pectoris (stable, unstable, Prinzmetal's/variant
Valvular disease – Stenosis, insufficiency/regurgitation of:
  Aortic, Mitral, Tricuspid, Pulmonary
  Mitral valve prolapse,
Other forms of Heart Disease - acute and subacute bacterial endocarditis
Vascular disease - acute rheumatic fever, aortic aneurysm / dissection, arterial embolism / thromboembolism, peripheral vascular disease, bruises, thrombophlebitis.
Lipid disorders - hypercholesterolemia, hypertriglyceridemia

**Pulmonary System**
Infectious disorders - acute bronchitis, acute bronchiolitis, pneumonia, influenza, tuberculosis
Obstructive pulmonary diseases - asthma, chronic bronchitis,
Emphysema
Restrictive pulmonary diseases
Pleural effusion
Other pulmonary diseases - foreign body aspiration, pulmonary emboli, apnea
  Acute respiratory distress syndrome

**Eyes, Ears, Nose & Throat**
Ear disorders - acute/chronic otitis media, barotrauma, cerumen impaction, hearing impairment, mastoiditis, Meniere’s disease, labrynthitis, otitis externa, tympanic membrane perforation, vertigo, tinnitus
Nose/sinus disorders - acute/chronic sinusitis, allergic rhinitis, epistaxis, nasal polyps, vasomotor rhinitis
Mouth/throat disorders - acute pharyngitis, acute tonsillitis, aphthous ulcers, dental abscess, epiglottitis, laryngitis, oral candidiasis, oral herpes simplex, oral leukoplakia, peritonsillar abscess, parotitis, sialadenitis, neoplasm
Other - upper respiratory infection - viral

**Endocrine System**
Diseases of the Thyroid gland –
  hyperthyroidism (Grave’s disease, thyroiditis, thyroid storm)
  hypothyroidism (Hashimoto’s thyroiditis), thyroiditis
Diseases of the Parathyroid gland - hyperparathyroidism, hypoparathyroidism
Diseases of the Adrenal Glands – Cushing’s syndrome, corticoadrenal insufficiency
Diseases of the Pituitary Gland – acromegaly / gigantism, dwarfism, diabetes insipidus, neoplasm, hirsutism, gynecomastia
Diabetes mellitus - type 1, type 2, hypoglycemia

The student will be able to describe the following of complications of DM:
  a. Retinopathy  e. Depressed immunity
  b. Nephropathy  f. Hypoglycemia reactions
  c. Neuropathy  g. Ketoacidosis
d. Cardiovascular  h. Somogyi phenomenon

Other: Metabolic syndrome, obesity, PCOS, hirsutism, gynecomastia, osteoporosis and osteopenia

Neoplastic disorders
- Prostate
- Testicular
- Pulmonary
- Thyroid
- Colorectal
- Lymphoma
- Leukemia

Rheumatologic
- Fibromyalgia
- Gout / pseudogout
- Polyarteritis nodosa
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Polymyalgia rheumatica

Musculoskeletal system
- Disorders of the forearm / elbow / wrist / hand - tenosynovitis, carpal tunnel syndrome, de Quervain’s tenosynovitis, trigger finger, epicondylitis, olecranon bursitis
- Disorders of the shoulder – bursitis, tendonitis, calcification tendonitis, rotator cuff tear, frozen shoulder
- Disorders of the back / spine - ankylosing spondylitis, low back pain, cauda equine, spinal stenosis, Herniated disk pulposis, kyphosis / scoliosis
- Disorders of the hip - aseptic necrosis, trocanteric bursitis
- Disorders of the knee – bursitis, ligament tear, meniscal injury, patelofemoral pain
- Disorders of the leg/ foot/ ankle – sprains, plantar fasciitis, bunions, hammer toes, shin splints
- Infectious – Osteomyelitis, septic arthritis
- Osteoarthritis
- Other – ganglion cyst, Baker’s cyst, Morton’s neuroma, TMJ, Costochondritis, over use syndromes

Genitourinary/ Reproductive Systems
- Benign conditions of the GU tract - benign prostatic hyperplasia, erectile dysfunction, hydrocele / varicocele, incontinence (male and female), vaginitis
- Infectious/inflammatory conditions - cystitis, epididymitis, orchitis, prostatitis, pyelonephritis, urethritis, vaginitis
- Renal Diseases - acute / chronic renal failure, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, renal calculi
- Other: scrotal mass, scrotal pain, sexually transmitted diseases, breast mass, Hematuria

Neurologic System
- Diseases of peripheral nerves - Bell’s palsy, diabetic peripheral neuropathy, Guillain- Barre syndrome, myasthenia gravis
Headache - Migraine, tension, cluster, temporal arteritis
Infectious disorders - meningitis
Movement disorders – essential tremor, Huntington’s disease, Parkinson’s disease
Seizure Disorders – generalized convulsive disorder, generalized nonconvulsive disorder, status epilepticus
Vascular diseases - cerebral aneurysm, stroke, transient ischemic attacks
Acute head injuries in adults
Other: Alzheimer’s disease, multiple sclerosis, nystagmus

Ophthalmological
Vision change – blurred vision, floaters, macular degeneration, retinal detachment, retinal artery occlusion
Infectious – conjunctivitis, iritis, uveitis, dacryocystitis, orbital cellulitis, blepharitis
Other – hordeolum, chalazion, foreign body, cataract, glaucoma, corneal abrasion

Dermatologic System
Eczematous eruptions- dermatitis (atopic, contact, diaper, nummular eczematous, perioral, seborrheic, stasis), dyshydrosis, lichen simplex chronicus.
Papulosquamous diseases - dermatophyte infections (tinea versicolor, tinea corporis / cruris / pedis), candida, drug eruptions, lichen planus, pityriasis rosea, psoriasis
Acneiform lesions - acne, rosacea, folliculitis
Verruciform lesions - seborrheic keratosis, actinic keratosis
Insects / parasites - lice, scabies, spider bites
Neoplasms - basal cell carcinoma, melanoma, squamous cell carcinoma
Hair and Nails - alopecia areata, androgenic alopecia, onycomycosis, paronychia
Viral Diseases - condyloma acuminate, exanthems, herpes simplex, molluscum contagiosum, verrucae, varicella-zoster virus infections
Bacterial infections – cellulitis, erysipelas, impetigo, MRSA
Other - acanthosis nigricans, burns, pressure ulcers / leg ulcers, hidradentitis suppurativa, lipomas, epithelial inclusion cysts, melasma, urticaria, vitiligo, vasculitis

Gastrointestinal System / Nutrition
Esophagus - esophagitis, motor disorders, strictures, varices, Mallory-Weiss tear
Stomach - Gastroesophageal reflux, 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, constipation, diverticular disease, inflammatory bowel disease, irritable bowel syndrome, neoplasms, obstruction, diarrhea – infectious/noninfectious, malabsorption
Rectum - anal fissure, anorectal abscess / fistula, fecal impaction, hemorrhoids, neoplasms, pilonidal disease, polyps
Hernia - hiatal, incisional, inguinal, umbilical, ventral
Other - lactose intolerance, peritonitis, vitamin deficiencies
Hematological
- Anemia – iron deficiency, B12, folate, hemolytic, chronic disease
- Thrombocytopenia

Electrolyte and Acid/Base disorders
- hypo / hypernatremia, hypo / hyperkalemia, hypo / hypercalcemia

Upon completion of this clinical experience, the student will be expected to **recognize, compare, differentiate and evaluate** the etiology, epidemiology, risk factors, pathophysiology, clinical manifestations, and differential diagnosis of the following diseases/disorders/symptoms. In addition, the student will be expected to **recognize strategies for prevention and the most common complications** of the following disease/disorders/symptoms.

**Infectious Disease**
- Spirochetal disease - lyme borreliosis (Lyme disease), Rocky Mountain spotted fever, syphilis
- Sepsis

**Cardiovascular**
- Cardiogenic shock
- Cardiac tamponade
- Acute pericarditis
- Pericardial effusion

**Pulmonary**
- Sarcoidosis

**Neoplastic**
- Brain
- Stomach
- Gallbladder
- Liver
- Esophagus
- Pancreas
- Renal Cell
- Bladder

**Rheumatologic**
- Polymyositis
- Reactive arthritis
- Scleroderma
- Sjogren’s syndrome
- Polymyalgia rheumatica
- Paget’s disease

**Neurologic**
- Encephalitis, cerebral palsy

**Dermatological**
- Desquamation - Stevens-Johnson syndrome, toxic epidermal necrolysis, erythema multiforme, erythema nodosum
- Vesicular Bullae - bullous pemphigoid
- Scalded skin syndrome
### Hematological

- Leukemia
- Sickle cell disease/trait
- Lymphoma
- DIC
- Polycythemia Vera

- Bleeding disorders
- Thalassemia
- ITP
- Multiple Myeloma
- G6PD Deficiency

### Electrolyte and Acid/Base disorders

- Hypomagnesemia
- Metabolic alkalosis / acidosis
- Respiratory alkalosis / acidosis

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#### LEARNING OBJECTIVES FOR PHARMACOTHERAPEUTICS

Students will also be expected to **discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects.** Students will also be expected to **discern the appropriate patient education and necessary follow up** required for the following drugs or drug classes.

- Antihypertensives
- Antilipemic drugs
- Antiarrhythmics
- Diuretics
- Thrombolytic therapy
- Pain management – acute, chronic
- Asthma/ COPD medications
- Antipsychotics
- Mood/ Anxiety/ OCD drugs
- Anticonvulsants
- Antiparkinson agents
- Alzheimer’s dementia
- ADHD / narcolepsy drugs
- Antiinfectives - all forms, routes
- Acne medications
- Corticosteroids
- Scabicides & pediculocides
- Antidiarrheals/Antiemetics
- Acid Controller and ulcer agents
- Laxatives and Bowel evacuates
- Anorectal preparations
- Antispasmodics/anticholinergics
- Antipsycotics
- Mood/ Anxiety/ OCD drugs
- Anticonvulsants
- Antiparkinson agents
- Ophthalmological - anti-inflammatory/ Allergy/ antibiotic/ steroid preparations

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#### LEARNING OBJECTIVES FOR DIAGNOSTICS

Students will be expected to appropriately **recommend, interpret** the findings, and **recognize the indications/clinical significance** of the following diagnostic studies. In addition students will be expected to discern appropriate **management** (including counseling and informed consent) when **abnormalities** are found in the following routine tests, and recognize the **potential complications** for each:

- PFT & Peak Flow
- Chest X-ray
- 12 Lead ECG& Rhythm
- StripStool occult blood
- CBC & Differential Glucose
- ESR

- BUN
- Creatinine
- Potassium
- AST/ALT
- Alkaline Phosphatase
- Chloride

- D-Dimer
- Carbon Dioxide
- Reticulocyte count
- Vascular U/S
- Sodium
- Pre-albumin
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<th>Albumin</th>
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<td>Rheumatoid factor</td>
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<td>Magnesium</td>
<td>Uric acid</td>
<td>Qualitative/Quantitative HCG</td>
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<tr>
<td>CPK</td>
<td>Folic acid</td>
<td>ANA</td>
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<td>Troponin</td>
<td>Vitamin B&lt;sub&gt;12&lt;/sub&gt;</td>
<td>Therapeutic drug Levels</td>
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<td>MSK X-rays &amp; MRIs</td>
<td>Lipid Panel</td>
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<tr>
<td>Ferritin</td>
<td>Pulse or Ear Oximetry</td>
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**END OF PRIMARY CARE III OBJECTIVES**
Psychiatric & Behavioral Medicine Learning Objectives

The following pages outline the learning objectives for this clinical experience. They are designed to guide students in their clinical activities and supplemental reading. It is not the Program’s intention that students will be exposed to this complete list of objectives during the clinical experience. This section is designed to assist students in their preparation for the Primary Care I - III end-of-rotation exams.

**LEARNING OBJECTIVES FOR MEDICAL KNOWLEDGE**

Upon completion of this clinical experience, the student will be expected to competently recognize and apply knowledge to compare, differentiate and evaluate the:

- etiology, epidemiology, risk factors and pathophysiology (if appropriate)
- clinical manifestations
- differential diagnosis
- assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)
- management (including pharmacological/ non-pharmacological, patient education, procedural and/or necessary referrals)
- prognosis, complications and prevention

of the following diseases/disorders/symptoms:

**Anxiety disorders:**
  generalized anxiety disorder, obsessive compulsive disorder, panic attacks, PTSD, phobias, agoraphobia

**Mood disorders**
  including but not limited to major and minor depression, dysthymia, bipolar disorders

**Suicide/violence ideation**

**Personality disorders**

**Delirium, Dementias, Amnesic and other Cognitive Disorders**

**Substance-Related Disorders**
  Alcohol, opioid, nicotine, anxiolytics/hypnotics, stimulants/depressants
  Use/Abuse/Dependence/Addiction
  Approach to patient
  Education and management options for cessation

**Somatoform Disorders**
Sexual Dysfunction Disorders

Sleep Disorders
insomias, hypersominia, restless leg syndrome, narcolepsy

Adjustment Disorders

Grief and bereavement
Normal and complicated/prolonged grief

Behavioral Change
Stages of readiness for behavioral change
How a patient’s stage influences the approach to management
Strategies to promote behavior change

Recognize the definition or a clinical presentation of:
projection
tolerance
reaction formation
withdrawal
counter transference
drug abuse
denial
Anhedonia
repression
Mania
delusion
Psychomotor agitation and retardation
hallucination
addiction
dependence
drug abuse

Upon completion of this clinical experience, the student will be expected to recognize the risk factors, epidemiology, clinical manifestations, differential diagnosis and diagnosis of the following diseases/disorders/symptoms. The student will be expected to identify the appropriate referrals and legal reporting criteria for the following disorders/diseases/symptoms.

Acute suicidality
Acute Homicidality
Acute Manic episode
Dissociative Disorders
Delusional Disorder
Depersonalization Disorder
Schizophrenia and Other Psychotic Disorders
Factitious Disorders

Issues Surrounding Sexuality and Gender
Identification
Eating Disorders
Domestic & family violence
Child abuse and neglect
Sexual abuse & rape
Violence
LEARNING OBJECTIVES FOR PHARMACOTHERAPEUTICS

Students will also be expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and side effects. Students will also be expected to discern the appropriate patient educations and necessary follow up required for the following drugs or drug classes.

- Antidepressants: including SSRIs, SNRIs, TCAs, other
- Anti Anxiety meds: SSRIs, benzodiazepines, other
- Antipsychotics: to include typical and atypicals
- Mood stabilizers
- Meds to treat sleep disorders including insomnia and narcolepsy
- Beta Blockers
- Agents for drug dependence (Alcohol, opiate, nicotine)
- Stimulants
- diphenhydramine
- Antinausea meds
- Clonidine

LEARNING OBJECTIVES FOR DIAGNOSTICS

Students will be expected to appropriately recommend, interpret the findings, and recognize the indications/clinical significance of the following diagnostic studies. In addition students will be expected to discern appropriate management (including counseling and informed consent) when abnormalities are found in the following routine tests, and recognize the potential complications for each:

Toxicology screens
Therapeutic drug levels
Head CT and MRI
MMSE
TSH

END OF PSYCHIATRIC & BEHAVIORAL MEDICINE LEARNING OBJECTIVES
Geriatric Medicine Learning Objectives

The following pages outline the learning objectives for this clinical experience. They are designed to guide students in their clinical activities and supplemental reading. It is not the Program’s intention that students will be exposed to this complete list of objectives during the clinical experience. The section is designed to assist students in their preparation for the Primary Care I - III end-of-rotation examinations.

LEARNING OBJECTIVES FOR MEDICAL KNOWLEDGE

Upon completion of this clinical experience, the student will be expected to competently recognize and apply knowledge to compare, differentiate and evaluate the:

- etiology, epidemiology, risk factors and pathophysiology (if appropriate)
- clinical manifestations
- differential diagnosis
- assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)
- management (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)
- prognosis, complications and prevention

of the following diseases/disorders/symptoms in the geriatric population:

**General**
- Falls and prevention of falls
- Fatigue
- Weight loss
- ALOC

**Cardiovascular**
- Hypertension (essential, diastolic, systolic)
- Peripheral vascular disease

**Pulmonary**
- Pneumonia

**Endocrinology**
- Osteoporosis
- Paget’s disease

**Musculoskeletal**
- Gait disorders and immobility

**Genitourinary**
- Urinary tract infections
- Incontinence
- Prostate
- Uterine Prolapse

**Neurological**
- Confusion
- Delirium
- Dizziness
- Dementia/Alzheimer’s
Parkinson’s disease    Stroke/TIA
MMSE score required to diagnosis stages of dementia

**Dermatologic**
- Atropic
- Hypertrophic conditions
- Dermatitis

**Gastroenterology**
- Constipation

**Psychiatric**
- Depression
- Anxiety
- Sleep disorders

**Hematology**
- Anemia (microcytic, macrocytic, normocytic)
- Hypoalbuminemia

The student will be expected to *recognize, differentiate, evaluate and assess* the following medical/legal/psychosocial issues commonly associated with the geriatric population.

A. Differentiate between the basic self-care skills of activities of daily living (ADLs) and independent activities of daily living (IADLs) and the instruments for assessing both.
B. Identify and recognize the options available for long term care.
C. Identify, recognize and discern the legal and ethical issues in geriatric medicine, including assessment of competence, driving and the elderly, end of life decision making, power of attorney, living wills, advanced directives, and DNR orders.
D. Identify and recognize injury risk reduction strategies for an elderly.

**LEARNING OBJECTIVES FOR PHARMACOTHERAPEUTICS**

Students will also be expected to *discern* the following issues as they relate to pharmacotherapeutics in the geriatric population. Students will also be expected to *discern* the appropriate patient education and necessary follow up required.

A. Age related physiologic changes that alter a medication’s pharmacotherapeutics
B. Specific considerations and guidelines for safer prescribing practices for the geriatric population
C. The potential complications from polypharmacy and how this problem may affect the individual patient.

**END OF GERIATRIC MEDICINE LEARNING OBJECTIVES**
PRIMARY CARE IV ROTATION LEARNING OBJECTIVES

Primary Care IV - Students will be placed in an outpatient and/or inpatient setting, with a family practitioner, internist, pediatrician and/or OB/GYN, to obtain exposure to primary care medicine, with an emphasis on pediatrics and women’s health. This rotation’s examination will focus on Pediatrics and Women’s Health. The following pages outline the learning objectives for this clinical experience. They are designed to guide students in their clinical activities and supplemental reading. It is not the Program’s intention that students will be exposed to this complete list of objectives during the clinical experience. This section is designed to assist students in their preparation for the Primary Care IV end-of-rotation exam.

LEARNING OBJECTIVES FOR MEDICAL KNOWLEDGE

Upon completion of this clinical experience, the student will be expected to competently recognize and apply knowledge to compare, differentiate and evaluate the:

- etiology, epidemiology, risk factors and pathophysiology (if appropriate)
- clinical manifestations
- differential diagnosis
- assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)
- management (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)
- prognosis, complications and prevention of the following diseases/disorders/symptoms:

### Pediatric Objectives

**General**
- failure to thrive
- vomiting
- syncope
- dehydration
- crying

- cough
- fever, FUO
- cyanosis
- chest pain
- abuse and neglect (to include sexual abuse)

**Ophthalmologic**
- Strabismus
- superficial ocular foreign body
- Conjunctivitis: allergic, viral, bacterial, chemical, neonatal

- amblyopia
- Nasolacrimal duct obstruction

**Respiratory System**
- asthma
- bronchiolitis
- bronchitis
- Apnea/ALTE

- pertussis
- pneumonia
- SIDS
- laryngotraheobronchitis (croup)

**ENT and Sinuses**

Class 2013 Clinical Handbook
otitis media (acute, serous, +/- effusion)
otitis externa
foreign body in the ear & nose
sinusitis
pharyngitis (bacterial, viral)
acute parotid or cervical swelling
indications for myringotomy/ tympanostomy
indications for tonsillectomy and adenoidectomy
oral thrush
epiglottitis
epistaxis
URI
allergic rhinitis
dental caries
thrush
Gingivostomatitis

Cardiovascular System
  Innocent murmurs

Gastrointestinal System
  gastrosesophageal reflux     Meckel's diverticulum
  Volvulus                    intussusception
  intestinal obstruction     acute and chronic diarrhea
  constipation                encoparesis
  functional constipation     rectal itching
  acute gastroenteritis       malabsorption
  vitamin deficiencies       rectal bleeding
  jaundice in the newborn    pyloric stenosis
  Hirschprungs disease       Viral hepatitis
  appendicitis
  Abdominal pain – acute & chronic/recurrent
  hernias (femoral, umbilical, direct indirect)

Genitourinary/Renal
  UTI and pyelonephritis       hematuria
  testicular torsion           epididymitis
  orchitis.                   hydrocele
  varicocele                   balanitis
  phimosis                     paraphimosis
  cryptorchidism               enuresis
  perspectives                vaginal foreign body
  labial adhesions
  male circumcision: risks, benefits, contraindications and familial & cultural
  common congenital anomalies of the genitourinary tract
Endocrine/Genetics
- short stature
- metabolic syndrome
- obesity
- Down’s Syndrome
- diabetes mellitus (Type 1 and 2)
- amenorrhea -primary, secondary gynecomastia

Hematology/Oncology
- Anemia - Fe deficiency
- lead poisoning
- megaloblastic anemias
- sickle cell anemia/ trait
- vitamin K deficiency
- von Willebrand’s disease
- ITP

Neurology
- seizure disorders (febrile, partial, partial complex, absence, generalized tonic/clonic)
- headaches
- meningitis

Musculoskeletal System
- Congenital dysplasia of the hip
- Sprains/Strains
- Subluxation of the radial head (nursemaid’s elbow)
- Osteochondritis dissecans
- growing pains
- Osgood-Schlatter Disease
- Physiologic genu varum and valgum
- Popliteal cysts
- In-toeing
- Calcaneovalgus feet
- Metatarsus adductus (metatarsus varus)
- Pes planus
- Fractures (Buckle, greenstick, epiphyseal)
- transient synovitis of the hip
- the limping child
- scoliosis

Dermatology
- Molluscum contagiosum
- Viral exanthems
- Scabies
- Lice (including pubic)
- Impetigo
- Bullous Impetigo
- Traction alopecia
- Dermal melanosis
- Hemangiomas
- Port-wine stain (nevus flammeus)
Transient macular stains (salmon patches)
Erythema Toxicum Neonatorum
Transient Neonatal Pustular Melanosis
Milia
pinworm
cellulitis
pityriasis rosea
superficial fungal Infections: tinea corporis/pedis/cruris/versicolor/capitis,
candidiasis
perianal dermatitis/perianal streptococcal disease
dermatitis (atopic, seborrheic, diaper, perioral, contact)
acne (including neonatal)

**Infectious Disease**

<table>
<thead>
<tr>
<th>Approach to fever by age</th>
<th>Gonorrhea</th>
</tr>
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<tbody>
<tr>
<td>Chlamydia</td>
<td>Trichomonas</td>
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<tr>
<td>Syphilis</td>
<td></td>
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<tr>
<td>Human papilloma virus (warts: genital and elsewhere)</td>
<td></td>
</tr>
<tr>
<td>Herpangina</td>
<td>Roseola</td>
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<tr>
<td>Measles</td>
<td>Rubella</td>
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<tr>
<td>Erythema infectiosum</td>
<td>Varicella</td>
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<tr>
<td>Hand, foot and mouth disease</td>
<td>Scarlet fever</td>
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<tr>
<td>Mumps</td>
<td>Cat scratch disease</td>
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<tr>
<td>Coxackie virus</td>
<td>Adeno virus</td>
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<tr>
<td>HSV</td>
<td>Mononucleosis</td>
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</tbody>
</table>

**Psychiatry/Behavior**

<table>
<thead>
<tr>
<th>ADHD</th>
<th>suicidal ideation</th>
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</thead>
<tbody>
<tr>
<td>autism spectrum disorders</td>
<td>substance abuse</td>
</tr>
<tr>
<td>colic</td>
<td>eating disorders</td>
</tr>
<tr>
<td>tantrums</td>
<td>anxiety</td>
</tr>
</tbody>
</table>

**Adolescent Gynecology**

| primary dysmenorrhea                         |                     |
| breast asymmetry & masses                    |                     |
| physiologic leukorrhea                       |                     |
| abnormal vaginal bleeding & irregular menses |                     |

**Fluid, Electrolytes and Nutrition**

| feeding – breast, formula, bottle            |                     |
| dehydration in a child below 2 years of age |                     |
Students will be expected to apply knowledge of the following pediatric topics to the assessment of a child.

Growth and Development
- Normal and abnormal physical exam findings from the newborn period to late adolescence. This includes accurate measurement of length, height, weight & head circumference, newborn reflexes and the determination of Tanner Staging.
- The normal progression of physical, motor (fine and gross), cognitive, language (receptive and expressive) and social/emotional growth and development of children from the newborn to late adolescence. This includes the timing and normal progression/sequence of puberty in boys and girls.
- Knowledge of developmental milestones and red flags to distinguish normal from abnormal development.
- The potential implications of abnormal findings of development and when it is appropriate to refer or recommend further evaluation for a child who has not met or who has lost developmental milestones.
- Accurately plot and interpret trends on pediatric growth charts.

Well Child Care
Apply knowledge of recommended/standard well baby, child and adolescent care to the assessment of a child. Expected knowledge includes the following elements of well child care:
- Recommending age appropriate immunizations for healthy and high risk children and the absolute and relative contraindications to routine pediatric immunizations screenings.
- Follow-up intervals for well care.
- Prescriptions (including fluoride & contraception).
- Anticipatory guidance, education and counseling to foster optimal development (including puberty and sexuality).
- Guidance regarding safety plus accident, injury and violence prevention.
- Risk reduction of high risk behaviors.
- Pediatric nutrition plus promotion of healthy diets and activities.
- Guidance about common behavioral issues including colic and tantrums.
- Guidance regarding normal sleep patterns and common sleep problems.
- Guidance regarding common issues about school including school readiness and avoidance.
- The objectives and components of the pre participation history and physical exam.

Upon completion of this clinical experience, the student will be expected to recognize, compare, differentiate and evaluate the etiology, epidemiology, risk factors, pathophysiology, clinical manifestations, and differential diagnosis of the following diseases/disorders/symptoms. In addition, the student will be expected to recognize strategies for prevention and the most common complications of the following disease/disorders/symptoms.
General/Multisystem
   *Fetal alcohol syndrome*  *Kawasaki’s*

Ophthalmologic
   - Cataracts
   - periorbital and orbital cellulitis
   - Retinoblastoma

ENT and Sinuses
   - peritonsillar abscess
   - retropharyngeal abscess
   - epiglottitis
   - bacterial tracheitis
   - cauliflower ear

Respiratory System
   - cystic fibrosis
   - foreign body aspiration

Cardiovascular System
   - congenital heart disease (Tetralogy of Fallot, VSD, PDA, ASD, Coarctation of the Aorta)
   - congestive heart failure from the neonate to late adolescent
   - HTN

Gastrointestinal System
   - Inflammatory bowel disease: Crohn's disease, Ulcerative colitis
   - Celiac disease

Genitourinary/Renal
   - Glomerulonephritis
   - Wilm’s Tumor
   - Testicular cancer
   - HSP
   - Hypospadis
   - Vesicoureteral reflux

Endocrine/Genetics
   - growth hormone deficiency
   - precocious puberty
   - congenital hypothyroidism
   - congenital adrenal hyperplasia
   - hypothyroidism
   - Klinefelter and Turner syndrome
   - DKA
   - delayed puberty

Hematology/Oncology
   - Leukemia
   - Lymphoma
   - CNS tumors in children
   - thalassemia
   - hemophilia
   - osteosarcoma
   - Aplastic anemia
   - osteosarcoma

Neurology
   - spina bifida
   - hydrocephalus
   - meningocele
   - meningomyelocele
   - muscular dystrophy
   - cerebral palsy

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Musculoskeletal System
- Slipped Capital Femoral Epiphysis (SCFE)
- Osteomyelitis
- Talipes equinovarus (clubfoot)
- Juvenile rheumatoid arthritis
- Torticollis
- Pathologic genu varum
- Craniocynostosis
- Rickett’s
- Avascular necrosis of the proximal femur (Legg-Calve-Perthes Disease)

Dermatology
- Café au lait macules
- Congenital melaocytic nevi
- Erythema multiforme
- Steven’s-Johnson syndrome
- Toxic Epidermal Necrolysis

Infectious Disease
- Sepsis
- Meningitis
- Reye syndrome

Psychiatry
- Depression

+++++++++++++++++++++++++++ LEARNING OBJECTIVES FOR PHARMACOTHERAPEUTICS +++++++++++++++++++++++++++++

Students will also be expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects. Students are expected to calculate appropriate medication dosages based on an infant’s or child’s age and weight in a way that promotes compliance (for example: formulations, # doses/day). Students will also be expected to discern the appropriate patient education and necessary follow up required for the following drugs or drug classes.

1. Pain management – acute, chronic
2. Tylenol
3. NSAIDs
4. Asthma/ COPD medications
5. Anticonvulsants
6. ADHD
7. Antibiotics, Antiviral, Antifungal – all routes, formulations
8. Acne medications
9. Corticosteroids
10. Scabicides & pediculocides
11. Antidiarrheals
12. Antiemetics
13. Laxatives and Bowel evacuants

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LEARNING OBJECTIVES FOR DIAGNOSTICS

Students will be expected to identify the method of collection, appropriately recommend, interpret the findings, and recognize the indications/clinical significance of the following diagnostic studies. In addition students will be expected to discern appropriate management (including counseling and informed consent) when abnormalities are found in the following routine tests, and recognize the potential complications for each:

1. Lead level
2. Hemoglobin and hematocrit
3. Reticulocyte count
4. Ferritin
5. Tympanometry
6. UA and Urine Culture: how to get urine in the pediatric population

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Women’s Health Objectives

GYNECOLOGY

General
- Premenstrual dysphoric disorder (PMDD)
- Premenstrual disorder (PMS)
- Dyspareunia
- Polycystic ovarian syndrome (PCOS)
- Hirsutism

Breast
- Paget’s disease and inflammatory breast cancer
- Mastitis
- Mastalgia
- Simple cysts
- Fibroadenomas
- Fibrocystic disease
- Nipple discharge based on the following characteristics:
  - bloody
  - Green or yellow
  - Clear or white
  - Brown or black
  - Spontaneous or expressed
- Associated skin findings or breast masses
- Mammogram (screening) – risks, benefits, indication
Mammogram (diagnostic) - indications
Breast Ultrasound - indications

**Uterine/Cervix**
- Nabothian cysts
- Mass
- Leiomyomas
- Pelvic inflammatory disease
- Endometriosis
- Cervicitis
- Indications of: hysterectomy, endometrial biopsy

**Adnexa**
- Mass
- Tubo-ovarian abscess
- Ovarian cysts

**Vagina/External Genitalia**
- Bartholin cysts
- Vaginitis – candida, trichomonas, atrophic, irritant
- Vestibulitis & vulvodynia
- Bacterial vaginosis
- Vulvar masses
- Lichen sclerosis
- Pubic lice
- Folliculitis

**Genitourinary**
- Uterine prolapse
- Rectocele
- Cystocele
- Urinary incontinence (stress, urge, and overflow)

**Menstruation**
- Dysmenorrhea
- Dysfunctional uterine bleeding
- Primary and secondary amenorrhea
- Abnormal vaginal bleeding
  - Menorrhagia, metrorrhagia, oligomenorrhea, post coital and intramenstral

**Menopause**
- Perimenopause and menopausal syndromes
- Hormone replacement therapy – with/without hysterectomy
- Non-hormonal treatment for menopause
- Post menopausal bleeding
- Osteoporosis
Infertility
  Male and female factors

Contraception
  Male & female surgical sterilization
  Male and Female condoms
  Natural family planning (Rhythm, withdrawal, calendar)
  Diaphragm and cervical caps
  Oral contraceptives (Pills)
  Vaginal ring (Nuva Ring)
  Patch (Ortho Evra)
  Emergency contraception (Plan B, IUD)
  Progesterone only IUD and non-hormonal IUD (Mirena & Paraguard)
  Dermal implants (Implanon)
  Spermicidal methods (Jell, foam, film, suppositories)

Sexually Transmitted Infections
  Gonorrhea
  Chlamydia
  Trichomonas
  Syphilis
  Primary and secondary herpes simplex
  Warts (HPV)
  Molluscum contagiosum
  HIV

GYN Oncology
  Cancer - breast, cervical, uterine and ovarian
  Abnormal Pap smear results and management
    ASCUS
    LSIL
    HSIL
    ASC-H
    Repeat cytology
    High risk HPV testing
    Colposcopy
  Cervical, LEEP and cone biopsy
  Laser and cryosurgery
  Diethylstilbestrol (DES) exposure.
  Indications for the following:
    Diagnostic mammography
    Breast ultrasound
    Fine needle aspiration
    Excisional breast biopsy
    Mastectomy
**OBSTETRICS**

**General**
- Nulliparous
- Parous
- Multiparous
- Gravida
- Anemia in pregnancy
- Estimated date of confinement (EDC)
- Estimated date of delivery (EDD)

**Techniques utilized to determine estimated date of confinement or estimated date of delivery.**
- LMP (last menstrual period)
- Ultrasound
- Serum qualitative/quantitative β Hcg
- Pelvic sizing
- Fetal movement
- Fetal heart tones

**Induced Abortion**
- medication abortion
- aspiration (surgical) abortion

**Prenatal Care**
- Dietary requirements
- Weight change guidelines
- Components of prenatal evaluations – (initial, follow-up, frequency)
- Timing of routinely recommended screening and diagnostic studies
- Management and counseling of low risk pregnancy

**Obstetric Complications**
- Hyperemesis gravidum
- Urinary tract infection
- Preeclampsia
- Eclampsia
- Placenta previa
- Placenta abruption
- Incompetent cervix
- Spontaneous abortion
- Ectopic pregnancy
- Molar pregnancy
- First and third trimester bleeding
- Threatened and missed abortion
- Gestational diabetes
- Preterm labor
Labor

Stages of labor
Rupture of membranes
Fetal heart monitoring Methods
Early decelerations
Late decelerations
Variable decelerations
Intralabor Medications
non-pharmacological/pharmacological methods of pain management
Analgesia – epidural, local, I.V.
Pitocin
Oxytocin
Antibiotics

Delivery

Vaginal delivery
Caesarian section
Episiotomy
Breech presentation
Breech presentation
Dystocia
Meconium
Retained placenta
Post-partum fever
Antepartum and postpartum hemorrhage

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LEARNING OBJECTIVES FOR PHARMACOTHERAPEUTICS
Students will also be expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects. Students will also be expected to discern the appropriate patient education and necessary follow up required for the following drugs or drug classes.

Contraception

Oral contraceptives (Pills)
Vaginal ring (Nuva Ring)
Patch (Ortho Evra)
Emergency contraception (Plan B, IUD)
Progestosterone only IUD and non-hormonal IUD (Mirena & Paraguard)
Dermal implants (Implanon)
Spermicidal methods (Jell, foam, film, suppositories)
Antibiotic–oral, intravaginal, topical
Antiviral–oral, intravaginal, topical
Antifungal–oral, intravaginal, topical
Clomid
Pain Management –during pregnancy, intralabor, postpartum

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LEARNING OBJECTIVES FOR DIAGNOSTICS

Students will be expected to identify the **method of collection**, appropriately **recommend**, **interpret** the findings, and **recognize the indications/clinical significance** of the following diagnostic studies. In addition students will be expected to discern appropriate **management** (including counseling and informed consent) when **abnormalities** are found in the following routine tests, and recognize the **potential complications** for each:

- Alphafetoprotein screening
- Glucose tolerance test
- Hemoglobin and hematocrit
- Urine dip (proteinuria, glucouria)
- Thyroid profile
- Pap smear
- Gonorrhea and chlamydia screening
- Herpes culture and serum studies
- Serum hcg (qualitative and quantitative)
- Iron status
- Syphilis (RPR, VDRL, FTA-ABS, TP-PA)
- Gestational diabetes screening
- FSH and LH
- Wet Mount
- Amine test
- DHEA
- HIV
- Fetal Monitoring
- Rubella titer
- HPV typing
- Group B beta strep screen
- Maternal – Fetal Rh(D) screening Chorionic villi sampling (CVS)
- Amniocentesis
- Prenatal contraction stress and non-stress testing

**END OF PRIMARY CARE IV LEARNING OBJECTIVES**
SURGICAL MEDICINE ROTATION LEARNING OBJECTIVES

The following pages outline the learning objectives for this clinical experience. They are designed to guide students in their clinical activities and supplemental reading. It is not the Program’s intention that students will be exposed to this complete list of objectives during the clinical experience. This section is designed to assist students in their preparation for the surgical medicine end-of-rotation exam.

LEARNING OBJECTIVES FOR MEDICAL KNOWLEDGE

For the following listed diseases/disorders/symptoms, upon completion of this clinical experience, the student will be expected to

- Understand the etiology, epidemiology, risk factors and pathophysiology (if appropriate)
- Recognize the clinical manifestations through the appropriate history and physical exam
- Develop a differential diagnosis
- Order and interpret the results of the appropriate diagnostics (including laboratory, diagnostic and radiological studies/findings)
- Understand the surgical and nonsurgical management
- Describe the prognosis, complications and prevention
- Provide appropriate patient education

Skin
- Lipoma

Thyroid
- Thyroid cancer
  - Identify and recognize the most common type of thyroid malignant tumor

Breast
- Breast mass (palpable, non palpable, benign, malignant)

Lung
- Lung mass/cancer

Gastrointestinal
- Appendicitis
- Perforated hollow viscus
- Diverticulitis
- Abdominal aortic aneurysm
- Intestinal obstruction
- Esophageal reflux & varices
- Incarcerated & strangulated hernia
- Ischemic bowel
- Perforated gastric, duodenal, peptic ulcers
- Ileus
- Peritonitis
- Cholecystitis/cholelithiasis
- Biliary colic
- Acute pancreatitis
- Nephrolithiasis
- Inflammatory bowel disease
- Hernias (femoral, inguinal, incisional, umbilical)
- Intussusception
- Hemorrhoids
- Colonic polyps
- Meckel’s diverticulum
- Volvulus

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Genitourinary and Prostate
Prostate cancer
Scrotal masses (hydocele, varicelle, testicular cancer)
Identify and discern the indications for a urostomy

Vascula
Deep vein thrombosis (DVT)
Acute arterial occlusion
Abdominal aortic aneurysm.
Peripheral arterial insufficiency
Gangrene

Pre-operative Care
1. Appropriately screen and evaluate a patient for preoperative risk factors and recommend preventive measures where appropriate.

2. Perform an appropriate preoperative evaluation, including a diagnostic workup for the following types of patients:
   a. Healthy adult
   b. Pediatric
   c. Geriatric
   d. Pregnant woman
   e. Patients with the following pre-existing conditions/diseases:
      • Cardiac (MI, CHF, Angina, Valvular dx)
      • HTN
      • Respiratory (Asthma, COPD, URI)
      • Renal (ARI, CKD, ESRF)
      • Liver (Hepatitis, Cirrhosis)
      • Endocrine (Diabetes, Thyroid disease)
      • Hematologic (Anemia, bleeding and clotting disorders)
      • Immunocompromised (HIV, AIDS, chemotherapy, etc.)

3. Based on the nutritional status, age and body weight of the surgical patient
   a. Discuss the potential risks and complications which may arise
   b. Recommend and/or initiate management of these risks

4. Identify the parameters used to determine whether antibiotic prophylaxis is needed for a surgical patient and be able to apply in a case scenario.

5. Identify the common pathogens and recommend the appropriate antibiotic for GI, orthopedic and vascular surgeries.

6. Appropriately document a pre-operative note.

Post-operative Care
1. Appropriately screen and evaluate a patient for post-operative risk factors and recommend preventive measures where appropriate.

2. Perform an appropriate post-operative evaluation, including a diagnostic workup, management and prevention (if appropriate) for the following types of patients:
   a. Healthy adult
   b. Pediatric
   c. Geriatric
   d. Pregnant woman
   e. Patients with the following pre-existing conditions/diseases:
      • Cardiac (MI, CHF, Angina, Valvular dx)
      • HTN
      • Respiratory (Asthma, COPD, URI)
      • Renal (ARI, CKD, ESRF)
      • Liver (Hepatitis, Cirrhosis)
      • Endocrine (Diabetes, Thyroid disease)
      • Hematologic (Anemia, bleeding and clotting disorders)
      • Immunocompromised (HIV, AIDS, chemotherapy, etc.)

3. Compare and contrast the four classifications of wounds and recommend the appropriate use and choice of antibiotics for each.

4. Discuss the following components of routine post-operative care
   • pain management
   • advancing diet
   • fluid
   • input/output
   • activity
   • advancements
   • wound management
   • routine labs

5. For the following post-operative complications:
   • atelectasis
   • deep vein thrombosis (DVT)
   • fever
   • internal hemorrhage
   • pneumonia
   • pressure ulcer
   • pulmonary embolus (PE)
   • sepsis
   • urinary tract infection (UTI)
   • wound infection/dehiscence
   a. Understand the predisposing factors
   b. Recognize the clinical manifestations through the appropriate history and physical exam
   c. Develop a differential diagnosis
   d. Order and interpret the results of the appropriate diagnostics (including laboratory, diagnostic and radiological studies/findings)
   e. Recommend and/or initiate appropriate management
   f. Identify strategies for prevention when applicable

Additional Objectives:
Describe the advantages, disadvantages, indications, contraindications and complications of laparoscopic surgery.

1. Discuss the rationale for performing the following physical exam tests and the clinical significance of positive/negative findings:
   a. Psoas sign test
   b. Obturator sign
   c. Rovsing's sign
   d. Murphy's sign
   e. Rebound tenderness and guarding

2. Differentiate between upper and lower gastrointestinal bleeding by history and physical exam findings and develop a differential diagnosis for each.

3. Describe the indications for a colostomy and ileostomy.

**LEARNING OBJECTIVES FOR SURGICAL SKILLS**

Recognize, perform and/or assist in the following procedures and identify the indications and potential complications (when applicable) for each:

- placement and positioning of patient on operating table
- surgical scrub, gowning and gloving using sterile technique
- surgical prep and draping of patient
- maintenance of sterile field
- suctioning and retraction
- clamp, suture tie or ligature of hemorrhage
- electrocautery
- cryotherapy
- one and two handed knot tying
- instrument knot tying
- suture and staple placement and removal
- wound dressing and bandaging
- surgical drain/tube placement and removal
- nasogastric tube placement

**LEARNING OBJECTIVES FOR PHARMACOTHERAPEUTICS**

For the listed drug or drug classes, compare and contrast the following in their use with surgical patients:

- mechanism of action
- drug/drug interactions
- contraindications
- common as well as potentially lethal side effects
- appropriate patient education
Analgesics (opioid, ASA, APAP, NSAIDs)  
Beta blockers  
Anesthetics  
Fluids (IV, PO)  
Anticoagulants  
Oral and IV antibiotics  
Antiemetics  
Thrombolytics

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LEARNING OBJECTIVES FOR DIAGNOSTICS

For the following diagnostic studies, students are expected to be able to

• appropriately order
• interpret the findings
• manage abnormalities (including counseling)
• recognize potential complications
• discuss false positives/negatives

Abdominal flat plate x-ray  
Abdominal obstruction series  
Bone scan  
Chest x-ray (CXR)  
Ct of abdomen, pelvis and chest  
Duplex ultrasound  
Mammography  
MRI  
Ultrasound of abdomen  
Ultrasound of breast  
Ultrasound of the gallbladder  
Upper/lower gastrointestinal series  
Arteriography  
Biopsy with needle localization  
Bronchoscopy  
Cholangiopancreatography (ERCP)  
Colonoscopy/sigmoidoscopy  
Culdocentesis  
Endoscopy  
Gastroduodenoscopy  
Hepatobiliary iminodiacetic acid scan  
Intraoperative cholangiogram  
Intravenous urogram (ivp)  
Needle aspiration biopsy  
Paracentesis  
Percutaneous transhepatic cholangiography (PTHC)  
Pulmonary arteriogram  
Radioiodine scan  
Radionucleotide scans  
V/Q scan  
Vascular doppler  
Venography  
Arterial blood gases (ABG)  
Blood type and cross  
Carcinoembryonic antigen (CEA)  
Complete blood count w/ differential  
Complete metabolic panel (CMP)  
Culture & sensitivity  
Fecal occult blood  
Liver function tests (LFT) & enzymes  
Partial thromboplastin time (PTT)  
Prostatic specific antigen (PSA)  
Prothrombin time (PT)  
Serum amylase & lipase

END OF SURGICAL MEDICINE LEARNING OBJECTIVES
EMERGENCY MEDICINE ROTATION LEARNING OBJECTIVES

Emergency Medicine – Students will be placed in a hospital based emergency room to gain exposure to urgent and emergent care. This rotation’s examination will focus on Emergency Medicine. The following pages outline the learning objectives for this clinical experience. They are designed to guide students in their clinical activities and supplemental reading. It is not the Program’s intention that students will be exposed to this complete list of objectives during the clinical experience. This section is designed to assist students in their preparation for the emergency medicine end-of-rotation exam.

LEARNING OBJECTIVES FOR MEDICAL KNOWLEDGE

Upon completion of this clinical experience, the student will be expected to competently recognize and apply knowledge to compare, differentiate and evaluate the:

- etiology, epidemiology, risk factors and pathophysiology (if appropriate)
- clinical manifestations
- differential diagnosis
- assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)
- management (including initial stabilization, pharmacological/ non-pharmacological, patient education, procedural, consult requests, and disposition)
- prognosis, complications and prevention

of the following diseases/disorders/symptoms.

Airway Management

Recognize and recommend appropriate airway management in the conscious patient, unconscious patient, pediatric patient and the patient with facial and neck trauma.

Trauma/ Shock

etiology of shock in a trauma patient
shock – hypovolemic, cardiogenic, anaphylactic, neurogenic
resuscitation fluids (crystalloids verses colloids)
blunt verses penetrating trauma
tension pneumothorax
cardiac (pericardial) tamponade
flail chest

Respiratory Emergencies

pneumothorax
aspiration
exacerbation of asthma/ COPD
upper airway obstruction
atelectasis
epiglottitis
peritonsillar abscess
respiratory acidosis and alkalosis
pulmonary edema
hemothorax
pulmonary embolus
pleurisy
retropharyngeal abscess
respiratory failure

Identify and recommend hospital admission for respiratory emergencies using appropriate criteria.

Cardiovascular Emergencies

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angina pectoris  pericarditis
acute myocardial infarction (AMI)  aortic dissection
pericardial effusion and tamponade  congestive heart failure
hypertensive emergencies/urgencies  sinus bradycardia and tachycardia
paroxysmal supraventricular tachycardia atrial flutter
atrial fibrillation  Wolf-Parkinson-White
ventricular tachycardia  Torsade de Pointes
ventricular fibrillation asystole
right and left bundle branch block 1st,2nd,3rd degree AV block

Appropriately and accurately identify and recommend and/or perform cardioversion, and defibrillation.

Identify and recommend hospital admission for cardiac emergencies through use of appropriate criteria.

Gastrointestinal Emergencies
appendicitis small and large intestinal obstruction
perforated peptic ulcer bowel perforation
diverticulitis gastroenteritis
abdominal aortic aneurysm ischemic bowel
splenic rupture esophageal spasm
esophageal varices Mallory-Weiss syndrome
acute pancreatitis intussusception/volvulus
hernias
upper and lower gastrointestinal bleeding
cholecystitis/lithiasis/ biliary colic

Identify and recommend hospital admission for gastrointestinal emergencies through use of appropriate criteria.

Neurological Emergencies
Glasgow Coma Scale seizures
Levels of consciousness acute TIA/CVA
Subdural hematoma concussion
intracerebral hemorrhage cerebral contusion
subarachnoid hemorrhage headache
meningitis basilar skull fracture
encephalitis hepatic encephalopathy
status epilepticus

Recognize and appropriately recommend the potential etiology and diagnostic approach and treatment for syncope, dizziness, and vertigo.
Identify and recommend hospital admission for neurological emergencies through use of appropriate criteria. 

Musculoskeletal Trauma and Emergencies
Sprain Strain
Contusion    Bursitis/tendonitis
Fractures

Types
- Open
- Comminuted
- Pathologic
- Greenstick
- Compression
- Angulated
- Spiral
- Transverse
- Displaced articular stress
- Closed avulsion
- Oblique
- Torus

Specific
A. Shoulder Injuries
   1) Anterior/posterior shoulder dislocation
   2) Acromioclavicular separation
   3) Humeral fractures
   4) Clavicle fractures

B. Elbow Injuries
   1) Subluxation radial head (nursemaid’s elbow)
   2) Supracondylar fracture

C. Wrist Injuries
   1) Colles Fracture
   2) Radial Fracture
   3) Ulnar fracture
   4) Scaphoid (Navicular) fracture

D. Hand/Finger Injuries
   1) MCP ulnar collateral ligament
   2) Sprain/rupture (gamekeeper’s thumb)
   3) Phalanx fractures
   4) Metacarpal fractures (Boxer’s)
   5) Mallet finger

E. Ankle/foot Injuries
   1) Malleolar fractures
   2) Fifth metatarsal (Jones’)

F. Leg Injuries
   1) Tibial fractures
   2) Fibular fractures
   3) Femur fractures

G. Salter-Harris I-V

H. Knee
   1) Patella fracture/dislocation
I. Facial
   1) orbital blowout fracture

J. Pelvic

K. Hip Fractures
   1) intra-trochanteric fracture
   2) subcapital fracture

Soft tissue trauma/injuries
   Rotator Cuff tendonitis/bursitis/tear
   Biceps tendonitis/rupture       Medial/lateral epicondylitis
   Anterior/posterior cruciate tear Medial/lateral collateral ligament tear
   Patella tendon bursitis/ tendonitis Achilles tendon rupture
   Compartment syndrome

Neck/Spine
   Herniation                      Vertebral fractures
   Spinal cord injury              Whiplash
   Cauda equine syndrome

Identify and recognize the most common fracture associated with the following complications:
   Osteomyelitis
   Volkmann’s ischemic contracture
   avascular necrosis
   fat emboli syndrome
   inhibited bone growth development in the pediatric patient

Wound Care
   Tetanus prophylaxis and immunization
   Primary/secondary wound closures

Dermatologic, Burns and Environmental Emergencies
   herpes zoster
   erythema multiforme
   Steven-Johnson’s Syndrome
   toxic epidermal necrolysis
   cellulitis
   first, second, third degree thermal burns
   Rule of Nines
   smoke inhalation
   chemical burns
   electrical burns/ lightening strike
   criteria for hospital and burn center admission for the burn patient
   heat cramps/heat exhaustion/heat stroke
   frostbite/immersion foot/hypothermia
   snake bites/bee stings/ spider bites
human/dog and cat bites
rabies

**Eye, Ear, Nose, Oral Cavity Emergencies**
epistaxis (anterior, posterior)  acute hearing loss and otalgia
foreign bodies                    red eye
ocular pain                      acute visual loss
retinal detachment               acute angle-closure glaucoma
central retinal artery occlusion
orbital and periorbital cellulitis
corneal abrasion and ocular trauma
facial trauma

dental fractures/loss/avulsion
peritonsilar abscess

**Gynecologic and Obstetric Emergencies**

ectopic pregnancy  rupture ovarian cysts
ovarian torsion     placental abruption
placenta previa  spontaneous abortion
preeclampsia            eclampsia
pelvic inflammatory disease

**Genitourinary Emergencies**
Nephrolithiasis
pyelonephritis

testicular torsion
epididymitis

**Peripheral Vascular Emergencies**
Acute arterial occlusion
Deep vein thrombosis

**Endocrine Emergencies**
Diabetic ketoacidosis
thyroid storm
myxedema coma

coracoid adrenal crisis
hypoglycemia
hyperl/hypo calcemia
hyperglycemic hyperosmolar nonketotic syndrome

**Metabolic, Fluid and Electrolyte Emergencies**
alcohol ketoacidosis  dehydratation
hyper/hypo natremia  hyper/hypo kalemia
respiratory acidosis/alkalosis  metabolic acidosis/alkalosis
Toxicology
sedatives and hypnotics (benzodiazepines)
opiate overdose
cocaine overdose
amphetamine
anticholinergic overdose
ethanol and other toxic alcohols
carbon monoxide poisoning
decontamination/detoxification/antidotes
acetaminophen overdose and toxicity

Psychiatric Emergencies
Suicide Depression
Panic attack/anxiety disorders Bipolar disorder
Psychosis Schizophrenia

Abuse
Domestic/intimate partner violence
Sexual abuse
Child abuse
Elder abuse

LEARNING OBJECTIVES FOR PHARMACOTHERAPEUTICS
Students will also be expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects. Students will also be expected to discern the appropriate patient education and necessary follow up required for the following drugs or drug classes.

Oral and IV antibiotics Analgesics
Topical and local Anesthetics Thrombolytics
Anticoagulants Antihypertensives
Antiarrhythmics Diuretics
Antipsychotics Antidepressants
Anti-anxiotitics Antidiarrheals
Antiemetics Antispasmos/anticholinergics
Ophthalmological medications Cardiac medications
Corticosteroids Respiratory medications

LEARNING OBJECTIVES FOR EMERGENCY MEDICINE SKILLS
Recognize, perform and/or assist in the following procedures and identify the
indications and potential complications (when applicable) for each:
- Nasogastric tube placement
- Urinary catheterization
- Chest tube placement
- Application of splints
- Application of wound dressings
- Clearance of cervical spine
- Control of superficial hemorrhage
- Suturing
- Local anesthesia infiltration
- Removal of superficial foreign bodies
- Anterior nasal packing
- Fluorescein corneal examination
- Airway management
- Cardiopulmonary resuscitation
- Lumbar puncture
- Incision and drainage
- IV access
- Venipuncture
- Injections
- Digital/field block

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

LEARNING OBJECTIVES FOR DIAGNOSTIC STUDIES
Students will be expected to appropriately recommend, interpret the findings, and recognize the indications/clinical significance of the following diagnostic studies. In addition students will be expected to discern appropriate management (including counseling and informed consent) when abnormalities are found in the following routine tests, and recognize the potential complications for each:

- Peak Flow
- Sodium
- Pulse Oximetry
- X-ray (chest, abd, KUB)
- Carbon Dioxide
- Ferritin
- 12 Lead ECG & Rhythm Strip
- Albumin
- DDimer
- Stool occult blood
- Lipase
- Therapeutic drug Levels
- CBC & Differential Glucose
- Amylase
- Qual/Quantitative β Hcg
- ESR
- Cardiac enzymes
- MSK X-ray/MRI
- BUN
- TSH
- Rheumatoid factor
- Creatinine
- CT scan
- Cholesterol Panel
- Fluid Analysis
- Urine Analysis
- Wound C & S
- Potassium
- Urine C&S
- BNP
- AST/ALT
- HgA1C
- Blood C&S
- Alkaline Phosphatase
- Anion gap
- ABGs
- Chloride
- Calcium
- PT, PTT, INR
- Blood type and cross
- Magnesium ultrasonography
- Toxicology screens

END OF EMERGENCY MEDICINE LEARNING OBJECTIVES
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## Clinical Rotation Calendar - Class 2014

<table>
<thead>
<tr>
<th>Session</th>
<th>Block</th>
<th>Dates</th>
<th>Call Back Dates</th>
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<tbody>
<tr>
<td>5</td>
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<td>February 11 – March 22, 2013</td>
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<td>May 6 – June 14, 2013</td>
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<td>June 17 – July 26, 2013</td>
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<td>September 16 – October 25, 2013</td>
<td>October 28 – November 1, 2013</td>
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<td>November 4 – December 13, 2013</td>
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<td>PHFS</td>
<td>February 3 – March 14, 2014</td>
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### Block Schedule and Check In

<table>
<thead>
<tr>
<th>Block</th>
<th>SOAP NOTE</th>
<th>Mid Rotation Evaluations</th>
<th>Case &amp; Time Logs &amp; MR’s Logs 1</th>
<th>Logs 2</th>
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</thead>
<tbody>
<tr>
<td>9</td>
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</tbody>
</table>

*Paperwork due dates that fall on a national holiday are to be submitted on the next business day*
STUDENT CLINICAL ADVISORS

Tracey DelNero (707-638-5856)
Joseph Ricci
Megan Ford
Malaika Bayer
Anh Nguyet Nguyen
Michael Smith
Krysta Carlson
Lauren Williams
Ryan Hartogh

Julia Spurlock (707-638-5853)
Kim Ohan Tran
Tee Jay Rull
Julie Lam
Kasaundra Heiberger
Felicia Ma
Li Zeng
Sonja Washington
Mary Foong

Robin Wempe (707-638-5985)
Beatriz Cordoba
Diana Garcia
Shaoxing Huang
Sherie Murray
Shirree Eberhart
Michelle Viray

Ana Maldonado (707-638-5881)
Lillian Rodich
Erica Navarro
Christine London
Luz Fausto
Elena DaSilva
Heliodoro Magana

Le’Anna St. John (707-638-5808)
Kristin Tracy
John Muller
Jessica Johnson
Derrick DelRosario
Rebecca Hu
Oanhhtuyet Dao
Christine Fujinaka

Alana Rushton (707-638-5844)
Rasha Dabbousi
Tim Nguyen
Kelly Rodolff
Carolyn Whitney
Deborah Noriega
Alex Porto
Student Name: __________________________________________________________

Block: 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ Repeat/Remediation

□PC1 □PC2 □PC3 □PC4 □ER □Surg □Elec □Variable □Repeat/Remediation

Name of Practice: _____________________________________________________

Have you been oriented to the practice/made adjustment to the site?

□ Yes □ No

Have you had any direct patient contact? □Yes □ No

Have you seen patients alone?

□ Yes □ No

If No, do you anticipate seeing patients alone in the next week? □ Yes □ No

11. Number of hours per week at the site: □ 20-30 □ 30-40 □ 40-50 □ 50+

12. Number of pts seen daily by you (where your involvement is ≥ 50%):

□ 3-5 □ 5-10 □ 10-15 □ 15+ □ N/A

13. Number of pts seen daily at the site by your preceptor (For the ER = preceptor/shift):

□ 5-20 □ 20-30 □ 30-40 □ 40+

14. Any issues or conflicts with the site? □ Yes □ No

8. Do you have any safety concerns with this site? □ Yes □ No

________________________________________________________

Three Student Goals for This Rotation:

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________
**STUDENT CLINICAL SCHEDULE**

**STUDENT NAME:** ___________________________  **PRECEPTOR NAME:** ___________________________

**ROTATION:** ___________________________  **BLOCK:** ___________________________

In the block below write the times you are schedule to be at these locations (where applicable). Fax this form to Pamela Bowler at the Program no later than the Friday of the first week of each rotation. Emailed schedules will **not** receive credit, unless the student is specifically instructed to do so by the clinical coordinator. If there are any schedule changes, fax them to Pamela Bowler immediately (707-638-5891).

THIS SCHEDULE MUST BE REVIEWED, APPROVED AND SIGNED BY YOUR PRECEPTOR PRIOR TO SUBMITTING TO THE PROGRAM

<table>
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<tr>
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<th>Mon</th>
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<td><strong>Evenings:</strong></td>
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Preceptor: I have reviewed and approved this schedule: ___________________________  Date: _____________

Preceptor Signature

**FAX TO:** 707-638-5891
SOAP NOTE SUBMISSION GUIDELINES

Acceptable types of notes: new complaint, routine follow up on chronic illness, surgical work up. Examples of unacceptable notes: annual exams, well-women exams, laboratory follow up, well child checks, HOPE visits. You are expected to complete your note at home. You must include items in the plan that you might have forgotten (e.g., “mail patient lab slip”); note any ROS/PMH, etc. that you forgot to ask during the encounter. “If you disagree with the assessment and/or plan you need to document that for us and state what you would do.

SOAP FORMAT

S = Subjective History.

Opening sentence: to including age, gender, ethnicity (if pertinent) and chief complaint …..

Example: A 48 yo old female patient presenting with chief complaint of chest pain x 30 minutes.

…..followed by OPQRST of the chief complaint plus

Pertinent

Review of Systems – include pertinent +/- symptoms from those systems which you believe may relate to the cause of the CC and for any of the patient’s chronic illnesses (Do Not use organ system subtitles)

Past medical History – list of (+) and (-) to diseases/ conditions in the organ systems you asked about in your ROS. You are expected to include all chronic illnesses and their status. [Hint: you might want to consider how these may influence the CC.]

Family History – (mirrors PMH) list (+) and (-) to diseases or conditions in the organ systems you asked about in your ROS, include age of diagnosis ONLY if pertinent. You may put “non relevant” if not relevant to CC.

Social History – relevant to CC ONLY, smoking, ETOH, drugs, + any other aspect of SH [occupation, diet, exercise, living environment, stress etc] which you feel may play a role in the CC or effect Tx compliance or outcome [i.e., homeless, no insurance] You may put “non relevant” if not pertinent to CC.

Current meds/herbs/supplement (LIST FORMAT) – needs to include name, dosage, route (oral) and frequency of medication, one per line.

Allergies w/ reaction

O = Objective. (use subtitles for organ systems i.e., Lung, Heart)

Findings from the focused physical exam appropriate for the CC and any chronic illnesses

Example:

VS: T-98.6 degrees F PO, P- 76 (regular), R- 16/min, BP-110/80 LA sitting
GEN: Alert, in NAD
Psych: affect – sad, congruent with mood
HEENT: head- No frontal or maxillary sinus tenderness to palpation
eyes- Conjunctiva clear of injection or exudates OU.
ears- auditory canal patent A U, TM intact without erythema,
nose-bilateral turbinate hypertrophy, without polyps or discharge
throat- posterior pharyngeal erythema, and injection. No exudates noted

Lab and diagnostic testing results – list name of test followed by results

A = Assessment

Diagnosis (may be more than one) – to the highest level of specificity

Problem List (Chronic/ Recurrent Diagnoses)

Example:

1. Probable Acute Viral Pharyngitis, R/o Stept
2. HTN – essential and controlled
3. HLD - stable

P = Plan. (Be sure to address each item listed under A)

Include medications (prescription or OTC), specific therapies, and/or additional tests. Must include patient instructions, education and follow-up recommendations. You must address routine HCM issues. (It is ok to have preventative HCM issues addressed in the plan not linked to a Dx.)

Example:

1. Throat Culture to be done to r/o strept
   Cepacol Lozenges 1 Q2hr PO PRN for throat pain
   Call or return to office in 3 days if symptoms continue or new symptoms develop
   2/3 Continue HTN and HLD medications as prescribed. Continue a cardiac diet and exercise.
   Lab slip given for fasting CMP and lipid panel. RTO in 1 month after labs for follow up.
4. Mammogram slip given

Sign your note and include preceptor’s name! ** Failure to sign your note w/ your name and preceptors = Automatic Failure*  
Sandra S. Smith, PA-S / John Jacobson, MD
Sandra S. Smith, PA-S (print name below)

DON’T FORGET TO MAKE A COPY OF YOUR NOTE PRIOR TO SUBMISSION!!

MAIL TO:  PAMELA BOWLER, ADMINISTRATIVE ASSISTANT
JOINT MSPAS/MPH PROGRAM
1310 CLUB DRIVE
VALLEJO, CA 94592
GUIDELINES FOR OBTAINING AND SUBMITTING PRECEPTOR EVALUATIONS OF STUDENT PERFORMANCE

• Use the approved forms to obtain evaluations (Block 1-4 = Form A; Block 5-8 = Form B)

• Obtain the evaluation from the clinical preceptor. This is someone with whom you have worked closely and who can fully evaluate your clinical abilities and professional behavior. Preceptors are clinical instructors (MD, DO, PA-C, and NP) who have been assigned by the clinical site to supervise you. At some sites a preceptor or their representative may complete the form after obtaining input from several team members who have directly supervised the student. This is also appropriate and you should follow the site policies regarding evaluations.

• If you have spent significant time with more than one preceptor or clinical instructor you should obtain your evaluation from the person with whom you have spent the majority of your clinical time, and who will be most familiar with your clinical performance. If you spent equal time with 2 preceptors you may obtain evaluations from both of these preceptors, and both of these evaluations must be submitted. Your grade will be calculated using the average of these evaluations. If you spent equal time with more than 2 preceptors (as may be the case in some emergency medicine settings) please contact the Program for further clarification. All evaluations you receive must be submitted. You may not choose the best evaluation or disregard or destroy any evaluation.

• Preceptors should be free to fill out these forms without the student being present. It is not appropriate for a student to be standing next to the preceptor during the completion of the form. After completing the evaluation the preceptor may review it with the student. Should the preceptor choose not to review the evaluation with the student, the student will be given the opportunity upon returning to campus to review all evaluations. Students may discuss a preceptor’s evaluation in a calm manner but should never be argumentative, aggressive or debate the evaluation.

• The preceptor is to place the evaluation in an envelope, seal the envelope, and put their signature over the seal.

• The student must mail the evaluation to the Program unless the Preceptor indicates that they prefer to send it directly to the Program. For those Rotations which conclude on Call Back Days, the student may turn in the Preceptor Evaluation (in the sealed envelope) to the Program during the Call Back (Refer to the Clinical Rotation Calendar located in Appendix A).

If the preceptor prefers to send it directly to the program, the student must provide the preceptor with an envelope stamped and addressed to the Program. Additionally, the student must notify the clinical coordinator that the preceptor plans to mail the evaluation.

Any falsification of evaluation forms or logs, forgery of signatures, tampering with or destruction of evaluation forms is prohibited and will be referred to the SPC and may be grounds for disciplinary action, up to and including program dismissal.
Touro University – California
Joint MSPAS/MPH Program

Mid – Rotation Preceptor Evaluation

Please provide feedback on our student’s progress mid-way through his/her rotation. **Please FAX** this evaluation to the Program Office at **707-638-5891**

Student: ___________________________________ Rotation: ___________________ Block: ____________

<table>
<thead>
<tr>
<th>Area</th>
<th>On the right track, learning appropriately</th>
<th>Emphasize more study and practice in this area</th>
<th>Area of concern</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Medical Fund of Knowledge</td>
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<tr>
<td>History Taking Skills</td>
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<tr>
<td>Physical Exam Skills</td>
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<td>Formulating Differential Diagnoses</td>
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<td>Oral Presentation</td>
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<td>Communication Skills:</td>
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<tr>
<td>Patient education &amp; interaction</td>
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</table>

**Professional Behavior:**

- Enthusiasm & self-motivation
- Accepts criticism
- Recognizes own limitations
- Functions well in a team
- Displays cultural competency
- Rapport with clinic staff
- Dependable & Punctual

**Specific Examples/Commentary:**

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

______________________________
Clinical Preceptor (Signature):

______________________________
Clinical Preceptor (PRINTED Name):

Date:
Your evaluation of the student’s progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

The student is in the early portion of their clinical training. Please consider the level of training in your assessment.

STUDENT:

Preceptor:

Rotation:

Rotation Dates: Block:

CLINICAL KNOWLEDGE / SKILLS

1. Medical fund of knowledge
2. History taking skills
3. Physical examination skills
4. Ability to integrate data and formulate DDX and assessment
5. Oral presentation skills
6. Recommends appropriate laboratory and/or diagnostic tests
7. Written documentation/medical record
8. Technical skills (e.g. diagnostic & therapeutic procedures, suturing, wound care, etc)
9. Recommends appropriate management and treatment plans

INTERPERSONAL SKILLS/PROFESSIONALISM

10. Demonstrates ethical behavior, protects confidentiality
11. Exercises sound judgment
12. Recognizes own limitations; seeks help when needed
13. Seeks additional learning opportunities, enthusiastic, self-motivated
14. Demonstrates appropriate response to criticism and feedback
15. Team player, works well with clinic staff & other clinicians
16. Communicates effectively with patients; develops rapport
17. Is attentive to detail
18. Is dependable & punctual
19. Completes tasks in a timely manner
20. Demonstrates cultural competency

Overall Impression: Do you feel that the student should pass this rotation: Yes No Please Call Me

Comments and Explanation:

Have you discussed the content of this evaluation with the student? Yes No

Do you have suggestions regarding the program’s curriculum? Yes/See Back Yes/Pls Call Me No

Clinical Preceptor Signature _____________________________ Date: ____________

Clinical Preceptor (Name PRINTED): _____________________________
CLINICAL PRECEPTOR EVALUATION—FORM B (Blocks 5-8)

Your evaluation of the student’s progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

<table>
<thead>
<tr>
<th>STUDENT:</th>
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<tr>
<td>Preceptor:</td>
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<tr>
<td>Rotation:</td>
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</tbody>
</table>

| Rotation Dates: |

**CLINICAL KNOWLEDGE / SKILLS**

| 1. Medical fund of knowledge |
| 2. History taking skills |
| 3. Physical examination skills |
| 4. Ability to integrate data and formulate DDX and assessment |
| 5. Oral presentation skills |
| 6. Ordering and interpreting laboratory and diagnostic tests |
| 7. Patient documentation/medical record |
| 8. Technical skills (e.g. diagnostic & therapeutic procedures, suturing, wound care, etc) |
| 9. Patient education and counseling |
| 10. Management and treatment plans |

**INTERPERSONAL SKILLS/PROFESSIONALISM**

| 11. Demonstrates ethical behavior, protects confidentiality |
| 12. Exercises sound judgment |
| 13. Recognizes own limitations; seeks help when needed |
| 14. Seeks additional learning opportunities, enthusiastic, self-motivated |
| 15. Demonstrates appropriate response to criticism and feedback |
| 16. Team player, works well with clinic staff & other clinicians |
| 17. Communicates effectively with patients; develops rapport |
| 18. Is attentive to detail |
| 19. Is dependable & punctual |
| 20. Completes tasks in a timely manner |
| 21. Demonstrates cultural competency |

Please explain all “NO” and “inconsistent” answers below

| YES | NO | INCONSISTENT |

Overall Impression: Do you feel that the student should pass this rotation: Yes No Please Call Me

**Comments and Explanation:**

Have you discussed the content of this evaluation with the student? Yes No

Do you have suggestions regarding the program’s curriculum? Yes/See Back Yes/Pls Call Me No

Clinical Preceptor Signature____________________________________ Date: ____________

Clinical Preceptor (Name PRINTED):_____________________________________________
STUDENT TIME OFF REQUEST FORM

Student Name: _____________________________   Date Submitted: ________________________

ALL INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.  
THIS FORM IS DUE (via mail, fax, email or in person) to the Clinical Coordinator NO LESS THAN 14 
DAYS PRIOR TO THE FIRST DAY REQUESTED OFF.

Date(s) requested off:

☐ Religious Observance
   Identify observance below

☐ Holiday
   Identify below

☐ Other
   Explain below, in detail, reason for time requested off

NOTE: Time off Requests without explanatory information will be returned.

Explanatory information as indicated above: (Attach additional sheets as needed)

Student Signature: _________________________________________

Submission of this request does not constitute approval. Students should not assume a request has been granted until a 
receipt of a signed copy of this form indicating approval.

Authorized Signature______________________________ Date: ___________________________
Clinical Year Call Back - Case Presentations

The purpose of the Call Back Case presentations is to share clinical cases and information that students are learning on clinical rotations with their classmates. Additional purposes of the presentations are to continue the students’ didactic learning during the clinical year, to examine the impact of psychosocial issues upon medical conditions and to continue the development of public speaking skills. Each student will be given 15 minutes for their case presentation.

Case Choice:
Your case choice should include one of the following. A case that:
1. Was a diagnosis not covered during the didactic year
2. The student learned some interesting/helpful “clinical pearls”
3. Used diagnostic tests/treatment choice(s) that were different than the student had been previously taught
4. A psychiatric diagnosis

All cases must include a Spiritual, Ethnic or Cultural component (of the patient) or a healthcare issue that either contributed to the patient’s disease process or influenced their treatment/ability to obtain treatment.

Format:
Students can choose between the following formats:

1. **Standard Case Presentation:** Students shall present the details of the case in a story format.

2. **Working Case Presentation:** Students shall present the case as a patient the class needs to work through the thought process. (This is the type of case presentation used in Clinical Applications.)

Required Information for all cases:
Students shall provide all of the components of the case (S., O., tests, DDX, A. P.) In addition to providing the information regarding the Spiritual, Ethnic or Cultural component or healthcare issue and how it affected the case.

Technology Format:
There are no requirements for the technology format. Students may use Power Point, Word or have worksheet handouts if they like.

Class Handouts:
Students will be required to provide a bullet point/quick reference summary handout of the information the student presented. This should NOT be a narrative. The purpose is to provide other students will a quick snapshot reminder of the information that the student provided so it can be referenced at a later date if/when necessary. The handout shall include the following:

1. **Diagnosis Fact Sheet:**
   a. Brief summary of the diagnosis including:
      i. Criteria for the diagnosis
      ii. Standard treatment options
      1. Elaborate on the treatment option the student/preceptor chose and why
      iii. “Clinical Pearls” obtained by the student
   b. List the DDX for the symptoms and the information/tests needed to discriminate among the DDX.
2. The impact that Spiritual/Ethnic/Cultural beliefs can impact the diagnosis and/or treatment.
3. List the resources the student used/accessed to obtain information relative to the DDX, diagnosis, treatment.
Student Responsibilities:

- Receive office/department orientation regarding infection control policy and post exposure management procedures.
- Utilize appropriate barrier precautions during the administration of care to all individuals.
- Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
- Immediately report accidental needle sticks and exposure to blood or body fluids.* (see below)
- Initiate immediate intervention for the management of accidental exposure to blood or body fluids.* (see below)
- Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

*Accidental/Occupational Exposure Procedure

In the event of an accidental/occupational exposure to blood or body fluids, which includes accidental needle sticks, the student shall:

- **Immediately** wash the area of exposure with soap and water.
- **Immediately** report the incident to instructor, preceptor or supervisory personnel and to Touro University California, Student Health Services. (707) 638-5220.
- **Initiate** referral to the nearest Emergency Department, Clinic, or Private Physician for post exposure management.
- **Students will advise Touro University California, Student Health Services of the incident within 24 hours** of the occurrence, leaving a message if there is no answer. Student Health Services shall be responsible for notifying the respective program (COM, COP, PA) through the designated clinical coordinator of that program.
- **Complete** a Touro University **Incident Report Form** AND **Blood-Body Fluid Exposure Report**. **Send the completed forms to:**

  Touro University-California  
  Attention: Student Health Services  
  1310 Johnson Lane  
  Vallejo, California 94592

  Or Fax to: 707-638-5261

- Decisions regarding post exposure management, prophylaxis and follow-up will be made upon recommendation of the care provider. Touro University California, Student Health Services require a minimum of obtaining a baseline screening for HIV and a Hepatitis panel (to include antibodies) and to update any needed immunizations.
- **Be advised that the school is not liable for health care costs accrued if an exposure occurs. Students are expected to submit claims to their own medical health insurance.**
- Touro University California, Student Health Services will be available to guide the student as to further follow-up based on current CDC guidelines in conjunction with the treating physician.
BLOOD-BODY FLUID EXPOSURE REPORT

Date: __________________________

Name of Student: ________________________________

Date and Time of Exposure: ______________________

Name of Site: _________________________________

Type of Exposure:
☐ Percutaneous- Needle-stick or cut through skin
☐ Mucous Membrane- Splash into eye or mouth
☐ Cutaneous- Contact with exposed, chapped, abraded, dermatitis skin with large amount of blood or prolonged time

Description of Incident: ______________________________________________________

________________________________________________________________________________

Person notified at the site: ________________________________

Witnesses: __________________________________________

Date and Time of Site Notification: ____________________________

Student Tested:  ☐ yes  ☐ no

Counseling offered:  ☐ yes  ☐ no  If so, by whom: ______________

Treatment offered:  ☐ yes  ☐ no

Treatment accepted:  ☐ yes  ☐ no

Signatures:

Student: ________________________________

Clinical Coordinator/ Faculty: ______________________________

Students will submit this completed form to Touro University California Student Health Services within 24 hours.
Fax: 707-638-5261, voice: 707-638-5220, email: tuca.studenthealth@touro.edu

Student Health Department
Date Notified: ________________________________

Date Program Notified: ________________________________

Person notified at the Program: ________________________________

Date form received: ________________________________
INCIDENT REPORT

Date of Incident: _______________   Time: _________    Location: ____________________________

Person Reporting: _________________________________________________________________________

List involved Individuals and any witnesses.  *(Do not list person reporting.)*

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Telephone Number:</th>
<th>Witness/Primary Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>○ Witness ○ Primary Person</td>
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<td>○ Witness ○ Primary Person</td>
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<tr>
<td></td>
<td></td>
<td>○ Witness ○ Primary Person</td>
</tr>
</tbody>
</table>

Describe the facts of the incident.  Please include all information that may be relevant.  Be thorough and objective.  Please sign and date the form and return it to the Student Services Office in Wilderman Hall.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

Signature of Person Reporting: ___________________________ Today’s Date: ______________________

Student Health Department
Date Notified_____

Date Program Notified: _______

Person notified at the Program: _________________________________

Date form received______
APPENDIX B

PUBLIC HEALTH FORMS
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Touro University – California  
College of Health Sciences  
Public Health Field Study

Public Health Field Study Calendar

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Delivery Method</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Work, Competency Inventory and Contract</td>
<td>TBD</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Friday</td>
</tr>
<tr>
<td>Logs</td>
<td>TBD</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;, 4&lt;sup&gt;th&lt;/sup&gt;, and 6&lt;sup&gt;th&lt;/sup&gt; Friday</td>
</tr>
<tr>
<td>Field Study Summary</td>
<td>TBD</td>
<td>One week after field study ends</td>
</tr>
<tr>
<td>Site Evaluation</td>
<td>TBD</td>
<td>One week after field study ends</td>
</tr>
<tr>
<td>Performance Evaluation</td>
<td>TBD</td>
<td>One week after field study ends</td>
</tr>
<tr>
<td>Site Visit</td>
<td>Dates TBD</td>
<td></td>
</tr>
</tbody>
</table>

*If mailed, postmark must be on or before due dates.*
** MPH FIELD STUDY PLACEMENT REQUEST FORM **

| Student’s Name: ______________________       Date Submitted:__________________ |

<table>
<thead>
<tr>
<th>Preceptor Name:</th>
<th>____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of contact person:</th>
<th>____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>Phone #:</th>
<th>____________________________</th>
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</table>

<table>
<thead>
<tr>
<th>Fax #:</th>
<th>____________________________</th>
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<table>
<thead>
<tr>
<th>Email (if available)</th>
<th>____________________________</th>
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</table>

<table>
<thead>
<tr>
<th>Agency/ Organization</th>
<th>____________________________</th>
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</table>

<table>
<thead>
<tr>
<th>Precepts Other Students</th>
<th>____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates of field study:</th>
<th>Begin: ___________ End: _____________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The preceptor verbally agreed to take you:</th>
<th>Yes___ No___</th>
</tr>
</thead>
</table>

** Please note: All requests are to be submitted by six weeks prior to the start date. **

** Submission of this form does not guarantee a placement at the requested site. **
Public Health Field Study Planning Form

This planning form has been designed to help assist you with a field study placement to match your academic and professional needs. This form will also help us to identify an appropriate site for your field site experience, so it is important that you take your time and complete this form carefully. We will do our best to match you with the appropriate field study site.

Name: _______________________________________________________

1. Do you have any previous public health experience?  ☐ Yes  ☐ No

2. If yes, what and where? ________________________________
   ______________________________________________________

3. List at least three skills that you can offer your preceptor during your field study.
   1. 
   2. 
   3. 

4. Indicate which public health skills that you want to strengthen or develop during your field study:

   ☐ Program Planning and Development  ☐ Needs Assessment
   ☐ Data Collection & Analysis  ☐ Evaluation
   ☐ Educational Materials Development  ☐ Statistical Analysis
   ☐ Qualitative Research  ☐ Program Implementation
   ☐ Quantitative Research  ☐ Strategic Planning
   ☐ Educational Program Development  ☐ Community Organizing
   ☐ Other _______________________
   _______________________
   _______________________

5. If your placement has already been approved, please indicate the site and location (skip questions 6-8).

   ______________________________________________ (site)

   ______________________________________________ (city, state, country)
6. Please indicate at least three public health problems, issues or population groups that interest you.
   
   1: ________________________
   
   2: ________________________
   
   3: ________________________

7. Based on the current field sites available, rank your preferences.
   
   1st: ________________________
   
   2nd: ________________________
   
   3rd: ________________________

* Please note: Sites are limited, so you may not get your preferred sites.

8. Based on the current geographical locations available, rank your location preferences:

   • Local (Vallejo, Suisun, Vacaville, Benicia)
   • East Bay (Richmond, Berkeley, Oakland, Concord, Martinez)
   • South Bay (San Jose, San Mateo, Santa Clara)
   • International (i.e. Ethiopia, Bolivia)
   • San Francisco
   • North Bay (Marin County, Napa, Sonoma, Petaluma)
   • Other (List)

   1st: ________________________
   
   2nd: ________________________
   
   3rd: ________________________
1. Name of Organization: ________________________________
   Street Address: ____________________________________
   City: ________________________________ Zip: ____________
   Phone: (____)________________________ Fax: (____)________________________
   Director or Administrator: __________________________
   E-Mail: _________________________________________

2. Person who would be student’s direct preceptor: ________________________________
   Title: __________________________________________
   Academic Degrees: ________________________________
   Phone: (____)________________________ Fax: (____)________________________
   Areas of Professional Expertise: _______________________
   E-Mail: _________________________________________

   Please describe the project(s) and activities that you expect the student(s) to complete during the field study? Attach additional material, if necessary.
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

4. Does this project have existing data for the student(s) analyze? If yes, please describe.
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

5. Will there be an opportunity for the student(s) to collect their own data with regard to the project? In other words, will your agency provide the necessary resources required for the student to collect data (i.e. access to data and or access to target populations for surveys, interviews, focus groups, etc.) If yes, please describe.
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

6. What previous academic and work related experience or skills are you seeking?
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
7. Check the learning opportunities available for students with this field experience.

| ☐ Program Planning and Development | ☐ Needs Assessment |
| ☐ Data Collection & Analysis | ☐ Evaluation |
| ☐ Educational Materials Development | ☐ Statistical Analysis |
| ☐ Qualitative Research | ☐ Program Implementation |
| ☐ Quantitative Research | ☐ Strategic Planning |
| ☐ Educational Program Development | ☐ Community Organizing |
| ☐ Other | |
| | |
| | |
| | |

8. What are the minimum qualifications for this project?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

9. Please check the organizational support that will be provided to the student to complete their task?

☐ Desk/Office  ☐ Clerical  ☐ Telephone  ☐ Computer  ☐ Other_______

10. How many students can your organization support?__________________________

11. What primary service need(s) does your organization have that the student(s) can contribute their time to during their field study experience?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Please Send Form the Form and All Materials to:
Touro University  CA
Public Health Program
College of Education and Health Sciences
1310 Club Drive
Vallejo, CA 94592
Attention: Gayle Cummings, MPH

Email: gcummings@touro.edu
Tel: 707.638.5831
Fax: 707.638.5871
Touro University California
Public Health Field Study
Instructions for Completing Scope of Work

Each Student is required to complete and submit a final scope of work within 5 days of starting field work, as part of the signed contract between the student and the preceptor. The scope of work provides the framework for the field experience, by ensuring that:

1. the student and preceptor have a clear understanding of this planned experience
2. the experience is appropriate to earn academic credit toward the MPH degree.

Recommended time line and steps for creating scope of work

- Meet with preceptor and or site coordinator to discuss the experience
- Student writes draft of scope of work based on above discussion
- Submit draft scope of work to Gayle Cummings prior to the beginning of field experience
- Revise scope of work
- Submit final scope of work as part of signed contract within 5 days of starting field experience

Suggestions for creating scope of work

- Be clear in proposed general work
- Create objectives that are specific but not cluttered with language
- Scope of work should be as long as needed to adequately describe planned experience
- Be very specific in activities associated with objectives
- Estimate time for each activity, remember that deciding how much time something should take is always an estimate
- Determine how you will evaluate yourself, think about:
  - How will you and your preceptor know that you completed an activity or objective
  - How will you and your preceptor know how well you completed the activity or objective
  - Some general evaluation guidelines:
    - Weekly logs
    - Final preceptor's evaluation
    - Final student's evaluation
    - Student's final report Remember that, should it become necessary, it is possible (and sometimes expected) to change the scope of work
# FIELD STUDY SCOPE OF WORK

<table>
<thead>
<tr>
<th>OBJECTIVE(S)</th>
<th>ACTIVITIES</th>
<th>TIMELINE</th>
<th>EVALUATION</th>
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TOURO UNIVERSITY CALIFORNIA
MPH Program
Public Health Field Study
Field Study Contract

The purpose of this agreement is to structure the field experience through results-oriented objectives and a well-defined scope of work. This contract and related scope of work serves as the basis for the field study. Once the student and preceptor have signed the contract, any subsequent changes will require the approval of the preceptor and field study coordinator. The contract and scope of work must be submitted to the Program by the designated due date. (Refer to the PH Calendar)

<table>
<thead>
<tr>
<th>Student’s name:</th>
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<tbody>
<tr>
<td>Phone number:</td>
<td></td>
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<tr>
<td>E-mail address:</td>
<td></td>
</tr>
<tr>
<td>Preceptor’s name:</td>
<td></td>
</tr>
<tr>
<td>Supervisor’s name:</td>
<td></td>
</tr>
<tr>
<td>Organization:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Work phone number:</td>
<td></td>
</tr>
<tr>
<td>Work Fax number:</td>
<td></td>
</tr>
<tr>
<td>Start Date:</td>
<td></td>
</tr>
<tr>
<td>End Date:</td>
<td></td>
</tr>
</tbody>
</table>

I have read and agree with the scope of work and competency inventory attached to this document and by my signature approve the field study as outlined.

_______________________________   _______________
Student        Date

______________________________   _______________
Preceptor       Date

**Please return a signed copy of this contract along with the scope of work and competency inventory to:**
Gayle Cummings, MPH
College of Health Sciences – Public Health Program
1310 Club Drive
Vallejo, CA 94592
(707) 638-5831  fax (707) 638-5871
### Field Study Log Template

**Student Name:** ___________________________    **Date:** ________________________________

Directions: Use this log as a template to record summaries of each field study day. This form is to be completed daily and turned in on designated due dates. Refer to calendar for specific due dates.

**Example**

<table>
<thead>
<tr>
<th>Today</th>
<th>Activity/Event</th>
<th>Didactic Course Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participated in a meeting where issues of confidentiality were discussed regarding surveying students at the school site. Informed consent and human subjects concerns were reviewed and a plan to do a proposal for the institutional review board was discussed.</td>
<td>Epidemiology &amp; Program Planning &amp; Evaluation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity/Event</th>
<th>Didactic Course Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
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<td>Friday</td>
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<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>
Competency Inventory Form

Name:__________________________________________

Students are required to identify at least five core public health competencies (one from each core area); ten cross-cutting and three track competencies (community or global health). Competencies should be identified as a collaborative process between students and preceptors. In order to complete this process, identify and select the competencies that will be addressed through the field study.

<table>
<thead>
<tr>
<th>Selection of 5 Core Public Health Competencies:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency</td>
<td>Area</td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selection of 10 Cross Cutting Public Health Competencies:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency</td>
<td>Area</td>
</tr>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<tr>
<td>9</td>
<td></td>
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<tr>
<td>10.</td>
<td></td>
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</tbody>
</table>
Selection of 3 Track Competencies (Global or Community Health):

<table>
<thead>
<tr>
<th>Competency</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>
Touro University California
Public Health Field Study
Summary Report Guide

Format

Letter Quality print, title page naming project, preceptor agency, advisor, your name and date.

Length

Recommended 3-6 pages, double spaced, not including bibliography or appendices. Attach samples of products completed during field studies as appendices (policy briefs, brochures, curriculum, reports, etc.).

Content

- **Executive Summary.** One page, single spaced. Include the who, what, when, where, why and how of your project; project title, preceptor agency, and supervisor. On the lower right hand corner indicate your name, advisor name and date. Remember this will be added to the notebook of abstracts kept in the department library and potentially posted on the department's field studies website.
- **Statement of Problem.** Briefly summarize your objective(s) and relate this to the problem or issue addressed by your project.
- **Context/Organization Setting.** A description of the agency where (department) you completed your field studies. This should include type of agency, source of funding, mission statement and type of staffing.
- **Place of Project within Organization.** Where did you and your project fit in the agency? Include discussion of how this affected your project, if applicable.
- **Results Achieved.** Describe results achieved during the course of your field studies. Also, explain any difference between proposed scope of work and results achieved, if any.
- **Theoretical Comparisons with Field Studies.** What theories and/or concepts did you use in carrying out the scope of work for your project? Relate specific academic experience with field studies.
- **Recommendation for Similar Projects.** What did you learn in carrying out your work plan that would be helpful in attempting a similar project? What specific skills did you develop and what specific knowledge did you gain? Knowing what you know now, what would you have done differently?
- **Recommendations for Yourself.** What areas have you been able to identify for your own professional or personal development as a result of your field experience?

**Due Date** One week after completing field study.
This page is for reference only. This survey is to be completed online. The survey link will be emailed to preceptors during the last week of the student’s field study.

TOURO UNIVERSITY-CALIFORNIA MPH PROGRAM

Student Evaluation: Public Health Field Study Site

Student Name: ________________________________________________
Preceptor Name: ________________________________________________
Agency: ________________________________________________________
Date: ______________

Please check the most appropriate response to the item listed below:

<table>
<thead>
<tr>
<th>Your Preceptor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provided a project overview and site orientation..................................</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(e.g. Introduced you to the staff, key agency/community contacts, reviewed appropriate policies and procedures, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Worked mutually with you to develop field study scope of work</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Communicated expectations of project and your performance</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Provided adequate supervision and direction.............................................</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Gave feedback on a regular basis...........................................................</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Met with you as required by the program..................................................</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Ensured access of primary or secondary data collection...............................</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Overall:</strong></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Do you think that you demonstrated mastery of the public health competencies that you and preceptor identified by the end of the field study?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

9. How would you rate this site overall?

<table>
<thead>
<tr>
<th>Poor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Excellent</th>
<th>5</th>
</tr>
</thead>
</table>

Comments on any of the above:
Thank you for your support and involvement in the Public Health Field Study portion of Touro University’s MPH program. Your evaluation of the student’s progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

<table>
<thead>
<tr>
<th>Student: ____________________________</th>
<th>SUPERIOR PERFORMANCE, exceeds expectations</th>
<th>AVERAGE, ACCEPTABLE PERFORMANCE, knowledge as expected</th>
<th>BELOW AVERAGE, knowledge not meeting expectations</th>
<th>POOR/UNACCEPTABLE PERFORMANCE</th>
<th>NOT OBSERVED/NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor: __________________________</td>
<td></td>
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<tr>
<td>Site: _______________________________</td>
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<tr>
<td>Field Study Dates: _______________</td>
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<tr>
<td>Total Hours: ________</td>
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</tr>
</tbody>
</table>

**Demonstration of Public Health Proficiency & Competence**

- General research methods
- Development and testing of research hypotheses
- Needs assessment; program planning procedures
- Data collection procedures
- Program implementation
- General program evaluation
- Survey development
- Data analysis
- Policy analysis
- Communication strategies (use of tailored messages, etc...)
- Community organizing
- Other ___________________________

**Communication Skills**

- Written (reports, education materials, papers)
- Oral communication (presentations, workshops, etc.)

**Overall Performance**

Rate the student’s performance overall

**PROFESSIONALISM**

- Demonstrates ability to work as part of a team
- Demonstrates ability to work with diverse groups
- Recognizes own limitations; seeks help when needed
- Seeks additional learning opportunities, enthusiastic, self-motivated
- Demonstrates appropriate response to criticism and feedback
- Is dependable / punctual
- Completes tasks in a timely manner
- Completed Scope of Work

Any response other than “yes” or “N/A” requires explanation in General Comments section.
Do you think that he/she demonstrated mastery of the identified public health competencies by the end of the field study? (see the competency inventory form)  □ Yes □ No

If no, which competencies were not demonstrated? (explain)

Do you feel that the student should pass this Field Study?  □ Yes □ No
If no, please explain:

General Comments:

Preceptor Signature: _______________________________________________
Printed Preceptor Name: ____________________________________________
Date: _____________________________________________________________
APPENDIX C

CODE OF RESPONSIBILITIES OF STUDENTS
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CODE OF RESPONSIBILITIES AND RIGHTS OF THE STUDENTS OF TOURO UNIVERSITY CALIFORNIA

This code is entitled The Code of Responsibilities and Rights of the Students of Touro University. It is approved and authorized by the Board of Trustees of Touro University.

Definition and Basic Concepts

The Code of Responsibilities and Rights of the Students of Touro University is a part of each student’s educational commitment. The following definitions of terms are made for clarification.

1. The "university" refers to Touro University. The term includes the physical plant, the total educational program, students, faculty, employees, officers and trustees.
2. A "student" is anyone who has matriculated at the university and has commenced classes. The term does not include an individual who has applied for admission to but has not been in attendance at the university, nor does it include alumni.
3. The "faculty" constitutes those individuals appointed to the faculty by the President of the University.
4. A "student organization" is any group of students given recognition by the Student Government Association (SGA) administration.
5. The "SGA" is the university student governance structure. The leadership of the SGA is elected by the entire student body. The SGA is composed of all the class officers and student organization officers. All students are invited to participate in SGA meetings.
6. "Student affairs" includes areas of student interest and involvement through which their academic, social and professional goals can be achieved.
7. "University affairs" are the academic, business, administrative, professional and public relations activities of the University.
8. "University programs" are those academic programs established by Touro University for osteopathic medicine, pharmacy, allied health, and teacher education.
9. "Academic freedom" is the right of faculty and students to study, discuss, investigate and function within the educational process.
10. "Requirements of the University" are those prerequisites for receipt of the degrees, granted by the University, which are delineated in the college catalog and in official pronouncements of the Board of Trustees, faculty and administration. Such requirements may change from time to time as need arises to insure acceptability and respectability of the various degrees offered by the university.

Student Responsibilities

- To achieve and maintain a high standard of academic, professional and social conduct considering individual aptitude and abilities.
- To recognize the value and necessity for active and life-long learning as a vital adjunct to the university’s formal educational program and to work diligently to learn from their own strengths and weaknesses so as to become competent professionals who can live up to the standards set by their chosen professional fields.
- To be familiar with this code and the bylaws regulated.
- To meet the requirements of the Code of Responsibilities and Rights of the Students of Touro University’s degree programs.
• To work toward better relations with the general public on behalf of all programs of Touro University California and their respective profession.
• To help promote excellence in education, patient oriented health care, and community services as provided by the university.
• To exhibit personally the highest ethical and professional performance and to work with others to promote similar performance among fellow students and alumni.
• To serve on any university committees to which appointed with the understanding that such appointment requires accurate representation of the opinions of the entire student body of the committee.
• To maintain good academic standing (i.e., not on academic probation) to be eligible to hold elected positions in their classes, colleges or organizations, to maintain university committee appointments, or travel on behalf of student organizations representing the University.
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APPENDIX E

IMPORTANT PROGRAM AND UNIVERSITY CONTACT INFORMATION
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IMPORTANT PROGRAM AND UNIVERSITY CONTACT INFORMATION

JOINT MSPAS/MPH Program
1310 Club Drive
Vallejo, CA 94592

MSPAS Program

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Email: Pamela.bowler@tu.edu

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Fax: 707-638-5871
E-Mail: bridida.alcazar@tu.edu

Associate Program Director
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Phone: 707-638-5831
Fax: 707-638-5871
Email: gayle.cummings@tu.edu

Touro University California
1310 Club Drive
Vallejo, CA 94592
Main: 707-638-5200

Student Health Services
Anna Marie Antonio , NP
Phone: 707-638-5220
Fax: 707-638-5261
Email: tuca.studenthealth@tu.edu

Registrar Office
Julie Creek
Phone: 707-638-5843
Fax: 707-638-5267
Email: Julie.creek@tu.edu

Student Services (Parking)
Karen Malone
Phone: 707-638-5935
Fax: 707-638-5255
Email: Karen.malone@tu.edu

Bursar Office
Florence Prasad
Phone: 707-638-5253
Fax: 707-638-5852
Email: florence.prasad@tu.edu

Financial Aid
Phone: 707-638-5280
Fax: 707-638-5262
Email: finaid@tu.edu
2014 CLINICAL HANDBOOK SIGNATURE SHEET

I attest that I have received, read, and fully understand the Touro University Joint MSPAS/MPH Program 2014 Clinical Rotation Handbook and agree to comply with the provisions listed in it.

_________________________   ___________________
Signature       Date

_________________________
Print Name

This form is due back to the Joint MSPAS/MPH program by December 5, 2012. Failure to return this form will result in a delay of the start of your clinical year.