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GFU DOCTOR OF MEDICAL SCIENCE CURRICULUM HANDBOOK REVIEW
INTRODUCTION
Thank you for your hard work and dedication in creating PA providers of tomorrow. As the clinical preceptor, you are the crux to this experience, allowing the PA student to take the next step and learn in a true patient-provider setting. Your supervision will promote student skills and clinical judgment necessary to become a practicing PA.

ARTICLE 1.0 MISSION, VISION, VALUES, AND GOALS (B1.01)
The School of Medical Science and Doctor of Medical Science (DMSc) exists to support the mission of George Fox University, which promotes community awareness and service. Therefore, the mission of the School is to supports and augments the mission of the College.

Article 1.1 Doctor of Medical Science Mission Statement
The program seeks to develop well-informed and compassionate PAs who provide patient centered and service-oriented medical care in diverse environments.

Article 1.2 Doctor of Medical Science Vision Statement
The program vision aspires to transform healthcare for the benefit of the people and communities.

Article 1.3 Doctor of Medical Science Core Values and Goals
1. **Compassion:** Foster a commitment to Christian values, ethics and integrity in personal and professional service as a PA
2. **Service:** Emphasize a servant-leadership lifestyle, which prepares graduates to serve in underserved communities, domestically and abroad
3. **Leadership:** Develop a solid professional value system, committed to life-long learning, professional development, and advocacy for the profession
4. **Knowledge:** Cultivate high-quality graduates committed to self-discovery and self-assessment and to the application of critical thinking and analysis of research.

ARTICLE 2.0 PA GRADUATE COMPETENCIES AND OUTCOMES
Throughout the clinical year, the program seeks student attainment of the following graduate competencies and outcomes.

<table>
<thead>
<tr>
<th>Medical Knowledge (MK)</th>
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<tbody>
<tr>
<td>PAs must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, PAs are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Outcome expectations for this competency include:</td>
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**MK1** Demonstrate the ability to effectively recognize, assess, diagnose, and treat patients with a variety of problems to include preventive, emergent, acute, and chronic clinical practice of medicine. Associated Standards include:
- Problem solving and medical decision-making skills. (B1.07)
- Patient evaluation, diagnosis and management (B2.05)
- Preventive, emergent, acute, and chronic patient encounters (B3.02)

**MK2** Demonstrate the medical, behavioral, and social science knowledge necessary to both promote health, evaluate, and manage care across the life span to include infants, children, adolescents, adults, and the elderly. Associated Standards include:
- Sufficient breadth and depth to prepare the student for the clinical practice of medicine (B1.03)
- Medical care across the life span to include, infants, children, adolescents, adults, and the elderly (B3.03-a)
- Women’s health (to include prenatal and gynecologic care) (B3.03-b)
- Care for conditions requiring surgical management to include pre-operative, intra-operative, and post-operative (B3.03-c)
- Care for behavioral and mental health conditions (B3.03-d)
- SCPE that occurs in an outpatient setting (B3.04-a)
- SCPE that occurs in an emergency department (B3.04-b)
- SCPE that occurs in an inpatient setting (B3.04-c)
- SCPE that occurs in an operating room (B3.04-d)
- SCPE occurs with preceptors in family medicine (B3.07-a)
Interpersonal and Communication Skills (ICS)

PAs must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, physicians, professional associates, and the healthcare system. Outcome expectations for this competency include:

<table>
<thead>
<tr>
<th>ICS1</th>
<th>Demonstrate knowledge and application of effective interpersonal, oral and written communication skills. Associated Standards include:</th>
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<tbody>
<tr>
<td></td>
<td>• Sufficient breadth and depth to prepare the student for the clinical practice of medicine (B1.03)</td>
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<tr>
<td></td>
<td>• Medical care to patients from diverse populations (B1.06)</td>
</tr>
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<td></td>
<td>• Work collaboratively in interprofessional patient centered teams (B1.08)</td>
</tr>
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<td>• Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals (B2.04)</td>
</tr>
<tr>
<td></td>
<td>• Basic counseling and patient education skills (B2.09)</td>
</tr>
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<td></td>
<td>• Reimbursement, documentation of care, coding and billing (B2.15)</td>
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<tr>
<th>ICS2</th>
<th>Communicate in a patient-centered and culturally responsive manner to accurately obtain, interpret and utilize information and implement a patient-centered management plan. Associated Standards include:</th>
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<tbody>
<tr>
<td></td>
<td>• Intellectual honesty and appropriate academic and professional conduct (B1.05)</td>
</tr>
<tr>
<td></td>
<td>• Patient evaluation, diagnosis and management (B2.05)</td>
</tr>
<tr>
<td></td>
<td>• Clinical medical care across the life span (B2.06)</td>
</tr>
<tr>
<td></td>
<td>• Social and behavioral sciences as well as normal and abnormal development across the life span (B2.08)</td>
</tr>
<tr>
<td></td>
<td>• Basic counseling and patient education skills (B2.09)</td>
</tr>
<tr>
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<td>• Reimbursement, documentation of care, coding and billing (B2.15)</td>
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<tr>
<td></td>
<td>• Principles and practice of medical ethics (B2.16)</td>
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</table>

Patient Care (PC)

PAs must demonstrate care that is effective, safe, high quality, and equitable; includes patient- and setting-specific assessment, evaluation, and management. Outcome expectations for this competency include:

<table>
<thead>
<tr>
<th>PC1</th>
<th>Demonstrate the ability to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment. Associated Standards include:</th>
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<tr>
<td></td>
<td>• Sufficient breadth and depth to prepare the student for the clinical practice of medicine (B1.03)</td>
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<td></td>
<td>• Problem solving and medical decision making (B1.07)</td>
</tr>
<tr>
<td></td>
<td>• Patient evaluation, diagnosis and management (B2.05)</td>
</tr>
<tr>
<td></td>
<td>• Clinical medical care across the life span (B2.06)</td>
</tr>
<tr>
<td></td>
<td>• Technical skills and procedures based on current professional practice (B2.07)</td>
</tr>
<tr>
<td></td>
<td>• Search, interpret and evaluate the medical literature, including its application to individualized patient care (B2.10)</td>
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<td></td>
<td>• Concepts of public health as they relate to the role of the practicing PA (B2.12)</td>
</tr>
<tr>
<td></td>
<td>• Patient safety, quality improvement, prevention of medical errors, and risk management (B2.13)</td>
</tr>
<tr>
<td></td>
<td>• Medical care across the life span to include, infants, children, adolescents, adults, and the elderly (B3.03-a)</td>
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<td></td>
<td>• Women’s health (to include prenatal and gynecologic care) (B3.03-b)</td>
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<td>• Care for conditions requiring surgical management to include pre-operative, intra-operative, and post-operative (B3.03-c)</td>
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<td>• SCPE occurs with preceptors in family medicine (B3.07-a)</td>
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<tr>
<td></td>
<td>• SCPE occurs with preceptors in internal medicine (B3.07-b)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in general surgery (B3.07-c)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in pediatric medicine (B3.07-d)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in OB/GYN medicine (B3.07-e)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in behavior and mental health care (B3.07-f)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>PC2</th>
<th>Demonstrate the ability to effectively work within a patient-care healthcare team. Associated Standards include:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Intellectual honesty and appropriate academic and professional conduct (B1.05)</td>
</tr>
<tr>
<td></td>
<td>• Work collaboratively in interprofessional patient centered teams (B1.08)</td>
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<td>• SCPE occurs with preceptors in internal medicine (B3.07-b)</td>
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</table>
• SCPE occurs with preceptors in general surgery (B3.07-c)
• SCPE occurs with preceptors in pediatric medicine (B3.07-d)
• SCPE occurs with preceptors in OB/GYN medicine (B3.07-e)
• SCPE occurs with preceptors in behavior and mental health care (B3.07-f)

### Practice-Based Learning and Improvement (PBLI)

PAs must be able to assess, evaluate, and improve their patient care practices. Outcome expectations for this competency include:

- **PBL1** Demonstrate the ability to critically evaluate research literature and develop educational evidenced-based practice-improvement research project.

### Systems-Based Practice (SBP)

PAs should work to improve the larger healthcare system of which their practices are a part. Outcome expectations for this competency include:

- **SBP1** Demonstrate the ability to critically evaluate medical literature to ensure the appropriateness and cost effectiveness of patient resources.
- **SBP2** Demonstrate the ability to identify needed area(s) of change within a system-based practice and develop and present a plan for improvement.

### Professionalism (P)

PAs must express positive values and ideals as care is delivered. Foremost, professionalism involves prioritizing the interests of those being served above one’s own while acknowledging their professional and personal limitations. PAs must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Outcome expectations for this competency include:

- **P1** Demonstrate professionalism in interactions with others including, but not limited to, patients, families, and colleagues. Associated Standards include:
  - Medical care to patients from diverse populations (B1.06)
  - Work collaboratively in interprofessional patient centered teams (B1.08)
  - Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals (B2.04)

- **P2** Demonstrate knowledge and application of an understanding of the PA role including ethical and professional standards regarding the PA profession. Associated Standards include:
  - Health care delivery systems and health policy (B2.11)
  - Concepts of public health as they relate to the role of the practicing (B2.12)
  - PA licensure, credentialing and laws and regulations regarding professional practice (B2.14)
  - Principles and practice of medical ethics (B2.16)
  - PA students must wear identification, in the clinical setting, to distinguish them from physicians, medical students and other health profession students and graduates (B3.01)

### ARTICULAR 3.0 GENERAL GOALS OF THE CLINICAL YEAR

After three graduate semesters (1.5 academic years) students begin their clinical training where they build upon the knowledge and skills, taught during the didactic year. Clerkship settings include (1) family medicine, (2) internal medicine, (3) emergency medicine, (4) general surgery, (5) pediatrics, (6) prenatal and gynecology, (7) psychiatry/mental health, and (8) an elective. Minimum benchmark goals – related to patient exposure and procedures – have been established and are outlined in each SCPE syllabus. In general, clerkships should expose students to the following:

- Preventive, emergent, acute and chronic care across the life span to include infants, children, adolescents, adults, and the elderly
- Women’s health to include prenatal and gynecologic care
- Surgical management (pre, intra, and post-operative)
- Psychiatric/mental health conditions

On the last Friday of each clerkship, students will return to the George Fox campus for testing related to the clerkship performed. This includes the PA Education Association (PAEA) ‘end of rotation’ exam, skills testing, and if applicable objective structured clinical examinations (OSCE).
The primary goal of each SCPE is to establish a strong foundation in patient interaction and patient examination skills. Specifically, the purpose is to:

1. Provide the student with the knowledge, skills, and competency relevant to patient-centered and culturally sensitive communication that supports history taking, physical examination, patient counseling and education, and documentation of encounters. This includes communication skills that develop and support:
   a. Medical care in diverse populations
   b. Individual, group, and interprofessional communication skills
   c. Awareness of social and behavior issues impacting care
   d. Aptitude in basic aspects of patient counseling and education
   e. Appropriate documentation of care and coding
   f. Understanding of medical reimbursement and billing

2. Introduce and promote competency in the recognition of a patient’s clinical presentation (i.e., signs and symptoms) and how to apply that information to the patient interview associated with the body systems covered in this course. This includes clinical skills that support:
   a. Problems solving and medical decision making
   b. Awareness of the link between human anatomy, physiology, pathophysiology, and its role in patient assessment
   c. Aptitude in patient evaluation, diagnosis, and management

3. Introduce and provide students with the opportunity to acquire competency in selecting and conducting basic and specialty physical examinations related to the body systems covered in this course. This includes clinical skills that support:
   a. Problems solving and medical decision making
   b. Awareness of the link between human anatomy, physiology, pathophysiology, and its role in patient assessment
   c. Aptitude in patient evaluation, diagnosis, and management

4. Provide the student with the knowledge and skills that promote a well-organized and structured patient presentation to team members and outside specialists in the clinical setting. This includes communication skills that support:
   a. Collaborative/interprofessional patient centered teams
   b. Interpersonal and communication skills

5. Promote and assist students in developing and consistently applying the concepts and practice of professionalism to include medical ethics.

6. Through SCPE exposure, promote patient care competencies needed for patients seeking:
   a. Medical care across the life span to include children, adolescents, adults, and the elderly
   b. Women’s health (prenatal and gynecologic care)

7. Promote scholar-practitioner competence in medical and evidence based research evaluation and development.
ARTICLE 4.0 PRECEPTOR ROLE AND RESPONSIBILITIES

All SCPE preceptors will work closely with GFU’s Medical Director (Dr. Jay Jamieson) and the Director of Clinical Education (Prof. Kathi Norman). With few exceptions, Prof. Norman will function as the SCPE course director and deal with all issues related to GFU DMSc students to include logistics. As the Medical Director, Dr. Jamieson will work closely with Prof. Norman and will be available whenever needed.

The following list outlines expectations of an SCPE preceptor and site. In some instances, the site affiliation agreement has adjusted these responsibilities, but generally, the following list of responsibilities apply:

- Provide appropriate orientation to the PA students of the GFU DMSc program. This includes, but is not limited to, addressing appropriate facility/site specific security and safety measures.
- Provide to GFU DMSc students with current written and applicable facility/site-specific requirements, policies, rules and/or regulations, if any, prior to the beginning of PA student’s practicum.
- Designate at least one qualified professional preceptor to supervise and assess the PA student’s progress and provide performance evaluations of the students to GFU DMSc program. The designated site preceptor(s) is subject to GFU DMSc approval.
- Ensure that professional preceptor(s) and clinical site supervisor(s) have current, appropriate licensure and/or certification as required to practice in the state where the facility/site is located. The preceptor must be credentialed as an MD, DO, PA-C or NP.
- Maintain comprehensive premises and professional liability insurance coverage of not less than one million U.S. dollars ($1,000,000) single occurrence, three million U.S. dollars ($3,000,000) aggregate, or engage in a facility specific self-insurance program which provides coverage in this amount.
- Provide the opportunity and guidance for clinical learning experience and training for students by allowing them to accompany the Preceptor or the Clinical Site supervisor within the institution.
- Provide the DMSc students with the opportunity to participate in patient care under the Preceptor’s/Clinical Site’s supervision to accomplish clinical learning outcomes as outlined in the practicum syllabus provided by the GFU DMSc program.
- Provide precautions to ensure that PA students will not be used to substitute for clinical or administrative staff, and while on the premises or rendering care to patients, ensure that GFU DMSc students are at all times identified visibly and with appropriate insignia as GFU DMSc students (student identification will be provided by GFU DMSc).
- Extend to the DMSc student the privilege of attending on-site professional meetings that may be advantageous to the student’s professional growth.
- Recognize that the DMSc student is on a learner status and shall not render patient care beyond the student’s level of expertise, and that such care shall be supervised appropriately by Preceptor.
- Retain full responsibility for and supervision of the care rendered by the students, and assure that their practices are within the standards of care for their experience and training.
- Assess that the practice activities assigned to students in a clinical setting are appropriate to the GFU DMSc student.
- Permit GFU DMSc faculty to visit preceptor/clinical site for the purposes of ascertaining that GFU DMSc learning outcomes for the practicum are being met.
- Evaluate the performance of assigned student(s), adhering to the guidelines set by the GFU DMSc, using an evaluation form that is supplied by the University.
- Preceptor shall have the right to request a student be withdrawn from the clinical placement for good cause.
In her role as the Director of Clinical Education, Prof. Norman will assign the final SCPE grades (using a myriad of tools to include feedback from the SCPE preceptor). Preceptor data used in the grading process includes formal evaluations on performance (after one week and at end of rotation).

ARTICLE 6.0 THE PRECEPTOR-STUDENT RELATIONSHIP
The preceptor should maintain a professional relationship with the DMSc student and always adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Instagram, etc.) should be avoided until the student completes the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Director of Clinical Education regarding specific school or university policies regarding this issue.

ARTICLE 7.0 ORIENTATION AND COMMUNICATING STUDENT EXPECTATIONS
Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

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

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals about what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the Director of Clinical Education well in advance of the clinical absence. Students will be aware of this policy prior to the start of the clinical year.
Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each “subsequent” student adding to a document that you as the preceptor maintain and edit.

ARTICLE 8.0 PREPARING STAFF
The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name
- Student’s schedule (when they will be in the office)
- Student’s expected role in direct patient care
- How patients will be scheduled for the student

ARTICLE 9.0 SUPERVISION OF THE DMSc STUDENT
During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another MD, DO, or PA who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student’s assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student’s responsibility to ensure that the supervising physician or preceptor also sees all the student’s patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the DMSc student’s demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following “Documentation” section. The DMSc student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.
ARTICLE 10.0 INFORMED PATIENT CONSENT FOR STUDENT INVOLVEMENT IN CARE
The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a DMSc student will participate in their care, and the patient’s consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

ARTICLE 11.0 DOCUMENTATION
If allowed by the preceptor and/or facility, DMSc students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the DMSc student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that DMSc students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or is not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

ARTICLE 12.0 MEDICARE POLICY
Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

ARTICLE 13.0 PRESCRIPTION WRITING
Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student’s name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

ARTICLE 14.0 EXPECTED PROGRESSION OF PA STUDENT
PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If
the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should be allowed progressively increasing supervised autonomy.

**ARTICLE 15.0 STUDENT EVALUATION**

Preceptor evaluations are an integral part of the student evaluation and GFU places a heavy portion of the rotation grade on this feedback (completed after one week and at the end of the rotation). Preceptors will rate students from 4 (exceeds expectations) to 1 (failing) using the following rubric (for a total of 104 points). To receive a passing score, students must receive a 73% or higher rating. **Note: the maximum SCPE evaluation raw score is 104. This is converted to percentage value. A passing raw score, therefore, is 76, which is equivalent to 73%.** Grades below 73% are subject to remediation, probation, repeat of SCPE rotation, and referral to the Academic Progress and Professionalism committee.

<table>
<thead>
<tr>
<th>Student Name</th>
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<table>
<thead>
<tr>
<th>Preceptor Name</th>
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<table>
<thead>
<tr>
<th>Clinic Name</th>
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<table>
<thead>
<tr>
<th>SCPE Slot (circle one)</th>
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<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 ____</td>
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<table>
<thead>
<tr>
<th>STUDENT PERFORMANCE RELEVANT TO SCPE COURSE OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL KNOWLEDGE</td>
</tr>
<tr>
<td>Demonstrate an understanding for the medical, behavioral and social knowledge necessary to evaluate and manage patients within a family medicine setting.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERPERSONAL AND COMMUNICATION SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform focused and comprehensive histories and physical examinations and evaluations on patients across the lifespan and in a variety of health care delivery settings.</td>
</tr>
<tr>
<td>Accurately and concisely communicate the findings of a given patient encounter in written and oral forms to members of the healthcare team.</td>
</tr>
<tr>
<td>Demonstrate sensitivity and empathy regarding the emotional, cultural, spiritual, and socioeconomic aspects of the patient, the patient’s condition and the patient’s family.</td>
</tr>
<tr>
<td>Communicate in a patient-centered and culturally sensitive manner to accurately and effectively obtain, interpret, and utilize subjective information and construct a patient-centered management plan.</td>
</tr>
<tr>
<td>Educate patients in health promotion and disease prevention and demonstrate a working knowledge of all tiers of preventative medicine in patient interactions.</td>
</tr>
</tbody>
</table>
### PATIENT CARE

- Formulate a differential diagnosis based upon the patient history and physical exam and recommend the proper diagnostic studies.
- Diagnose and manage common medical and behavioral conditions commonly seen in a primary care setting.
- Diagnose and manage potentially life- or function-threatening medical and behavioral conditions commonly seen in a primary care setting.
- Develop, implement and monitor management plans for non-emergent and emergent conditions including pharmacological and nonpharmacological therapies, therapeutic procedures and/or rehabilitative therapies.
- Perform clinical procedures common to family practice medicine.

### PROFESSIONALISM

- Understand patient and patient information confidentiality and privacy laws and practices, including but not limited to HIPAA, and apply patient confidentiality and privacy guidelines to all patient encounters and clinical sites.
- Critically evaluate the medical literature in order to use current practice guidelines and apply the principles of evidence-based medicine to patient care.
- Provide advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of healthcare delivery systems.
- In all encounters, demonstrate professional behavior to the highest ethical and legal standards by recognizing professional limitations, then consulting with other health care providers and/or directing patients to appropriate community services, as needed.

### STUDENT PERFORMANCE RELEVANT TO PATIENT PRESENTATION

The student demonstrated the medical, behavioral, and social science knowledge necessary to both promote health, evaluate, and manage care for patients in each of the following environments (B3.02)

- Preventive
- Emergent
- Acute
- Chronic

### STUDENT PERFORMANCE RELEVANT TO CARE FOR PATIENTS ACROSS THE LIFE SPAN

The student demonstrate the medical, behavioral, and social science knowledge necessary to both promote health, evaluate, and manage care across the life span for each of the following (B3.03)

- Infants
- Children
- Adolescents
- Adults
- Elderly
- Women’s Health
- Behavior and Mental Health
- Total

**PRECEPTOR:** As desired, please feel free to provide any other comments about the student:
ARTICLE 16.0  FEEDBACK TO STUDENTS
Although students have performance evaluations during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a weekly basis from their preceptors to help improve their clinical performance.

ARTICLE 17.0  STUDENT RESPONSIBILITIES
In addition to adhering to the standards of professional conduct outlined in the handbook, students are expected to perform the following during their clinical rotations (please refer to Article 2.0 and Article 3.0 for additional detail on SCPE related goals, competencies, and outcomes):
- Perform and Record a Complete and Problem-Focused Medical History.
- Perform a Complete and Problem-Focused Physical Examination.
- Establish a Working Diagnosis and Differential for Urgent and Non-Emergent Conditions.
- Order, Perform, and Interpret Diagnostic Procedures and Laboratory Tests.
- Identify, Discuss, Perform, and Order Therapy and Treatment Modalities.
- Recognize Life-Threatening Conditions and Stabilize Patients.
- Effectively Communicate with Patients, Families, and other Medical Personnel.
- Demonstrate the Impact Health Problems have on Individuals and Families.
- Utilize Critical Thinking Skills through the use of Evidence-Based Medicine.
- Articulate the Unique Role of the PA in the Medical Team.
- Possess a Working Knowledge of the American Health Care Delivery System.
- Exhibit Ethical Behavior and Professional Conduct.

ARTICLE 18.0  STANDARDS OF PROFESSIONAL CONDUCT
As health care practitioners, PAs are required to exhibit the highest standards of ethical behavior and professional conduct. These include, but are not limited to:
- Respect
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the PA program.

If preceptors observe any concerns about a student’s professionalism, please contact the Director of Clinical Education immediately.

ARTICLE 19.0  SPECIFIC PROGRAM POLICIES
Program specific policy for each of the following can be found in the DMSc “Student Policy Handbook”
- Workman’s Compensation
- Drugs and alcohol
- Timeliness and lateness
- Needle stick procedure
- HIPAA training
ARTICLE 20.0 THE PRECEPTOR-GFU RELATIONSHIP

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

ARTICLE 21.0 LIABILITY INSURANCE

Each PA student is fully covered for malpractice insurance by the GFU DMSc program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university’s liability coverage does not cover the student in these circumstances.

In addition, if a student is working in a paid position in a different health-care related capacity any time during their education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.
ARTICLE 22.0 CURRICULUM MAP/CLERKSHIP CONCEPT

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
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**Spring IA (8 SH)**

- Preceptor Handbook
- Human Anatomy

**Spring IB (9 SH)**

- Clinical Reasoning and Problem-Based Learning I
- Pathophysiology
- Clinical Methods & Procedures
- Pharmacology
- Clinical Pharmacy & Patient Management
- Critical Thinking
- Physical Exam
- Clinical Reasoning and Problem-Based Learning Lab I
- Physical Examination Skills
- Human Anatomy
- Pathophysiology
- Pharmacology & Patient Management
- Special Populations
- Behavior Medicine

**Body System Topics by Term (Spring IA)**

- Heme/Onc/Immun/Deoxy 11% 4 wks
- Dermatology 5% 2 wks
- ENT with Endocrine 7% 3 wks

*Endocrine includes: Parathyroid disorders, Pituitary disorders, Thyroid disorders

**Summer (12 SH)**

- Clinical Reasoning and Problem-Based Learning II
- Human Anatomy
- Pathophysiology
- Clinical Methods & Procedures
- Pharmacology
- Clinical Pharmacy & Patient Management
- Critical Thinking
- Physical Exam II
- Clinical Reasoning and Problem-Based Learning Lab II
- Physical Examination Skills
- Special Populations II
- Applied Research Project (CGR H-WORK PROJECT)

**Clinical Education - Second 12 Months (Total 50 SH)**

<table>
<thead>
<tr>
<th>Spring IB (13 SH)</th>
<th>Spring IC (13 SH)</th>
<th>Summer (13 SH)</th>
<th>Fall IC (12 SH)</th>
<th>Fall IB (4 SH)</th>
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<tbody>
<tr>
<td>January 10, 2021</td>
<td>April 20, 2022</td>
<td>May 16, 2022</td>
<td>September 1, 2022</td>
<td>December 12, 2022</td>
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</tbody>
</table>

**Fall IC (12 SH)**

- Clinical Reasoning and Problem-Based Learning III
- Human Anatomy II
- Pathophysiology II
- Pharmacology & Patient Management II
- Special Populations II

**Fall IB (4 SH)**

- Applied Research Project III (CGR H-WORK PROJECT)

**Clinical Education - Second 12 Months (Total 50 SH)**

<table>
<thead>
<tr>
<th>Family Medicine</th>
<th>Internal Medicine</th>
<th>Emergency Medicine</th>
<th>General Surgery</th>
<th>Pediatric Medicine</th>
<th>Preventive Medicine</th>
<th>Behavioral and Mental Health</th>
<th>Elective</th>
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<tbody>
<tr>
<td>6 weeks</td>
<td>6 weeks</td>
<td>6 weeks</td>
<td>6 weeks</td>
<td>3 weeks</td>
<td>3 weeks</td>
<td>3 weeks</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Internal Medicine</td>
<td>Preventive Medicine</td>
<td>Behavioral and Mental Health</td>
<td>Elective</td>
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<td></td>
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<tr>
<td>6 weeks</td>
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<td>3 weeks</td>
<td>3 weeks</td>
<td>3 weeks</td>
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</tbody>
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**June 21, 2019**

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ARTICLE 23.0 GRADING MAP

<table>
<thead>
<tr>
<th>Evaluation Piece (also see important notes below)</th>
<th>Learning Outcome</th>
<th>Due Date</th>
<th>Percentage of Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care New Patient Documentation Note (submitted by student)</td>
<td>2,3</td>
<td>End of Week 2</td>
<td>5%</td>
</tr>
<tr>
<td>Primary Care Routine Office Visit Documentation Note (submitted by student)</td>
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<td>End of Week 4</td>
<td>5%</td>
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<tr>
<td>Formative (Mid) Clinical Preceptor Evaluation (submitted by preceptor)</td>
<td>2-15</td>
<td>End of Week 2</td>
<td>0%</td>
</tr>
<tr>
<td>Preceptor Clinical Performance Evaluation * (submitted by preceptor)</td>
<td>2-15</td>
<td>End of Week 6</td>
<td>25%</td>
</tr>
<tr>
<td>Professionalism and Attendance **</td>
<td>12-15</td>
<td>Week 1 – 6</td>
<td>5%</td>
</tr>
<tr>
<td>Participation ***</td>
<td>15</td>
<td>Week 1 – 6</td>
<td>5%</td>
</tr>
<tr>
<td>Technical Skill Mastery</td>
<td>7,11</td>
<td>End of Week 6</td>
<td>10%</td>
</tr>
<tr>
<td>Primary Care OSCE</td>
<td>1-15</td>
<td>End of Week 6</td>
<td>10%</td>
</tr>
<tr>
<td>End of Rotation Exam- Z-score adjusted (EORE) ****</td>
<td>1</td>
<td>End of Week 6</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>**</td>
<td>**</td>
<td>100%</td>
</tr>
</tbody>
</table>

IMPORTANT NOTES:
* Students must successfully pass the Preceptor Evaluation grading component with a grade of 73% or higher in order to pass the course. It is the student's responsibility to ensure their Preceptor submits the evaluation by deadline. If a student has reminded the Preceptor of the deadline but the evaluation still has not been submitted, the student must inform the Director of Clinical Education of this issue within 24 hours of the deadline.

** Students must successfully pass the Professionalism and Attendance grading component with a grade of 73% or higher in order to pass the course

*** Participation includes (1) Student Logging (ie Case Logs), (2) Student Evaluation of Course/Site/Preceptor, (3) Rotation Assessment Day (last Friday of SCPE) participation, and completion of the (4) Preceptor Technical Skills Sheet. Completion of all required paperwork is required for a course grade – failure to complete paperwork will not only result in a lower course grade, but will also result in receiving an Incomplete as the course grade until all paperwork is submitted.

**** Students must successfully pass the EORE grading component with a grade of 73% or higher in order to pass the course.

ARTICLE 24.0 PRECEPTOR DEVELOPMENT

The PA Education Association, Committee on Clinical Education, has created a set of “One-Pagers for Preceptors” to help streamline and enhance this essential experience. The one-pagers below combine some of the committee’s own resources as well as some of the best precepting practices that are outlined in the literature. These handy one-pagers offer time-tested methods for making the precepting experience as efficient and rewarding as possible. Links can be accessed here:

- Incorporating students into patient care/workforce
- The one minute preceptor
- Ask-tell-ask feedback model
- SNAPPS: a six step learner-centered approach to clinical education
- Introducing/orienting a PA student to your practice
• Tailoring clinical teaching to an individual student
GFU DOCTOR OF MEDICAL SCIENCE CURRICULUM HANDBOOK REVIEW
The handbook has been reviewed and approved by the program Chair and Program, Director of Clinical Education, and the Medical Director.

Approval Date
Original: May 1, 2019
Edited on June 21, 2019

Signature/s

Gregory Davenport, DHSc. PA-C
Chair and Program Director
School of Medical Science
George Fox University

Review Process
The GFU DMSc Admissions Committee will gather and analyze data on a regular basis; the next annual review, however, is set for December 2019.

GFU DMSc Policy and Procedure Committee reviewed this document on May 1, 2019 and unanimously approved it. Next review is set for December 2019.

Changes:
1. June 21, 2019: Clerkships were adjusted to reflect current curriculum outline. As such, the curriculum map was also updated.