



**West Liberty University
Physician Assistant Studies Program**

CLINICAL YEAR STUDENT POLICIES & GUIDELINES

2014-2015

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INTRODUCTION

Welcome and Congratulations!

You have made it through the first half of your Physician Assistant education. We hope that so far it has been a positive experience for you. Now the emphasis shifts to development of the skills and integration of the information you learned in the first year. In addition, you will be exposed to new skills and new information to learn and apply.

This handbook will cover the Clinical Year attendance, dress, behavior, and grading policies of our program. Some of the information is specific to our program. Others are based on University wide policies. This handbook also includes references to the current West Liberty Student Handbook.

General Guidelines

The Clinical Year provides you with the opportunity to acquire clinical skills in a supervised setting. This is to ensure that you gain competency as a clinician and to assure the safety and welfare of the patients you work with. Your success is dependent on the cooperation of preceptors, clinicians, support staff and patients at the various clinical sites. Each site is essential to your completion of the program. **BE INFORMED THAT UNDER ANY CIRCUMSTANCE STUDENTS ARE NOT TO REPLACE REGULAR CLINICIANS OR EMPLOYEES.**

Your clinical rotations are designed to be learning experiences. You may be assigned to either a team or a staff clinician. The clinician supervising you or your team will assign you specific tasks to perform and provide guidance to ensure your patient's safety and welfare.

This is the time and place to ask questions, learn your strengths and weaknesses, and to develop critical thinking skills. While you are expected to have basic skills and knowledge to build upon, you are not expected to be experts. The clinical rotations are opportunities for you to learn from working alongside experienced clinicians.

During your clinical rotations, you will gain experience in a variety of clinical settings and you will have the opportunity to deliver health care to diverse communities and populations. These experiences are intended to reflect the mission and goals of West Liberty University.

We have set high standards of personal and professional behavior for Physician Assistant students. We are here to work with you to help make your educational goals a reality. Please contact us if any questions or should problems arise.

SECTION 1

GENERAL CLINICAL YEAR POLICIES

1. Preparation for the Clinical Year:

During the didactic year, each student had the opportunity to meet with the PA department Program Director and/or Clinical Coordinator to discuss plans for the clinical year. Clinical sites are determined solely by the PA department faculty. Students may submit information on potential preceptors and clinical sites. However, the PA department reserves the right to approve any site for clinical training.

2. Clinical Site Placement:

The ultimate decision for clinical site placement rests with the West Liberty University Department of Physician Assistant Sciences. *Students are not responsible for providing their own clinical rotation sites.*

3. Clinical Performance:

Unsatisfactory performance during the clinical year may result in a permanent or temporary suspension of the current clinical rotation or a delay in the commencement of the next scheduled rotation. Factors that lead to a suspension or delay include but are not limited to the following:

- a. Failure to complete written assignments or charting by scheduled deadlines.
- b. Unsatisfactory progress in professional development, attitudes and professional conduct.
- c. Unexcused and/or unexplained absence from a clinical site during a scheduled rotation.
- d. Failure to receive a satisfactory evaluation at the end of a clinical rotation.
- e. Failure of an end of rotation examination.
- f. Unprofessional interactions and/or inappropriate behavior at a clinical site.
- g. Unexcused and/or unexplained absence from a scheduled class or activity.

Suspension or delay of clinical rotations will remain in effect until either required assignments have been submitted, or other steps for remediation, as determined by this program, have been completed.

4. Clinical Evaluation:

“Unsatisfactory” end of rotation clinical evaluations may result in suspension from clinical rotations, remediation, repeating a rotation, delayed graduation, course failure or dismissal from the Program.

5. Program Extension:

A student who receives an unsatisfactory grade in any clinical rotation must reregister for that rotation and pay the applicable tuition fee. A rotation may be repeated only one time. A student who receives an unsatisfactory grade in a repeated clinical rotation will be subject to dismissal from the program.

6. Delayed Graduation:

If a student is unable for any reason to complete the clinical year as scheduled, that student will not be allowed to participate in the graduation ceremony until all required course work is completed.

7. Student Requirements:

Students are only expected to satisfy the requirements for successful completion of their rotations. **THEY MUST NOT BE USED TO SUBSTITUTE FOR REGULAR CLINICAL OR ADMINISTRATIVE STAFF FOR ANY REASONS.**

Clinical Year Overview

1. We expect students to understand the principles of confidentiality and to abide by them in their relationships with patients, peers, the PA faculty and other health care professionals.
2. It is important to approach your clinical assignments with an unbiased mind.
3. The clerkships are intended to be in-depth clinical experiences. This is a primary care program and specialty experiences are intended for exposure, not mastery.
4. Procedures are relatively easy to learn. The ultimate goal of this is to teach clinical reasoning and problem-solving.
5. Your expectations of the clinical experiences may be different from those of the preceptor or the program.
6. We attempt to individualize your clinical experiences within the parameters of a fast-paced, primary care PA program.
7. Everyone's experience will be different – even at the same site.
8. If your preceptor is not at the clinical site when you are scheduled to be there, you are **NOT AUTOMATICALLY** excused from attending clinic. If you cannot make other arrangements with clinical personnel, immediately contact the Clinical Coordinator.
9. We intend that this student manual will be your primary source of information for the duration of the program. Read It. Refer to it. Keep it close to you.

10. Take advantage of the current technology (e-mail, phone service, pager) to maintain frequent and close communications with the PA department and your advisor.

11. Flexibility about scheduling and traveling is an important expectation for the clinical year. Arrangements with clinical sites sometimes change on short notice for a multitude of reasons.

12. ***Transportation to and from clinical clerkships is the student's responsibility.*** Please inform us if you have a problem with transportation.

13. Students will return to the PA department for testing and evaluation at the end of each clerkship.

14. Behavior and attitudes are important for a successful clinical year. In addition to discussions and handouts, the *Code of Ethics for the Physician Assistant Profession* provides some guidance on expectations for professional conduct.

15. Remember that the clinical year is still a part of your educational training. Students are not expected to know everything. Don't be too hard on yourself.

16. ***Meals during the clinical clerkships are the responsibility of the student.***

17. ***Housing during the clinical clerkships is the responsibility of the student.***

SECTION 2

ENTRY INTO THE CLINICAL YEAR

A. Requirements for entry into the clinical year

1. Successful completion of all didactic year classes and assignments and successful completion of any remediation, probation, or other make-up work.

2. Possession of a current American Heart Association Basic Life Support (BLS) Card that will NOT expire during the clinical year. You may be required to take an update course if AHA standards change.

3. Successful completion of an American Heart Association Advanced Cardiac Life Support (ACLS) class or the equivalent as determined by the Department of Physician Assistant Sciences, that will not expire during the clinical year.

4. An updated health clearance form from Student Health services, including current immunizations and an up to date TB clearance.

5. Completion of registration. You will not be allowed in the clinical sites until ALL registration requirements are completed.
6. Failure to complete any of the above requirements may result in a delay of your clinical year or your dismissal from the program.
7. Satisfactory completion of a drug screen and a background check is required prior to entry into the clinical year. The background check must be performed by a West Liberty University approved agency.

B. Delayed entry into the clinical year

1. If for any reason you are unable to begin your clinical rotations on time, this may result in delaying your graduation, rescheduling or relocating your clinical clerkship, registering for one or more extra terms, and increasing your educational expenses.
2. The Department will make every effort to keep you on track with your peers. However, if you delay in beginning your clinical clerkship, we cannot guarantee that you will complete the program in time to graduate with your class.

SECTION 3

DRESS AND BEHAVIOR STANDARDS

A. Dress/Attire in Clinical Sites

Please review the *Student Handbook (2014-2015)*, and observe the following:

1. Professional Dress: Students are expected and required to report to their clinical sites wearing appropriate clothing. Failure to follow dress codes may result in reprimand, removal from a clinical site, or other disciplinary actions.
2. Appropriate attire for clinical sites:
 - Men: Approved clinical jacket (short white jacket with long sleeves), shirt with tie, pressed trousers, socks, and comfortable, closed-toe shoes. Athletic-type shoes should only be worn with scrubs (see scrubs section that follows).
 - Women: Approved clinical jacket (short white jacket with long sleeves), dress or blouse with skirt or slacks, hose or socks, and comfortable, closed-toe shoes. Skirts or dresses should be knee-length or longer. Athletic shoes should only be worn with scrubs (see scrubs section that follows).
 - No logos or patches except for West Liberty University's logo.
3. Earrings: Females: One pair of studs. Men: None.

4. Finger rings: One low-profile ring per hand.
5. Necklaces: Limited to one. It must be concealed.
6. Hair: Must be neat and clean. Hair must be pulled into a ponytail, braided, or pinned up if shoulder length or longer. Wear an approved head cover while in the operating room or when doing procedures that require aseptic measures. Rollers, shower caps, or other such items are not to be worn in class or at clinical sites. Head coverings required for religious reasons must not compromise aseptic measures or present a safety hazard.
7. Beards/Mustaches: Must be neat, clean and trimmed. Cover them completely while in the operating room or during procedures that require aseptic measures.
8. Fingernails: Must be clean and trimmed. Artificial nails cannot be worn during your clinical clerkships.
9. Tattoos: Must be concealed.
10. Shoes: No open toes, sandals, or clogs. For safety reasons, wear only closed toe shoes. Bare feet are not allowed.
11. Clothes: As per the *Student Handbook*, attire must be neat, clean and professional. No shorts, cargo pants, t-shirts, tank or halter-tops. **PLEASE OBSERVE THESE RULES EVEN IF YOU MAY CHANGE TO SCRUBS AT THE CLINICAL SITE.** These rules also apply for any academic activity in the PA department. You must wear light blue scrubs or professional attire.
12. Unless you are in a rotation that allows you to wear scrubs, you are to appear neat, clean, conservative, professional clothing. This includes ties for men, and hose or stockings for women. Please review the *Student Handbook* for details.

Scrubs: Do not wear them outside the facilities. You may wear your own set of scrubs if you are at a clinical site that allows their use but does not provide them. However, do not wear scrubs with a logo other than West Liberty University. Wear **only scrubs authorized by the program.** Do not wear scrubs that may create a problem identifying you or your assigned service.

Jackets: Wear the short, white consultation jacket with long sleeves and WLU logo. Keep it clean, pressed, and free of blood and other body fluids. **PA Department Name Tag, and WLU ID Badge unless instructed otherwise at the clinical sites. DO NOT** wear jackets, tags, or Logos other than those authorized by the program.

B. Family and Personal Needs

1. Please do not bring children, pets, or other dependents to class or to clinical sites. If an emergency arises that requires your immediate attention or presence to attend to the needs of a dependent, please contact the Clinical Coordinator and the preceptor as soon as possible.

2. If you require medications that are scheduled daily (other than for a brief illness), or if you experience seizures or loss of consciousness, you **MUST** do the following prior to beginning clinical rotations:

- Notify the office of the Dean of the College of Sciences, and make a specific request for accommodation.
- Obtain a Medic Alert or similar identification that will allow people to assist you in the event that you become incapacitated while in a clinical site.

3. Notify the Preceptor and the Clinical Coordinator if you take regularly scheduled medications during the hours you are present at a clinical site. If you must carry medications or must take medications (such as insulin or bronchodilators) while in the facility, notify the Preceptor and Clinical Coordinator. The Preceptor can facilitate your needs regarding your medication schedule.

C. Impairment Issues

1. Appearing at a clinical site while intoxicated or under the influence of a substance will result in removal from that site and may result in dismissal from the program.

2. If you have a medical condition that requires you to take a prescription medication that may result in impaired functioning, please contact the Department of Physician Assistant office. We will instruct you how to proceed.

D. Behavior Standards

1. The personal, professional, and academic standards delineated in the *Physician Assistant Student Handbook* are applicable to the clinical year. Please review these documents.

2. Clinical facilities may have orientations, background checks, drug testing, dress codes, parking restrictions, identification badges, and other policies and standards that you may be required to observe while on their premises.

3. Development of professional attitudes and professional demeanor while you are a student on clinical clerkships are just as important as the development of theoretical knowledge, technical skills, and test-taking skills. Professional attitudes and demeanor are also scrutinized and evaluated during the clinical rotations. Satisfactory professional attitudes and demeanor are more than a daily physical presence at a clinical site and perfunctory completion of assigned reading, tasks or patient care duties.

4. Satisfactory development of professional attitudes and demeanor while at a clinical site may be demonstrated by, but not limited to the following traits:

- Willingness to work as a team member, including helping other team members to complete their assigned tasks or duties.

- Willingness to change work habits or attitudes.
- Willingness to learn new information, new skills, or to try new methods
- Displaying enthusiasm for responsibilities, assignments and your role as a learner.
- Demonstrating enthusiasm for your role as a Physician Assistant and team member.
- Conferring with the team leader or preceptor prior to leaving the clinical site or prior to performing procedures on patients.
- Asking and thanking patients for permission to participate in their care.
- Including patient personal, spiritual and psychosocial needs in your care plans and discussions.
- Respectful acceptance of constructive recommendations or counseling.
- Respectful treatment of clinical site staff, clinicians, patients, and visitors.
- Accepting responsibility for your errors or omissions, even if unintentional.
- Asking the preceptor or mentor thoughtful questions regarding your progress, strengths and weaknesses.

5. Unsatisfactory professional attitudes and demeanor can be inferred by the preceptor if the following or similar types of behavior are exhibited:

- Failure to change unsatisfactory work habits, negative attitudes, or inappropriate attendance patterns after counseling.
- Failure to accept responsibility for errors or incomplete assignments.
- Displaying or verbalizing negative attitudes towards constructive recommendations or counseling.
- Rude or uncaring behavior towards team members, clinicians, non-clinical staff, patients, or visitors.
- Blaming others for your errors, failures, negative attitudes, or failure to gain knowledge or skills during a clinical clerkship.
- Failure or refusing to participate as a team member.
- Failure to communicate with your team leader or preceptor prior to leaving a clinical site or prior to performing a procedure on a patient.
- Leaving the team or clinical site without permission or under false pretenses (i.e., you said that you have a required class to attend, but really do not).
- Communicating false or misleading information regarding your clinical activities to the preceptor or Clinical Coordinator.

6. Unsatisfactory professional attitude and demeanor may result in disciplinary action, up to and including dismissal from the program.

7. You are not required to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. If you are not sure if assigned duties are essential to your clinical learning experience, contact the Clinical Coordinator as soon as possible.

SECTION 4

ATTENDANCE STANDARDS

A. Clinical Rotation Attendance and Scheduling

1. You are expected to be present as scheduled for clinical rotations as if at work. Patients and clinicians are expecting you to be there. If your preceptor is scheduled to be at the clinical site on a holiday, you are expected to be there as well.
2. You must inform the clinical site if you will be more than 15 minutes late.
3. You are expected to contact both the clinical site AND the PA department Clinical Coordinator if you will be absent. In case of an emergency, contact the clinical site first. See your clinical rotation information packet for your contact person.
4. Contact the Clinical Coordinator well in advance before scheduling personal/family events (weddings, reunions, presentations at meetings, etc.) that require time away from clinical clerkships. You may be required to make up missed clinical time. Failure to provide the Clinical Coordinator with adequate advance notice of these events may result in denial of your request.
- 5. You must text the Clinical Coordinator at 8:00 AM on the date of your absence. This protocol must be followed regardless of the reason for your absence or shift start time. (Including weekends and holidays).**
6. Unexcused absences will require two days to be made up for every day absent from the clinical site.
7. Clinical sites often have set schedules that are not easily altered. You must follow the rotation schedule unless the Clinical Coordinator approves other arrangements in writing. Do not contact your preceptor to change your schedule. It is imperative that you **ONLY** contact the Clinical Coordinator with this request.
8. Some clinical rotations have on-call schedules. Do not switch on-call days with someone else unless cleared by your team leader, preceptor, and Clinical Coordinator.
9. The Department of Physician Assistant Sciences will provide clinical rotations for each student and will give advance notice of clinical rotation schedule changes. However, there may be unexpected changes with clinical sites that lead to changes in assigned clinical rotations without advance notice.
10. An absence on the first day of any clinical rotation will result in the requirement to complete two additional clinical days during the rotation.
11. Leaving your clinical site prior to completing your shift will constitute an unexcused absence.

B. Illness

- 1. Notify BOTH the Preceptor (OR DESIGNATED CONTACT PERSON) and the PA Department Clinical Coordinator if you are ill and cannot report to a clinical site. You must page the Clinical Coordinator at 8:00 a.m. on the date of your absence due to illness.**
2. Do not report to a clinical site if you are ill or symptomatic and unable to function. This will reduce the potential for spreading an illness. Contact the Clinical Coordinator.
3. If you are absent for more than 1 day from any clinical clerkship due to illness, you must submit written clearance from your health care provider to the Clinical Coordinator prior to resuming clinical duties.
4. Students returning to a clinical clerkship after a prolonged (longer than 14 days) absence due to illness will need a health clearance from Student Health or your healthcare provider. Please contact the PA Department when you are ready to return to the clinical rotations.
5. Students returning to clinical rotations after an illness or injury and limited by a healthcare provider from full participation (no heavy lifting, wear a cast, etc.) must contact the PA Department for further instructions.
6. Missed clinical time due to illness will require make-up as determined by Clinical Coordinator

C. Family or Personal Emergencies

1. Do not call in sick to attend to routine family or personal needs. Make prior arrangements well in advance with the Clinical Coordinator
2. If an emergency arises contact the department Clinical Coordinator and Preceptor as soon as possible. Text the Clinical Coordinator as soon as you can safely do so. Inform the department Clinical Coordinator if you were unable to contact the Preceptor.
3. Submit in writing, reasons for absence from a clinical rotation. Be prepared to provide documentation (obituaries, notes from the health care provider, etc.) of your reason for absence.

D. Frequent or chronic attendance problems

1. We will monitor absence and tardiness. Patterns that suggest avoidance of on-call responsibilities, holiday or weekend duties, or frequent episodes of absence/tardiness will require a full written explanation and may result in remediation or disciplinary action.
2. Inform the Clinical Coordinator in writing if you have medical, family, or personal problems that require frequent or lengthy absences from the clinical sites.

3. You may request a leave of absence for serious medical, family, or personal problems. See the current *Student Handbook* for details.
4. Frequent or lengthy absence from clinical rotations may result in repeating a clinical rotation, delayed graduation, or dismissal from the program.

E. Abandonment of a Clinical Site

1. Failure to appear and/or failure to report your absence from a clinical site may be considered an abandonment of your assigned rotation. This is a serious offense and will result in a failed clerkship and/or other disciplinary action up to dismissal from the program.
2. If you have a personal, medical, or family emergency, contact the Clinical Coordinator and the clinical site as soon as possible to preserve your status in the program.

E. Clinical site etiquette

1. If you are issued a pager by the clinical site or by the department, please follow these instructions:
 - Leave the pager on at all times that you are in the clinical site.
 - Leave the pager on until 6:00 PM on days that you are not on call, even if you are excused from the site. We may need to contact you.
 - Please return pagers provided by the clinical site to the appropriate person at the clinical site. Do not pass it on to the next student.
 - Please bring West Liberty University pagers back to the Department at the end of each clinical rotation.
 - Please report any pager malfunctions or problems as soon as possible to the appropriate person. Contact the Clinical Coordinator for West Liberty University pagers.
 - **REMEMBER TO CHECK THE BATTERIES.**
 - Please ask for help if you do not know how the pager works.
2. Please do not go to a clinical site for social or other reasons unless the staff invites you, you are assigned there, or you have specific business such as obtaining a letter of reference from a preceptor or a job interview.
3. Please return any keys issued by a clinical site directly to the appropriate person at that site at the end of a rotation. Do not pass them along to the next student.
4. Please be aware that if a clinical site provides housing or a sleep room, facility personnel may enter these accommodations with little or no warning for inventory, housekeeping, maintenance, or security purposes.

F. Jury Duty, Military Duty, and other Obligations

1. Please contact the Clinical Coordinator as soon as you are notified regarding your jury duty summons or notice to report for duty.
2. You may be asked to reschedule your Jury Duty for a scheduled break, holiday, or vacation.
3. If you are a member of a Military, Police, Fire, or similar reserve or auxiliary service, please notify us prior to the start of the clinical year.
4. If you are called on an emergency basis for military, police, EMS, or fire department duty as a reservist, please have a family member or your unit contact us as soon as possible.
5. If you are a member of the Red Cross, or other Volunteer agency, please inform us prior to the start of the clinical year. Service as a volunteer will require prior approval from the program unless it occurs during a scheduled holiday, vacation, or break.

SECTION 5

GRADING POLICIES AND ACADEMIC STANDARDS

A. Grading

1. The Clinical clerkships are graded satisfactory/unsatisfactory (S/U).
 - The final grade is based upon the results of end of rotation written examinations, the clinical evaluations, and written projects or assignments.
 - Passing and competency are interpreted as 60% of the points possible on end of clerkship written examinations, and a “satisfactory” in clinical evaluation.
 - An “unsatisfactory” in the clinical evaluation may result in suspension from clinical clerkship, remediation, repeating a clerkship, delayed graduation, course failure or dismissal from the program.
 - Elective rotations are subject to the same grading criteria as the required rotations. All clinical rotations, required or elective, must be passed
 - A grade of **SATISFACTORY** for a clinical clerkship is passing.

B. Grade Determination

1. The final grade for a clinical clerkship and the decision to pass or fail a student are academic issues and are the purview of the Physician Assistant Program faculty.
2. Each clinical rotation will have specific written projects or papers that must be submitted to the Clinical Coordinator at the end of the clerkship. These projects include, but are not limited to

procedure cards, patient logs, case studies, SOAP or progress notes, admission and discharge summaries or notes, and other documentation of your patient care activities.

3. Instructions for written projects or papers are included in Appendix B, C & D of this handbook. Read and follow the instructions prior to submitting written assignment:

- **Failure to submit written assignments in a timely manner or failure to follow the instructions for written assignments may result in an UNSATISFACTORY final grade for that clerkship.** Contact the Clinical Coordinator if you have any questions regarding written assignments.

4. Attendance and participation in rounds and lectures may be required at the clinical site and these may be used by the preceptor to determine your mid or end-of-clerkship evaluation.

5. Clinical faculty may use written tests or projects to help them determine your end of rotation clinical evaluation. These are separate from written program tests or assignments.

6. Due to the dynamic nature of the clinical sites, there are currently no predetermined numerical values for types or quantities of patients you must see, or types and numbers of procedures that you must perform during individual rotations. However, the data you submit will be evaluated for trends and will assist in determining performance standards.

7. “Unsatisfactory” mid-rotation evaluations may result in removal from a clinical site, restarting a rotation at another site if available, remediation, delayed graduation, course failure, and possible dismissal from the program.

8. Abandoning a clinical site by unexcused or unexplained absences is justifiable cause for failure, suspension from clinical rotations, repeating a rotation, or possible dismissal from the program.

C. Remediation

1. The goal of remediation is to correct deficiencies in academic and clinical performance and to attain an acceptable level of competency.

2. The goal of the mid-rotation evaluation is to identify deficiencies early in a rotation when remediation will be most beneficial.

3. Remediation may include, but is not limited to: written projects, retests, supervised patient interactions, skills workshops, repeating or restarting a clinical rotation and possible lengthening the clinical year.

4. The WLU PA Program is a competency based program. Students are required to complete each component of this program successfully before progressing on to the next phase. The minimum passing score is 70% on all written exams and a grade of “satisfactory” on professionalism, all skills and clinical clerkships.

5. Students who are identified through self-referral or through faculty observation as being at risk for failure will be referred for remediation. Remediation may include tutoring, self-study, completion of specific tasks or referral to the Center for Students Success for counseling.
6. Any student not achieving the minimum passing grade will receive a failing grade. The student will be notified and will be required to take a reexamination within two weeks. Should the student fail a retest, this would trigger a comprehensive review of his/her academic record resulting in administrative action which may include probation, deceleration or dismissal from the program.
7. If a student fails a clinical clerkship, he/she may be allowed to repeat the clerkship in the next rotation.
8. Any student who fails a repeated course or clerkship will be dismissed from the program.
9. Failure to satisfactorily progress professionally, although a student may have passing grades in all courses, and when viewed as a whole, the record shows a pattern of concern, may result in a student being placed on probation and put on a remediation plan. Failure to successfully complete the terms of the remediation will result in dismissal from the program.

D. Program Progression in the Clinical Phase

1. At the end of each clerkship, the Physician Assistant faculty reviews each student's progress prior to submitting grades and prior to approving continuation in the program and progression to the next clinical clerkship.
2. Each student's attendance, written assignments, test scores, and preceptor evaluations are reviewed prior to grade submission and prior to approval for progression to the next term.
3. Each element reviewed must demonstrate that the student is displaying positive progress in his or her clinical abilities and professional demeanor.
4. Failure to demonstrate positive progress in any of the elements reviewed may result in remediation, disciplinary action, delay in progression, failure of a clerkship, dismissal from the program or other consequences.

E. Academic Standards and Ethical Clinical Behavior

1. The standards of academic integrity for the didactic year apply to clinical year written projects and examinations. Please review the *Student Handbook*.
2. Falsifying charting, forging signatures, obtaining fraudulent prescriptions, sexual liaisons with patients and staff, unauthorized examinations or procedures, and theft of materials from clinical sites are not only unethical, but may also result in criminal prosecution.

3. A student accused of the stated or similar activities will be removed from the relevant clinical site and an investigation will be initiated. Suspension from clinical rotations or placement in an alternative site will be determined on a case-by-case basis.

F. Patient Rights, Communications, Confidentiality, and Privacy

1. Please review the attached Patient Rights and your role as a student Physician Assistant in safeguarding those rights (Appendix A).
2. Protect the privacy and confidentiality of patients and medical records at each clinical site.
4. Do not discuss patient cases, identities or situations in public locations where family members, patients, friends, or others can overhear.
5. Do not leave medical records where patients, family, or others may have unsupervised or unauthorized access to them.
6. Do not joke about, denigrate, or criticize other clinicians, clinical facilities, patients, or visitors. These are both liability and privacy issues.
7. Be clear, precise, and accurate when speaking with patients or family. If a translator is needed, determine if the clinical site provides this service or try to locate a family member or another person who is fluent in the patient's language.
8. Avoid discussing your findings, plans, or tentative diagnosis with the patient or family until you have discussed the case with your preceptor or mentor. If asked, inform the patient that you will return to discuss the findings and care plan after consulting with the preceptor, or the preceptor will discuss the findings with the patient personally.

Failure to observe these guidelines may be interpreted as unprofessional conduct and may lead to removal from a clinical site, failure of a rotation, or dismissal from the program. State and Federal law may also apply in serious breaches of patient confidentiality or privacy.

SECTION 6

MISCELLANEOUS STANDARDS, POLICIES AND ISSUES

A. Safety and Security Issues

1. If you have been threatened, accosted, propositioned, intimidated or have encountered other unacceptable behavior at a clinical site, contact the Clinical Coordinator as soon as possible. Preferably, do this before leaving the site.

2. If you are in danger or are in a threatening situation, leave the premises if possible and contact the facility security or the police immediately. Contact the Clinical Coordinator after you are out of danger. You may be required to file an incident report or police report.
3. If you are threatened, attacked, injured, or accosted by a patient or his/her family members or guests, contact your preceptor or mentor immediately. Report this even if the patient was ill and unaware of his/her actions. You may also be required to file an incident report, contact the clinical site security, or to contact the police.
4. **The University does not tolerate Sexual Harassment.** Please review the *West Liberty University Student Handbook 2009-2010* <http://www.westliberty.edu/student-life/files/2010/03/Student-Handbook-updated.pdf> (pp. 63-72) regarding sexual harassment. Avoid behaviors that may be interpreted as sexual harassment and follow the guidelines for reporting sexual harassment.

B. Liability and Risk Management Issues

1. West Liberty University covers you for medical liability related to your activities as a student while you are on assigned clinical rotations at clinical sites affiliated with the University.
2. Always consult with your mentor or preceptor prior to performing any procedures except life-saving first-aid or CPR in emergencies.
3. Examine only patients assigned to you by the mentor or preceptor.
4. Report any complaints or problems related to your patients or your team's patients immediately to your preceptor or mentor.
5. Always identify yourself as a **PHYSICIAN ASSISTANT STUDENT**. Please contact the Clinical Coordinator if there are any problems related to this at a clinical site.
6. In the event that you choose to act as a **volunteer** at a healthcare facility during the clinical year, you must report to the volunteer services department at the facility. **While acting as a volunteer, you are NOT to identify yourself in any way as a PHYSICIAN ASSISTANT STUDENT or a WEST LIBERTY STUDENT. You cannot wear any garment displaying your WLU PA student patch or badge.**

C. HIPAA Training and Information

1. West Liberty University will provide basic Health Information Portability and Accountability Act (HIPAA) training for the clinical year.
2. The clinical sites may require you to attend in-services or complete other instructional material related to HIPAA.

D. Health-Related Issues and Health Coverage

1. You must be covered by a Health Plan if you are a full-time student and when you are off campus at a clinical affiliate. Students are responsible for procuring their own health insurance from whichever source they choose.
2. Each student must obtain a Tuberculosis Skin Test (Mantoux, PPD) or other documentation of TB clearance from Student Health prior to starting clinical rotations.
3. Each student must confirm current immune status or immunizations prior to starting clinical rotations.
- 4. On campus NEEDLE STICK** or similar injuries and exposure to communicable diseases: Report to your preceptor or mentor immediately and the Clinical Coordinator as soon as possible. You will be sent to the Urgent Care/Emergency Department for evaluation, treatment, and follow-up as indicated.
- 5. Off campus NEEDLE STICK** or similar injuries and exposure to communicable diseases: Report to your preceptor or mentor immediately and the Clinical Coordinator as soon as possible. Immediate care will be provided by the facility where the injury occurred following their policies, or you will be referred to an appropriate facility if services are not available there. Services will be covered by the student's own insurance.

E. Housing, Meals, and Transportation

1. Each student is responsible for his/her lodging during clinical clerkships.
2. Most facilities provide sleeping accommodations when you are required to take overnight call. If sleeping accommodations are not available, contact the Clinical Coordinator.
3. If the clinical facility provides housing or sleeping accommodations at no cost, the facility personnel may enter these accommodations with little or no advance warning for inventory, security, or maintenance related issues.
4. Each student is responsible for his/her meals at a clinical rotation, on or off-campus. Some clinical sites may provide meals or meal tickets when you are on overnight call. However, at most locations you will be expected to provide or purchase your own meals.
5. Each student is responsible for his/her transportation to and from each clinical site, regardless of location.
6. We cannot guarantee that you will have clinical rotations at locations that you have requested or that are conveniently located.

F. Computer and Communications Policies

1. E-mail policy: It is a University policy that all e-mail between the PA department and WLU students must utilize the e-mail address assigned to each student at registration.

2. The PA program is committed to utilizing technology to improve communication and enhance your educational experience. We will use computer-based resources on an increasing basis for both didactic and clinical years.

3. NOTE: Students are responsible for all information communicated to them from the department via e-mail. Please check your WLU e-mail frequently during the clinical year.

4. Computer Use: We require that you to have access to a computer to access your WLU student e-mail account. This includes the clinical year.

- Clinical year written assignments such as case histories and presentations are to be typed, preferably using a word processor with standard fonts (10-12) and type faces (Times New Roman, Verdana, Etc.). NO script, cursive, or “personalized” type faces please.
- Written papers may be transmitted to the Clinical Coordinator as e-mail attachments using MS Word. Please DO NOT use Word Perfect, html, or plain text for attached documents or written assignments. You will be asked to resubmit the document if it is not attached and formatted in MS Word.

5. Standard Case Presentation Template: Please refer to Appendix B for the format to follow for your written case presentations.

G. Miscellaneous Policies

1. Letters of Recommendation

- Please contact the Program Director if you need a letter of reference for a prospective employer, a post-graduate residency, a state licensing board, or for credentialing purposes.
- It is your responsibility to provide any forms that the department must complete for you, information regarding where any forms are to be sent, and any other information related to your request for a letter of recommendation.
- The department will issue a single letter of recommendation that encompasses your didactic and clinical performance

2. State License, Interim Permit, and NCCPA Registration

- The published program completion date for the class of 2015 is June 30, 2015.

- The PA program is unable to provide documentation attesting to the successful completion of the program until all classes and all clinical clerkships are successfully completed, all grades are entered and the graduation checklist is completed.
- The normal turnaround time for release of documents related to state licensing is two weeks **AFTER SUBMISSION OF GRADES.**
- The Program will provide documentation to the NCCPA regarding eligibility for the PANCE for the earliest possible examination date that occurs **AFTER THE OFFICIAL PUBLISHED PROGRAM COMPLETION DATE, approximately 7 days.**
- If you do not complete your coursework or clinical rotations as scheduled, this may affect your eligibility for the PANCE, the date for taking the PANCE, and the process of your state license documents.
- You will not be able to work as a Physician Assistant until you have been granted an Interim Permit or a license by your state.

3. Clinical site information concerning fellow students

- Please pass along pearls of wisdom or information that will help your classmates to succeed during the clinical year.
- Please contact the Clinical Coordinator if you have material from a clinical site that you think should be distributed to your classmates. We will review the material for possible inclusion in the syllabus or as supplemental reading.

4. New clinical sites

- We are interested in adding clinical sites or new preceptors who would like to work with us on a regular basis, even for a few times per year.
- If you have a Physician or Physician Assistant contact, please inform the Clinical Coordinator

H. Final thoughts

The clinical year is challenging, enjoyable, hard work, and will appear to pass rapidly. Take advantage of this time to develop good learning and work habits. You will develop your own style eventually, but learn as much as you can from others.

This handbook is intended to clarify issues that may arise during the clinical phase of the program and to provide guidelines for grading and behavior. However, it is beyond the scope of this handbook to cover all possible issues that may arise in the clinical year.

Our goal is to help you be a successful Physician Assistant Student and to become a graduate of our program. **Please contact your assigned program advisor or the Clinical Coordinator if you have any concerns regarding your progress in the program, or if you feel overwhelmed.**

Appendices

Appendix A

PATIENT RIGHTS

In accordance with Federal and State laws, all patients have certain rights that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. Their rights include, but are not limited to:

- Considerate and respectful care
- The name of the medical provider who will care for them
- Information about their illness, course of treatment, and recovery
- Informed consent or refusal of treatment or procedure
- Participation in healthcare decisions, including information and assistance about their rights to formulate advance directives. The advance directive can allow patients to name a surrogate decision-maker and to provide written instructions about their own healthcare wishes.
- An explanation of their bill regardless of type of payment
- Discharge instructions and continuing healthcare requirements
- Privacy and confidentiality of their health information – written, verbal, and computerized

In addition to the rights listed above, the Association for the Care of Children's Health (ACCH) developed a Bill of Rights for children, that is not limited to:

- Care that supports the child and his or her family
- Care that respects their need to grow, play, and learn
- Information that they can understand
- Opportunity to make choices

What is my role with Patient Advocacy?

Each of us has a responsibility to ensure that the rights of our patients and their families are respected. This makes each one of us a patient advocate. If a patient or family member has a conflict about the patient's care, you should be knowledgeable about the process for making a complaint for your area. This process may include allowing the patient to:

- Discuss the complaint with his or her attending doctor
- Speak to the person in charge of the particular patient care area
- Speak to the department head/manager of the particular patient care area
- Contact a patient representative if available for the particular patient care area

If you should have any questions about your complaint process, please take time to speak with your department head, manager, or supervisor so you may be an effective patient advocate.

Physician Assistant Students shall inform the preceptor, mentor, or their assigned team leader of any complaints or specific requests made by the patient (or their family) regarding their care. Each facility will have a process and guidelines to follow regarding these issues. Since the Physician Assistant Program is not providing healthcare, the facility or the people that provide healthcare services to the patient must deal with these issues.

Appendix B

WEST LIBERTY UNIVERSITY Physician Assistant Studies Program

Guidelines for Written Case Presentations for Clinical Clerkships

PURPOSE:

The Written Case Presentations are intended to help you develop three important Physician Assistant Skills:

1. Identification of pertinent information
 - Patients may have an extensive medical history and many abnormal findings.
 - Patients may have little previous medical history, have few or vague symptoms, and few or vague physical findings.
 - Which information should you focus on?
2. Writing concise History and Physical Examinations and similar notes (Admit Note, Discharge Summary)
 - What information should you record, and in what form?
 - How should the information be organized, where does it go?
3. Pattern recognition of diseases and conditions
 - What conclusion can be drawn from this information?
 - What conditions could present this way?
 - Are there other patient problems that should be addressed?

These written case presentations should be chosen carefully. If possible, choose a patient with a problem that you are interested in, need to learn about, or a situation that posed a diagnostic or treatment dilemma.

The ultimate goal is to help you gain clinical skills that will help you in the future as well as the present.

Structure:

This is a concise and mainly prose presentation. It should be written in a manner similar to the case presentations found in the peer reviewed medical journals. Some information may be presented in outline or table formats.

Information to include:

Demographic information: Pseudonym, age, race, gender

- No protected health information (PHI) as per HIPAA

Presentation: CC, HPI

History: Pertinent PMH, surgeries, Meds, Allergies, relevant social and family history

- Always include the gynecologic history for women if available
- Always include a brief birth and developmental history in persons less than 18 years if available
- The younger the child, the birth and developmental history will be more important.

Review of systems: Cover as many systems as possible, but keep focused on symptoms and history that may have a bearing on the chief complaint and HPI. List pertinent negatives and positives:

Example:

Review of systems:

General: Denies sweats, chills, fevers, weight loss or weight gain

Cardiovascular: Denies chest pain, does have intermittent claudication of the left leg with walking 1 block, relieved by rest. Denies rest pain, numbness, or weakness of the extremity

Respiratory: See HPI

Physical Examination:

- Vital Signs, height, weight
- Include the Head Circumference in children from birth to 36 months if available.
- Find the age specific percentile for height (length), weight, and head circumference for children from birth to 36 months.
- Include the age specific percentile for height and weight for children 3 -18 years only if it is abnormal.
- Physician findings of systems related to the presentation
- If something was not examined state so and why (“not indicated”).
- Do not write, “deferred,” unless you will go and do that examination later.
- Frequently the breast, rectal, and GU examinations are not done. If such an examination was not done for a reason, state why (not indicated, patient refused or declined, etc.).
- If someone else did part of the H&P and you are using those notes, transcribe what they examined, but do not make any comments about what was not examined. Include an explanatory note at the end of the H&P stating the source of the transcribed information.
 - Exception: If the breast, rectal, G-U, or pelvic was done by another provider (in ER, Ob-Gyn), state the findings of that exam and the source.
 - E.g., Pelvic: Performed in Ob-gyn by Dr. Y, no abnormalities found (or whatever the findings were).

Writing the data: This should be listed by system

Vital Sign: P 102, R 20, T 100.6 F (Tympanic), B/P 100/70, Ht. 68”, Wt. 164 lbs.

General: Well nourished, well-developed white male, no apparent distress (Chart will show this:

WNWDWM, NAD-do not use in write up!)

HEENT: Head-Normocephalic, atraumatic, male pattern alopecia; Eyes-PERRLA, EOMI (everyone does this, use it), no sclera icterus, conjunctiva clear; Ears-TM’s

gray, intact, normal landmarks, no discharge;
Nose- patient, no discharge; Mouth-multiple crowns and fillings, no lesions, tongue midline, mucosa moist; Throat-small tonsils, no exudates, no lesions, voice clear
Neck: Trachea midline, no adenopathy, full range of motion
Chest: Continue using this format, use abbreviations sparingly!

Diagnostic Studies: Any laboratory, x-ray, or other diagnostic data gathered from the patient work-up. You may use tables for these, or list in outline form.

EKG: Normal sinus rhythm, no S-T segment abnormalities, no hypertrophy

CXR: Right upper lobe mass, normal cardiac silhouette, no infiltrates or pulmonary edema

LABS: CBC: WBC 12.1, Hb 12.6, HCT 37.1%, Platelets: 120K, etc.

Assessment/Impression: List the most likely diagnosis (or diagnoses if pertinent) and a brief differential diagnosis list (3 most likely alternate diagnoses, no more than 5 or 6) if appropriate. If a person comes in with a gunshot wound, you don't have a lot of choices (except perhaps intentional v accidental v suicide or suicide attempt), unless you are not sure what organs or systems were affected.

If a patient has multiple problems, list the problem that brought the patient in first along with the brief differential diagnosis list (2 or 3 most likely alternate diagnoses). Then list the other current active problems, but without differential diagnosis lists.

E.g.: Impression:

Altered level of consciousness
Differential Diagnosis: Sepsis
Metabolic Encephalopathy
Hyperosmolar Non-Ketotic Coma
Meningitis
Myxedema Coma

Other Diagnoses:

Type II Diabetes Mellitus
Hypothyroidism

Note: Always be sure that your Impression and Differential Diagnosis list fit the situation. You would not want testicular torsion on the differential list for a female with abdominal pain, or PID on a male.

Plan: This should include treatment (if decided upon), further diagnostic studies, follow-up, and appropriate patient education.

E.g. For the Patient above with Altered Level of Consciousness your plan may look like this:

Plan:

Stat blood glucose (finger stick)
ABG
CBC with differential
Blood cultures
Electrolyte panel
Chest x-ray
Urinalysis and culture
Urine toxicology screen
Spinal tap for Gram stain, cell count, culture, viral PCR's glucose, and protein
O2 at 4 lpm via nasal cannula
Cardiac monitor
Continuous SPO2 monitor
Admit to telemetry unit, Internal Medicine service
Education: Discuss current status and plans with family

Final Diagnosis: Sometimes you may have the luxury of following a patient for a while and observe the evolution of his/her care. Diagnosis studies ordered earlier, or an exploratory surgery may have shown the cause of the problem. You should make a separate entry for the final diagnosis if you want to include this in your case presentation. Follow this with a brief statement describing how the treatment changed (if it did) based upon the new evidence.

E.g.: Final diagnosis: Foreign body aspiration

The patient was taken to the operating room for removal of the foreign body. He was subsequently admitted to the pediatric unit for intravenous ampicillin, gentamicin, and metronidazole, and respiratory care until the right lower lobe pneumonia cleared. He was then discharged to home on Augmentin 400 mg p.o. BID for 10 days. He was scheduled for a follow up visit in one week with Dr. X.

Case Discussion: A brief discussion of the diagnosis or most likely diagnosis, describing the usual presentation, findings, etiology, pathophysiology, natural history (what happens if left untreated), keys to diagnosis, essentials of treatment, and prognosis. Try to condense this into two or three paragraphs.

References: Two references for the discussion on the primary diagnosis. One should be from a standard text; the other should be from a recent journal article.

- Do not use journals for non-medical readers (NO WebMD).
- Use standard, peer-reviewed journals, no older than 5 years.
- Web-based journals must meet the same standards as for print journals.
- Use a standard medical or surgical text for one of the references. This means a large book like Sabiston's, Schwartz, Cecil, Harrison, Kelley, or Nelson. Texts specifically for a subspecialty should be used if available (Cardiology, Obstetrics and Gynecology, etc.). These should not be more than 6 years old.

- Use the *American Medical Association Manual of Style, 9th Edition*, or the attached Uniform Requirements for Manuscripts Submitted to Biomedical Journals for citing your references.
- For these written case presentations, you do not need to number your references in the text. List them after the case discussion.

Format:

Please use a word processor

- Use Microsoft Word if you will e-mail this paper as an attachment
- Standard fonts (10 or 12 points, no script or designer fonts)
- Black ink on white paper
- **Do not** use HTML, Rich Text, Note Pad, Excel, or Text Boxes
- **Do not** attach copied pages from the clinical sites
- **You must write this in your own words.**

Written case presentations are easier to read if you write them in a manner similar to the history and physician examinations found in the medical records, but with fewer abbreviations, and with more complete sentences. The majority of the case should be written similar to an outline, with some paragraphs. Some information can be presented using tables, such as laboratory values.

Psychiatry and behavioral medicine use a different template for their written history and physical examination, and use the Multiaxial Assessment as described in the DSM-IV TR. Please follow that format for the written case presentation from Psychiatry/Behavioral Medicine. A sample of this write up will be provided for you prior to your Psychiatry/Behavioral Medicine rotation.

HIPAA INFORMATION: You must not have any information that can identify the patient. Use an alias, use age, not date of birth, do not name the hospital or the doctors involved, etc. Do not use dates, account or case numbers, phone numbers or addresses. Age, race, gender, and occupation are usually sufficient for these case write-ups.

References:

Bickley, L.S., Hoekelman, R.A. *Bate's Guide to Physical Examination and History Taking*, 7th ed. Philadelphia, Lippincott, 1999.

Ballweg, R., Stolberg, S., Sullivan, E. *Physician Assistant: A Guide to Clinical Practice*, 2nd ed. Philadelphia, W. B. Saunders, 1999.

Appendix C

Psychiatric/Behavior Medical Case Study Template

HISTORY AND PHYSICAL

NAME: Beth H.

DOB: 10/11/79

SEX: Female

RACE: Caucasian

PHYSICIAN: John Smith, MD

DATE: 2/21/03

CHIEF COMPLAINT: Patient is labile, agitated, disorganized, has auditory hallucinations (+AH), paranoia, and is threatening suicide (+SI).

HISTORY OF PRESENT ILLNESS: This is a 23-year-old female was transferred on a 5150 hold from Wheeling Emergency Treatment Services (ETS). Ms. H states she has had mood swings and emotional problems for months. She does not answer further questions, “Don’t get smart with me” and states, “I’m not really Beth.” The patient is a poor historian, and is difficult to obtain complete and accurate information from on admission.

PAST PSYCHIATRIC HISTORY: H/O schizophrenia and bipolar mood disorder per notes from Dr. Q at Jackson Wellness Center.

PAST MEDICAL HISTORY: Per notes, pt has reported seizures q week, migraine HA, tremors, and LMP was last month.

ALLERGIES: Penicillin causes a rash.

MEDICATIONS: Neurontin 100mg TID, Seroquel 25mg qhs, Vistaril 50mg q 8° PRN agitation; ginseng, and women’s vitamins.

SURGERIES/HOSPITALIZATIONS: None.

SUBSTANCE USE HISTORY: Uses Marijuana, denies tobacco use.

SOCIAL HISTORY: Pt is single and lives at a board and care facility.

FAMILY MEDICAL AND PSYCHIATRIC HISTORY: Mother – depression, father – schizophrenia. Strong family HX of drug and ETOH abuse and HTN.

REVIEW OF SYSTEMS: Difficult to assess, however, reports increased appetite, excessive fatigue, has memory loss, sleeping problems and reports being sexually active.

PHYSICAL EXAM

GENERAL: Well nourished, well developed, but disheveled and somnolent female.
No acute distress

B/P: 132/88 **T:** 99.1°F **P:** 100 **R:** 18

HEENT: Head is shaved, normocephalic, and atraumatic, PERRL, EOMI, oral and nasal mucosa pink, no tonsillar erythema or exudates.

RESP: Clear to auscultation bilaterally

CARDIO: Tachy, no murmurs

GI: Soft, non-tender, + bowel sounds

GU/RECTAL: Not examined, not indicated

MUSCULOSKELETAL: 5/5 strength BUE/BLE

SKIN: Bruising and possible “bite marks” on upper L arm

NEURO: CN II – XII grossly intact, tongue midline, uvula midline

MENTAL STATUS EXAM:

Appearance: Sitting in a chair with blanket over her head

Psychomotor behavior: +PMA

Speech: Broken, short responses.

Mood: “mood swings”

Affect: Labile

Thought Process: Disorganized

Thought Content: +AH “I hear my uncle arguing with me”, + Paranoia, per notes “I feel people are out to get me”; currently denies SI/HI.

Insight/Judgment: None

Orientation: Confused, inappropriate response “seems like it is the 8th week”

Dangerousness (suicidal or homicidal): Denies SI/HI

MINI MENTAL STATUS EXAM

Orientation: 1/10

Registration: 3/3

Attention & Calculation: 0/5

Recall: 2/3

Language: 5/9

Total: 11/30

DIAGNOSTIC DATA:

| | | |
|-----|-----|-----|
| 142 | 107 | 5 |
| 3.6 | 27 | 0.8 |

Glucose 96, Ca²⁺2.3, T pro 6.8, Alb. 3.6, T bili 0.4, AlkPhos 67, AST 20, ALT 17

TSH 2.31, B₁₂21.2; UA – neg, β HCG – neg

UDS: Amphetamine -, barbiturates -, benzodiazepines -, cannabinoids -, cocaine -, opiates -, PCP-

ADMITTING DIAGNOSIS

AXIS I: Schizophrenia, probable paranoid type

AXIS II: Deferred

AXIS III: Seizure disorder, allergic to PCN

AXIS IV: Moderate – chronic illness

AXIS V: GAF – 10

PLAN: Gather more information about pt.'s history, stabilize on medications.

EXPECTED OUTCOME AT DISCHARGE: Better thought process, improved mood/resolution of SI, stabilized on medications

DISCUSSION

Schizophrenia is a diagnosis that is made based on five diagnostic criteria. The first is that the patient must have at least two of the following characteristic symptoms, each present for a major portion of time during a 1-month period: 1. delusions, 2. hallucinations, 3. disorganized speech, 4. grossly disorganized or catatonic behavior, 5. Negative symptoms such as flattened affect or alogia.

Second, there has to be social or occupational dysfunction whereby a significant portion of the time since the onset, one or more major areas of functioning (e.g., work, interpersonal relations or self-care) are markedly below the level before the onset. Third, there must be a duration of continuous signs that persists for at least 6 months and during this six-month period at least one month of characteristic symptoms as described above. Fourth, schizoaffective disorder and mood disorders with psychotic features have been ruled out of the diagnosis. Last, the symptoms seen must not be due to the direct effects of substances or a general medical condition.

With schizophrenia, the greater the number of delusions and hallucinations present, the more likely the person is to progress to a chronic psychotic condition. If a patient is diagnosed with a paranoid form of schizophrenia, it is often noted that the paranoid delusions are often the only major symptoms and they tend to remain stable over time. A possible differential diagnosis for a patient presenting with symptoms of schizophrenia, especially with a psychotic episode, includes affective disorders, a systemic medical illness, toxic drug reaction, and sleep deprivation.

The epidemiology of schizophrenia shows a prevalence in the general population of about 1% for lifetime risk. A person from a lower socioeconomic environment is eight times more likely to develop this disorder than a person in a higher socioeconomic environment. Males and females are affected in equal proportion over their entire lifespan with the age on peak onset in males being 15 – 24 years old and in females, 25 – 34 years old.

The anatomic origin of the symptoms has yet to be determined and the pathophysiology of schizophrenia is unknown at this time. Nevertheless, schizophrenia-like hallucinations

and delusions can be caused by a number of conditions such as trauma, seizure disorders, and Huntington's disease. However, there is strong evidence that genetic factors are present in many schizophrenic patients. Schizophrenic parents have a 10 – 15% chance of passing the disease to their offspring. Furthermore, the coincidence of schizophrenia in monozygotic twins is roughly 60%.

There is no specific treatment for schizophrenia and the prognosis is poor. Antipsychotic medication is the major symptomatic treatment. Psychosis is initially treated with the newer, "atypical" antipsychotic drugs such as olanzapine, risperidone, quetiapine, and clozapine. These are termed "atypical" because their side effect profile includes less acute motor system side effects than the older drugs and may have less long-term risk for the development of tardive dyskensias. The quality and severity of the psychotic symptoms will dictate how aggressive the medications will be.

REFERENCES

1. Goldman. *Cecil Textbook of Medicine (21st edition)*. Philadelphia: W.B. Saunders Company; 2000: 2053–2056.
2. Mortensen PB, Pedersen CB, Westergaard T, et al. Effects of family history and place and Season of birth on the risk of schizophrenia. *N Engl J Med.* 340(8): 603-608, 1999. Accessed on February 21, 2003 on www.mdconsult.com.

Appendix D

Power Point Presentation

General guidelines:

15-20 minute presentation

10-15 slides

Content:

CC / HPI

Physical Exam

Labs / Diagnostics

Differential Diagnosis

Treatment Plan

Rx

Patient Education / Follow-up

References

I have received a copy of the West Liberty University Department of Physician Assistant Sciences Clinical Year Student Policies and Guidelines. I agree to read this and to follow the policies outlined.

Name (print)

Signature

Date

Note: This handbook reflects the current standards of the University and the Department. Every effort is made to be accurate and inclusive, but this booklet may not cover all possible situations encountered in a clinical year.