UW Medicine
MEDEX NORTHWEST
PHYSICIAN ASSISTANT PROGRAM

Clinical Phase Manual for MEDEX Students

Academic Year 2025-2026

Released: September 2025, updated October 2025
Supersedes all previous versions

MEDEX NW Clinical Affairs Team:

	*Associate Program Director of Clinical Affairs* *Kira Vader, DMSc, MHS, MA, PA-C* *kvader@uw.edu*		*Director of Clinical Program Operations,* *Sergio Monni, MPA* *monnis@uw.edu*
	*Clinical Coordinator – Anchorage Campus* *Lee Ann Wetzel, PA-C* *lawetzel@uw.edu*		*Clinical Coordinator – Tacoma Campus* *Jannelle Fukuji, PA-C* *jmd2011@uw.edu*
	*Clinical Coordinator – Kona Campus* *Melissa Harnsberger, MHS, PA-C* *mharns@uw.edu*		*Clinical Coordinator – Spokane Campus* *Theo Orchard III, MHS, PA-C* *torchard@uw.edu*
	*Clinical Program Operations Specialist,* *Reena Harkishnani* *reenah@uw.edu*		*Program Coordinator,* *Claire Capeloto* *clairec9@uw.edu*
	*Clinical Program Operations Specialist, Wyoming* *Evie Franke* *evief@uw.edu*		*Temporary Clinical Placement Specialist, Seattle and Tacoma Campuses* *Hong Hoang* *hhoang@uw.edu*

	*Clinical Coordinator – Seattle Campus* *Greg Martinez, PA-C* *gregm11@uw.edu*		*Temporary Clinical Placement Specialist, Spokane* *Maria Kogan* *koganmy@uw.edu*
	*Temporary Clinical Placement Specialist, Spokane Campus* *Nancy Westbrook* *westbrn@uw.edu*		*Clinical Coordinator, Marisa Stirgus* *stirgm@uw.edu*

MEDEX Northwest
University of Washington

Clinical Year Schedule 2025 – 2026

Transition Week – Clinical	**Sep 8 – Sep 12, 2025**
MEDEX Fall Quarter Begins	Sep 22, 2025*
Rotation 1	Sep 22 – Oct 17, 2025
Rotation 2	Oct 20 – Nov 14, 2025
Rotation 3	Nov 17 – Dec 12, 2025
MEDEX Fall Quarter Ends	Dec 12, 2025*
Winter Break and Self Study	**Dec 15, 2025 – Jan 4, 2026**
MEDEX Winter Quarter Begins	Jan 5, 2026*
Rotation 4	Jan 5 – 30, 2026
Rotation 5	Feb 2 – Feb 27, 2026
Rotation 6	Mar 2 – Mar 27, 2026
MEDEX Winter Quarter Ends	Mar 27, 2026*
MEDEX Spring Quarter Begins	Mar 30, 2026*
Rotation 7	Mar 30 – Apr 24, 2026
Rotation 8	Apr 27 – May 22, 2026
Rotation 9	May 25 – June 19, 2026
MEDEX Spring Quarter Ends	June 19, 2026
Break Week	**June 22, – June 26, 2026**
MEDEX Summer Quarter Begins	June 29, 2026*
Rotation 10	Jun 29 – Jul 24, 2026
Preparing for Practice	**July 27 – Aug 21, 2026**
MEDEX Summer Quarter Ends	Aug 21, 2026*
Graduation Day: Spokane, Tacoma, Anchorage, Seattle	**Aug 21, 2026 (tentative)**
Graduation Day: Kona	**Aug 22, 2026 (tentative)**

*MEDEX Quarter Dates may differ from UW Academic Calendar
UW Academic Calendar: https://www.washington.edu/students/reg/2526cal.html

Table of Contents

Goals of the Clinical Year

Medical Knowledge

- **Apply Medical Knowledge**: Integrate didactic learning into real world patient care, applying evidence-based medicine to diverse clinical scenarios.
- **Prepare for the Physician Assistant National Certifying Exam (PANCE):** Integrate PANCE preparation into clinical practice by applying knowledge from coursework and rotation experiences, identifying areas of weakness, reinforcing core medical concepts, and using patient encounters as opportunities to contextualize and review exam relevant material, while actively preparing for and performing successfully on the PAEA End of Rotation exams.

Clinical Skills

- **Strengthen clinical interviewing skills to gather complete and relevant patient histories:** Develop proficiency in obtaining accurate, comprehensive, and patient-centered medical histories that incorporate relevant social, cultural, and behavioral factors to guide clinical decision-making.
- **Enhance proficiency in performing comprehensive and focused physical examination:** Demonstrate competence in performing focused and complete physical examinations, accurately identifying normal and abnormal findings, and integrating results into the overall assessment and plan of care.
- **Promote Health and Disease Prevention**: Counsel patients on preventive health measures, lifestyle modifications, and anticipatory guidance across the lifespan.

Technical Skills

- **Build Technical and Procedural Skills**: Demonstrate competence in clinical procedures, technical skills and documentation appropriate to each rotation setting.

Interpersonal Skills

- **Strengthen Communication Skills**: Communicate effectively with patients, caregivers, and healthcare professionals through verbal, non-verbal, and written means, including accurate and timely documentation.

- **Enhance Patient-Centered Care**: Provide compassionate, culturally sensitive care that respects patient values, preferences, and social determinants of health.
- **Collaborate Effectively in Teams**: Work productively with collaborating physicians, PAs, and other healthcare professionals to deliver safe and coordinated care.

Professional Behaviors

- **Foster Professionalism**: Uphold ethical standards, accountability, integrity, and respect in all clinical interactions with patients, families, preceptors, and healthcare teams.
- **Adapt to Diverse Clinical Environments**: Demonstrate flexibility and resilience when working in various practice settings, including inpatient, outpatient, surgical, emergency, and specialty rotations.
- **Commit to Lifelong Learning**: Reflect on clinical experiences, identify areas for growth, seek feedback, and cultivate habits of continuous professional development.

Clinical Reasoning and Problem Solving

- **Develop Clinical Reasoning**: Strengthen diagnostic and problem-solving skills through history-taking, physical examination, interpretation of diagnostic studies, and formulation of differential diagnoses.

MEDEX Supervised Clinical Practice Experiences (SCPE):

MEDEX 589 Family Medicine I (8 credits)
MEDEX 590 Family Medicine II (8 credits)
MEDEX 591 Family Medicine III (8 credits)
MEDEX 592 Underserved Family Medicine (8 credits)
MEDEX 593 Inpatient Medicine (8 credits)
MEDEX 594 Surgery (8 credits)
MEDEX 595 Behavioral Medicine (8 credits)
MEDEX 596 Emergency Medicine (8 credits)
MEDEX 587 Elective I (8 credits)
MEDEX 598 Elective II (8 credits)
MEDEX 602 Preparing for Practice (5 credits)

Course Descriptions

MEDEX 589 Family Medicine I
MEDEX 590 Family Medicine II
MEDEX 591 Family Medicine III
MEDEX 592 Underserved Family Medicine
Primary care and family medicine are central to the MEDEX mission, which is why a significant portion of the clinical year is dedicated to primary care experiences. These rotations emphasize ambulatory care and focus on common medical problems, biopsychosocial factors, preventive care, and the evolving role of the primary care provider.

Students are placed in a variety of settings, including community clinics, large healthcare systems, independent practices, and small group clinics. Across these sites, they gain hands-on experience in diagnosing and managing patients using office-based, hospital, home, and community resources.

The Family Medicine curriculum is structured into four one-month courses:

- **Family Medicine I** focuses on pediatrics and includes the PAEA Pediatrics End of Rotation Exam.
- **Family Medicine II** emphasizes women's health and includes the PAEA Women's Health End of Rotation Exam.
- **Family Medicine III** centers on general primary care and includes the PAEA Family Medicine End of Rotation Exam.

- **Underserved Family Medicine** takes place in a medically underserved setting and includes a reflective writing assignment. Students work with patients at higher risk for poor health outcomes due to limited access to healthcare resources, gaining valuable insights into social determinants of health and health equity.

MEDEX 593 Inpatient Medicine

During this rotation, clinical students will gain essential experience managing high-acuity medical and surgical patients in a hospital setting. They will refine key clinical skills, including history-taking, physical examination, diagnostic test interpretation, and understanding of treatment protocols—all within the context of caring for acutely ill patients.

Students will actively participate in daily rounds and structured training sessions. Additional experiences may include collaborating with consulting specialists and engaging with a multidisciplinary care team to deliver comprehensive patient care.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Internal Medicine End of Rotation Exam.

MEDEX 594 Surgery

During this rotation, students will expand their understanding of surgical conditions and procedures, while being introduced to the fundamental principles of surgical management. They will actively participate in the preoperative, intraoperative, and postoperative care of patients.

The rotation also exposes students to the management of surgical emergencies and the outpatient follow-up of recently discharged patients, providing a comprehensive view of the surgical care continuum.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Surgery End of Rotation Exam.

MEDEX 595 Behavioral Medicine

This rotation provides students with both active and observational experiences in a variety of behavioral health settings, including outpatient clinics and inpatient treatment facilities. Placement sites may include state and federal correctional institutions, substance abuse treatment centers, outpatient clinics, and large multidisciplinary medical centers.

Students will encounter a wide range of psychiatric conditions and will participate in patient evaluation and treatment. This may include counseling, medical management, mental health assessments, and collaboration with healthcare providers through consultation.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Behavioral Medicine End of Rotation Exam.

MEDEX 596 Emergency Medicine

During this rotation, clinical students will encounter a broad spectrum of patient presentations, ranging from common outpatient complaints to critical, life-threatening conditions that demand rapid assessment and immediate intervention.

Students will gain experience in the fast-paced environment of the emergency department, developing the skills needed to efficiently evaluate, diagnose, and manage acute and serious illnesses. This rotation emphasizes quick clinical decision-making, prioritization of care, and exposure to a wide array of emergent conditions.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Emergency Medicine End of Rotation Exam.

MEDEX 597 Elective I and MEDEX 598 Elective II

Clinical students participate in two elective one-month clinical experiences that are designed to complement and enhance their core training. These electives allow students to tailor their clinical education to their individual interests, career goals, and anticipated areas of practice. While each elective must be medically focused and relevant to physician assistant practice, the scope of opportunities is intentionally broad in order to support exploration, specialization, and professional development.

Elective rotations may be selected to:

- Gain additional exposure in a specialty area of interest, such as cardiology, orthopedics, dermatology, urgent care, or surgical subspecialties.
- Strengthen clinical competence in a core discipline by returning to a previously completed rotation, allowing students to reinforce skills and increase confidence.
- Explore practice settings that align with career aspirations, such as community clinics, academic medical centers, rural or underserved areas, or hospital-based systems.
- Broaden clinical perspective by working with diverse patient populations or unique practice models, thereby deepening understanding of healthcare delivery in different contexts.

The elective component of the clinical year empowers students to individualize their training while ensuring that all experiences remain grounded in the competencies required for safe, effective, and patient-centered physician assistant practice.

MEDEX 602 Preparing for Practice

The Preparing for Practice course equips students with essential skills to support a successful transition into clinical practice as a physician assistant. The course emphasizes PANCE preparation and addresses other critical components of professional readiness, including practical, clinical, and administrative aspects of PA practice.

As part of this course, students complete a comprehensive Summative Evaluation, which includes:

- PAEA End of Curriculum Exam
    - **The passing score is any score that is no more than 1.5 standard deviations below the national mean.**
- Summative Clinical Reasoning Assessment (CRA)

    - **Passing score is 80%**
- Summative Essay
    - **Scored as pass/fail**
- Summative Technical Skills Assessment
    - **Scored as pass/fail**

SCPE Scheduling Policy

Students' clinical schedules are created by the MEDEX Clinical Team. Students will have the opportunity to meet with their clinical coordinator during their didactic year for a Clinical Phase Interview. During this interview and with the associated questionnaire, students will communicate their elective preferences and other factors influencing their clinical year. All assignments and/or changes to students' schedules are made exclusively by the MEDEX Clinical Team and no other parties may change clinical schedules, sites, and/or timeframes. Students are not allowed to plan or arrange their own SCPEs. Once the clinical schedules are confirmed and published in Exxat, no changes will be made unless deemed necessary by the MEDEX Clinical Team.

Since the University of Washington is on a quarter system, SCPEs offered by the MEDEX program must take place within the 12-week quarter and cannot overlap with breaks or extend into another quarter. Each SCPE must be taken in a full-time capacity. To ensure educational continuity, the clinical year must be completed without interruption, assuring development of clinical skills, preparation for PANCE, and time for students to meet all requirements. Temporary absences and leaves of absence are granted only for extenuating circumstances (See absence and leave policy).

During the clinical year, students may only engage in clinical rotations with MEDEX approved sites and preceptors. This is to ensure that sites and preceptors are appropriately vetted, including affiliation agreements and that appropriate student liability coverage is provided. Students may not engage in clinical educational activities with any site or preceptor not identified on their clinical placement confirmation documents. It is permissible for MEDEX preceptors to have students share clinical experience among other licensed providers within their officially designated practice site of the rotation.

Travel Policy

MEDEX maintains and cultivates a substantial pool of potential sites and preceptors located throughout the five-state WWAMI service region (Washington, Wyoming, Alaska, Montana and Idaho) and in the State of Hawaii, as well as other locations throughout the country. **All students are required to travel during the clinical phase of training**. Travel is defined as > 60 miles from the home campus and usually requires finding housing. Students entering into their clinical year can expect several exciting and educational experiences while rotating through the five-state service region. There are multiple factors that are taken into consideration when

deciding on site location and the order in which a student completes these rotations. No exceptions are made to the travel policy unless students have accommodations through the Disability Resources for Students office (DRS) specifically requiring them to be within a 60 mile radius of their home campus.

At times, students may request clinical placements outside of established sites. While the program will make reasonable efforts to accommodate such requests, placement in specific locations or clinics cannot be guaranteed. Students can expect to have the majority of their SCPEs within our six-state region.

Students are required to supply their own transportation and housing for all rotations. Reliable transportation is required for the clinical year as many clinics or hospitals are in areas without public transportation. Clinical year schedules will not be changed if students fail to maintain reliable transportation.

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW)
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
During the clinical phase students are required to have the same medical equipment that was required during the didactic phase:

- Tuning forks (512 Hz and 128 Hz)
- Stethoscope
- Oto-ophthalmoscope
- Blood pressure cuff
- Reflex hammer
- Pen light
- Eye chart
- Tape measure
- Equipment bag (optional)

Learning and Testing Days

The final Friday of every rotation is a Learning and Testing Day. On these days students will not be present at their SCPE location and will participate in virtual sessions that will include presentations by Student Affairs, content review lectures, and student presentations. Students will also take their End of Rotation Exams on the Learning and Testing Days.

Methods of Assessment

Preceptor evaluations: At the end of each SCPE, preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid-self-evaluation with documented preceptor discussion: At the SCPE midway point, students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional preceptor feedback allowing time for correction if applicable.

End of Rotation Exams: The PA Education Association (PAEA) End of Rotation Exams (EoRs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each 120-question exam is built on a content blueprint

and topic list developed by experienced PA educators and national exam experts, specifically for PA programs. Each of these topic lists are included in your syllabi. EoRs are unproctored, closed book exams. Academic integrity is of utmost importance when taking your exams.

Summative Assessment: During the MEDEX 602 Preparing for Practice course, students complete a comprehensive Summative Evaluation**,** which includes:

- PAEA End of Curriculum Exam
- Summative Clinical Reasoning Assessment (CRA)
- Summative Essay
- Summative Technical Skills Assessment

Remediation: If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. Students who fail end-of rotation exams will need to retest within the next quarter. Students who fail the EOR retest will be referred to SPC which could result in dismissal, deceleration, or remediation with delayed program completion.

If a student receives a grade of NC on a SCPE, they must meet with the Clinical Coordinator and APD of Clinical Affairs to discuss issues identified during the SCPE and to develop a plan for success. Any concerns with professionalism or deficiencies in medical knowledge or clinical or technical skills will be identified and an individualized remediation plan will be developed which may include enrollment in a remediation SCPE/independent study. Remediation rotations and/or independent study courses require registration and will incur a tuition charge, which may impact financial aid and/or veteran's benefits.

Assignments

Patient logging: Logging patient encounters in Exxat ensures that students gain exposure to a wide variety of conditions, procedures, and patient populations during clinical rotations. It provides a record of clinical experiences and technical skills for accreditation requirements, helps faculty monitor student progress, and allows students to identify learning gaps. Patient encounter logging also supports preparation for end-of-rotation exams and the PANCE by reinforcing clinical knowledge and reasoning through case documentation.

- All patient encounters must be logged in Exxat.
- Patient logging is required to receive a score of "credit" for all SCPEs
- Students should log patients daily prior to leaving the clinical site for the day.
- If a patient is seen more than once (such as during an inpatient rotation where they are seen daily) each encounter should be logged separately.
- There is no specific number of logs required for Elective I and II, Emergency Medicine, Inpatient Medicine, Behavioral Medicine, and Surgery
- Each Family Medicine SCPE requires a minimum of 125 patient logs

Timesheets and Time Requirement: Timesheets are required to accurately track and verify clinical hours during each rotation. Logging hours in Exxat ensures compliance with program and accreditation requirements, provides documentation of supervised clinical practice experience, and helps monitor student engagement across different specialties and practice settings. These records also serve as an important component of verifying readiness for graduation and professional certification.

- Timesheets should be completed daily in Exxat.
- Timesheets are required to receive a score of "credit" for the SCPE.

All SCPEs must meet the minimum hourly requirement of 32 hours a week (or 128 hours over the course of the SCPE). This is a minimum and most SCPEs average closer to 40-50+ hours a week. There is no maximum number of hours per SCPE. Students are required to work all hours assigned by the preceptor/site (see attendance policy for more information).

Student Evaluation of Site: Student evaluations of preceptors and clinical sites are an essential part of the clinical education process. Your feedback helps the program ensure that learning environments are supportive, educational, and aligned with accreditation standards. Evaluations provide valuable insight into the quality of clinical teaching, patient care opportunities, and overall site experience. They also allow the program to recognize outstanding preceptors and address areas for improvement, ultimately strengthening the clinical training for you and future students.

- Student evaluations of the site/preceptor are due at the end of every rotation and required to receive a score of "credit" for the SCPE.

Student Site Visit Evaluation: During the Family Medicine rotations you will have a site visit from a representative of the program. This is usually the clinical coordinator or another faculty member and is occasionally a community partner (see section on site visit below for details). An important part of this experience is student feedback on the site visit and the site visitor.

- Student Evaluation of the Site Visit within 7 days of the site visit is required.

Case Presentations: During the clinical year, students will have an opportunity to present a case they have seen in the clinical setting. All case presentations must be de-identified. The focus of this activity is to give students an opportunity for teaching and collaborative learning**.** The goal is not only to demonstrate clinical reasoning but also to engage classmates in discussion and highlight key learning points. These will be presented using PowerPoint or other presentation software and will be done in small groups.

Case Presentations should include:

- Patient Overview
- Chief Complaint & History of Present Illness
- Pertinent History
- Physical Exam & Diagnostics
- Assessment & Differential Diagnosis
- Plan & Outcome
- Learning Points

See Canvas for full instructions and rubric.

Underserved Project: Providing access to healthcare in medically underserved communities is a key component of the MEDEX mission. Every student at MEDEX will participate in a one-month clinical

experience during the MEDEX 592 Underserved Family Medicine SCPE. As part of this experience, students will produce a 10-minute (5 slide maximum) presentation on the clinic where they have done their Underserved SCPE.

The Underserved Project includes:

- Introduction / Overview of the Clinic
- Patient Population
- Clinic Operations
- Barriers to Care
- Role of the Student / Learner Experience
- Community Impact
- Reflections and Takeaways
- Conclusion

See Canvas for full instructions and rubric.

Technical Skills Attestation: All required technical skills must be directly observed and evaluated by a preceptor, who will attest to the student's competency by signing the Technical Skills Attestation form. At the conclusion of the clinical year, students are responsible for uploading their completed forms to Canvas. Any skills not signed off by the preceptor will require remediation prior to program completion. The Technical Skills Attestation forms are available on Canvas.

Grading Policy

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC). Each of the following are required to receive a CR grade on each SCPE:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- Completion of the SmartyPANCE practice EoR exams by 11:55pm PT on the Thursday prior to the corresponding test.
- The student must receive a passing score on the PAEA EoR exam.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

End of Rotation exam scores are considered passing if they fall at or above1.5 standard deviations below the national mean.

SCPE grades of NC will result in no credits being earned for the course and requires the SCPE to be repeated. Any SCPE grade of NC requires referral to the Student Progress Committee, and the student will be placed on academic warning. Repeated SCPEs will result in additional tuition costs and may have an impact on financial aid and/or veteran's benefits. More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Summative Assessment

The summative evaluation process is designed to provide a comprehensive measure of a student's readiness for entry into clinical practice as a physician assistant. All summative testing takes place in the MEDEX 602 Preparing for Practice course. By incorporating multiple forms of assessment including written communication, clinical reasoning, technical skills, and standardized examination performance the program ensures that graduates demonstrate competence across the full spectrum of the ARC-PA competency domains. This multifaceted approach supports the program's commitment to preparing safe, effective, and practice-ready physician assistants. When a student does not initially meet the standard for a given component, a structured remediation process allows for additional instruction, feedback, and reassessment to ensure competency is achieved prior to program completion.

Each component of the Summative Evaluation is assessed independently, and students must achieve a passing score in all elements in order to meet program completion requirements.

- The **Summative Essay** is evaluated on a pass/fail basis.
- The **Summative Clinical Reasoning Assessment** requires a minimum score of 80% to pass.
- The **Technical Skills Assessment** is graded pass/fail, based on demonstration of competency.
- The **End of Curriculum Examination** requires a passing score at or above 1.5 standard deviations below the national mean.

Grade Appeal Process

The MEDEX Northwest PA Program is committed to ensuring a fair and transparent evaluation process for all students during their Supervised Clinical Practice Experiences (SCPEs). While grades reflect a student's demonstrated performance and competency, the program recognizes that concerns may arise regarding the assignment of a No Credit (NC) grade. To provide due process, students are afforded the opportunity to formally contest a NC grade through a structured appeal process. This process allows students to present additional information or context, ensures that concerns are reviewed thoughtfully by program leadership, and upholds the integrity of academic standards. The steps for initiating and pursuing an appeal are outlined below:

1. Initial Appeal
    - The student must email a completed Clinical Year Grade Appeal Form to the Associate Program Director (APD) of Clinical Affairs (form available on Canvas). Forms must be submitted within five business days of the end of the academic quarter. Grade Appeal Forms received after this time will not be reviewed and the grade will remain unchanged.
    - The Clinical Coordinator (CC) must be copied on this email.
    - The APD of Clinical Affairs and CC will schedule a meeting with the student to discuss the written appeal and explore the factors that led to the grade of No Credit.
    - The APD and CC may also conduct additional meetings with appropriate individuals (e.g., preceptors, faculty, or staff) as needed to gather further information relevant to the appeal.
    - Following this review, the APD of Clinical Affairs will determine whether the grade should remain No Credit (NC) or be changed to Credit (CR).
2. Secondary Appeal

- If the student wishes to appeal the APD's decision, a completed Clinical Year Grade Appeal form must be sent to the Chair of the Student Progress Committee.
- The APD of Clinical Affairs and Clinical Coordinator must also be copied on this appeal.
- The appeal will be reviewed during a Student Progress Committee meeting, and the committee's decision will be final.

Student Employment Policy

MEDEX is a full-time educational program that requires regular independent study. Students are strongly discouraged from seeking or maintaining employment while enrolled in the program. If a student does work and encounters academic and/or disciplinary problems, the student may be counseled to cease employment. Under no circumstances will employment be considered as a reason for excused absence from the student's didactic or clinical education commitments, nor will student employment considerations mitigate evaluation of outcomes.

Matriculated PA students are not eligible for employment with the PA Program under any circumstances but may volunteer to share their expertise when appropriate. Students are not allowed to perform clerical or administrative work for the program.

Communication Expectations

Effective and professional communication is critical for student success during the clinical phase. Each student is assigned a Clinical Coordinator (CC) or Clinical Placement Specialist (CPS) who will be their point of contact for the clinical team. Students are to communicate directly with their CC or CPS for all questions regarding placements, sites, preceptors, site visits, schedules and all clinical year activities.

Any questions regarding onboarding, including letters of good standing and other verification needed by sites should be directed to the clinical team staff at medexcln@uw.edu

Students are required to communicate with their CC or CPS if there are any problems or concerns during the clinical phase. If students feel they are not in a safe learning environment for any reason, they must communicate this information right away so an appropriate intervention can be done. Every site and preceptor goes through a vetting process to be sure it is a safe learning environment and to ensure that the learning outcomes can be met, however if students identify any unanticipated issues such as insufficient hours, inadequate exposure to required patient populations, incorrect setting for the rotation, or inability to accomplish the published learning outcomes, it is the responsibility of the student to notify the program as soon as possible so the situation can be corrected.

Students should check email and Canvas announcements daily.

Professionalism Expectations

Professionalism is a cornerstone of PA practice and becomes especially critical during the clinical phase of training. As students transition from the classroom to direct patient care, they represent not only themselves but also the MEDEX program, the PA profession, and the healthcare team.

Professionalism encompasses reliability, integrity, accountability, respect, and cultural humility. Demonstrating these qualities builds trust with patients, fosters effective collaboration with preceptors and colleagues, and ensures that care is delivered safely and ethically. Clinical rotations often serve as extended job interviews, where preceptors and clinical sites assess both clinical competence and professional behavior.

By consistently practicing professionalism through punctuality, preparation, confidentiality, communication, and a commitment to continuous learning, students develop the habits and reputation essential for future clinical practice. Professionalism during training sets the foundation for becoming a respected, compassionate, and effective healthcare provider.

MEDEX has a zero-tolerance policy for unprofessional behavior in the clinical year. Unprofessional behavior will result in immediate removal from the rotation and a grade of no credit (NC). The rotation will need to be repeated and program completion will be delayed. This will affect tuition costs and may affect financial aid and/or veteran's benefits. Students will be referred to the Student Progress Committee which may result in academic warning, academic probation, or dismissal from the program.

Student Information

To facilitate clinical education, relevant student information will be shared with clinical preceptors (instructional faculty) and training sites. This may include academic schedules, rotation assignments, required documentation (such as immunizations, certifications, and background checks), CVs, student introductions, and student contact information. Sharing this information ensures that clinical sites can verify eligibility, meet compliance standards, and appropriately prepare for student participation.

Attendance Policy

Rotation	Anticipated Healthcare Absences	Anticipated Academic or Personal Absences
All 4 week Supervised Clinical Practice Experiences	**Up to 1 day**	**Discouraged, not guaranteed, and must be approved by Clinical Coordinator**

Purpose and Scope
The University of Washington MEDEX Northwest PA Program expects students to attend, actively participate, and prioritize their academic education and training. MEDEX also recognizes that other academic and personal events occur during clinical training. This policy provides guidance for students, staff, faculty, and preceptors on student attendance and absences in the clinical phases.

Policy Statement
Students enrolled at the University of Washington MEDEX Northwest PA Program have entered a professional program and are PAs-in-training. Students are expected to:

- Attend supervised clinical practice experiences (SCPEs) to achieve learning outcomes and gain experience in the clinical learning environment.
- Approach absences with the same measure of responsibility that will be required in their future role as PAs.

Students are allowed one day of anticipated time away for all clinical rotations. Requests will be approved at the discretion of the Clinical Coordinator. All anticipated absences require pre-approval by the Clinical Coordinator.
Anticipated absences are **not** permitted during Transition Week, Learning and Testing Days, and Summative Exam testing.

Absences of any type must not impact the ability of students to obtain a total of 128 hours of direct patient care for each 4-week SCPE. If less than 128 hours are obtained, then students will be required to repeat the SCPE. Students must follow the schedule of the preceptor and/or the schedule provided to them during the SCPE. Students may **not** determine their own schedule or request revisions to a provided schedule.

Holidays will follow the schedule of the current SCPE. If the clinic/hospital is operating on UW holidays and the preceptor is working, students are expected to be in attendance.

If additional time is needed for chronic health issues and/or appointments, students should contact Disability Resources for Students (DRS) to pursue possible accommodations.

At the discretion of the Clinical Coordinator and on a case-by-case basis, make-up activities may be required to achieve clerkship learning outcomes and objectives.

Definitions
Attendance: Timely presence in and attention to assigned activity (may be monitored, recorded, and/or assessed for required activities).

Absence: Non-attendance for an assigned activity.
Emergent healthcare: Health services for an unanticipated and/or emergency injury or illness
Anticipated healthcare: Diagnostic, preventative, and therapeutic health services (dental visits, physical therapy, counseling and psychological services, ongoing care for chronic illness, etc.)
Personal event: Anticipated event, including family events (weddings, reunions, graduations, etc.), conference presentation, etc.
Personal or family emergency: Including but not limited to family member/dependent illness, death, and/or hospitalization.
Anticipated absence: A planned and pre-approved absence:

- Planned healthcare appointment
- Academic or personal event

Unanticipated absence: An unplanned absence for which pre-approval was not possible:

- Emergent healthcare/illness
- Personal or family emergency
- Inclement weather

Procedures and Guidelines

Non-Healthcare-Related, Anticipated Absences
Notification Expectations: For non-healthcare-related, anticipated absences, the student must submit an absence request to the appropriate Clinical Coordinator:

Religious holidays must be requested within the first two weeks of the SCPE. See the **University of Washington Religious Accommodations Policy**. Conflicts between religious obligations and patient care obligations are handled on SCPEs much as they would be in clinical practice, with patient care responsibilities taking precedence unless coverage has been previously arranged. Clinical sites should make efforts to accommodate students' religious holidays when possible.

Academic or personal events should be requested at least six weeks prior to the beginning of the SCPE. MEDEX recognizes that "once in a lifetime" family events (e.g., weddings, reunions, graduations, etc.) or academic events (e.g., presenting a paper at a conference) occur during medical training. Although departments should make efforts to accommodate personal or academic events when possible, these requests will be approved at the discretion of the Clinical Coordinator.

Unanticipated Absences
Notification Expectations: For unanticipated absences, the student must notify the appropriate Clinical Coordinator, clinic administrator, and preceptor as soon as the circumstances reasonably allow:

- Emergent healthcare / illness
- Personal or family emergency
- Inclement weather

The student should receive a response acknowledging the absence (direct conversation, return e-mail, or phone call) from the preceptor and Clinical Coordinator. If a student does not receive a response from their team, they should escalate to the Associate Program Director of Clinical Affairs.

Leaves and Temporary Absences

Leaves of absence and extended temporary absences are strongly discouraged during the clinical year and will only be granted for extenuating circumstances. Students requesting a temporary absence from clinical rotations should submit a request via email to the Associate Program Director of Clinical Affairs, the Director of Clinical Program Operations, and the Clinical Coordinator. Requests must include justification for the requested absence.

Course drop dates are determined by the University and dropping a course during a quarter may result in loss of tuition dollars and may impact financial aid.

Definitions:

> **Temporary absence:** An absence that requires a student to miss any portion of time beyond the established attendance policy, or the full duration of a Supervised Clinical Practice Experience (SCPE) within a given quarter. This type of absence does not span the entirety of an academic quarter and is internal to the MEDEX program.
>
> **Leave of Absence:** An absence that requires a student to miss the entirety of an academic quarter. This type of absence requires Graduate School approval which must be done in addition to the MEDEX temporary absence process (see the MEDEX Student Handbook for details).

Accommodations

All accommodations must be managed by the Disability Resources for Students (DRS) office which can be found online at: https://depts.washington.edu/uwdrs/
Testing accommodations received during the didactic year will continue into the clinical year. Any other accommodation needed during the clinical year requires a meeting with DRS. DRS will draft a letter listing the accommodations, and the student is responsible for sending the letter to the preceptor at least six weeks prior to the beginning of the rotation. Preceptors will let the student and faculty know if those accommodations can be met at the site. If not, the Clinical Coordinator or Clinical Placement Specialist will attempt to place the student in a different rotation, which may cause delays in the clinical year and possibly delay the program completion date.

Institutional policies

Religious Accommodation Policy: Washington State law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-

policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

MEDEX and UW Nondiscrimination Policy: There will be no discrimination against any program participant or applicant based on race, ethnicity, religion, national origin, age, disability, veteran status including Vietnam era service or veteran-disabled status, sex or sexual orientation, nor will the university or the training site engage in such discrimination in their employment or personnel policies.

Key Roles and Contacts for the Clinical Year

Clinical Coordinator: MEDEX PA faculty who are responsible for communication with students, clinical placements, communication with preceptors and administrators, and site visits.

Clinical Placement Specialists: MEDEX staff who function in a similar role to a Clinical Coordinator and are responsible for communication with students, clinical placements, and communication with preceptors and administrators. Clinical Placement Specialists can also participate in site visits but will bring a medical provider to the visit to observe the student during patient encounters.

Associate Program Director of Clinical Affairs: Leads the Clinical Team and ensures compliance with University and program policies as well as compliance with the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Standards. The APD of Clinical Affairs also helps with site visits and student placements as needed, as well as addressing student concerns.

Director of Clinical Program Operations: Leads the Clinical Team staff and is responsible for affiliation agreements and vetting of preceptors and clinical sites, as well as planning campus activities and testing.

Clinical Team Staff: Handle all onboarding needs for students and facilitate operations including End of Rotation Exams and in-person activities.

Preceptor: The preceptor is an integral part of the education program serving as instructional faculty. For over 50 years, the MEDEX program has relied on mission driven community providers to offer clinical opportunities and instruction to PA students. The program collaborates with a broad group of licensed providers to act as preceptors: MDs, DOs, PAs, nurse practitioners, psychiatrists, clinical pharmacists and others licensed providers. Precepting is an opportunity to give back to the profession by investing in the future of medicine.

Preceptors serve as mentors and role models for the student through supervision, mentoring, instructing in areas of expertise, and evaluation of student performance. Preceptors help students' perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and therapeutic plan development including a logical approach to further studies and therapy.

All preceptors go through a vetting process where the MEDEX staff verify credentials and licensing, ensuring that they are in good standing and can provide a safe learning environment. Sites are evaluated through a site assessment process which is repeated every three years.

Preceptor Responsibilities: Preceptor responsibilities include, but are not limited to, the following:

- Orient students to the practice and provide a safe physical location with adequate clinical space and, ideally, computer and internet access. Provide or help to arrange a variety of patient encounters necessary for a patient care–focused learning experience for the student congruent with learning outcomes and objectives.
- Provide an adequate number of hours (at minimum 32 hours per week) for the student to perform clinical activities in the practice site. During this time, the preceptor or an alternatively designated licensed provider must be available for supervision, consultation and teaching.
- Supervise, demonstrate, teach and observe the student in clinical activities in order to develop the student's clinical competencies and to ensure proper patient care.
- Review and countersign student charting (or have designee do so).

- Provide ongoing and timely feedback regarding clinical performance, knowledge base and critical thinking skills.
- Delegate gradually increasing levels of responsibility to the student for clinical assessment and management as the student's skills develop.
- Evaluate student competency in technical skills
- Evaluate student performance in achieving the learning outcomes.

Preceptor−Student Relationship: The student should maintain a professional relationship with the preceptor 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 social networking should be avoided until the student fully graduates from the program. 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.

Clinic/Facility Administrators: Facility administrators play a key role in the clinical phase. They are often responsible for communicating with students regarding onboarding procedures and are sometimes responsible for determining capacity for student rotations. All correspondence from administrators should be responded to right away and all onboarding materials should be provided as early as possible.

Clinical Site Visits

The MEDEX Program requires an in-person site visit or a virtual site visit evaluation of each student at least once during the clinical year. During the site visit, MEDEX faculty spend time observing students during patient encounters and while reporting to preceptors. Site visitors will also visit clinical staff to evaluate student's professional engagement with the entire healthcare team. Faculty clinical coordinators will collaborate with preceptors in scheduling clinical site visits. Site visits may also be scheduled anytime during the clinical year at the request of the preceptor, the student or the program.

The site visit includes:

Observation of the student with patients:
- Site visitor will observe the student with 2-3 patients, depending on patient complexity and scheduling.
- Site visitor will observe the presentation and discussion with the preceptor as well as any further discussion with the patient.

One-on-one time with student:
- The site visitor will meet with the student to fill out the Site Visitor Evaluation of Student and spend a few minutes checking in with the student.
- The site visitor will review 4 clinic notes that the students should have ready. Students can either email the clinic notes to the site visitor prior to the visit (but they MUST be de-identified) or simply pull up the EMR while the site visitor is there.

One-on-one time with preceptor:
- The site visitor will meet briefly with the preceptor to hear feedback on the student's performance.

- If there are any concerns, plans will be made for a second site visit later in the rotation.

Review of patient logging:

- Site visitor will review overall number of patient visits. The guideline for the entire four months of family medicine is 500 patient visits, so students should be on target to meet that goal.
- Site visitor will review patient logging to be sure students are seeing patients across the lifespan including pediatrics and women's health, as well as visits focused on acute and chronic problems and preventive medicine.

After the visit:

- Site visitors complete the Site Visitor Evaluation of Student.
- Students complete the Student Evaluation of the Site Visit
- Schedule a second site visit as needed

Students' Responsibilities to the Preceptor and Site

Students will contact the preceptor two weeks in advance of beginning the clinical assignment to verify the arrangements. Students will maintain the office hours and schedule of the preceptor. Students will update the preceptor regularly on progress toward meeting the program's learning outcomes and assignments. Students are responsible for scheduling a time to meet with the preceptor to discuss both their Mid-SCPE Self Evaluation as well as the final Preceptor Evaluation of the Student.

Blood-Borne Pathogens

In the event that a student sustains a needle-stick injury or other substantial exposure to bodily fluids of another person or other potentially infectious material while on rotation at the training site or is involved in or present during any incident related to professional liability, claims, or other risk management issues; the student should consult the incident protocol card provided by the program.

Appendix 1: Grade Appeal Form

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Clinical Year Grade Appeal Form

To appeal a final grade for a SCPE, submit completed form to the Associate Program Director of Clinical Affairs via email and copy your Clinical Coordinator. All fields must be filled out.

Name:

Email:

Clinical Course/SCPE:

Course Dates:

Site:

Preceptor:

Quarter and Year:

Please explain your dispute in specific detail.

What is your desired outcome for this petition?

Appendix 2: Clinical Year Syllabi

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 589: Family Medicine I
Supervised Clinical Practice Experience (SCPE)

Course Description

Primary care and family medicine are central to the MEDEX mission, which is why a significant portion of the clinical year is dedicated to primary care experiences. These rotations emphasize ambulatory care and focus on common medical problems, biopsychosocial factors, preventive care, and the evolving role of the primary care provider.

Students are placed in a variety of settings, including community clinics, large healthcare systems, independent practices, and urgent care clinics. Across these sites, they gain hands-on experience in diagnosing and managing patients using office-based, hospital, home, and community resources.

The Family Medicine curriculum is structured into four one-month courses:

- **Family Medicine I focuses on pediatrics and includes the PAEA Pediatrics End of Rotation Exam.**
- Family Medicine II emphasizes women's health and includes the PAEA Women's Health End of Rotation Exam.
- Family Medicine III centers on general primary care and includes the PAEA Family Medicine End of Rotation Exam.
- Underserved Family Medicine takes place in a medically underserved setting and includes a reflective project. Students work with patients at higher risk for poor health outcomes due to limited access to healthcare resources, gaining valuable insights into social determinants of health and health equity.

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair:
Greg Martinez, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: gregm11@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff
Reflex hammer

Pen light
Eye chart
Tape measure
Equipment bag (optional)

Course Rationale and Goals

Course Rationale
MEDEX 589: Family Medicine I, supervised clinical practice experience, provides physician assistant students with essential training in comprehensive and patient-centered care for individuals and families across the lifespan. Family medicine is foundational to primary care and represents a critical entry point into the healthcare system. During this rotation, students gain experience in diagnosing and managing a broad spectrum of acute and chronic conditions in diverse populations, with an emphasis on pediatrics. The rotation takes place in an outpatient primary care or pediatrics clinic, and students may spend time in an urgent care setting to gain exposure to same-day and acute visits which are a core component of a family medicine practice.

This rotation supports the development of clinical reasoning, evidence-based practice, preventive care, and health promotion in a variety of outpatient settings. It emphasizes the importance of continuity of care, coordination of services, and cultural competence in delivering high-quality healthcare. Students also develop skills in communication, interprofessional collaboration, and patient education.

Given the central role of family medicine in addressing population health needs, reducing healthcare disparities, and supporting cost-effective care, this rotation equips future PAs with the practical skills and clinical judgment necessary to excel in a primary care setting.

Course Goals:

 Develop foundational competence in pediatric patient care by gaining exposure to acute, chronic, and preventive health conditions in infants, children, and adolescents.

 Strengthen clinical reasoning and diagnostic skills through the assessment of pediatric patients across developmental stages, incorporating history, physical examination, and appropriate diagnostic studies.

 Enhance communication skills by effectively engaging with pediatric patients and their families, using developmentally appropriate approaches and fostering trust and rapport.

 Promote family-centered and culturally sensitive care by recognizing the role of caregivers, determinants of health, and cultural diversity in pediatric health outcomes.

 Apply principles of health promotion and disease prevention by counseling patients and families on topics such as nutrition, immunizations, growth and development, safety, and anticipatory guidance.

 Demonstrate professionalism and interprofessional collaboration in the pediatric clinical setting, working effectively with supervising providers, and other healthcare team members.

 Prepare for practice by integrating evidence-based guidelines and clinical judgment in the management of pediatric patients, while recognizing the limits of one's knowledge and seeking supervision appropriately.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	Perform focused histories and physical examinations for infants, children, and adolescents seeking care for acute and chronic conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO2	Perform a preventative well-child examination considering developmental milestones for an infant, child and adolescent pediatric patient.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO3	Apply evidence-based medical knowledge when making clinical decisions for pediatric patients in the primary care setting.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP3
LO4	Demonstrate knowledge of the basic principles of pathophysiology in the care of pediatric patients for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP1
LO5	Choose and accurately interpret appropriate diagnostic and laboratory testing for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO6	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for pediatric conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO7	Demonstrate effective exchange of information when interacting with patients/caregivers, and other health professionals.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO8	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for infants, children, and adolescents seeking care for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP2 • KP3 • KP4

LO9	Generate treatment plans collaboratively, with patient or parent input for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP5 • ICS2 • PC2
LO10	Accurately document pediatric patient encounters in the primary care setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO11	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• PB1
LO12	Demonstrate competence in the following technical skills: • Throat culture • Immunizations/injections • Respiratory viral nasal swab	• Preceptor Evaluation • Student Self Evaluation	• PC3

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For each condition on the topic list identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.
    - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).

- Complications and Prognosis
    - Understand potential sequelae if the condition is untreated or poorly managed.
- Prevention and Screening
    - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
- Red Flags and Emergencies
    - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive and age-appropriate histories from caregivers and older pediatric patients, incorporating social history, nutrition, sleep, and developmental concerns.
- Perform a problem focused history and physical exam for an acute condition on the topic list.
- Perform a problem focused history and physical exam for a chronic condition on the topic list.
- Perform well-child examination considering developmental milestones for the following age groups:
    - Infant (age 0-1)
    - Child (age 1-12)
    - Adolescent (age 13-18)
- Provide anticipatory guidance to parents about expected behaviors and milestones for an infant and child.
- Modify communication and examination techniques based on the developmental stage and cooperation of the patient.
- Order and interpret appropriate diagnostic studies for patients based on history and physical exam.
- Deliver clear, concise, and well-organized oral case presentations that follow an appropriate structure such as the SOAP format.
- Appropriately document acute, chronic, and preventative patient encounters in the medical record.

Technical Skills

- Perform the following technical skills:
    - Collection of a throat culture specimen
        - This procedure involves swabbing the posterior pharynx and tonsillar pillars to obtain a sample for bacterial culture (commonly Group A Streptococcus). After performing hand hygiene and donning appropriate PPE, the student should use a sterile swab, avoiding contact with the tongue, teeth, or cheeks to prevent contamination. The swab is applied firmly to the tonsillar and posterior pharyngeal areas, then immediately placed in appropriate transport media. Proper labeling and timely submission to the laboratory are required for valid results.
    - Administer injections
        - This procedure requires verifying the correct medication, dose, route, patient, time, and documentation. The student must perform proper hand hygiene, don gloves when indicated, and prepare the injection using aseptic technique. This includes selecting the correct syringe and needle size, inspecting the medication for clarity and expiration, and ensuring accurate dosing. The student should cleanse the injection site with an alcohol swab, allow it to dry, and demonstrate proper injection administration as well as proper disposal of sharps.
    - Respiratory viral nasal swab
        - This procedure involves obtaining a sample from the nasal cavity to test for respiratory viruses (e.g., influenza, RSV, SARS-CoV-2). The student should demonstrate correct hand hygiene and use of appropriate personal protective equipment (PPE). The swab is inserted into the designated nasal passage to the appropriate depth, rotated gently to

collect epithelial cells and secretions, and then placed into the transport medium. Proper labeling and handling are essential to ensure specimen integrity and accurate diagnostic results.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards specific to pediatric care, including mandatory reporting of suspected abuse or neglect.
- Self-identify strengths and deficiencies in knowledge, skills, and attitudes in the clinical setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop a differential diagnosis for pediatric patients for acute and chronic conditions on the topic list.
- Construct differential diagnoses considering developmental age, growth patterns, and pediatric-specific disease presentations for conditions on the topic list.
- Interpret pediatric screening results (e.g., vision, hearing, newborn screening) and understand follow-up for abnormal findings.
- In collaboration with the preceptor, develop appropriate treatment plans including pharmacologic and non-pharmacologic treatment modalities.
- Choose appropriate referrals for patients with acute or chronic conditions on the topic list.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

End of Rotation Exams: The Physician Assistant Education Association (PAEA) End of Rotation Exams (EoRs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each 120-question exam is built on a content blueprint and topic list developed by experienced PA educators and national exam experts, specifically for PA programs. See below for the topic list for this SCPE. EoRs are unproctored, closed book exams.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on each SCPE:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- Completion of the SmartyPANCE practice EoR exams by 11:55pm PT on the Thursday prior to the corresponding test.
- The student must receive a passing score on the PAEA EoR exam.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:
Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

End of Rotation exam scores are considered passing if they fall within 1.5 standard deviations below the national mean.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two

weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 598: Family Medicine I

The following list is to serve as a study guide for the student during the Family Medicine I course. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

PAEA Pediatrics End of Rotation Exam Topic List
(https://paeaonline.org/wp-content/uploads/imported-files/eor-pediatrics-topiclist-20200309.pdf)

DERMATOLOGY
Acne vulgaris
Androgenetic alopecia
Atopic dermatitis
Burns
Contact dermatitis
Dermatitis (diaper, perioral)
Drug eruptions
Erythema multiforme
Exanthems
Impetigo
Lice
Lichen planus
Pityriasis rosea
Scabies
Stevens-Johnson syndrome
Tinea
Toxic epidermal necrolysis
Urticaria
Verrucae

ENOT/OPHTHALMOLOGY
Acute otitis media
Acute pharyngotonsillitis
Allergic rhinitis
Conjunctivitis
Epiglottitis
Epistaxis
Hearing impairment
Mastoiditis
Oral candidiasis
Orbital cellulitis
Otitis externa
Peritonsillar abscess
Strabismus

Tympanic membrane perforation

INFECTIOUS DISEASE
Atypical mycobacterial disease
Epstein-Barr disease
Erythema infectiosum
Hand-foot-and-mouth disease
Herpes simplex
Influenza
Measles
Mumps
Pertussis
Pinworms
Roseola
Rubella
Varicella infection

PULMONOLOGY
Acute bronchiolitis Foreign body
Asthma
Croup
Cystic fibrosis
Hyaline membrane disease
Pneumonia (bacterial, viral)
Respiratory syncytial virus

CARDIOVASCULAR
Acute rheumatic fever
Atrial septal defect
Coarctation of the aorta
Hypertrophic cardiomyopathy
Kawasaki disease
Patent ductus arteriosus
Syncope
Tetralogy of Fallot
Ventricular septal defect

GASTROINTESTINAL/NUTRIONAL SYSTEM
Appendicitis
Colic
Constipation
Dehydration
Duodenal atresia
Encopresis
Foreign body
Gastroenteritis
Gastroesophageal reflux disease
Hepatitis
Hirschsprung disease
Inguinal hernia

Intussusception
Jaundice
Lactose intolerance
Niacin deficiencies
Pyloric stenosis
Umbilical hernia
Vitamin A deficiency
Vitamin C deficiency
Vitamin D deficiency

NEUROLOGY/DEVELOPMENTAL
Anticipatory guidance
Down syndrome
Febrile seizure
Immunization guidelines
Meningitis
Normal growth and development
Seizure disorders
Teething
Turner syndrome

PSYCHIATRY/BEHAVIORAL MEDICINE
Anxiety disorders
Attention-deficit/hyperactivity disorder
Autism spectrum disorder
Child abuse and neglect
Disruptive, impulse-control, and conduct disorders
Feeding or eating disorders
Suicide
Depressive disorders

ORTHOPEDICS/RHEUMATOLOGY
Avascular necrosis of the proximal femur
Congenital hip dysplasia
Juvenile rheumatoid arthritis
Neoplasia of the musculoskeletal system
Nursemaid elbow
Osgood-Schlatter disease
Scoliosis
Slipped capital femoral epiphysis

ENDOCRINOLOGY
Diabetes mellitus
Hypercalcemia
Hyperthyroidism
Hypothyroidism
Obesity
Short stature

HEMATOLOGY

Anemia
Bleeding disorders
Brain tumors
Hemophilia
Lead poisoning
Leukemia
Lymphoma
Neutropenia

UROLOGY/RENAL
Cryptorchidism
Cystitis
Enuresis
Glomerulonephritis
Hydrocele
Hypospadias
Paraphimosis
Phimosis
Testicular torsion
Vesicourethral reflux

See also PAEA Pediatrics End of Rotation Exam Blueprint: https://paeaonline.org/wp-content/uploads/imported-files/pediatrics-blueprint-20180608.pdf

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 590: Family Medicine II
Supervised Clinical Practice Experience (SCPE)

Course Description

Primary care and family medicine are central to the MEDEX mission, which is why a significant portion of the clinical year is dedicated to primary care experiences. These rotations emphasize ambulatory care and focus on common medical problems, biopsychosocial factors, preventive care, and the evolving role of the primary care provider.

Students are placed in a variety of settings, including community clinics, large healthcare systems, independent practices, and urgent care clinics. Across these sites, they gain hands-on experience in diagnosing and managing patients using office-based, hospital, home, and community resources.

The Family Medicine curriculum is structured into four one-month courses:

- Family Medicine I focuses on pediatrics and includes the PAEA Pediatrics End of Rotation Exam.
- **Family Medicine II emphasizes women's health and includes the PAEA Women's Health End of Rotation Exam.**
- Family Medicine III centers on general primary care and includes the PAEA Family Medicine End of Rotation Exam.
- Underserved Family Medicine takes place in a medically underserved setting and includes a reflective project. Students work with patients at higher risk for poor health outcomes due to limited access to healthcare resources, gaining valuable insights into social determinants of health and health equity.

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair:
Lee Ann Wetzel, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: lawetzel@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff
Reflex hammer
Pen light
Eye chart
Tape measure

Equipment bag (optional)

Course Rationale and Goals

Course Rationale
MEDEX 590: Family Medicine II supervised clinical practice experience provides physician assistant students with essential training in comprehensive and patient-centered care for individuals and families across the lifespan. Family medicine is foundational to primary care and represents a critical entry point into the healthcare system. During this rotation, students gain experience in diagnosing and managing a broad spectrum of acute and chronic conditions in diverse populations, with an emphasis on women's health. The rotation takes place in an outpatient primary care or women's health clinic, and students may spend time in an urgent care setting as well.

This rotation supports the development of clinical reasoning, evidence-based practice, preventive care, and health promotion in a variety of outpatient settings. It emphasizes the importance of continuity of care, coordination of services, and cultural competence in delivering high-quality healthcare. Students also develop skills in communication, interprofessional collaboration, and patient education.

Given the central role of family medicine in addressing population health needs, reducing healthcare disparities, and supporting cost-effective care, this rotation equips future PAs with the practical skills and clinical judgment necessary to excel in a primary care setting.

Course Goals:

 Develop foundational competence in women's health in the primary care setting by gaining exposure to acute, chronic, and preventive health conditions in women, to include gynecologic conditions and obstetrics (see topic list).

 Strengthen clinical reasoning and diagnostic skills through the assessment of patients, incorporating history, physical examination, and appropriate diagnostic studies.

 Enhance communication skills by effectively engaging with patients, using approaches that foster trust and rapport.

 Promote culturally sensitive care by recognizing social determinants of health, and cultural diversity in women's health outcomes.

 Apply principles of health promotion and disease prevention by counseling patients on topics such as reproductive health, contraception, cancer screening, prenatal and perinatal care, menopause, and lifestyle modifications to reduce risk factors for chronic disease.

 Demonstrate professionalism and interprofessional collaboration in the clinical setting, working effectively with supervising providers, and other healthcare team members.

 Prepare for practice by integrating evidence-based guidelines and clinical judgment in the management of women's health patients, while recognizing the limits of one's knowledge and seeking supervision appropriately.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	Perform focused histories and physical examinations for patients seeking care for acute and chronic gynecologic and prenatal conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO2	Perform a preventive women's health examination across the lifespan, incorporating age-appropriate screening, and reproductive and sexual health needs.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO3	Apply evidence-based medical knowledge when making clinical decisions for women's health patients in the primary care setting.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP3
LO4	Demonstrate knowledge of the basic principles of pathophysiology in the care of women's health patients for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP1
LO5	Choose and accurately interpret appropriate diagnostic and laboratory testing for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO6	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for gynecologic and obstetric conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO7	Demonstrate effective exchange of information when interacting with patients, and other health professionals.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO8	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients seeking care for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP2 • KP3 • KP4
LO9	Generate treatment plans collaboratively, with patient input for conditions on the topic list.	• Preceptor Evaluation	• KP5 • ICS2

		• Student Self Evaluation • End of Rotation Exam	• PC2
LO10	Accurately document gynecologic and obstetric patient encounters in the primary care setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO11	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• PB1
LO12	Demonstrate competence in the following technical skills: • Pelvic examination including cervical cytology collection (Pap smear) • Clinical breast examination	• Preceptor Evaluation • Student Self Evaluation	• PC3

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For each condition on the topic list identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.
    - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
  - Complications and Prognosis
    - Understand potential sequelae if the condition is untreated or poorly managed.

- Prevention and Screening
    - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
- Red Flags and Emergencies
    - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive and age-appropriate medical, gynecologic, and obstetric histories, incorporating social history, menstrual and reproductive history, sexual health, and preventive health measures.
- Perform a problem-focused history and physical examination for an acute women's health condition on the topic list.
- Perform a problem-focused history and physical examination for a chronic women's health condition on the topic list.
- Perform preventive women's health examinations across the lifespan, including:
    - **Adolescent (age 13–18):** screening for menstrual, sexual, and reproductive health needs, immunizations, and anticipatory guidance.
    - **Reproductive-age (age 19–49):** contraception and family planning, cervical cancer screening, breast health, and preconception/prenatal counseling.
    - **Postmenopausal (age 50+):** screening for osteoporosis, cardiovascular health, breast and gynecologic cancers, and management of menopausal symptoms.
- Provide anticipatory guidance and counseling on reproductive health, contraception, pregnancy, menopause, cancer screening, and lifestyle risk reduction.
- Order and interpret appropriate diagnostic and laboratory studies relevant to women's health conditions.
- Deliver clear, concise, and well-organized oral case presentations that follow an appropriate structure such as the SOAP format.
- Accurately document acute, chronic, and preventive women's health encounters in the medical record.

Technical Skills

- Perform the following technical skills:
    - Pelvic examination including cervical cytology collection (Pap smear)
        - Begin the exam with inspection of the external genitalia, followed by insertion of a speculum to visualize the cervix and vaginal walls. A cervical cytology specimen is then obtained by sampling cells from the transformation zone with an appropriate collection device and transferring them to a slide or liquid-based medium. A bimanual examination is performed to assess the cervix, uterus, and adnexa for size, position, tenderness, and masses. The procedure concludes with removal of the speculum. Proper specimen handling, documentation, and a respectful, patient-centered approach are essential to mastering this skill.
    - Clinical breast examination
        - The exam begins with inspection of the breasts in various positions to assess symmetry, contour, and skin or nipple changes. Palpation is then performed systematically, using a consistent pattern to evaluate all quadrants of the breast tissue and the axillae for lymphadenopathy. Findings should be documented accurately, with attention to size, location, mobility, and tenderness of any abnormalities. Clear communication, and a respectful approach are essential throughout the procedure.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards specific to gynecologic and obstetric care.
- Self-identify strengths and deficiencies in knowledge, skills, and attitudes in the clinical setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop a differential diagnosis for patients presenting with acute and chronic gynecologic and obstetric conditions on the topic list.
- Construct differential diagnoses considering the patient's age, reproductive stage, and sex-specific physiologic changes, including adolescent, reproductive-age, and postmenopausal presentations.
- Interpret women's health screening results (e.g., Pap smear, mammography, bone density testing, prenatal labs) and understand appropriate follow-up for abnormal findings.
- In collaboration with the preceptor, develop appropriate treatment plans including pharmacologic and non-pharmacologic interventions tailored to the patient's condition, age, and reproductive stage.
- Identify and select appropriate referrals for patients requiring specialty care for acute or chronic gynecologic or obstetric conditions on the topic list.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

End of Rotation Exams: The Physician Assistant Education Association (PAEA) End of Rotation Exams (EoRs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each 120-question exam is built on a content blueprint and topic list developed by experienced PA educators and national exam experts, specifically for PA programs. See below for the topic list for this SCPE. EoRs are unproctored, closed book exams.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on each SCPE:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- Completion of the SmartyPANCE practice EoR exams by 11:55pm PT on the Thursday prior to the corresponding test.
- The student must receive a passing score on the PAEA EoR exam.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:
Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

End of Rotation exam scores are considered passing if they fall within 1.5 standard deviations below the national mean.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two

weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 590: Family Medicine II

The following list is to serve as a study guide for the student during the Family Medicine II course. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

PAEA Women's Health End of Rotation Exam Topic List
(https://paeaonline.org/wp-content/uploads/imported-files/eor-womenshealth-topiclist-20200309.pdf)

GYNECOLOGY

MENSTRUATION
Amenorrhea
Dysfunctional uterine bleeding
Dysmenorrhea
Menopause
Normal physiology
Premenstrual dysphoric disorder
Premenstrual syndrome

INFECTIONS
Cervicitis (gonorrhea, chlamydia, herpes simplex, human papilloma virus)
Chancroid
Lymphogranuloma venereum
Pelvic Inflammatory disease
Syphilis
Vaginitis (trichomoniasis, bacterial vaginosis, atrophic vaginitis, candidiasis)

NEOPLASMS
Breast cancer
Cervical carcinoma
Cervical dysplasia
Endometrial cancer
Ovarian neoplasms
Vaginal/vulvar neoplasms

DISORDERS OF THE BREAST
Breast abscess
Breast fibroadenoma
Fibrocystic disease
Mastitis

STRUCTURAL ABNORMALITIES

Cystocele
Ovarian torsion
Rectocele
Uterine prolapse

OTHER
Contraceptive methods
Endometriosis
Infertility
Leiomyoma
Ovarian cyst
Sexual assault
Spouse or partner neglect/violence
Urinary incontinence

OBSTETRICS

PRENATAL CARE/NORMAL PREGNANCY
Apgar score
Fetal position
Multiple gestation
Normal labor and delivery (stages, duration, mechanism of delivery, monitoring)
Physiology of pregnancy
Prenatal diagnosis/care

PREGNANCY COMPLICATIONS
Abortion
Ectopic pregnancy
Gestational diabetes
Gestational trophoblastic disease (molar pregnancy, choriocarcinoma)
Incompetent cervix
Placenta abruption
Placenta previa
Preeclampsia/eclampsia
Pregnancy induced hypertension
Rh incompatibility

LABOR AND DELIVERY COMPLICATIONS
Breech presentation
Dystocia
Fetal distress
Premature rupture of membranes
Preterm labor
Prolapsed umbilical cord

POSTPARTUM CARE
Endometritis

Normal physiology changes of puerperium
Perineal laceration/episiotomy care
Postpartum hemorrhage

See also PAEA Women's Health End of Rotation Exam Blueprint: https://paeaonline.org/wp-content/uploads/imported-files/womens-health-blueprint-20180524.pdf

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 591: Family Medicine III
Supervised Clinical Practice Experience (SCPE)

Course Description

Primary care and family medicine are central to the MEDEX mission, which is why a significant portion of the clinical year is dedicated to primary care experiences. These rotations emphasize ambulatory care and focus on common medical problems, biopsychosocial factors, preventive care, and the evolving role of the primary care provider.

Students are placed in a variety of settings, including community clinics, large healthcare systems, independent practices, and urgent care clinics. Across these sites, they gain hands-on experience in diagnosing and managing patients using office-based, hospital, home, and community resources.

The Family Medicine curriculum is structured into four one-month courses:

- Family Medicine I focuses on pediatrics and includes the PAEA Pediatrics End of Rotation Exam.
- Family Medicine II emphasizes women's health and includes the PAEA Women's Health End of Rotation Exam.
- **Family Medicine III centers on general primary care and includes the PAEA Family Medicine End of Rotation Exam.**
- Underserved Family Medicine takes place in a medically underserved setting and includes a reflective project. Students work with patients at higher risk for poor health outcomes due to limited access to healthcare resources, gaining valuable insights into social determinants of health and health equity.

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair: Greg Martinez, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: gregm11@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff
Reflex hammer
Pen light
Eye chart
Tape measure

Equipment bag (optional)

Course Rationale and Goals

Course Rationale
MEDEX 591: Family Medicine III supervised clinical practice experience provides PA students with essential training in comprehensive and patient-centered care for individuals and families across the lifespan. Family medicine is foundational to primary care and represents a critical entry point into the healthcare system. During this rotation, students gain experience in diagnosing and managing a broad spectrum of acute and chronic conditions in diverse populations. The rotation takes place in an outpatient primary care clinic, and students may spend time in an urgent care setting as well.

This rotation supports the development of clinical reasoning, evidence-based practice, preventive care, and health promotion in a variety of outpatient settings. It emphasizes the importance of continuity of care, coordination of services, and cultural competence in delivering high-quality healthcare. Students also develop skills in communication, interprofessional collaboration, and patient education.

Given the central role of family medicine in addressing population health needs, reducing healthcare disparities, and supporting cost-effective care, this rotation equips future PAs with the practical skills and clinical judgment necessary to excel in a primary care setting.

Course Goals:

 Develop foundational competence in family medicine by gaining exposure to acute, chronic, and preventive health conditions across the lifespan, including infants, children, adolescents, adults, and older adults (see topic list).

 Strengthen clinical reasoning and diagnostic skills through the assessment of patients of all ages, incorporating comprehensive history-taking, physical examination, and appropriate diagnostic studies.

 Enhance communication skills by effectively engaging with patients and families, fostering trust, rapport, and shared decision-making.

 Promote patient- and family-centered, culturally sensitive care by recognizing the impact of social determinants of health, health disparities, and cultural diversity on patient outcomes.

 Apply principles of health promotion and disease prevention by counseling patients on nutrition, immunizations, screening, chronic disease prevention, lifestyle modifications, and anticipatory guidance.

 Demonstrate professionalism and interprofessional collaboration in the family medicine clinical setting, working effectively with supervising providers and other healthcare team members.

 Prepare for practice by integrating evidence-based guidelines and clinical judgment in the management of patients across the lifespan, while recognizing the limits of one's knowledge and seeking supervision appropriately.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	Perform focused histories and physical examinations for adult and elderly patients seeking care for acute and chronic conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO2	Perform preventive health examinations for adult and elderly patients incorporating age-appropriate screenings, immunizations, and anticipatory guidance.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO3	Apply evidence-based medical knowledge when making clinical decisions for patients in the family medicine setting	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP3
LO4	Demonstrate knowledge of the basic principles of pathophysiology in the care of patients for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP1
LO5	Choose and accurately interpret appropriate diagnostic and laboratory testing for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO6	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO7	Demonstrate effective exchange of information when interacting with patients, families, caregivers, and other health professionals.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO8	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients across the lifespan.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP2 • KP3 • KP4
LO9	Generate treatment plans collaboratively, with patient input for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• KP5 • ICS2 • PC2

		• End of Rotation Exam	
LO10	Accurately document patient encounters in the primary care setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO11	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• PB1
LO12	Demonstrate competence in the following technical skills: • Collection of a respiratory viral nasal swab specimen • Placement of electrocardiogram (ECG) electrodes • Collection of a throat culture specimen • Performance and interpretation of a urinalysis dipstick test	• Preceptor Evaluation • Student Self Evaluation	• PC3

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For each condition on the topic list identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.

        - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
    - Complications and Prognosis
        - Understand potential sequelae if the condition is untreated or poorly managed.
    - Prevention and Screening
        - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
    - Red Flags and Emergencies
        - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive and age-appropriate histories from patients across the lifespan, incorporating medical, family, social, and preventive health histories, as well as relevant factors such as nutrition, sleep, lifestyle, and social determinants of health.
- Perform a problem-focused history and physical examination for patients presenting with acute conditions on the topic list.
- Perform a problem-focused history and physical examination for patients with chronic conditions on the topic list.
- Conduct preventive health examinations appropriate to the patient's age and sex, including well-child, adolescent, adult, and geriatric care, with attention to developmental milestones, screening guidelines, and health maintenance recommendations.
- Provide anticipatory guidance and counseling to patients and families on health promotion, disease prevention, and age-appropriate lifestyle considerations.
- Adapt communication and examination techniques based on the patient's developmental stage, cultural background, health literacy, and individual needs.
- Order and accurately interpret appropriate diagnostic and laboratory studies based on patient history and examination findings.
- Deliver clear, concise, and well-organized oral case presentations using an accepted format such as the SOAP format.
- Accurately document acute, chronic, and preventive care encounters in the medical record, demonstrating clarity, completeness, and adherence to professional standards.

Technical Skills

- Perform the following technical skills:
    - Collection of a respiratory viral nasal swab specimen
        - This procedure involves obtaining a sample from the nasal cavity to test for respiratory viruses (e.g., influenza, RSV, SARS-CoV-2). The student should demonstrate correct hand hygiene and use of appropriate personal protective equipment (PPE). The swab is inserted into the designated nasal passage to the appropriate depth, rotated gently to collect epithelial cells and secretions, and then placed into the transport medium. Proper labeling and handling are essential to ensure specimen integrity and accurate diagnostic results.
    - Placement of electrocardiogram (ECG) electrodes
        - Accurate electrode placement is essential for reliable ECG interpretation. The student should identify correct anatomic landmarks for the limb leads (RA, LA, RL, LL) and precordial leads (V1–V6), ensuring secure skin contact and minimal artifact. Preparation includes cleaning and drying the skin, shaving if necessary, and confirming lead attachment.
    - Collection of a throat culture specimen

        - This procedure involves swabbing the posterior pharynx and tonsillar pillars to obtain a sample for bacterial culture (commonly Group A Streptococcus). After performing hand hygiene and donning appropriate PPE, the student should use a sterile swab, avoiding contact with the tongue, teeth, or cheeks to prevent contamination. The swab is applied firmly to the tonsillar and posterior pharyngeal areas, then immediately placed in appropriate transport media. Proper labeling and timely submission to the laboratory are required for valid results.
    - Performance and interpretation of a urinalysis dipstick test
        - This bedside diagnostic test is used to screen urine for abnormalities such as infection, proteinuria, hematuria, or metabolic conditions. The student should collect a clean-catch midstream urine specimen in a sterile container. Using aseptic technique, the dipstick is immersed briefly in the urine and then removed, with excess fluid blotted off. Each reagent pad is compared to the color chart on the dipstick container at the appropriate time intervals.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards specific to the clinical environment.
- Self-identify strengths and deficiencies in knowledge, skills, and attitudes in the clinical setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop comprehensive differential diagnoses for patients across the lifespan presenting with acute and chronic conditions encountered in family medicine (see topic list).
- Construct differential diagnoses that account for age, developmental stage, comorbidities, and population-specific disease presentations.
- Interpret age-appropriate screening results (e.g., pediatric vision and hearing tests, adult cancer screenings, geriatric functional assessments) and determine appropriate follow-up for abnormal findings.
- Collaboratively develop patient-centered treatment plans, in consultation with the preceptor, incorporating both pharmacologic and non-pharmacologic management strategies.
- Identify and initiate appropriate referrals to specialty care, community resources, or ancillary services for patients with acute, chronic, or complex health conditions.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

End of Rotation Exams: The Physician Assistant Education Association (PAEA) End of Rotation Exams (EoRs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each 120-question exam is built on a content blueprint and topic list developed by experienced PA educators and national exam experts, specifically for PA programs. See below for the topic list for this SCPE. EoRs are unproctored, closed book exams.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on each SCPE:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- Completion of the SmartyPANCE practice EoR exams by 11:55pm PT on the Thursday prior to the corresponding test.
- The student must receive a passing score on the PAEA EoR exam.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:
Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

End of Rotation exam scores are considered passing if they fall within 1.5 standard deviations below the national mean.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:

If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 591: Family Medicine III

The following list is to serve as a study guide for the student during the Family Medicine III course. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

PAEA Family Medicine End of Rotation Exam Topic List
(https://paeaonline.org/wp-content/uploads/imported-files/eor-familymed-topiclist-20200309.pdf)

CARDIOVASCULAR
Angina
Arrhythmias
Chest pain
Congestive heart failure
Coronary artery disease
Endocarditis
Hyperlipidemia
Hypertension
Hypertriglyceridemia
Peripheral vascular disease
Valvular disease

PULMONOLOGY
Asthma
Bronchitis
Chronic obstructive pulmonary disease
Lung cancer
Pneumonia
Sleep disorders
Tobacco use/dependence
Tuberculosis

GASTROINTESTINAL/NUTRITIONAL
Anal fissure
Appendicitis
Bowel obstruction
Cholecystitis/cholelithiasis
Cirrhosis
Colorectal cancer/colonic polyps
Diarrhea/constipation
Esophagitis
Gastritis
Gastroenteritis
Gastroesophageal reflux disease
Gastrointestinal bleeding

Giardiasis and other parasitic infections
Hemorrhoids
Hiatal hernia
Inflammatory bowel disease
Irritable bowel syndrome
Jaundice
Pancreatitis
Peptic ulcer disease
Viral hepatitis

ENOT/OPHTHALMOLOGY
Acute/chronic sinusitis
Allergic rhinitis
Aphthous ulcers
Blepharitis
Cholesteatoma
Conjunctivitis
Corneal abrasion
Corneal ulcer
Dacryocystitis
Ectropion
Entropion
Epistaxis
Glaucoma
Hordeolum
Hyphema
Labyrinthitis
Laryngitis
Macular degeneration
Ménière disease
Nasal polyps
Otitis externa
Otitis media
Papilledema
Parotitis
Peritonsillar abscess
Pharyngitis/tonsillitis
Pterygium
Retinal detachment
Retinal vascular occlusion
Retinopathy
Sialadenitis
Tinnitus
Tympanic membrane perforation

OBSTETRICS/GYNECOLOGY
Breast cancer
Breast mass
Cervical cancer
Contraception

Cystocele
Dysfunctional uterine bleeding
Dysmenorrhea
Intrauterine pregnancy
Menopause
Pelvic inflammatory disease
Rectocele
Spontaneous abortion
Vaginitis

ORTHOPEDICS/RHEUMATOLOGY
Acute and chronic lower back pain
Bursitis/tendonitis
Costochondritis
Fibromyalgia
Ganglion cysts
Gout
Osteoarthritis
Osteoporosis
Overuse syndrome
Plantar fasciitis
Reactive arthritis
Rheumatoid arthritis
Sprains/strains
Systemic lupus erythematosus

NEUROLOGY
Alzheimer disease
Bell palsy
Cerebral vascular accident
Delirium
Dementia
Dizziness
Essential tremor
Headaches (cluster, migraine, tension)
Parkinson disease
Seizure disorders
Syncope
Transient ischemic attack
Vertigo

DERMATOLOGY
Acanthosis nigricans
Acne vulgaris
Actinic keratosis
Alopecia
Basal cell carcinoma
Bullous pemphigoid
Cellulitis
Condyloma acuminatum

Dermatitis (eczema, seborrhea)
Drug eruptions
Dyshidrosis
Erysipelas
Erythema multiforme
Exanthems
Folliculitis
Hidradenitis suppurativa
Impetigo
Kaposi sarcoma
Lice
Lichen planus
Lichen simplex chronicus
Lipomas/epithelial inclusion cysts
Melanoma
Melasma
Molluscum contagiosum
Nummular eczema
Onychomycosis
Paronychia
Pilonidal disease
Pityriasis rosea
Pressure ulcers
Psoriasis
Rosacea
Scabies
Seborrheic keratosis
Spider bites
Stevens-Johnson syndrome
Tinea infections
Tinea versicolor
Toxic epidermal necrolysis
Urticaria
Verrucae
Vitiligo

ENDOCRINOLOGY
Adrenal insufficiency
Cushing disease
Diabetes mellitus
Hyperthyroidism
Hypothyroidism

PSYCHIATRY/BEHAVIORAL MEDICINE
Anorexia nervosa
Anxiety disorders
Bipolar disorders
Bulimia nervosa
Insomnia disorder
Major depressive disorder

Panic disorder
Posttraumatic stress disorder
Specific phobia
Spouse or partner neglect/violence
Substance use disorders
Suicide

UROLOGY/RENAL
Balanitis
Benign prostatic hyperplasia
Chlamydia
Cystitis
Epididymitis
Glomerulonephritis
Gonorrhea
Hernias
Nephrolithiasis
Orchitis
Prostatitis
Pyelonephritis
Testicular cancer
Urethritis

HEMATOLOGY
Anemia
Clotting disorders
Leukemia
Lymphomas
Polycythemia
Thrombocytopenia

INFECTIOUS DISEASES
Human immunodeficiency virus
Influenza
Lyme disease
Meningitis
Mononucleosis
Salmonellosis
Shigellosis

URGENT CARE
Acute abdomen
Allergic reaction/anaphylaxis
Bites/stings
Burns
Cardiac failure/arrest
Deteriorating mental status/unconscious patient
Foreign body aspiration
Fractures/dislocations
Hypertensive crisis

Ingesting harmful substances (poisonings)
Myocardial infarction
Orbital cellulitis
Pneumothorax
Pulmonary embolus
Respiratory failure/arrest
Sprains/strains
Third trimester bleeding

See also PAEA Family Medicine End of Rotation Exam Blueprint: https://paeaonline.org/wp-content/uploads/imported-files/family-medicine-blueprint-20180524.pdf

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 592: Underserved Family Medicine
Supervised Clinical Practice Experience (SCPE)

Course Description

Primary care and family medicine are central to the MEDEX mission, which is why a significant portion of the clinical year is dedicated to primary care experiences. These rotations emphasize ambulatory care and focus on common medical problems, biopsychosocial factors, preventive care, and the evolving role of the primary care provider.

Students are placed in a variety of settings, including community clinics, large healthcare systems, independent practices, and urgent care clinics. Across these sites, they gain hands-on experience in diagnosing and managing patients using office-based, hospital, home, and community resources.

The Family Medicine curriculum is structured into four one-month courses:

- Family Medicine I focuses on pediatrics and includes the PAEA Pediatrics End of Rotation Exam.
- Family Medicine II emphasizes women's health and includes the PAEA Women's Health End of Rotation Exam.
- Family Medicine III centers on general primary care and includes the PAEA Family Medicine End of Rotation Exam.
- **Underserved Family Medicine takes place in a medically underserved setting and includes a reflective project. Students work with patients at higher risk for poor health outcomes due to limited access to healthcare resources, gaining valuable insights into social determinants of health and health equity.**

Qualifying underserved locations:

- Family practice clinics (or related fields such as urgent care) in Medically Underserved Areas or Primary Care Healthcare Provider Shortage Areas as defined by the Health Resources and Service Administration (HRSA): Qualifying underserved locations: https://data.hrsa.gov/topics/health-workforce/shortage-areas/by-address
- Community Health Centers and Federally Qualified Health Centers
- Indian Health Service clinics, Tribal and Alaska Native Health Centers, Native Hawaiian Health Care System centers
- Veterans Affairs primary care clinics
- Department of Corrections primary care health clinics.
- Occasionally specialty practices will be considered if the practice does direct outreach to medically underserved communities (to be approved by clinical team and documented in Exxat)

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum

Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair: Lee Ann Wetzel, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: lawetzel@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff
Reflex hammer
Pen light
Eye chart
Tape measure
Equipment bag (optional)

Course Rationale and Goals

Course Rationale

MEDEX 592: Underserved Family Medicine supervised clinical practice experience provides PA students with essential training in delivering comprehensive, patient-centered care to individuals and families across the lifespan. Family medicine serves as the cornerstone of primary care and a vital entry point into the healthcare system.

In this underserved rotation, students gain experience in diagnosing and managing a wide range of acute and chronic conditions within diverse and historically marginalized populations. Clinical training takes place primarily in outpatient community-based clinics, with potential exposure to urgent care settings. Emphasis is placed on preventive services, chronic disease management, and addressing the determinants of health that influence patient outcomes.

This rotation supports the development of clinical reasoning, evidence-based practice, health promotion, and culturally responsive care in outpatient settings where resource limitations and health disparities are most apparent. Students strengthen competencies in continuity of care, coordination of services, patient education, and interprofessional collaboration.

By focusing on the unique challenges of underserved populations, this rotation equips future PAs with the practical skills, cultural humility, and clinical judgment needed to provide high-quality, accessible, and cost-effective primary care in communities where it is needed most.

Course Goals

 Develop foundational competence in family medicine by gaining exposure to acute, chronic, and preventive health conditions across the lifespan, including infants, children, adolescents, adults, and older adults in underserved and diverse populations.

 Strengthen clinical reasoning and diagnostic skills through the assessment of patients of all ages, incorporating comprehensive history taking, physical examination, and judicious use of diagnostic studies in settings where resources may be limited.

 Enhance communication skills by effectively engaging with patients and families from diverse cultural, socioeconomic, and linguistic backgrounds, fostering trust, rapport, and shared decision-making.

 Promote patient and family centered, culturally responsive care by recognizing and addressing the impact of social determinants of health, health disparities, and structural barriers to care on patient outcomes.

 Apply principles of health promotion and disease prevention by counseling patients on nutrition, immunizations, screening, chronic disease prevention, lifestyle modifications, and anticipatory guidance tailored to community needs.

 Demonstrate professionalism and interprofessional collaboration in the family medicine clinical setting, working effectively with supervising providers, community health workers, and other healthcare team members to optimize care delivery.

 Prepare for practice in underserved settings by integrating evidence-based guidelines and sound clinical judgment in the management of patients across the lifespan, while recognizing the limits of one's knowledge and seeking supervision appropriately.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	Perform focused histories and physical examinations for patients across the lifespan seeking care for acute and chronic conditions in medically underserved primary care settings.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO2	Perform preventive health examinations for patients across the lifespan, incorporating age-appropriate screenings, immunizations, and anticipatory guidance.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO3	Apply evidence-based medical knowledge when making clinical decisions for patients in the family medicine setting	• Preceptor Evaluation • Student Self Evaluation	• KP3
LO4	Demonstrate knowledge of the basic principles of pathophysiology in the care of patients for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• KP1
LO5	Choose and accurately interpret appropriate diagnostic and laboratory testing for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• KP4
LO6	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list.	• Preceptor Evaluation	• KP4

		• Student Self Evaluation	
LO7	Demonstrate effective exchange of information when interacting with patients, families, caregivers, and other health professionals.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO8	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients across the lifespan.	• Preceptor Evaluation • Student Self Evaluation	• KP2 • KP3 • KP4
LO9	Generate treatment plans collaboratively, with patient input for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• KP5 • ICS2 • PC2
LO10	Accurately document patient encounters in the primary care setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO11	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation	• PB1
LO12	Demonstrate competence in the following technical skills: • Perform point-of-care blood glucose testing • Administer Injections	• Preceptor Evaluation • Student Self Evaluation	• PC3
LO13	Demonstrate cultural competency by delivering patient-centered care.	• Preceptor Evaluation • Student Self Evaluation • Underserved Populations Project	• SBP1

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For each condition on the topic list identify the following:
  - Epidemiology and Risk Factors

        - Identify populations most commonly affected and relevant risk factors or comorbidities.
    - Pathophysiology
        - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
    - Clinical Presentation
        - Recognize hallmark symptoms and classic patient presentations.
        - Distinguish pertinent positives and negatives that help differentiate from other conditions.
    - Physical Examination Findings
        - Note distinguishing or characteristic signs on examination.
    - Diagnostic Evaluation
        - Determine the initial diagnostic test of choice.
        - Be familiar with the most definitive or confirmatory test, if different.
        - Recall typical laboratory or imaging findings.
    - Differential Diagnosis
        - Identify key alternative diagnoses that must be considered or excluded.
    - Management and Treatment
        - Know the first-line therapy and evidence-based alternatives.
        - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
    - Complications and Prognosis
        - Understand potential sequelae if the condition is untreated or poorly managed.
    - Prevention and Screening
        - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
    - Red Flags and Emergencies
        - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive, age-appropriate histories across the lifespan, integrating medical, family, social, and preventive health information, while incorporating relevant lifestyle factors (nutrition, sleep, activity) and the influence of social determinants of health.
- Perform focused histories and physical examinations for patients presenting with acute conditions commonly seen in underserved family medicine.
- Perform focused histories and physical examinations for patients with chronic conditions, addressing barriers to management such as medication access, transportation, and health literacy.
- Conduct preventive health examinations for patients of all ages, including well-child, adolescent, adult, and geriatric care, with attention to developmental milestones, evidence-based screening, immunization guidelines, and health maintenance recommendations tailored to community needs.
- Provide anticipatory guidance and counseling to patients and families on health promotion, disease prevention, and age-appropriate lifestyle considerations, while adapting recommendations to cultural and socioeconomic context.
- Adapt communication and examination techniques based on developmental stage, cultural background, language preference, and individual patient needs.
- Order and interpret appropriate diagnostic and laboratory studies in alignment with clinical findings, while considering resource availability and cost-effectiveness in underserved settings.
- Deliver clear, concise, and well-organized oral case presentations using an accepted format such as the SOAP format.

- Accurately document acute, chronic, and preventive encounters in the medial record, demonstrating clarity, completeness, and adherence to professional standards.

Technical Skills

- Perform the following technical skills:
    - Perform point-of-care blood glucose testing
        - After performing hand hygiene and donning gloves, the student prepares the glucometer and test strip according to manufacturer instructions. A site is selected and cleansed with an alcohol swab, allowing the area to dry fully. Using a sterile lancet, a small puncture is made to obtain a drop of capillary blood. The first drop is often wiped away, and the second is applied directly to the test strip. The glucometer then provides a reading. The student must demonstrate proper sharps disposal, safe handling of biohazard materials, and accurate documentation of results in the patient record.
    - Administer injections
        - This procedure requires verifying the correct medication, dose, route, patient, time, and documentation. The student must perform proper hand hygiene, don gloves when indicated, and prepare the injection using aseptic technique. This includes selecting the correct syringe and needle size, inspecting the medication for clarity and expiration, and ensuring accurate dosing. The student should cleanse the injection site with an alcohol swab, allow it to dry, and demonstrate proper injection administration as well as proper disposal of sharps.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards specific to the clinical environment.
- Self-identify strengths and deficiencies in knowledge, skills, and attitudes in the clinical setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop comprehensive differential diagnoses for patients across the lifespan presenting with acute and chronic conditions encountered in family medicine.
- Construct differential diagnoses that account for age, developmental stage, comorbidities, and population-specific disease presentations.
- Interpret age-appropriate screening results (e.g., pediatric vision and hearing tests, adult cancer screenings, geriatric functional assessments) and determine appropriate follow-up for abnormal findings.
- Collaboratively develop patient-centered treatment plans, in consultation with the preceptor, incorporating both pharmacologic and non-pharmacologic management strategies.
- Identify and initiate appropriate referrals to specialty care, community resources, or ancillary services for patients with acute, chronic, or complex health conditions.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

- Demonstrate cultural competency by delivering patient-centered care that acknowledges and respects cultural beliefs, health practices, language preferences, and the determinants of health that influence outcomes in underserved populations.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

Underserved Populations Paper: The purpose of this paper is to examine the structural and systemic factors influencing access to healthcare among underserved rural and urban populations. Students will research and present information regarding the history and funding of their current clinical setting, and the role of advanced practice providers. Full instructions can be found on Canvas.

There is no End of Rotation Exam for this SCPE.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on this SCPE:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- The student must receive a passing score on the Underserved Populations project.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:

Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

Scoring for the Underserved Populations project will be recorded as credit (CR) or no credit (NC) for this assignment, and based on the rubric and instructions posted on Canvas.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 592: Family Medicine IV

The following list is to serve as a study guide for the student during the Family Medicine IV course. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

*****Note: there is no End of Rotation exam for this SCPE*****

PAEA Family Medicine End of Rotation Exam Topic List
(https://paeaonline.org/wp-content/uploads/imported-files/eor-familymed-topiclist-20200309.pdf)

CARDIOVASCULAR
Angina
Arrhythmias
Chest pain
Congestive heart failure
Coronary artery disease
Endocarditis
Hyperlipidemia
Hypertension
Hypertriglyceridemia
Peripheral vascular disease
Valvular disease

PULMONOLOGY
Asthma
Bronchitis
Chronic obstructive pulmonary disease
Lung cancer
Pneumonia
Sleep disorders
Tobacco use/dependence
Tuberculosis

GASTROINTESTINAL/NUTRITIONAL
Anal fissure
Appendicitis
Bowel obstruction
Cholecystitis/cholelithiasis
Cirrhosis
Colorectal cancer/colonic polyps
Diarrhea/constipation
Esophagitis
Gastritis
Gastroenteritis

Gastroesophageal reflux disease
Gastrointestinal bleeding
Giardiasis and other parasitic infections
Hemorrhoids
Hiatal hernia
Inflammatory bowel disease
Irritable bowel syndrome
Jaundice
Pancreatitis
Peptic ulcer disease
Viral hepatitis

ENOT/OPHTHALMOLOGY
Acute/chronic sinusitis
Allergic rhinitis
Aphthous ulcers
Blepharitis
Cholesteatoma
Conjunctivitis
Corneal abrasion
Corneal ulcer
Dacryocystitis
Ectropion
Entropion
Epistaxis
Glaucoma
Hordeolum
Hyphema
Labyrinthitis
Laryngitis
Macular degeneration
Ménière disease
Nasal polyps
Otitis externa
Otitis media
Papilledema
Parotitis
Peritonsillar abscess
Pharyngitis/tonsillitis
Pterygium
Retinal detachment
Retinal vascular occlusion
Retinopathy
Sialadenitis
Tinnitus
Tympanic membrane perforation

OBSTETRICS/GYNECOLOGY
Breast cancer
Breast mass

Cervical cancer
Contraception
Cystocele
Dysfunctional uterine bleeding
Dysmenorrhea
Intrauterine pregnancy
Menopause
Pelvic inflammatory disease
Rectocele
Spontaneous abortion
Vaginitis

ORTHOPEDICS/RHEUMATOLOGY
Acute and chronic lower back pain
Bursitis/tendonitis
Costochondritis
Fibromyalgia
Ganglion cysts
Gout
Osteoarthritis
Osteoporosis
Overuse syndrome
Plantar fasciitis
Reactive arthritis
Rheumatoid arthritis
Sprains/strains
Systemic lupus erythematosus

NEUROLOGY
Alzheimer disease
Bell palsy
Cerebral vascular accident
Delirium
Dementia
Dizziness
Essential tremor
Headaches (cluster, migraine, tension)
Parkinson disease
Seizure disorders
Syncope
Transient ischemic attack
Vertigo

DERMATOLOGY
Acanthosis nigricans
Acne vulgaris
Actinic keratosis
Alopecia
Basal cell carcinoma
Bullous pemphigoid

Cellulitis
Condyloma acuminatum
Dermatitis (eczema, seborrhea)
Drug eruptions
Dyshidrosis
Erysipelas
Erythema multiforme
Exanthems
Folliculitis
Hidradenitis suppurativa
Impetigo
Kaposi sarcoma
Lice
Lichen planus
Lichen simplex chronicus
Lipomas/epithelial inclusion cysts
Melanoma
Melasma
Molluscum contagiosum
Nummular eczema
Onychomycosis
Paronychia
Pilonidal disease
Pityriasis rosea
Pressure ulcers
Psoriasis
Rosacea
Scabies
Seborrheic keratosis
Spider bites
Stevens-Johnson syndrome
Tinea infections
Tinea versicolor
Toxic epidermal necrolysis
Urticaria
Verrucae
Vitiligo

ENDOCRINOLOGY
Adrenal insufficiency
Cushing disease
Diabetes mellitus
Hyperthyroidism
Hypothyroidism

PSYCHIATRY/BEHAVIORAL MEDICINE
Anorexia nervosa
Anxiety disorders
Bipolar disorders
Bulimia nervosa

Insomnia disorder
Major depressive disorder
Panic disorder
Posttraumatic stress disorder
Specific phobia
Spouse or partner neglect/violence
Substance use disorders
Suicide

UROLOGY/RENAL
Balanitis
Benign prostatic hyperplasia
Chlamydia
Cystitis
Epididymitis
Glomerulonephritis
Gonorrhea
Hernias
Nephrolithiasis
Orchitis
Prostatitis
Pyelonephritis
Testicular cancer
Urethritis

HEMATOLOGY
Anemia
Clotting disorders
Leukemia
Lymphomas
Polycythemia
Thrombocytopenia

INFECTIOUS DISEASES
Human immunodeficiency virus
Influenza
Lyme disease
Meningitis
Mononucleosis
Salmonellosis
Shigellosis

URGENT CARE
Acute abdomen
Allergic reaction/anaphylaxis
Bites/stings
Burns
Cardiac failure/arrest
Deteriorating mental status/unconscious patient
Foreign body aspiration

Fractures/dislocations
Hypertensive crisis
Ingesting harmful substances (poisonings)
Myocardial infarction
Orbital cellulitis
Pneumothorax
Pulmonary embolus
Respiratory failure/arrest
Sprains/strains
Third trimester bleeding

See also PAEA Family Medicine End of Rotation Exam Blueprint: https://paeaonline.org/wp-content/uploads/imported-files/family-medicine-blueprint-20180524.pdf

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 593: Inpatient Medicine
Supervised Clinical Practice Experience (SCPE)

Course Description

During this rotation, clinical students will gain essential experience managing high-acuity medical and surgical patients in a hospital setting. They will refine key clinical skills, including history-taking, physical examination, diagnostic test interpretation, and understanding of treatment protocols, all within the context of caring for acutely ill patients.

Students will actively participate in daily rounds and structured training sessions. Additional experiences may include collaborating with consulting specialists and engaging with a multidisciplinary care team to deliver comprehensive patient care.

This Supervised Clinical Practice Experience includes the PAEA Internal Medicine End of Rotation Exam.

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair:
Kira Vader, DMSc, MHS, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: kvader@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No

Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff
Reflex hammer
Pen light
Eye chart
Tape measure
Equipment bag (optional)

Course Rationale and Goals

Course Rationale

MEDEX 593: Inpatient Medicine supervised clinical practice experience provides PA students with essential training in the evaluation and management of hospitalized patients with acute and complex medical conditions.

Inpatient medicine represents a critical component of comprehensive patient care, bridging emergency, specialty, and outpatient services.

During this rotation, students gain experience in diagnosing, treating, and managing a broad spectrum of medical conditions affecting diverse patient populations. Training emphasizes acute care, chronic disease management in the inpatient setting, perioperative and post-acute care, and transitions of care. Students participate in daily patient rounds, collaborate with interprofessional healthcare teams, and contribute to care coordination across specialties and services.

This rotation supports the development of advanced clinical reasoning, evidence-based decision-making, and proficiency in diagnostic and therapeutic interventions common to hospital-based medicine. Students also refine their skills in documentation, oral case presentation, and interprofessional collaboration.

Given the central role of inpatient medicine in addressing acute health needs, reducing complications, and ensuring continuity of care, this rotation equips future PAs with the clinical judgment, professional skills, and practical experience necessary to provide high-quality, patient-centered care in the hospital setting.

Course Goals:

 Develop foundational competence in inpatient care by managing acute and chronic medical conditions in hospitalized patients across the lifespan, with particular attention to complex and multisystem illnesses.

 Strengthen clinical reasoning and diagnostic skills through comprehensive assessment, including history-taking, physical examination, and interpretation of laboratory and imaging studies, in the context of acute inpatient presentations.

 Enhance communication skills by effectively engaging with patients and their families regarding illness, prognosis, and care plans, using clear, empathetic, and developmentally or culturally appropriate approaches.

 Promote patient- and family-centered care by recognizing the influence of caregivers, social determinants of health, and cultural factors on health outcomes in the hospital setting.

 Apply principles of health promotion, disease prevention, and clinical management by counseling patients and families when appropriate, initiating evidence-based interventions, and supporting transitions of care.

 Demonstrate professionalism and interprofessional collaboration by working effectively with attending physicians, residents, nurses, and other healthcare team members in the inpatient setting.

 Prepare for practice by integrating evidence-based medicine and clinical judgment in the management of hospitalized patients, while recognizing the limits of one's knowledge and seeking guidance from supervising providers as needed.

Learning Outcomes

Learning Outcome (LO)	Method of Assessment	MEDEX Competency

LO1	**Perform focused histories and physical examinations** for adult and elderly patients admitted with acute or chronic medical conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO2	**Conduct comprehensive assessments** including functional status, comorbidities, and risk factors relevant to inpatient care.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO3	Apply evidence-based medical knowledge when making clinical decisions for hospitalized patients.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP3
LO4	Demonstrate knowledge of the basic principles of pathophysiology in the care of hospitalized patients for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP1
LO5	Choose and accurately interpret appropriate diagnostic and laboratory testing for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO6	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO7	Demonstrate effective exchange of information when interacting with patients/caregivers, and other health professionals, including the ability to deliver well organized patient presentations in the inpatient setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO8	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for hospitalized patients seeking care for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP2 • KP3 • KP4
LO9	**Develop treatment plans collaboratively** with patient input.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP5 • ICS2 • PC2

LO10	**Document inpatient encounters accurately,** including daily progress notes and discharge summaries.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO11	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• PB1
LO12	Demonstrate competence in the following technical skills: • Donning and doffing of personal protective equipment (PPE).	• Preceptor Evaluation • Student Self Evaluation	• PC3

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For each condition on the topic list identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.
    - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
  - Complications and Prognosis
    - Understand potential sequelae if the condition is untreated or poorly managed.
  - Prevention and Screening
    - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
  - Red Flags and Emergencies

        - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive patient histories, including social history, functional status, medication use, and relevant lifestyle factors, tailored to the adult inpatient population.
- Perform focused histories and physical examinations for hospitalized patients with acute conditions on the topic list.
- Perform focused histories and physical examinations for hospitalized patients with chronic conditions on the topic list.
- Assess overall functional status and preventive health needs for hospitalized patients, including risk factors for comorbidities and age appropriate health maintenance considerations.
- Provide patient education and counseling on expected disease course, management strategies, and preventive measures for conditions on the topic list.
- Order and interpret appropriate diagnostic studies based on patient history, physical examination, and clinical judgment.
- Deliver clear, concise, and well-organized oral case presentations using an appropriate structure, such as the SOAP format, for the inpatient care team.
- Maintain continuity of care by delivering clear and concise hand-off presentations using an appropriate structure such as I-PASS.
- Accurately document patient encounters in the medical record, including daily progress notes and discharge summaries.

Technical Skills

- Perform the following technical skills:
    - Donning and doffing of personal protective equipment (PPE).
        - **Donning** begins with performing hand hygiene, followed by putting on the gown, ensuring full coverage and secure fastening. A mask is then applied, fitted correctly over the nose and mouth, followed by protective eyewear or face shield. Gloves are donned last, pulled securely over the gown's cuffs to minimize skin exposure. The student should check that PPE is intact and correctly positioned before engaging in patient care.
        - **Doffing** requires careful attention to avoid contamination. Gloves are typically removed first using proper technique to avoid contact with the contaminated exterior, followed by removal of gown, face shield or goggles, and finally the mask. Hand hygiene must be performed between steps and immediately after all PPE has been removed.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards relevant to inpatient care, including reporting requirements for suspected abuse, neglect, or safety concerns.
- Reflect on personal clinical performance by identifying strengths and areas for improvement in knowledge, skills, and professional behavior within the inpatient setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop a differential diagnosis for hospitalized patients with acute and chronic conditions on the topic list.
- Construct differential diagnoses by integrating patient history, physical examination findings, comorbidities, and risk factors for conditions on the topic list.
- Interpret diagnostic and screening results (e.g., laboratory studies, imaging, functional assessments) and determine appropriate follow-up for abnormal findings.
- In collaboration with the preceptor, develop appropriate treatment plans including pharmacologic and non-pharmacologic treatment modalities.
- Identify and initiate appropriate referrals or consultations for inpatients with complex or specialized medical needs.

Interpersonal Skills:
- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

End of Rotation Exams: The Physician Assistant Education Association (PAEA) End of Rotation Exams (EoRs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each 120-question exam is built on a content blueprint and topic list developed by experienced PA educators and national exam experts, specifically for PA programs. See below for the topic list for this SCPE. EoRs are unproctored, closed book exams.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on each SCPE:
- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- Completion of the SmartyPANCE practice EoR exams by 11:55pm PT on the Thursday prior to the corresponding test.
- The student must receive a passing score on the PAEA EoR exam.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:
Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

End of Rotation exam scores are considered passing if they fall within 1.5 standard deviations below the national mean.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 593: Inpatient Medicine

The following list is to serve as a study guide for the student during the Inpatient Medicine course. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

PAEA Internal Medicine End of Rotation Exam Topic List
(online at: https://paeaonline.org/wp-content/uploads/imported-files/eor-internalmed-topiclist-20200309.pdf)

CARDIOVASCULAR
Angina pectoris
Cardiac arrhythmias/conduction disorders
Cardiomyopathy
Congestive heart failure
Coronary vascular disease
Endocarditis
Heart murmurs
Hyperlipidemia
Hypertension
Myocardial infarction
Myocarditis
Pericarditis
Peripheral vascular disease
Rheumatic fever
Rheumatic heart disease
Valvular heart disease
Vascular disease

PULMONOLOGY
Acute/chronic bronchitis
Asthma
Bronchiectasis
Carcinoid tumor
Chronic obstructive pulmonary disease
Cor pulmonale
Hypoventilation syndrome
Idiopathic pulmonary fibrosis
Pneumoconiosis
Pneumonia (viral, bacterial, fungal, human immunodeficiency virus-related)
Pulmonary hypertension
Pulmonary neoplasm
Sarcoidosis
Solitary pulmonary nodule

GASTROINTESTINAL/NUTRITIONAL
Acute and chronic hepatitis
Acute/chronic pancreatitis
Anal fissure/fistula
Cancer of rectum, colon, esophagus, stomach
Celiac disease
Cholangitis
Cholecystitis
Cholelithiasis
Cirrhosis
Crohn disease
Diverticular disease
Esophageal strictures
Esophageal varices
Esophagitis
Gastritis
Gastroenteritis
Gastroesophageal reflux disease
Hemorrhoid
Hepatic cancer
Hiatal hernia
Irritable bowel syndrome
Mallory-Weiss tear
Peptic ulcer disease
Ulcerative colitis

ORTHOPEDICS/RHEUMATOLOGY
Fibromyalgia
Gout/pseudogout
Polyarteritis nodosa
Polymyalgia rheumatica
Polymyositis
Reactive arthritis
Rheumatoid arthritis
Sjögren syndrome
Systemic lupus erythematosus
Systemic sclerosis (scleroderma)

ENDOCRINOLOGY
Acromegaly
Addison’s disease
Cushing disease
Diabetes insipidus
Diabetes mellitus (type I & type II)
Hypercalcemia
Hypernatremia
Hyperparathyroidism
Hyperthyroidism/thyroiditis
Hypocalcemia
Hyponatremia

Hypoparathyroidism
Hypothyroidism
Paget disease of the bone
Pheochromocytoma
Pituitary adenoma
Thyroid cancer

NEUROLOGY
Bell palsy
Cerebral aneurysm
Huntington disease
Intracranial tumors
Cerebral vascular accident
Cluster headaches
Coma
Complex regional pain syndrome
Concussion
Delirium
Dementia
Encephalitis
Essential tremor
Giant cell arteritis
Guillain-Barré syndrome
Meningitis
Migraine headaches
Multiple sclerosis
Myasthenia gravis
Parkinson disease
Peripheral neuropathies
Seizure disorders
Syncope
Tension headaches
Transient ischemic attacks

UROLOGY/RENAL
Acid base disturbances
Acute and chronic renal failure
Acute interstitial nephritis
Benign prostatic hyperplasia
Bladder cancer
Epididymitis
Erectile dysfunction
Glomerulonephritis
Hydrocele
Hydronephrosis
Hypervolemia
Hypovolemia
Nephritic syndrome
Nephritis
Polycystic kidney disease

Prostate cancer
Prostatitis
Pyelonephritis
Renal calculi
Renal cell carcinoma
Renal vascular disease
Testicular torsion
Urinary tract infection
Varicocele

CRITICAL CARE
Acute abdomen
Acute adrenal insufficiency
Acute gastrointestinal bleed
Acute glaucoma
Acute respiratory distress/failure
Angina pectoris
Cardiac arrest
Cardiac arrhythmias and blocks
Cardiac failure
Cardiac tamponade
Coma
Diabetic ketoacidosis/acute hypoglycemia
Hypertensive crisis
Myocardial infarction
Pericardial effusion
Pneumothorax
Pulmonary embolism
Seizures
Shock
Status epilepticus
Thyroid storm

HEMATOLOGY
Acute/chronic leukemia
Anemia of chronic disease
Clotting factor disorders
G6PD deficiency anemia
Hypercoagulable state
Idiopathic thrombocytopenic purpura
Iron deficiency anemia
Lymphoma
Multiple myeloma
Sickle cell anemia
Thalassemia
Thrombotic thrombocytopenic purpura
Vitamin B12 and folic acid deficiency anemia

INFECTIOUS DISEASE
Botulism

Candidiasis
Chlamydia
Cholera
Cryptococcus
Cytomegalovirus
Diphtheria
Epstein-Barr infection
Gonococcal infections
Herpes simplex infection
Histoplasmosis
Human immunodeficiency virus infection
Influenza
Lyme disease
Parasitic infections
Pertussis
Pneumocystis
Rabies
Rocky Mountain spotted fever
Salmonellosis
Shigellosis
Syphilis
Tetanus
Toxoplasmosis
Tuberculosis
Varicella zoster

See also PAEA Internal Medicine End of Rotation Exam Blueprint: https://paeaonline.org/wp-content/uploads/imported-files/internal-medicine-blueprint-20180524.pdf

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 594: Surgery
Supervised Clinical Practice Experience (SCPE)

Course Description

During this rotation, students will expand their understanding of surgical conditions and procedures, while being introduced to the fundamental principles of surgical management. They will actively participate in the preoperative, intraoperative, and postoperative care of patients.

The rotation also exposes students to the management of surgical emergencies and the outpatient follow-up of recently discharged patients, providing a comprehensive view of the surgical care continuum.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Surgery End of Rotation Exam.

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair: Jannelle Fukuji, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: jmd2011@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes

Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff
Reflex hammer
Pen light
Eye chart
Tape measure
Equipment bag (optional)

Course Rationale and Goals

Course Rationale

MEDEX 594: Surgery supervised clinical practice experience provides PA students with essential training in preoperative, intraoperative and postoperative care of patients undergoing surgical procedures. Surgery represents a critical component of comprehensive patient care, bridging emergency, inpatient, and outpatient services.

During this rotation, students gain experience in assessing, diagnosing, and managing a wide range of surgical conditions affecting diverse patient populations. Training emphasizes preoperative evaluation, intraoperative considerations, postoperative management, acute complications, and transitions of care. Students participate in daily surgical rounds, assist in operative and bedside procedures as appropriate, collaborate with interprofessional healthcare teams, and contribute to care coordination across surgical specialties and hospital services.

This rotation supports the development of advanced clinical reasoning, evidence-based decision-making, and proficiency in diagnostic and therapeutic interventions common to surgical care. Students also refine their skills in documentation, oral case presentation, and interprofessional collaboration within the perioperative environment.

Given the central role of surgery in addressing acute and chronic health needs, preventing complications, and ensuring continuity of care, this rotation equips future PAs with the clinical judgment, professional skills, and practical experience necessary to provide high-quality, patient-centered surgical care in the hospital setting.

Course Goals:

 Develop foundational competence in surgical patient care by managing preoperative, intraoperative, and postoperative aspects of acute and chronic surgical conditions on the topic list.

 Strengthen clinical reasoning and diagnostic skills through comprehensive assessment, including history-taking, physical examination, and interpretation of relevant laboratory and imaging studies, with attention to surgical indications and perioperative risk.

 Enhance communication skills by effectively engaging with patients and their families regarding surgical procedures, expected outcomes, potential complications, and care plans, using clear, empathetic, and culturally sensitive approaches.

 Promote patient and family centered care by recognizing the influence of caregivers, social determinants of health, and cultural factors on surgical outcomes and recovery.

 Apply principles of perioperative management, surgical decision-making, and evidence-based interventions to optimize patient outcomes, support transitions of care, and prevent complications.

 Demonstrate professionalism and interprofessional collaboration by working effectively with surgeons, anesthesiology providers, nurses, and other members of the surgical team.

 Prepare for practice by integrating evidence-based medicine, clinical judgment, and procedural knowledge in patient care while recognizing one's limits and seeking guidance from supervising providers as needed.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	**Perform focused histories and physical examinations for** patients with acute or chronic surgical conditions on the topic list.	• Preceptor Evaluation	• PC1

		• Student Self Evaluation	
LO2	Obtain focused preoperative histories and physical examinations, and participate in risk assessment to support safe surgical planning.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO3	Apply principles of sterile technique and surgical safety during intraoperative care.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO4	Assess patients in the postoperative period, including identification of potential complications.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO5	Apply evidence-based medical knowledge when making clinical decisions for surgical patients.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP3
LO6	Demonstrate knowledge of the basic principles of pathophysiology in the care of surgical patients for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP1
LO7	Choose and accurately interpret appropriate diagnostic and laboratory testing for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO8	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO9	Demonstrate effective exchange of information when interacting with patients/caregivers, and other health professionals, including the ability to deliver well organized patient presentations in the inpatient setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO10	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for surgical patients seeking care for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP2 • KP3 • KP4

LO11	Generate treatment plans collaboratively, with patient and surgical team input for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP5 • ICS2 • PC2
LO12	**Document inpatient surgical encounters accurately,** including preoperative evaluations, daily progress notes, and discharge summaries.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO13	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• PB1
LO14	Demonstrate competence in the following technical skills: • Demonstrate sterile technique during procedures • Suturing using simple interrupted suturing technique • Don sterile gloves	• Preceptor Evaluation • Student Self Evaluation	• PC3

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For each condition on the topic list identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology (Concise Overview)
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.

        - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
    - Complications and Prognosis
        - Understand potential sequelae if the condition is untreated or poorly managed.
    - Prevention and Screening
        - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
    - Red Flags and Emergencies
        - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive patient histories, including surgical history, comorbidities, functional status, medications, and relevant lifestyle factors, tailored to surgical patients.
- Perform focused histories physical examinations for hospitalized patients with acute surgical conditions, including preoperative assessments.
- Perform focused histories and physical examinations for hospitalized patients with chronic surgical or medical conditions, including postoperative follow-up.
- Assess overall functional status and perioperative risk, including comorbidities, nutritional status, and factors affecting surgical outcomes and recovery.
- Order and interpret appropriate diagnostic studies and imaging based on patient history, physical examination, and surgical management needs.
- Deliver clear, concise, and well-organized oral case presentations using a structured format, such as the SOAP format.
- Provide effective hand-offs using structured communication tools, such as I-PASS, to ensure safe transitions between care providers.
- Accurately document surgical patient encounters in the medical record, including preoperative evaluations, daily progress notes, procedure notes, and discharge summaries.

Technical Skills

- Perform the following technical skills:
    - Demonstrate sterile technique during procedures
        - The student should demonstrate proper hand hygiene, use of sterile gloves and equipment, and maintenance of a sterile field throughout the procedure. This includes opening sterile supplies without contamination, correctly draping the field, and avoiding breaks in technique such as reaching over or touching non-sterile areas. If contamination occurs, the student must recognize it promptly and take corrective action.
    - Suturing using simple interrupted suturing technique
        - The student should demonstrate selection of appropriate suture material and needle, and adherence to sterile technique. Using a needle driver and forceps, the needle is inserted at the correct angle and depth, passed symmetrically through both wound edges, and tied with secure, square knots. Each suture is placed individually, allowing for precise tension adjustment and easy removal if needed. Proper spacing, eversion of wound edges, and atraumatic handling of tissue are demonstrated.
    - Don sterile gloves
        - The student should perform hand hygiene first, then carefully open the glove package without contaminating the inner surfaces. Using proper technique, the dominant hand is inserted first by touching only the inside of the cuff, followed by the non-dominant hand,

which is placed over the outside of the first glove's cuff. Once both gloves are on, the student should adjust the fit without touching non-sterile surfaces.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards relevant to surgical care.
- Reflect on personal clinical performance by identifying strengths and areas for improvement in knowledge, skills, and professional behavior within the surgical setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop a differential diagnosis for surgical patients with acute and chronic conditions on the topic list.
- Construct differential diagnoses by integrating patient history, physical examination findings, comorbidities, and risk factors for conditions on the topic list.
- Interpret diagnostic results and determine appropriate surgical intervention for abnormal findings.
- In collaboration with the preceptor, develop appropriate treatment plans including pharmacologic and non-pharmacologic treatment modalities.
- Identify and initiate appropriate referrals or consultations for surgical patients with complex or specialized medical needs.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

End of Rotation Exams: The Physician Assistant Education Association (PAEA) End of Rotation Exams (EoRs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each 120-question exam is built on a content blueprint and topic list developed by experienced PA educators and national exam experts, specifically for PA programs. See below for the topic list for this SCPE. EoRs are unproctored, closed book exams.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on each SCPE:

- The student must receive a “credit” on the Preceptor Final Evaluation of the SCPE.
- Completion of the SmartyPANCE practice EoR exams by 11:55pm PT on the Thursday prior to the corresponding test.
- The student must receive a passing score on the PAEA EoR exam.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:
Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

End of Rotation exam scores are considered passing if they fall within 1.5 standard deviations below the national mean.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW’s policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/).”

Topic list for MEDEX 594: Surgery

The following list is to serve as a study guide for the student during the Surgery course. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

PAEA Surgery End of Rotation Exam Topic List
Online at: https://paeaonline.org/wp-content/uploads/2024/06/Surgery-Topic-List-2023.pdf

GASTROINTESTINAL
Gastrointestinal diagnoses
Anal disorders
Appendicitis
Bowel obstruction
Cholecystitis/cholelithiasis
Diverticulitis
Gastrointestinal bleeding
Hiatal hernia
Ileus
Inflammatory bowel disease
Malignancy of the gastrointestinal tract
Obesity
Pancreatitis
Peritonitis
Toxic megacolon
Perioperative gastrointestinal risk assessment and complications
Gastrointestinal procedures
Abdominal drains
Colonoscopy
Endoscopic retrograde cholangiopancreatography
Endoscopy
Ileostomy
Nasogastric tubes
Parenteral nutrition
Percutaneous endoscopic gastronomy tube

CARDIOVASCULAR
Cardiovascular diagnoses
Acute arterial occlusion
Aortic aneurysm
Aortic dissection
Chronic arterial insufficiency
Chronic venous insufficiency
Compartment syndrome

Coronary artery disease
Carotid artery stenosis
Intestinal ischemia
Renal vascular disease
Valvular heart disease
Varicose veins
Perioperative cardiovascular risk assessment and complications
Cardiovascular procedures
Advanced cardiac life support
Arteriovenous fistula placement
Central line placement
Permacath/port placement
Vascular access

PULMONARY/THORACIC SURGERY
Pulmonary/thoracic surgery diagnoses
Chylothorax
Empyema
Hemothorax
Lung malignancy
Mediastinal disorders
Pleural effusion
Pneumothorax
Pulmonary nodule
Perioperative pulmonary/thoracic surgery risk assessment and complications
Pulmonary/thoracic surgery procedures
Chest tube
Thoracentesis

BREAST SURGERY
Breast surgery diagnoses
Breast abscess
Benign breast disease
Carcinoma of the female breast
Carcinoma of the male breast
Disorders of the augmented breast
Fat necrosis
Mastitis
Phyllodes tumor
Perioperative breast surgery risk assessment and complications
Breast surgery procedures
Biopsy

DERMATOLOGIC
Dermatologic diagnoses
Burns
Cellulitis

Dermatologic neoplasms
Epidermal inclusion cyst
Hidradenitis suppurativa
Lipoma
Pressure ulcer
Perioperative dermatologic risk assessment and complications
Dermatologic procedures
Aspiration of seroma/hematoma
Incision and drainage of abscess
Skin biopsy
Skin graft and flap
Suturing

RENAL/GENITOURINARY
Renal/genitourinary diagnoses
Benign prostatic hyperplasia
Nephrolithiasis
Paraphimosis/phimosis
Testicular torsion
Urethral stricture
Urologic/renal neoplasms
Perioperative renal/genitourinary risk assessment and complications
Renal/genitourinary procedures
Lithotripsy
Urinary catheterization
Vasectomy

TRAUMA/ACUTE CARE
Trauma/acute care diagnoses
Acute abdomen
Alteration in consciousness
Compound fractures
Shock
Perioperative trauma/acute care risk assessment and complications
Trauma/acute care procedures
Transfusion

NEUROLOGIC/NEUROSURGERY
Neurologic/neurosurgery diagnoses
Carpal tunnel syndrome
Epidural hematoma
Neurologic neoplasms
Subarachnoid hemorrhage
Perioperative neurologic/neurosurgery risk assessment and complications
Neurologic/neurosurgery procedures
Lumbar puncture

PAIN MEDICINE/ANESTHESIA
Pain medicine/anesthesia diagnoses
Acute pain
Chronic pain
Substance use disorder
Perioperative pain medicine/anesthesia risk assessment and complications
Pain medicine/anesthesia procedures
Endotracheal intubation
Intravenous line placement
Local and regional anesthesia

ENDOCRINE
Endocrine diagnoses
Adrenal disorders
Endocrine neoplasms
Parathyroid disorders
Pituitary disorders
Thyroid disorders
Perioperative endocrine risk assessment and complications
Endocrine procedures
Fine needle biopsy

See Also PAEA Surgery End of Rotation Exam Blueprint: https://paeaonline.org/wp-content/uploads/2025/08/Surgery-Blueprint-2023-2.pdf

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*
Professional Behaviors: PBLI1, PB1

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 595: Behavioral Medicine
Supervised Clinical Practice Experience (SCPE)

Course Description

This rotation provides students with experiences in a variety of behavioral health settings, including outpatient clinics and inpatient treatment facilities. Placement sites may include state and federal correctional institutions, substance abuse treatment centers, outpatient clinics, and large multidisciplinary medical centers.

Students will encounter a wide range of psychiatric conditions and will participate in patient evaluation and treatment. This may include counseling, medical management, mental health assessments, and collaboration with healthcare providers through consultation.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Psychiatry and Behavioral Medicine End of Rotation Exam.

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair: Jannelle Fukuji, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: jmd2011@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No

Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff
Reflex hammer
Pen light
Eye chart
Tape measure
Equipment bag (optional)

Course Rationale and Goals

Course Rationale

MEDEX 595: Behavioral Medicine supervised clinical practice experience provides PA students with essential training in the assessment, diagnosis, and management of behavioral health conditions. Behavioral medicine is foundational to integrated patient care and represents a critical component of overall health.

This SCPE supports the development of clinical reasoning, evidence-based practice, and patient-centered interventions specific to behavioral health. It emphasizes the importance of continuity of care, care coordination, and culturally sensitive approaches in addressing mental health needs. Students also refine skills in patient communication, therapeutic interviewing, interprofessional collaboration, and patient education.

Given the central role of behavioral medicine in promoting overall health, this rotation equips future PAs with the clinical judgment, professional skills, and practical experience necessary to provide high-quality, patient-centered behavioral healthcare.

In clinical practice, it is essential for PAs to understand the distinction and overlap between **behavioral health** and **mental health** to provide comprehensive, patient-centered care.

Behavioral health is a broad field that encompasses mental health but also includes the impact of health-related behaviors on a patient's overall well being. This includes substance use, eating habits, physical activity, sleep patterns, and stress management. Behavioral health interventions often involve modifying these behaviors to improve both mental and physical health outcomes.

Mental health, a subset of behavioral health, focuses specifically on emotional, psychological, and social functioning. It involves the diagnosis and treatment of mental disorders such as depression, anxiety, bipolar disorder, PTSD, and schizophrenia.

As future clinicians, PAs must be equipped to recognize and manage both behavioral and mental health issues across diverse patient populations. This includes screening, brief interventions, referrals, and collaboration with mental health professionals to support holistic patient care.

Course Goals:

 Develop foundational competence in behavioral health care by gaining exposure to acute and chronic mental and behavioral health conditions.

 Strengthen clinical reasoning and diagnostic skills through comprehensive assessment of patients, incorporating psychiatric history-taking, mental status examination, and appropriate diagnostic and screening tools.

 Enhance communication skills by effectively engaging with patients and families, building trust, fostering rapport, and facilitating shared decision-making in behavioral health care.

 Promote patient-centered and culturally sensitive care by recognizing the impact of determinants of health, health disparities, and cultural diversity on mental health outcomes.

 Apply principles of behavioral health promotion and prevention by counseling patients on stress management, lifestyle interventions, coping strategies, and early identification of mental health concerns.

 Demonstrate professionalism and interprofessional collaboration in behavioral health settings, working effectively with supervising providers, therapists, social workers, and other healthcare team members.

 Prepare for practice by integrating evidence-based behavioral health guidelines and clinical judgment in the assessment and management of patients, while recognizing the limits of one's knowledge and seeking supervision as appropriate.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	**Perform focused behavioral health histories and mental status examinations** for patients presenting with acute or chronic mental health conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO2	**Conduct preventive and wellness assessments** in behavioral health, incorporating mental health screenings, psychosocial evaluations, and anticipatory guidance for mental health.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO3	Apply evidence-based medical knowledge when making clinical decisions for patients in the behavioral medicine setting	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP3
LO4	Demonstrate knowledge of the basic principles of pathophysiology in the care of patients for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP1
LO5	Choose and accurately interpret appropriate diagnostic and laboratory testing for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO6	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO7	Demonstrate effective exchange of information when interacting with patients, families, caregivers, and other health professionals in the behavioral health setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO8	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and diagnostic findings for patients with conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• KP2 • KP3 • KP4

		• End of Rotation Exam	
LO9	Generate treatment plans collaboratively, with patient input for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP5 • ICS2 • PC2
LO10	Accurately document patient encounters in the behavioral and mental health setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO11	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• PB1

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For each condition on the topic list identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.
    - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
  - Complications and Prognosis
    - Understand potential sequelae if the condition is untreated or poorly managed.

- Prevention and Screening
  - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
- Red Flags and Emergencies
  - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive, developmentally and age-appropriate behavioral health histories, incorporating psychiatric, medical, family, social, and preventive health histories, as well as relevant factors such as lifestyle, sleep, stress, coping strategies, and social determinants of health.
- Perform problem-focused behavioral health assessments for patients presenting with acute psychiatric or psychosocial conditions.
- Perform problem-focused assessments for patients with chronic behavioral health conditions, monitoring treatment response and functional status.
- Conduct preventive behavioral health evaluations appropriate to the patient's age, including mental health screenings, psychosocial assessments, and wellness promotion.
- Adapt communication and assessment techniques based on the patient's developmental stage, cultural background, and individual needs.
- Order and interpret appropriate behavioral health and laboratory assessments based on history, mental status, and clinical findings.
- Deliver clear, concise, and organized oral case presentations using an accepted structure including the SOAP format, tailored to behavioral health care.
- Accurately document behavioral health encounters in the medical record, including assessments, treatment plans, and follow-up recommendations, ensuring clarity, completeness, and adherence to professional standards

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards specific to the behavioral health environment.
- Self-identify strengths and deficiencies in knowledge, skills, and attitudes in the clinical setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop comprehensive differential diagnoses for patients presenting with acute and chronic conditions encountered in behavioral medicine (see topic list).
- Construct differential diagnoses that incorporate developmental stage, comorbid medical and psychiatric conditions, and population-specific presentations of behavioral health disorders.
- Interpret results from behavioral health screenings and assessments and determine appropriate follow-up for abnormal findings.
- Collaboratively develop patient-centered treatment plans, in consultation with the preceptor, integrating pharmacologic, psychotherapeutic, and psychosocial interventions.
- Identify and initiate appropriate referrals to specialty behavioral health care, community resources, or support services for patients with acute, chronic, or complex mental health needs.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

End of Rotation Exams: The Physician Assistant Education Association (PAEA) End of Rotation Exams (EoRs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each 120-question exam is built on a content blueprint and topic list developed by experienced PA educators and national exam experts, specifically for PA programs. See below for the topic list for this SCPE. EoRs are unproctored, closed book exams.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on each SCPE:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- Completion of the SmartyPANCE practice EoR exams by 11:55pm PT on the Thursday prior to the corresponding test.
- The student must receive a passing score on the PAEA EoR exam.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:

Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

End of Rotation exam scores are considered passing if they fall within 1.5 standard deviations below the national mean.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days,

nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 595: Behavioral Medicine

The following list is to serve as a study guide for the student during the Behavioral Medicine course. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

PAEA Psychiatry and Behavioral Medicine End of Rotation Exam Topic List
Online at: https://paeaonline.org/wp-content/uploads/imported-files/eor-psych-topiclist-20200309.pdf

DEPRESSIVE DISORDERS; BIPOLAR AND RELATED DISORDERS
Bipolar I disorder
Bipolar II disorder
Cyclothymic disorder
Major depressive disorder
Persistent depressive disorder (dysthymia)

ANXIETY DISORDERS; TRAUMA- AND STRESS-RELATED DISORDERS
Generalized anxiety disorder
Panic disorder
Phobic disorders
Post-traumatic stress disorder
Specific phobias

SUBSTANCE-RELATED DISORDERS
Alcohol-related disorders
Cannabis-related disorders
Hallucinogen-related disorders
Inhalant-related disorders
Opioid-related disorders
Sedative-, hypnotic-, or anxiolytic-related disorders
Stimulant-related disorders
Tobacco-related disorders

SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS
Delusional disorder
Schizoaffective disorder
Schizophrenia
Schizophreniform disorder

DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS; NEURODEVELOPMENTAL DISORDERS
Attention-deficit/hyperactivity disorder
Autism spectrum disorder
Conduct disorder

Oppositional defiant disorder

PERSONALITY DISORDERS; OBSESSIVE-COMPULSIVE AND RELATED DISORDERS
Antisocial personality disorder Narcissistic personality disorder
Avoidant personality disorder
Body dysmorphic disorder
Borderline personality disorder
Dependent personality disorder
Histrionic personality disorder
Obsessive-compulsive disorder
Obsessive-compulsive personality disorder
Paranoid personality disorder
Schizoid personality disorder
Schizotypal personality disorder

SOMATIC SYMPTOM AND RELATED DISORDERS; NONADHERENCE TO MEDICAL TREAMENT
Factitious disorder
Illness anxiety disorder
Somatic symptom disorder

FEEDING OR EATING DISORDERS
Anorexia nervosa Bulimia nervosa

PARAPHILIC DISORDERS; SEXUAL DYSFUNCTIONS
Exhibitionistic disorder
Female sexual interest/arousal disorder
Fetishistic disorder
Male hypoactive sexual desire disorder
Pedophilic disorder
Sexual masochism disorder
Voyeuristic disorder

See also PAEA Psychiatry and Behavioral Medicine End of Rotation Exam Blueprint: https://paeaonline.org/wp-content/uploads/imported-files/psychiatry-blueprint-20180608.pdf

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 596: Emergency Medicine
Supervised Clinical Practice Experience (SCPE)

Course Description

During this rotation, clinical students will encounter a broad spectrum of patient presentations, ranging from common outpatient complaints to critical, life-threatening conditions that demand rapid assessment and immediate intervention.

Students will gain experience in the fast-paced environment of the emergency department, developing the skills needed to efficiently evaluate, diagnose, and manage acute and serious illnesses. This rotation emphasizes quick clinical decision-making, prioritization of care, and exposure to a wide array of emergent conditions.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Emergency Medicine End of Rotation Exam.

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair: Kira Vader, DMSc, MHS, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: kvader@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes

Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff
Reflex hammer
Pen light
Eye chart
Tape measure
Equipment bag (optional)

Course Rationale and Goals

Course Rationale

MEDEX 596: Emergency Medicine supervised clinical practice experience provides PA students with essential training in the rapid evaluation and management of patients presenting with acute illnesses and

injuries. Emergency medicine represents a critical component of comprehensive healthcare, serving as the entry point for many patients into the healthcare system and bridging outpatient, inpatient, and specialty services.

During this rotation, students gain experience in assessing, diagnosing, and managing a wide spectrum of emergent conditions affecting diverse patient populations across the lifespan. This rotation supports the development of advanced clinical reasoning, evidence based decision making, and diagnostic and therapeutic interventions in emergency medicine. Students also refine their skills in documentation, oral case presentation, and interprofessional collaboration in a fast-paced, high-acuity environment.

Given the central role of emergency medicine in addressing acute health needs, this rotation equips future PAs with the clinical judgment, professional skills, and practical experience necessary to provide high-quality, patient-centered care.

Course Goals:

 Develop foundational competence in emergency patient care by managing acute medical, surgical, and traumatic conditions across the lifespan.

 Strengthen clinical reasoning and diagnostic skills through rapid and comprehensive assessment, including history taking, physical examination, and interpretation of laboratory, imaging, and point-of-care testing in the emergency setting.

 Enhance communication skills by effectively engaging with patients and families regarding acute care needs, diagnostic uncertainty, treatment options, and disposition planning, using clear, empathetic, and culturally sensitive approaches.

 Promote patient and family centered care by recognizing the influence of caregivers, determinants of health, and cultural factors on emergency care delivery and outcomes.

 Apply principles of acute stabilization, resuscitation, and evidence-based emergency interventions to optimize patient outcomes, support safe transitions of care, and prevent complications.

 Demonstrate professionalism and interprofessional collaboration by working effectively with emergency physicians, advance practice providers, consultants, nurses, paramedics, and other members of the healthcare team in the emergency department.

 Prepare for practice by integrating evidence-based medicine, clinical judgment, and procedural skills in the management of emergency patients, while recognizing one's limits and seeking guidance from supervising providers as appropriate.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	**Perform focused histories and physical examinations** for patients presenting with emergent medical conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• PC1

LO2	**Perform focused histories and physical examinations** for patients presenting with acute traumatic conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO3	**Apply evidence-based medical knowledge** when making clinical decisions for patients with emergent conditions on the topic list	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP3
LO4	Demonstrate knowledge of the basic principles of pathophysiology in the care of patients with emergent conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP1
LO5	Choose and accurately interpret appropriate diagnostic and laboratory testing for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO6	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP4
LO7	**Communicate effectively** with the healthcare team including delivering concise and well-organized oral case presentations in the emergency department setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO8	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients seeking care for emergent conditions on the topic list.	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP2 • KP3 • KP4
LO9	**Develop evidence-based treatment plans** collaboratively with patients, families, and the emergency care team	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• KP5 • ICS2 • PC2
LO10	**Document emergency encounters accurately,** including initial assessments, procedures, and discharge or admission summaries.	• Preceptor Evaluation • Student Self Evaluation	• ICS1

LO11	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation • End of Rotation Exam	• PB1
LO12	Demonstrate competence in the following technical skills: • Demonstrate sterile technique during procedures • Local anesthetic infiltration for wound management • Suturing using simple interrupted suturing technique • Demonstrate appropriate disposal of sharps	• Preceptor Evaluation • Student Self Evaluation	• PC3

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For each condition on the topic list identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology (Concise Overview)
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.
    - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
  - Complications and Prognosis
    - Understand potential sequelae if the condition is untreated or poorly managed.
  - Prevention and Screening
    - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
  - Red Flags and Emergencies

        - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive patient histories, including chief complaint, past medical and surgical history, medications, allergies, comorbidities, and relevant lifestyle factors, tailored to the emergency department population.
- Perform focused histories and physical examinations for patients presenting with acute or emergent conditions, prioritizing life-threatening issues.
- Perform problem focused assessments for patients with exacerbations of chronic medical conditions commonly encountered in the emergency setting.
- Order and interpret appropriate diagnostic studies and imaging based on presenting symptoms, history, physical examination, and clinical judgment in the emergency setting.
- Deliver clear, concise, and well organized oral case presentations using an accepted format appropriate for the emergency department.
- Provide effective hand-offs using structured communication tools, such as I-PASS, to ensure safe transitions of care within the ED and to inpatient or specialty services.
- Accurately document emergency department encounters in the medical record, including initial evaluations, procedures, and discharge summaries.

Technical Skills

- Perform the following technical skills:
    - Demonstrate sterile technique during procedures
        - The student should demonstrate proper hand hygiene, use of sterile gloves and equipment, and maintenance of a sterile field throughout the procedure. This includes opening sterile supplies without contamination, correctly draping the field, and avoiding breaks in technique such as reaching over or touching non-sterile areas. If contamination occurs, the student must recognize it promptly and take corrective action.
    - Local anesthetic infiltration for wound management
        - The student should select the appropriate anesthetic agent and needle size, perform hand hygiene, and adhere to sterile technique. The student should inspect the anesthetic agent for clarity and expiration. After identifying and preparing the injection site, the anesthetic is administered gradually into the tissue surrounding the wound, ensuring adequate coverage while minimizing patient discomfort. The student should aspirate when indicated, monitor for adverse reactions, and document the type, amount, and site of anesthetic used.
    - Suturing using simple interrupted suture technique
        - The student should demonstrate selection of appropriate suture material and needle, and adherence to sterile technique. Using a needle driver and forceps, the needle is inserted at the correct angle and depth, passed symmetrically through both wound edges, and tied with secure, square knots. Each suture is placed individually, allowing for precise tension adjustment and easy removal if needed. Proper spacing, eversion of wound edges, and atraumatic handling of tissue are demonstrated.
    - Demonstrate the appropriate disposal of sharps
        - The student should handle sharps carefully, avoiding recapping or unnecessary handling. Sharps must be immediately placed into a designated, puncture-resistant sharps container located at the point of use.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards relevant to the emergency department.
- Reflect on personal clinical performance by identifying strengths and areas for improvement in knowledge, skills, and professional behavior within the emergency department setting.
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop a differential diagnosis for patients presenting with acute/emergent conditions on the topic list.
- Construct differential diagnoses by integrating patient history, physical examination findings, comorbidities, and risk factors for conditions on the topic list.
- Interpret diagnostic results and determine appropriate intervention for abnormal findings.
- In collaboration with the preceptor, develop appropriate treatment plans including pharmacologic and non-pharmacologic treatment modalities.
- Identify and initiate appropriate referrals or consultations for patients in the emergency department with complex or specialized medical needs, and who may need hospital admission.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

End of Rotation Exams: The Physician Assistant Education Association (PAEA) End of Rotation Exams (EoRs) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Each 120-question exam is built on a content blueprint and topic list developed by experienced PA educators and national exam experts, specifically for PA programs. See below for the topic list for this SCPE. EoRs are unproctored, closed book exams.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on each SCPE:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.

- Completion of the SmartyPANCE practice EoR exams by 11:55pm PT on the Thursday prior to the corresponding test.
- The student must receive a passing score on the PAEA EoR exam.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:
Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

End of Rotation exam scores are considered passing if they fall within 1.5 standard deviations below the national mean.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 596: Emergency Medicine

The following list is to serve as a study guide for the student during the Emergency Medicine course. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

PAEA Emergency Medicine End of Rotation Exam Topic List
Online at https://paeaonline.org/wp-content/uploads/imported-files/eor-emergencymed-topiclist-20200309.pdf

CARDIOVASCULAR
Acute/subacute bacterial endocarditis
Angina
Arrhythmias
Cardiac tamponade
Chest pain
Conduction disorders (atrial fibrillation/flutter, supraventricular tachycardia, bundle branch block, ventricular tachycardia/fibrillation, premature beats)
Coronary heart disease (non-ST acute myocardial infarction, ST segment elevation acute myocardial infarction, angina pectoris, unstable angina, Prinzmetal/variant angina)
Dyspnea on exertion
Edema
Heart failure
Hypertensive emergencies
Hypotension (cardiogenic shock, orthostatic hypotension)
Orthopnea
Palpitations
Pericardial effusion
Peripheral vascular disease
Syncope
Valvular disease (aortic stenosis, aortic regurgitation, mitral stenosis, mitral regurgitation)
Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)

ORTHOPEDICS/RHEUMATOLOGY
Back strain/sprain
Bursitis/tendonitis
Cauda equina
Costochondritis
Ecchymosis/erythema

Fractures/dislocations (shoulder, forearm/wrist/hand, hip, knee, ankle/foot)
Gout
Herniated disk
Low back pain
Osteomyelitis
Pain
Septic arthritis
Soft tissue injuries
Sprains/strains
Swelling/deformity

GASTROINTESTINAL/NUTRITIONAL
Abdominal pain
Acute appendicitis
Acute cholecystitis
Acute hepatitis
Acute pancreatitis
Anal fissure/fistula/abscess
Anorexia
Change in bowel habits/diarrhea/constipation
Cholangitis
Cirrhosis
Diarrhea/constipation
Diverticular disease
Esophagitis
Gastritis
Gastroenteritis
Gastrointestinal bleeding
Giardiasis and other parasitic infections
Heartburn
Hematemesis
Hemorrhoids (thrombosed)
Hernia (incarcerated/strangulated)
Infectious diarrhea
Inflammatory bowel disease/toxic megacolon
Ischemic bowel disease
Jaundice
Mallory-Weiss tear
Melena; bleeding per rectum
Nausea/vomiting
Obstruction (small bowel, large bowel, volvulus)
Peptic ulcer disease

PULMONOLOGY
Acute bronchiolitis
Acute bronchitis
Acute epiglottitis
Acute respiratory distress syndrome
Asthma

Croup
Foreign body aspiration
Hemoptysis
Influenza
Lung cancer
Pertussis
Pleural effusion
Pleuritic chest pain
Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)
Pneumothorax
Pulmonary embolism
Respiratory syncytial virus
Shortness of breath
Tuberculosis
Wheezing

NEUROLOGY
Altered level of consciousness/coma
Bell palsy
Encephalitis
Epidural/subdural hematoma
Guillain-Barré syndrome
Head trauma/concussion/contusion
Headache (migraine, cluster, tension)
Intracerebral hemorrhage
Loss of consciousness/change in mental status
Loss of coordination/ataxia
Loss of memory
Meningitis
Numbness/paresthesia
Seizure (symptom)
Seizure disorders
Spinal cord injury
Status epilepticus
Stroke
Subarachnoid hemorrhage/cerebral aneurysm
Syncope
Transient ischemic attack
Vertigo
Weakness/paralysis

ENOT/OPHTHALMOLOGY
Acute laryngitis
Acute otitis media
Acute pharyngitis (viral, bacterial)
Acute sinusitis
Allergic rhinitis
Barotrauma
Blepharitis

Blow-out fracture
Conjunctivitis
Corneal abrasion/ulcer
Dacryoadenitis
Dental abscess
Ear pain
Epiglottitis
Epistaxis
Foreign body (eye, ear, nose)
Glaucoma (acute angle closure)
Hyphema
Labyrinthitis
Macular degeneration (wet)
Mastoiditis
Nasal congestion
Optic neuritis
Orbital cellulitis
Otitis externa
Papilledema
Peritonsillar abscess
Retinal detachment
Retinal vein occlusion
Sore throat
Trauma/hematoma (external ear)
Tympanic membrane perforation
Vertigo
Vision loss

UROLOGY/RENAL
Acid/base disorders
Acute renal failure
Incontinence
Nephrolithiasis
Cystitis
Dysuria
Epididymitis
Fluid and electrolyte disorders
Glomerulonephritis
Hematuria
Hernias
Orchitis
Prostatitis
Pyelonephritis
Suprapubic/flank pain
Testicular torsion
Urethritis

DERMATOLOGY
Bullous pemphigoid
Burns

Cellulitis
Dermatitis (eczema, contact)
Discharge
Drug eruptions
Erysipelas
Herpes zoster
Impetigo
Itching
Lice
Pilonidal disease
Pressure sores
Rash
Scabies
Spider bites
Stevens-Johnson syndrome
Toxic epidermal necrolysis
Urticaria
Viral exanthems

ENDOCRINOLOGY
Adrenal insufficiency
Cushing disease
Diabetes insipidus
Diabetes mellitus
Diabetic ketoacidosis
Heat/cold intolerance
Hyperparathyroidism
Hyperthyroidism
Hypothyroidism
Nonketotic hyperglycemia
Palpitations
Thyroiditis
Tremors

OBSTETRICS/GYNECOLOGY
Amenorrhea Pelvic inflammatory disease
Dysfunctional uterine bleeding Pelvic pain/dysmenorrhea
Ectopic pregnancy Placenta abruption
Endometriosis Placenta previa
Fetal distress Premature rupture of membranes
Intrauterine pregnancy Spontaneous abortion
Mastitis/breast abscess Vaginal discharge
Ovarian cysts Vaginitis

PSYCHIATRY/BEHAVIORAL MEDICINE
Anxiety disorders
Bipolar and related disorders
Depressive disorders
Neurocognitive disorders
Panic disorder

Posttraumatic stress disorder
Schizophrenia spectrum and other psychotic disorders
Spouse or partner neglect/violence
Substance use disorders
Suicide

HEMATOLOGY
Acute leukemia
Anemia
Aplastic anemia
Clotting factor disorders
Easy bruising
Fatigue
Hemolytic anemia
Hypercoagulable states
Lymphomas
Polycythemia
Sickle cell anemia/crisis
Thrombocytopenia

See Also PAEA Emergency Medicine End of Rotation Exam Blueprint: https://paeaonline.org/wp-content/uploads/imported-files/emergency-medicine-blueprint-20180524.pdf

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*
Professional Behaviors: PBLI1, PB1

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 597: Elective I
Supervised Clinical Practice Experience (SCPE)

Course Description

Clinical students participate in two elective one-month clinical experiences that are designed to complement and enhance their core training. These electives allow students to tailor their clinical education to their individual interests, career goals, and anticipated areas of practice. While each elective must be medically focused and relevant to physician assistant practice, the scope of opportunities is intentionally broad in order to support exploration, specialization, and professional development.

Elective rotations may be selected to:

- Gain additional exposure in a specialty area of interest, such as cardiology, orthopedics, dermatology, urgent care, or surgical subspecialties.
- Strengthen clinical competence in a core discipline by returning to a previously completed rotation, allowing students to reinforce skills and increase confidence.
- Explore practice settings that align with career aspirations, such as community clinics, academic medical centers, rural or underserved areas, or hospital-based systems.
- Broaden clinical perspective by working with diverse patient populations or unique practice models, thereby deepening understanding of healthcare delivery in different contexts.

Ultimately, the elective component of the clinical year empowers students to individualize their training while ensuring that all experiences remain grounded in the competencies required for safe, effective, and patient-centered physician assistant practice.

There is no PAEA End of Rotation Exam associated with elective Supervised Clinical Practice Experiences (SCPE).

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair: Kira Vader, DMSc, MHS, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: kvader@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff

Reflex hammer
Pen light
Eye chart
Tape measure
Equipment bag (optional)

Course Rationale and Goals

Course Rationale

MEDEX 597: Elective I, supervised clinical practice experience provides PA students with the opportunity to pursue individualized areas of interest within medicine while reinforcing core competencies of PA practice. Elective rotations are designed to complement required clinical experiences by offering exposure to specialty fields, unique practice environments, or advanced training in areas previously introduced during the core rotations.

Through this rotation, students gain hands-on experience tailored to their professional goals, whether deepening knowledge in a prospective specialty, broadening clinical exposure, or enhancing skills in a preferred practice setting. Electives may include opportunities in medical or surgical subspecialties, hospital- or community-based care, rural or urban health systems, or underserved populations.

This rotation supports the development of clinical reasoning, evidence-based practice, and patient-centered care across a wide range of medical disciplines. Students further refine skills in history-taking, physical examination, diagnostic evaluation, and treatment planning while adapting their approach to the unique needs of the chosen specialty or practice setting.

In addition to strengthening clinical competence, the elective experience emphasizes adaptability, interprofessional collaboration, and professional growth. By allowing students to explore specialty areas and evaluate potential career paths, the elective rotation helps bridge the transition from student to practicing clinician and underscores the versatility of the physician assistant role within the healthcare system.

Course Goals:

 Develop foundational competence in the chosen specialty or practice setting by gaining exposure to acute, chronic, and preventive health conditions relevant to physician assistant practice.

 Strengthen clinical reasoning and diagnostic skills through patient assessment, incorporating comprehensive history-taking, physical examination, and appropriate diagnostic studies.

 Enhance communication skills by effectively engaging with patients, families, and caregivers, fostering trust, rapport, and shared decision-making.

 Deliver patient-centered and culturally responsive care by recognizing the influence of social determinants of health, health disparities, and cultural diversity on health outcomes.

 Apply principles of health promotion and disease prevention by counseling patients on topics relevant to the specialty or clinical setting, such as screening, immunizations, nutrition, or lifestyle modifications.

 Demonstrate professionalism and interprofessional collaboration, working effectively with supervising providers and the broader healthcare team.

 Prepare for future clinical practice by integrating evidence-based guidelines, clinical judgment, and specialty-specific knowledge in the management of patients, while recognizing the limits of one's training and seeking supervision appropriately.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	Perform focused histories and physical examinations for patients relevant to the specialty, addressing both acute and chronic conditions within the scope of the rotation.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO2	Apply evidence based medical knowledge to clinical decision making within the elective practice environment.	• Preceptor Evaluation • Student Self Evaluation	• KP3
LO3	Demonstrate understanding of the basic principles of pathophysiology as they relate to conditions encountered in the elective setting.	• Preceptor Evaluation • Student Self Evaluation	• KP1
LO4	Select and accurately interpret appropriate diagnostic and laboratory tests relevant to the patient population and specialty focus.	• Preceptor Evaluation • Student Self Evaluation	• KP4
LO5	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for conditions encountered in the elective setting.	• Preceptor Evaluation • Student Self Evaluation	• KP4
LO6	Demonstrate effective exchange of information when interacting with patients, families, caregivers, and other health professionals.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO7	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients in the elective setting.	• Preceptor Evaluation • Student Self Evaluation •	• KP2 • KP3 • KP4
LO8	Generate treatment plans collaboratively, with patient input for conditions encountered in the elective setting.	• Preceptor Evaluation	• KP5 • ICS2 • PC2

		• Student Self Evaluation	
LO9	Accurately document patient encounters in the elective setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO10	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation	• PB1

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For conditions encountered in the elective setting identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology (Concise Overview)
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.
    - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
  - Complications and Prognosis
    - Understand potential sequelae if the condition is untreated or poorly managed.
  - Prevention and Screening
    - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
  - Red Flags and Emergencies
    - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive and context appropriate medical histories from patients, incorporating relevant medical, family, social, and preventive health information, as well as lifestyle factors and social determinants of health.
- Perform problem focused histories and physical examinations for patients presenting with acute conditions relevant to the elective setting.
- Perform problem focused histories and physical examinations for patients with chronic conditions relevant to the elective setting.
- Conduct preventive or screening examinations when appropriate to the patient population and clinical environment, incorporating specialty-specific guidelines and recommendations.
- Adapt communication and examination techniques based on the patient's developmental stage, cultural background, clinical complexity, and individual needs.
- Order and accurately interpret appropriate diagnostic and laboratory studies based on patient history and examination findings.
- Deliver clear, concise, and well-organized oral case presentations using an accepted format such as the SOAP format.
- Accurately document acute, chronic, and preventive care encounters in the medical record, demonstrating clarity, completeness, and adherence to professional standards.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards specific to the clinical environment.
- Self-identify strengths and deficiencies in knowledge, skills, and attitudes in the clinical setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop comprehensive differential diagnoses for patients presenting with acute and chronic conditions relevant to the elective specialty or practice setting.
- Construct differential diagnoses that consider patient age, developmental stage, comorbidities, and population-specific disease presentations.
- Interpret diagnostic and screening results appropriate to the specialty (e.g., laboratory studies, imaging, specialty-specific assessments) and determine appropriate follow-up for abnormal findings.
- Collaboratively develop patient-centered treatment plans, in consultation with the preceptor, incorporating pharmacologic, non-pharmacologic, and preventive management strategies as appropriate.
- Identify and initiate appropriate referrals to specialty care, ancillary services, or community resources to support patients with acute, chronic, or complex health needs.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on elective SCPEs:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:
Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 597: Elective I

Students should collaborate with the course director to develop topic lists for the Elective I and II courses. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*

University of Washington School of Medicine
MEDEX Northwest Physician Assistant Program

Course Syllabus
MEDEX 598: Elective II
Supervised Clinical Practice Experience (SCPE)

Course Description

Clinical students participate in two elective one-month clinical experiences that are designed to complement and enhance their core training. These electives allow students to tailor their clinical education to their individual interests, career goals, and anticipated areas of practice. While each elective must be medically focused and relevant to physician assistant practice, the scope of opportunities is intentionally broad in order to support exploration, specialization, and professional development.

Elective rotations may be selected to:

- Gain additional exposure in a specialty area of interest, such as cardiology, orthopedics, dermatology, urgent care, or surgical subspecialties.
- Strengthen clinical competence in a core discipline by returning to a previously completed rotation, allowing students to reinforce skills and increase confidence.
- Explore practice settings that align with career aspirations, such as community clinics, academic medical centers, rural or underserved areas, or hospital-based systems.
- Broaden clinical perspective by working with diverse patient populations or unique practice models, thereby deepening understanding of healthcare delivery in different contexts.

Ultimately, the elective component of the clinical year empowers students to individualize their training while ensuring that all experiences remain grounded in the competencies required for safe, effective, and patient-centered physician assistant practice.

There is no PAEA End of Rotation Exam associated with elective Supervised Clinical Practice Experiences (SCPE).

Course information

Quarter credit hours: 8
Prerequisites: Successful completion of the didactic curriculum
Course Format: Supervised Clinical Practice Experience

Course Director and Information

Course Chair: Kira Vader, DMSc, MHS, PA-C
Office: 4311 11th Ave NE, Suite 200, Seattle, WA
Office Hours: by appointment
Email: kvader@uw.edu
Staff email: medexcln@uw.edu

Textbooks, Subscriptions, Resources, and Equipment

Textbooks for the clinical year:

Clinical Year Textbooks	Available online (UW HS Library)
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision. 5th ed. Washington, DC: APA Publishing; 2022. ISBN 978-0-89042-576-3 (paperback) or ISBN 978-0-89042-575-6	Yes
Aehlert, Barbara. ECGs Made Easy – Book and Pocket Reference Package. 6th ed. Philadelphia, PA: Mosby; 2018. ISBN: 978-0323653596	No
Bickley LS, Szilagyi PG. Bates' Guide to Physical Examination and History Taking. 13th ed. Philadelphia PA: Lippincott Williams & Wilkins; 2020. ISBN: 978-1496398178	No
Dehn RW, Asprey DP. Essential Clinical Procedures. 4th ed Philadelphia PA: Saunders; 2020. ISBN: 978-0323624671	Yes
Feldman MD, Christensen JF. Behavioral Medicine: A Guide for Clinical Practice. 5th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260142686	Yes
Herring W. Learning Radiology: Recognizing the Basics, 5th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323567299	Yes
Robbins & Kumar Basic Pathology. 11th ed. Philadelphia PA: Elsevier; 2023. ISBN 978-0323790185	Yes
Pagana KD, Pagana TJ, Pagana TN. Mosby's Manual of Diagnostic and Laboratory Tests, 7th ed. St. Louis, MO: Elsevier; 2021. ISBN: 978-0323697033	No
Marcdante KJ, Kliegman RM. Nelson Essentials of Pediatrics. 9th ed. Philadelphia, PA: Elsevier Saunders; 2023. ISBN: 978-0323775625	Yes
Papadakis MA, McPhee SJ, Rabow MW, McQuaid KR. *Current Medical Diagnosis and Treatment 2024.* 63st ed. New York NY: McGraw-Hill; 2023. ISBN: 978-1265556037	Yes
Tintinalli J, Stapczynski J, Ma OJ, et al. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 9th ed. New York NY: McGraw-Hill; 2019. ISBN: 978-1260019933	Yes
Whalen K. Pharmacology. 8th ed. Philadelphia, PA: Wolters Kluwer; 2023. ISBN: 978-1975170554	No
American Heart Association, 202 Handbook of Emergency Cardiovascular Care, Dallas, TX, American Heart Association; 202. ISBN 978-1616697662	No
DeCherney, AH, Laufer N, Roman AS, eds. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology. 12th ed. McGraw Hill; 2019. ISBN: 978-0071833905	Yes

Subscriptions (provided by MEDEX):
Exxat for SCPE assignments, patient logging, and timesheets: https://exxat.com/
SmartyPANCE for End of Rotation exam preparation and practice exams: https://smartypance.com/
Kaplan PANCE Prep for self-study and PANCE preparation: https://www.kaptest.com/pance

Resources (provided by UW):
Access to UW library resources such as UpToDate, PubMed, and DynaMed, some textbooks: https://hsl.uw.edu/

Equipment
Tuning forks (512 Hz and 128 Hz)
Stethoscope
Oto-ophthalmoscope
Blood pressure cuff

Reflex hammer
Pen light
Eye chart
Tape measure
Equipment bag (optional)

Course Rationale and Goals

Course Rationale

MEDEX 598: Elective II supervised clinical practice experience provides PA students with the opportunity to pursue individualized areas of interest within medicine while reinforcing core competencies of PA practice. Elective rotations are designed to complement required clinical experiences by offering exposure to specialty fields, unique practice environments, or advanced training in areas previously introduced during the core rotations.

Through this rotation, students gain hands-on experience tailored to their professional goals—whether deepening knowledge in a prospective specialty, broadening clinical exposure, or enhancing skills in a preferred practice setting. Electives may include opportunities in medical or surgical subspecialties, hospital- or community-based care, rural or urban health systems, or underserved populations.

This rotation supports the development of clinical reasoning, evidence-based practice, and patient-centered care across a wide range of medical disciplines. Students further refine skills in history-taking, physical examination, diagnostic evaluation, and treatment planning while adapting their approach to the unique needs of the chosen specialty or practice setting.

In addition to strengthening clinical competence, the elective experience emphasizes adaptability, interprofessional collaboration, and professional growth. By allowing students to explore specialty areas and evaluate potential career paths, the elective rotation helps bridge the transition from student to practicing clinician and underscores the versatility of the physician assistant role within the healthcare system.

Course Goals:

 Develop foundational competence in the chosen specialty or practice setting by gaining exposure to acute, chronic, and preventive health conditions relevant to physician assistant practice.

 Strengthen clinical reasoning and diagnostic skills through patient assessment, incorporating comprehensive history-taking, physical examination, and appropriate diagnostic studies.

 Enhance communication skills by effectively engaging with patients, families, and caregivers, fostering trust, rapport, and shared decision-making.

 Deliver patient-centered and culturally responsive care by recognizing the influence of social determinants of health, health disparities, and cultural diversity on health outcomes.

 Apply principles of health promotion and disease prevention by counseling patients on topics relevant to the specialty or clinical setting, such as screening, immunizations, nutrition, or lifestyle modifications.

 Demonstrate professionalism and interprofessional collaboration, working effectively with supervising providers and the broader healthcare team.

 Prepare for future clinical practice by integrating evidence-based guidelines, clinical judgment, and specialty-specific knowledge in the management of patients, while recognizing the limits of one's training and seeking supervision appropriately.

Learning Outcomes

	Learning Outcome (LO)	Method of Assessment	MEDEX Competency
LO1	Perform focused histories and physical examinations for patients relevant to the specialty or practice setting, addressing both acute and chronic conditions within the scope of the rotation.	• Preceptor Evaluation • Student Self Evaluation	• PC1
LO2	Apply evidence based medical knowledge to clinical decision making within the elective practice environment.	• Preceptor Evaluation • Student Self Evaluation	• KP3
LO3	Demonstrate understanding of the basic principles of pathophysiology as they relate to conditions encountered in the elective setting.	• Preceptor Evaluation • Student Self Evaluation	• KP1
LO4	Select and accurately interpret appropriate diagnostic and laboratory tests relevant to the patient population and specialty focus.	• Preceptor Evaluation • Student Self Evaluation	• KP4
LO5	Demonstrate knowledge of pharmacology including the side effects of clinically useful drugs for conditions encountered in the elective setting.	• Preceptor Evaluation • Student Self Evaluation	• KP4
LO6	Demonstrate effective exchange of information when interacting with patients, families, caregivers, and other health professionals.	• Preceptor Evaluation • Student Self Evaluation	• ICS1 • ICS2
LO7	Apply clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients in the elective setting.	• Preceptor Evaluation • Student Self Evaluation •	• KP2 • KP3 • KP4
LO8	Generate treatment plans collaboratively, with patient input for conditions encountered in the elective setting.	• Preceptor Evaluation	• KP5 • ICS2

		• Student Self Evaluation	• PC2
LO9	Accurately document patient encounters in the elective setting.	• Preceptor Evaluation • Student Self Evaluation	• ICS1
LO10	Demonstrate the professional attributes of a physician assistant (PA).	• Preceptor Evaluation • Student Self Evaluation	• PB1

- *See Appendix 1 for MEDEX competencies and alignment with ARC-PA competency domains*

Instructional Objectives

Medical Knowledge

- For conditions encountered in the elective setting identify the following:
  - Epidemiology and Risk Factors
    - Identify populations most commonly affected and relevant risk factors or comorbidities.
  - Pathophysiology (Concise Overview)
    - Understand the underlying mechanism sufficient to connect clinical manifestations with disease processes.
  - Clinical Presentation
    - Recognize hallmark symptoms and classic patient presentations.
    - Distinguish pertinent positives and negatives that help differentiate from other conditions.
  - Physical Examination Findings
    - Note distinguishing or characteristic signs on examination.
  - Diagnostic Evaluation
    - Determine the initial diagnostic test of choice.
    - Be familiar with the most definitive or confirmatory test, if different.
    - Recall typical laboratory or imaging findings.
  - Differential Diagnosis
    - Identify key alternative diagnoses that must be considered or excluded.
  - Management and Treatment
    - Know the first-line therapy and evidence-based alternatives.
    - Be aware of contraindications, drug allergies, and patient-specific considerations (e.g., pregnancy, comorbidities).
  - Complications and Prognosis
    - Understand potential sequelae if the condition is untreated or poorly managed.
  - Prevention and Screening
    - Apply relevant guideline-based recommendations (e.g., USPSTF screening criteria).
  - Red Flags and Emergencies
    - Recognize urgent presentations requiring immediate stabilization, hospitalization, or advanced intervention.

Clinical Skills

- Obtain comprehensive and context appropriate medical histories from patients, incorporating relevant medical, family, social, and preventive health information, as well as lifestyle factors and social determinants of health.
- Perform problem focused histories and physical examinations for patients presenting with acute conditions relevant to the elective setting.
- Perform problem focused histories and physical examinations for patients with chronic conditions relevant to the elective setting.
- Conduct preventive or screening examinations when appropriate to the patient population and clinical environment, incorporating specialty-specific guidelines and recommendations.
- Provide patient education, anticipatory guidance, and counseling on health promotion and disease prevention topics relevant to the specialty or clinical practice setting.
- Adapt communication and examination techniques based on the patient's developmental stage, cultural background, clinical complexity, and individual needs.
- Order and accurately interpret appropriate diagnostic and laboratory studies based on patient history and examination findings.
- Deliver clear, concise, and well-organized oral case presentations using an accepted format such as the SOAP format.
- Accurately document acute, chronic, and preventive care encounters in the medical record, demonstrating clarity, completeness, and adherence to professional standards.

Professional Behaviors:

- Maintain patient confidentiality and adhere to legal and ethical standards specific to the clinical environment.
- Self-identify strengths and deficiencies in knowledge, skills, and attitudes in the clinical setting
- Demonstrate reliability and accountability to the team by completing assigned tasks, following protocols, and adhering to the clinical schedule and MEDEX attendance policy.

Clinical Reasoning and Problem-solving Skills:

- Develop comprehensive differential diagnoses for patients presenting with acute and chronic conditions relevant to the elective specialty or practice setting.
- Construct differential diagnoses that consider patient age, developmental stage, comorbidities, and population-specific disease presentations.
- Interpret diagnostic and screening results appropriate to the specialty (e.g., laboratory studies, imaging, specialty-specific assessments) and determine appropriate follow-up for abnormal findings.
- Collaboratively develop patient-centered treatment plans, in consultation with the preceptor, incorporating pharmacologic, non-pharmacologic, and preventive management strategies as appropriate.
- Identify and initiate appropriate referrals to specialty care, ancillary services, or community resources to support patients with acute, chronic, or complex health needs.

Interpersonal Skills:

- Demonstrate empathetic and culturally sensitive communication to patients, families, and other members of the healthcare team.
- Respond constructively to feedback in the clinical setting.

Assessment Tools

Preceptor evaluations: at the end of each SCPE preceptors will complete an evaluation that assesses the student's performance of the learning outcomes and instructional objectives.

Student mid self-evaluation with documented preceptor discussion: midway through the SCPE students are required complete a self-evaluation. Students must schedule a time to meet with the preceptor to discuss this self-evaluation and any additional feedback.

Grading

All supervised clinical practice experiences are graded as credit (CR) or no credit (NC).

All of the following are required to receive a CR grade on elective SCPEs:

- The student must receive a "credit" on the Preceptor Final Evaluation of the SCPE.
- Completion of the Student Mid Self-Evaluation with documented discussion with preceptor.
- Completion of the Student Final Evaluation of the Preceptorship.
- Completion of patient logging in Exxat.
- Completion of timesheet in Exxat.

Program Policies

Grading:
Final SCPE grade determinations are made by the Clinical Team. Any evaluation items that are marked as 1 or 2 will be reviewed to determine if any further action is needed, including potential referral to the Student Progress Committee.

More than one SCPE grade of NC will result in immediate referral to the Student Progress Committee and possible delays in program completion, deceleration, or dismissal from the program.

Attendance: attendance is required on all scheduled days during the SCPE. Students will be assigned the schedule by the practice and/or preceptor. Students can expect to be scheduled at any time including days, nights, weekdays, weekends, and holidays. Any absences must be approved in writing by the clinical coordinator and preceptor.

Time requirement:
All SCPEs require a minimum of 32 hours a week of patient care and associated tasks. This can be averaged over the four week course for a total of 128 hours during the SCPE. There is no maximum number of hours for a SCPE.

Remediation:
If a student fails an EoR, they must meet with their clinical coordinator to discuss strengths and opportunities and then pass the subsequent retest. If a student fails an EoR retest, then they receive a grade of NC and the SCPE must be repeated. They will also be referred to the Student Progress Committee.

Please review the Clinical Phase Manual for additional program policies

Institutional policies

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at Religious Accommodations Policy (/staff-faculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the Religious Accommodations Request form (/students/religious-accommodations-request/)."

Topic list for MEDEX 598: Elective II

Students should collaborate with course director to develop topic lists for the Elective I and II courses. Some of these conditions may be seen in clinic or may be discussed with the preceptor; many will require research and review outside the clinic, utilizing the required texts and supplemental materials. For each item on the topic list, students should be familiar with the etiology, pathophysiology, clinical presentation, diagnostic evaluation, pharmacologic and non-pharmacologic treatment options.

Appendix 1: MEDEX Competencies

Patient Care (PC)

PC1 - Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (History and physical exam)

PC2 - Demonstrate effective patient education and counseling to promote individual health. (Education and counseling)

PC3 - Perform technical skills relevant to entry-level PA practice in a primary care setting. (Tech skills)

Knowledge for Practice (KP)

KP1 – Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (Foundational science)

KP2 - Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (Create DDx)

KP3 - Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (Practice EBM)

KP4 - Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (Diagnostic Plan)

KP5 - Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (Therapeutic plan)

Practice-Based Learning and Improvement (PBLI)

PBLI1 - Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (Lifelong learning)

Interpersonal and Communication Skills (ICS)

ICS1 - Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (Documentation and Oral Clinical Presentation)
ICS2 - Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the health care team, patients, and families. (General communication skills)

Interprofessional Collaboration (IPC)
IPC1 - Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (IPE)

Systems-Based Practice (SBP)
SBP1 - Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)

Professional Behaviors (PB)
PB1 – Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a health care environment. (Professionalism)

MEDEX Competency Alignment with ARC-PA Learning Outcome Domains (6th edition):

Clinical Skills: *PC1, PC2, SBP1*
Technical Skills: *PC3*
Clinical Reasoning and Problem-solving Skills: *KP1, KP2, KP3, KP4, KP5*
Interpersonal Skills: *ICS1, ICS2, IPC1*
Medical Knowledge: *KP1, KP2, KP3, KP4, KP5*
Professional Behaviors: *PBLI1, PB1*

Appendix 3: Evaluations

Preceptor Evaluation of Student

MEDEX 589 Family Medicine I, pediatrics focus
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 589 Family Medicine I syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge when making clinical decisions for pediatric patients in the primary care setting (LO3).
Rating: 1 2 3 4
Demonstrates knowledge of the basic principles of pathophysiology in the care of pediatric patients for conditions on the topic list (LO4).
Rating: 1 2 3 4
Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for pediatric conditions on the topic list (LO6).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers (LO7).
Rating: 1 2 3 4
Demonstrates effective exchange of information with interacting with other health professionals (LO7).
Rating: 1 2 3 4
Responds constructively to feedback in the clinical setting (LO11).
Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused histories and physical examinations for the following patient populations seeking care for conditions on the topic list (LO1):
- Infants with chronic conditions
  Rating: 1 2 3 4

- Infants with acute conditions
  Rating: 1 2 3 4

- Children with chronic conditions
  Rating: 1 2 3 4

- Children with acute conditions
  Rating: 1 2 3 4

- Adolescents with chronic conditions
  Rating: 1 2 3 4

- Adolescents with acute conditions
  Rating: 1 2 3 4

Performs a preventive well-child examination considering developmental milestones for the following patient patients (LO2):

- Infants
  Rating: 1 2 3 4

- Children
  Rating: 1 2 3 4

- Adolescents
  Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately documents pediatric patient encounters (LO10).
Rating: 1 2 3 4

Comments: _____

Technical Skills

Performs the following pediatric procedures safely and effectively (LO12):

Throat culture
Rating: 1 2 3 4

Injections

Rating: 1 2 3 4

Respiratory viral nasal swab
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for the following patients (LO8):
Infants
Rating: 1 2 3 4
Children
Rating: 1 2 3 4
Adolescents
Rating: 1 2 3 4
Generates treatment plans collaboratively, with patient or parent input for conditions on the topic list (LO9):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO11):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 589 Family Medicine I syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 589 Family Medicine I syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 590 Family Medicine II, women's health focus
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 590 Family Medicine II syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge when making clinical decisions for women's health patients in the primary care setting (LO3).
Rating: 1 2 3 4
Demonstrates knowledge of the basic principles of pathophysiology in the care of patients with women's health conditions on the topic list (LO4).
Rating: 1 2 3 4
Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for women's health conditions on the topic list (LO6).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers (LO7).
Rating: 1 2 3 4
Demonstrates effective exchange of information with interacting with other health professionals (LO7).
Rating: 1 2 3 4

Responds constructively to feedback in the clinical setting (LO11).
Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused histories and physical examinations for the following patient populations seeking care for conditions on the topic list (LO1):
- Gynecologic - acute

Rating: 1 2 3 4

- Gynecologic - chronic
  Rating: 1 2 3 4

Prenatal care – acute
- Rating: 1 2 3 4

- Prenatal care – chronic
- Rating: 1 2 3 4

Performs a preventive women's health examination which includes the following elements (LO2):
- Age Appropriate Screening
- Rating: 1 2 3 4

- Reproductive Health Needs
- Rating: 1 2 3 4

- Sexual Health Needs
- Rating: 1 2 3 4

- Anticipatory Guidance (patient counseling)
- Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately documents prenatal patient encounters (LO10).
Rating: 1 2 3 4

Accurately documents gynecologic patient encounters (LO10).
Rating: 1 2 3 4

Comments: _____

Technical Skills

Performs the following women's health procedures safely and effectively (LO12):

Pelvic examination including cervical cytology collection (Pap Smear)
Rating: 1 2 3 4

Clinical breast Exam
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for the following patients (LO8):
Gynecologic
Rating: 1 2 3 4
Prenatal care
Rating: 1 2 3 4

Generates treatment plans collaboratively, with patient input for conditions on the topic list (LO9):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO11):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 590 Family Medicine II syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 590 Family Medicine II syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 591 Family Medicine III, general family medicine focus
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 591 Family Medicine III syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge when making clinical decisions for adult patients in the primary care setting (LO3).
Rating: 1 2 3 4
Applies evidence-based medical knowledge when making clinical decisions for elderly patients in the primary care setting (LO3).
Rating: 1 2 3 4
Demonstrates knowledge of the basic principles of pathophysiology in the care of adult patients with health conditions on the topic list (LO4).
Rating: 1 2 3 4
Demonstrates knowledge of the basic principles of pathophysiology in the care of elderly patients with health conditions on the topic list (LO4).
Rating: 1 2 3 4

Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list (LO6).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers (LO7).
Rating: 1 2 3 4
Demonstrates effective exchange of information with interacting with other health professionals (LO7).
Rating: 1 2 3 4
Responds constructively to feedback in the clinical setting (LO11)
Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused histories and physical examinations for patients seeking care for the following types of conditions on the topic list (LO1):

- Acute

  Rating: 1 2 3 4

- Chronic

  Rating: 1 2 3 4

Performs preventive health examinations for adult patients which includes the following elements (LO2):

- Age Appropriate Screening
- Rating: 1 2 3 4

- Immunizations
- Rating: 1 2 3 4

- Anticipatory Guidance (patient counseling)
- Rating: 1 2 3 4

Performs preventive health examinations for elderly patients which includes the following elements (LO2):

- Age Appropriate Screening
- Rating: 1 2 3 4

- Immunizations
- Rating: 1 2 3 4

- Anticipatory Guidance (patient counseling)
- Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO5).

Rating: 1 2 3 4

Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO5).

Rating: 1 2 3 4

Accurately documents adult patient encounters (LO10).

Rating: 1 2 3 4

Comments: _____

Technical Skills

Performs the following procedures safely and effectively (LO12):

Collection of a respiratory viral nasal swab specimen
Rating: 1 2 3 4

Placement of electrocardiogram (ECG) electrodes
Rating: 1 2 3 4

Collection of a throat culture specimen
Rating: 1 2 3 4

Performance of a urinalysis dipstick test
Rating: 1 2 3 4
Interpretation of a urinalysis dipstick test
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients across the lifespan (LO8):
Rating: 1 2 3 4

Generates treatment plans collaboratively, with patient input for conditions on the topic list (LO9):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO11):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 591 Family Medicine III syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 591 Family Medicine III syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 592 Family Medicine Underserved
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 592 Family Medicine Underserved syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge when making clinical decisions for patients in the primary care setting (LO3).
Rating: 1 2 3 4
Demonstrates knowledge of the basic principles of pathophysiology in the care of patients with health conditions on the topic list (LO4).
Rating: 1 2 3 4
Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for patients with conditions on the topic list (LO6).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers (LO7).
Rating: 1 2 3 4
Demonstrates effective exchange of information with interacting with other health professionals (LO7).
Rating: 1 2 3 4
Responds constructively to feedback in the clinical setting (LO11)
Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused histories and physical examinations for patients across the lifespan seeking care in medically underserved primary care settings for the following types of conditions on the topic list (LO1):

- Acute

  Rating: 1 2 3 4

- Chronic
  Rating: 1 2 3 4

Performs a preventive health examination which includes the following elements (LO2):

- Age Appropriate Screening
- Rating: 1 2 3 4

- Immunizations
- Rating: 1 2 3 4

- Anticipatory Guidance (patient counseling)
- Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately documents patient encounters (LO10).
Rating: 1 2 3 4

Comments: _____

Technical Skills

Performs the following procedures safely and effectively (LO12):

Administer injections
Rating: 1 2 3 4

Perform point-of-care blood glucose testing
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients across the lifespan (LO8):
Rating: 1 2 3 4

Generates treatment plans collaboratively, with patient input for conditions on the topic list (LO9):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO11):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4
Demonstrates cultural competency by delivering patient-centered care (LO13):
Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 592 Family Medicine Underserved syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 592 Family Medicine Underserved syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 593 Inpatient Medicine
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 593 Inpatient Medicine syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge when making clinical decisions for hospitalized patients. (LO3).

Rating: 1 2 3 4

Demonstrates knowledge of the basic principles of pathophysiology in the care of hospitalized patients for conditions on the topic list (LO4).

Rating: 1 2 3 4

Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list (LO6).

Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers (LO7).

Rating: 1 2 3 4

Demonstrates effective exchange of information with interacting with other health professionals (LO7).

Rating: 1 2 3 4

Responds constructively to feedback in the clinical setting (LO11).

Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused histories and physical examinations for the following patient populations seeking care for conditions on the topic list (LO1):

- Adults with chronic conditions

Rating: 1 2 3 4

- Adults with acute conditions
  Rating: 1 2 3 4

- Elderly patients with chronic conditions
  Rating: 1 2 3 4

- Elderly patients with acute conditions
  Rating: 1 2 3 4

Performs comprehensive patient assessments including evaluation of the following: (LO2):

- Functional status
  Rating: 1 2 3 4

- Comorbidities
  Rating: 1 2 3 4

- Risk Factors
  Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately documents inpatient encounters including: (LO10).
Daily Progress Notes:
Rating: 1 2 3 4
Discharge Summaries
Rating: 1 2 3 4

Comments: _____

Technical Skills

Performs the following procedures safely and effectively (LO12):

Donning of PPE
Rating: 1 2 3 4

Doffing of PPE
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for hospitalized patients (LO8):
Rating: 1 2 3 4
Generates treatment plans collaboratively, with patient input (LO9):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO11):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 593 Inpatient Medicine syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 593 Inpatient Medicine syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 594 Surgery
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 594 Surgery syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Demonstrates knowledge of the basic principles of pathophysiology in the care of surgical patients for conditions on the topic list (LO6).
Rating: 1 2 3 4
Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list (LO8).
Rating: 1 2 3 4
Applies evidence-based medical knowledge when making clinical decisions for surgical patients (LO5).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers (LO9).
Rating: 1 2 3 4
Demonstrates effective exchange of information with interacting with other health professionals (LO9).
Rating: 1 2 3 4
Demonstrates the ability to deliver well organized patient presentations in the inpatient setting (LO9).
Rating: 1 2 3 4

Responds constructively to feedback in the clinical setting (LO13)
Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused histories and physical examinations for the following patient populations seeking care for surgical conditions on the topic list (LO1):

- Patients with chronic surgical conditions
  Rating: 1 2 3 4

- Patients with acute surgical conditions
  Rating: 1 2 3 4

Performs the following preoperative patient assessments (LO2):

- Focused history and physical examination
  Rating: 1 2 3 4

- Surgical risk assessment to support safe surgical planning.
  Rating: 1 2 3 4

Applies the following principles during intraoperative care (LO3):

Sterile technique
Rating: 1 2 3 4
Surgical Safety
Rating: 1 2 3 4

Accurately assesses patients in the postoperative period, including identification of potential complications (LO4).
Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO7).
Rating: 1 2 3 4

Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO7).
Rating: 1 2 3 4

Accurately documents inpatient surgical encounters including: (LO12).
Preoperative Evaluations:
Rating: 1 2 3 4
Daily Progress Notes:
Rating: 1 2 3 4
Discharge Summaries
Rating: 1 2 3 4

Comments: _____

Technical Skills

Performs the following procedures safely and effectively (LO14):

Demonstration of sterile technique during procedures
Rating: 1 2 3 4

Suturing using simple interrupted suturing technique
Rating: 1 2 3 4

Donning of sterile gloves
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients seeking care for conditions on the topic list (LO10):
Rating: 1 2 3 4
Generates treatment plans collaboratively, with patient input (LO11):
Rating: 1 2 3 4
Generates treatment plans collaboratively, with surgical team input (LO11):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO13):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 594 Surgery syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 594 Surgery syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 595 Behavioral Medicine
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 595 Behavioral Medicine syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge when making clinical decisions for patients in the behavioral medicine setting (LO3).
Rating: 1 2 3 4
Demonstrates knowledge of the basic principles of pathophysiology in the care of patients for conditions on the topic list (LO4).
Rating: 1 2 3 4
Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list (LO6).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers in the behavioral health setting (LO7).
Rating: 1 2 3 4
Demonstrates effective exchange of information with interacting with other health professionals in the behavioral health setting (LO7).
Rating: 1 2 3 4
Responds constructively to feedback in the clinical setting (LO11)
Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused behavioral health histories and mental status examinations for the following patient populations seeking care for conditions on the topic list (LO1):

- Acute mental health conditions
  Rating: 1 2 3 4

- Chronic mental health conditions

Rating: 1 2 3 4

Conducts preventive and wellness assessments in behavioral health incorporating the following elements (LO2):

- **Mental Health Screenings**
  Rating: 1 2 3 4

- **Psychosocial Evaluations**
  Rating: 1 2 3 4

- **Anticipatory guidance for mental health (patient counseling)**
  Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately documents patient encounters in the behavioral and mental health setting (LO10).
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients with conditions on the topic list (LO8):
Rating: 1 2 3 4
Generates treatment plans collaboratively with patient input for conditions on the topic list (LO9):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO11):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 595 Behavioral Medicine syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 595 Behavioral Medicine syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 596 Emergency Medicine
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 596 Emergency Medicine syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge when making clinical decisions for patients with emergent conditions on the topic list. (LO3).
Rating: 1 2 3 4
Demonstrates knowledge of the basic principles of pathophysiology in the care of patients with emergent conditions on the topic list (LO4).
Rating: 1 2 3 4
Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for conditions on the topic list (LO6).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Communicates effectively with the healthcare team in the emergency department setting. (LO7).
Rating: 1 2 3 4
Delivers concise and well-organized oral case presentations in the emergency department setting. (LO7).
Rating: 1 2 3 4
Responds constructively to feedback in the clinical setting (LO11)
Rating: 1 2 3 4
Comments: _____

Clinical Skills

Performs focused histories and physical examinations for patients presenting with emergent medical conditions on the topic list (LO1):
Rating: 1 2 3 4

Performs focused histories and physical examinations for patients presenting with acute traumatic conditions on the topic list (LO2):
Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO5).
Rating: 1 2 3 4

Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO5).
Rating: 1 2 3 4
Accurately documents patient encounters in the emergency department including: (LO10).
Initial assessments:
Rating: 1 2 3 4
Procedures:
Rating: 1 2 3 4
Discharge summaries:
Rating: 1 2 3 4
Admission summaries:
Rating: 1 2 3 4

Comments: _____

Technical Skills

Performs the following procedures safely and effectively (LO12):

Demonstrates sterile technique during procedures
Rating: 1 2 3 4

Local anesthetic infiltration for wound management
Rating: 1 2 3 4
Suturing using simple interrupted suturing technique
Rating: 1 2 3 4
Demonstrates appropriate disposal of sharps
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients seeking care for emergent conditions on the topic list (LO8):
Rating: 1 2 3 4
Generates treatment plans collaboratively with patients and families (LO9):
Rating: 1 2 3 4
Generates treatment plans collaboratively with the emergency care team (LO9):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO11):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 596 Emergency Medicine syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 596 Emergency Medicine syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 597 Elective I
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 597 Elective I syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge to clinical decision making within the elective practice environment (LO2).
Rating: 1 2 3 4
Demonstrates understanding of the basic principles of pathophysiology as they relate to conditions encountered in the elective setting (LO3).
Rating: 1 2 3 4
Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for conditions encountered in the elective setting (LO5).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers (LO6).
Rating: 1 2 3 4
Demonstrates effective exchange of information with interacting with other health professionals (LO6).
Rating: 1 2 3 4
Responds constructively to feedback in the clinical setting (LO10)
Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused histories and physical examinations for the following patient populations seeking care for conditions relevant to the specialty (LO1):

- Patients with acute conditions
  Rating: 1 2 3 4

- Patients with chronic conditions
  Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO4).
Rating: 1 2 3 4
Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO4).
Rating: 1 2 3 4
Accurately documents patient encounters in the elective setting (LO9).
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients in the elective setting (LO7):
Rating: 1 2 3 4
Generates treatment plans collaboratively with patient input for conditions encountered in the elective setting (LO8):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO10):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 597 Elective I syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 597 Elective I syllabus. Would benefit from repeating the rotation.

Preceptor Evaluation of Student

MEDEX 598 Elective II
Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

Please see the MEDEX 598 Elective II syllabus for associated Learning Outcomes (LOs)

Medical Knowledge

Applies evidence-based medical knowledge to clinical decision making within the elective practice environment (LO2).
Rating: 1 2 3 4
Demonstrates understanding of the basic principles of pathophysiology as they relate to conditions encountered in the elective setting (LO3).
Rating: 1 2 3 4
Demonstrates knowledge of pharmacology including the side effects of clinically useful drugs for conditions encountered in the elective setting (LO5).
Rating: 1 2 3 4

Comments: _____

Interpersonal Skills

Demonstrates effective exchange of information when interacting with patients/caregivers (LO6).
Rating: 1 2 3 4
Demonstrates effective exchange of information with interacting with other health professionals (LO6).
Rating: 1 2 3 4
Responds constructively to feedback in the clinical setting (LO10)
Rating: 1 2 3 4

Comments: _____

Clinical Skills

Performs focused histories and physical examinations for the following patient populations seeking care for conditions relevant to the specialty (LO1):

- Patients with acute conditions
  Rating: 1 2 3 4

- Patients with chronic conditions
  Rating: 1 2 3 4

Chooses appropriate diagnostic and laboratory testing for conditions on the topic list (LO4).
Rating: 1 2 3 4
Accurately interprets diagnostic and laboratory results for conditions on the topic list (LO4).
Rating: 1 2 3 4
Accurately documents patient encounters in the elective setting (LO9).
Rating: 1 2 3 4

Comments: _____

Clinical Reasoning and Problem-solving Skills

Applies clinical reasoning to construct a differential diagnosis utilizing history, physical exam, and laboratory findings for patients in the elective setting (LO7):
Rating: 1 2 3 4
Generates treatment plans collaboratively with patient input for conditions encountered in the elective setting (LO8):
Rating: 1 2 3 4

Comments: _____

Professional Behaviors

Demonstrates the professional attributes of a physician assistant in the following categories (LO10):
Maintains patient confidentiality
Rating: 1 2 3 4
Demonstrates accountability and reliability
Rating: 1 2 3 4

Self-identifies strengths and areas for improvement

Rating: 1 2 3 4

Comments: _____

Overall Performance

Please indicate your recommendation for overall score on this clinical experience:

Credit: meets the learning outcomes outlined in the MEDEX 598 Elective II syllabus
No credit: does not meet the learning outcomes outlined in the MEDEX 598 Elective II syllabus. Would benefit from repeating the rotation.

Mid-SCPE Self Evaluation
Due: Two weeks after the rotation start date (3rd Monday)

You are required to meet with your preceptor to discuss your self evaluation and receive any additional feedback.

Rating Scale:

Scale:
1 – Unsatisfactory (Does not meet expectations; requires constant supervision)
2 – Needs Improvement (Inconsistent performance; requires frequent supervision)
3 – Meets Expectations (Competent for level of training; requires routine supervision)
4 – Above Expectations (Strong performance; requires minimal supervision)

1. Medical Knowledge
Rating (1–4):

Please describe your understanding and application of medical knowledge during the SCPE so far. Consider how you prepared for clinical encounters, used current guidelines, and demonstrated understanding of disease processes.

2. Interpersonal and Communication Skills
Rating (1–4):

Reflect on your ability to establish rapport with patients, communicate with the healthcare team, and demonstrate empathy, professionalism, and cultural competence.

3. Clinical Skills
Rating (1–4)

Evaluate your ability to perform focused and comprehensive patient histories and physical exams, and patient presentations. Consider organization, accuracy, and relevance to clinical problems.

4. Technical Skills
Rating (1–4)

Comment on your competency in performing or assisting with procedures listed in the syllabus. Include ability to follow sterile technique, and attention to safety.

5. Clinical Reasoning and Problem Solving
Rating (1–4)

Assess your ability to develop differential diagnoses, interpret diagnostic results, and formulate treatment plans. Consider how you used clinical data to guide decisions and adapt to new information.

6. Professional Behaviors
Rating (1–4)

Evaluate your punctuality, preparedness, respect for patients and staff, ethical behavior, and response to feedback.

7. Overall Assessment
Rating (1-4)

Identify and reflect on the key strengths or accomplishments you demonstrated during this SCPE.

What are your primary learning goals for the remainder of this SCPE?

[ ] By checking this box, I attest that I have reviewed and discussed this self-evaluation with my clinical preceptor.

MEDEX Northwest Physician Assistant Program
Student Evaluation of Site and Preceptor

SITE

STUDENT RESOURCES:
Did you have access to the following (check all that apply):

- Parking
- Housing
- ADA Compliant facilities
- Access to a computer
- Access to EMR
- Access to a dedicated workstation

CLINICAL OPPORTUNITIES:

Which of the following settings did you have patient encounters in (check all that apply):

- Emergency Department
- Outpatient
- Inpatient
- Operating Room
- Telehealth
    - percent of clinical visits done with telehealth: ____%

Which of the following patient populations did you see in clinic? (check all that apply)

- Infants (0-1year)
- Children (1-12 years)
- Adolescents (13-18 years)
- Adults (19-64 years)
- Elderly (65+ years)
- Prenatal care
- Gynecologic Care
- Behavioral Health
- Mental Health

I was able to have at least 32 hours per week of patient encounters at this site (or 128 hours over the course of the rotation).

- Yes
- No

SAFETY
The clinical site provided a safe learning environment.

- Yes
- No (please give details in comments section below)

The site had the following safety measures in place (check all that apply):

- Badge access
- Locked door
- Safety orientation
- Security guard available
- Availability to request escort to vehicle after hours
- Adequate PPE
- Other: _____

Comments (open text box)

Answer the following questions using the likert scale:

Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
4	3	2	1	

I had the opportunity to see a diverse patient population (i.e., age, gender, socio-economic status)
- 4
- 3
- 2
- 1

I had the opportunity to see a variety of diseases and conditions
- 4
- 3
- 2
- 1

I had the opportunity to see varying levels of complexity for diseases and conditions.
- 4
- 3
- 2
- 1

I had the opportunity to see and participate in a variety of medical procedures.
- 4
- 3
- 2
- 1

I had the opportunity to exercise clinical judgment in the care of patients.
- 4
- 3
- 2
- 1

I had the opportunity to interact in a meaningful way with other healthcare professionals (e.g., physicians, nursing staff, technicians, social work, physical therapy)

- 4
- 3
- 2
- 1

The site supported excellent patient care.

- 4
- 3
- 2
- 1

Clinic staff and providers addressed patients with an appropriate level of respect.

- 4
- 3
- 2
- 1

Clinic staff and providers addressed me with an appropriate level of respect.

- 4
- 3
- 2
- 1

The organizational culture of the clinical site is positive and supportive.

- 4
- 3
- 2
- 1

I was able to meet the learning outcomes listed in the syllabus.

- 4
- 3
- 2
- 1

Comments

PRECEPTOR

My preceptor accepted me as a contributing member of the healthcare team.

- 4
- 3
- 2
- 1

My preceptor adequately supervised all of my patient encounters.

- 4
- 3

- 2
- 1

My preceptor was collegial in feedback or discussions regarding patient care.
- 4
- 3
- 2
- 1

My preceptor listened attentively during my patient presentations.
- 4
- 3
- 2
- 1

My preceptor provided constructive feedback.
- 4
- 3
- 2
- 1

My preceptor was supportive and provided helpful mentoring.
- 4
- 3
- 2
- 1

Comments

CLINICAL TEAM FEEDBACK

The following information is correct in EXXAT for this site (check all that apply):
- Site Address
- Site contact information
- Preceptor name
- Preceptor contact information
- All affiliated sites (hospitals, surgery centers, other clinics) listed

If no to any of the above, please explain.

Would you recommend this preceptor to other students?
- Yes
- No

Comments

Would you recommend this clinical site to other students?
- Yes

- No

Comments

Please provide any additional comments about your clinical rotation experience

MEDEX Northwest Physician Assistant Program
Site Visitor Evaluation of Student

Site Visitor Name

Type of Visit
- In person
- Virtual

Date of Visit

Preceptor Name and Title

Name of Site and Location

Setting type (MUA, Community Clinic, HIS, Correctional Medicine, VA, etc.)

Patient Logging Report Reviewed
- Yes
- No
- Comments

Average hours per week

Average number of patients per day

Patient ages (choose all that apply)
- Infants
- Children
- Adolescents
- Adults
- Elderly

Clinical Experiences (choose all that apply)
- Pediatrics
- Prenatal Care
- Gynecology
- Behavioral Health
- Mental Health
- Acute Care
- Chronic Care
- Preventative Care
- Telehealth

Percent of visits done by telehealth
- (open text box)

Chart notes reviewed
- Yes

- No
- Comments

Access to clinic EMR
- Yes
- No

Safety concerns
- Yes
- No
- Comments

Student comments on quality of teaching and learning environment
- Comments

Student has Exposure Procedure Card
- Yes
- No

Exposure Procedures Reviewed
- Yes
- No

Student has appropriate ID badge
- Yes
- No

Performance on End of Rotation Exams
- Satisfactory
- Retests required
- Comments

Patient interactions observed
- Yes
- No
- Comments

Student performance on learning domains (feedback from preceptor and observation of site visitor):

Medical Knowledge
- Comments

Interpersonal and Communication Skills
- Comments

Clinical Skills
- Comments

Technical Skills
- Comments

Clinical Reasoning and Problem Solving
- Comments

Professional Behaviors
- Comments

Preceptor's assessment of student's overall performance
- Comments

Overall assessment by Site Visitor:
- Comments

Second site visit needed
- Yes
- No

MEDEX Northwest Physician Assistant Program

Student Evaluation of Site Visit

Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
4	3	2	1	

Section A: Site Visit Experience

1. Overall, the site visit experience was informative to me as a learner.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
2. The site visitor was supportive during the site visit.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
3. The site visitor clearly explained the goals and expectations of the site visit.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
4. The site visitor was effective in resolving any issues with my preceptor/site.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Section B: Feedback & Evaluation

5. The feedback provided by the site visitor was specific, constructive, and actionable.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
6. The site visitor encouraged me to reflect on my own performance and identify areas for growth.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
7. The onsite evaluation and recommendations provided by the site visitor were fair.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
8. The onsite evaluation and recommendations provided by the site visitor were accurate.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Section C: Faculty Professionalism & Role

9. The site visitor demonstrated professionalism throughout the visit.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
10. The site visitor fostered a positive and respectful environment.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
11. The site visitor communicated clearly and effectively with me.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
12. The site visitor demonstrated advocacy for me as a learner while balancing program standards.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

13. The site visitor linked their evaluation to program learning outcomes and competencies.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
14. The site visitor modeled professional behavior expected of a PA and educator.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐
15. The site visitor demonstrated a commitment to the MEDEX/UW mission and values.
4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐

Open-Ended Questions

20. Please comment on any ratings you made above, especially if you disagreed. (optional)

21. What was most valuable about your site visit experience? (required)

22. How could the site visit be improved in the future? (required)

School Comments (For Program Use Only)