



**University of North Carolina at Chapel Hill
Department of Health Sciences
Division of Physician Assistant Studies**

**PASC 810: PRIMARY CARE
SUPERVISED CLINICAL PRACTICE EXPERIENCE (SCPE)**

COURSE DIRECTOR

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UNC-CH MHSPAS PROGRAM OFFICE

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Office Hours (virtual via Microsoft Teams):

Monday's (During SCPEs): 9 am – 11 am (20-minute appointment slots, via Microsoft Bookings)

Please don't hesitate to reach out if you have questions or need additional help.

Effective on 1 January 2022

COURSE DESCRIPTION

This four-week clinical course provides the UNC Chapel Hill MHSPAS physician assistant student with additional opportunities to learn, understand, and gain supervised experience in practicing principles of primary and/or specialty care medicine. The focus of the primary care learning experience is to educate the UNC Chapel Hill MHSPAS physician assistant student in the diagnosis, management, and treatment of patients in ambulatory primary and/or specialty care. UNC Chapel Hill MHSPAS students will have exposure to the spectrum of ambulatory practice, to include care of pediatrics, adults and geriatrics in routine preventive medicine and care of acute and chronic disease. Emphasis is placed on the primary and/or specialty care needs of patients in rural and inner-city communities, as well as geriatric and long-term care patients.

COURSE CREDITS

4 Credit Hours

COURSE PREREQUISITES

Successful completion of pre-clinical phase.

COURSE INSTRUCTOR

During each corresponding SCPE, the UNC-CH MHSPAS Director of Clinical Education designates a main clinical instructor (preceptor) to assess and supervise the student's progress in achieving the learning outcomes of each corresponding SCPE. The name and contact information of the designated clinical instructor is in the edusched section of eMedley located in each of the student's homepages.

The Director of Clinical Education will serve as the Course Director for each corresponding SCPE.

During some rotations, the main clinical instructor may also assign the student to additional preceptors. The main clinical instructor will continue to oversee the learning experience of the student, receive feedback from other preceptors the student is assigned to and provide continuous feedback during the SCPE in meeting the learning outcomes and program-defined competencies.

Based on qualitative feedback from all the assigned preceptors, the designated clinical instructor will complete and submit the midpoint and final assessment of the student.

JUSTIFICATION

This course is a required component of Physician Assistant education as specified in the Standards of Accreditation of the Accreditation Commission on the Education of Physician Assistant. The course promotes the mission of UNC-CH MHSPAS program by equipping students with knowledge in primary and/or specialty care that will allow them to practice as Physician Assistants with the highest integrity and service to their patients.

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COURSE GOALS

The educational goals of the PRIMARY CARE clinical learning experience include:

1. Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
2. Effective communication with fellow healthcare team members, family members and patients.
3. The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
4. A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
5. Appropriate utilization and interpretation of medical diagnostics.
6. The capacity and ability to apply critical thinking into the evaluation and care of patients.
7. The ability to conduct oneself in an ethical and moral manner.
8. Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment.
9. Demonstrate basic competency in clinical procedures performed by a graduate Physician Assistant.

COURSE SCHEDULE

To prepare PA students for clinical practice, American Academy of Physician Assistants (AAPA) recommends PA students obtain a comprehensive educational program consisting of a total of 2,000 hours of supervised clinical practice.

Dates for the supervised clinical practice experience are available in the eMedley platform system, located in eduSched. Students are required to reach out to the preceptor and/or clinical site two weeks prior to the start of the supervised clinical practice experience to receive their schedule. Contact information for the clinical site/preceptor are provided in eMedley.

Students may be required to work nights, overnights, weekends, on-call, holidays depending on preceptor/clinical site schedule. During certain supervised clinical practice learning experiences (including but not limited to emergency medicine, surgery, inpatient internal medicine, women's health & prenatal care), students may be expected to work over 40 hours per week, (over 160 hours in a 4-week SCPE and/or six days a week with one day off. Students are not permitted to stack shifts to finish the supervised clinical practice experience early, decline shifts/clinical days or request specific days off.

Students are required to submit their schedule in Microsoft Shifts by Thursday of the first week of the rotation for approval by the Director of Clinical Education. Students are required to ensure they have a minimum of 152 scheduled hours prior to submitting the schedule to the Director of Clinical Education for approval. Students should understand, 152 hours is a minimum requirement by the program, not the maximum, and should work with preceptors and/or clinical site scheduler to obtain more patient care hours during the supervised clinical learning experience. Students should work with the preceptor and/or clinical site to ensure adequate hours are scheduled prior to submission of the schedule. The Director of Clinical Education and/or preceptor reserves the right to add additional shifts to the schedule during the supervised clinical practical experience. Please refer to the [Student Duty Hour Policy](#) for the detailed student duty hour guidelines for physician assistant students.

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OPTIONAL CLINICAL PHASE BI-WEEKLY CHECK-INS

During each corresponding SCPE, there are two optional 30-minute clinical phase group check-ins. The purpose of the optional check-ins is to answer any questions, discuss any housekeeping items, address any administrative concerns, and for the group to meet during lunch. The **first check-in is scheduled on Thursday of Week 1 from 12:00 pm to 12:30 pm** of the corresponding SCPE and the **second check-in is scheduled on Wednesday of Week 3 from 12:00 pm to 12:30 pm**.

The check-ins will be held virtually using Webex meetings. Webex meeting links are in the Microsoft SharePoint Clinical Phase Calendar for the corresponding check-in date. If a date needs to change due to a last-minute meeting/clinical day on my part, an updated calendar invite will be sent out followed by an email to the group regarding the change.

Due to the variability of everyone's schedule and understanding that not everyone will be able to attend the optional check-ins all the time, the bi-weekly check-ins will be recorded and made available to all students the same day. Recordings will be uploaded into the folder labeled "Clinical Phase Check-Ins (Recordings)" in the class materials files for the corresponding Clinical Seminar course for that semester.

- January – April: PASC 820: Clinical Seminar I
- May – July: PASC 821: Clinical Seminar II
- August – November: PASC 822: Clinical Seminar III

SUCCESS IN THE COURSE

The UNC Chapel Hill MHSPAS is a graduate level program that embraces student-centered adult learning as the major tenant of student's success. In keeping with this, students are responsible for:

- reading appropriate chapters in the required text focusing on the PAEA EOR learning objectives and topic list for the corresponding rotation in preparation for examinations
- reviewing feedback from prior SCPEs assessments located in the evaluate section of eMedley
- reviewing previous performance reports from completed PACKRATs and EOR examinations located in PAEA ExamDriver.
- completing any assignments and/or assessments for the corresponding SCPE.
- Actively seek out feedback from clinical instructors (preceptors) and program faculty regarding ways to continuously improve on the program-defined competencies.

UNC Chapel Hill MHSPAS physician assistant students will be responsible for all expected learning outcomes, supervised clinical practice experience expectations and assessment activities listed in each SCPE syllabus.

PRIMARY CARE COURSE PREPARATION

Students should review the following prior to beginning the *PRIMARY CARE* clinical learning experience:

- I. Journal Articles/reading material provided by the preceptor in eMedley (if available)
 - Syllabus AND Medical Journal (*It is highly recommended students review the Medical Journal on the first day with the preceptor to set up a plan to ensure requirements are met during the rotation*).
- II. Documentation:
 - Wellness/Full H&P

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- Focused SOAP/APSO note
 - Procedure note
 - Informed consent for procedure
- III. Knowledge/Skills:
- Punch biopsy
 - Placement of sutures/staples
 - Interpretation of X-rays
 - Current Immunization Schedule (children and adult)
 - Laboratory tests (use and interpretation)
- IV. Evaluation and Management of:
- HTN
 - DM (Type I and II)
 - Hyperlipidemia
 - COPD/URI/Bronchitis
 - ADD/ADHD (Adults and children)
 - Anxiety/Depression
 - Drug addiction/misuse
 - Common conditions presented in specialty care medicine

COURSE REQUIRED TEXTBOOK(S)

- Papadakis, MA, McPee S, Rabow MW. Current Medical Diagnosis & Treatment. (LANGE CURRENT Series). McGraw Hill.

COURSE RECOMMENDED RESOURCES

- Fauci A. Harrison's Principles of Internal Medicine. McGraw Hill. (Current Series)
- Goldman L. Goldman's Cecil Medicine. Saunders/Elsevier. (Current Series)
- Hamilton RJ. Tarascon Pharmacopoeia. (Current Series) (Pocket or App Version)
- Gilbert DN, Chambers HF, Eliopoulos GM. Sanford Guide to Antimicrobial Therapy. (Current Series) (Pocket or App version)
- Lipsky MS and King, MS. Blueprints Family Medicine. Lippincott Williams & Wilkins. (Current Series).
- Bickley, L. Guide to Physical Examination and History Taking. (Current Series).
- Rakel, R, Rakel, D. Textbook of Family Medicine. (Current Series).
- Mosby's Medical Diagnostic and Laboratory Test Reference. (Current Series).

Recommended Websites	Address
UpToDate	www.uptodate.com
Guide to Clinical Preventive Services	http://www.ncbi.nlm.nih.gov/books/NBK16363/
American Academy of Family Physicians (AAFP)	www.aafp.org
Patient -Centered Primary Care Collaborative	https://www.pcpcc.org
The Journal of Family Practice	www.jfponline.com

American Medical Association (AMA)	www.ama-assn.org/ama
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Recommended Websites	Address
American College of Physicians	www.acponline.org
American Academy of Physician Assistants (AAPA)	www.aapa.org

COURSE TEACHING METHODOLOGIES

The content in the clinical phase will be presented through a variety of methods that include observation and participation at the clinical site, independent reading and participation in online activities developed to guide experiential learning.

COURSE GRADING CRITERIA

1. Demonstrate acquisition of a strong medical science knowledge base as demonstrated on the standardized examination/quizzes.
2. Demonstrate satisfactory self-directed learning skills, clinical reasoning skills, interpersonal communication, commitment to patient-centered care, professionalism, and practice-based learning as evidenced by satisfactory performance on the preceptor evaluation.
3. Demonstrate a commitment to learning and professionalism by actively participating in all clinical activities and exceeding the professional behavior standards and minimum requirements for clinical rotations available in the UNC Chapel Hill MHSPAS Student Handbook.

COURSE INSTRUCTIONAL OBJECTIVES

The instructional objectives of the elective clinical learning experience include:

1. Perform focused history and physical examinations.
2. Interpret appropriate lab and diagnostic studies and/or findings.
3. Participate as part of an interprofessional team.
4. Communicate findings of a given patient encounter in written and oral forms to all members of the health care team.
5. Communicate effectively with patients and families
6. Develop differential diagnosis and formulated and/or implemented an appropriate management plan.
7. Perform and demonstrate clinical skills and procedures.
8. Critically evaluate the medical literature to use current practice guidelines and apply the principles of evidence-based medicine to patient care.

PROGRAM LEARNING OUTCOMES SUPPORTED BY THIS CLINICAL LEARNING EXPERIENCE

Upon completion of the PRIMARY CARE clinical learning experience, the clinical phase PA student will possess the knowledge, skills, and attitudes necessary to demonstrate entry-level (to the PA profession) proficiency in the following:

PROGRAM COMPETENCY DOMAIN	PROGRAM LEARNING OUTCOMES	METHOD OF ASSESSMENT
Medical Knowledge	Demonstrate medical knowledge of the sciences essential for one's level of training of common acute and chronic patient presentations (to include preventive) in adults and elderly patients encountered in the primary and/or specialty care setting.	Aquifer Case-Based, Clinical Presentation & Skills Portfolio
Patient Care	Perform an organized problem-focused or complete history (to preventive care) in patients across a lifespan as indicated by the clinical presentation in the primary and/or specialty care setting.	Preceptor evaluation, Case Logs, Aquifer Case-Based, Clinical Presentation & Skills Portfolio
Patient Care	Perform an organized and accurate problem-focused or complete physical examination (to include preventive) as indicated by the clinical presentation in the primary and/or specialty care setting.	Preceptor Evaluation, Case Logs, Aquifer Case-Based, Clinical Presentation & Skills Portfolio
Patient Care	Demonstrate the ability to synthesize information and articulate medical decision-making for a working diagnosis and prioritized differential.	Aquifer Case-Based, Preceptor Evaluation
Patient Care	Formulates an appropriate plan and recommend diagnostic studies in the context of the clinical presentation and patient preference.	Aquifer Case-Based, Preceptor Evaluation
Patient Care	Interprets diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement.	Aquifer Case-Based, Preceptor Evaluation
Patient Care	Demonstrate diagnostic & therapeutic procedures with preceptor supervision (when appropriate and possible)	Clinical Presentation & Skills Portfolio
Interpersonal & Communication Skills	Accurately and concisely communicate the findings of a given patient encounter in written forms to all members of the health care team, to include an APSO note and a Wellness H&P.	Preceptor Evaluation
Interpersonal & Communication Skills	Deliver succinct, accurate, organized, and complete oral presentations to all members of the health care team.	Preceptor Evaluation
Interpersonal & Communication Skills	Develop rapport with patients using verbal and non-verbal communication skills to facilitate shared decision-making and information exchange.	Preceptor Evaluation
Practice-Based Learning and Improvement	Develop learning and improvement goals and strives to meet those goals	Preceptor Evaluation
Systems-Based Practice	Provide advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of health care delivery systems.	Preceptor Evaluation
Professionalism (Professional Responsibility)	Demonstrate the professional behaviors expected of a medical professional (e.g., the student attended clinic on time, addressed the staff with respect, was receptive to feedback, completes all course assignments, assessments, and requirements, etc.).	Preceptor Evaluation & Completion of Course Professionalism Requirements
Professionalism and Cultural Sensitivity & Humility	Demonstrate behaviors that convey compassion, respect, integrity, empathy for others, as well as sensitivity and openness to a diverse patient population.	Preceptor Evaluation
Interprofessional Professionalism	Collaborate with other health professionals to promote a climate of mutual respect and trust, communication, accountability, ethics, excellence, altruism & caring, as well as patient-centered care.	Preceptor Evaluation

AQUIFER VIRTUAL CLINICAL LEARNING

Aquifer is an excellent case-based, multimedia learning tool that will help you develop some of the most challenging skills needed to become a great PA. These include critical thinking, developing differential diagnosis lists, putting together a patient encounter from beginning to end, and effective communication with patients and families. Additionally, the cases are connected to other clinical learning settings to provide the student with a longitudinal learning experience. It takes time and practice to develop these skills, and we hope these cases will facilitate your journey.

The cases listed below must be completed by 11:59 pm EST on Wednesday of Week 4 of the corresponding rotation. Ideally you should do 1-2 cases per week. **Please take advantage of this resource and give yourself the time you need to adequately learn from these cases!**

Each of these Aquifer cases will be graded as Complete or Incomplete. In order to obtain a 'Complete' for an individual case, you must:

1. Complete ALL sections of the case. Once you get to the bottom of each section, you will know there is more material in the section if there is a blue 'Continue' button. If the continue button is gray, you have completed the section.
2. Complete ALL questions (both multiple choice and essay) and ALL summary statements.
3. Click the 'Finish Case' button when you are done (under Case Summary Download section).

We recommend (although this is not required), that you also complete the 'Deep Dive's and Feedback sections.

We recommend you review and compare the expert summary statements to yours to further develop your critical reasoning and medical decision-making competencies.

You do not have to submit any paperwork after completion; this information is provided to the Program electronically by Aquifer.

The assigned cases required to be completed:

- Cases located In Aquifer learning platform system: **PASC 810 Primary Care** [Required]: **[You will receive an email notification on the first day of the SCPE notifying you have been assigned to the course]**

Optional cases students can complete during the SCPE:

- Cases located in Aquifer learning platform system: **Clinical Phase FY2022** (Highly Recommended, Optional Cases): **[You will receive an email notification on the first day of the Clinical Phase notifying you have been assigned to the course]**
- List of cases are also available in Appendix A of this syllabus

Getting to Aquifer:

Go to <https://aquifer.org>

You can access each SCPE (aquifer course) by selecting the assigned course corresponding with your SCPE.

If you want to do more than your assigned cases, feel free! Many students have completed dozens of extra cases and reported a significant improvement in their skills.

Feel free to contact Jason Hrdina (jason_hrdina@med.unc.edu) if you have any questions.

Q-STREAM MICROLEARNING TECHNOLOGY APP

During each corresponding SCPE, students will be receiving automated Rosh Review multiple-choice (MCQ) questions using the Q-stream platform system. Each question will include an explanation of the answer and a Rapid Review. This microlearning platform system engages learners, reinforces medical knowledge through repetition, spacing & testing and provides the program with real-time data to analyze student's engagement and performance during the corresponding SCPE.

Students will receive three (3) MCQ's at a time, three to four times a week. Incorrect answers will automatically be repeated at pre-determined set points for re-assessment. Students are allowed three attempts before the questions is automatically retired. Additional questions may be added by the Director of Clinical Education based on students' performance.

RAMSES MEDICAL JOURNAL OF CLINICAL PRESENTATIONS & SKILLS PORTFOLIO

Over the course of the clinical phase, MHSPAS students are expected to evaluate at least one (1) patient for each program-defined clinical presentation or program-defined clinical skill in various age groups, setting and levels of acuity. Many of these presentations, skills, age groups and/or acuity levels may occur during clinical experiences at your practice.

The MHSPAS programs' pre-clinical phase curriculum is based on clinical presentations and the clinical phase curriculum mirrors that design in order to maintain a longitudinal learning experience and competency assessment for students.

Students should continually seek out opportunities to complete each of the clinical presentations and clinical skills. **The main clinical instructor (preceptor) as well as any additional preceptors assigned by main preceptor for the corresponding SCPE (i.e., attending physician, physician assistant, nurse practitioner, or resident) can complete the Ramsee Medical Journal. The only exception is an intern.** Students are required to complete all clinical presentations and clinical skills to meet program completion requirements.

Students should familiarize themselves with the [UNC-CH MHSPAS Clinical Presentations & Skills Portfolio Guidelines](#).

Students' completion of the clinical presentations & skills portfolio will be monitored monthly throughout the clinical year to confirm students are completing the required tasks. Reports will be sent out to the student and advisor every two months.

LOGGING OF CLINICAL ENCOUNTERS AND HOURS

During each corresponding SCPE, students are required to log all patient cases in eMedley. The UNC-CH MHSPAS program has set minimum benchmark requirements to ensure sufficient patient exposure within required supervised clinical practice experiences. The use of eMedley web-based student tracking system will ensure students are meeting program expectations and able to acquire the competencies needed for clinical practice. Students' progress will be monitored each Monday during SCPEs throughout the clinical year to confirm exposure to key patient encounters and settings for the rotations is occurring

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early. This will ensure adequate time for participating in available experiences or reassignment if significant site- related deficiencies are identified. Students should review the [UNC-CH MHSPAS Patient Exposure Benchmark Guidelines](#) for more information on expectations.

During each corresponding SCPE, students are required to log all clinical hours in Shifts (located in Microsoft Teams). The UNC-CH MHSPAS program requires students to have a minimum of 152 hours during each corresponding SCPE. The use of Shifts schedule tracking system will ensure students are obtaining enough hours to maximize their clinical learning experiences.

Documentation of SCPE patient care encounters will ensure students obtain an adequate amount of patient diversity and exposure to meet the required benchmarks and clinical presentations & skills requirements. Students' hours will be monitored weekly during SCPEs throughout the clinical year to confirm adequate hours are being documented in comparison to the submitted calendar in week 1 of the corresponding SCPE. Students should review the UNC-CH MHSPAS Student Duty Hour Policy for more information on expectations.

COURSE ASSIGNMENTS AND ASSESSMENTS

Grades are assigned by the Clinical Course Director. The Clinical Course Director may obtain advice and consultation from the Preceptor and/or the Academic Excellence Committee. The following are requirements for a passing grade:

1. Preceptor Assessments (Formative Midpoint and Summative Final) assessing competency in primary and/or specialty care learning outcomes
2. Documenting in Microsoft Shifts daily clinical hours by “clocking in and clocking out” during each clinical shift. *(The Clinical Team will look for omissions in the student’s clinical hours and arrange for additional training opportunities (i.e., replace elective) to complement the current rotation if necessary).*
3. Documentation in the eMedley web-based software all clinical encounters over the course of the corresponding SCPE to include visits for: *(the Clinical Team will look for omissions in the student’s experiences and arrange for additional training opportunities (i.e., replace elective) to complement the current rotation, if necessary, based on the [UNC-CH MHSPAS Patient Exposure Benchmarks](#)).*
 - a. Acute medical problems
 - b. Chronic medical problems
 - c. Across a lifespan (infants, children, adolescents, adults, and elderly)
 - d. Management of multiple health problems
 - e. Routine health care (including preventive care)
4. Actively seeking opportunities for completing the required [Clinical Presentations and Clinical Skills tasks in the UNC-CH MSHAPS Medical Journal](#). Students are required to update their completion status for each task in the Microsoft Classroom, in Clinical Seminar I, II, or III Courses, “Portfolio Tab” – under Progress – select “**COMPLETE**” from the drop down.
5. Additional requirements provided by the Clinical Instructor (Preceptor).

COURSE PROFESSIONALISM REQUIREMENTS

As part of the Professionalism Competency (Professional Responsibility) learning outcome, all students must complete the following requirements during the supervised clinical practice experience:

1. **Submission of SCPE Check-In Assessment in eMedley** by **11:59 pm EST on Thursday of Week 1 of corresponding SCPE.**
2. **Submission of Schedule** (with daily schedule of hours/preceptors/locations) in Microsoft Shifts by **11:59 pm EST on Thursday of Week 1 of corresponding SCPE.**
3. **Active participation in Q-stream microlearning system** (MOCK PANCE) during the entire corresponding rotation.
4. **Complete the MOCK PANCE Block 1 (Formative) Exam** (Assigned by the Program in Tutor Mode to facilitate active learning) in Rosh Review Platform System by [**11:59 pm EST on Wednesday of Week 4 of corresponding SCPE**].
5. **Submission of Clinical Case Presentation Rough Draft** in PRIMARY CARE Microsoft Teams Assignment. Students are required to submit and present a clinical case from only **one** of the following SCPEs: (Primary Care, Elective 1, or Elective 2)
 - *Only due during this SCPE if student elects to submit a clinical case from the Primary Care SCPE.**
 - **Clinical Case Presentation will be presented during Call Back in November.**
 - ***Refer to Appendix B in the syllabus for “HOW TO COMPLETE THE CLINICAL CASE PRESENTATION DELIVERABLE.**
 - ****Refer to the [Clinical Case Presentation Course Materials Folder](#) and the [Gradebook Assignment](#) located in Microsoft Teams Primary Care Course for additional resources and rubric.**
6. **Submission of all Clinical Encounters in eMedley** eclas:
 - **Monday of Week 2 at 8:00 am EST (For Week 1 Cases)**
 - **Monday of Week 3 at 8:00 am EST (For Week 2 Cases)**
 - **Monday of Week 4 at 8:00 am EST (For Week 3 Cases)**
 - **Friday of Week 4 at 8:00 am EST (for Monday, Tuesday, Wednesday, and Thursday of Week 4 Cases)**
7. **Submission of 50 PANCE Topic List Review Questions** (in Tutor Mode to facilitate active learning) in Elective 1 Microsoft Teams Assignments Folder by the following due dates: (submit a screen shot from Rosh Review showing 50 questions were completed)
 - **Sunday of week 1 at 11:59 pm EST**
 - **Sunday of week 2 at 11:59 pm EST**
 - **Sunday of week 3 at 11:59 pm EST**
8. **Complete all the required Aquifer Virtual Patient Cases (Illness Scripts)** for PRIMARY CARE

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Supervised Clinical Practice Experience by [[11:59 pm EST on Wednesday of Week 4 of corresponding SCPE](#)]. (Aquifer Platform System).

9. **Actively seeking opportunities for completing the required Clinical Presentation and Clinical Skills tasks in the UNC-CH MHSPAS Medical Journal.**
10. **Submission of the following evaluations located in evaluate section of eMedley by [[11:59 pm EST on Friday of Week 4 of corresponding SCPE](#)]:**
 - **Student Evaluation of Clinical Site**
 - **Student Evaluation of Main Clinical Instructor (Preceptor)**
 - **Student Self-Assessment on PA Competencies**
11. **Coordination with preceptor regarding completion of midpoint assessment and final preceptor evaluations located in eMedley. Students must notify the Clinical Education Team in advance regarding any delays in submission of evaluation and estimated submission date by preceptor.**
 - **Midpoint Assessment due by 11:59 pm EST on Friday of Week 2**
 - **Final Preceptor Assessment due by 11:59 pm EST on Friday of Week 4**
12. **Contact clinical site/preceptor 2 weeks before beginning of the next SCPE.**
13. **Complete all onboarding and orientation requirements set forth by the SCPE site in CastleBranch (CB) Bridges two weeks before beginning of the next SCPE.**
14. Always demonstrate Professionalism and Compassion.
15. Complete any individual additional assignments assigned by Clinical Faculty (e.g., Rosh Questions, Aquifer Virtual Patients). [This will be annotated in an Individualized Learning Plan (ILP) during a meeting with the Clinical Education Team and/or Academic Excellence Committee (AEC).
16. Continued adherence to the UNC-CH MHSPAS Student Handbook and UNC-CH MHSPAS Policies and Procedures.
17. Contact Clinical Education Team at any point in rotation to discuss concerns regarding the ability to achieve course requirements.

TABLE OF COURSE PROFESSIONAL REQUIREMENTS AND DUE DATES:

ROTATION WEEK	ASSIGNMENT	SUBMISSION LOCATION	DUE DATE
WEEK 1	SCPE Check-In Assessment	eMedley evaluate	Thursday of Week 1 by 11:59 p.m. EST
	Rotation Schedule	Microsoft Shifts	Thursday of Week 1 by 11:59 p.m. EST
	50 Rosh Review Questions based on PANCE Topic List/Blueprint	Microsoft Assignments for corresponding SCPE	Sunday of Week 1 by 11:59 p.m. EST
WEEK 2	PATIENT ENCOUNTERS for Week 1	eMedley eclas	Monday of Week 2 by 8:00 a.m. EST
	Formative Mid-point assessment by Main Preceptor	Preceptor submits evaluation in eMedley evaluate or student can email completed paper copy to Clinical Team	Friday of Week 2 by 11:59 p.m. EST
	50 Rosh Review Questions based on PANCE Topic List/Blueprint	Microsoft Assignments for corresponding SCPE	Sunday of Week 2 by 11:59 p.m. EST
WEEK 3	PATIENT ENCOUNTERS for Week 2	eMedley eclas	Monday of Week 3 by 8:00 a.m. EST
	50 Rosh Review Questions based on PANCE Topic List/Blueprint	Microsoft Assignments for corresponding SCPE	Sunday of Week 3 by 11:59 p.m. EST
WEEK 4	PATIENT ENCOUNTERS for Week 3	eMedley eclas	Monday of Week 4 by 8:00 a.m. EST
	Aquifer Patient Cases (illness Scripts)	Aquifer Platform System	Wednesday of Week 4 by 11:59 p.m. EST
	Rosh Review Formative Mock PANCE Block 1	Rosh Review Platform System	Wednesday of Week 4 by 11:59 p.m. EST
	Clinical Case Presentation Rough Draft (<u>Only due if student selects a clinical case during the Primary Care SCPE</u>)	Microsoft Assignments for corresponding SCPE	Friday of Week 4 by 11:59 pm EST
	Submission of the following assessments: (1) Student Assessment of Clinical Site (2) Student Assessment of Preceptor(s) (3) Student Self-Assessment of Program Competencies	eMedley evaluate	Friday of Week 4 by 11:59 p.m. EST
	Preceptor Final Assessment of Student	Preceptor submits evaluation in eMedley evaluate or student can email a signed completed paper copy to Clinical Team	Friday of Week 4 by 11:59 p.m. EST

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	PATIENT ENCOUNTERS for Week 4	eMedley eclas	Friday of Week 4 by 8:00 a.m. EST
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COURSE GRADING SCALE

P = ≥ 70

F = <70

N = Incomplete

***There is no rounding of grades**

LATE ASSIGNMENTS

I do not accept late course assignments or course professionalism requirements, except in very limited situations (e.g., you have a medical emergency and cannot communicate with me before the due date). Time management is integral during the clinical phase so plan ahead.

COURSE COMPLETION

All students must successfully complete all required supervised clinical practice experience assignments and assessments as described above. All students are required to complete this course with a minimum final grade of 70% on the Final Preceptor Evaluation and other assigned assignments/assessments.

Because each assignment and assessment are a must pass component, each individual assignment/assessment does not have a specific weight toward a final grade.

All students must complete all the course professionalism requirements for course completion. Students who do not complete the course professionalism requirements or are late in submitting the course professionalism requirements will be required to meet with the Clinical Education Team and/or Academic Excellence Committee (AEC) regarding professionalism concerns

INDIVIDUALIZED LEARNING PLAN (ILP)

To foster student development, the UNC-CH MHSPAS Program incorporates Individualized Learning Plan (ILPs) into the curriculum focusing on self-reflection and action plans, enhancing student success in the program. Students should review the UNC-CH MHSPAS Student Handbook for a detailed description of the Clinical Phase ILP's on examinations, preceptor evaluations, and course failures.

EXAM DATE CHANGE POLICY

N/A

SCPE FIRST WEEK CHECK-IN SURVEY

During each corresponding SCPE, students are required to complete a first week check-in survey. The survey provides the program with important information on clinical site orientation, safety, expected hours, expected patient exposure, feedback/evaluation completion plan with main clinical instructor (preceptor), and plan to meet faculty advisor during the SCPE. The program will use this information to verify students will be able to meet the program defined learning outcomes and/or reach out to the main preceptor to make sure students are obtaining an adequate clinical learning experience to meet the program defined learning outcomes. The survey is completed in eMedley and will be available starting Monday of the first week.

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The first week check-in survey is due by 11:59 pm EST on Thursday of the first week. Students will receive an email with a link to complete the assessment. Students can also go into the eMedely web-based platform system to complete the survey by either going to “evaluate” or clicking on notifications bell on the top of the page. The survey must be completed to receive a passing grade in the corresponding SCPE and meet the professional responsibility learning outcome.

MIDPOINT AND FINAL PRECEPTOR ASSESSMENTS POLICY

It is the student’s professional responsibility to contact the preceptor and kindly ask them to complete the mid-point and final preceptor assessments in the eMedley web-based platform system. Incomplete preceptor assessments will result in a “Incomplete Grade” or a “Fail” on the transcript until the preceptor assessment is submitted. If the preceptor did not receive the link or would prefer, we send another, please e-mail the Clinical Education Team, and let them know what your preceptor needs. We will provide one reminder email to the preceptor on your behalf. Preceptor assessments are a clinical experience course requirement and tool the program an assessment tool to assess student progress and competency in meeting program learning outcomes. Students cannot graduate unless all course completion requirements are met, to include final preceptor assessments.

If you continue to have difficulty obtaining your assessment(s), you can print off a paper version and schedule a time to personally take it to your preceptor to be completed, signed by preceptor, scanned, and email to the UNC-CH MHSPAS Clinical education Team. If you continue to have difficulty after trying the above steps, please let the Clinical Education Team know. To avoid this problem in the future, it is advisable to kindly and professionally remind the preceptor the timeline you agreed on during the first week SCPE Check-In assessment regarding completing and reviewing the assessments by the appropriate due dates for the corresponding SCPE.

Students can view all completed midpoint and final preceptor assessments in eMedley, under the “Evaluate” tab. Once in “Evaluate”, selected “About Me.”

CLINICAL SITE/PRECEPTOR/SELF ASSESSMENTS OF PROGRAM COMPETENCIES POLICY

During each corresponding SCPE, students are required to complete assessments on the clinical site, preceptor, and complete a self-assessment on the UNC-CH MHSPAS Program competencies. The surveys are completed in eMedley web-based platform system and will be available to be completed during the last week of each SCPE. Clinical instructors use the evaluations to improve instruction and include them in their promotion and tenure dossiers, while the program uses them in the self-study report for continuous process improvement. The reports are included in instructors’ personnel files and are considered confidential.

Students will receive an email with a link to complete the assessments. Students can also go into the eMedely web-based platform system to complete the survey by either going to “evaluate” or clicking on notifications bell on the top of the page. All evaluations must be completed to receive a passing grade in the corresponding SCPE and meet the competency requirement for the professional responsibility learning outcome. Incomplete evaluations will result in an “Incomplete” grade on your transcript until completed.

ARC-PA STANDARDS ADDRESSED IN THIS COURSE

A2.17: In each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program must: (a) inform the student which principal or instructional faculty member is designated by the program to assess and supervise the student’s progress in achieving the learning outcomes it requires of students and how to contact this faculty member.

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A3.06: The student must clearly identify themselves as a physician assistant student.

B1.03: For each didactic and clinical course (including *required* and *elective rotations*), the program must define and publish learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies.

B2.09: The curriculum must include instruction in clinical and technical skills including procedures based on the current professional practice.

B2.10: The curriculum must prepare students to work collaboratively in interprofessional patient centered team.

B2.13: The curriculum must include instruction to prepare students to search, interpret and evaluate the medical literature

B3.03: *Supervised clinical practice experiences must enable students to meet program program's learning outcomes:*

- preventive, emergent, acute, and chronic patient encounters.
- medical care across the life span to include infants, children, adolescents, adults, and the elderly

B3.04: Supervised clinical practice experiences *must* occur in the following settings:

- outpatient

B3.05 *Instructional faculty* for the supervised clinical practice portion of the educational program *must* consist primarily of practicing physicians and PAs:

B3.06: Supervised clinical practice experiences *should* occur with:

- physicians who are specialty board certified in their area of instruction
- NCCPA certified PAs
- Other licensed health care providers experienced in their area of instruction

B4.01: The program must conduct frequent, objective and documented evaluations of students related to *learning outcomes* in the supervised clinical education component.

- eMedley patient case and procedure logging (UNC-CH MHSPAS Program Patient Exposure Benchmarks)
- Q-Stream Multiple Choice Questions (MCQ's)
- Rosh Review Mock PANCE Block Exam
- Aquifer Virtual Patient Learning Cases
- Rosh Review Corresponding SCPE MCQ Questions
- Mid-Point Preceptor Formative Evaluation of Student
- Final Preceptor Evaluation of Student
- Completion of Clinical Presentations & Clinical Skills Tasks in the UNC-CH MHSPAS Medical Journal
- End of SCPE student self-assessment of program specific competencies

B4.02: The program must monitor and document the progress of each student in a timely manner according to its defined and published policies and procedures, to identify and address any deficiency in meeting program competencies in: (a) clinical and technical skills, (b) clinical reasoning and problem-solving abilities, (c) interpersonal skills, (d) medical knowledge, and (e) professional behaviors

C2.01: The program must define and maintain effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experience, to ensure students are able to fulfill program learning outcomes with access to: (a) physical facilities, (b) patient populations, (c) supervision.

- Program Faculty Initial Evaluation of Clinical Site
- Program Faculty Ongoing Evaluation of Clinical Site
- Student Evaluation of Clinical Site

- Student Evaluation of Preceptor

PHYSICIAN ASSISTANT (PA) CORE COMPETENCIES:

The PA profession has adopted six core standards by which all PA professionals should possess in order to practice in the healthcare field. These standards are known as core competencies, which address medical knowledge, patient care, practice-based learning and improvement, systems-based practice, professionalism, and interpersonal and communication skills. Life-long, continued learning and professional behavior is emphasized throughout each of these domains.

Competency-based education focuses on student-learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). In this setting, learning and teaching are

dynamically combined to help the student achieve the expected learning outcomes and instructional objectives.

During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have acute, chronic and preventive patient encounters.

UNC CHAPEL HILL MHSPAS SPECIFIC COMPETENCIES

For successful completion of the course of study for the degree of Master of Health Sciences (MHS) at the University of North Carolina at Chapel Hill Physician Assistant Studies program, candidates for graduation must possess the knowledge, skills, attitudes, and judgment to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates must demonstrate the capacity to develop academic and emotional maturity and leadership skills to function in a medical team.

The UNC PA Program competencies addressed in the primary care SCPE are:

Medical Knowledge

- Acquire and demonstrate medical knowledge.

Student learning experiences include basic science skills such as normal anatomy & physiology, pathophysiology, and the mechanisms of disease. Through a variety of learning modalities, including case-based learning, lectures, and hands-on activities, students will learn to use critical thinking and reasoning to evaluate patients, develop a sound differential diagnosis, and provide competent patient management. Health promotion and disease prevention are prioritized to improve health outcomes

Patient Care

- Develop and demonstrate patient care skills.
- Demonstrate proficient knowledge and skills of Primary Care practice.

Students will be exposed to patients who are representative of the cultures and diversity of North Carolina. Students will also learn to care for patients of all ages. Students will be exposed to age-appropriate patient assessment, evaluation and management and acquire skills for caring for patients in

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a variety of settings (e.g., age spectrum, operative spectrum, ambulatory vs. acute). Patient and provider safety are emphasized throughout their training.

Professionalism and Cultural Sensitivity & Humility

- Demonstrate and model professionalism and ethical behavior.
- Demonstrate respect and awareness of the impact of cultural considerations in the provision of healthcare delivery.

Professional and ethical behavior in the classroom and clinic is demonstrated through role modeling of the faculty and staff, in lectures and workshops, and during clinical clerkships. Students will learn skills that support collaboration with patients, their families, and other health professionals, emphasizing the team approach to patient-centered care.

Interpersonal and Communication Skills

- Develop effective interpersonal and communication skills.
- Communicate effectively through telehealth modalities.

Students will be presented with learning opportunities to develop their communication skills, encompassing verbal, nonverbal and written exchanges of information, in a culturally/ethnically sensitive manner and among diverse communities of patients.

Systems-Based Practice

- Develop knowledge of healthcare delivery systems and health policy.

Students will be exposed to the current trends in health care delivery, including methods of coding and reimbursement, North Carolina healthcare systems, North Carolina PA rules and regulations, and both national and local PA organizations.

Self-Assessment and Ongoing Professional Development

- Acquire practice-based learning and life-long improvement skills.

Students will be exposed to and expected to demonstrate skills in the elements of using peer-reviewed evidence to evaluate the best practices of health care. Students will learn to search, interpret and evaluate medical literature, and apply this knowledge to individualized patient care.

COURSE APPEALS POLICY

If you feel you have been awarded an incorrect grade, please discuss with the course director. If together the issue cannot be resolved, you may pursue the [formal grade appeal process](#) based on the grounds of arithmetic/clerical error, arbitrariness, discrimination, harassment, or personal malice.

ALLIED HEALTH SCIENCES DIVERSITY POLICY

This course promotes and values mutual respect, diversity, and inclusion in the classroom. Diversity includes consideration of, for example, social backgrounds, economic circumstances, personal characteristics, philosophical outlooks, life experiences, perspectives, beliefs, expectations, and aspirations, to mention some salient factors. Learning to understand and appreciate views different from our own can create a sense of community and promote excellence in the learning environment.

CLINICAL PHASE POLICIES AND STUDENT RESPONSIBILITIES

To foster a productive learning environment, the UNC-CH MHSPAS program requires that all students adhere to the policies and procedures published in the UNC Chapel Hill MHSPAS Student Handbook and located on the [UNC Chapel Hill MHSPAS Homepage](#) that are not included in this syllabus.

E-MAIL ETIQUETTE

Communication is an essential skill. As a health profession student, you want to build your professional identity. Make a good impression with your professors, clinical instructors, and staff by sending messages that are professional and respectful in tone and civility. All students should adhere to the [UNC-CH MHSPAS Email Standard Etiquette Policy](#).

CLINICAL TEAM RESPONSE TIME

We will return emails as soon as possible (usually within 24 hours during business hours). If we don't email you back in a timely manner, something went wrong – so please email again. If you have an urgent need/emergency, your first call or text message should be to the Director of Clinical Education (DCE) (919) 886-8638. If you cannot contact the DCE, your second call or text message should be to the Director of Evaluation and Assessment (984) 364-7505.

During normal business hours, the Clinical Team can also be easily reached via Microsoft Teams Chat/Video Call for non-urgent questions and/or urgent needs/emergencies.

ATTENDANCE POLICY

- **University Policy:**

No right or privilege exists that permits a student to be absent from any class meetings, except for these University Approved Absences:

1. Authorized University activities
2. Disability/religious observance/pregnancy, as required by law and approved by [Accessibility Resources and Service](#) and/or the [Equal Opportunity and Compliance Office](#) (EOC)
3. Significant health condition and/or personal/family emergency as approved by the [Office of the Dean of Students](#), [Gender Violence Service Coordinators](#), and/or the [Equal Opportunity and Compliance Office](#) (EOC).

- **UNC-CH MHSPAS Program Policy:**

The UNC-CH MHSPAS Program works with students to meet attendance needs that do not fall within university approved absences. The UNC CH MHSPAS Program has a [Clinical Phase attendance policy](#) for situations when an absence is not University approved, to include requirements for make-up missed supervised clinical practice

experiences. Any absence that is not approved by the Director of Clinical Education/Clinical Team will be considered an unexcused absence.

Please communicate with the Director of Clinical Education early about potential absences or being late for clinicals. **Only the Director of Clinical Education can approve absences; preceptors are not allowed to approve any absence and will be considered unexcused.** Once the Director of Clinical Education approves the absence, students can email the preceptor/clinical site.

Students are required to call/email the Clinical Education Team and the clinical rotation site/clinical instructor as soon as possible in the event of missing clinic due to illness or emergency.

While on SCPE's, students must only observe holidays that are observed by their respective clinical site. If a student is assigned or may be assigned by a clinical site and/or preceptor to work on a holiday, the student may NOT request off for the holiday.

All students must submit any Absence Request via the Shifts app.

Please be aware that you are bound by the [Honor Code](#) when making a request for a university approved absence.

IN-CLASS AND CLINICAL SETTING DRESS ATTIRE POLICY

During all clinical encounters, a short white lab coat and name tag are required unless the preceptor asks that the student not wear a lab coat due to special patient populations. Student name tags MUST be always worn. Business casual dress is appropriate. No open-toed shoes are allowed.

During clinical seminar days, business casual dress is the required attire, unless otherwise specified by the Director of Clinical Education. Please review the [UNC-CH MHSPAS Classroom and Clinical Setting Dress Policy](#) for the detailed dress code policy.

ACCESSIBILITY RESOURCES AND SERVICES

The University of North Carolina at Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or pregnancy complications resulting in barriers to fully accessing University courses, programs, and activities.

Accommodations are determined through the Office of Accessibility Resources and Service (ARS) for individuals with documented qualifying disabilities in accordance with applicable state and federal laws. See the ARS Website for contact information: <https://ars.unc.edu> or email ars@unc.edu.

COUNSELING AND PSYCHOLOGICAL SERVICES

CAPS is strongly committed to addressing the mental health needs of a diverse student body through timely access to consultation and connection to clinically appropriate services, whether for short or long-term needs. Go to their website: <https://caps.unc.edu/> or visit their facilities on the third floor of the Campus Health Services building for a walk-in evaluation to learn more.

TITLE IX RESOURCES

Any student who is impacted by discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, or stalking is encouraged to seek resources on campus or in the community. Reports can be made online to the EOC at <https://eoc.unc.edu/report-an-incident/>. Please contact the University's Title IX Coordinator (Elizabeth Hall, interim – titleixcoordinator@unc.edu), Report and Response Coordinators in the Equal Opportunity and Compliance Office (reportandresponse@unc.edu), Counseling and Psychological Services (confidential), or the Gender Violence Services Coordinators (gvsc@unc.edu; confidential) to discuss your specific needs. Additional resources are available at safe.unc.edu.

POLICY ON NON-DISCRIMINATION

The University is committed to providing an inclusive and welcoming environment for all members of our community and to ensuring that educational and employment decisions are based on individuals' abilities and qualifications. Consistent with this principle and applicable laws, the University's [Policy Statement on Non-Discrimination](#) offers access to its educational programs and activities as well as employment terms and conditions without respect to race, color, gender, national origin, age, religion, creed, genetic information, disability, veteran's status, sexual orientation, gender identity or gender expression. Such a policy ensures that only relevant factors are considered, and that equitable and consistent standards of conduct and performance are applied.

If you are experiencing harassment or discrimination, you can seek assistance and file a report through the Report and Response Coordinators (see contact info at safe.unc.edu) or the [Equal Opportunity and Compliance Office](#), or online to the EOC at <https://eoc.unc.edu/report-an-incident/>.

STUDENT MISTREATMENT AND LEARNING ENVIRONMENT CONCERN POLICY

The University of North Carolina School of Medicine takes allegations of student mistreatment very seriously. Examples of mistreatment include sexual harassment; discrimination based on race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression; purposeful humiliation, verbal abuse, threats, or other forms of psychological mistreatment; and physical harassment, physical endangerment and/or physical harm.

Students should review the [UNC School of Medicine student mistreatment and learning environment concern policy](#). This policy also covers students in all assigned clinical learning environments during the clinical phase of the program.

Students should contact the Program Director and Director of Clinical Education at any time if they perceive student mistreatment or learning environment concerns during any supervised clinical learning experiences.

Students also evaluate the learning environment during each end of SCPE assessment on student mistreatment and/or learning environment concerns.

The program does not take action on a report of mistreatment until the student receives final grades.

STUDENT EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS

The UNC-CH MHSPAS Program has created a [student exposure policy](#) with the recommendations of UNC Campus Health regarding exposure to infectious and environmental hazards during student learning activities.

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PERSONAL SECURITY AND SAFETY

The UNC-CH MHSPAS Program has created an [adverse event](#), [personal security policy](#), and [hostile intruder policy](#) articulating the policy and procedures addressing personal security and safety of faculty, staff, and students in all locations where instruction occurs while enrolled in the program.

PROFESSIONAL BEHAVIOR

Professional behavior is an expectation and requirement of all UNC Chapel Hill MHSPAS students. Such behavior (but is not limited to): appropriate dress, arriving on time for class/clinic, demonstrating respect for lecturers and for fellow classmates, avoidance of disruptive classroom behaviors such as whispering, talking, late entry into the classroom, or engaging in non-course related computer or studying activities during class. Expectations of professional behavior also applies to social media, online presence and online communications.

Students are expected to communicate with one another and all instructors in a professional and appropriate manner. Professional comportment is one of the most important components of preparation for and behavior within the medical profession and is taken very seriously. Unprofessionalism behavior will be referred to the UNC-CH MHSPAS Program Clinical Affairs Committee and/or UNC-CH MHSPAS Program Academic Excellence Committee resulting in a professionalism concern, warning, probation, and/or potentially dismissal from the program.

All UNC Chapel Hill MHSPAS students are subject to academic integrity and behavioral expectations of the University and the DAHS.

UNC-CHAPEL HILL HONOR CODE STATEMENT

Some assignments in this course will be analyzed by Grammarly. Grammarly generates a report on the originality of your writing by comparing it with a database of periodicals, books, online content, student papers, and other published work. The report can help you discern when you are using sources fairly, citing properly, and paraphrasing effectively---skills essential to all academic work. As a condition of joining the Carolina community, Carolina students pledge “not to lie, cheat, or steal” and to hold themselves, as members of the Carolina community, to a high standard of academic and non-academic conduct while both on and off Carolina’s campus. This commitment to academic integrity, ethical behavior, personal responsibility, and civil discourse exemplifies the “Carolina Way,” and this commitment is codified in both the [University’s Honor Code](#) and in other University student conduct-related policies.

ACCEPTABLE USE POLICY

By enrolling as a student in this course, you agree to abide by the University of North Carolina at Chapel Hill policies related to the acceptable use of IT systems and services. You may be asked to participate in online discussions or other online activities that may include personal information about you or other students in the course. The rights and protection of other participants are protected under the UNC-Chapel Hill [Information Technology Acceptable Use Policy](#), which covers topics related to using digital resources, such as privacy, confidentiality, and intellectual property.

Consult the University website “[Safe Computing at UNC](#)” for information about the data security policies, updates, and tips on keeping your identity, information, and devices safe.

SYLLABUS MODIFICATIONS

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The syllabus represents a flexible agreement. The UNC-CH MHSPAS Program reserves the right to make changes to the syllabus, including due dates and test dates. These changes will be announced as early as possible.

APPENDIX A

OPTIONAL CASES FOR CLINICAL PHASE - *Note: Some of these you might have already completed during other SCPE's.*

Optional and useful for ALL rotations

- Oral Presentation Skills 1-4
- High Value Care 1: 45-year-old-make – The importance of clinical reasoning
- High Value Care 2: 25-year-old female – Making diagnostic testing count
- Student Learning Cultural Awareness, Medical Home, On Language, Special Healthcare Needs High Value Care 3: 65-year-old woman- adult preventative care and value
- High Value Care 4: 80-year-old woman- medications and value
- High Value Care 5: 78-year-old woman- high value care in the inpatient setting
- High Value Care 6: 65-year-old man- paying for value insurance part 1
- High Value Care 7: 7-year-old female- rooting out waste
- High Value Care 12: 17-year-old female- paying for value insurance part 2
- Diagnostic Excellence- all 12 cases
- Radiology 1: 23-year-old man chest infection
- Radiology 4: 65-year-old woman chest vascular COPD
- Any other radiology cases

APPENDIX B

CLINICAL CASE PRESENTATION

The Clinical Case Presentation is a detailed narrative in which students share a perplexing, challenging, or unique clinical patient scenario that they encountered during the primary care, medical elective I, or medical elective II supervised clinical practice experience (SCPE). Like grand rounds, the clinical case presentation is designed to allow students to share their experiences and challenges and contribute meaningfully to the knowledge and education of their clinician peers. Additionally, completion of the case presentation and corresponding class handout is intended to encourage students to become involved in medical research and act as an introduction to medical writing.

The presenting student is expected to “work through” a case including formulating a clinical question and/or stating the patient’s problem, performing a literature search to find the best evidence-based data of the differential diagnosis derived from the patient’s problem and critically analyze that data, while applying the evidence to the clinical encounter. The student’s presentation and corresponding class handout should follow the CARE (CAse REport) guidelines as much as possible, which has become a standard for scientific writing in health and medicine. Each student will be given 10 - 12 minutes to present their case, followed by an additional five (5) minutes for audience questions.

HOW TO COMPLETE THE CLINICAL CASE PRESENTATION DELIVERABLE

Case Choice:

Your chosen case must meet one or more of the following criteria:

- The case illustrates a diagnostic or therapeutic problem you encountered.
- The case presents an illness or disease not covered during the didactic year.
- The case describes a new disease or one that is rarely encountered.
- The case illustrates how a patient’s ethnicity, culture, or spiritual beliefs contributed to the disease or illness and affected their treatment and outcomes.

Technology Format:

Students must use a presenting program/platform such as Power Point, Keynote, Prezi, Google Slides, etc.

Presentation Format:

Presenting your chosen case study should begin with an introduction explaining the context and relevance of the case, followed by the patient story. This should be a narrative that includes the patient’s presenting problem or complaint, your differential diagnosis based on the presenting

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complaint, the subjective and objective clinical findings identified during the patient encounter, all relevant diagnostic studies performed, and clinical interventions that were proposed and chosen. The patient outcomes including any adverse events, and follow-up should also be included. The presentation should conclude with a discussion of the rationale for any conclusions made and “clinical pearls” or key takeaway points.

Your presentation must include the following 8 sections. ([Applicable CARE guidelines items are referenced for you as well](#)):

- **Title (CARE item #1):**
 - The diagnosis or intervention of primary focus followed by the words “case report”.
- **Introduction (CARE item #4):**
 - Bullet points (with adequate narration) summarizing why this case is unique and why you chose it.
- **Patient Information (CARE item #5a thru 5d):**
 - De-identified demographic information of the patient (if relevant, you can include age, gender, ethnicity, occupation, etc.).
 - Chief complaint or primary concern/symptoms of the patient.
 - Relevant medical, family, and psychosocial history of the patient. Be sure to include:
 - Details about relevant comorbidities or chronic illnesses.
 - Psychosocial history, including lifestyle when relevant.
 - Genetic information if relevant.
 - Information regarding past treatments and interventions, including the outcomes.
- **Clinical Findings (CARE item #6 thru 7):**
 - Describe relevant physical examination findings and any other important clinical findings.
 - *Note: If relevant to the case, provide a timeline of key events in the patient’s history.*
- **Diagnostic Assessment (CARE item #8a thru 8d):**
 - Diagnostic methods utilized (such as physical exams performed, laboratory testing, imaging, questionnaires/surveys).
 - Diagnostic challenges (such as access to testing, financial, or cultural).
 - Diagnostic reasoning (including a discussion of the other diagnoses you considered and how you were able to rule those out).
 - Prognosis or staging when applicable (such as staging in oncology).
- **Therapeutic Interventions (CARE item #9a thru 9c):**
 - Types of therapeutic intervention that were used and/or recommended (such as pharmacologic, surgical, preventive, self-care).
 - Administration of therapeutic intervention (such as dosage, strength, duration).
 - Any changes made to the therapeutic intervention (with rationale for the change).
- **Follow-up and Outcomes (CARE item #10a thru 10d):**

- When applicable, include clinician and patient-assessed outcomes- this can include objective measures such as lab tests results, or may be subjective outcomes perceived by the patient.
 - Important follow-up diagnostics and other test results (including results if available).
 - Intervention adherence and tolerability (when applicable, include how was this assessed).
 - Adverse and unanticipated events.
- **Discussion (CARE item #11a & 11d):**
 - A scientific discussion of the strengths AND limitations you encountered while managing this patient.
 - The primary “take-away” lessons of this case report (without references).
 - **Note: If possible and relevant, include the patient’s perspective on the treatment(s) they received. (CARE item #12)**

Class Handouts:

Students will be required to provide a bullet point/quick reference handout of the case study topic (*not a summary of the clinical encounter*). The handout should NOT be a full narrative, nor a copy and paste of your presentation. The purpose of the handout is to provide your medical colleagues a quick snapshot of information about the disease/illness so it can be referenced at a later date.

Your handout must include the following 5 sections. (Applicable CARE guidelines items are referenced for you as well):

- **Title (CARE item #1):**
 - The diagnosis or intervention of primary focus (this should be very similar to your presentation title).
- **Key Words (CARE item #2):**
 - 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report".
 - (*Note: Keywords help identify the focus of a case report and, if you were to publish a case study, they would be the terms used to find your publication in a database search*).
- **Disease/Illness fact sheet (CARE item #11b):**
 - A summary of the relevant medical literature and findings. You must include the following:
 - Brief description/definition of the diagnosis including diagnostic criteria (*when applicable*).
 - A summary of the “classic” signs and symptoms.
 - ◇ Include what should be on your differential diagnosis list when a patient presents with these signs & symptoms.

- A summary of the “classic” physical exam findings, lab results, and diagnostic findings.
 - Include how these objective findings help discriminate between the various diseases/illnesses on your differential diagnosis list.
 - The standard treatment options (describe first, second-, and third-line options), comparing the risks/benefits of each choice and the goals of treatment (both initial and long-term).
 - Any impact that ethnic, cultural, or spiritual beliefs might have on the diagnosis, treatment, or anticipated outcomes.
- **Key take-away points (“Clinical Pearls”) about the diagnosis.**
 - **List the references/resources you used (a minimum of 3) [APA or MLA Format].**

Grading:

As stated in the syllabus, failure to complete the case presentation on the assigned day demonstrates a lack of professionalism and may result in automatic failure and placement on academic probation. Students are required to pass the case presentation with a grade of 70%. Failure of the case presentation will result in a program warning and the student will be required to generate a new case presentation(s) to present until a grade of 70% is achieved.