Bethel University
PHYSICIAN ASSISTANT STUDENT
LEARNER ROLE (PA-S1)

Department: Physician Assistant Studies Program, Bethel University
Level: PA-S1 (First Year)
Locations: Hospital/Community Experiences (Emergency Departments, Internal Medicine, Surgery, Etc.)
Supervisor: Bethel PA Faculty, Director of Clinical Education (DCE) & Assigned Preceptor(s)

General Responsibilities:
Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff. Participate in safe, effective, and compassionate patient care under supervision, commensurate with physician assistant student's level of advancement and responsibility; and refuse fees in any form from patients cared for as a part of the Program. Participate fully in educational and scholarly activities of the Program. Participate as appropriate in institutional programs and medical staff activities and adhere to established practices, procedures, and policies of the institutions. Submit to the assigned faculty member or DCE a written evaluation of the preceptors and of the education experiences. Begin developing competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as defined by the Program.

Specific Responsibilities and Educational Objectives:

Data Gathering:
- **Observe** the performance of focused History & Physical Exams (H&Ps) concentrating on presenting complaint through observed H&Ps with immediate faculty feedback and through observing preceptors perform H&Ps.
- Perform a complete history and problem-focused physical for presentation to preceptors.
- **Observe** when to expand the history to include pertinent review of systems, past medical history, etc.

Diagnostic Tests:
- Listen to discussions regarding cases with supervising preceptors prior to ordering lab studies and x-rays so a directed and cost-containment approach may be appreciated.
- If authorized by the supervising or assigned provider, below is a list of some examples of procedures that physician assistant students may **observe** in regards to patient care activities. It is also within the scope of a PA-S1 to **observe** other items not listed here that are within the scope of practice based upon the medical setting with the appropriate oversight:
  - History and physical with assessment and plan
  - Progress notes
  - Daily Patient rounds
  - BCLS & ACLS resuscitation
  - Arterial puncture for Blood Gas Determination
  - Venipuncture for appropriate blood analysis
  - Central Line Placement
  - Endotracheal Intubation
  - Knee Arthrocentesis
  - Lumbar Puncture
  - Nasogastric Intubation
  - Pap Smear
  - Paracentesis
  - Pelvic Exam
  - Rectal Exam
  - Thoracentesis
  - Arterial Catheterization
  - Bladder Catheterization, both male and female
  - Bone Marrow Aspiration and Biopsy
  - Elective Cardioversion
  - Flexible Sigmoidoscopy
  - Mechanical Ventilator Management
  - Pharmacological Electrocardiographic Stress Test
  - Swan-Gantz Catheter Placement
  - Treadmill Exercise
  - Electrocardiographic Stress Test

Presentation:
- **Observe** an accurate and concise presentation to supervising preceptors.
- **Observe** communications via telephone with consultants following demonstrated ability to present in a concise and directed manner.
Differential Diagnosis:
Begin to discuss the differential diagnosis for each presenting patient with the supervising preceptors with development of differential diagnosis throughout the hospital/community experience.

Therapeutic Intervention:
- Learn to recognize presentations of life-threatening conditions so that prompt initial stabilization may be observed even prior to completing H&P.
- Obtain supervising preceptor involvement immediately upon recognition of life-threatening circumstances.
- Physician assistant students must not start any emergency or non-emergency medical procedure on a patient.
- Discuss treatment plans with the assigned preceptor’s oversight.
- If prescriptions are needed, the physician assistant student may not sign the prescription, only the assigned preceptor physician or midlevel provider.

Discharge/Follow-up:
- Observe the formulation of a discharge plan and observe discharge instructions with the patient and family.
- Begin to develop working relationship with nursing staff to discharge patients to obtain a better understanding of the patient’s medical knowledge and cultural biases.

Procedures/Technical Skills:
- Observe basic procedural skills under direct supervision including procedures such as extremity wound care and suturing, local anesthesia, arterial puncture, intubation, defibrillation, central and peripheral venous access, splinting, NG lavage tube placement, bladder catheterization, slit lamp examination, lumbar puncture and other appropriate procedures or surgery as indicated (if physician assistant student has no prior experience with procedure, procedure will be observed and discussed with supervising or assigned preceptor with second attempt at procedure performed under close supervision).
- Critical portion of all procedures will be performed with direct supervision by preceptor.

Patient Management Skills:
- Observe preceptors management of more than one patient simultaneously in the department.
- Observe preceptors management of preoperative and postoperative management of patients as indicated by the surgical team or preceptor.
- Participate with the treatment of critically ill patients although may not be involved in the resuscitation of these patients.

Administrative:
- Learn basic functions of all personnel.
- Learn charting guidelines and observe them in patient care.
- Observe preceptor proficiency at giving concise “phone” presentations.
- Observe communications with the lab.

Didactic Education:
- See the Bethel University, Physician Assistant Studies didactic syllabi for additional requirements and guidelines.
- Physician assistant students are encouraged to observe any additional educational opportunities that the supervising preceptor deems valuable.

Evaluation Procedure:
Students are required to document written feedback with respect to their involvement in patient care, medical knowledge, interpersonal and communication skills, professionalism and systems-based practice.