

ELIZABETHTOWN COLLEGE



PHYSICIAN ASSISTANT PROGRAM

One Alpha Drive

Elizabethtown, PA 17022

Clinical Coordinator: PA-C

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Email:



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CLINICAL YEAR PASSPORT

Student: _____

These skills are only to be signed off by a preceptor when the student performance is satisfactory.

Please do not sign off when an attempt was made, but rather only when completed successfully.

Successful means student is able to follow procedure guidelines with 0-2 inaccuracies in a reasonable time allotment. Student is essentially ready to perform as an employee as opposed to a learner.

For the imaging interpretation satisfactory means demonstrates understanding of what is being evaluated and why and explains what would be looked at for interpretation with some discussion on what is interpreted.

Clinical Year Passport. The clinical year passport will serve as a guide to ensure that students are exposed to and experienced in aspects of medicine that will prepare you to become a well-rounded Physician Assistant.

The Clinical Year Passport should remain with you at all times while on rotations.

Once you complete listed requirements with proficiency, as determined by your preceptor, have your preceptor initial and date each item. You are required to submit your passport to the clinical coordinator for review at the completion of each clinical rotation.

In the event that you are unable to fulfill the requirements listed in the clinical passport, all efforts will be made by the program to arrange additional clinical exposures targeted towards those items to prove competence, which may include a program directed assignment for completion of your elective rotation/clinical specialty preceptorship.

| DOCUMENTATION (required) | | | |
|---------------------------------|------------------|-----------------|-------------|
| Note | Preceptor | Initials | Date |
| Admission Orders | | | |
| Admission Orders | | | |
| Discharge Instructions | | | |
| Discharge Instructions | | | |
| Discharge Summary | | | |
| Discharge Summary | | | |
| Admission H&P-Adult | | | |
| Admission H&P-Adult | | | |
| Admission H&P-Geriatric | | | |
| Admission H&P-Geriatric | | | |
| Operative Note | | | |
| Operative Note | | | |
| Post-Operative Note | | | |
| Post-Operative Note | | | |
| Pre-Operative Note | | | |
| Pre-Operative Note | | | |
| Procedure Note | | | |
| Procedure Note | | | |
| SOAP Note-Infant | | | |
| SOAP Note-Child | | | |
| SOAP Note-Adolescent | | | |
| SOAP Note-Adult | | | |
| SOAP Note-Geriatric | | | |
| SOAP Note-Obstetric | | | |
| SOAP Note-Gynecologic | | | |
| SOAP Note-Behavior/Psych | | | |

| EXAMINATION (required) | | | |
|----------------------------------|------------------|-----------------|-------------|
| Note | Preceptor | Initials | Date |
| Fundal Height Measurement | | | |
| Fundal Height Measurement | | | |
| Fetal Heart Tones | | | |
| Fetal Heart Tones | | | |
| Pelvic Exam | | | |
| Pelvic Exam | | | |
| Rectal Exam | | | |
| Rectal Exam | | | |
| Physical-Infant (newborn) | | | |
| Physical-Infant | | | |
| Physical-Child | | | |
| Physical-Child | | | |
| Physical-Adolescent | | | |
| Physical-Adolescent | | | |
| Physical-Adult | | | |
| Physical-Adult | | | |
| Physical-Geriatric | | | |
| Physical-Geriatric | | | |
| Wound Examination and Care | | | |
| Participation in Palliative Care | | | |

| PROCEDURES (required) | | | |
|------------------------------|------------------|-----------------|-------------|
| Procedure | Preceptor | Initials | Date |
| Surgical Gowning/Gloving | | | |
| Surgical Gowning/Gloving | | | |
| Incision and Drainage | | | |
| Incision and Drainage | | | |
| Joint/Limb Immobilization | | | |
| Cerumen lavage/removal | | | |
| Local Anesthesia | | | |
| Local Anesthesia | | | |
| Pap Smear | | | |
| Pap Smear | | | |
| Stool for Occult Blood | | | |
| Suture-Simple Interrupted | | | |
| Suture-Simple Interrupted | | | |
| Suture-Subcutaneous | | | |
| Staple Insertion | | | |
| Suture Removal | | | |
| Suture Removal | | | |
| Staple Removal | | | |
| Intramuscular Injection | | | |
| Intramuscular Injection | | | |
| Subcutaneous Injection | | | |
| Subcutaneous Injection | | | |
| Venipuncture | | | |
| Venipuncture | | | |

| DIAGNOSTIC/LABORATORY STUDY INTERPRETATION (required) | | | |
|--|------------------|-----------------|-------------|
| Study | Preceptor | Initials | Date |
| EKG Interpretation | | | |
| EKG Interpretation | | | |
| Catheter Insertion | | | |
| CXR Interpretation | | | |
| CXR Interpretation | | | |
| Extremity Film Interpretation | | | |
| Extremity Film Interpretation | | | |
| Abdominal Film Interpretation | | | |
| Abdominal Film Interpretation | | | |
| CT Interpretation | | | |
| CT Interpretation | | | |
| MRI Interpretation | | | |
| MRI Interpretation | | | |
| Laboratory Evaluation-CMP | | | |
| Laboratory Evaluation-CMP | | | |
| Laboratory Evaluation-CBC | | | |
| Laboratory Evaluation-CBC | | | |
| Laboratory Evaluation-TSH | | | |
| Laboratory Evaluation-TSH | | | |
| Laboratory Evaluation-INR | | | |
| Laboratory Evaluation-INR | | | |
| Laboratory Evaluation-Lipids | | | |
| Laboratory Evaluation-Lipids | | | |
| Urinalysis Interpretation | | | |
| Urinalysis Interpretation | | | |
| Culture and Sensitivity | | | |