Clinical Rotation Learning Outcomes

EMERGENCY MEDICINE

GENERAL GUIDELINES

Under the guidance of experienced providers, clinical rotations provide a PA student with opportunities to actively participate in direct patient care in the role of a developing practitioner. When appropriate, students are expected to demonstrate clinical skills and take part in relevant procedures with minimal reliance on observational experiences.

Orientation

Preceptors are encouraged to provide a brief orientation prior to or within the first few days of the rotation, including expectations, workflow, documentation requirements, and opportunities for student involvement. Students should be invited to share a few personal goals and/or questions at the start of the experience to help clarify expectations and promote a productive learning environment.

Mid-Rotation Evaluation (Formative, Ungraded)

Preceptors are encouraged to complete a brief mid-rotation evaluation that is sent to your email to provide formative feedback on student performance. This evaluation is not graded and is intended to identify areas for growth and allow the program and preceptor to address issues proactively, provide coaching, and support the student's development.

Preceptors are encouraged to provide timely, direct feedback throughout the rotation to allow students the opportunity to adjust, improve, and further develop their clinical skills.

End-of-Rotation Evaluation (Summative)

At the conclusion of each rotation, preceptors are asked to complete an end-of-rotation evaluation that is sent to your email of the student. This evaluation helps the program assess student progress, attainment of learning outcomes and objectives, and readiness for increasing clinical responsibility.

The following outcomes align with the end-of-rotation evaluation.

Preceptors are encouraged to provide honest, constructive, and specific feedback to support student growth and professional development. While students receive a grade based in part on this evaluation, constructive and coachable feedback does not typically negatively impact a student's overall grade.

EMERGENCY MEDICINE EXPERIENCES

Outcome 1: Emergent and Acute Care Patient Management
Evaluate and manage patients presenting with acute illness and injury by performing focused histories and physical exams, developing prioritized differential diagnoses, initiating timely evidence-based management, and recognizing conditions that require immediate intervention or escalation of care.

Outcome 2: Disposition and Discharge
Determine appropriate patient disposition—including admission, observation, or discharge—and formulate safe, patient-centered discharge plans that include clear instructions, follow-up recommendations, and return precautions.

PATIENT CARE

Outcome 1: History and Physical Exam
Obtain a focused history and physical exam to the level necessitated and allowed by the patient presentation.

Outcome 2: Patient Populations
Develop competency in delivering patient-centered care across the lifespan by evaluating, diagnosing, and managing adults, adolescents, and pediatric patients presenting with a broad spectrum of emergent and acute health concerns.

Outcome 3: Upper-Level Involvement in Patient Care
Demonstrate upper-level involvement in at least 30% of patient encounters, defined as follows:

a. ***HxPE, Significant A&P Attempt:*** The student performs a thorough and relevant history and physical examination and formulates an initial assessment and plan but requires guidance or correction by the preceptor for completeness, relevance, or accuracy.
b. ***HxPE, Extensive & Accurate A&P:*** The student performs a thorough and relevant history and physical examination and independently formulates an accurate assessment and plan with little or no guidance from the preceptor.

MEDICAL KNOWLEDGE

Outcome 1: Diagnostic and Laboratory Studies
Determine the appropriate use of diagnostic and laboratory studies and interpret and explain results.

Outcome 2: Differential Diagnosis
Synthesize findings from patient history, physical exam findings, and diagnostic data to develop a broad differential diagnosis and present the case clearly and concisely to their preceptor.

Outcome 3: Most Likely Diagnosis
Apply clinical reasoning and medical knowledge to analyze patient history, physical exam findings, and diagnostic data to formulate and justify an evidence-based most likely diagnosis.

Outcome 4: Clinical Interventions
Determine appropriate evidence-based clinical interventions including treatment, pharmacotherapy, patient education, follow-up, consultation, and referrals as appropriate.

COMMUNICATION

Outcome 1: Preventive Care and Health Maintenance
Effectively communicate patient-centered education on disease prevention and health maintenance, tailoring recommendations to the patient's age, risk factors, and health literacy, and incorporating current evidence-based guidelines to promote long-term wellness and treatment adherence.

Outcome 2: Interpersonal and Interprofessional Communication
Demonstrate effective interpersonal and interprofessional communication within the clinical setting by building rapport with patients, actively listening, navigating sensitive conversations, and collaborating respectfully with members of the healthcare team to support high-quality patient care.

Outcome 3: Oral Presentation
Deliver clear, organized, and concise oral presentations of patient cases, including pertinent history, physical exam findings, assessment, and plan, while responding appropriately to questions and feedback.

Outcome 4: Emergent Care Case Documentation

Document an acute care case note based on a real patient encounter during the rotation, incorporating patient-specific risk factors, age-appropriate screening recommendations, health maintenance needs, and evidence-based emergent care guidelines. This assignment will be submitted to the PA program.