

## CPI – Improving Program Learning Outcomes Report

### CPI Improving PLO Report (AY22-23)

Name of the program Department of Physician Assistant Studies

Dean' signature *Gordon Schmidt*

Expected Date of Submission 8/19/2023

Department Chair or Director: Frank A. Acevedo, MS, PA-C, DFAAPA

NYIT's CPI process is implemented to meet *MSCHE Standard V: Educational Effectiveness Assessment: Assessment of student learning and achievement demonstrates that the institution's students have accomplished educational goals consistent with their program of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education.*

All degree program's PLO assessment plan (2022-2025) are posted through the link:

[http://www.nyit.edu/planning/academic\\_assessment\\_plans\\_reports](http://www.nyit.edu/planning/academic_assessment_plans_reports).

This is a report of its implementation for year 2022-2023. The report should address the following points:

#### **I. The Annual Program Learning Outcomes (PLOs) Assessment should include the followings.**


1. PLO (Program Learning Outcomes) assessed. list the PLOs that have been assessed in AY 22-23 based on your three-year plan (AY22\_25)
2. METHOD: Describe the method of assessment and attach measurement instruments (e.g., rubric, exam items, scoring guide for a particular task, supervisor evaluation form, survey instrument, and other assessment tools).
3. ANALYSIS of the assessment results: provide criteria-based disaggregate and aggregate data analysis.
4. INTERPRETATION: to what degree did students achieve the program learning outcomes based on your data analysis and expected learning outcomes?
5. CLOSE THE LOOP – If the expected program learning outcomes were successfully met, describe how the program will keep or expand the good practices, if not, refine or create the next cycle of [PDSA](#).


#### **Program Learning Outcomes Assessment Original Schedule and Numbering:**


1. **Apply core knowledge about established and evolving biomedical and clinical sciences to patient care and be of sufficient breadth and depth to prepare the student for the clinical practice of medicine covering all organ systems.** 2023 – 2024
2. **Demonstrate medical knowledge through the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention.** 2022 – 2023
3. **Effectively communicate the exchange of information and collaboration with patients, their families and other health professionals.** 2024 – 2025
4. **Develop clinical reasoning and problem-solving abilities by utilizing evidence from scientific studies related to their patients' health.** 2023 – 2024
5. **Provide medical care to patients with consideration for: a) disability status or special health care needs, b) ethnicity/race, c) gender identity, d) religion/spirituality, e) sexual orientation, and f) social determinants of health.** 2024 – 2025

6. Provide education to patients that are patient centered and culturally sensitive with a focus on helping patients: a) adhere to treatment plans, b) modify their behaviors to more healthful patterns, and c) develop coping mechanisms. 2022 – 2023
7. Elicit a medical history, perform a comprehensive physical examination, generate a differential diagnosis, order, interpret diagnostic studies, and formulate acute and chronic care plans across all age groups from initial presentation through ongoing follow-up. 2022 – 2023
8. Navigate the business of healthcare to include a) coding and billing, b) documentation of care, c) health care delivery systems, and d) health policy. 2024 – 2025
9. The curriculum must include instruction in concepts of public health as they relate to the role of the practicing PA and: a) disease prevention, surveillance, reporting and intervention, b) the public health system, c) patient advocacy, and d) maintenance of population health. 2022 – 2023
10. The curriculum must include instruction in: a) patient safety, b) prevention of medical errors c) quality improvement d) risk management e) intellectual honesty f) academic integrity g) professional conduct and h) principles and practice of medical ethics. 2024 – 2025
11. The curriculum must include instruction about the PA profession to include: a) credentialing, b) historical development, c) laws and regulations regarding professional practice and conduct, d) licensure and certification, e) the PA relationship with the physician and other health care providers, f) policy issues that affect practice, and g) professional organizations. 2023 – 2024
12. The curriculum must include instruction in faculty and student a) personal wellness b) burnout. 2023 – 2024

KEY:

2022 – 2023: 

2023 – 2024: 

2024 – 2025: 

### Program Learning Outcomes Assessment Revised Schedule and Numbering:

1. Demonstrate medical knowledge through the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. 2022 – 2023
2. Provide education to patients that are patient centered and culturally sensitive with a focus on helping patients: a) adhere to treatment plans, b) modify their behaviors to more healthful patterns, and c) develop coping mechanisms. 2022 – 2023
3. Elicit a medical history, perform a comprehensive physical examination, generate a differential diagnosis, order, interpret diagnostic studies, and formulate acute and chronic care plans across all age groups from initial presentation through ongoing follow-up. 2022 – 2023
4. The curriculum must include instruction in concepts of public health as they relate to the role of the practicing PA and: a) disease prevention, surveillance, reporting and intervention, b) the public health system, c) patient advocacy, and d) maintenance of population health. 2022 – 2023

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### **Program Learning Outcomes Assessed 2022 – 2023:**

**2022– 2023 PLO 1: Demonstrate medical knowledge through the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention.**

**2022– 2023 PLO 2: Provide education to patients that are patient centered and culturally sensitive with a focus on helping patients: a) adhere to treatment plans, b) modify their behaviors to more healthful patterns, and c) develop coping mechanisms.**

**2022– 2023 PLO 3: Elicit a medical history, perform a comprehensive physical examination, generate a differential diagnosis, order, interpret diagnostic studies, and formulate acute and chronic care plans across all age groups from initial presentation through ongoing follow-up.**

**2022 – 2023 PLO 4: The curriculum must include instruction in concepts of public health as they relate to the role of the practicing PA and: a) disease prevention, surveillance, reporting and intervention, b) the public health system, c) patient advocacy, and d) maintenance of population health.**

### **Assessment Methodology:**

1. Twelve program learning objectives (PLOs) were developed and promulgated within the program, with the students, and the institution.
2. The twelve PLOs were divided into three artificial phases for data collection (data collection is ongoing for the program in each PLO) to share with CPI reports generated for:

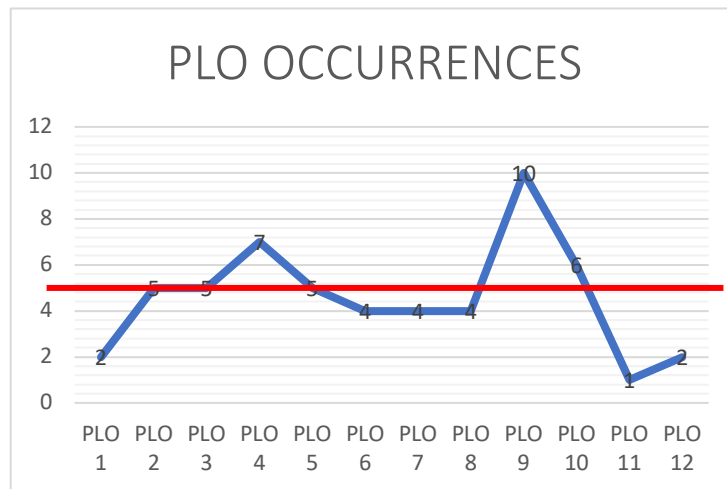
- a. 2022 – 2023
  - b. 2023 – 2024
  - c. 2024 - 2025
3. PLOs were mapped against the competencies for the physician assistant profession.
    - a. Knowledge for Practice
    - b. Interpersonal and Communication Skills
    - c. Person-Centered Care
    - d. Interprofessional Collaboration
    - e. Professionalism and Ethics
    - f. Practice-based Learning and Quality Improvement
    - g. Society and Population Health
  4. After templating PLOs to the competencies, each PLO was further broken down into the elements that define the measurability of the knowledge, skills, abilities, and behaviors required of each graduate for entry into the profession.
  5. PLOs were keyed with the competency elements and evaluation tools were developed to assess performance for each area of the PLOs as keyed to accreditation (ARC-PA) standards and PAEA competencies.
  6. The first point of assessment for the first phase of CPI evaluations was to ensure that all competencies for the profession were covered by the current curriculum.

**Initial Findings:**

Though all PLOs and competencies were covered within the NYIT PA curriculum, there were some identified that require a broader, and deeper coverage.

The areas requiring revisions this coming semester include:

1. Written documentation.
2. Oral Presentations.
3. Patient management plans (acute/chronic).
4. Active listening.
5. Cost effective patient care.
6. PA faculty/student wellness and burnout.



7. PLOs # 1, 6, 7, 8, 11, 12 fell below a benchmark of 5 occurrences throughout the curriculum. This has been flagged and is being addressed through curricular adjustments. In addition, workshops and lectures on faculty/student wellness and burnout have been added.

### **Program Learning Outcomes to be Assessed 2022 – 2025:**

**2023 – 2024 PLO 5: Apply core knowledge about established and evolving biomedical and clinical sciences to patient care and be of sufficient breadth and depth to prepare the student for the clinical practice of medicine covering all organ systems.**

**2023 – 2024 PLO 6: Develop clinical reasoning and problem-solving abilities by utilizing evidence from scientific studies related to their patients' health.**

**2023– 2024 PLO 7: The curriculum must include instruction about the PA profession to include: a) credentialing, b) historical development, c) laws and regulations regarding professional practice and conduct, d) licensure and certification, e) the PA relationship with the physician and other health care providers, f) policy issues that affect practice, and g) professional organizations.**

**2023– 2024 PLO 8: The curriculum must include instruction in faculty and student a) personal wellness b) burnout.**

### **Program Learning Outcomes to be Assessed 2024 – 2025:**

**2024 – 2025 PLO 9: Effectively communicate the exchange of information and collaboration with patients, their families and other health professionals.**

**2024 – 2025 PLO 10: Provide medical care to patients with consideration for: a) disability status or special health care needs, b) ethnicity/race, c) gender identity, d) religion/spirituality, e) sexual orientation, and f) social determinants of health.**

**2024 – 2025 PLO 11: Navigate the business of healthcare to include a) coding and billing, b) documentation of care, c) health care delivery systems, and d) health policy.**

**2024 – 2025 PLO 12: The curriculum must include instruction in: a) patient safety, b) prevention of medical errors c) quality improvement d) risk management e) intellectual honesty f) academic integrity g) professional conduct and h) principles and practice of medical ethics.**

## SAMPLE RUBRIC

### Detailed Skill Performance Evaluation: Female Genitalia Examination

| Directions: You will have 10 minutes to complete the skill. All critical (C) steps and 70% of the non-critical steps must be performed or verbalized. Special tests will be performed if requested by the instructor.  |                           |            |
|--|---------------------------|------------|
|  | Start:                    | End:       |
|  | Performed                 | Verbalized |
| <b>Washes hands</b>  | C                         |            |
| <b>Introduces self to patient using name and stating they are a PA student</b>   | C                         |            |
| <b>Mention assistant/chaperone</b>   |                           | Y / N      |
| <b>Explains exam and asks permission to do exam</b>  | C                         |            |
| <b>Ask the patient to empty her bladder</b>  |                           | Y / N      |
| <b>Inspection of External Genitalia</b> ( <i>Separate the labia to inspect.</i> )  |                           |            |
| 1. Mons pubis, labia majora and perineum: lesions, swelling, erythema, masses  | Y / N                     | Y / N      |
| 2. Labia minora, clitoris, urethral meatus and introitus: lesions, swelling, erythema, masses, discharge   | Y / N                     | Y / N      |
| <b>Inspection: Internal Examination; Speculum Exam</b>   |                           |            |
| 1. Warm speculum   |                           | Y / N      |
| <b>2. Inform patient you are about to insert speculum and she will feel your fingers</b>   | C                         |            |
| 3. Lubricate one finger with water and apply downward pressure at its lower margin   |                           | Y / N      |
| 4. Insert speculum correctly ( <i>Separate the labia minora, and then insert speculum at a slight angle and with downward pressure. It must be inserted deep enough in order to visualize the cervix. If a retroverted uterus is suspected, aim the speculum toward the umbilicus.</i> ) | Y / N                     | Y / N      |
| 5. Cervix: color, erosions, lesions ( <i>Open speculum slowly. If cervix is not visualized, reposition the speculum as needed.</i> )   | Y / N                     | Y / N      |
| 6. Mentions state of Cervical os: shape, bleeding, discharge   |                           | Y / N      |
| 7. Withdraw the speculum slightly to clear the cervix and maintain the open position of the speculum with your thumb   | Y / N                     | Y / N      |
| 8. Close the speculum as it emerges from the introitus avoiding both excessive stretching and pinching of the mucosa.  | Y / N                     | Y / N      |
| 9. Vaginal mucosa: color, inflammation, discharge, lesions, masses ( <i>Loosen screw on speculum and withdraw slowly while keeping blades partially open in order to visualize the vaginal walls</i> )   |                           | Y / N      |
| 10. Mentions diagnostic testing as indicated   |                           | Y / N      |
| <b>Adequate exposure was obtained for all inspection steps.</b>  | C                         |            |
| <b>Adequate draping was maintained for all steps.</b>  | C                         |            |
| <b>Evaluation:</b> #Y = #C =<br>min. = 13/19 min = 4   | <b>Needs remediation?</b> |            |
| <b>Comments on quality of performance:</b>   | <b>Y / N</b>              |            |

Adapted from:

Developed by Albany Medical College, Center for Physician Assistant Studies Bickley: *Bates' Guide to Physical Examination and History Taking*, Twelfth Edition. Copyright © 2017 Wolters Kluwer Health

**NEW YORK INSTITUTE OF TECHNOLOGY  
DEPARTMENT OF PHYSICIAN ASSISTANT  
STUDIES OSCE CASE G1**

**SAMPLE OSCE**

Setting: Emergency Department

**YOU WILL HAVE 25 MINUTES TO COMPLETE THIS  
ENCOUNTER**

- **Please see the patient and perform the relevant history and physical examination.**
- **I will stop the clock for 2-minutes to allow your patient to enter the exam room. I will notify you when you have 5-minutes remaining.**
- **(Student may write on this paper).**

|               |                     |                   |                          |                         |         |
|---------------|---------------------|-------------------|--------------------------|-------------------------|---------|
| Name:         | Date                | Hx points:<br>/38 | PE/A/P<br>points:<br>/44 | Total<br>Points:<br>/84 | Total % |
| Faculty Name: | Start Time:<br>End: | Pt Entry:         | 5 min.                   | End:                    |         |

**A 45-year-old male, has come to the Emergency Department today due to worsening abdominal pain.**

**Height: 177.8 cm (5'10") Weight: 77.3 kg (170 lbs) BMI: 24.4 kg/m<sup>2</sup> Temp 37.3 °C (99.2 F), Pulse: 120 beats/minute (Regular), B/P 146/88, , RR 20/minute, Saturation 99% on room air.**

| Introduction |  |  |
|--------------|--|--|
| 1            |  | Wash his/her hands                         |
| 2            |  | Introduce self by name and position        |
| 3            |  | Obtained patient verification of identity. |

## History

| History of Present Illness |  |   |
|----------------------------|--|---|
| 4                          |  | Timing – onset<br>It started yesterday morning while I was sitting and having my coffee.        |
| 5                          |  | Timing – related to daily activities<br>It was more with walking around.                        |
| 6                          |  | Timing – frequency<br>It was intermittent and is now constant.                                  |
| 7                          |  | Location – original site<br>It started by my belly button and now is worst in my lower abdomen. |
| 8                          |  | Location – area of most pain now<br>The worst area is the right lower part of my stomach.       |
| 9                          |  | Quality<br>It is sharp, shooting pain   |
| 10                         |  | Severity<br>9/10  |
| 11                         |  | Aggravating<br>Worse with movement.   |



|    |  |   |
|----|--|---|
| 12 |  | Alleviating<br>Nothing makes it better. |
|----|--|---|

**Associated History**

|    |  |   |
|----|--|---|
| 13 |  | Have you ever had symptoms like this before? No |
|----|--|---|

|    |  |   |
|----|--|---|
| 14 |  | Any recent travel or sick contacts? No. |
|----|--|---|

**Associated ROS**

|    |  |   |
|----|--|---|
| 15 |  | Nausea/vomiting? Yes I have nausea and vomited twice. |
|----|--|---|

|    |  |  |
|----|--|--|
| 16 |  | Last BM? I had diarrhea twice yesterday. |
|----|--|--|

|    |  |  |
|----|--|--|
| 17 |  | Blood in stool or vomit (give if ask either)? No |
|----|--|--|

|    |  |  |
|----|--|--|
| 18 |  | Able to eat and drink? Not hungry so I am not eating much but I am drinking water cause I am thirsty |
|----|--|--|

|    |  |   |
|----|--|---|
| 19 |  | Any difficulties urinating, back pain or GU symptoms (dysuria/hematuria/testicular pain)? No (give credit if ask any) |
|----|--|---|

|    |  |                             |
|----|--|-----------------------------|
| 20 |  | Chest pain/palpitations? No |
|----|--|-----------------------------|

|    |  |           |
|----|--|-----------|
| 21 |  | Cough? No |
|----|--|-----------|

|    |  |   |
|----|--|---|
| 22 |  | Shortness of breath? No, but when the pain is intense it takes my breath away |
|----|--|---|

|    |  |  |
|----|--|--|
| 23 |  | Malaise, fatigue? Yes, both for 3 days |
|----|--|--|

|    |  |               |
|----|--|---------------|
| 24 |  | Dizziness? No |
|----|--|---------------|

|    |  |   |
|----|--|---|
| 25 |  | Fever/chills? I feel sweaty and feverish, but I didn't take my temperature. |
|----|--|---|

**PMHx:**

|    |  |  |
|----|--|--|
| 26 |  | Cardiac: Hx of Hypertension/MI/Hyperlipidemia? (Give full credit if any asked). No |
|----|--|--|

|    |  |  |
|----|--|--|
| 27 |  | GI: IBS, IBD, PUD? (Give full credit if ANY asked). No |
|----|--|--|

**Allergies**

|    |  |  |
|----|--|--|
| 28 |  | Medication, Food, Latex, Environment? No allergies |
|----|--|--|

**Medications/OTC/Herbs/Vitamins**

|    |  |      |
|----|--|------|
| 29 |  | None |
|----|--|------|

**Past Surgical History**

|    |  |      |
|----|--|------|
| 30 |  | None |
|----|--|------|

**Family History**

|                          |  |   |
|--------------------------|--|---|
| 31                       |  | Mom, A, 68, healthy, no cancers, no cardiac disease<br>Father, D, 61, from colon cancer.  |
| <b>Screening Hx</b>      |  |   |
| 32                       |  | Vaccines: Up to date  |
| 33                       |  | Colonoscopy? No   |
| <b>Social History</b>    |  |   |
| 34                       |  | Tobacco? No   |
| 35                       |  | What does diet consist of? I eat everything. I try to maintain balanced diet with fruits/veggies.<br>Sometimes too busy to cook so I get take out 1-3/x a week. |
| 36                       |  | ETOH? No  |
| 37                       |  | Illicit Drugs? No never   |
| <b>Social/Occupation</b> |  |   |
| 38                       |  | I am a sales representative for an orthopedics device company.  |

**Pause Timer for Patient to Enter**

# Physical Examination

Does the Student perform the following parts of the examination

| <b>General</b> |  |                     |
|----------------|--|---------------------|
| 1              |  | General appearance? |
| 2              |  | Cyanosis, distress? |

| <b>Cardiac Examination</b> |  |   |
|----------------------------|--|---|
| <b>Inspection</b>          |  |   |
| 3                          |  | If the student exposes the anterior chest give credit                                   |
| <b>Palpation</b>           |  |   |
| 4                          |  | Chest wall for thrills or abnormal pulsations or pian?                                  |
| <b>Auscultation</b>        |  |   |
| 5                          |  | Aortic area?  |
| 6                          |  | Pulmonic area?  |
| 7                          |  | Left sternal border?  |
| 8                          |  | Apex?   |
| <b>Technique</b>           |  |   |
| 9                          |  | Place the patient in the supine or semirecumbent position for the majority of the exam? |

| <b>Respiratory Examination</b> |  |   |
|--------------------------------|--|---|
| <b>Inspection</b>              |  |   |
| 10                             |  | If the student exposes the anterior and posterior chest give credit.                            |
| <b>Palpation</b>               |  |   |
| 11                             |  | Assess for pain   |
| <b>Percussion</b>              |  |   |
| 12                             |  | Percuss the chest- <a href="#">give credit and stop them and tell them can move on</a>          |
| <b>Auscultation</b>            |  |   |
| 13                             |  | Auscultate using diaphragm- <a href="#">give credit and stop them and tell them can move on</a> |

## Abdominal Examination

### Inspect

14 Patient is appropriately exposed? Supine and knees bent?

15 States presence or absence of any **3** of the following: circle which

- Color
- Scars
- Striae
- Dilatd veins
- Rashes or ecchymoses
- Hernia
- Contour/distention
- Pulsations

### Auscultation

16 All 4 quadrants

17 Mentions they are listening for any **2** of the following: circle which  
bowel sounds, pitch, frequency, quality, borborygmi Hypoactive BS

### Percussion

18 Determines/Asks area of pain Lower Abdomen

19 Begins away from area of pain

20 Uses standard percussion technique (one finger)

21 Generates audible percussion note

22 Percusses in all 4 quadrants

23 Observes for percussion tenderness Mild pain R/LLQ

### Palpates

24 Begins away from area of complaint

25 Palpates all 4 quadrants Pain

26 Light palpation (one hand) LLQ/RLQ R>L

27 Deep palpation (two hands) LLQ/RLQ R>L

28 Rebound tenderness (presses with rapid release) RLQ

29 Rovsing's sign positive

30

Psoas and obturator sign (both for credit) **positive**

|    |  |
|----|--|
| 31 | Mention that they would perform a rectal exam. |
|----|--|

**Exam Ends Here / Please have “patient” exit at this time**

**Faculty will ask the following:**

Faculty reads “physical exam findings” to student that are found in the shared OSCE Google Folder.

|    |  |
|----|--|
| 32 | “Please identify 3 disorders that you would include in your differential diagnosis.” ( <i>circle student’s choices</i> ) |
|----|--|

**Acute Appendicitis**

Acute Diverticulitis

Bowel Obstruction

Ischemic bowel

Meckel's diverticulum

Acute ileitis

Crohn's disease

Renal colic

OTHER \_\_\_\_\_

**Diagnostic Work-up:**

|    |   |
|----|---|
| 33 | <p>“What should be included in the initial diagnostic work up for this patient? Lab and/or imaging” Must verbalize 3 of the following for credit : (<i>circle student’s choices</i>)</p> <p>CBC with differential, serum chemistries, amylase/lipase, UA, EKG, Abdominal xray, CT scan of Abdomen/Pelvis with oral contrast</p> |
|----|---|

Faculty shares “lab results” and “lab reference chart” with student that are found shared OSCE Google Folder.

**Upon Review of the lab findings the faculty will state:**

|    |   |
|----|---|
| 34 | <p>Faculty asks student to “Please evaluate and interpret the lab values.” Student must verbalize any two of the following for credit; (Please circle responses.)</p> <p>Mild leukocytosis with left shift</p> <p>Elevated Bun/Cr due to dehydration</p> <p>Hypokalemia</p> |
|----|---|

Faculty shares “EKG” with student found in the shared OSCE Google Folder.

|    |  |
|----|--|
| 35 | <p>Faculty asks student to “Please evaluate and interpret the EKG.” Student must verbalize both of the following for credit; (Please circle responses.)</p> <p>Sinus tachycardia<br/>Rate of 120</p> |
|----|--|

Faculty shares “chest radiograph” with student found in the shared OSCE Google Folder.

|    |  |
|----|--|
| 36 | <p>Faculty asks student to “Please evaluate and interpret the chest radiograph.” Student must verbalize any 2 of the following for credit; (Please circle responses.)</p> <p>The patient is centered<br/>The radiograph has adequate penetration.<br/>9 posterior ribs are visualized<br/>6 anterior ribs are visualized<br/>Airway, Bones, Cardiac, Diaphragm, Equal lung field, Hilum<br/>There is no pathology noted grossly on the radiograph.</p> |
|----|--|

Faculty shares “Abdominal/Pelvic CT” with student found shared OSCE Google Folder.

|    |   |
|----|---|
| 37 | <p>Faculty asks student to “Please evaluate and interpret the Abdominal CT Scan” Student must verbalize any 1 of the following for credit; (Please circle responses.)</p> <p><i>CT1: dilatation &gt; 6mm with wall thickening, a lumen that does not fill with enteric contrast, fatty tissue stranding or air surrounding the appendix</i></p> <p><i>CT2: appendiceal fecolith</i></p> |
|----|---|

|    |   |
|----|---|
| 38 | <p>Faculty states “Stop and think about the differential diagnosis. Please identify the most likely (primary) diagnosis for this patient. I will accept one answer only.”</p> |
|----|---|

- Acute Appendicitis
- Acute diverticulitis
- Ischemic bowel

**Initial Interventions:**

|    |  |  |
|----|--|--|
| 39 |  | <p><b>Faculty asks student “What medications/medical interventions should be done at this time? Must verbalize at least 2 of the following for credit: (Please circle responses.)</b><br/> <i>General surgical consult for laparoscopic appendectomy, IV antibiotics, IV fluids, antiemetics, Admission to the surgical service, Narcotics for analgesia</i></p> |
|----|--|--|

**Systems Based Practice**

|    |  |  |
|----|--|--|
| 40 |  | <p><b>Identify 3 ways you can facilitate the patient’s access to care? In other words assist in the patient’s management through the healthcare system upon discharge from the hospital.</b></p> <p>Student may verbalize any 3 of the following for credit. (Please circle responses. Different response may be entered in blank spaces below.)</p> <p><i>Identify barriers to comply with treatment plan. (ie: cost, transportation to office visits, consult social work, etc.)</i></p> <p><i>Schedule appointments with a PMD, surgeon, social work, case manager, other specialty providers prior to discharge.</i></p> <p><i>Counsel patient on his condition. (ie: education/instructions printed, referral for group/individual counseling, alarming symptoms to watch for , etc.)</i></p> <p>• other: _____</p> <p>• other: _____</p> |
|----|--|--|

**FOR FACULTY: Systems Based Practice**

|    |  |  |
|----|--|--|
| 41 |  | <p>Did the student place an emphasis on utilizing a collaborative care model in discussing the management of this patient? <b>Credit only for “YES”</b></p>                          |
| 42 |  | <p>Did the student promote and/or facilitate appropriate resource allocation in planning for the short and/or long term management of this patient? <b>Credit only for “YES”</b></p> |

**FOR FACULTY: Professional Skills:**

|    |  |  |
|----|--|--|
| 43 |  | <p>Did the student use appropriate Patient/Practitioner Interactions? <b>Credit only for “YES”</b></p>                 |
| 44 |  | <p>Did the student use organizational skills appropriate for their level of training? <b>Credit only for “YES”</b></p> |