

CANADIAN FORCES HEALTH  
SERVICES TRAINING CENTRE

PHYSICIAN ASSISTANT  
PROGRAM



Clinical Rotation Handbook

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## TABLE OF CONTENTS

<b><u>Introduction</u></b>	5 – 6
<b><u>Chapter One</u></b>	
<b>Description of Program</b>	
Course Descriptions .....	7 – 9
Clinical Rotation Descriptions .....	10 – 11
<b>Clinical Objectives</b>	
Competency Assessment.....	12
Competency Objectives.....	12 – 17
Case Objectives .....	17 – 22
<b><u>Chapter Two</u></b>	
<b>Description of Roles and Responsibilities</b>	
Course Director .....	23
Program Director.....	23
Administrative Coordinator .....	23
Chief Clinical Supervisor .....	24
Clinical Supervisor.....	25
Candidate.....	25 – 26
<b><u>Chapter Three</u></b>	
<b>Formative assessment</b>	
Mid Rotation Evaluation .....	27
Daily Feedback Form .....	27
Clinical Logs .....	27



## **Summative Assessment**

End rotation Assessment .....	27
Competency Assessment.....	27

## **ANNEXES**

<a href="#"><u>Annex A</u></a> – Contact Information .....	29
<a href="#"><u>Annex B</u></a> – Curriculum outline .....	31 – 39
<a href="#"><u>Annex C</u></a> – Mid rotation assessment .....	41 – 44
<a href="#"><u>Annex D</u></a> – Daily assessment form .....	45 – 46
<a href="#"><u>Annex E</u></a> – End rotation assessment .....	47 – 51
<a href="#"><u>Annex F</u></a> – Candidate rotation evaluation.....	51 – 52
<a href="#"><u>Annex G</u></a> – Candidate Handbook .....	53



## INTRODUCTION

Candidates often recall their experience on clinical rotations as the highlight of their education. The quality of the Canadian Forces Physician Assistant Program is enhanced through the assistance of all clinical partner sites in providing excellent training opportunities, exposure to a wide variety of patients and the supervision of candidate practice.

## ROLES AND RESPONSIBILITIES OF THE MILITARY PHYSICIAN ASSISTANT

Physician assistants (PA's) in the Canadian Forces may be employed in under serviced and isolated locations such as Canadian Forces Station Alert, which is 817 kilometres south of the North Pole, as well as all Submarines and Ships, where they provide the only immediately available medical services. In these settings the PA is under indirect supervision of a physician via satellite phone service. Additionally, PA's may be employed in general practice settings called Care Delivery Units (CDU), which are similar to a civilian emergency department and/or a walk in clinic where they practice under on-site direct supervision by a physician.

## NATIONAL COMPETENCY PROFILE

The program complies with the requirements of the Canadian Association of Physician Assistants (CAPA) National Competency Profile (NCP). The CanMEDs Physician Competency Framework (2005) framework served as a blueprint to reflect the PA's responsibilities in the roles of Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional. Canadian Forces PAs have additional competencies, particularly in the areas of emergency and trauma medicine. The National Competency Profile may be found at <https://capa-acam.ca/about-pas/scope-of-practice/>

## SCOPE OF PRACTICE

The PA works under the authority of a supervising physician. The PA can be empowered to make certain decisions and actions autonomously, at the discretion of the supervising physician. At all times the PA works in consultation with the supervising physician who retains responsibility for direction of the PA's activities and overall accountability for health care delivery. The supervising physician must be licensed to practice medicine in the jurisdiction in which the PA functions.

## CERTIFICATION OF PHYSICIAN ASSISTANTS

Certification is granted by the Physician Assistants' Certification Council of Canada, an independent body of CAPA. Certification of competency by the national organization provides the potential physician employer with acceptable evidence of graduate competency. Further information regarding PA certification may be found at <https://capa-acam.ca/paccc/>.

## ACCREDITATION



The Canadian Forces Physician Assistant Program is accredited by the Canadian Medical Association Conjoint Accreditation Services. For information, see the CMA Website, <https://www.cma.ca/En/Pages/conjoint-accreditation.aspx> under “accreditation”.

## LIABILITY

The activities of the PA are subject to relevant government legislation and regulations, the policies of the PA’s employer, and most importantly, the direction of the supervising physician. The military PA has liability coverage under the “Policy on the Indemnification of, and Legal Assistance for Crown Servants”. While evaluating and treating patients during clinical rotations, the PA is practicing under the license of his or her supervising physician.

Contact information for questions related to liability may be found at **Annex A**.



## CHAPTER ONE

### COURSE DESCRIPTIONS

During the first year of the program candidates are provided with classroom instruction in the following areas:

#### Anatomy and Physiology

This course focuses on the fundamental structural and functional principles of the human body, including aspects of basic development, cell and tissue organization, the nervous and musculoskeletal, cardiovascular, respiratory, urinary, gastrointestinal, endocrine, and reproductive systems.

#### Biochemistry

This course introduces the fundamental principles of general chemistry (chemical equations, solutions, acids and bases, salts, pH, buffers, and hydrolysis), organic chemistry (structure and nomenclature of major classes of organic compounds), and metabolism (carbohydrates, proteins, lipids, nucleic acids, and enzymes).

#### Concepts of Clinical Practice

This course includes basic concepts related to communication techniques, history taking, physical examination, documenting clinical encounters, and diagnostic investigations. An introduction to evidence based medicine is included.

#### Pharmacology

This course provides the principles of basic pharmacology, clinical pharmacology and pharmacotherapeutics. The course focuses on drug classes affecting the body systems and classes of drugs used to treat specific conditions.

#### Pathophysiology

This course will review the biologic and physical manifestations of disease as they correlate with the underlying abnormalities and physiologic disturbances.

#### Infectious Diseases

This course introduces the differentiating characteristics and pathogenicity of clinically important bacterial, fungal, viral, and parasitic pathogens. Each infectious disease is examined in terms of etiology, pathology, signs and symptoms, diagnostic testing, clinical course, complications, prognosis, and treatment.



### Musculoskeletal Conditions

This course focuses on the establishment of diagnosis and management of orthopaedic conditions commonly encountered in a primary care setting. Orthopaedic physical examination and casting skills are included. It also introduces the candidate to common rheumatologic conditions encountered in the primary care setting with emphasis on the clinical rheumatologic manifestations of systemic diseases, diagnostic criteria, and management.

### Dermatological Conditions

This course focuses on the assessment of common dermatological conditions found in the ambulatory care setting. It includes emphasis on dermatological terminology, techniques, and procedures. Instruction and practice in minor surgical skills; suturing, incision and drainage, and removal of foreign bodies is included.

### Haematologic, Immunologic and Oncologic Conditions

This course reviews basic pathological processes associated with the pathogenesis of disease, cellular response to stress, process of inflammation, and neoplasia. The focus is on the assessment and management of common hematologic, allergic and neoplastic disease.

### Endocrine Conditions

This course introduces the clinical features, diagnosis, and treatment of common endocrine disorders such as diabetes, thyroid, parathyroid, pituitary, and adrenal disorders.

### Neurological Conditions

This course focuses on the clinical manifestations of neurological disorders and emphasizes diagnostic criteria and appropriate care and/or referral of those neurological disorders most likely to be encountered in the primary care setting.

### Head, Ear, Eye, Nose and Throat Conditions

This course focuses on the assessment and treatment ear, eye, nose, and throat conditions commonly encountered in the primary care setting.

### Respiratory Conditions

This course introduces the candidate to the fundamentals of pulmonary medicine with emphasis on the clinical features of pulmonary diseases or conditions such as asthma, COPD, pulmonary embolism, and tuberculosis.

### Cardiovascular Conditions

This course focuses on routine and emergent cardiovascular conditions commonly encountered in the primary care setting. The emphasis is on clinical manifestations, assessment, and appropriate therapeutic measures. This course also introduces the candidate to the fundamentals of electrocardiography and interpretation EKGs. A full ACLS course is provided and all candidates are ACLS certified.





### Gastroenterology

This course covers the fundamentals of gastroenterology with primary focus on the history, physical exam, lab and/or radiographic studies, endoscopic studies, diagnosis and treatment of those gastrointestinal disorders most commonly encountered in the primary care setting.

### Genitourinary Conditions

This course is designed to introduce the candidate to various urologic and nephrologic conditions commonly encountered in the primary care setting. Emphasis is on clinical features, diagnostic criteria, assessment, and therapeutic interventions.

### Obstetrics/Gynaecology

This course is designed to introduce the candidate to the fundamental principles of obstetrics to include pregnancy, labour, and delivery, as well as introduction to normal gynaecology with a focus on diagnosis and management of common gynaecologic abnormalities.

### Paediatric Conditions

This course covers normal growth and development of the child and fundamental aspects of common childhood disorders and diseases. Instruction is also provided in the areas of physical assessment of neonatal, paediatric, and adolescent patients, preventive medicine, congenital disorders, and common psychological disorders.

### Community and Environmental Health

This course focuses on military aspects of preventive medicine and the effects of the principle agents of trauma seen in a military environment such as burn, radiation, chemical, or electrical injuries. Near drowning, altitude, and diving sickness, as well as thermal injuries are included.

### Mental Health

This course is an introduction to clinical psychiatry and psychiatric interviewing techniques and includes recognition and differentiation of the various psychiatric disorders. Emphasis is placed on personality disorders, behavioural and psychiatric problems most likely to be encountered in a primary care setting and/or on the battlefield.

### Gerontology

This course introduces the basic principles of aging and its effect on the physiologic processes. Emphasis is placed on how aging affects the occurrence, progression, and treatment of diseases, which are commonly seen in geriatric medicine.

### Emergency Medicine/ Trauma Management

This course focuses on theoretical and practical aspects of the assessment and management of commonly encountered medical emergencies. Initial assessment of the trauma victim, review of signs and symptoms, accompanying physical findings, and methods for diagnosis and treatment of a spectrum of emergent illnesses is included. Instruction and practice in chest tube placement,



basic and advanced airway management and peripheral intravenous access is included. A complete curriculum outline may be found at **Annex B**.

## CLINICAL ROTATIONS

During the second year candidates are exposed to a variety of clinical settings in order to achieve the clinical objectives.

### Family Practice (6 weeks)

This rotation is delivered in an office based family practice setting. This rotation will provide exposure to all aspects of primary care medicine across all age groups.

### General Surgery/ Urology (5 weeks)

This rotation is delivered in a teaching hospital. The rotation is divided into 3 weeks spent on the general surgery service and 2 weeks on the urology service. Candidates will be involved with all aspects of surgical care from initial pre-operative screening; surgical procedures in the operating room, in-hospital recovery to postoperative follow up.

### Paediatrics (5 weeks)

This rotation is delivered in a teaching hospitals' paediatric department. Candidates will be exposed to common acute and chronic paediatric cases. This exposure should include history taking, performing physical examinations, formulating working diagnoses, developing plans of management of various paediatric conditions.

### Internal Medicine (4 weeks)

This rotation is delivered in a teaching hospital. Candidates will be part of an internal medicine service with ideally one week spent on cardiology service and the other three being on general internal medicine service, respiratory or gastro-intestinal. This rotation should provide exposure to comprehensive patient histories, performing physical examinations, formulating working diagnoses, and developing plans of management for common internal medicine conditions. Candidates should also be exposed to common clinical investigations used in the management of internal medicine cases.

### Emergency Medicine (4 weeks)

This rotation is delivered in an emergency room in a teaching hospital. This rotation will provide exposure to all aspects of emergent care across all age groups.

### Trauma (4 weeks)

This rotation is delivered in a teaching hospital. This rotation will provide opportunities for the candidate to be involved with all aspects of the initial stabilization and management of the acutely injured patient.



### Orthopaedics/Sports Medicine (4 weeks)

This rotation is delivered in a teaching hospital. Two weeks will be spent in a sports medicine clinic and two weeks on an orthopaedic service. This rotation will provide exposure to orthopaedic clinics, emergency orthopaedic consultations in the emergency department and post operative care. Candidates should also be exposed to common clinical investigations used in the management of orthopaedic cases.

### Obstetrics and Gynaecology (4 weeks)

This rotation is delivered in a smaller secondary hospital setting. The rotation is divided into 2 weeks gynaecological clinic and 2 weeks obstetrics. This rotation should expose candidates to pelvic examinations, history taking, prenatal assessment and post partum care, and dealing with common obstetrical and gynaecological problems. While on the obstetric service, candidates will participate in the management of pregnancy, labour, and delivery. This will include obstetrical histories and physical examinations, following the patients through labour, delivery, and the early postpartum period. The gynecology rotation should expose candidates to gynecological oriented histories and examinations, methods and programs related to cancer detection, sexually transmitted diseases, and contraception.

### Psychiatry (4 weeks)

This rotation is delivered in a teaching hospital. Candidates will be part of the psychiatry service with on floor coverage and emergency room on call responsibilities. This rotation should provide exposure to initial patient evaluations and psychiatric interviewing.

### Anaesthesia (3 weeks)

This rotation is delivered in a teaching hospital. This rotation will expose candidates to pre-op assessments, IV insertions, airway management including intubation and recovery room care.

### Ear, Nose and Throat (2 weeks)

This rotation may be completed in either an office or a hospital setting. This rotation should provide exposure to common ENT cases both in a clinical and emergent setting.

### Supplementary Training Opportunity (2 weeks)

This rotation can be designated to occur in any of the above areas if the candidate did poorly in one of the rotations or missed time due to illness or family emergencies. If the candidate has progressed satisfactorily then they will spend this period at a military clinic to re-acquaint the PA candidate with medico-administrative procedures and protocols used in military settings.



## CLINICAL OBJECTIVES

Clinical objectives consist of case and competency objectives. Objectives are those that the generalist entry-to-practice level PA should be competent to perform independently or assist with, within the PAs own scope of practice and following accepted clinical practice guidelines. Candidates may complete the objectives on any clinical rotation and are expected to perform the objectives in multiple settings.

The levels of skill for each objective have been identified and are defined as follows.

### I Independent Case Management.

Assess, diagnose and provide definitive treatment in uncomplicated cases that respond to normal treatment modalities.

### A Assisted Case Management

Recognize a condition is beyond their ability to manage independently. In these cases the PA may provide initial intervention, assign presumptive and differential diagnosis and provide referral.

### I Independent Competency Performance

Perform the procedure according to acceptable clinical guidelines without guidance or supervision.

### A Assisted Competency Performance

Able to assist the physician or perform aspects of a procedure or clinical competency under direct supervision.

## COMPETENCY ASSESSMENT

Competency objectives requiring assessment by a clinical supervisor have been identified with an asterisk.

If the competency objectives have not been achieved at the end of the last rotation, the supplementary training period will be used. If the candidate has not been able to achieve the competencies during this period they will be assessed in a simulated environment.

## COMPETENCY OBJECTIVES

### Common Skills and Procedures

Skill Level	Skill	Assessment Required
Anticipated	practice setting	ALL ROTATIONS
I	Perform comprehensive health histories	



I	Perform focused health histories	
I	Document patient encounters	
I	Communicate case history to the clinical supervisor	
I	Perform physical examinations for the indicated presentation	
A	Manage chronic pain	
I	Order indicated diagnostic investigations	
I	Work as a team member	
I	Provide patient education	
I	Obtain informed consent	*
I	Provide patient-centered care	
A	Participate in communicating "Bad News"	
A	Participate in end of life decision making	

### Clinical Investigations

Skill Level	Skill	Assessment Required
Anticipated	practice setting	ALL ROTATIONS
I	Identify indications for hematology tests	
I	Interpret results of hematology tests	*
I	Identify indications for biochemistry tests	
I	Interpret results of biochemistry tests	*
I	Identify indications for fecal occult blood tests	
I	Interpret results of fecal occult blood tests	
I	Identify indication for body fluid cultures	
I	Provide preliminary interpretation of body fluid cultures	*
I	Identify indications for urine tests	
I	Provide preliminary interpretation of urine tests	
I	Identify indications for cytology tests	
I	Identify indications for histology tests	
I	Identify indications for serology tests	
I	Interpret long bone X rays	
I	Interpret X rays of the appendicular skeleton	
I	Identify indications for ultrasound	
I	Identify indications for MRI	
I	Identify indications for biopsy	
I	Identify indications for bone marrow biopsy	
I	Identify indications for ECG	
I	Provide interpretation of ECG	*
I	Identify indications for endoscopy	
I	Identify indications for laryngoscopy	
I	Identify indications for lumbar puncture	



Skill Level	Skill	Assessment Required
Anticipated	practice setting	ALL ROTATIONS
I	Identify indications for pulmonary function tests	
I	Identify indications for arterial blood gases	
I	Interpret results of arterial blood gases	
A	Provide preliminary interpretation of C – Spine X-rays	
A	Provide preliminary interpretation of abdominal X -rays	
A	Provide preliminary interpretation of pulmonary function tests	
A	Provide preliminary interpretation of cytology tests	
A	Provide preliminary interpretation of histology tests	
A	Provide preliminary interpretation of serology tests	
A	Identify indications for cystoscopy	
A	Provide preliminary interpretation of ultrasound	
A	Provide preliminary interpretation of MRI	
A	Identify indications for CT scan	
A	Provide preliminary interpretation of CT scan	
A	Identify indications for bone scan	
A	Provide preliminary interpretation of bone scan	

### Clinical Skills

Skill Level	Skill	Assessment Required
Anticipated	practice setting	ALL ROTATIONS
I	Insert a NG/OG tube	*
I	Administer medication via the intravenous route	*
I	Perform a venipuncture	
I	Obtain arterial blood gas specimen	*
I	Insert a chest tube	
I	Manage a complicated wound	
I	Perform primary wound closure	*
I	Perform a slit lamp examination	
I	Remove a foreign body	
I	Perform punch biopsy-skin	
A	Remove a drain	
A	Initiate a blood transfusion	

### Airway Management

Skill Level	Skill	Assessment Required
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Anticipated practice setting		ANESTHESIA - EMERGENCY - GENERAL SURGERY - TRAUMA - ENT
I	Identify a difficult airway	
I	Identify an airway requiring ventilatory support	
I	Manage an airway in a patient with C-spine injury	
I	Maintain ventilation using a BVM	*
I	Insert NPA/OPA	*
I	Insert a supraglottic airway	*
I	Insert a ET tube	*
I	Use adjunctive airway management tools	*
I	Manage an airway in the acute setting	
I	Manage an airway in an OR	
I	Order oxygen therapy	
I	Transport a ventilated patient	
A	Assist in the induction of general anaesthesia (RSI)	
A	Perform an emergency surgical airway – Cricothyroidotomy	

### Emergent Care Procedures

Skill Level	Skill	Assessment Required
Anticipated practice setting		EMERGENCY -TRAUMA - GENERAL SURGERY - INTERNAL MEDICINE
I	Provide procedural sedation as per institution protocol	*
I	Clear c-spine	*
I	Perform cardiopulmonary resuscitation	
I	Act as team leader in the management of an emergent case	*
I	Prescribe the indicated medications for acute pain	
I	Assess patients in ischemic heart disease	
I	Assess patients with cardiac arrhythmia	*
I	Assess patients with hypertension (primary and secondary)	
I	Assess patients with valvular heart disease	
I	Assess patients with heart failure (acute or chronic)	
I	Manage angina – stable	
I	Manage angina – unstable	
I	Manage ischemia (STEMI or NSTEMI)	
I	Manage cardiac arrhythmia	
I	Manage hypertension	
A	Provide initial stabilization of trauma patient	*



### Musculoskeletal Procedures

Skill Level	Skill	Assessment Required
Anticipated practice setting	OTRHO/SPORTS MEDICINE – EMERGENCY - FAMILY MEDICINE - TRAUMA	
I	Discuss indications for arthroscopy	
I	Immobilize a fracture (cast/splint)	
I	Perform a joint infiltration	
A	Assist with joint aspiration	*
A	Reduce a fracture	
A	Reduce a joint	

### Womens' Health Procedures

Skill Level	Skill	Assessment Required
Anticipated practice setting	OBS/GYN - FAMILY MEDICINE - EMERGENCY	
I	Perform a pre-natal assessment	*
I	Perform a six week post partum assessment	
I	Perform a complete well woman exam	*
I	Identify abnormal pathology of anus and rectum	
I	Provide breast feeding advice	
I	Diagnose pregnancy	
A	Follow a patient through process of labour and delivery	
A	Assist with vaginal delivery	*
A	Provide immediate post partum care	

### Mens' Health Procedures

Skill Level	Skill	Assessment Required
Anticipated practice setting	FAMILY MEDICINE – EMERGENCY - GENERAL SURGERY	
I	Identify abnormal prostate	*
I	Identify abnormal physical exam findings of the GU system	
I	Identify abnormal physical exam findings of anus and rectum	





### Paediatric Procedures

Skill Level	Skill	Assessment Required
Anticipated practice setting	PEDIATRICS - FAMILY MEDICINE - EMERGENCY	
I	Perform assessment of a pediatric emergency – identification of a “sick” child	*
I	Prescribe the indicated medications for acute pain	
I	Prescribe the indicated medications for chronic pain	
I	Prescribe the indicated medications for nausea and vomiting	
I	Perform a comprehensive well baby exam	*
I	Provide education regarding immunizations	
I	Perform an initial examination of a newborn	

### Surgical Procedures

Skill Level	Skill	Assessment Required
Anticipated practice setting	ALL ROTATIONS EXCEPT POSSIBLY INTERNAL MEDICINE AND PSYCHIATRY	
I	Identify risk factors for anesthesia	
I	Scrub in and out of OR	
I	Provide surgical assistance in the OR	
I	Manage a patient with post op pain	
I	Assess post operative incisions	*
I	Perform dressing change	*
I	Perform incision and drainage of cutaneous abscess	
I	Perform excision of skin lesions	
I	Perform a skin biopsy	
I	Perform cryotherapy of a skin lesion	
I	Assess and manage minor lacerations	*
A	Manage complex wounds	
A	Follow surgical patient from diagnosis to recovery	
A	Monitor a patient with epidural anesthesia	
A	Monitor patient with PCA	

### CASE OBJECTIVES

The following tables list the preferred case exposures for the PA candidate. Cases have been selected based on the practice of the primary care PA in the Canadian Forces. It is recognized that the candidate may not have the opportunity to be exposed to all cases listed.



Gastroenterology – Cardiovascular – Neurology

<b>Gastroenterology Cases</b>		<b>Cardiovascular Cases</b>		<b>Neurology Cases</b>	
Emergency - Internal Medicine - Family Medicine - General Surgery - Trauma		Emergency - Internal Medicine - Family Medicine - General Surgery - Trauma		Emergency – Internal Medicine - Family Medicine General Surgery - Trauma	
Acute Abdomen	I	Cardiac arrhythmia	I	Headache	I
Abdominal Pain	I	Hypertension (primary and secondary)	I	Confusion	I
Gastroenteritis	I	Heart failure (acute or chronic)	I	Syncope	I
GERD	I	Stable angina	I	Altered mental status	I
Anal fissure	I	Unstable angina	I	Traumatic brain injury	A
Constipation	I	Ischemic heart disease (STEMI or NSTEMI)	I	Seizures	A
Diarrhea	I	Retinal disease	A	Spinal cord Disorders	A
Hemorrhoid	I	TIA	A	Stroke	A
Pilonidal abscess	I	Stroke	A		
Bowel obstruction	I	PVD	A		
Hernia	I	Abdominal aortic aneurism	A		
Gastritis	A	Congenital heart defects	A		
Upper GI bleed	A	Endocarditis	A		
Peptic ulcer disease	A	Pericarditis	A		
Gallbladder disease	A				
Hepatitis	A				
Pancreatitis	A				
IBS	A				
Crohn's disease/ulcerative colitis	A				
Small bowel obstruction	A				
Lower GI bleed	I				



## Ear – Nose and Throat – Dermatology - Infections

<b>ENT Cases</b>		<b>Dermatology Cases</b>		<b>Infections</b>	
ENT – Family Medicine – Emergency – Pediatrics		Family Medicine – Emergency Pediatrics – ENT - Internal Medicine		Pediatrics - General Surgery - Internal Medicine- Family Medicine - Emergency	
Conjunctivitis	I	Cellulitis	I	Fever	I
Corneal abrasion	I	Rash	I	Infections of the skin (fungal, bacterial, viral)	I
Conjunctival foreign body	I	Molluscum contagiosum	I	Pertussis	A
Barotrauma	I	Acne	I	Malaria	A
Otitis externa	I	Bites	I	Sepsis	A
Otitis media	I	Nevi/warts/inclusion cysts	I	Parasitic infections	A
Epistaxis	I	Pseudo-folliculitis barbae			
Sinusitis	I	Urticaria	I		
Upper respiratory tract infection	I	Psoriasis	I		
Mononucleosis	I	Melanoma	A		
Pharyngitis	I	Basal/Squamous cell carcinoma	A		
Tonsillitis	I	Drug eruptions	A		
Rhinitis	I	Rosacea	A		
Herpes labialis	I				
Red eye	A				
Corneal ulcer	A				
Entropion/ectropion	A				
Subconjunctival hemorrhage	A				
Hearing loss	A				
Vertigo	A				
Serous otitis media	A				
Mastoiditis	A				
Nasal bone trauma	A				
Parotid gland disease	A				
Tonsillar abscesses	A				
Laryngitis	A				



Endocrine – Respiratory – Hematology – Immunology

Endocrine Cases		Respiratory Cases		Hematology – Immunology Cases	
Internal Medicine - Family Medicine Emergency - Pediatrics		Internal Medicine - Anesthesia Pediatrics - Family Medicine - Emergency		Internal Medicine - General Surgery - Trauma - Family Medicine - Emergency - Pediatrics	
Obesity	I	Asthma	I	Anemias	A
Acute renal insufficiency	A	Bronchitis	I	Coagulopathies	A
Cushing's syndrome	A	Costochondritis	I	Autoimmune disorder	A
Diabetes	A	Pneumonia	I	Anemias	A
DKA	A	Rib fractures	I		
Dyslipidemia	A	Spontaneous pneumothorax	I		
Electrolyte imbalance	A	Acute respiratory distress syndrome	A		
Thyroid disease	A	Chronic obstructive pulmonary disease	A		
Obesity	I	Occupational lung disease	A		
Acute renal insufficiency	A	Pleural effusion	A		
		Pleuritis	A		
		Pulmonary embolism	A		
		TB	A		

Trauma – Emergency – Musculoskeletal

Trauma Cases		Emergency Cases		Musculoskeletal Cases	
Trauma – Emergency - Pediatrics - Family Medicine - Anesthesia		Trauma – Emergency - Pediatrics - Family Medicine Anesthesia		Orthopedics/ Sports Medicine Internal Medicine - Pediatrics Family Medicine - Trauma - Emergency	
Penetrating Trauma		Hypo/hyperthermia	I	Back pain	I
Abdomen	A	Respiratory distress	I	Sprains & strains	I
Chest	A	Mild traumatic brain injury	I	Ligament injuries	I
Extremities	A	Cardiac arrhythmia	I	Tendonitis	I
Head	A	Hypertension (primary and secondary)	I	Fractures	A
Blunt Trauma		Heart failure (acute or chronic)	I	Dislocations	A
Abdomen	A	Stable angina	I	Repetitive strain injury	A



Trauma Cases		Emergency Cases		Musculoskeletal Cases	
Trauma – Emergency - Pediatrics - Family Medicine - Anesthesia		Trauma – Emergency - Pediatrics - Family Medicine Anesthesia		Orthopedics/ Sports Medicine Internal Medicine - Pediatrics Family Medicine - Trauma - Emergency	
Chest	A	Unstable angina	I	Degenerative bone disease	A
Extremities	A	Ischemic heart disease (STEMI or NSTEMI)	I	Rheumatological conditions	A
Head	A	Overdose	A	Compartment syndromes	A
Burns	A	Poisoning	A	Osteoporosis	A
Neck pain	A	Shock	A	Osteomyelitis	A
		Unresponsive patient	A	Carpal tunnel syndrome	A
		Substance Abuse	A		

Genito- Urinary – Obstetrics & Gynaecology – Paediatrics

Genito-urinary and Reproductive Health		OB/GYN		Paediatrics	
Internal Medicine- General Surgery OB/GYN- Family Practice - Emergency		Ob/GYN - Emergency -Family Medicine		Pediatrics - Emergency - Family Medicine	
STI	I	Uncomplicated pregnancy	I	Abuse	I
Renal calculi	I	Spontaneous abortion	I	Constipation	I
UTI	I	Postpartum	I	Dehydration	I
BPH	A	Gestational diabetes	A	Diarrhea	I
Dysfunctional uterine bleeding	A	First trimester bleed	A	Diaper dermatitis	I
Erectile dysfunction	A	Pre-eclampsia /eclampsia	A	Head lice	I
Hematuria	A	Post partum depression	A	Impetigo	I
Priapism	A			Scabies	I
Proteinuria	A			Tinea capitis/corporis	I
Testicular pain	A			Varicella	I
Prostatitis	A				

MENTAL HEALTH

Mental Health Cases	
Psychiatry –Pediatrics – Family Medicine – Emergency Medicine – General Surgery	
Suicide assessment	I
Alcohol withdrawal	I



<b>Mental Health Cases</b>	
Psychiatry –Pediatrics – Family Medicine – Emergency Medicine – General Surgery	
Personality disorders	A
Post traumatic stress disorder	A
Adjustment disorders	A
Eating disorders	A
Psychotic disorders	A
Mood disorders	A
Delirium	A
Anxiety Disorders	A



## CHAPTER TWO

### ROLES AND RESPONSIBILITIES

#### Course Director

1. The clinical rotation Course Director (CD) is responsible to the Physician Assistant Program Director for planning, organization, administration and day-to-day execution of this portion of the Physician Assistant Program.
2. The CD is responsible for the overall welfare and administration of all candidates.
3. The CD will provide feedback to candidates in December regarding their progress on the achievement of clinical objectives.
4. Where needed, the CD will assist with the development of a strategy to achieve clinical objectives.
5. When required, the CD will formulate remediation plans in collaboration with partner sites. Remediation plans will be subject to established approval processes at the Canadian Forces Health Services Training Centre (CFHSTC).

#### Program Director

1. The program director is responsible for liaising with partner sites.
2. The program director is responsible for providing feedback to clinical sites on program needs.

#### Administrative Coordinator

The administrative coordinator is the first point of contact for candidates at each site. The administrative coordinator is responsible to;

1. Meet with candidates on the first day of their rotation(s);
2. Ensure candidates have identification badges as required by hospital policy;
3. Inform candidates of privacy and confidentiality policy;
4. Inform candidates of health and safety policies, needle stick and body and fluid injury protocols, infection control policy;
5. Provide orientation to facility (location of rotation site, cafeteria, emergency and radiology departments, etc.);
6. For university hospital sites, co-ordinate the placement of candidates with satellite centres; and



7. Provide the course director with the names of chief clinical supervisors and inform the course director when changes occur.

### Chief Clinical Supervisor

Each rotation site requires a designated chief clinical supervisor. The chief clinical supervisor is the main point of contact between the site and Canadian Forces Health Services Training Centre (CFHSTC), participates in site visits and reports any issues with respect to poor performance, discipline, or administrative issues to the Course Director.

The role of the chief clinical supervisor is to:

1. Ensure the PA candidate receives a service orientation and briefing with regards to daily routines, learning opportunities available and familiarization with other physicians on the service and their specialty. This may be completed either directly or through administrative staff;
2. Allocate an immediate clinical supervisor (when the chief clinical supervisor does not provide daily supervision) and ensure a replacement supervisor is assigned in the event of vacation or other circumstances;
3. Provide weekly schedule with shifts, teaching rounds and on call duties (either directly or through administrative staff);
4. Ensure the mid-rotation assessment (for rotations  $\geq 4$  weeks)) is completed and signed during the mid-rotation interview;
5. Ensure the end rotation assessment and interview has been completed prior to candidate's departure from the site;
6. Ensure the original copy of the mid-rotation (where applicable) and end rotation assessments are returned to CFHSTC within two weeks of the completion of the rotation;
7. Ensure the immediate supervisor provides the appropriate supervision in accordance with the clinical objectives and scope of practice of the PA candidate;
8. Facilitate learning opportunities defined in this document;
9. Ensure any medical orders given by the candidate are co-signed;
10. Ensure that clinical supervisors are briefed on the role of the PA and are provided with the clinical objectives provided in this document;





11. Participate in site visits and on site reviews by the Canadian Medical Association Accreditation and CFHSTC team if required; and
12. Notify the course director immediately if there are performance, disciplinary or professional conduct issues.

### Clinical Supervisor

The clinical supervisor is a licensed physician who provides daily supervision of the PA candidate on rotation. The clinical supervisor is required to;

1. Be conversant with the clinical objectives identified in this document;
2. Provide an adequate work environment for the PA candidate e.g. clinical examination room and access to patients as required in order to meet objectives;
3. Meet with the candidate to identify learning goals for the rotation;
4. Identify or assign reading assignments;
5. Review cases and comment on the candidate's history and physical examinations, preliminary diagnosis, and treatment plans and provide feedback on areas of strength and areas for improvement;
6. Supervise procedures once the candidate has demonstrated the adequate pre-requisite knowledge for performing the procedure;
7. Assess candidate performance on the competencies specified in the clinical objectives using the assessment form Annex C;
8. Co-sign-any medical orders given by the candidate; and
9. Provide feedback on PA candidate performance to the chief clinical supervisor in a timely fashion so the chief clinical supervisor can complete the assessment documents.

### Candidate Responsibilities

It is expected that each candidate will be responsible for his or her learning. They will actively seek opportunities to achieve clinical objectives. They will be self-motivated and accountable for their performance.

The physician assistant candidate is responsible for the following:

1. Abide by the Code of Service Discipline;



2. Abide by the Commandant's directives;
3. Complete case and competency logs as directed by program staff;
4. Be proactive and engaged in the learning process by tracking progress in meeting the clinical objectives identified in this document;
5. Ensure that mid (where applicable) & end rotation evaluations are completed by the chief clinical supervisor prior to leaving the rotation. Inform the CD immediately if this is not done. Obtain written feedback daily for rotations where supervisor changes daily;
6. Ensure that ALL leave requests are coordinated through the course director;
7. Communicate any change in contact information to the course director;
8. Monitor email weekly for updates from the course director;
9. Abide by work schedule at each site;
10. Communicate with the site admin assistant if late for a shift – **Annex H**;
11. Maintain communication with course director;
12. Complete rotation evaluation and return them to the course director within one week of the last day of the rotation. **Annex G**;
13. Ensure that competencies specified in this document are evaluated by clinical supervisors;
14. Return competency assessments to the course director as soon as the competency has been achieved.



## CHAPTER THREE

### CLINICAL ASSESSMENT

#### Formative Assessment

##### Mid Rotation Assessment.

A mid rotation assessment is required for all rotations of 4 weeks or more. The clinical supervisor is expected to provide feedback on areas of strength and weakness. Candidates are to identify and discuss their learning goals with their supervisor. The mid rotation is to be returned to the CD when completed.

##### Daily Feedback Form

This form is to be used in ER and Anaesthesia rotations where supervisors change daily. The goal is to provide the chief clinical supervisor, or designate, with an overview of candidate performance throughout the rotation. At the end of each shift the clinical supervisors will complete the form and discuss it with the candidate. The candidate is responsible for forwarding the form to the chief clinical supervisor or designate.

##### Clinical Logs:

Candidates must log their clinical competencies and cases on a continuous basis, preferably at the end of each shift. Clinical case and competency logs will be used to track candidate progress in meeting the clinical objectives. The course director will provide feedback to candidates in December on their progress. If necessary, the supplementary training period will be used to gain exposure necessary in order to meet the clinical objectives. Additionally, the data will be used to evaluate the ability of clinical sites to provide exposure to the objectives. The program director will provide feedback to clinical sites on continuing program needs.

### SUMMATIVE ASSESSMENT

#### End Rotation Assessment:

The end rotation assessment is completed by the chief clinical supervisor or designate at the end of each rotation. The candidate must obtain a pass each rotation. For assessment purposes, each rotation will be the equivalent of a CFHSTC Performance Objective. The end rotation assessment is the equivalent of a performance check (PC). If a candidate fails a rotation it will be considered a PC failure and Commandants directive 1150-1 will be applied.

#### Competency Assessment:

Candidates are assessed on the performance of the competencies identified by an asterisk in chapter two of this document. Candidates will seek an evaluation by the supervisor once they feel they have attained the required level of skill for each competency. Each competency assessment requires a separate form. When the competency objective has been achieved the



candidate will return the completed form to the course director.

Note: The candidate may require more than one attempt to achieve the objective. All required competencies must be completed before the end of the clinical year.



## **ANNEX A**

### **CFHSTC CONTACT INFORMATION**

**Mailing Address:**

Canadian Forces Health Services Training Centre  
30 Ortona Road  
PO Box 1000 Station Main  
Borden, ON L0M 1C0

**Senior Medical Authority**

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705-424-1200 ext 2603  
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E-mail [Gerald.Eyestone@forces.gc.ca](mailto:Gerald.Eyestone@forces.gc.ca)

**Program Director**

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Administrative Assistant  
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**Senior Counsel**

CF Health Services Legal Advisory (CFHSLA)  
Office of the DND/CF LA  
(613) 945-6867 (ph.)  
(613) 992-9725 (fax)



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## **ANNEX B**

### **COURSE OUTLINE**

#### **Anatomy and Physiology**

- anatomy and physiology of the MSK
- anatomy and physiology of the integumentary system
- anatomy and physiology of the endocrine system
- anatomy and physiology of the nervous system
- anatomy and physiology of the HEENT
- anatomy and physiology of the respiratory system
- anatomy and physiology of the heart and circulatory
- anatomy and physiology of the gastrointestinal system
- anatomy and physiology of the urinary system
- anatomy and physiology of the reproductive system
- major developmental events that occur during the embryonic period

#### **Biochemistry**

- basic principles of chemistry and biochemistry

#### **Concepts of Clinical Practice**

- communication skills
- health history
- general physical examination
- formulate a clinical plan
- document patient care
- patient summaries and medical records
- introduction to diagnostic imagery
- Introduction to laboratory studies
- patient-centered care
- facilitate learning
- concepts of dispute resolution

#### **Concepts of Professional Practice**

- origin, role and professional guidelines of the Physician Assistant occupation
- professional guidelines
- biomedical ethics
- health advocacy
- multicultural issues
- evidence-based medicine
- medico-legal concepts



### Pharmacology

- principles of pharmacology
- handle medications IAW current regulations
- pharmacology of anti-infective drugs
- of antiviral and anti-retroviral drugs
- drugs used to manage acute and chronic pain
- topical dermatological therapy
- medications affecting coagulation
- local anesthetics
- medications used to treat endocrine conditions
- medications affecting the autonomic nervous system
- medications affecting the central nervous system
- medications used to treat neurological disorders
- of anti-histamines and anti-tussives
- medications used to treat ophthalmic disorders
- medications used to treat respiratory conditions
- medications used to treat hypertension
- anti-arrhythmic and ACLS medications
- medications used to treat gastrointestinal disorders
- pharmaceutical indications for genitourinary conditions
- pharmacological considerations for prescribing during pregnancy and lactation
- pharmacological considerations in paediatrics
- pharmacology of psychotropic medications
- pharmacological considerations in geriatrics

### Infectious Diseases

- bacterial diseases
- mycoplasma, haemolytic, and rickettsial diseases
- viral diseases
- sexually transmitted diseases (STDs)
- conditions caused by human immunodeficiency virus (HIV) infection
- food-borne infections
- fungal, protozoal and helminthic infections
- infections in the compromised host

### MSK Conditions

- connective tissue disorders
- neck & shoulder conditions
- arm, elbow and wrist region conditions
- thoracic and lumbar spine conditions
- pelvis, hip and thigh region conditions





- knee region conditions
- leg, ankle and foot region conditions
- tumours of the MSK
- fractures and dislocations
- acute and chronic pain
- health history for MSK conditions
- physical examination of the MSK
- diagnostic investigations for MSK conditions
- Skills Related to MSK System
  - Taping for ankle sprain
  - Taping for achilles tendonitis
  - Scaphoid cast
  - Below knee walking cast

### Dermatological Conditions

- signs and symptoms of the integumentary system
- benign and malignant conditions of the skin
- infections of the integumentary system
- dermatitis and inflammatory reaction conditions
- acneiform disorders
- urgent dermatological conditions
- wounds care
- conditions of the hair and nails
- health history for dermatological conditions
- physical exam of the integumentary system
- diagnostic investigations for dermatology conditions
- skills related to the integumentary system
  - foot and hand care
  - local anaesthesia
  - minor surgery
  - advanced wound care
  - biopsies and specimens collection
  - removal of foreign bodies ( skin, eye, ear)

### Hematological Immunological and Oncological Conditions

- classification of diseases
- body's response to injury, inflammation and repair
- disorders related to the immune system
- hemostasis and coagulation disorders
- haematological diseases
- conditions of the spleen
- neoplastic diseases



- diagnostic investigations related to haematological disorders
- skills Related to hematological system
  - assist in the administration and provision of blood products and transfusions

### Endocrine Conditions

- disorders of the pituitary gland
- conditions of the thyroid gland
- conditions of the parathyroid gland
- conditions of the adrenal gland
- conditions of impaired glucose metabolism
- dyslipidemias
- multiple endocrine neoplasia
- obesity
- health history for endocrine conditions
- physical examination of the endocrine system
- diagnostic investigations related to endocrine conditions

### Neurological Conditions

- signs and symptoms of the nervous system
- peripheral nervous system disorders
- infections of the nervous system
- spinal cord disorders
- headaches
- seizure disorders
- movement disorders
- behavioural neurology
- urgent conditions
- tumours
- health history for nervous system conditions
- physical exam of the nervous system
- diagnostic investigations related to neurological conditions

### HEENT Conditions

- signs and symptoms of the eyes
- ocular conditions
- signs and symptoms of the ears
- conditions affecting the ears
- conditions affecting the nose and paranasal sinuses
- conditions affecting the throat
- neoplasms of the head and neck
- health history for HEENT complaints
- physical examination of the head and neck



- detailed eye examination

### Respiratory Conditions

- fluid, electrolyte and acid base disorders
- infections of the respiratory system
- conditions of the pleura and mediastinum
- interstitial diseases and occupational lung disease
- obstructive pulmonary diseases
- pulmonary vascular diseases
- urgent pulmonary conditions
- pulmonary neoplasms
- sleep-related respiratory disorders
- common underwater and altitude related respiratory conditions
- a health history for respiratory conditions
- respiratory examination
- diagnostic investigations for respiratory conditions

### Cardiovascular Conditions

- conditions of the pericardium and myocardium
- valvular heart disease
- ischemic heart disease
- cardiac failure
- arterial diseases
- systemic hypertensive disease
- venous and lymphatic disease
- initial management of Acute Coronary Syndrome
- health history for cardiovascular conditions
- physical exam of the CVS
- diagnostic investigations for cardiovascular conditions
- Skills related to the cardiovascular system
  - 12-lead electrocardiogram interpretation
  - cardiac arrhythmia identification
  - advanced cardiac life support

### Gastrointestinal conditions

- upper gastrointestinal tract conditions
- lower gastrointestinal tract conditions
- liver, biliary tract and pancreatic conditions
- anorectal disorders
- initial management of acute abdominal pain
- nutritional disorders
- acute and chronic nausea and vomiting



- physical exam of the abdomen
- health history for gastrointestinal conditions
- diagnostic investigations related to gastrointestinal conditions

#### Genitourinary Conditions

- signs and symptoms of the genitor-urinary and male reproductive system
- male urologic conditions
- kidney and ureter disorders
- prostate, penis, urethra and scrotal disorders
- tumors and neoplasms of the genitourinary system
- health history for genitourinary complaints
- male genitalia and rectal examination
- diagnostic investigations related to genitourinary and male reproductive conditions

#### Obstetrical and Gynaecological Conditions

- female urologic conditions
- common conditions of the vulva, vagina and external genitalia
- conditions of the uterus and ovaries
- menstrual irregularities and abnormal uterine bleeding
- gynaecological neoplasms
- urgent gynaecological conditions
- conditions of the breast
- family planning
- infertility problems
- female puberty problems
- sexual assault
- prenatal assessment
- complications of pregnancy
- labour and delivery
- postpartum care
- health history for obstetrical and gynaecological conditions
- physical exam of the breast and axillae
- gynaecological examination
- diagnostic investigations related to female reproductive/gynaecological conditions

#### Paediatric Conditions

- well baby/child care services
- eye conditions in paediatric patients
- ear, nose and throat conditions
- respiratory system disorders
- cardiovascular conditions in paediatric patients
- paediatric gastrointestinal conditions



- paediatric genitourinary conditions
- paediatric skin conditions
- paediatric neurological conditions
- paediatric haemolytic and musculoskeletal conditions
- paediatric haematological conditions
- paediatric infectious disease
- paediatric endocrine/metabolic conditions
- paediatric developmental and behavioural disorders
- common congenital syndromes
- care of the newborn
- problems in adolescent patients
- initial management for suspected child abuse
- health history for paediatric conditions
- comprehensive paediatric health assessment

#### Community and Environmental Health

- pest control
- immunization programs
- occupational health and safety
- continuous quality improvement
- conditions due to environmental exposure
- poisonous bite and stings
- conditions related to occupational environment
- acute poisoning
- drowning / near drowning
- electrical injury
- radiation exposure related conditions
- health maintenance education
- Assess facilities with respect to health and safety issues
- Assess operational and field facilities for hygiene and sanitation
- Provide advice on food preparation and food storage facilities
- Analyse water samples
- Investigate food borne illness outbreaks

#### Mental Health Condition

- basic principles of mental health
- organize psychological symptomatology into recognized groupings using the DSM
- organic disorders presenting with behavioural or psychological symptoms and/or signs
- substance- related disorders
- psychotic disorders
- mood disorders
- anxiety disorders



- somatoform, factitious disorders
- dissociative disorders
- sexual and gender disorders
- eating disorders
- sleep disorders
- impulse control disorders
- adjustment disorder
- personality disorders
- psychiatric emergencies
- combat stress
- indicators of family violence
- psychiatric interview

### Geriatric Conditions

- physiologic changes related to the aging process
- nutritional issues in the elderly
- sexual concerns in the elderly
- common conditions in the elderly
- geriatric health promotion and disease prevention
- syndromes of altered mental status
- on death and bereavement
- comprehensive functional and physical assessment of the elderly patient

### Trauma and Emergency

- Advanced Trauma Life Support concepts
- perform primary and secondary assessment
- shock in a trauma patient
- burn injuries
- head trauma
- maxillo-facial trauma
- spinal and spinal cord trauma
- traumatic injuries of the chest
- pelvic fractures and traumatic abdominal injuries
- traumatic injuries of the extremities
- trauma related infections
- triage and sorting
- stabilize and transport a trauma patient
- aeromedical evacuation
- ballistic and blast effect injuries
- combat casualty patient
- multi-trauma patients



- advanced airway management
- Clinical skills related to trauma
  - According to ATLS guidelines



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**ANNEX C**

**MID-ROTATION ASSESSMENT**

Candidate: \_\_\_\_\_ Rotation: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

**PERFORMANCE ON CAN MEDS ROLES**

<b>Medical Expert</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Observed</b>
- demonstrates adequate knowledge of biomedical sciences			
- demonstrates appropriate level of clinical knowledge			
- elicits a focused and accurate history			
- performs a focused and accurate physical exam			
- selects appropriate diagnostic investigations			
- generates reasonable differential diagnoses			
- develops appropriate management plans, taking into consideration socio-economic and cultural factors			
<b>Comments Related to Medical Expert Role</b>			
<b>Communicator</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Observed</b>
- case presentations are concise and accurate			
- thoroughly and accurately documents clinical encounters			
- effectively communicates information to patients and families			
- develops rapport with patients and families			
- communicates effectively with other members of the health care team.			
<b>Comments Related to Communicator Role</b>			



<b>Collaborator</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Observed</b>
- effectively participates as a team member			
- works effectively with others to prevent, negotiate and resolve interpersonal conflict			
<b>Comments Related to Collaborator Role</b>			
<b>Manager</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Observed</b>
- effectively prioritizes and executes tasks in collaboration with colleagues			
<b>Comments Related to Manager Role</b>			
<b>Health Care Advocate</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Observed</b>
- identifies opportunities for advocacy, health promotion and disease prevention			
- identifies and utilizes the full range of community resources			
<b>Comments Related to Health Care Advocate Role</b>			



<b>Scholar</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Observed</b>
- actively seeks out learning opportunities			
- recognizes personal limitations			
- engages in self-directed learning			
- critically evaluates information and applies to practice			
<b>Comments related to Scholar Role</b>			
<b>Professional</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Observed</b>
- respects patient confidentiality			
- demonstrates dependability and accountability			
- demonstrates professional behaviour in relationships with patients and team members			
- seeks out appropriate supervision and assistance			
<b>Comments Related to Professional Role</b>			



### Comments

Strengths: \_\_\_\_\_

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Areas for Improvement: \_\_\_\_\_

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### To be completed by Candidate

Learning Goals for Remainder of Rotation

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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_  
(please print clearly)

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ANNEX D**

**PHYSICIAN ASSISTANT CANDIDATE DAILY ASSESSMENT**

**Candidate:** \_\_\_\_\_ **Rotation:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_

**Comments: (see back of sheet for suggestions)**

**Areas for Improvement / Further Study:**



***SUGGESTIONS FOR COMMENT:***

(CanMEDS Framework: Frank JR, Snell LS, Sherbino J, editors. *Draft CanMEDS 2015 Physician Competency Framework – Series III*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2014 September)

PA as medical expert/communicator/collaborator/leader/health advocate/scholar/professional

Collection / recording of patient history

Physical Exam and interpretation of findings

Case Presentation

Documentation of encounter

Appropriate selection and interpretation of diagnostic tests

Ability to perform clinical procedures

Prioritize data and identification of problems

Problem solving/critical thinking

Overall medical knowledge

Establishment of tentative diagnosis and differential

Ability to develop treatment plan

Ability to implement treatment plan

Provides appropriate patient education

Communication skills (patient/family/clinical team)

Professionalism



## **ANNEX E**

### **END ROTATION ASSESSMENT**

Candidate: \_\_\_\_\_ Rotation: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor(s)	Please list all clinicians that have provided input into this assessment.
---------------	---

### **OBJECTIVES**

A detailed list of objectives and core diagnosis are available in the Clinical Handbook or from the candidate.

Please rate the candidate on the performance of the core objectives using the following rating scale.

**Comments to substantiate a rating of two (2) or less are required at the end of each heading.**

### **RATINGS**

1 = Does not meet expectations

2 = Inconsistently meets expectations

3 = Consistently meets expectations

4 = Exceeded expectations

N/O = Not Observed

### **PERFORMANCE ON CAN MED ROLES**

<b>Medical Expert</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/O</b>
- demonstrates adequate knowledge of biomedical sciences					
- demonstrates appropriate level of clinical knowledge					
- elicits a focused and accurate history					
- performs a focused and accurate physical exam					
- selects appropriate diagnostic investigations					
- generates reasonable differential diagnoses					
- develops appropriate management plans, taking into consideration socio-economic and cultural factors					
<b>Comments Related to Medical Expert Role</b>					



<b>Communicator</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/O</b>
- case presentations are concise and accurate					
- thoroughly and accurately documents clinical encounters					
- effectively communicates information to patients and families					
- develops rapport with patients and families					
- communicates effectively with other members of the health care team					
<b>Comments Related to Communicator Role</b>					
<b>Collaborator</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/O</b>
- effectively participates as a team member					
- works effectively with others to prevent, negotiate and resolve interpersonal conflict					
<b>Comments Related to Collaborator Role</b>					
<b>Manager</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/O</b>
- effectively prioritizes and executes tasks in collaboration with colleagues					
<b>Comments Related to Manager Role</b>					





<b>Health Care Advocate</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/O</b>
- identifies opportunities for advocacy, health promotion and disease prevention					
- identifies and utilizes the full range of community resources					
<b>Comments Related to Health Care Advocate Role</b>					
<b>Scholar</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/O</b>
- actively seeks out learning opportunities					
- recognizes personal limitations					
- engages in self-directed learning					
- critically evaluates information and applies to practice					
<b>Comments Related to Scholar Role</b>					
<b>Professional</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/O</b>
- respects patient confidentiality					
- demonstrates dependability and accountability					
- demonstrates professional behaviour in relationships with patients and team members					
- seeks out appropriate supervision and assistance					
<b>Comments Related to Professional Role</b>					



1. Approximate length of contact with candidate: number of hours/ week (       Hrs)
2. Approximate number histories reviewed 0-5 ☐ 6 – 10 ☐ >10 ☐
3. Approximate number of physical examinations witnessed 0-5 ☐ 6 – 10 ☐ >10 ☐
4. Approximate number of cases presented 0-5 ☐ 6 – 10 ☐ >10 ☐
5. Feedback from other members of the team used in this assessment Yes ☐ No ☐

### Overall Comments

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Candidate Area:

I have read this evaluation and:

I agree with the evaluation

☐

I disagree with the evaluation \*

☐

I have discussed this evaluation with the clinical supervisor Yes

☐

No \*

☐

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

(please print clearly)

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Provide comments for boxes identified with an asterisk (\*)



**ANNEX F**

**ROTATION EVALUATION**

**Student:** \_\_\_\_\_  
**Rotation:** \_\_\_\_\_  
**Site:** \_\_\_\_\_

Overall Rotation Satisfaction	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My overall experience on this clinical rotation was positive.					
Comments:					
<b>Orientation/Resources</b>					
I received an orientation to the rotation/site.					
I was given an introduction to hospital policy (ie. Occupational health & safety, computer access, etc.).					
The hospital resources were adequate.					
The clinic resources were adequate.					
The accommodations were adequate.					
The transportation during the rotation was adequate.					
Comments:					
<b>Learning Experience</b>					



My overall learning experience was positive.					
The patient volume/mix on this rotation allowed me to meet the objectives.					
This rotation offered opportunities to <b>perform</b> relevant procedures.					
The ratio of preceptor to learners was appropriate.					
I received appropriate preceptor teaching/instruction.					
The level of supervision on this rotation was appropriate.					
I was respected as a student and a member of the CAF during this rotation.					
The PA Preceptor's expectations of the PA Student were appropriate.					
I was provided with a timely and relevant mid and/or end rotation evaluation.					
Comments:					



## CANDIDATE HANDBOOK

## ANNEX G



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