

Creighton

UNIVERSITY

School of Medicine
Physician Assistant Program

Dear Colleague:

As a leader in your field, you undoubtedly know the challenges we face in delivering high quality healthcare to all patients. Creighton University has stepped up to address these challenges with a commitment to training outstanding physicians and physician assistants. Recognizing the role Physician Assistants can play in serving our patients and communities, the Creighton School of Medicine Physician Assistant Program is dedicated to establishing a tradition of excellence.

Under the leadership of Stephane VanderMeulen, MPAS, PA-C, the program faculty has developed a curriculum that will anchor our work. It is an integrated, dynamic curriculum for our students that capitalizes on the clinical and educational experience of the program faculty. The program length is seven semesters (28 months), the last 16 months of which are spent in clinical training. **We believe the Creighton experience can develop exceptional physician assistants, but also know we can't do it alone.**

In my role as Chief Clinical Director, **I see the impact you or other providers in your practice can offer as preceptors for our students' clinical rotations.** PAs, as well as physicians and nurse practitioners can serve as preceptors, but many clinical sites have multiple providers, including nurses, social workers, etc., that participate in the education of our students during their rotations. The experience of our PA students during clinical rotations should include all aspects of patient care, including obtaining histories and physical exams, developing diagnoses, formulating plans of care, documentation, and presentations to preceptors and others.

Being a clinical preceptor is a great way to give back to the medical community and may also serve as a recruitment tool for practices seeking a Physician Assistant. Additionally, we would like to help you develop yourself by providing Category 1 CME for precepting at no cost. A contributed-service faculty appointment at the clinical instructor rank in Creighton's School of Medicine may be available as well. The benefits of this are: 1) the title (which can be added to your CV or resume), 2) access to Creighton University resources and 3) library access.

Thank you for your consideration and feel free to contact me with any questions or input. Additional information and preceptor resources are available at www.creighton.edu/paprogram. We look forward to building together a high-quality program that develops the next generation of Physician Assistants.

Kindest regards,



Cody A. Sasek, MPAS, PA-C
Chief Clinical Director
Physician Assistant Program
Creighton University School of Medicine
codysasek@creighton.edu
402.641.7278

Creighton University PA Program

In 2016, Creighton University took the first steps to establish a Physician Assistant training program. The PA program plans to matriculate its first class of 24 students in August 2019, graduating in 2021 with a Master of Physician Assistant Studies degree. The PA program is housed in the Creighton University School of Medicine, with didactic training occurring on the Creighton University campus in Omaha, Nebraska. Students complete a 28-month graduate-level curriculum. Creighton University is currently pursuing accreditation from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

Program Accreditation

Creighton University has applied for Accreditation - Provisional from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Creighton University anticipates matriculating its first class in August 2019, pending achieving Accreditation - Provisional status at the March 2019 ARC-PA meeting.



Accreditation - Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA Standards or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students. Upon attaining this status, students who successfully complete the program will be eligible to sit for the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA).

Creighton University PA Program Mission Statement

The Creighton University physician assistant program mission is to foster a tradition of excellence by transforming learners into compassionate physician assistants who are dedicated to exemplary patient care. Rooted in our Ignatian heritage, we empower students to realize their full potential through a commitment to professional growth and service to humanity.

Creighton University PA Program Goals

Goal 1: Admit qualified applicants who will successfully complete the physician assistant curriculum.

Our admissions process selects for qualified applicants who possess the attributes that will prepare them for success in a rigorous physician assistant program. The measures used will include; undergraduate GPA, GRE scores, and number of hours spent in direct patient care and

service to others prior to attending PA school. The outcomes will be measured by student academic achievement in the PA program and progress to graduation.

Goal 2: Support a culture of service to others and to community.

Consistent with our mission, service to humanity will be emphasized throughout the program. The admissions process will select for applicants who have demonstrated a commitment to service to others. Service activities will be incorporated into the curriculum and students will be encouraged to seek extracurricular service

opportunities. Outcomes will be measured by students' service hours acquired prior to PA school, the number of service activities available to students during the program and the number of service hours completed during the students' time in the program.



Goal 3: Foster the personal and professional development of students as medical providers.

A commitment to personal and professional growth is a program priority. Students will participate in a dynamic curriculum that integrates ethical and professional principles throughout, allowing for student growth and a better understanding of one's own biases and beliefs. This process will involve instruction, mentoring and feedback as well as self-reflection activities.

Professional behaviors will be evaluated by faculty and clinical preceptors using professionalism evaluations. Feedback and mentoring will be provided on an ongoing basis. Students will be asked to reflect on their professional behaviors and to explore their own personal set of values and beliefs.

Goal 4: Deliver a quality educational experience that provides students with the knowledge and skills necessary for entry level practice as physician assistants.

Students participate in a curriculum comprised of rigorous course work and a broad array of clinical experiences that will prepare them to enter the workforce in a wide variety of practice settings. The quality of education and level of student preparation will be assessed using both subjective and objective measures. Subjective measures will include course evaluations, preceptor evaluations, student evaluations of clinical rotations, the graduate survey and employer survey. Objectively, student performance on summative evaluations and the PANCE exam will be used to measure preparedness.

Goal 5: Achieve a first time PANCE pass rate that is above the national average.

This goal will be measured by the program's first time PANCE pass rate data as compared to the national average.

PA Program Student Learning Outcomes

Upon successful completion of the Creighton University PA program, students will be able to:

1. Incorporate principles of cultural competence across the health care continuum.
2. Gather essential and accurate information about patients through history-taking, physical examination, and the use of laboratory data, imaging and other methods.
3. Locate, critically evaluate, integrate and appropriately apply scientific evidence to patient care.
4. Develop and implement patient management plans.
5. Provide preventive health care services and education.
6. Provide transfer of care in a variety of settings.
7. Develop and manage interpersonal interactions in a health care setting.
8. Work and communicate effectively as a leader or member of an interprofessional health care team to provide patient-centered care.
9. Identify and correct gaps in knowledge, skills, or attitudes.
10. Use information technology to manage information and optimize patient care.
11. Apply public health principles to improve care for patients, populations, communities and systems
12. Identify system failures and contribute to a culture of safety and improvement.
13. Recognize and develop strategies to address system biases that contribute to health care disparities.

Program Curriculum

The PA program curriculum is a 28-month, two-phase curriculum designed in the medical model. Graduates will be awarded a Master of Physician Assistant Studies (MPAS) degree.

Phase I: Didactic

The didactic phase of study will include 12 months of instruction in the biomedical sciences and pre-clinical coursework designed to develop the student's pre-clinical knowledge base, critical thinking skills and interpersonal communication skills. Students will apply a biopsychosocial approach to learning patient care with a focus on integrating medical knowledge, clinical problem solving, reflection and communication skills. During the didactic phase, students will also be provided an early introduction to interprofessional clinical experiences to facilitate the transition into full-time experiential learning during Phase II.

The didactic curriculum is delivered in a modular approach to integrate the student to basic sciences such as anatomy, microbiology, and pathophysiology as they relate to specific organ systems. The didactic curriculum is dynamic and includes a variety of student-centered and active learning strategies. The didactic phase also includes simulation and other opportunities associated with the Creighton School of Medicine Clinical Education and Simulation Center.



Phase II: Clinical

The 16-month clinical phase will allow students to integrate and apply the knowledge and skills gained in Phase I in the clinical setting. Students will complete required clinical clerkships in the areas of:

- Family Medicine
- Internal Medicine
- Emergency Medicine
- Surgery
- Pediatrics
- Psychiatry
- Women's Health
- Medically Underserved Selective

Three elective rotations will give learners an opportunity to tailor their education to their personal educational needs and interests. Creighton University PA students will have the opportunity to take advantage of the Creighton University clinical network, including networks in the Omaha and Phoenix regions, drawing on Creighton's partnership with [CHI Health](#) and [Dignity Health St. Joseph's Hospital and Medical Center](#). The [Creighton University Phoenix Regional Campus](#) is the only Catholic medical school campus west of Omaha. Students should anticipate travel to local and distant sites for their clinical experiences to fulfill program requirements.

For each of the core (required) rotations, all students are required to successfully pass the nationally established Physician Assistant Education Association (PAEA) End of Rotation™ examination in that given specialty. There is not an associated exam with the elective rotations.



The Program is committed to providing students with robust and relevant clinical experiences that help them to develop the knowledge, skills, and attributes that will allow them to effectively interact with and care for a broad array of patients and clinical problems. Students should generally be scheduled for at least 36 hours of clinical exposure each week but should not exceed 80 hours per week. So that students maximize their learning opportunities, students should not

be required to perform clerical or administrative work for the practice and must not be used as a substitute for regular clinical or administrative staff.

Supervised Clinical Practice Experiences End of Rotation Returns and Examinations

During the first twelve months of the clinical phase, at the end of each 8-week block of core (required) clinical rotations, students will participate in assessment activities. Each student must pass a rotation-specific multiple choice, board-style exam, submit documentation assignments, and complete site and preceptor evaluations as well as other potential assessment activities. These activities may include patient simulations, objective standardized clinical experiences, and clinical skills testing, to name a few.

The Creighton University PA Program utilizes the PAEA End of Rotation Examinations™ for summative assessment of student medical knowledge. The objectives of these exams listed above also align well with program expectations for clinical rotation experiences. Information on the PAEA End of Rotation Examinations™ may be obtained at: <http://www.endofrotation.org/>.

End of Rotation™ Examinations Core Tasks & Objectives

History Taking and Physical Examination

- Identify elements of, and need for, comprehensive and focused interviews appropriate for the age and gender of the patient, reason for visit, urgency of the problem, and patient's ability to provide history.
- Recognize and interpret pertinent historical information.
- Identify history commonly associated with specific medical conditions.
- Identify elements of, and need for, comprehensive and focused physical examinations appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient's ability to participate in the examination.
- Identify required techniques in the physical examination.
- Recognize and interpret* pertinent physical examination findings when presented in written or illustrated form.
- Determine the need for other resources (e.g., past records, consultation, other members of the health care team) to expand knowledge of the patient's history.
- Interpret history and physical examination findings in order to differentiate one disorder from another.

**“Interpret” means to determine if normal or abnormal, or to determine the meaning of the finding relative to pathophysiologic processes and disease.*

Diagnostic Studies

- Demonstrate knowledge of appropriate patient and family education related to laboratory and diagnostic studies.
- Identify techniques and potential complications for common diagnostic procedures.
- Select the appropriate initial and subsequent laboratory and diagnostic studies based upon initial impressions



determined from the history and physical examination or germane to the health-screening situation.

- Identify the indications for specific laboratory and diagnostic studies.
- Identify risks associated with laboratory and diagnostic studies.
- Recognize normal and abnormal values for routine laboratory and diagnostic studies.
- Interpret the results of routine laboratory and diagnostic studies.
- Select appropriate laboratory and diagnostic testing by considering and evaluating the cost, probable yield, invasiveness, and contraindications of laboratory and diagnostic studies.
- Determine if, and when additional diagnostic studies are required.
- Identify laboratory and clinical studies considered to be the best for the diagnosis of certain conditions.

Diagnosis

- Determine a differential diagnosis based upon historical information, physical examination findings, and laboratory and diagnostic study findings.
- Select the most likely diagnosis based upon historical information, physical examination findings, and laboratory and diagnostic study findings.

Health Maintenance

- Determine appropriate counseling, as well as patient and family education, related to preventable diseases, communicable diseases, immunization schedules, and healthy lifestyles.
- Determine the appropriate history and physical examination in screening an asymptomatic patient during well-care visit based on age.
- Recognize risk factors for conditions amenable to prevention or detection in an asymptomatic individual.
- Recognize the impact of stress on health and the psychological manifestations of illness and injury.
- Recognize the effects of aging and family roles on health.
- Recognize the impact of environmental and occupational exposures on health.
- Recognize the signs and symptoms of abuse and neglect and the indications for intervention and referral.
- Identify common barriers to care.
- Identify the risks and benefits of immunizations.
- Select the appropriate laboratory and diagnostic screening studies and identify normal ranges.
- Identify growth and human development milestones.
- Match anticipatory guidance to the appropriate age level and to the sequelae it intends to prevent.



Clinical Intervention

- Select the application or technique required for common clinical interventions. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events, and effectiveness.
- Recognize appropriate counseling and patient and family education related to clinical interventions.
- Identify proper referral strategies for patients to other services for clinical intervention as appropriate.
- Determine appropriate follow-up from referrals.
- Select a clinical intervention plan that is consistent with the working diagnosis. Prioritize clinical interventions in emergent, acute, and chronic care situations.
- Evaluate severity of patient condition in terms of need for medical and /or surgical referral, admission to the hospital or other appropriate setting.
- Determine appropriate surgical treatment and post-surgical/post-procedural management.
- Identify potential complications of specific clinical interventions and procedures.
- Recognize appropriate plans for patient discharge, as well as appropriate medical, surgical, and rehabilitation follow-up.
- Select non-pharmacologic modalities (e.g., physical therapy, surgery, counseling) to integrate into patient management plans.

Clinical Therapeutics

- Identify appropriate counseling and patient and family education related to a clinical therapeutic agent including drug-drug interactions.
- Identify key safety factors related to the administration of medications (oral, topical, sublingual, subcutaneous, intramuscular, rectal, otologic, vaginal, and ophthalmic).
- Recognize appropriate plans to monitor pharmacotherapy, checking for compliance, side effects, adverse reactions, and effectiveness.
- Select a clinical therapeutic plan that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for medications selected.
- Recognize the pharmacokinetic properties, indications, and contraindications for the use of pharmacologic agents. Apply this knowledge to the safe and effective selection and administration of medications.
- Identify side effects, adverse reactions, contraindications, precautions, therapeutic effects, and dosing of the major classes of clinically important drugs and commonly used medications.
- Identify the risks for, and signs and symptoms of, drug interactions resulting from poly-pharmacy in the therapeutic regimen.
- Recognize the appropriate actions to take in response to acute, specific drug toxicity.
- Modify therapeutic regimen within the context of continuing care.

Scientific Concepts

- Apply basic sciences (anatomy, physiology, microbiology, genetics, etc.) to the diagnosis and management of specific medical conditions.
- Recognize associations of disease conditions and complications through application of scientific concepts.

- Demonstrate understanding of concepts of public health in the management of the population's and an individual patient's health and well-being, as well as disease. Identify underlying processes or pathways responsible for a specific condition or disease.

Evaluations

The Creighton University PA knows the value of ongoing preceptor feedback for students. As such, students are responsible for discussing their progress with their preceptor on a regular and ongoing basis. More formally, the student will complete a mid-rotation self-evaluation which is then provided to the preceptor for comment, discussion, and clarification and submission to the Program. At the end of the rotation, the preceptor will receive an electronic evaluation based upon a framework of entrustable professional activities (EPAs) seen below. The EPAs form a foundation for the Program's ongoing student formative and summative assessment and learning activities.

Core EPAs

- EPA 1: Gather a history and perform a physical examination.
- EPA 2: Prioritize a differential diagnosis following a clinical encounter.
- EPA 3: Recommend and interpret common diagnostic and screening tests.
- EPA 4: Enter and discuss orders and prescriptions.
- EPA 5: Document a clinical encounter in the patient record.
- EPA 6: Provide an oral presentation of a clinical encounter.
- EPA 7: Form clinical questions and retrieve evidence to advance patient care.
- EPA 8: Give or receive a patient handover to transition care responsibility.
- EPA 9: Collaborate as a member of an interprofessional team.
- EPA 10: Initiate patient evaluation and management and recognize need for urgent or emergent care.
- EPA 11: Obtain informed consent for tests and/or procedures.
- EPA 12: Perform general procedures of a physician.
- EPA 13: Identify system failures and contribute to a culture of safety and improvement.



Our Thanks!

The Creighton University Physician Assistant Program recognizes the contributions each of you make to the Program, our students, and the profession. We thank you for your time, talents, and dedication. In return for your efforts, preceptors are eligible to receive an appointment to the CU School of Medicine as a contributed services faculty. Preceptors are also eligible for Category 1 CME at no charge.