#### CENTER PHYSICIAN/

#### NURSE PRACTITIONER/PHYSICIAN ASSISTANT (NP/PA)

Pre- Health & Wellness Program Compliance Assessment Questions

Please submit **one form per clinician** if the center has multiple Center Physicians (CPs), Nurse Practitioners (NPs), and/or Physician Assistants (PAs).

Please provide responses to the following questions **1 week prior** to the health specialists’ arrival on center for the Health & Wellness Program Compliance Assessment (H&W PCA). **Responses must be typed.**

The purpose of the PCA is to **verify** and **clarify** compliance with PRH requirements and applicable laws, as well as to highlight program qualities and strengths. Please coordinate with the Health and Wellness Director to ensure all information (e.g., data, forms, materials, logs, surveys, specific student health records) necessary to support your responses is available for the review.

|  |  |
| --- | --- |
| **Provider Type**  | ☐ Center Physician ☐ Nurse Practitioner ☐ Physician Assistant  |
| **Provider Name and Title**  |  |
| **Subcontractor Agency (note if self-held or agency name)** |  |
| **Phone number** |  |
| **E-mail** |  |
| **Date of hire** |  |
| **Schedule on center (days/hours)** |  |

1. Name and title of person completing the form:
2. How do you monitor students in managing their chronic health conditions?
3. **Center Physician only:** Is there is a NP or PA practicing on center, and if so how do you divide duties with the practitioner?

[ ]  No

[ ]  Yes. Division of Duties & What degree of supervision do you provide?:

**NP or PA only:** Describe your working relationship with the center physician (CP). Include how do you divide duties with the CP.

1. **NP or PA only:** Does your state require supervision or a collaborating agreement? If yes, who is providing supervision or with whom do you have a collaborating agreement?

[ ]  Yes. Supervising Physician:

[ ]  No

1. How do you manage initially prescribing and refilling psychotropic medications on center?
2. Do you participate in monthly case conferences for long-term prescribed medications for chronic illness?

[ ]  Yes [ ]  No

1. Do you provide routine breast exams and male genital exams for new students?

[ ]  Yes [ ]  No

1. Describe how pelvic exams and Pap smears are provided for female students 21 years of age and older.
2. Do you have any community connections that contribute to the Health and Wellness Program? If yes, please list.

[ ]  Yes. Including:

[ ]  No

1. Are you available for urgent telephone consultation 24/7? Who has access to this service?

[ ]  Yes. Who can call:

[ ]  No

1. How do you participate in health promotion/health education beyond the admission process and outside the Health and Wellness Center’s walls?
2. How are you involved in the weight management program on center?
3. Do you work at an off-center office where you can see students with urgent health problems when you are not on center? If no, where are students referred to for urgent care?

[ ]  Yes [ ]  No. Urgent care location:

1. Where are students referred to for Hospital/Emergency Department and Psychiatric Hospital?
2. Is the Center a Vaccines For Children (VFC) provider?

[ ]  Yes [ ]  No

1. Was there an influenza vaccine program held in the last year? If yes, what percentage of students was immunized?

[ ]  Yes. Percentage: [ ]  No

1. Is Narcan available on center?

[ ]  Yes [ ]  No

1. Is sports clearance done annually?

[ ]  Yes [ ]  No

1. Are there medical residents or fellows on center that you supervise? If yes, how many and from which medical school?

[ ]  Yes. Number: School:

[ ]  No

1. Name at least three things that you would like to see happen/implemented to improve the delivery of health and wellness services and promote the concept of wellness on your center. These items do not have to be in your discipline.
2. What involvement do you have with Continuous Quality Improvement (CQI) activities? List examples of CQI activities.
3. Over the last 12 months, how many monthly Center Physician teleconference calls have you attended?