

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**RESIDENTIAL STUDENT PROGRAM GUIDE**

DPAS Didactic Student Program Guide – Revised 7/20/2018  
Always Up-to-date Version: [Here](#)

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## How This Guide is Organized

This guide provides students with information to describe and prescribe how to succeed in the program. The first section describes the program and its relationship to the University and the physician assistant (PA) profession. The second section describes the courses students will complete and the competencies that a successful graduate can demonstrate. The third section details policies and procedures for the program overall first, then provides policies and procedures specific to the didactic and clinical components of the program. Unless stated otherwise, program level policies and procedures apply to the entire program.

## Changelog

- 1.

## Orientation to the Program

### CCPAP Mission

The Central Coast Physician Assistant Program in partnership with community health centers provides collaborative learning opportunities to educate students who deliver whole person healthcare in communities of need.

### CCPAP Values

- A commitment to service
- Personal honesty and integrity
- Professionalism in practice
- Motivation to excel
- Compassion and caring
- Teamwork

CCPAP educates physician assistants with a philosophy that patients come first. We instill in students the concept of addressing the entire patient through the body, mind, and spirit. This philosophy has, at its core, the tenant that healing is more than treatment of a medical diagnosis. Our practitioners recognize the interconnection of the body (physical nature), the mind (psychological and emotional) and the spirit (spiritual and/or religious). Our graduates address the “whole patient” through competent medical treatments, application of educational and preventive strategies, psychological support, and value of each individual’s spiritual beliefs.

### Definition of a PA

Physician Assistants (PAs) are academically and clinically prepared to practice medicine in teams with doctors of allopathic medicine or osteopathic medicine and other healthcare professionals. The physician/PA team relationship is fundamental to the PA profession and enhances the delivery of high quality healthcare. Within the physician/PA relationship, PAs practice with defined levels of autonomy and exercise independent medical decision making within their scope of practice including, but not limited to, a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is centered on patient care and may include educational, research, and administrative activities.

### Professionalism

An important aspect of any professional educational curriculum is the development of professional behaviors and role identity. Evidence shows that unprofessional

behavior exhibited during training is a predictor of future problems with state regulatory boards and the need for disciplinary actions ([Papadakis, Hodgson, Teherani and Kohatsu, 2004](#)). Unprofessional behavior presents a potential danger to the provision of good patient care and relates to the credibility of the profession. Professionalism therefore shares equal importance to content knowledge and manual skills at ATSU. The CCPAP considers violation of professional conduct a significant deficiency.

Recognizing the responsibility for professional behavior, the CCPAP sets expectations for and evaluates students on their professional conduct. Students must demonstrate acquisition of these important behaviors.

The National Board of Medical Examiners has identified behaviors consistent with professionalism. These behaviors are listed below. As a mechanism to assist students in the acquisition of these professional skills, a monitoring system has been established to identify unprofessional behaviors and to provide mentoring and guidance. Students identified as exhibiting unprofessional behavior will be provided with corrective guidance. Students who reflect a pattern of unprofessional behavior (deficiencies identified in two or more courses or clinical experiences) will be placed on academic probation and will receive documentation of these deficiencies. Severe infractions of professional behavior may be grounds for academic dismissal.

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### *Professionalism Expectations*

#### **Altruism**

1. Helps colleagues and team members
2. Takes on extra work to help the team
3. Serves as a knowledge or skill resource to others
4. Advocates for policies, practices and procedures that benefit patients
5. Endures inconvenience to meet patient needs

#### **Honor and Integrity**

1. Admits errors and takes steps to prevent reoccurrence
2. Deals with confidential information appropriately
3. Does not misuse resources (i.e. school or clinical site property)
4. Attributes ideas and contributions appropriately for other's work
5. Upholds ethical standards in research and scholarly activity
6. Requests help when needed

#### **Caring and Compassion**

1. Treats patients as individuals, and considers lifestyle, beliefs and support systems
2. Shows compassion to patients and families
3. Maintains appropriate boundaries in professional relationships
4. Responds to patient needs appropriately
5. Optimizes patient comfort and privacy when conducting examinations

**Respect**

1. Respects institutional colleagues, faculty, and staff
2. Demonstrates respect for patients
3. Participates constructively as a team member
4. Adheres to institutional and departmental policies and procedures
5. Adheres to dress code

**Responsibility and Accountability**

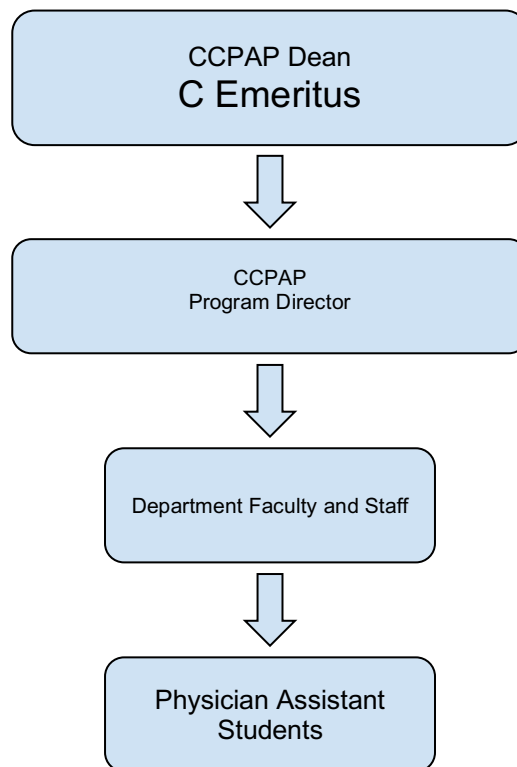
1. Presents self in an appropriate manner
2. Completes assignments and tasks in a timely manner
3. Responds promptly when notified
4. Intervenes when unprofessional behavior presents a clear and present danger
5. Responds appropriately to an impaired colleague
6. Responds professionally to other's lapses in conduct and or performance
7. Elicits patient's understanding to enhance communication of information
8. Facilitates conflict resolution
9. Remains flexible to changing circumstances and unanticipated changes
10. Balances personal needs and patient responsibilities
11. Provides constructive feedback

**Excellence**

1. Has internal focus and direction
2. Sets goals to achieve excellence
3. Takes initiative in organizing and participating with peer groups and faculty
4. Maintains composure under difficult situations

These expectations were adapted from Behaviors Reflecting Professionalism National Board of Medical Examiners.

## Structure of the Central Coast PA Program (CCPAP)



### *Roles and Responsibilities*

Below are descriptions for some of the specific roles faculty and staff have in the program. The list below is not comprehensive; it is designed to help students understand who, by way of role, may be able to address a specific concern.

#### **Program Director:**

The Program Director is responsible for all aspects of the PA program, including academics, faculty and staff performance, and student experience.

#### **Director of Operations**

The Director of Operations is responsible for coordinating the program admissions, new student orientation, and normal operations of the program.

#### **Director of Didactic Education**

The Director of Didactic Education is responsible for curriculum, assessments, instruction, scheduling, and related matters for the didactic component.

#### **Director of Clinical Education**

The Director of Clinical Education is responsible for curriculum, assessments, instruction, scheduling, and related matters for the clinical component.



## The Clinical Team

The Clinical Team is comprised of the Director for Clinical Education, clinical coordinators, and administrative staff. Questions, concerns, and requests pertaining to the particulars of the clinical component are best directed to the clinical team.

## Curriculum

### Graduate Competencies

Graduates from CCPAP will have acquired the competencies described below. These competencies were adopted by the National Commission on Certification of Physician Assistants ([NCCPA](#)), the Accreditation Review Commission on Education for the Physician Assistant ([ARC-PA](#)), the American Academy of Physician Assistants ([AAPA](#)), and the Physician Assistant Education Association ([PAEA](#)).

#### *Competency I: Medical Knowledge*

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations.

Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

- evidence-based medicine
- scientific principles related to patient care
- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

#### *Competency II: Interpersonal & Communications Skills*

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange

with patients, patients' families, physicians, professional associates, and other individuals within the healthcare system.

Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective communication skills to elicit and provide information
- adapt communication style and messages to the context of the interaction
- work effectively with physicians and other healthcare professionals as a member or leader of a healthcare team or other professional group
- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes.

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### *Competency III: Patient Care*

Patient care includes patient- and setting-specific assessment, evaluation, and management.

Physician assistants must demonstrate care that is effective, safe, high quality, and equitable.

Physician assistants are expected to:

- work effectively with physicians and other healthcare professionals to provide patient-centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients
- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide healthcare services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

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### *Competency IV: Professionalism*

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must

demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.

Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other healthcare providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and ongoing professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other healthcare professionals

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### *Competency V: Practice-based Learning & Improvement*

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self- and practice-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices.

Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the healthcare delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

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### *Competency VI: Systems-based Practice*

Systems-based practice encompasses the societal, organizational, and economic environments in which healthcare is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of healthcare to provide patient care that balances quality and cost, while maintaining

the primacy of the individual patient. PAs should work to improve the healthcare system of which their practices are a part. Physician assistants are expected to:

- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- practice cost-effective healthcare and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, healthcare managers, and other healthcare providers to assess, coordinate, and improve the delivery and effectiveness of healthcare and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide effective, efficient patient care
- recognize and appropriately address system biases that contribute to healthcare disparities
- apply the concepts of population health to patient care

## Didactic Component Courses

### *Didactic Component Schedule*

Students will complete two semesters of coursework on the [Santa Maria, California](#) campus, organized thematically. The first semester will lay the foundations of medicine, then begin systems-based study incorporating anatomy, physiology, pharmacology, diagnostic medicine and patient assessment and skills specific to each organ system studied. Study will proceed one system at a time. Concurrent with systems-based study, Professional Roles and Responsibilities will present a variety of topics in the medical humanities and practice as a medical professional. The second semester will continue the systems-based study incorporating anatomy, physiology, pharmacology, diagnostic medicine and patient assessment and skills specific to each organ system studied. Concurrent with systems-based study, Evidence-based medicine will introduce the concepts of a medical literature search, strength of research, statistics, evaluation of the literature and development of critically appraised topics.

Note: This course list is for the PA Class of 2022. Please refer to the curriculum documents on the [program webpage](#) for cohort-specific course lists.

**CAPA5000 Intro to Biomed (2 CH)**

This course spans over three weeks and provides a foundation in recognizing the differences between normal and disease states by integrating basic concepts in genetics, molecular biology, microbiology, physiology and pathology. Emphasis is placed on studying the various mechanisms of disease etiology and how they relate to pharmacotherapeutic intervention. Basic pharmacokinetic and pharmacodynamics principles are covered in this course, along with autonomic pharmacology; analgesics; anti-neoplastic agents; and immune-modulating therapies. No Prerequisite(s) No Corequisite(s)

**CAPA5005 Clinical Anatomy (3 CH)**

Clinical Anatomy is a three week review of clinically relevant human anatomy using a regional approach. Lecture and laboratory components of this course emphasize the clinical relevance of each anatomical area considered. Nonpathological radiological anatomy is reviewed. No Prerequisite(s) No Corequisite(s)

**CAPA5010 Intro to Clinical Medicine (1 CH)**

Introduction to Clinical Medicine will orient students to the method and perspective used to apply basic science knowledge to diagnose and treat clinical manifestations of disease and disorder. A cursory overview of diagnostic tools will be introduced to include laboratory tests and radiologic imaging (in concert with the Anatomy course). Students will also explore aspects of health promotion and disease prevention in the primary care setting. A wide range of variables are discussed that include lifestyles, nutrition, cultural diversity and social-economic factors. Current strategies (tests, evaluations, and examinations) used in preventive medicine are reviewed by age group and gender. No Prerequisite(s) No Corequisite(s)

**CAPA5015 Intro to Patient Assessment (1CH lecture + 1 CH lab)**

Introduction to Patient Assessment provides six weeks of fundamental methods for obtaining and presenting a complete screening medical history and physical examination. Techniques for conducting a physical examination are covered. Instructional methods include lecture, group discussion, role-playing, and labs. Students conduct interviews and physical examinations under supervision. Students are expected to spend additional time outside of class performing physical exams, and preparing for presenting case information and findings. Course content will be organized along the following broad topics: • Patient interviewing skills • Basic physical exam skills This course has no prerequisites or co-requisites.

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*History & Physical Examination and Clinical Skills*

**CAPA5020 Patient Assessment and Skills I (2CH lect + 3 CH lab)**

**CAPA5055 Patient Assessment and Skills II (2CH lect + 3 CH lab)**

The Patient Assessment and Skills series is a two course series that provides physician assistant students with techniques of taking a patient history, performing

a physical examination and hands-on training for clinical procedures common in current professional practice. This course series will also teach the PA student the proper use of medical diagnostic equipment, selected clinical procedures and effective skills for communicating with patients, their families and other health professionals. Students will learn and practice basic counseling and patient education skills. The course series will present the student with opportunities to accomplish the stated objectives through a variety of methods that may include but are not limited to: lecture, discussion, simulated patient encounters, writing the details of a complete history and physical examination, writing problem specific history and physical examinations in the SOAP note format, and performing case presentations. Team-based care principles will be taught through formative simulation experiences. All students will obtain ACLS certification during this course sequence. Topics will be arranged on a systems basis and complement coursework in the clinical medicine lecture series to the extent possible by the logistics of scheduling. It is important for the student to understand the relationships between material presented in this course and that presented in other courses and experiences in the curriculum. Material presented in one area should be recognized as complementary to and not apart from that presented in other arenas.

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### *Clinical Medicine Series*

**CAPA5030 Clinical Medicine: Endocrinology (5 CH)**  
**CAPA5035 Clinical Medicine: Gastroenterology (7 CH)**  
**CAPA5040 Clinical Medicine: Musculoskeletal (6 CH)**  
**CAPA5045 Clinical Medicine: EENT (4 CH)**  
**CAPA5050 Clinical Medicine: Dermatology (2 CH)**  
**CAPA 5065 Clinical Medicine: Infectious Disease (2 CH)**  
**CAPA5070 Clinical Medicine: Neurology/ Psychiatry / Social & Behavioral Science (7 CH)**  
**CAPA5075 Clinical Medicine: Cardiology/Hematology (9CH)**  
**CAPA5080 Clinical Medicine: Pulmonology (4 CH)**  
**CAPA5085 Clinical Medicine: Nephrology (2 CH)**  
**CAPA5090 Clinical Medicine: Male Genitourinary (1CH)**  
**CAPA5095 Women's Health (5 CH)**

**Clinical Medicine Series:** The Clinical Medicine series is a fourteen course series over two semesters that provides physician assistant students a systems-based education on health promotion and disease prevention, and patient evaluation, diagnosis, and management across the life span. Building upon the material that is presented in the foundations of medicine courses, each course in the clinical medicine series will provide instruction covering a body system, developing an understanding of the pathophysiologic basis of disease (including genetics and molecular mechanisms of disease), generating systems-specific differential diagnoses, ordering and interpreting diagnostic studies, and formulating and implementing pharmacologic and non-pharmacologic treatment plans. Special emphasis will be given to the major principles of pharmacology, including concepts of drug absorption, distribution, metabolism, and elimination. Medications covered will

include those most commonly used in the care and treatment of the system-specific conditions.

Students will be challenged to apply their knowledge through simulated patient encounters and problem-based case scenarios to develop skill in clinical diagnostic selection and interpretation, pharmacology and therapeutic treatment planning, patient education, and holistic problem solving and medical decision-making through the completion of written and practical examinations. This program of study will prepare physician assistant students to provide preventive, emergent, acute, chronic, rehabilitative, palliative, and end-of-life care to prenatal, pediatric, adult, and elderly populations.

The Clinical Medicine series has been carefully organized to present material system by system to promote interaction of material running parallel to the Patient Assessment and Skills Course.

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### *Professional Roles and Responsibilities*

#### **CAPA5025 Professional Roles and Responsibilities (2 CH)**

**Physician assistants are faced with a wide range of challenging decisions regarding what is professionally appropriate, ethical and legal in the day to day interactions with their patients, their supervising physicians, other health care providers, insurance companies and the health care system. In addition, as clinicians who could be involved in conducting research and investigations within communities, this course will address the moral and ethical issues which must be considered when developing and engaging in medical research. This is a lecture and small group work-based course which will focus on practical principles related to medical ethics and professional roles and responsibilities. It will include topics related to appropriate professional conduct, cultural humility, problem solving, health care delivery systems and health policy, PA licensure and credentialing, legal issues facing PA's, physician-PA relationship, body-mind-spirit philosophy & current trends facing PA's. The goal of this course is to provide students with the competencies to effectively and professionally interact with patients, health care providers and ancillary staff in a manner that is respectful, ethical and culturally competent.**

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### *Evidence-based Medicine*

#### **CAPA5060 Evidence-based Medicine (1CH)**

**This lecture and small work group-based course is designed to provide the student with evidence-based medicine skills, statistics, research methods, and analysis of the medical literature as tools to assist in medical decision-making process.**



## Clinical Component Courses

### *Clinical Component Schedule*

The clinical portion of the program is designed to expose the student to patients in a variety of clinical settings. The setting, assigned tasks and schedule will vary depending on the site.

The year will consist of eight Supervised Clinical Practice Experiences (SCPE), one 3-credit hour course, and one 1-credit hour Capstone course.:

- Seven 6-week core SPCEs
- One 6-week elective SPCE
- CAPA6080 Transition to Practice (scheduled for the duration of the clinical component)
- CAPA6090 Capstone

Note: This course list is for the PA Class of 2022. Please refer to the curriculum documents on the [program webpage](#) for cohort-specific course lists.

### *Required Supervised Clinical Practice Experiences*

**CAPA6000 Surgery Rotation (6 credit hours)**

**CAPA6010 Family Practice Rotation (6 credit hours)**

**CAPA6020 Pediatrics Rotation (6 credit hours)**

**CAPA6030 Behavioral Health Rotation (6 credit hours)**

**CAPA6040 Women's Health Rotation (6 credit hours)**

**CAPA6050 Emergency Medicine Rotation (6 credit hours)**

**CAPA6060 Internal Medicine Rotation (6 credit hours)**

Clinical experiences will average approximately 40 hours/week on site, in patient related care. Some clinical experiences may involve slightly shorter (no less than 36 hours/week) or longer hours (no more than 80 hours/week), evening, weekend or on-call responsibilities. The preceptor or clinical site will determine the student's on-site schedule and clinical responsibilities. Students must adhere to each clinical experience schedule and to all assignments developed by the preceptor. If this is not possible in any given week at a specific clinical site, the student is to notify the clinical team in advance.

Patient related care includes evaluating and treating patients, charting and appropriate paperwork (written or electronic), case presentations, discussions with the preceptor, and other duties as applicable.

### *Elective Supervised Clinical Practice Experience*

**CAPA6070 Elective Rotation (6 credit hours)**

Students will have the opportunity to complete an elective experience in an area of interest from the list of active preceptors in the program's clinical database.

Students are welcome to suggest a clinical site outside of the program's available list that is consistent with the Department's mission and within the current established geographic clinical locations (in active CHC campuses). The program must approve all clinical experiences. To request a specific elective site outside of



the program's database, follow the procedure outlined in the [Student Requests for Specific Clinical Experiences](#).

Please note: The program reserves the right to replace a student's elective clinical experience with a program-determined required clinical experience.

Each clinical experience will have a designated preceptor who is responsible for the coordination of the student's overall learning experience. The preceptor may delegate some of the teaching to other qualified clinicians.

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#### *Other Clinical Component Course(s)*

##### **CAPA6080 Transition to Practice (3CH)**

This course is ongoing through the clinical year. It includes testing, Objective Structured Clinical Encounter (OSCE) and practical examinations, SOAP note assignments, summative evaluation, and preparation for the PANCE. Topics to prepare the student for practice as a licensed healthcare professional are covered including state licensure, DEA, malpractice, billing and coding, residencies and graduate PA training.

##### **CAPA6090 Capstone (1CH)**

The Capstone Course provides students with a forum to complete an Independent Project. The Capstone course must be passed in order for the student to successfully complete degree requirements, and graduate. The independent project has six options: 1) Evidence-based analysis of a clinical question presented as a PowerPoint presentation; 2) Clinical review article prepared for publication; 3) Poster presentation; 4) Written case report prepared for publication; 5) Public health project; or 6) Student-developed proposal (with approval from the Course Director or Faculty Advisor).

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#### *Clinical Component Instructional Goals*

1. Expose the student to a variety of diseases and injuries involving all body systems, in a wide variety of practice settings.
2. Reinforce and continue to develop the student's ability to elicit a pertinent medical history.
3. Reinforce and continue to develop the student's ability to accurately perform a complete and problem focused physical examination.
4. Reinforce and continue to develop the student's understanding of the indications, limitations and financial considerations of various diagnostic testing used in the evaluation of disease and injuries.
5. Reinforce and continue to develop the student's ability to recommend and interpret (where applicable) appropriate diagnostic testing, in patient evaluation.

6. Reinforce and continue to develop the student's ability to accurately record written documentation of each patient encounter.
7. Reinforce and continue to develop the student's ability to establish differential diagnoses.
8. Reinforce and continue to develop the student's ability to choose the appropriate treatment plan for each patient encounter, including pharmacologic and non-pharmacologic therapies.
9. Expose the student to the special needs and consideration of healthcare delivery in rural and underserved populations.
10. Expose the student to ways of incorporating health promotion and disease prevention into patient care and practice.
11. Cultivate continued development of the student's ability to effectively communicate with a diverse population of patients, as well as other healthcare professionals.
12. Foster continued development of the skills needed to search, interpret and evaluate medical literature in relationship to medical decision-making and patient care.
13. Foster interprofessional understanding and collaboration

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### *Clinical Component Learning Outcomes*

Upon completion of the clinical year, students will be able to:

1. Elicit a comprehensive and/or focused medical history and perform the appropriate physical examination on patients in a variety of care settings and medical disciplines.
2. Order and interpret appropriate diagnostic evaluations (laboratory and/or imaging) utilizing patient history and physical examination information.
3. Formulate differential diagnoses.
4. Diagnose medical, psychological, and surgical conditions utilizing patient history, physical examination findings and diagnostic evaluation results.
5. Recommend, determine and/or implement appropriate medical, psychological, or surgical interventions and/or treatments.
6. Initiate, encourage, and/or recommend health promotion and disease prevention education, screening and counseling.
7. Provide patient education and counseling.
8. Accurately and effectively document patient encounters.
9. Perform common diagnostic, therapeutic, medical and/or surgical procedures.
10. Perform oral presentations of patient encounters in a clear, concise manner.
11. Recognize the limits of one's knowledge and experience and seek assistance and/or refer as appropriate.
12. Integrate and utilize core biomedical and clinical science knowledge into the evaluation and assessment of patients.
13. Utilize and apply the principles of evidence-based medicine.
14. Effectively, ethically, and professionally navigate and demonstrate the roles and responsibilities needed for PA clinical practice.
15. Use respectful and effective communication skills with patients and their families, physicians, colleagues and all members of the healthcare team.

16.Administer respectful care to all patients.

## Policies and Procedures

### Program-wide Policies and Procedures

The policies and procedures listed below apply through all components (didactic and clinical) of the program.

#### *Communication*

Communication between CCPAP faculty and staff and PA students can be accomplished through a variety of modes that include personal visits, phone calls, voice mail, and ATSU email. The ATSU email address is the official means of communication at the University. Communication between students and all ATSU personnel should be via ATSU assigned email accounts. Students should not rely on email messages being forwarded to non-ATSU email accounts. Students are required to check ATSU email on a daily basis.

Given today's world of electronic communication, PA students should reflect on the appropriateness of postings that may appear in social media. This reflection should focus on both the tenor and content of postings. Considerable thought should be given to the implications of postings on the internet which may be distributed beyond what was originally intended. Postings/pictures/videos or other material that violates the professionalism standards CCPAP students are held to may be cause for disciplinary action, even if said postings are not on ATSU maintained boards.

Please take special note: It is a violation of the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) and University policy for students to distribute ANY information related to patient care via social media.

#### *Academic Assistance*

##### **Faculty Advising**

A team-centered approach will be utilized to provide any needed academic support with the program advisor as the centerpiece of the effort. Faculty advisors are assigned to each student at matriculation. While it is the program's intent to provide all available support to students who are experiencing academic difficulty, this policy is not intended to undermine the basic tenant that it is ultimately the learner's responsibility to seek out and utilize the resources made available to meet the requirements of ATSU and CCPAP.

### **Tutoring Services**

The program and [Student Affairs](#) maintain contact with students, graduates, and others who express interest in providing tutoring to PA students challenged by the program. Students wishing to obtain tutoring should contact their advisor and/or Student Affairs to inquire about available tutors.

### **Students with Disabilities**

Learning & Disability Resources (LADR) supports ATSU students with disabilities by determining eligibility and coordinating necessary academic adjustments (accommodations), while maintaining the standards of the University. Any student seeking academic adjustments to accommodate limitations due to a documented disability is required to register with LADR. ATSU faculty will not provide disability-related academic adjustments without referral to and notice from LADR.

To register, or to discuss adjustments and services as they may apply to your individual situation, please contact LADR at [disabilityresources@atsu.edu](mailto:disabilityresources@atsu.edu), 660.626.2774 Missouri campus, or 480.245.6248 Arizona campus. For more information visit: [www.atstu.edu/learning\\_resources/disabilities/index.htm](http://www.atstu.edu/learning_resources/disabilities/index.htm)

In addition to registration with the director of learning resources, any student who feels that they have a disability or condition which might jeopardize the safety of patients or prohibit their participation in classroom, laboratory, or clinical activities must notify the appropriate faculty and/or program director so that reasonable accommodations can be made.

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### *Student Access to Faculty*

In addition to teaching, PA faculty members have administrative, University, and clinical responsibilities. Time students spend with faculty should be for academic counseling, advisement, academic questions or other concerns related to the PA program. PA faculty members generally maintain an "open door" policy for student access. Please use good judgment and respect faculty members' time. If extended periods of time are needed, please consult the faculty member to make appointments.

Although students have significant access to program faculty, principal faculty, the program director, and the medical director are not allowed to provide medical care to PA students except in an emergency situation.

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### *Fair Practices*

PA students have equal access to facilities and programs of CCPAP as do students of other programs. CCPAP is committed to equality of opportunity and does not discriminate against applicants, students, or employees based on race, religion, color, creed, national origin, gender, age, sexual orientation, or disability. All policies concerning discrimination, harassment, and retaliation are found in the ATSU [University Student Handbook](#).

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## *Grading*

### **Grading Scale**

Grades for each PA student will reflect the evaluation criteria as stated in the course syllabi. Final course grades for CCPAP didactic courses will be expressed using the following scale:

A=90-100

B=80-89

C=70-79

F= < 70

I=Incomplete

Please note: Grades will be calculated to whole numbers. Rounding up of final grades will occur as follows:

Final course percent is 89.50 to 89.99 – Final grade will be 90 (A)

Final course percent is 89.00 to 89.49 – Final grade will be 89 (B) Final course percent is 79.50 to 79.99 – Final grade will be 90 (B)

Final course percent is 79.00 to 79.49 – Final grade will be 89 (C)

Final course percent is 69.50 to 69.99 – Final grade will be 90 (C)

Final course percent is 69.00 to 69.49 – Final grade will be 89 (F)

### **Incomplete Grades**

PA students whose academic work at the end of a course is incomplete may be given, at the course director's discretion, a grade of I (incomplete). An Incomplete Grade Agreement will be drafted, reviewed, and signed by the student and course director issuing the incomplete, which will define the terms and timeline for completing the course and converting the I to a letter grade. Incomplete grades for which there is not a signed Incomplete Grade Agreement form will become failing grades two weeks after being issued. When the terms of an Incomplete Grade Agreement are not fulfilled, the incomplete grade will be converted to a F.

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## *Academic Standing*

A student who is in good standing in the program will have met the following criteria:

1. Maintain an overall grade point average (GPA) of 2.0 or higher and achieve a "C"/passing or better letter grade in all didactic and clinical courses required by the CCPAP.
2. Meet the defined CCPAP [Professionalism Expectations](#) and be in compliance with all program and University policies and procedures.

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## *Academic Progression*

Progression in the program is contingent on maintaining good academic standing, continued mastery of program objectives, course content, and demonstration of

behaviors consistent with a healthcare professional as outlined in the [Professionalism](#) section of this program guide.

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### *At-Risk Student Policy*

#### **Identifying At-Risk Students**

Each learner is ultimately responsible for their own success. The program is committed to supporting students, including monitoring for early-warning signs of struggle. Students may be deemed at-risk using one or more of the following criteria:

1. Students experiencing a course failure.
2. Students earning a course grade 1.5 or more standard deviations below the mean on more than one didactic component course regardless of their alphanumeric grade.
3. Students 2.0 or more standard deviations below the mean number of major unit assessment failures to-date (calculated at the beginning of the Summer II quarter).
4. Students failing to meet program standards on any required standardized test (e.g. End-of-Rotation exams) or program summative exam.
5. Students failing two (and multiples of two) major unit assessments.
6. Students failing to meet program defined [professionalism expectations](#).
7. Students earning a failing grade on the first attempt of two or more End-of-Rotation (EOR) exams
8. Students earning a failing grade on one or more OSCEs during the clinical year
9. Consistently performing at a sub-standard level with regard to preceptor evaluations during the clinical year
10. Consistently performing at a sub-standard level with regard to student site visits during the clinical year
11. Students earning a grade of 1.25 standard deviations below the mean (or lower) on more than one EOR exam
12. Student who is dismissed from a clinical experience by a site or preceptor.
13. Deficiencies in clinical experience course performance and/or fund of medical knowledge as identified during a clinical site visit.
14. Students not necessarily meeting any of the above criteria, but are of significant concern to current program faculty and/or program partners

#### **At-Risk Student Intervention**

Once a student has been identified as being at risk, the program director (or their designee) will contact the student in writing. Based on prior experience supporting students who struggle, the program will prescribe a series of steps or tasks for the student to complete.

#### **Student Progress Board**

The program may elect to review a student's performance via a Student Progress Board (SPB). The student will be informed of the SPB in writing and may be called to appear in person (or by video-conference) or to submit a written statement (or

both). Students who fail to respond to contact attempts by the program will have documentation of failure to respond entered into the student's file, which could adversely affect any professional recommendation.

Each SPB will be convened by the Program Director to consider an at-risk PA student. This board will include the program director, the director of didactic and/or clinical education (as appropriate), the student's advisor, the instructor(s) of any of the courses with failed assessments, and any other appropriate faculty and staff. When a specific member of the board is unavailable, a pro tem may be designated. A minimum of four faculty members are required to constitute a quorum.

The student is not allowed visitors or legal representation during the SPB meeting.

The SPB will consider each case individually, and will render a decision that may include (but is not limited to) any of the following:

- Mandatory advisor meetings
- Review of Strengths & Opportunities Report and/or faculty & SP feedback (OSCE)
- Mandatory tutoring
- Counseling referral
- Re-testing
- Re-submit missed/failed assignments
- Mandatory structured study during breaks from scheduled classes
- Extended plan of study (e.g. special topics course, repeat of clinical experience course)
- Probation
- Dismissal from the program

The following is a non-comprehensive list of examples of outcomes of the SPB:

- An in-person student progress board (SPB) is called for a student who demonstrates unprofessional speech and conduct with adjunct faculty during laboratory activities.
- A written SPB is called for a student who fails a single major unit assessment (MUA).
- A SPB places a student on probation and orders remediation and retesting, scheduled during a break from scheduled classes, for a didactic or clinical experience (rotation) course failure.
- A SPB places a student on probation who fails their third MUA.
- A SPB orders mandatory counseling for a student who is experiencing panic attacks during exams.
- A SPB orders the student to be enrolled in a special topics course to repeat a failed didactic or clinical experience (rotation) course.
- A SPB determines a student failed a clinical experience course because they were dismissed by the site or preceptor.
- A SPB orders a student to leave the current cohort and return to the program as part of the following cohort.

- A SPB dismisses a student from the program who has three course failures.

In the event a student fails to meet academic or professional standards, the student will be subject to dismissal from the program by the SPB.

Whenever the program intervenes to support an at-risk student, the program director (or their designee) will send a formal letter to the student detailing the reason for the intervention, the specific steps ordered, and, in the case of probation, what will qualify the student to be released from probation. A copy of this notice will be added to the student's file. After the decision, the student has the option to file an appeal as outlined in the [ATSU Catalog](#).

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### *Probation*

Students who fail to maintain good [academic standing](#) will be placed on Probation by the Student Progress Board (see [At-Risk Student Intervention](#) section). In written notification, the Program Director will specify the reason(s) for probation, the requirements for restoration of good standing, and the prescribed methods for completing those requirements. Probationary status is noted on the student's official transcript. Probation may affect a student's financial aid status and/or funding opportunities.

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### *Special Topics Course*

Students who have academic or professional challenges may be required to complete a special topics course (MSPA5082 or MSPA6082). This course is designed to assist at-risk students in successfully meeting program expectations and may be required prior to and/or during the clinical year.

The content of this course will be determined by the program, but will be tailored to the student's individual needs, taking student input under advisement. Students required to complete the special topics course are required to achieve a passing grade for the course, in order to advance in the program.

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### *Academic Dishonesty*

The Code of Academic Conduct and the Code of Behavioral Standards are outlined in detail in the ATSU [University Catalog](#). Students are expected to be familiar with this code. Additionally, the [University Student Handbook](#) outlines the procedure for reporting and investigating violations of the codes.

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### *Conflict Resolution*

An important aspect of professional conduct in an organization is working within the organizational hierarchy to address conflict and concerns. Though rare, conflict, challenges, and unsatisfactory interactions may occur during didactic and/or clinical training. These may be academic, professional, or personal in nature. Students with



concerns are expected to act professionally at all times, and to follow the steps below to resolve conflict with course directors/program faculty, clinical preceptors, University and clinical training site staff, and colleagues.

### **Didactic Component**

1. Contact the course director or course faculty (if applicable) *first*. If this does not resolve your concern or if the problem does not relate to a specific course:
2. Contact your assigned faculty advisor. If the issue is not resolved:
3. Contact the Director of Didactic Education. If the issue is not resolved:
4. Contact the Program Director.

### **Clinical Component**

1. Attempt to resolve problems with the appropriate individual directly. If this does not resolve your concern:
2. Contact the clinical preceptor. If this does not resolve your concern:
3. Contact a clinical coordinator. If this does not resolve your concern:
4. Contact the Director of Clinical Education. If this does not resolve your concern:
5. Contact the Program Director.

Only students who have exhausted the conflict resolution pathways above may bring their unresolved concerns to the CCPAP Dean. The Dean's office is located on the second floor of the 5850 building on the Arizona campus.

If a student is experiencing personal problems, the student should speak with their faculty advisor. The advisor will guide the student to appropriate ATSU resources.

*Do not allow small problems to turn into large problems. Address those issues immediately so that the issue can be resolved quickly.*

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## **Student Health**

### **Counseling Services**

The University provides counseling services to students. Students may access personal counseling by contacting Wellconnect a 24-hour access service, to assist students with personal, family, and academic counseling services by calling (866) 640-4777.

### **CCPAP Assessment of Immunity, Screening & Certification Information**

CCPAP requires all residential students to provide documented proof of completion of all required CCPAP immunizations, immunity, screenings and certifications. These requirements span the duration of enrollment at CCPAP. Students are responsible for all costs associated with being in compliance with these requirements. Failure to comply with prescribed health requirements is considered unprofessional conduct and may impact course grades, clinical experience attendance, and graduation date.

Assessment for immunity to disease will require documentation of the following:

- Hepatitis B
  - Documentation of three (3) dose series of Hepatitis B vaccine. Series must be started prior to matriculation and completed per prescribed timeline
  - OR documentation of a blood test (titer) of immunity to Hepatitis B
  - OR Declination statement. Available upon request
- Influenza – Post matriculation requirement due to seasonal vaccine availability
  - Documentation of seasonal annual Influenza vaccination
  - The ASHS Clinical Affairs office will establish a deadline for proof of immunization each calendar year and notify students prior to matriculation
- Measles Mumps and Rubella – MMR
  - Documentation of two (2) doses of MMR vaccine
  - OR documentation of a blood test (titer) of immunity to Measles Mumps Rubella
- Tetanus Diphtheria and Pertussis (Whooping Cough) - Tdap
  - Documentation of one (1) adult dose of Tdap vaccine within the last ten (10) years
  - Infant dose (DPT) does not meet this requirement
- Varicella – Chicken Pox
  - Documentation of two (2) doses of varicella vaccine.
  - OR documentation of a blood test (titer) of immunity to Varicella
  - History of this disease does not meet this requirement
- Tuberculosis – annual screening
  - During the didactic phase, one (1) negative PPD skin test or one (1) negative QuantiFeron TB Gold blood test within the last twelve (12) months
  - During the clinical phase, a 2-step TB test will be required. Students will not be permitted to attend clinical experiences until all site requirements are met.
  - Students with a history of positive PPD skin test or positive QuantiFeron TB G blood test
    - Documentation of a negative chest x-ray (CXR)
    - AND documentation of medical clearance from your personal healthcare provider annually

#### Physical Exam

- Documentation of a physical exam within the last twelve (12) months

#### Certification for Cardiopulmonary Resuscitation Certification (CPR)

- Documentation of CPR Certification
- Certification must be for HEALTHCARE PROVIDERS – ADULT & CHILD AED. Individual programs may provide program specific information as needed.

The Student Risk Management Record supplied electronically MUST be filled in and signed by your personal healthcare provider (MD, DO, PA or NP). ALL verifying documentation must be included.

Pre-matriculant students should mail, fax or email the Student Risk Management Record and documentation to:

Matriculated students should mail, fax or email proof of continued compliance with these health requirements to:

PA Program Manager

Sheree Fiske  
Clinical Affairs Officer  
A.T. Still University  
Arizona School of Health Sciences  
5850 E. Still Circle  
Mesa, AZ 85206  
O: 480-219-6141  
F: 480-219-6103  
[sfiske@atsu.edu](mailto:sfiske@atsu.edu)

#### **Program Preventative Health Requirements**

1. Students are required to maintain compliance with the CCPAP Assessment for Immunity, Screening & Certification rules (as above).
  - a. Students are required to submit the Student Risk Management Record prior to matriculation (provided electronically).
  - b. Students are required to maintain continued compliance with immunity and certification rules.
2. Students are responsible for obtaining any clinical experience specific immunization or certification requirements (in addition to those required by the ATSU Clinical Affairs office) in a timely manner and maintain compliance with same throughout the duration of the clinical site.
3. Students are responsible for the costs for maintaining continued compliance with all immunization and CPR requirements.

#### **Maintaining Continued Compliance with Health Requirements**

4. ATSU Clinical Affairs office will email each student a reminder for upcoming immunization and/or CPR compliance expiration(s) both 2 months and 1 month prior to the expiration of the requirement(s).
  - a. The program is also notified by ASHS Clinical Affairs in the 1 month reminder sent to students.
5. Students are required to submit proof of continued compliance with all immunization and CPR requirements to the ASHS Clinical Affairs office via email to [ASHSClinicalAffairs@atsu.edu](mailto:ASHSClinicalAffairs@atsu.edu) prior to coverage/certification expiration(s).
6. ATSU Clinical Affairs office will notify the program in the event a student is out of compliance.
  - a. The program will notify the student they are out of compliance.
  - b. The program director will issue the student a written warning.

- c. The program will notify appropriate faculty and clinical experience sites that the student is out of compliance.
  - d. A program faculty person will privately inform the student to leave campus and/or required and elective educational activities if the student is found out of compliance while attending a scheduled activity.
- 7. Students are not allowed to participate in required or elective educational activities, either on campus or off, while out of compliance.
  - a. Student absences from required educational activities due to non-compliance are considered unexcused absences.
  - b. Students absent from a required educational activity due to non-compliance may be required to, at the discretion of appropriate faculty, forfeit some or all of the professionalism points from missed activities.
  - c. Students absent from a required educational activity due to non-compliance may, at the discretion of appropriate faculty, be granted the opportunity to make-up missed assignments/exams on a timeline established by the faculty person(s).
  - d. Absences from required educational activities because of non-compliance may result in a course grade of incomplete, a course grade of F, a modified clinical experience schedule, and/or delayed graduation.
  - e. Students who remain out of compliance for more than 30 consecutive days will be placed on probation and called before a SPB for unprofessional conduct.
- 8. Students out of compliance are required to submit appropriate documentation of compliance to ASHS Clinical Affairs office to return to compliance.
  - a. Didactic Component students are required to also notify their advisor of return to compliance.
  - b. Clinical Component students are required to also notify the Clinical Team of return to compliance.
  - c. The preferred method of student notification of program faculty and staff is using the carbon copy (cc) field when emailing documentation of compliance to ASHS Clinical Affairs office.

Students who return to compliance (and meet the terms of their probation if applicable) will be permitted to return to campus and required and elective educational activities.

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### *Dress Code*

The PA program dress code has been designed to assist students in presenting a professional appearance in order to inspire confidence in both colleagues and patients, as well as to comply with health and safety standards that promote effective patient care and minimize the possibilities for body fluid exposure or the spread of infectious disease, ([ARC-PA Standards](#) 3.02 and 3.08). Students should

maintain a professional appearance and dress appropriately whenever they are representing CCPAP and the PA profession in any setting. This includes the campus, all clinical sites, meetings, and special events. Being neatly dressed and well-groomed exemplifies professionalism and courtesy toward your colleagues and patients. Attire should not distract from the educational effort.

### **Professional Dress for Class Attendance on the CCPAP Campus**

The rules below apply to classroom, laboratory, and campus events Monday-Friday between the hours of 8:00 am and 5:00 pm.

1. School identification card with photo must be worn and visible at all times.
2. Clothing must be clean and free of wrinkles, rips, tears, and stains.
3. Clothing must fit appropriately. Clothing must not be loosely fitting, which can promote disease transmission, or tightly fitting, which can restrict range of motion.
4. Clothing must not expose the back, midriff, cleavage, or undergarments.
5. Clothing color should not be distracting. No loud or fluorescent colors.
6. These garments may be worn:
  - a. Dress shirts
  - b. Blouses
  - c. Cardigans
  - d. Business slacks
  - e. Dress khaki pants
  - f. Dress capri pants
  - g. Dresses or skirts which cover at least a majority of the thigh
  - h. Closed-toed dress shoes, clean and in good repair, with heels less than two inches high.
  - i. Sneakers (only with scrubs)
  - j. Program scrubs (in classroom or in lab only)
  - k. Head coverings for religious observance
7. These garments may not be worn:
  - a. Tank tops
  - b. Halter tops
  - c. Spaghetti straps
  - d. Jeans
  - e. Sandals
  - f. Open-toed shoes
  - g. Sneakers
  - h. Work-out attire
  - i. Leggings
  - j. Sweatpants/shirts
  - k. Non-religious head coverings
8. All tattoos must be concealed.
9. Jewelry must be kept to a minimum. Students must have no more than two earrings per ear, and dangling earrings and gauged piercings are prohibited. No body piercings should be visible other than ear piercings.
10. Fingernails should be kept trimmed and, when in surgical settings or clinical experiences, without polish. Artificial nails are prohibited.

11. Perfume, cologne, or aftershave, if worn, must be kept to a minimum.
12. Hair must be clean and arranged to avoid interference with providing patient care. Facial hair should be neatly trimmed. Hair may not have unnatural colors, hues, highlights, or dyes.
13. Good personal hygiene is to be maintained at all times. This includes regular bathing/showering, use of deodorants/antiperspirants, and regular dental hygiene.

### **Professional Dress for Patient Encounters and Attendance at Off-Campus Conferences**

This section covers dress for all patient encounters including OSCEs, simulated patient encounters, clinical experiences, and off-campus professional conferences.

All of the rules in the above section apply to patient encounters and off-campus conferences with the following modifications/additions:

14. Established dress codes at health fairs and clinical experience sites supercede those of the program (except required CCPAP ID badges).
15. Ties must be worn with button-up collared dress shirts.
16. White coats must be worn, except during professional functions (eg conferences)
17. Scrubs may only be worn at a clinical site if required by the site or preceptor.

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### *Attendance*

#### **Attendance & Personal Time Off (PTO)**

Students are provided 40 hours of personal time off (PTO) during the didactic component and 40 hours of PTO during the clinical component. This time is to be used for occurrences such as emergencies, medical appointments, bereavement, illness, job interviews, holidays not recognized by the University, weddings, or other events that are personally important for the student to attend.

Students accept the risk of missing quizzes, exams, and activities that take place while they are absent. Students may only be allowed to make up any quizzes, exams, or activities if a timely PAAR is submitted for an illness (verified with documentation from a healthcare provider), emergency, family death (verified by documentation of death or funeral proceedings), or approved professional activity, and the appropriate instructor approves of the make-up.

#### **Program Attendance Expectations**

- Students are expected to attend all scheduled educational activities.
- Students are expected to arrive with sufficient time prior to activity start time to be prepared to participate immediately when the activity begins. Arriving “on the dot” is not professional behavior.
- Students are responsible for all materials (instructions, curricular content, assessments, etc.) presented in or discussed during scheduled educational activities, whether or not they are in attendance.
- Students are expected to arrange for appropriate care for home, family,

and/or pet obligations prior to and during the program to avoid foreseeable barriers to attendance.

- Students who anticipate being absent are expected to request an excused absence in advance.
- Absences will not be retroactively approved, except in verifiable emergent situations.
- An absence of *three or more* consecutive days due to illness requires a written excuse from a healthcare provider on official letterhead.
- Absences greater than five academic days may require a student to withdraw from the program (See [ATSU Catalog](#)).
- Repeated absences may result in review by the Student Progress Board (SPB), grade-related penalties, other disciplinary action, and delayed graduation.
- Students are expected to follow the program [Absence Request Process](#) when they will be absent.
- Expectations unique to the clinical component
  - Students are expected to use discretion with how PTO the days are utilized.
    - The primary focus of the clinical year is the development and application of knowledge attained by active participation in clinical experiences. Thus, time missed from clinical experiences for such participation should be minimal.
  - Students absent for illness should follow the instructions their clinical experience site manager, Regional Director of Medical Education (RDME), or preceptor provided during orientation during the first week of the clinical experience.
  - Students must obtain permission from the Clinical Team, then from their preceptor, 3 weeks prior to an absence for professional activities (eg. conferences, speaker events).
  - Students may not be absent for more than 2 days during any single clinical experience.
    - For clinic schedules that are 5 days, 8 hours each, the maximum hours missed is 16 hours.
    - For clinic schedules that are 4 days, 10 hours each, the maximum hours missed is 20 hours.
    - For clinic schedules that are 3 days, 12 hours each, the maximum hours missed is 24 hours.
  - Students are expected, when possible, to arrange make-up hours for any hours of absence during an experience.
    - [Reporting a Make-Up Shift](#) will restore expended PTO hours
  - Students are expected to minimize patient flow disruptions by limiting absences to ½ days or whole days, whenever possible.
  - Students are expected to contact the clinical team (and RDME if

applicable) immediately if a clinical preceptor is absent for any reason.

### **Requesting an Excused Absence**

To request an excused absence, a student must submit a PA Absence Request (PAAR) using the appropriate form ([CO2019 Form](#), [CO2020 Form](#)).

- Requests for anticipated absences should be made in advance of the absence.
- Requests for unanticipated absences (eg. illness, emergencies) should be made as soon as possible.
- Requests for professional activities (eg. professional conferences) should be made a minimum 3 weeks prior to the event.

The form will generate an email response that notifies you of the approval, denial, or need for Program Director review for a submitted request. If your request is marked for Program Director review, you'll receive another email once that review is complete.

An absence request is only in effect for one calendar day. Each day of absence requires a new PAAR.

### **Reporting a Make-Up Shift (Clinical Component only)**

Clinical component students who have excused absences from a clinical experience may arrange a make-up shift with their preceptor in order to meet minimum clinic hours for that course and/or to earn back PTO used during that clinical experience.

After completing a make-up shift, students can report their make-up shift using the appropriate form ([CO2019 Form](#), [CO2020 Form](#)).

### **Tardiness & Unexcused Absences**

Promptness is an important trait that students are expected to display during all parts of the program. Repeated tardiness and/or absence from scheduled educational activities, any unexcused absence, and failure to submit a PAAR for each day of absence, are all considered unprofessional behavior. At the discretion of the appropriate instructor(s):

- a professionalism report may be submitted for the absent student,
- the student may receive grade-related penalties, up to a failing grade, in the course or courses affected by the absence,
  - grade-related penalties will be described in course syllabi
- the student may be delayed in completing the didactic or clinical component of the program or the program as a whole,
- and/or the student may be referred to the SPB.

### **Religious Observance and Practice**

ATSU policy forbids discrimination because of religious beliefs or practices or any absences resulting from them. In addition, the student cannot be discriminated against for seeking a religious accommodation pursuant to this policy. A refusal to accommodate is justified only when undue hardship would result from each



available alternative of reasonable accommodation. Students must submit a PAAR *at least one month* prior to an anticipated absence for religious observance and/or practice.

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### *Technical Standards*

A candidate for the doctorate or master's degree at CCPAP must possess abilities and skills in seven identified categories including observation; communication; motor; sensory; strength, mobility, and endurance; intellectual, (conceptual, integrative, and quantitative); and behavioral and social. These abilities and skills are defined in the section, "Minimal technical standards for admission and matriculation" available in the CCPAP section of the ATSU [University Catalog](#).

In addition, the CCPAP has additional technical standards that a student must meet, which include:

1. Students must be able to observe and participate in all demonstrations, visual presentations in lectures and laboratories, and computer assisted instruction. In addition, students must be able to observe laboratory evidence and microbiologic cultures, microscopic studies of microorganisms and tissues in normal and pathologic states.
2. Students must be able to observe patients accurately and completely, both at a distance and closely. This ability requires functional vision, hearing and somatic sensation.
3. Students must be able to problem solve, collect, organize, prioritize, analyze and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings. Students must be able to analyze, integrate, and apply this information appropriately for problem solving and decision-making.
4. Students must be able to comprehend three dimensional relationships and the spatial relationships of structures.
5. Students must have sufficient use of the senses of vision, hearing and smell necessary in order to elicit information, perceive nonverbal communications, and describe changes in mood, activity and posture in addition to the psychomotor abilities to allow the performance of all skills/tests in the physical exam. Students must be able to perform inspection, palpation, auscultation and percussion.
6. Students must be able to relate to patients and family members and establish an empathetic, professional and effective relationship with patients and families including not only speech but reading and writing.

7. Students are expected to be able to communicate the results of the examination to the patient and to their colleagues with accuracy, clarity, and efficiency in oral, written and electronic formats.
8. Students are expected to possess the ability to work collaboratively with all members of the healthcare team.
9. Students must have motor function sufficient to execute movements reasonably required to provide general care and emergency treatment to patients. Such skills require coordination of gross and fine muscular movements, equilibrium and sensation.
10. Students should be able to manipulate equipment and instruments to perform basic laboratory tests and procedures required to attain curricular goals (e.g. needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel).
11. Students must be able to transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and to receive educational training.
12. Students must have the emotional health to fully use their intellectual ability, exercise good judgement, and complete all responsibilities attendant to the diagnosis and care of patients.
13. Students must be able to tolerate physical, mental, and emotional stress in training and continue to function effectively.
14. Students must possess qualities of adaptability, flexibility and be able to function in the face of uncertainty. He/she must have a high level of compassion for others, motivation to serve, integrity, and a consciousness of social values.
15. Students must possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems.
16. Students must be able to accept criticism and respond by appropriate modification of behavior.
17. Students are expected to be able to display appropriate judgment in the assessment and treatment of patients. In addition, students must be able to learn and demonstrate the ability to recognize limitations in their knowledge, skills and abilities and to seek appropriate assistance with their identified limitations.
18. Students are expected to possess perseverance, diligence, and consistency to complete the physician assistant curriculum and enter into the practice of medicine as a certified and licensed physician assistant.

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### *Student Contact Information*

Students are expected to provide the program with current address and phone number information at all times. If your address and/or phone number change, please submit information immediately to:

1. Program Manager -)
2. Enrollment Services - Update contact information in Campus Nexus Portal ([tutorial](#))

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### *Background Checks and Substance Use Testing*

Students were required to undergo a background check prior to matriculation into the PA program. These background checks are available to clinical sites upon request to the PA department. Some clinical sites may require a more recent background check and/or urine drug screen and possibly fingerprinting. In these cases, students shall be responsible for paying any and all associated costs.

Final approval for clinical experience placement is contingent upon satisfactory review (by the program and clinical site) of information contained in the criminal background check report and/or drug screen, as required by individual clinical sites. If a student is using prescribed medication(s) that would result in a positive result in a drug screen, the program will require an official statement (on letterhead) from the prescribing provider verifying that they prescribe said medication(s) for the student. This must be furnished prior to the sample collection in a sealed envelope, and will only be opened by the program if the drug screen result is positive.

Please note that some clinical experience sites may have requirements beyond those stated in this document (eg. tobacco screening). Students who do not meet these additional requirements may not be able to be placed on those clinical experiences. This may affect the ability of the program to assign the student to required clinical experiences.

The CCPAP reserves the right to prohibit progression in the Physician Assistant Studies program based upon the results of such testing, or the refusal to submit to such testing.

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### *Patient Privacy*

Prior to beginning clinical experiences, all students are trained in the Health Insurance Portability Accountability Act (HIPAA) medical privacy regulations. Students will not be permitted to begin clinical experiences without HIPAA training. Students must demonstrate continuous compliance with these regulations throughout the didactic and clinical year. Failure to do so may result in suspension or dismissal from the program.

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### *OSHA Training for Students*

During the didactic component of the program, each student receives training in accordance with the requirements of the Occupational Health & Safety Administration on Universal Precautions and learns about the appropriate methods of handling blood, tissues, and bodily fluids as well as dealing with the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients. It is the student's responsibility to become familiar with the policies and procedures for applying these precautions during all ATSU/CCPAP sanctioned volunteer activities, and at each of the clinical sites to which the student is assigned.

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### *Incident Reporting*

Methods of preventing infections and environmental exposures are covered within the OSHA component of the Introduction to Clinical Medicine. Each student is issued a card to be carried at all times when seeing patients, which outlines procedures to be followed in the event of exposure. Should a student sustain an injury, exposure, or other unexpected and unintended adverse event at a clinical site or during program activities, the student should report the incident immediately to the clinical instructor or supervising faculty person, complete the [Site Incident Form](#), and receive appropriate medical care according to clinical site protocol. If there is no protocol at the clinical site, seek treatment at the nearest appropriate healthcare facility.

The student is then required to contact the program within 24 hours with a detailed history of the incident. Students are responsible for initiating care and recommended follow up after injury or exposure to possible infectious pathogens. Injuries which occur at clinical sites and ATSU are not covered by workers compensation insurance unless specifically identified as such in individual affiliation agreements. All costs for evaluation and treatment, if not covered by the facility or student's health insurance or the program's needlestick coverage, are the responsibility of the student.

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### *Liability Insurance Coverage*

ATSU maintains a malpractice insurance policy for students in the clinical setting. When applicable, the program will provide clinical sites/preceptors with a certificate of coverage.

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### *Student Employment*

Because of the intensity of the PA program, students are strongly discouraged from seeking or maintaining employment during the entire program. If a PA student chooses to work during the program, it is their responsibility to ensure that employment does not interfere with or hinder academic progress. Students eligible for

work study positions within the A.T. Still University may choose to work for any program within the University as long as that position does not have access to student records. Any matriculated PA student who wishes to be employed by ATSU during the PA program must notify the PA Program Chair and submit the job description for the position for approval by the PA Program Chair.

Students are not used to substitute for or function as instructional faculty. In instances in which a student may have expertise in a certain area they may assist a principal or instructional faculty member in demonstrating a skill or technique.

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### *Textbook Policy*

It is expected that students will obtain textbooks as listed in the course syllabus. Many texts are available electronically through the [A.T. Still Memorial Library](#). It is considered an infringement of copyright law to copy an entire textbook.

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### *Consent for Educational Research*

CCPAP tracks student data, (admissions data, grades, standardized test scores and other metrics), not only to track student progress, but as an accreditation requirement for program self-study and possible performance improvement. To this end, the program would like your consent to utilize this data for analysis and research. The results of this research may be published. Any research reports or publications resulting from this research will not reveal your name or identity and will provide results in aggregate. Your participation is completely voluntary and you can withdraw at any time. You have the option to opt out during the didactic orientation in writing, and at any time during the didactic year by requesting an opt out form from program staff.

## Didactic Component Specific Policies & Procedures

### *Student Evaluation*

There are many characteristics that are desirable in a PA. These include comprehensive medical knowledge, skill in applying knowledge through the provision of medical care, and professionalism in conduct. A PA must possess attention to detail, reliability, punctuality, and the ability to work as a team player.

In the didactic component of study, PA students are expected to demonstrate these traits, and at progressively higher levels, as they move towards completion of didactic training. Thus, the evaluation of PA students includes consideration of knowledge, skill, and professionalism. Knowledge is assessed through oral, written and practical testing. Skill is assessed via CCPAP faculty evaluation. Professionalism is assessed through cooperation with the program faculty and staff, attendance in class and at mandatory functions, participation in conferences and group exercises, and adherence to the guidelines of this program guide.

CCPAP students are evaluated by a number of methodologies to insure they are meeting the expected competencies. The following are examples of methods that may be used for formative or summative evaluation of student performance.

- Examinations (either written or computer based), quizzes and assignments
- Observation of head-to-toe physical exam
- Observation of problem specific physical exams
- Performance of clinical procedures
- Performance at clinical experiences
- Discussion with preceptors at clinical sites
- Behavioral performance evaluation
- Comprehensive end-of-year examinations
- Faculty advisory reviews
- Evaluation of medical documentation
- Observation of patient presentations
- Objective Structured Clinical Examinations (OSCEs)
- Clinical Examination Exercise (Mini-Cex)

### *Assessments*

Assessment content is derived from course objectives and complemented by assigned readings, classroom, and lab experiences.

### **Student Expectations**

CCPAP students are expected to exhibit the highest degree of intellectual honesty in the completion of examinations and assignments given by the School. Behaviors that are not consistent with this standard include, but are not limited to, having or

seeking access to assessment materials before the assessment, impersonating an examinee or engaging someone else to take the assessment by proxy, copying answers from someone else or allowing one's answers to be copied, altering or misrepresenting scores, possessing unauthorized items during an assessment (e.g. recording or photographic devices, reference material, etc.).

The content of CCPAP assessment and assignments is proprietary and strictly confidential. Unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any assessment question, in whole or in part, by written, electronic, oral or other form of communication (including but not limited to e-mailing, copying or printing of electronic files and reconstruction through memorization and/or dictation) before, during, or after an assessment, is strictly prohibited.

Such behaviors as are defined above (within this section) are subject to disciplinary actions and sanctions outlined in the CCPAP Policies, Procedures and Didactic Student Program Guide, the ATSU [University Catalog](#), and [University Student Handbook](#).

### **Assessment Scheduling**

Assessments will not be administered early. If you cannot attend an assessment, you are required to follow the procedure outlined in the [Attendance](#) section of this document. A make-up assessment may be given at the discretion of the instructor, who will determine the date, time, content, and format of the make-up exam.

In extreme circumstances (i.e. death of an immediate family member) and at the discretion of the course director, an assessment may be given late (after the scheduled date and/or time indicated in the syllabus).

The CCPAP reserves the right to assess students for the cost of reproducing assessments or clinical competency demonstrations (i.e. pelvic exams) where the reproduction of a particular exam or demonstration would be excessive (for example, require special scheduling of a standardized patient). Missing an assessment or assignment is not consistent with the [Professional Expectations](#) and may be cause for referral to the CCPAP [SPB](#).

### **Assessment Procedures**

All work on assessments, exercises and assignments are to be completed individually unless direction is given by the faculty member that an assignment may be completed as a group project or with the assistance of others.

To provide for a consistent and secure test environment, the guidelines presented in [Appendix I](#) will be followed by all CCPAP students in preparation for and during written major unit assessments.

Students are responsible for being prepared for exam day. The program will communicate to students the window of time during which they must download exams from Exemplify. A penalty of one full letter grade will be applied to the

exam grade for those students who have not downloaded all parts of the exam in Exemplify by the end of the download window. This applies to all written exams delivered in Exemplify except group exams. If a student fails to download a group exam by the end of the download period, the student will still be required to participate in the group exam, but will not be allowed to upload an exam file and will not receive group points.

In order to ensure downloads will be available on exam day, students should not update their Exemplify software between the successful download of exam files and the upload of the completed exam files. If students do update after successful downloads, and thus lose their downloaded exam files, they will be assessed the one full letter grade penalty per exam.

### **Objective Structured Clinical Encounters (OSCEs)**

These proctored graded simulations, given during the History and Physical Examination courses, focus on aspects of patient encounters and may include: history taking, physical exam skills, critical thinking, developing differential diagnoses, developing management plans, patient education, technical skills, and written and oral communication skills.

### **Comprehensive Examination**

A comprehensive examination assessing progress in achieving mastery of program competencies to include didactic knowledge, clinical skills, and professionalism will be administered to first year PA students near the end of the didactic component of the curriculum. These examinations may consist of 1) written assessments and 2) objective structured clinical examinations (OSCEs). These comprehensive assessments will be included in the Patient Assessment and Clinical Skills II course grade calculation. Students must successfully pass all comprehensive assessments before beginning clinical year courses. Unsatisfactory performance on these assessments resulting in a course failure may result in delayed entry into the clinical component of the program.

Additionally, students will take the Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) examination. This statistically referenced exam will be used by students for self-assessment purposes only.

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### *Course and Instructor Evaluations*

Students are expected to complete evaluations of each course and instructor. Evaluations will be made available to students at the end of each course electronically, and students will be given a due date for completion of these evaluations. This due date will fall before the due date the program has for reporting course grades to Enrollment Services. Students who do not submit course and instructor evaluations by the due date will have their course grade held and a professionalism report filed. If the course and instructor evaluations have not been submitted as of the due date for reporting course grades to Enrollment Services, a



course grade of I (Incomplete) will be issued (and the rules below for incomplete grades will be followed). This course grade of I will only be converted to an earned letter grade once course and instructor evaluations are complete.

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### *Requirements for Completing the Didactic Component*

1. Follow all rules and regulations published by ATSU and the CCPAP
2. Complete all didactic courses with a passing grade (C or better)
3. Submit documentation of and maintain compliance with the ATSU and program [Health Requirements](#)
4. Maintain BLS and achieve ACLS certification prior to beginning the clinical component
5. Comply with the [Professionalism](#) section of this program guide
6. Attend all program-designated scheduled educational activities
7. Successfully complete the [didactic comprehensive examination](#)

Students must complete standardized examinations as identified by the program and perform to accepted standards on these exams.

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### *Classroom Etiquette*

Activities that distract from the classroom environment and interfere with the conduct of the educational process are prohibited. Students are expected to abide by the following professional standards:

- **ELECTRONIC DEVICES:** Use of electronic devices during scheduled educational activities should be limited by the student to activities that enrich the educational environment without distracting the student or others in attendance. All electronic devices should be set to "silent mode" during scheduled educational activities.
- **INTERNET USE:** Do not send emails or instant messages, play games, surf the Internet, shop, or work on other assignments during lecture or class meetings. Failure to comply with this regulation will result in disciplinary action.
- **GUESTS:** Do not bring guests to class without first obtaining approval from the course director and director of didactic education.
- **PLAGIARISM:** Do not plagiarize the work of another individual. Plagiarism includes but is not limited to the buying, receiving, or obtaining by any other means another's work or idea and submitting it as one's own.

Frequent breaks are given during the day. Please make every attempt to limit your exit and entry during class by using break time appropriately.

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## Clinical Policies & Procedures

### *Program Responsibilities*

1. The program is responsible for coordinating (identifying, contacting, and evaluating) and assigning all student clinical experiences.
2. The program will provide clinical experience learning objectives to preceptors and students.
3. The University is committed to serving the medically underserved population. The program strives to place students in clinical experiences that will expose them to the needs of the underserved.
4. The program will protect the student and their educational learning experience if it is deemed they are in danger or in an environment not conducive to learning.
5. The program will withdraw any student from a clinical experience at the request of the preceptor when it is deemed that the student's work, conduct, or health is considered unsafe or detrimental to patients or the practice site.
6. The program will determine the final grades for students in the clinical year.

### *Affiliation Agreements*

Affiliation Agreements (AAs) must be established between all clinical sites/preceptors and the University before students can begin their clinical experience. The AA is a legal document that addresses liability, malpractice and issues pertinent to the site location and practice type. These agreements are obtained by the program.

### *Clinical Experience Scheduling Process*

Clinical experiences are scheduled and arranged by the program (not the student). Multiple factors are considered in creating student schedules including, but not limited to the following:

- Quality of the learning experience
- Preceptor availability
- Requirements of the preceptor and/or clinical site
- Satisfaction of requirements outlined in the ARC-PA accreditation standards
- Satisfaction of the mission and vision of the ATSU CCPAP

Once the clinical experience schedule is published, clinical experiences will not be changed to accommodate student preferences or requests. Only extreme circumstances (i.e. a severe health emergency) will be considered for a potential change in the schedule, and this is at the discretion of the clinical team.

There are circumstances which may necessitate a change in a student's scheduled clinical experience (i.e. the preceptor/clinical site requests a change in schedule, preceptor terminates partnership), and these situations are managed by the clinical team on a case-by-case basis. Given the multiple variables in creating a student's

schedule these circumstances may require the clinical team to rearrange a student's clinical experience schedule, to ensure that the student receives all experiences required to meet program graduation expectations. Clinical faculty understand the inconvenience schedule changes may cause and do their best to minimize these types of changes, but must be flexible in working with the available preceptors' schedules. Students are expected to be flexible and professional in such matters.

Students are not permitted to participate in two different clinical experiences during the same rotation block.

Clinical experiences are scheduled in various geographic locations and are coordinated to provide quality learning experiences, satisfy accreditation standards, and align with the CCPAP mission. Travel and residence outside of the Santa Maria area may be required.

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### *Shadowing*

Students may take advantage of shadowing opportunities during the clinical year. Shadowing requirements are as follows:

- The student is NOT to represent themselves as a student of the ATSU PA program, nor function in the capacity of a PA student. The student is NOT to wear their school assigned white coat, their ATSU scrubs, nor their ATSU badge during the shadowing experience.
- The program will not schedule, nor arrange for shadowing experiences.
- Any shadowing experience must take place on the student's own time. A student is not allowed to miss time from their assigned clinical experience, for a shadowing opportunity.
- Given that shadowing experiences are not sanctioned by the PA program and are considered a student driven private activity, the student will assume full responsibility and liability for their actions and consequences of such actions.

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### *Student Request for Specific Clinical Experiences*

Students are not permitted to arrange their own clinical experiences, but may suggest potential opportunities to the clinical team. The program is committed to developing new relationships with quality preceptors and clinical sites. Students may NOT train with preceptors who are relatives, but may train with a different practitioner in the setting where their relative works. Additionally, they may suggest healthcare provider relatives as a potential preceptor for other students. Students should recognize that it may take months to arrange such an experience, and must observe the following:

1. Students should allow at least six months for the necessary paperwork to be completed.
2. The student is prohibited from contacting the clinical site without first obtaining written permission from the clinical faculty. Once permission has

been granted to contact the site, the student completes the [Clinical Site Development Request Form](#).

3. Using information from the Clinical Site Development Request Form, the clinical faculty will evaluate the potential site/preceptor to determine whether or not the site meets program expectations.

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### *Travel, Transportation, Housing*

Completion of clinical experiences will require travel to clinical sites. Therefore, students are required to have reliable transportation and bear the cost of all transportation during the clinical year. Our Community Health Center (CHC) partners make every effort to schedule clinical experiences at sites within a 60 mile radius of the CHC main headquarters. However, there are extenuating circumstances that may occasionally require a student to be assigned to a site that is outside of this 60 mile radius. Flexibility with regard to travel distance to clinical experience sites will be required during the clinical year.

Housing during clinical experiences, regardless of location, is the responsibility of the student. In some situations, limited stipends or subsidized housing may be available to assist with certain core clinical experiences assigned outside of the Santa Maria area. Housing accommodations provided by the program may be occupied by both male and female students simultaneously. Where housing is provided, the program does not provide internet services nor phone service. These are the responsibility of the student. Housing provided by the program is for students only, and it is prohibited for the student to have family or friends reside within the home.

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### *Preceptor Evaluation of Student*

Preceptors evaluate student performance during each clinical experience using the mid- and final student evaluation forms. The mid-evaluation will only be used as a formative evaluation. Only the final evaluation will be factored into the final course grade. Students who fail to meet professionalism and/or clinical performance standards during a clinical experience may trigger a SPB. Refer to the [At-Risk](#) and [Professionalism](#) sections of this guide for more information.

Each aspect of student performance is graded on a Likert scale, and all grades are calculated to two decimal points.

\*A minimum score of 70 percent is required on the final student evaluation to achieve a passing grade for an individual clinical experience, even if the average of all grading components are equal to or greater than 70 percent. If a student achieves a passing grade on the EOR exam, but falls below 70 percent on the preceptor evaluation, the student will be issued a failing grade and the clinical experience course must be repeated. In this case, the final course grade for the remedial clinical experience course will be based on the final preceptor evaluation,

assignments (SOAP notes, etc) and professionalism components, in addition to the previously achieved EOR exam score.

The following actions are considered a violation of the University academic code of conduct:

- Failure to submit a completed mid-point or final Preceptor Evaluation Student
- Withholding a mid-point or final Preceptor Evaluation of Student and submitting a separate evaluation in lieu of the original
- Tampering with marks or comments made by the preceptor on either a completed mid-point or final Preceptor Evaluation of Student

The above actions will result in referral to the program's Student Review Board and/or the University Ethics Board. Resultant action that could be taken is, but is not limited to, academic failure of the clinical experience course, being placed on probation for unprofessional behavior, or dismissal from the PA program.

### **Evaluation Due Dates**

Midpoint and final evaluations are to be completed and returned to the program by the *Friday of the 3rd and 6th weeks of the clinical experience*. Evaluations received later than 8:00 am the first Monday following both of these deadlines are considered late. There will be a 1%/day deduction, from the professionalism component of the grade for late evaluations.

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### *EOR Exam*

At the conclusion of each required clinical experience, students will be assessed using an End-of-Rotation (EOR) exam. No EORs are required for elective clinical experience courses. EOR exams are aligned with the learning objectives as stated in the syllabus for each clinical experience. Students may also reference the PAEA EOR blueprints and topic lists at [www.endofrotation.org](http://www.endofrotation.org). A minimum score of 70.00% is required to achieve a passing grade for the exam. If a student does not achieve a passing score on the first attempt they will be allowed one additional attempt, which must be taken within 30 days of the first attempt.

Students must pass the retake to pass the course, with the highest achievable EOR test score being 70%.

If a passing score is not achieved on the second attempt, the student will be issued a failing grade for the course, be identified as at-risk, and will be required to repeat the clinical experience course, which will result in a delay of graduation.

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### *Professionalism Grading in the Clinical Year*

Students are expected to consistently demonstrate the highest level of professionalism, adhering to all ATSU and CCPAP policies. The professionalism component of the final course grade is determined using items required by the

program (i.e. patient logging, communication and paperwork deadlines) as well as items evaluated by preceptor(s).

Unless otherwise indicated, the program's professionalism component of the clinical experience grade will be determined on a case-by-case basis. In addition to the professionalism section of the preceptor evaluation, the program evaluates professional conduct during the clinical year using the following items:

1. Communication (i.e. responds to program communication within 2 business days, professional tone in communication, check-in during week one of clinical experience).
2. Paperwork (submission of evaluations and other program-required documents by published deadlines)
3. Typhon logging (logging within 72 hours of patient encounters)
4. Attendance (clinical experiences, and Clinical Assessment Days [CAD])
5. Dress code adherence

Failure to comply with requirements is considered unprofessional conduct and constitutes an unprofessional behavior infraction. Each infraction will result in the loss of professionalism percentage points in the currently enrolled clinical experience course.

Notable "Inconsistent" or "Not observed" marks in preceptor evaluations of student will be grounds to review the student's professionalism using an SPB. Please refer to the [At-Risk](#) and [Professionalism](#) sections of this program guide for further details.

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### *Summative Evaluation*

Prior to the completion of the clinical year, each student is required to successfully complete a summative evaluation consisting of a written and a practical examination (OSCE). These assessments are scheduled toward the end of the clinical year, typically during the last CAD. A failing grade for the written summative examination is issued to any student who scores greater than 1.5 standard deviations below the class mean. The practical portion is graded according to the same manner as all other practicals over the course of the clinical year.

Students who do not pass one or both portions on the first attempt will be identified as "at-risk". Please refer to the [At-Risk](#) section of this program guide for further details.

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### *PACKRAT Exam*

Students will take a second PACKRAT towards the end of their clinical year. The timing of this exam is typically at the end of Clinical 7. This is used as an assessment tool to help the students gain an appreciation as to their individual knowledge base, and is not a graded assessment.

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### *Site Visits*

A faculty (or adjunct faculty) member will visit each student at least one time during clinical training. Site visits provide the program with the opportunity to assess both the student and the clinical site. Additionally, these visits provide faculty with an opportunity to evaluate student progress as well as address any questions or feedback from the student and/or preceptor. The faculty member will observe the student during a patient encounter and may observe an oral case presentation.

A student evaluation form will be completed during the site visit and placed in the student's file. Students will receive immediate and written feedback on their performance. Additional site visits may be arranged at the discretion of the clinical team.

Students must "pass" their site visit by attaining a status of "knowledge and skill level appropriate for level of training." If a student does not "pass" a site visit, they may be identified as "at-risk."

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### *Failure of Required Clinical Experience*

Students who fail a required clinical experience may lose the opportunity to choose an elective, as this time may be used to repeat the same area of medicine as the failed clinical experience. However, using the elective to repeat the failed clinical experience does not substitute for the failed clinical experience course. One of the requirements for successful completion of the clinical year is that students need to pass eight 6-week clinical experiences.

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### *Student Check-in Process*

Student will receive an email from program staff on the first day of a SCPE with their clinical site and preceptor, reminders for assessments to complete, and a link to an electronic check-in form. All students are required to complete this form by the Friday (midnight MST) of the FIRST week of each clinical experience. The check-in process is designed to assure that the student is not encountering any difficulties with the clinical experience/preceptor(s) or site, and to monitor professionalism of the student. Failure to check in by the designated time will result in a loss of 2.5/5 pts from the clinical experience professionalism grade.

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### *Clinical Preceptor Responsibilities*

The following are guidelines and expectations regarding PA student clinical experiences. Clinical experiences should be an educational experience for the PA student. Students should refer to the Clinical Year Minimum Requirements for Patient Encounters document for each clinical experience.



All students should exhibit a baseline of medical knowledge and clinical skills that is appropriate to their current level of training. Also, it is expected that students will be capable of handling more complex clinical scenarios as they progress during the clinical year.

The program expects the following types of tasks to be assigned to PA students:

1. Obtaining histories and performing physical examinations.
2. Assessing common medical problems and recommending appropriate management.
3. Performing and assisting in diagnostic and therapeutic procedures.
4. Assisting the preceptor in hospital/nursing home rounds, recording progress notes, transcribing specific orders of the preceptor-as allowed by the facility.
5. Following protocols (verbal or standing orders) of the preceptor.
6. Presenting patient cases orally and in a written format.
7. Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation.
8. Completing assigned readings and preparing presentations as requested by clinical preceptors and/or program faculty.
9. Attending all teaching rounds and conferences.
10. Following the assigned on-call schedule when applicable.
11. Discussing/recommending treatment approach, medications, and follow-up care.

#### Expectations of Preceptors

1. Provide student(s) with an orientation to the office on the first day of the clinical experience. This may include a tour, introduction to EHR system, and policies/procedures as applicable.
2. Discuss clinical experience specific expectations with student.
3. Review learning objectives and guide students to assist them in the achievement of these objectives for your discipline. These can be found in the course syllabi or on our Preceptor Support website:  
<http://guides.atsu.edu/physicianassistantstudies>
4. During most clinical experiences\* students are expected to work a minimum of 40 or more hours per week, (no more than 80 hours per week) and to accumulate a minimum of 240 hours by the end of the clinical experience.
5. Allow students to obtain patient histories, perform physical examinations, and perform procedures on patients based on your comfort level.
6. Allow student(s) the opportunity to present patient cases.
7. Discuss diagnostics, assessment, plan and patient education with student.
8. Observe the student in patient interactions.
9. Provide student(s) with regular feedback regarding their performance.
10. Complete the mid-point and final clinical experience evaluations.
11. At no time during the clinical experience should a student be called upon or used to substitute for regular clinical or administrative staff.
12. All educational activities that the student participates in must be supervised.



\*A minimum of 36 hours/week (216 hours by end of clinical experience) is the expectation for clinical experiences where the preceptor works 12 hour shifts (such as ER, BH).

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### *Student Responsibilities/Expectations*

The following is a list of responsibilities to which the student must adhere during their participation in the clinical year. These are in conjunction with or in addition to student expectations covered elsewhere in this program guide and the [University Student Handbook](#), the "Expectations for Clinical Year Physician Assistant (PA) Students" document signed by the student prior to the start of the clinical year, and [Minimum Requirements of Clinical Patient Encounters](#).

1. The student will conduct him/herself in a courteous, respectful, and professional manner at all times.
2. The student will wear proper identification as an A.T. Still University Physician Assistant Student while on campus and while participating in program assigned clinical experiences.
3. The student will be conscientious and accountable.
4. The student will be responsible for taking an active role in his/her clinical education.
5. The student will demonstrate awareness of professional limitations and will only perform activities assigned by, and under the supervision of their preceptor.
6. On the first day of the clinical experience, the student will discuss educational goals with the preceptor and review clinical experience objectives and evaluation form with the preceptor.
7. The student will adhere to the regulations and policies of CCPAP student guides.
8. The student will follow the rules and regulations of the hospital or other institutions in which he/she works and agrees to complete any additional training and/or testing required by the facilities. The student will comply with requests for information needed for credentialing in clinical facilities.
9. The student will complete all assignments (as assigned by CCPAP or preceptor(s)) and submit site and preceptor evaluations to CCPAP by stated deadlines.
10. The student will be responsible for discussing a mid- and final clinical evaluation with their preceptor(s) for each clinical experience.
11. The student will handle all confidential information in a professional and ethical manner in accordance with all applicable federal and state regulations, including HIPAA laws.
12. If a student is removed from a clinical experience either by the program or at the request of a preceptor, the student must be available to meet in-person with the clinical team and/or the Student Progress Board. The student may be placed on academic probation, dismissed from the program, and/or the graduation of the student may be delayed.

13. Students are required to keep a timely program specified clinical log of each patient encounter (updated at least every 72 hours). These records are monitored by the program using the Typhon electronic tracking system. Failure to adhere to logging deadlines will result in a reduction of the students Professionalism grade.
14. If a clinical experience requires that a student participate in supervised call time, the student is expected to do so.

Students are required to meet all defined policies and procedures included in this program guide. Failure to meet requirements will be considered a professional conduct infraction/violation and may result in disciplinary action including but not limited to removal from the clinical site, referral to the Student Progress Board, and dismissal from the program.

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#### *Student Requirements for Completing the Clinical Component*

1. Follow all rules and regulations published by ATSU and the CCPAP
2. Successfully complete all required and elective clinical experiences and CAPA6090 Transition to Practice
3. Successfully complete courses, examinations and assignments as directed by the program
4. Submit documentation of compliance with the [ATSU Health and Immunization](#) policy and other site-specific requirements as needed. Keep current throughout the clinical year and update records as applicable.
5. Maintain BLS and ACLS certification throughout the clinical year
6. Comply with the Professionalism expectations as stated in the [University Student Handbook](#) and this student program guide.
7. Attend Clinical Assessment Days (participation may be different for local vs. distant students)

Adhere to the policies of ATSU, ASHS, and CCPAP as stated in the [University Student Handbook](#) and this student program guide.

## Appendices

### **Appendix Table of Contents**

- Appendix A: Immunization Release Form (from didactic guide)
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- Appendix C: Learner Self-Assessment (from didactic guide)
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- Appendix I: Expectations for Students Completing Supervised Clinical Practice Experiences (from clinical guide)
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## Appendix A: Immunization Release Form

### PERMISSION TO RELEASE IMMUNIZATIONS, SCREENINGS, CERTIFICATIONS AND BACKGROUND INFORMATION

I, \_\_\_\_\_ (Print Name), give A.T. Still University - Central Coast Physician Assistant Program (CCPAP) permission to release my Student Risk Management Records and Criminal Background Check results to other institutions for the purpose of securing clinical experiences as requested and appropriate. I understand that if I choose not to give permission, the program may not be able to secure clinical experiences and/or my graduation may be delayed. This permission will be enforced through the duration of my enrollment as a student at CCPAP. I may withdraw my permission at any time in writing to the CCPAP Clinical Coordinator.

I allow release of my information as stated above:

Signed \_\_\_\_\_

Date \_\_\_\_\_

I DO NOT allow release of my information as stated above:

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Appendix B: Professionalism Performance Evaluation

### **Professional Performance Evaluation**

Central Coast PA Program – A.T. Still University

Student: \_\_\_\_\_ Advisor/Evaluator: \_\_\_\_\_

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

5 = Exemplary	4 = Very Good	3 = Satisfactory	2 = Needs Improvement	1 = Unsatisfactory
---------------	---------------	------------------	-----------------------	--------------------

Check Rating:

1	2	3	4	5	<b>Reliability and Responsibility</b>
					Strives for the highest standards of competence in skills and knowledge
					Takes personal responsibility for own learning
					Fulfills course/clerkship responsibilities in a reliable manner
					Fulfills administrative responsibilities in a reliable manner, e.g. Typhon logging
					Assumes personal responsibility for choices
					Is on time for learning activities
					Submits assignments on time and in professional format
					Maintains confidentiality standards and is HIPAA compliant
					Exhibits ethical behaviors and conduct, is truthful
					Committed to ethical principles of the PA profession
					Adheres to institutional policies and procedures
					Adheres to negotiated decisions
					Uses professional language and is mindful of the environment
1	2	3	4	5	<b>Self Improvement and Adaptability</b>
					Able to accept and offer constructive criticism
					Incorporates feedback to make positive behavioral change
					Recognizes limitations of own knowledge and seeks help when necessary
					Asks questions in a constructive manner
					Demonstrates respect, empathy and compassion for patients and colleagues
					Exhibits flexibility in dealing with needed changes
					Maintains professional appearance and hygiene
					Maintains composure during adverse interactions or situations
					Committed to ongoing professional development
1	2	3	4	5	<b>Relationships with Students, Faculty, Staff and Patients</b>
					Able to effectively relate to patients, peers, and colleagues
					Honors the choices and rights of others
					Respects faculty and their teaching endeavors
					Understands and respects cultural differences
					Uses appropriate verbal and nonverbal communication
					Resolves conflicts in a manner that respects the dignity of every person involved
					Appropriately engaged in learning process
					Responds to the needs of others without regard to self-interest
					Exhibits the attributes of a team player
					Contributes to creating an atmosphere conducive to learning and the practice of medicine

					Strives to maintain healthy lifestyle and balance
					Uses respectful demeanor in discussions and in using learning tools

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***Professional Performance Evaluation***  
*Central Coast PA Program – A.T. Still University*

Student: \_\_\_\_\_ Advisor/Evaluator: \_\_\_\_\_

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

Comments and suggestion/correction plan offered by advisor and/or student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Advisor/Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature indicates that the professional performance evaluation has been reviewed with the student.

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## Appendix C: Learner Self-Assessment

(A, Strongly Agree; B, Agree; C, Neutral; D, Disagree; E, Strongly Disagree)

- |     |  |     |        |      |   |   |
|-----|--|-----|--------|------|---|---|
| 1.  | I am punctual.   | A   | B      | C    | D | E |
| 2.  | My appearance represents a positive image for the profession.  | A   | B      | C    | D | E |
| 3.  | I am prepared for my assigned classes.   | A   | B      | C    | D | E |
| 4.  | I accomplish things on time.   | A   | B      | C    | D | E |
| 5.  | I understand the School's expectations.  | A   | B      | C    | D | E |
| 6.  | I can keep up with School expectations.  | A   | B      | C    | D | E |
| 7.  | I understand the School's educational objectives.  | A   | B      | C    | D | E |
| 8.  | I complete my assigned readings.   | A   | B      | C    | D | E |
| 9.  | I do self-initiated readings on topics I am interested in.   | A   | B      | C    | D | E |
| 10. | I do self-initiated readings on topics I am weak in.   | A   | B      | C    | D | E |
| 11. | I take advantage of opportunities that are appropriate to my level of training. (i.e. clinical experiences)  | A   | B      | C    | D | E |
| 12. | My history taking skills are appropriate for my level of training.   | A   | B      | C    | D | E |
| 13. | My physical examination skills are appropriate for my level of training.                                     | A   | B      | C    | D | E |
| 14. | My clinical knowledge base is appropriate for my level of training.  | A   | B      | C    | D | E |
| 15. | My differential diagnoses are appropriate for my level of training.  | A   | B      | C    | D | E |
| 16. | My pharmacology knowledge base is appropriate for my level of training.                                      | A   | B      | C    | D | E |
| 17. | My patient education skills are appropriate for my level of training.  | A   | B      | C    | D | E |
| 18. | I am able to organize and communicate my findings verbally.  | A   | B      | C    | D | E |
| 19. | I am comfortable with my overall level of ability as it relates to my role as a student physician assistant. | A   | B      | C    | D | E |
| 20. | My present stress level is (circle one):   | Low | Medium | High |   |   |

My strengths are:

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My opportunities for improvement are:

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My professional goals are:

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Signature of Learner

Date

Page 1 of 1



## Appendix D: Learner-Advisor Midpoint Progress Evaluation

Learner: \_\_\_\_\_

Date of Review: \_\_\_\_\_

		<b>Expectations</b>		
		Data Not Available	Meets	Doesn't Meet*
1	Behavior Performance: (Professional dress, Attendance and Interactions with Faculty, Staff and Peers)	_____	_____	_____
2	Performance on practice quizzes	_____	_____	_____
3	Performance on exams	_____	_____	_____
4	Participation in small groups	_____	_____	_____
5	Practical Examinations	_____	_____	_____
6	H&P Write-up/ SOAP Note Grades	_____	_____	_____
7	Patient Encounters	_____	_____	_____
8	OSCEs	_____	_____	_____

Recommendations:

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\*\*Signature of Student

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Signature of Advisor

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Date

\* Any ranking of 'doesn't meet' must be accompanied by written recommendations for improvement.

\*\*My signature does not signify my agreement with the statements, just my review. Page 1 of 1

## Appendix E: Professionalism Report Template and Example

*Note:* This template is used to prepare a report for advisors using data collected from faculty and staff using a form. Where you see text wrapped in double-carets (<< >>), the specific information from the form would be inserted.

### Template

Greetings <<advisorname>>,

<<reportingfaculty>> submitted a report about your mentee, <<studentname>> on <<timestamp>>. This report describes the student demonstrating proficiency or deficiency in <<professionalismcategory>> (one of the facets of professionalism described in the Didactic Program Guide).

#### Proficiency in Professional Conduct:

<<proficentprofessionalconduct>>

#### Deficiency in Professional Conduct:

<<deficientprofessionalconduct>>

---

Please provide this information to <<studentname>> in the manner you deem appropriate.

### Example of Completed Professionalism Report

Greetings Mr. Black,

Dr. McMullen submitted a report about your mentee, Maria Björkman on 5/17/2016. This report describes the student demonstrating proficiency or deficiency in Responsibility and Accountability (one of the facets of professionalism described in the Didactic Program Guide).

#### Proficiency in Professional Conduct:

This student came to my office today to inform me they had not completed the pre-class work I had assigned for yesterday's class. The student explained why they had not completed it, and asked for guidance on how to avoid this problem in the future.

#### Deficiency in Professional Conduct:

---

Please provide this information to Maria Björkman in the manner you deem appropriate.

## Appendix F: Clinical Site Development Request

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Experience Requested: 1 2 3 4 5 6 7 8

Site Name: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Setting(s) in which the student will be involved (check all that apply):

\_\_\_\_\_ Outpatient \_\_\_\_\_ Hospital

\_\_\_\_\_ Inpatient \_\_\_\_\_ Emergency Department

\_\_\_\_\_ Operating Room \_\_\_\_\_ other (specify) \_\_\_\_\_

### **If student will have experiences in a hospital setting:**

Hospital Name \_\_\_\_\_

Contact person for contracts \_\_\_\_\_ Phone \_\_\_\_\_

Has this site worked with students before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Information that you feel is important for us to know about this site

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **For CCPAP Clinical Team Use Only**

Date Received \_\_\_\_\_

Reviewed by \_\_\_\_\_

Check One: Approved \_\_\_\_\_ or Rejected \_\_\_\_\_

Reason \_\_\_\_\_

## Appendix G: Minimum Requirements of Clinical Year Patient Encounters

*(Adapted from Touro University - California Physician Assistant Program, used with permission)*

The following minimum requirements (MRs) for patient encounters must be completed by each student by the end of the clinical year in order to graduate from the program. These requirements will be achieved throughout the course of the student's supervised clinical practice experiences. More than one requirement can be claimed per patient encounter. For example, if you see a female patient, who presents with abdominal pain and you perform a pelvic exam as well as order radiology studies, you may claim each of those requirements for that individual encounter.

A few things to note, many patient encounters will be in the settings of outpatient, emergency department and surgical but please note that students are expected to gain inpatient exposure as well. A minimum of 10 inpatient visits are required. Also, note that certain diagnostic, routine exams and counseling requirements have specific age stipulations to ensure students are seeing patients across the lifespan.

### Diagnostic Minimum Requirements

To receive credit, the student must have assisted or performed most or the entire patient encounter.

#### General/Other

- |   |                  |
|---|------------------|
| 1. Medication management<br>(evaluating efficacy of treatment plan for a pt with > 2 medications for >2 chronic diseases) | 3(1 pt>65 y/o)   |
| 2. Chronic pain   | 2 (1 pt>65 y/o)  |
| 3. End of life<br>(DNR orders, power of attorney issues or will, or transitions to higher levels of assisted care)        | 1                |
| 4. ETOH/Drug/Tobacco  | 2                |
| 5. Altered mental/Cognitive status<br>(Neurological – trauma, alcohol, drugs, Alzheimer's, CVA) (Non-psychiatric reasons) | 3 (1 pt> 65 y/o) |
| 6. Physical/Emotional abuse   | 2 (1 pt> 65 y/o) |

#### Respiratory/ENT

- |                        |                     |
|------------------------|---------------------|
| 1. Viral URI           | 10                  |
| 2. Otitis media (OM)   | 10 (2 pts < 10 y/o) |
| 3. Otitis externa (OE) | 2                   |
| 4. Sinusitis           | 5                   |
| 5. Allergic rhinitis   | 2                   |

6. Acute bronchitis/pneumonia	10
7. Asthma	10
8. COPD	10

### **Cardiovascular**

1. Hypertension	30 (5 pts >65 y/o)
2. Hyperlipidemia	10 (1 pt > 65 y/o)
3. CHF	4 (1 pt > 65 y/o)
4. Arrhythmia	4
5. Heart murmur	4
6. Peripheral vascular disease (PVD) (includes deep vein thrombosis DVT)	2

### **Neurology**

1. Dizziness/Vertigo	3 (1 pt > 65 y/o)
2. TIA/Stroke	3
3. Seizure disorder	1

### **Gastrointestinal**

1. Diarrhea	2 (1 pt < 10 y/o)
2. GERD	5
3. Rectal bleeding	1
4. Constipation	1
5. Liver disease	1

### **Genitourinary**

1. STI/STD	4
2. UTI	5 (1 pt < 65 y/o)
3. Prostate/rectal exam	3
4. Hernia/testicular exam	2
5. Erectile dysfunction (ED)	1
6. Urinary incontinence	2 (1 pt > 65 y/o)
7. Vaginitis (any etiology)	5
8. Pelvic pain – female	4
9. Menstrual irregularities	4
10. Contraception management	3
11. Prenatal visit	3
12. Postnatal visit	1

### **Renal**

1. Chronic kidney disease	1
2. Nephrolithiasis	1

### **Musculoskeletal**

1. Osteoarthritis or rheumatoid arthritis	5 (2 pts > 65 y/o)
2. Upper extremity problem	5 (1 pt < 18 y/o)

3. Lower extremity problem 5 (1 pt < 18 y/o)

### **Dermatology**

1. Rash or lesions (contact dermatitis, skin ca, etc.) 5 (1 pt < 10 y/o, 1 pt > 65 y/o)
2. Skin infection (bacterial, fungal) 5 (1 pt < 10 y/o, 1 pt > 65 y/o)
3. Acne 2

### **Hematology**

1. Anemia 3
2. Anticoagulant management 2

### **Ophthalmology**

1. Vision change 1
2. Red eye 3

### **Psychiatry**

1. Mood disorders 5 (1 pt > 65 y/o)
2. Anxiety disorders 5 (1 pt > 65 y/o)
3. Sleep disorders 2 (1 pt > 65 y/o)
4. Cognitive disorder (ADD/ADHD, dementia, etc.) 2

### **Endocrine**

1. DM 15
2. Thyroid disorder 3
3. Osteoporosis 3

### **Surgery**

1. Pre-op management 5
2. Intra-op management 5
3. Post-op management 5
4. Operating Room experience 5

### **Undifferentiated**

1. Chest pain 5
2. Fatigue 2
3. Headache 5
4. Cough 5
5. Unintentional weight gain/loss 2
6. Fever/chills 5
7. Abdominal pain 5
8. Neck pain 3
9. Back pain 5
10. Dyspnea 3
11. Neuropathy 2

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### *Routine Examination Minimum Requirements*

To receive credit, the student must have actively participated in patient care.

#### **Routine Examinations**

1. Well child check < 24 months	3
2. Well child check 2-11 y/o	3
3. Well child check 12-17 y/o	3
4. Well visit 18-64 y/o	3
5. Well visit >65 y/o	3

---

### *Counseling Minimum Requirements*

To receive credit, the student must perform 100% of all counseling.

#### **Patient Education/Counseling**

1. Immunization counseling (across the lifespan)	3
2. Nutrition counseling (across the lifespan)	5
3. Pediatric Anticipatory guidance	5
4. Sexual Health Counseling	4
5. Menopause	2
6. Contraception/Family planning/HRT	1
7. Smoking cessation	5
8. Counseling for Healthy Lifestyle	5

---

### *Procedure Minimum Requirements*

To receive credit, the student must perform 100% of the procedure.

#### **Procedures/Diagnostics**

1. Pap smear	3
2. Pelvic exam	5
3. Breast exam	4
4. Injections	5
5. Suture placement	5
6. Suture/staple removal	2
7. EKG interpretation	5
8. Imaging interpretation – CXR	2
9. Imaging interpretation – skeletal	2



## Appendix H: Program Completion Form

Students must successfully complete these items in order to complete the program and progress to graduation.

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

- ☐ Successfully complete all aspects of the didactic curriculum
- ☐ Gain sufficient patient exposure, evidenced by documentation of patient encounters, through supervised clinical experience with patients seeking:
  - Medical care across the life span to include infants, children, adolescents, adults and the elderly
  - Women's health (including prenatal and gynecologic care)
  - Care for conditions requiring surgical management, including pre-operative, intra- operative, and post-operative care
- ☐ Supervised clinical practice experience in settings including: outpatient, emergency department, inpatient and operating room
- ☐ Six weeks of experience in behavioral health (4 weeks of supervised clinical practice and 2 weeks of self-directed didactic learning)
- ☐ Six or more weeks of supervised clinical practice experiences in the core areas of family practice, internal medicine, general surgery, women's health, pediatrics and emergency medicine.
- ☐ Achieve passing score on summative evaluations
- ☐ Successfully complete the Transition to Practice course
- ☐ Successfully complete all clinical courses
  - Were the student's final evaluations rated satisfactory or above? (Y/N)\_\_\_\_  
If no, please explain below
- ☐ Complete the program in good academic standing
  - Was the student required to repeat any training? (Y/N)\_\_\_\_
  - Any actions (including probation), restriction or limitations? yes or no  
If yes, please explain below
  - Did the student have any medical condition that impairs or limits the ability to safely practice? (Y/N)\_\_\_\_
- ☐ Fulfill program professionalism expectations
- ☐ Reviewed and approved by program faculty

\_\_\_\_\_  
Program Director signature

\_\_\_\_\_  
Date

Comments/Explanations

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## Appendix I: Testing Procedures

These procedures apply when preparing for a didactic written exam delivered in Exemplify.

1. You will be notified via email when your exams are available for download. All exams are taken in Exemplify and must be downloaded before the download window closes. Any student who fails to download all exams before the close of the download window will receive a professionalism report.
2. All exams must be downloaded to the computer on which you will take your exam. The exams, once downloaded, are no longer sitting in the cloud. They are on the actual computer you will test on; therefore, once you download an exam to a computer, you will not be able to download it to a different device.
3. All exams must be taken on a laptop. Our department does not support testing on iPads, tablets, or phones.
4. All students are expected to keep their Exemplify versions current. You will be notified when there is a new update to the software. You must update your version prior to downloading any exams and you should not update it again until after your downloaded exams have been taken and uploaded. If you fail to maintain a current version of Exemplify, or if you download an exam and then update your version, you run the risk of losing your downloaded exams.
5. Exam days typically consist of three individual exams in the morning and one group exam after lunch. The group exam is the three individual exams combined into one test. You will be assigned groups for the group exam and you will receive those group assignments via email either the day before the exams or the morning of the exams. Groups will change for each exam day.
6. When you arrive for exam day, enter the testing classroom and check the seating chart for your testing seat assignment for that day. The chart will be posted near the classroom entrance. Once you determine your seating assignment, locate your seat, indicated by numbered cards on the desks. These seating assignments will change each testing day.
7. Place all of your belongings at the side of the room or at the front of the room. You may not have anything at your desk other than a writing utensil, earplugs, and a bottle of water. Earphones and other electronic ear devices are not permitted. You may not have any notes with you unless the instructor has indicated it is an open-note exam.
8. There will be colored scratch paper at the end of each row of desks at the beginning of each exam. Do not touch the paper until told to do so. When instructed, pass the paper down the row, each student taking one paper. You may not write on this paper until you have begun the exam.
9. Open your exams to the password screen and wait for the password to be given. Once given, enter the password and begin the exam.
10. If you are unable to view an image in a question, notify a proctor. Proctors will have printed copies of each image in all exams. You may view the

images at the front of the room in the proctor's presence. The printed images may not be taken back to your testing seat.

11. If you have to use the restroom during an exam, raise your hand and notify a proctor who will excuse you. Please note: Your testing time will not stop while you are in the restroom. The exam clock will continue to run and you will not be able to recover this time.
12. Once you have completed an exam using Exemplify, upload it to ExamSoft. Make sure you get the green screen confirming the upload. Once you get the green screen, you must close your computer and leave the room. Your computer must remain at your seat. You may take your other belongings with you when you leave the room, but they must be returned to the side or front of the room when you return for your next exam. Please be considerate of those still testing and be as quiet as possible.
13. Prior to leaving the room between exams, you must turn your colored scratch paper in to the proctor. Scratch paper may not be taken out of the room. When you return for your next exam, a new pile of different colored scratch paper will be at the end of each row. Follow the same procedures outlined in #8 above for distribution and use of the new scratch paper. Each exam will have new, different colored scratch paper. You may not use the same scratch paper for more than one exam. You are responsible for bringing your own writing utensil.
14. When you return to the room for your next exam, return your belongings to the side or front of the room, return to your assigned seat, and open your next exam to the password screen.
15. When you have completed all of your individual exams, please take your computer and your other belongings with you when you leave the room. You will not be able to re-enter the exam room until it is time for the group exam.
16. When you return for the group exam, place your belongings at the side or front of the room. Find your group members and sit with them. You may not have any items with you during the group exam other than a writing utensil and a water bottle. No notes may be with you unless the professor or proctor have indicated it is OK to have them.
17. The group exam is meant to be a review for each group member; therefore, each group member must take the exam and upload an individual exam file. You must work together, but submit your own exam.
18. Once your group has completed the exam and you have uploaded your individual exam file, you may leave the testing room with all of your belongings.
19. If you feel you need academic adjustments for testing, you must contact Student Services and request such adjustments. Once you have been notified that you have been approved for testing adjustments, you must contact, via email, and let them know you have been approved and how you wish to use them (ex. for all exams, only certain exams, etc). We cannot offer you adjustments unless you inform us that you have them and wish to use them.

20. If you have academic adjustments, you will take your individual exams in the Testing Center on the second floor. You will join the rest of the class in the testing classroom for the group exam. Students with academic adjustments for testing will be on a different individual exam testing schedule in order to allow them to join the class for the group exam; therefore it is imperative that you pay attention to the testing schedules emailed to you.
21. If you encounter an emergency or a problem with your exams during testing or upload, please inform the proctor immediately. If you encounter a problem downloading your exams, please contact either immediately.

## Appendix J: Routine Student Advisement Form

This form will be used by faculty advisors after each advising session unless the [Midpoint Progress Evaluation](#) is completed instead.

Meeting Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Class of: \_\_\_\_\_  
Faculty Member(s): \_\_\_\_\_

Concern:

Plan of Action:

Follow-up Meeting Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Signature indicates that the above described concerns and plan of action have been reviewed by the student.

Updated 9-12-2017 DK, minor formatting 7-20-2018 CMC