

**A.T. STILL UNIVERSITY** | **ATSU**  
**ARIZONA SCHOOL OF HEALTH SCIENCES**

**Department of Physician Assistant Studies (DPAS)**  
**Clinical Component—Student Program Guide – Class of 2018**

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## **Section 1**

### **Introduction**

The DPAS Clinical Component Student Program Guide describes the expectations, policies and procedures pertinent to the clinical year. It is a valuable source of information for success during the clinical phase of the program and contains specific instructions and guidelines to assist the student in successfully completing their training as a physician assistant. While clinical year students are seldom on campus, they remain Arizona School of Health Sciences (ASHS) students who are expected to adhere to policies outlined in the A. T. Still University (ATSU) student handbook, the ASHS residential student catalog, and DPAS program policies.

This guide makes reference to several forms that can be found in the Blackboard Student Lounge. The program reserves the right to alter, change, add, or delete the content in this guide. Students will be notified in writing of any changes.

### **Philosophy**

The A.T. Still University Department of Physician Assistant Studies provides a learning-centered education that develops exemplary physician assistants who deliver whole person healthcare with an emphasis on underserved populations.

### **Vision**

The A.T. Still University Department of Physician Assistant Studies will be the nation's leading provider of competent physician assistants who will serve populations in need by providing care to the body, mind and spirit.

### **Values**

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

## Section 2

### Clinical Year Curriculum

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 clinical experiences:

- Seven 6-week core rotations
- One 6-week elective rotation

Students must successfully complete and pass all didactic course work and any other requirements (i.e. additional background checks, immunizations, current BLS, HIPAA training) to be promoted to the clinical portion of education. **Failure to complete any of the required items by their designated due date may result in a delayed start to the clinical year. This may in turn result in delay to the student's graduation from the Program.**

#### Overview of Required Clinical Experiences

Course No.	Clinical Experience	Length	Credits
PA 674	Family Medicine	6 weeks	6
PA 675	Internal Medicine	6 weeks	6
PA 676	Pediatrics	6 weeks	6
PA 677	Emergency Medicine	6 weeks	6
PA 678	Women's Health	6 weeks	6
PA 679	General Surgery	6 weeks	6
PA 680	Behavioral Health	6 weeks	6
PA 681	Elective	6 weeks	6

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 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 Clinical Experience

Students will have the opportunity to complete an elective experience in an area of interest and are welcome to suggest a clinical site outside of the Program's available list. However, 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-Suggestions for Clinical Experiences (Found in Section 3)*.

*Please note: The Program reserves the right to replace a student's elective clinical experience with a program determined core rotation.*

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.

The Elective rotation **may not** be split into two separate experiences. For example, three weeks in critical care medicine with preceptor A and three weeks in orthopedics with preceptor B. This policy applies to both residential and community health center campus students.

### **Additional curriculum requirement during the clinical year**

In addition to clinical experiences, students will also be enrolled in one course throughout the clinical phase.

PA 673	Transition to Practice		3
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### **Clinical Year 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 inter-professional understanding and collaboration

## **Clinical Year Learning Outcomes and Expectations**

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.

## **Clinical Team Contact Information**

Director of Clinical Education	Tessa Tibben, MS, PA-C	480-219-6145	ttibben@atsu.edu
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Clinical Coordinator, Assistant Professor	Lisa Tshuma, DBH, PA-C	480-265-8033	lisatshuma@atsu.edu
Manager, Clinical Education	Cindy Becerra	480-219-6041	cbecerra@atsu.edu
Clinical Education Assistant	Janell Somers	480-265-8032	jsomers@atsu.edu

## **Clinical Year Policies and Procedures**

### **Requirements for Completion of the Clinical Component**

1. Follow all rules and regulations published by ATSU and the DPAS
2. Successfully complete Program-assigned/Program-approved clinical experiences
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 CSPG and University handbook
7. Attend Clinical Assessment Days (participation may be different for local vs. distant students)
8. Adhere to the policies of the DPAS guides, ASHS catalog, and University handbook

### **Health Requirements**

Students are required to comply with the ATSU Health and Immunization Policy (refer to ASHS catalog) during their clinical training. This is necessary for the students' protection, as well as the protection of any individuals with whom they come in contact. This includes annual PPD testing. Some clinical experiences may have additional requirements for vaccination (i.e., influenza). When applicable, students shall be responsible for paying any and all associated costs of these requirements.

Failure to comply with prescribed health requirements is considered unprofessional conduct and constitutes an unprofessional behavior infraction. Each infraction will result in the loss of corresponding percentage points, plus additional actions as defined in the professionalism section of the Clinical Student Program Guide. Additionally, non-compliance will result in the student being withdrawn from their assigned clinical experience until requirements are met, and he/she will be responsible to make up any time missed. As a result, graduation may be delayed.

### **Background Checks, Drug/Alcohol Testing, and additional testing (i.e. Fingerprint Screening)**

Students were required to receive 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 of these requirements.

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 rotation sites may have requirements beyond those stated in this document. Students who do not meet these additional requirements may not be able to be placed on those rotations. This may affect the ability of the Program to assign the student to required rotations.

The DPAS 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.

### **Program Responsibilities with Regard to Clinical Sites**

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 and Clinical Sites**

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**

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 DPAS

**Once the clinical rotation schedule is published, clinical experiences will not be changed due to student preference or request.** 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 schedules 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 DPAS mission. Travel outside of the Phoenix metropolitan area may be required.

### **Shadowing Experiences During the Clinical Year**

Students may take advantage of shadowing opportunities during the clinical year with the following being understood:

- The student is NOT to represent themselves as a student of our 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 should anything occur.

### **Student-Suggestions for 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 work with preceptors who are relatives, but may work 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 team. Once permission has been granted to contact the site, the student completes the *Clinical Site Development Request Form* (See Appendix B).

- 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.

### **Travel, Transportation, and Housing**

Completion of clinical rotations 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. The program makes it a priority to schedule clinical rotations within a 60 mile radius of the ASHS campus as this is considered a reasonable distance to travel for any given clinical rotation. However, there are extenuating circumstances that may occasionally require a student to be assigned to a site that is outside of the 60 mile radius. Flexibility with regard to travel distance to clinical rotations will be required during the clinical year.

Housing during clinical experiences is ultimately the responsibility of the student. Students arranging Elective clinical experiences are expected to provide their own housing. In some situations, limited stipends or subsidized housing may be available to assist with certain core clinical experiences assigned outside of the Phoenix metropolitan 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. This is 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.

### **Attendance and Timeliness**

Each student is ultimately responsible for his/her own academic success. Students are expected to take full advantage of each rotation opportunity. Should any rotation time be missed, students are responsible for the consequences and arranging any make up time.

If a student needs to be absent for illness or other reasons at any time during the clinical phase, they must contact the preceptor, the clinical team, **and** the Program Director, in accordance with these directions:

- When students anticipate being absent from a scheduled educational activity, they must submit a PA Absence Request (PAAR) form **a minimum of 5 business days prior to the absence**. In the event of an acute illness or emergency, the student must submit a PAAR form as soon as the student is aware they will be/are absent. The program recognizes that occasionally urgent circumstances arise that prevents PAAR submission 5 days in advance. In these cases, the PAAR will be reviewed by the Program Director for final approval.
- An absence request is only in effect for one calendar day. Each day of absence requires a new PAAR
- To request an opportunity to attend a professional conference please read the language highlighted below.

**To complete a PAAR, utilize the CO2018 PAAR Google form.** The link to this form is found in the Lib Guide under Community Needed Files and Links. The form will walk you through the reason for absence, date of absence, confirmation that your preceptor is aware and has approved the missed time and make-up time arrangements, if applicable. If you are using preceptor-approved make-up clinical time in lieu of personal hours, you must also submit a make-up time request, by the end of the rotation for which you missed time, utilizing this same google form. You will receive an email update notifying you of the approval status of your PAAR request.

No more than 16 hours of personal time will be allowed per rotation. Please keep in mind that interrupting a shift with short absences can be disruptive to the clinical workflow and is taxing on your preceptor. No more than 40 hours of personal time will be approved over the course of the clinical year.

Failure to submit a PAAR constitutes an unprofessional behavior infraction. Each infraction will result in the loss of professionalism points and/or additional actions as defined in the professionalism section of the Clinical Student Program Guide.

Absences will not be retroactively approved, except in verifiable emergent situations. Such requests for approval should be submitted in writing within 24 hours of the absence. Absences are generally for a short duration of one or two days. An absence of three or more consecutive days ***due to illness*** requires a written excuse from a health care provider on official letterhead.

Absences greater than five academic days may require a student to be placed on leave or withdrawal from the program (See University Handbook). Students are responsible for making up any missed time during scheduled clinical experiences. Repeated absences may result in a delayed graduation.

Promptness is an important trait that students must display during clinical experiences. Repeated tardiness is considered unprofessional conduct and constitutes an unprofessional behavior infraction. Each infraction will result in the loss of professionalism points, plus additional actions as defined in the professionalism section of the Clinical Student Program Guide.

### **Holidays/Excused Absence**

All absences must be pre-approved by the clinical team, preceptor and where policy deems appropriate, the Program Director. Clinical experiences are not scheduled during the winter holiday season (late December through early January). For all other holidays, the program expectation is for students to adhere to the schedule assigned by the preceptor. Inability to work assigned schedules due to religious or other reasons must be discussed with and approved by the clinical team, Program Director, and preceptor **prior to** the anticipated absence.

### *Personal Time-Off*

Students are allowed a maximum of five (5) days (40 hours) during the course of the entire clinical year to use for personal time off. Students may utilize these days for occurrences such as emergencies, bereavement, sick days, job interviews, holidays not recognized by the University, family weddings, or other events that are personally important for the student to attend. ***Students are strongly encouraged to use discretion with how the days are utilized.*** The following are stipulations to this policy: 1) the student's preceptor must provide advanced approval of the missed days (except in emergency situations). If the preceptor denies approval of the absence, the student may not be absent; 2) a maximum of two (2) days off may be utilized during single 6-week rotation; 3) students must also notify the clinical team of the absence via the PAAR as discussed above.

### *Professional Activities*

The program recognizes the value of participation in professional activities; however, the primary focus of the clinical year is the development and application of knowledge attained by active participation in clinical rotations. Thus, time missed from rotation for such participation should be minimal.

Professional activities include, but are not limited to, attendance at a professional conference, poster or speaker presentation at a professional conference, or participation in professional service or leadership activities. Absences from clinical rotation for participation in professional activities will be considered on a case by case basis, and must be approved by the clinical team and Program Director **prior to** the anticipated absence.

Students requesting to be absent from clinical rotation for a professional activity must provide a written request to the Director of Clinical Education (or other clinical faculty member if the director is out of the office/on vacation) **a minimum of three weeks prior to the absence.** The clinical team and Program Director will then discuss the request and notify the student whether or not the request is approved (generally within 1 week). Factors increasing the likelihood of approval of the absence include: minimal time missed from rotation and/or an identified plan for making up missed rotation time.

If the absence is approved, the student must then discuss the absence with the preceptor and provide the clinical team with the preceptor's written approval (including signature) **prior to** the absence. Along with the preceptor approval, the student should also submit the plan for making up missed rotation time. It is expected that, if the clinical site rotation schedule is conducive to making up missed rotation hours, the student will do so.

### **Dress Code**

The 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 ASHS 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. Dress should not distract from the educational effort.

A clinical site may outline specific requirements and dress code exceptions/expectations, students are to adhere to site-specific requirements in the event they conflict with program-wide requirements.

### **Professional Dress for Class and Laboratory Attendance on the ATSU Campus**

*(In force between the hours of 8:00 am to 5:00 pm Monday-Friday)*

1. School identification card with photo must be worn 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. Males are to wear business slacks and collared dress shirts. Dress khakis are permitted.
6. Female students are to wear business slacks, dresses, or skirts, and dress shirts, blouses, or cardigans. Skirts and dresses must cover the majority of the thigh. Dress capri pants or khakis are permitted.
7. No tank tops, halter tops, or spaghetti-straps are permitted.
8. Jeans are not permitted.
9. No sandals or open-toe shoes are allowed. Clogs are permitted. Sneakers are allowed to be worn ONLY with scrubs. All shoes must be clean and in good-repair. Heels must be less than two inches high.
10. Clothing color should not be distracting. No loud or fluorescent colors.
11. Program-approved scrubs must be worn for H&P labs and skills labs unless otherwise notified. Scrubs are not permitted to be worn at clinical sites unless otherwise notified.
12. Program-approved scrubs may be worn in the classroom in lieu of business professional dress.
13. No workout attire, leggings, or sweatpants/sweatshirts are permitted.
14. With the exception of religious head coverings or surgical caps (in appropriate environments), hats or hoods are not to be worn.
15. All tattoos must be concealed.
16. Jewelry must be kept to a minimum. Students must have no more than two earrings per ear, and dangling earrings are prohibited. No body piercings should be visible other than ear piercings.
17. Fingernails should be kept trimmed and, when in surgical settings or rotations, without polish. Artificial nails are prohibited.
18. Perfume, cologne, or aftershave must be kept to a minimum.
19. Hair must be clean and arranged so as not to interfere with providing patient care. Hair is to not have unnatural color, hues, highlights, or dyes. Facial hair should be neatly trimmed.
20. Good personal hygiene is to be maintained at all times. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene.

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

1. This section covers dress for all patient encounters including OSCEs, simulated patient encounters, didactic clinical experiences (DCE), clinical rotations, and off-campus professional conferences.
2. All dress code rules from the above section apply with the following caveats:
3. Established dress codes at health fairs, clinical rotations, and DCE sites supersede those of the Program (except required ATSU ID badges). All other exceptions will be considered on a case-by-case basis by the Program Chair.
4. Men must wear ties.
5. Students must wear white coats, except for conference attendance.
6. Scrubs are prohibited at clinical sites unless allowed by faculty or preceptors.

### Assessing Clinical Performance and Grading

The last Friday of every rotation will be a Return to Campus (RTC) day. RTC days will consist of Clinical Assessment Days (CAD), which will include an objective structured clinical examination (OSCE) and/or an End of Rotation (EOR) examination, and the delivery of clinical year curriculum (e.g. lectures, workshops, etc.).

During RTC days, activities may include but are not limited to: submission of assignments and other required paperwork, EOR exams, clinical skills assessment/OSCEs, summative evaluation, PACKRAT, lectures on topics relevant to PA practice, and administrative topics. Attendance for all components of each RTC day is mandatory. The Program faculty will work with the Regional Director of Medical Education (RDME) at each community campus to align RTC day activities. Any lectures will be recorded via ECHO and/or Zoom and available for later viewing in Blackboard.

Students who are participating in out-of-state clinical experiences may be required to return to Arizona for RTC day attendance if there is concern about academic/professional performance.

### Grading Scale

Grades for each clinical experience (except Behavioral Health) will be based on the following components, with exceptions noted below for the elective course:

Component	Weight
<b>MedU Cases</b> ( <i>successful completion of three cases as assigned by the instructor of record for the course</i> ) <ul style="list-style-type: none"> <li>due by midnight of the last day of rotation</li> </ul>	5%
<b>SOAP note</b> ( <i>from a case encountered during this rotation</i> ) <ul style="list-style-type: none"> <li>due by midnight of the third Friday of the rotation</li> </ul>	5%
<b>Formative examination</b> <ul style="list-style-type: none"> <li>due by midnight of the first Friday of the rotation</li> </ul>	Pass/Fail* (cannot pass course without completing)
<b>Preceptor Evaluation</b> ( <i>score of final evaluation from <b>Section Two (A)</b> must be 70% or higher</i> )	40%*
<b>End-of-Rotation Exam</b> ( <i>score of 70% or higher</i> )	40%**



<b>Professionalism (Two components: 5% from <i>Section Two (B)</i> of final preceptor evaluation and 5% from <i>Program professionalism expectations</i>)</b>	10%
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**\*\*For the elective course only, there is no EOR test. Course grades for the elective will be based on 90% from the preceptor evaluation, and 10% from Professionalism (as outlined above).**

Grades for the **Behavioral Health clinical experience** will be based on the following components:

<b>Component</b>	<b>Weight</b>
<b>Preceptor Evaluation</b> ( <i>score of final evaluation from <b>Section Two (A)</b> must be 70% or higher</i> )	45%
<b>End-of-Rotation Exam</b> ( <i>score of 70% or higher</i> )	30%
Online learning module assessments	15%
<b>Professionalism (Two components: 5% from <i>Section Two (B)</i> of final preceptor evaluation and 5% from <i>Program professionalism expectations</i>)</b>	10%

### **Preceptor Evaluation**

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. Concerns about professionalism/clinical performance may prohibit the student from passing the rotation, regardless of calculated grade.

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% 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%.** If a student achieves a passing grade on the EOR exam, but falls below 70% on the preceptor evaluation, the student will be issued a failing grade and the rotation must be repeated. In this case, the final course grade for the remedial rotation will be based on the final preceptor evaluation and professionalism components, in addition to the previously achieved EOR exam score.

If during a clinical experience a student is dismissed at the request of the clinical site and/or preceptor for professional or academic concerns, and not allowed to finish the rotation, they will automatically receive a failing grade for the rotation. Additional Program action taken

may be, but is not limited to, academic probation, student progress board, or dismissal from the Program.

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 rotation, being placed on probation for unprofessional behavior, or dismissal from the PA program.

### **End-of-Rotation Exam**

At the conclusion of each core clinical experience, students will be assessed using an End-of-Rotation (EOR) exam. EOR exams will only be administered after a core clinical experience. These exams will be aligned with the syllabus for the rotation. A minimum score of 70% 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 reassessment 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 rotation, which will result in a delay of graduation.

### **Professionalism**

Students are expected to consistently demonstrate the highest level of professionalism, adhering to all University, Program and Clinical guidebook policies. Please note that the assessment of professionalism is an ongoing component of the summative evaluation that is required of the Program by the ARC-PA. 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 rotation 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).
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 RTC days)
5. Dress code adherence

Students will be identified as “at-risk” based on the following: a) inconsistency and/or non-compliance with Program/University expectations, and b) three or more preceptor ratings of “no” and/or “inconsistent” in the professionalism section of either the mid- or final ‘preceptor assessment of student’ evaluation.

Please refer to the “at-risk and remediation” and “professionalism” sections of this program guide for further details.

If during a clinical experience a student is dismissed from a clinical site for professionalism concerns, they will automatically receive a failing grade for the rotation. Additional Program action may be, but is not limited to, academic probation, student progress board or dismissal from the Program.

### **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 portion. 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” and will meet with the clinical team. The clinical team will formulate and implement a remediation plan including a scheduled date for a second attempt to pass the exam. Failure to pass the summative exam on the second attempt will result in referral of the student to the Student Progress Board, possible delay in graduation, or possible dismissal.

### **PACKRAT**

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.

### **Clinical 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 the student and 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."

### **Failure of Core Clinical Experience**

Students who fail a required core 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 rotation to repeat the failed clinical experience does not substitute for the failed rotation.** One of the requirements for successful completion of the clinical year is that students need to pass eight, 6-week clinical experiences.

### **At-Risk and Remediation**

Students who are not progressing in a satisfactory manner during the clinical year may be identified as at-risk. Indications for being identified as at-risk may include (but are not limited to): 1) performing below Program expectations (academic or professional) on clinical rotations; 2) deficiencies in fund of medical knowledge ascertained by end of rotation (EOR) exams; 3) deficiencies in fund of medical knowledge ascertained by academic assessments or practical examinations (OSCEs); and/or 4) deficiencies in clinical rotation performance and/or fund of medical knowledge as identified during a clinical site visit. Any of the above may result in delayed graduation, referral to the student progress board, or dismissal from the Program. Each case is reviewed individually, with guidelines as follows:

#### ***1. Students who perform below program expectations (academic or professional) on clinical rotations:***

Students may be identified as at-risk by methods such as contact from a preceptor, sub-standard preceptor evaluation(s), non-compliance with Program directives, or during a site visit by a faculty member (or adjunct faculty member). Once a student is identified, the clinical team will conduct an investigation and formulate a plan which may include (but is not limited to):

- a) counseling the student via oral and/or written guidance for improvement and a follow-up site visit by a different faculty member, when possible
- b) student coming before clinical faculty in a meeting and/or student progress board is convened
- c) student entering Special Topics Course (PA 682) as directed by the Program\*
- d) student completing a remedial rotation\*

***\*Tuition and fees associated with Special Topics Course and remedial rotation(s) will be the responsibility of the student***

## ***2. Students who exhibit deficiency in their fund of medical knowledge through EOR exams:***

Deficits in a student's fund of medical knowledge may be identified through EOR exams. If a passing grade is not achieved on the first attempt, students are given an opportunity to repeat the examination once. If a student does not pass the exam on the second attempt, they will receive a failing grade for that clinical experience. A remediation plan will be outlined by the clinical team and discussed with the student, which will include repeating the clinical experience. Failure to satisfy the requirements of the remediation plan will result in referral to the student progress board. Upon successful remediation, the failing grade for the course will be replaced with a grade of 70. Failure of a clinical experience will result in delayed graduation.

If a student receives a failing grade on the first attempt, of two or more EOR exams, he/she will be identified as a student at-risk and may be subject to any of the actions as listed in category one above.

## ***3. Students who exhibit deficiencies in their fund of medical knowledge as ascertained by academic assessments and/or OSCEs:***

Deficits in a student's fund of medical knowledge may also be identified through academic assessments or OSCEs. Students are given an opportunity to repeat assessments and/or OSCEs once if a passing grade is not achieved on the first attempt. If a student does not achieve a passing grade on the second attempt, he/she will be identified as a student at-risk and may be subject to any of the actions as listed in category one above.

When confronted with academic difficulties students should meet with their advisor; and if necessary with additional faculty to review testing material, ask questions, review study skills and develop a plan of action. Students may also consult with an academic counselor in student services for assistance in developing personalized study strategies. If additional assistance is necessary, tutors may be arranged to work closely with the students.

### **Special Topics Course (PA 682)**

Students who have academic or professional challenges may be required to complete a special topics course (PA 682). 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. Program-identified students at-risk include but are not limited to those individuals who:

- a. remediate one or more courses during the didactic component
- b. receive a failing grade in a didactic course
- c. receive a grade of 1.5 standard deviations below the mean (or lower) in more than one didactic course (regardless of their alphanumeric grade)
- d. receive a grade of 1.25 standard deviations below the mean (or lower) on more than one EOR exam
- e. fail one or more examinations (including practical or OSCEs) in a didactic course
- f. receive a failing grade on the first attempt of two or more EOR exams

- g. receive a failing grade on one or more OSCEs during the clinical year
- h. consistently perform at a sub-standard level with regard to preceptor evaluations during the clinical year
- i. consistently perform at a sub-standard level with regard to student site visits during the clinical year
- j. return from a Program approved excused absence
- k. demonstrate significant negligence in professional conduct
- l. are not meeting requirements for graduation
- m. do not necessarily meet any of the above criteria, but are of significant concern to current Program faculty and/or Program partners

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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### 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, the DPAS didactic guide and University handbook
  - “*Expectations for Clinical Year Physician Assistant (PA) Students*” document signed by the student prior to the start of the clinical year
  - Outlined Clinical Year Minimum Requirements Document for Patient Encounters (See Appendix A)
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 DPAS 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 DPAS or preceptor(s)) and submit site and preceptor evaluations to DPAS 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 rotation 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.

### **Student Check-In**

All students are required to **call or email** the designated clinical support staff member (Janell Somers [jsomers@atsu.edu](mailto:jsomers@atsu.edu)) 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. IF calling, students need not speak directly to the designated person but may leave a voice message containing all necessary information, including:

- I have arrived safely at my rotation
- I have received an orientation to the site and things are going well
- I have reviewed the clinical experience learning objectives with my preceptor, discussed my educational goals and shown my preceptor the evaluation form

Failure to check in by the designated time **will result in a loss of 2.5/5 pts from the clinical experience professionalism grade.**

For the Behavioral Health rotation, the check-in should occur by the end of your first clinical week.

### **Communication**

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

Given today's world of electronic communication, PA students should reflect on the appropriateness of postings that may appear in electronic venues. 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 expected of DPAS students may be cause for disciplinary action, even if said postings are not on ATSU maintained boards.



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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 rotation.

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 rotation. This may include a tour, introduction to EHR system, and policies/procedures as applicable.
2. Discuss rotation 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 rotation.
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 rotation evaluations.

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

### **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 DPAS considers violation of professional conduct a significant deficiency.

Recognizing the responsibility for professional behavior, the DPAS 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.

### **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

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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

Adapted from Behaviors Reflecting Professionalism National Board of Medical Examiners.

### **Professionalism Components of Course Grades**

1. **Communication** with faculty, staff and fellow students in a respectful manner
  - Response to E-mail/Phone messages (*within 2 business days, trends of noncompliance will result in professional infraction*)
  - Student check -in during the first week of each clinical rotation (*see section 5*)
2. **Paperwork** is submitted in a timely manner
  - Mid- and Final preceptor evaluations (*1% per day deduction, Monday-Friday, see language below*)
  - Forms and documents as required by the Program and/or clinical sites, i.e. BLS, PPD, or background/drug testing (*deduction will be applicable to the rotation that the paperwork involves, plus additional actions as stated below*)

**3. Patient Encounters** are recorded in Typhon accurately and within deadlines as required by the Program

- 3 day deadline (*noncompliance will result in professional infraction*)

**4. Attendance** as required by preceptors and the Program

- Punctuality (*noncompliance will result in professional infraction, refer to section 3*)
- Excused Absence Policy (*refer to section 3*)

**5. Dress Code** is maintained at all times

- Student is to follow all Program expectations
- Student is to follow any specific dress code policy outlined by clinical site(s)

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.

Items such as BLS certification and PPD testing must be kept up to date during the clinical year. **Students will receive a courtesy notification from Student Affairs one month prior to the expiration date of these requirements.** If the Program does not receive proof of compliance by the expiration date, the student will be removed from their current clinical experience and will not be allowed to return until they are compliant. The student will be responsible for making up any time missed.

Please remember, as per the University handbook, absences of 5 days or greater may require a student to take a personal withdrawal from the Program. If there are circumstances which may result in a student missing more than 5 days, they are to contact their advisor immediately.

Mid- and final evaluations are to be completed & returned to the Program by the Friday of the 3<sup>rd</sup> and 6<sup>th</sup> weeks of rotation. The exception being the Behavioral Health rotation, mid- and final evaluations are to be completed and returned to the Program by the Friday of the 2<sup>nd</sup> and 4<sup>th</sup> weeks of rotation. 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.

Trends in unprofessional behavior will also result in grade reduction. Examples of such trends might be (but are not limited to) more than one incident of not entering Typhon data within the stated deadline, unreported absences, or repeated failures to respond to emails from the program within the stated time.

Other possible consequences of professionalism infractions are academic warning, student progress board, probation or dismissal from the program.

**Conflict Resolution**

A student who has any clinical experience concerns should address them in a professional manner. Problems that may occur are academic, professional, or personal in nature. Students should use the following guidelines in dealing with problems:

1. After allowing time to remove your emotional response to an event attempt to resolve problems with the appropriate individual directly.
2. If this is not possible, discuss it with the clinical preceptor and/or office manager.
3. If unable to resolve the problem, contact your PA program advisor.
4. If unable to reach agreeable resolution with your advisor, contact Director of Clinical Education.
5. If unable to reach agreeable solution with the Director of Clinical Education, contact Program Chair.

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

## Appendix A

### Expectations for Clinical Year Minimum Requirements of 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 $\geq 2$ medications for $\geq 2$ 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) | 2                  |
- (includes deep vein thrombosis DVT)

**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 |

**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 |

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- |                               |   |
|-------------------------------|---|
| 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 B**
**Clinical Site Development Request  
 Physician Assistant Studies**

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

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

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**For DPAS Clinical Team Use Only**

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

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

Approved \_\_\_\_\_

Rejected \_\_\_\_\_

Reason \_\_\_\_\_

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**Appendix C**

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES  
PROGRAM COMPLETION FORM**

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

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

- ☐ 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:
    1. Medical care across the life span to include infants, children, adolescents, adults and the elderly
    2. Women's health (including prenatal and gynecologic care)
    3. 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? yes or no  
If no, please explain below:
  - ☐ Complete the program in good academic standing
    - Was the student required to repeat any training? yes or no
    - 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? yes or no
  - ☐ Fulfill program professionalism expectations
- ☐ Reviewed and approved by program faculty

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 Program Chair signature

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 Date

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 Comments/Explanations
 

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## Expectations for Students Completing Supervised Clinical Practice Experiences

### *Introduction*

The expectations for students completing supervised clinical practice experiences are intended to make both students and preceptors aware of the expectations required to guide the student along the learning continuum from entering clinical student PA to one ready to enter into the practice of medicine as a graduate physician assistant. Program expectations of clinical phase students are based on a continuum of performance across the clinical year that contains expectations that are both quantitative and qualitative as depicted below.

### *Quantitative Expectations*

1. General Expectations for Physician Assistant Students Completing Supervised Clinical Practice Experiences (SCPE)
2. Expectations for clinical year minimum requirements of patient encounters

### *Qualitative Expectations*

1. OSCEs (5) of increasing rigor over the clinical year
2. Preceptor assessment of level of training
3. Student self-improvement assessments
4. Faculty site visit assessment of level of training (at least 1)
5. Clinical Year Physician Assistant (PA) Student Responsibilities

The expectations are designed and sequenced to provide needed exposure to patients across the lifespan in various disciplines and also to assure increasing rigor as students' progress in the clinical year so they may attain program competencies in the following areas:

1. Medical knowledge
2. Interpersonal and Communication Skills
3. Patient Care
4. Professionalism
5. Practice Based Learning and Improvement
6. Systems Based Practice

**General Expectations for Physician Assistant Students Completing  
Supervised Clinical Practice Experiences (SCPE)**

1. Participate in SCPE activities for a minimum of 240 hours per 6-week rotation.\* Students are not permitted to work 'extra' hours during one portion of the rotation in order to take time off during another portion of the rotation. In general, students will participate in SCPEs for an average of 40 hours per week. In all cases students are expected to take full advantage of all educational activities offered (call, conferences etc.) at that SCPE site. (\*For rotations that have a schedule of three 12-hour shifts the minimum number of hours is 216 hours)
2. Accomplish the goals and objectives listed in each SCPE course syllabus sufficient to meet the following minimums:
  - a. pass the EOR examination (with no more than two attempts) or other assessment as designated for that SCPE with a score of 70% as calculated by the program
  - b. obtain an overall score of 70% or more on the final rotation evaluations for each SCPE, as outlined in the clinical year guidebook
  - c. achieve an overall course grade of 70% or higher
3. Follow the policies and directives contained in the following documents:
  - a. Program Guidebook
  - b. University Catalog
  - c. Clinical year guidebook
4. Demonstrate competence on the OSCE's scheduled by the program (5 during clinical year) to achieve a "PASS" designation.
5. Achieve a ranking of 'Performance commensurate with level of training' on Program site visits.
6. Successfully complete the Summative exam with a score no more than 1.5 SD below the class mean (both written and OSCE).
7. Demonstrate compliance with all University, Program and clinical site professionalism expectations and complete the SCPE in good professional standing.