

**University of the Cumberland
Master of Science in Physician Assistant
Studies Program**



**Clinical Year PA Catalog and Policy Handbook
2015-2016**

INSTITUTIONAL ACCREDITATION

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CLINICAL ROTATIONS & AFFILIATION AGREEMENTS – Standards A1.02, A2.16, A3.03

STANDARD A1.02 There must be written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for students.

Standard A2.16 All instructional faculty serving as supervised clinical practice experience preceptors must hold a valid license that allows them to practice at the clinical site.

STANDARDS A3.03 Students must not be required to provide or solicit clinical sites or preceptors. The program must coordinate clinical sites and preceptors for program required rotations.

Physician assistant students should eagerly look forward to beginning clinical rotations. Each clinical environment holds different challenges/rewards and serves as the starting point in your transition from student to clinician.

University of the Cumberlands has affiliation agreements in place with healthcare providers and healthcare institutions allowing for a complete course of clinical rotations to be set up for each student by the program. In general, rotations are assigned randomly based upon their availability. Students will be afforded the opportunity to select an elective rotation (within reason and at the final discretion of the Director of Clinical Education).

Students will be assigned to a Clinical Preceptor at each clinical site. The preceptor will set the schedule and guide each student through the daily routine of each rotation. The MSPAS program ensures that each Clinical Preceptor holds valid licensure for the state in which he or she practices.

It is also occasionally possible for a student to set up a rotation outside of the program's presently-established clinical sites, but this is limited and not guaranteed. More information on these situations may be found below. Students will not be required to provide or solicit clinical sites.

Core Rotations – B3.02, B3.03, B3.04, B3.07

STANDARD B3.02 Supervised clinical practice experiences must enable students to meet program expectations and acquire the competencies needed for clinical PA practice.

STANDARD B3.03 Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking: medical care across the life span to include, infants, children, adolescents, adults, and the elderly, women's health (to include prenatal and gynecologic care), care for conditions

requiring surgical management, including preoperative, intra-operative, and postoperative care, and care for behavioral and mental health conditions.

STANDARD B3.04 Supervised clinical practice experiences must occur in the following settings: outpatient, emergency department, inpatient, and operating room.

Clinical experiences will occur during the clinical year as scheduled by the Clinical Coordinator or other appointed staff. Each clinical experience will be 4 weeks in length. Each clinical experience will have a unique set of program expectations and competencies that are deemed necessary for becoming a successful PA.

Through 10 clinical experiences, the University of the Cumberlands will provide each student with adequate exposure to medical care across the life span and will include exposure to infants, children, adolescents, adults, elderly and women's health. Exposure to all aspects of surgical management, outpatient/inpatient medical care, emergency medicine and to mental/behavioral healthcare will be arranged.

STANDARD B3.07 Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines: family medicine, internal medicine, general surgery, pediatrics, ob/gyn, and behavioral and mental health care.

At the University of the Cumberlands, we will refer to clinical practice experiences as "Clinical Rotations." Each rotation will be approximately 4 weeks in duration. There are a total of 10 rotations, with 9 of those 10 being "core" rotations.

In core rotations, the student will receive training in Family Medicine, Pediatrics, Behavioral/Mental Health, Women's Health, Emergency Medicine, Internal Medicine, and General Surgery. These rotations will occur during the second year of training within the program after successful completion of the didactic year.

The Clinical Coordinator and other UCPA staff will ultimately be responsible for securing student rotations and assigning sites for training. The Clinical Coordinator will work with the Director of Clinical Education as well as the Program Director and other faculty to identify suitable sites for clinical experiences. As much notice as possible will be given to the student before the start of each rotation. On occasion, rotation placement may not be secured and confirmed until days before the start of the rotation. Flexibility in rotation placement is an important part of training in medicine today and is expected by the student.

Convenient placement of students will be attempted in regard to the student's home base, however, the University may not have ample rotation sites to choose from in low preceptor number areas (i.e., women's health, psychiatry, pediatrics, etc) and travel will be involved.

Travel to distance sites is likely during clinical training. Financial aid will be made available to help offset costs of transportation and lodging at distant sites. Financial aid should be requested well in advance of anticipated travel.

Elective Rotations

Students will have the opportunity to select an elective rotation in one of several specialties. The specialties available may vary from year to year depending upon site and preceptor availability. Students will be afforded the opportunity to indicate interest in an elective rotation during the clinical year. All elective rotations should be approved by the Director of Clinical Education prior to active rotation. Elective rotation choices can't be guaranteed. If an elective is not readily available for placement, the student may be assigned to a site. Core rotations may be repeated as elective rotations. Interest in elective rotations should be indicated toward the beginning of the clinical year, so as the Clinical Coordinator will have sufficient time to work out legalities.

ROTATION-SPECIFIC POLICIES

Absence from Clinical Rotations

Attendance at clinical sites is an absolutely essential component of a student's education.

Students must inform their Clinical Preceptors when, **for any reason**, they will not be at their clinical site. Students should contact the **program office administrator and the Director of Clinical Education/Clinical Coordinator** via phone or email; they will in turn inform the Program Director.

As graduation approaches, it is expected that students will need to schedule employment interviews. As with any other absence, these must be cleared with the Clinical Preceptor and Director or Clinical Education.

Charting

Some rotations may allow a student to record information into the medical record. It should be remembered that such entries into the chart serve as a permanent part of the patient's legal medical record. Any time a student makes an entry into the chart, it should be signed or initialed by the student. The student will indicate that they are a physician assistant student by writing "PA-S" following his or her signature. Students must ensure that their chart entries are countersigned by their preceptor as soon as possible or as required by facility policy.

Learning to document properly is an essential medical skill. On rotations where students are not permitted to record information in the chart, they are encouraged to practice documentation separately and have it reviewed by their preceptor or the Director of Clinical Education.

Confidentiality

All patient information must be held in strict confidence. The sharing of medical information is to be limited to that needed for patient care or legitimate medical education purposes. An intentional breach of patient confidentiality will be regarded as a serious offense. Students should be aware and mindful of all HIPPA regulations. Students should never remove patient documentation from a site or facility or copy or print information to bring home or to campus. If a student wishes to use a particular patient as an example for a written assignment, they should not list names, birthdays, social security numbers, or any other personal identifying information.

Holidays

Students are not required to attend their rotations on holidays designated at the discretion of the clinical site. Students may request time off to meet other religious obligations. Such requests should be cleared by both the Clinical Preceptor and the Director of Clinical Education.

Identification in Clinic – Standard B3.01

Standard B3.01 PA students must be clearly identified in the clinical setting to distinguish them from physicians, medical students and other health profession students and graduates.

In addition to displaying an appropriate identification badge prominently, students shall state truthfully and accurately their professional status in all transactions with patients, health professionals, and other individuals for whom, or to whom, they are responsible. While in the program, students may not use previously earned titles (i.e., RN, MD, DC, PhD). Students will sign all documentation with their full name followed by “PA-S.” Students will also be required to wear facility specific badges or nametags when applicable. Additionally, students are required to wear a short white lab coat while in the clinical setting to distinguish them from other students and disciplines.

Interviews

As graduation approaches, it is expected that students will need time to interview for employment. Requests for time off for interviews should be cleared with the Director of Clinical Education, the Clinical Preceptor, and the Clinical Coordinator. This should not interfere with clinical training.

Patient Safety

A student’s primary concern should be the health and safety of the patient. Students are expected to exercise good judgment and immediately notify their preceptor of any circumstances which may lead to patient harm. The student shall have ongoing consultation with the supervising physician/preceptor as required to safeguard and enhance the care of the patient and to ensure the development of clinical skills. Students will perform only procedures authorized by the preceptor, and all procedures should be performed under the supervision of a preceptor until the student and preceptor are comfortable that the student is proficient.

Rotation Schedule

While on rotation, physician assistant students function as part of a healthcare team. As such, it is frequently necessary to put the needs of the team ahead of personal interest. A student’s schedule will vary widely among specialties and clinical sites. On some rotations, students may be required to take overnight call or cover weekend or overnight shifts. Sites will appreciate flexibility, and some of the best learning opportunities occur “after hours.” It is recommended that students receive a minimum of 32-40 hours per week of clinical training while on rotation. At some sites, there may be longer than 40 hour work weeks. You will be expected to follow your specific preceptor’s schedule. If a student learns upon arrival to a site that the preceptor works less than 32 hours, the student should call the Director of Clinical Education to discuss further action.

Rotations Specific Requirements - Assignments

In addition to assignments required by the program, some rotation sites may have specific assignments that they require of students rotating with them. Such assignments may include (but are not limited to) research papers, written/oral examinations, presentations, or attendance at lectures. Students should regard these assignments as requirements for successful completion of the rotation. Failure to do so, could result in failure of the rotation.

Site Specific Policies

Most rotation sites will have their own policies and procedures that cannot be described here. Such policies may relate to orientation sessions, parking, identification, etc. If questions regarding these policies arise, please consult with your Clinical Preceptor or Director of Clinical Education. Some sites may also require proof of immunization, background checks, drug screenings, etc before training at their sites. The students should always contact the sites in advance to ask about all requirements needed to start training. Students are encouraged to always keep a copy of a letter of academic good standing, liability insurance, back ground check, proof of citizenship, and proof of immunizations.

Some sites may require a recent drug screen. If this is the case on a particular rotation, the student will need to acquire this from their primary care physician or can be obtained from the Outpatient Diagnostic Care Plus Center in Williamsburg for a fee. Any fees are the responsibility of the student.

Dress Code Policy

When at clinical sites, please observe guidelines below.

Standard B3.01 PA students must be clearly identified in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates.

- Professional dress is necessary for all clinical experiences and evening classes:
 - ✓ Students will wear a clean, short white “consultation jacket”
 - ✓ Males should wear a collared shirt with a tie if required by preceptor
 - ✓ Hair should be worn in a neat manner; facial hair is not permitted during the clinical phase
 - ✓ All attire will be clean and pressed
 - ✓ Jeans, shorts and cutoffs are prohibited
 - ✓ Open toed shoes are prohibited, sneakers when wearing scrubs only
- Students must display prominently at all times their nameplate issued from University of the Cumberland, which contains the student’s name and the title “Physician Assistant Student” (supplied by the program).
- Any additional dress requirements imposed by a clinical site supersede those of the program.

- “Scrubs” should be worn in accord with facility policy. In general, they should not be worn outside of the operating or delivery room. Soiled scrubs should be left at the facility for laundering at the end of the assigned shift. Scrubs are not permitted on campus except as previously noted.

Students who appear in class or at a clinical site with inappropriate attire or hygiene may be directed to leave, and will not be permitted to make up missed assignments.

Site Visits – Standard C4.01

Standard C4.01 The program must define, maintain and document effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures

Standard C4.02 The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

The Clinical Coordinator in coordination with other appointed faculty will be responsible for initially awarding the title of Preceptor to a specific site or clinician. Only if deemed acceptable by program standards, can any individual, group or clinical site be awarded the opportunity to teach students during the clinical year. A clinical site should have all appropriate staff and facilities related to any specific specialty that enable a thorough clinical training. If a faculty member feels the site is unsuitable to continue student training, a meeting with the entire faculty may force the withdrawal of the sites status as a Preceptor.

The Director of Clinical Education, Clinical Coordinator, or other faculty members will be performing on-site visits. The purpose of the site visit is two-fold. First, as per the ARC-PA standards, clinical sites must be assessed continually to make sure that the site is student ready and is an appropriate and quality teaching environment. Second, site visits help faculty observe the progress of each student and observe the interactions between student, patient, and preceptor.

During a site visit, a faculty member will meet with the student and discuss the overall rotation. In an effort to improve presentation skills, students will usually be asked to present one or more patients during a site visit. Students may be asked to be prepared to present a patient in any and potentially all of these 3 formats:

- **Comprehensive:** Complete HPI, PMH, FH, SocH, ROS, PE, laboratory studies, assessment, including differential diagnosis, and plan, not to exceed 7 minutes speaking at an understandable pace.
- **Detailed:** Relevant features of all elements of presentation, but able to use terms such as "non-contributory," "unremarkable" for categories. Acceptable to say that laboratory studies are normal and PE is normal except for [specified condition]. The intention is to

highlight pertinent positives and negatives, but not specifically to mention irrelevant information. The presentation should not exceed 3 minutes.

- **Brief:** HPI and PMH should be limited to one sentence; physical examination and laboratory studies should be limited to one sentence; and differential diagnosis, assessment, and plan should be limited to one sentence. The presentation should not exceed 30 seconds, and it should not total more than 6 sentences.

The purpose of this exercise is to provide a student with individual feedback in a safe, protected environment that will improve communication skills. Some sites may not allow Clinical Faculty to directly observe patient-student interaction. In those cases, an alternate evaluation form may be used.

During the site visit, the faculty member may ask to observe the student interacting with a patient including obtaining a medical history, performing an appropriate physical examination, collecting pertinent data specific to the case, and presenting the case to the clinical preceptor. The faculty member may also ask to inspect any documentation recorded by the student.

Students will be visited at least once during the clinical phase of the program. Site visits for all rotations may be arranged randomly at the discretion of the program. Site visits may occur during any rotation and may be unannounced.

Student Scope of Practice - Standard A3.06

Standard A3.06 Students *must not substitute for clinical or administrative staff during supervised clinical practical experiences.*

The student is not considered an employee of any clinical affiliate and should not be a substitute for, or take on any responsibilities of, regular staff. If a student has a concern about the responsibilities assigned by the clinical site, the Director of Clinical Education should be contacted immediately.

The following are some guidelines regarding what a PA student may be permitted to do by the preceptor. Please note that these are guidelines only. The judgment of the preceptor regarding how much responsibility a student is ready to assume should be the guideline for determining which tasks are assigned and how much supervision is needed.

Students come to our program with a variety of life experiences, which may affect their comfort level with certain tasks. All students should exhibit a baseline of medical knowledge and clinical skills. Typical tasks assigned to PA students include:

1. Taking 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 or standing orders of the preceptor.
6. Presenting patient cases orally and in a written problem-oriented 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.

Students will deliver needed care to patients without regard to race, age, gender, creed, socioeconomic status, political persuasion, sexual preference, or national origin.

Student Suggestions for Clinical Rotations

Students may suggest a clinical rotation site, however, students are not responsible for securing sites.

Provision of rotation sites is the responsibility of the University of the Cumberland's PA Program and under the direct supervision of the Director of Clinical Education. Student suggested sites are not guaranteed. Students will ultimately go where assigned by the Program. Students wishing consideration of a specific site should provide to the Clinical Coordinator and Director of Clinical Education the following information:

1. The name of the possible preceptor and their title (MD, DO, PA, NP).
2. The name of the practice/clinic/hospital or other facilities where they practice and might take a student on rounds, to do charting, etc. The student must be welcome in ALL the facilities in order for the suggestion to be valid.
3. The name of the practice/clinic/hospital or other facility's administrative liaison and a contact phone number. This individual will be responsible for getting our university affiliation signed and checking the schedule to assure rotation availability during the time desired. Additionally, the program will need to forward to this individual information about the PA program and verify accreditation status, as well as provide a copy of liability insurance.
4. The program will need to know if this preceptor has had students before, what type of students and how many years they have served as a preceptor. A copy of their resume or CV should be provided.
5. The program will need to know if this preceptor is BOARD CERTIFIED and in what specialty. The program will then verify their licensure and credentials.
6. Please be mindful that preceptors oftentimes take many students and may promise a rotation that their practice manager has already given to another student in another university, of which they are not aware. The University of the Cumberland's PA Program must coordinate schedules such that two students do not show up at the same time. By program standards, one preceptor cannot supervise two students simultaneously without the approval of the Director of Clinical Education. These instances are rare.

Please try to supply the information above to the Clinical Coordinator with as much advanced notice as possible. Please send all required information at least by the end of your second didactic semester. Again, suggested sites are not guaranteed but will be explored as a possibility.

ACADEMIC REQUIREMENTS FOR CLINICAL COURSES

Clinical Logs/Typhon

The MSPAS program uses an Internet-based system to assist with collecting documentation. The system is called Typhon PAST System. Orientation regarding the operation of this system will be provided to students prior to beginning clinical rotations.

Clinical logs are designed to help the program track your experiences through your clinical rotations. Filling out logs thoroughly and accurately will help us to ensure that you are receiving a quality clinical education. Documentation for diagnoses seen and procedures performed will be submitted through the Typhon PAST system.

Typhon submissions will be required in a timely manner and failure to meet requirements will result in failure of the rotation. Typhon entries will be monitored throughout the rotation via the course instructor. If any inconsistencies are found by the course instructor, the student will be contacted via email and/or phone. The first set of Typhon submissions will be due midway through the rotation (the **second Sunday of the rotation, at Midnight**). From this time, students will no longer be able to submit patients seen prior to this date. The second round of Typhon submissions will be due by **midnight (12:00 am) the day of the EORE** pertaining to that rotation. After this time, students will no longer be able to submit patients seen on that rotation. Typhon will be graded based on timeliness of submission and completion.

A minimum of 10 submissions daily are required but the student will be encouraged to submit all patient encounters both observed and directly involved with. The information from this Typhon data will be used to develop a Resume and generate statistical data and a procedures report during post rotation courses.

If a clinic has a lower than average patient load and 10 per day is not feasible, the student must notify the Director of Clinical Education to get approval for any low number counts.

End of Rotation Examinations (EORE)

A PAEA End of Rotation Examination (EORE) is given after each core rotation and is based on the PAEA topic list for that rotation. An exam will also be given after the elective rotation is complete. Questions for this exam will be pulled from a test bank utilized by the program.

The program attempts to emulate the national certifying examination by using the NCCPA Content Blueprint as a guide for reading topics. Also like the national certifying examination, EOREs will be administered via computer. The Program reserves the right to re-administer an examination at a later date if technical difficulties occur on the scheduled examination date. On occasion, it may be necessary to administer an EORE in a hardcopy format. The program reserves the right to determine when a hardcopy EORE is appropriate.

EOREs are given on call-back days and this schedule will be provided to students by the Director of Clinical Education before rotations begin. This schedule is very fluid and is subject to change. Call back days can be any day of the week, including Saturdays and or Sundays. Students must

be present for call back days. Failure to show without good excuse will be grounds for failure of the rotation.

Preceptor Evaluation

The program has adopted a standard grading rubric for Clinical Preceptors. Preceptor evaluation forms will be collected on the morning of the EORE. Students will be expected to review the completed evaluation with the preceptor before leaving the site. The preceptor should then sign over seal of envelope. Failure to meet any of these requirements may result in an incomplete grade for that rotation and may delay the following rotation until requirements are completed. Students will be evaluated by each Clinical Preceptor on the basis of their general medical background, knowledge, and ability to obtain a medical history and perform an appropriate physical examination. Included in the evaluation will be the student's ability to organize a database, propose a management plan, present cases, and demonstrate rapport with patients and co-workers. Dependability, attitude toward learning, and work habits are also part of the evaluation.

Students are encouraged to discuss the evaluations with their preceptors. Students are responsible for ensuring that an evaluation is completed for each clinical rotation. They must make every reasonable effort to follow-up with the site to ensure that the evaluation is completed in a timely fashion. If preceptors fail to fill out the forms in a timely manner, students should inform the Director of Clinical Education and the student should contact the site to ensure that the form has been faxed or mailed in as soon as possible.

In some instances a resident or another attending physician may complete a preceptor evaluation form in addition to the Clinical Preceptor of record. In those cases a maximum of two evaluations will be averaged to comprise this portion of the rotation grade.

Attendance/Participation at the EORE Day

This is required from all students and attendance is mandatory despite location of preceding rotation. If a student is at a remote location from campus, the student may ask to be released a ½ day early before the EORE day for extra travel time. The student should contact the Director of Clinical Education to get the go ahead. The student should plan this well in advance with the clinical site.

Attendance will be taken at the beginning of EOR Day as well as the end. Students will not be allowed to leave early. EOR Days will be most often be on the Saturday following the last rotation day but may be any day of the week at the discretion of the Director of Clinical Education. Changes to this day may be needed. Any day of the week may be used if needed. Schedule is subject to change. Students that fail to attend without a valid medical excuse will fail the rotation which may delay graduation.

At assigned times throughout the clinical year, simulated focused patient exams will be required as part of the EOR Day. These will not be graded, but rather given an Incomplete/Complete status. Feedback will be given individually. Sessions may be video and audio recorded to aide in this feedback. Those who fail to comply with these requirements will be given an incomplete grade and may fail the rotation which could delay graduation.

Schedules for the practice simulated focused patient exams will be posted and sent to the students with as much advance notice as possible. The schedule is subject to change.

Toward the end of the clinical year, a FINAL GRADED OSCE will be required. This will require that the student be able to take a simulated patient from start to finish and show competence in History Taking, Physical Exam and show evidence that the student is able to show an appropriate treatment strategy.

Evaluations By The Student

Rotation evaluations are to be submitted electronically in a timely manner (specific times can be found below). These should be submitted to the appropriate place on iLearn.

For **every** rotation, a student must submit a **MID ROTATION EVALUATION**. This evaluation will give the Director of Clinical Education overall feedback for the rotation mid point about issues the student may have and will help identify deficiencies. The evaluation will be due by **Midnight the second Sunday of the rotation**. The student will be given one reminder via email if evaluation is not submitted. Failure to submit beyond this point will result in contact of preceptor and the student will not be allowed to participate in the rotation until the document is received. If the student has any issues before the evaluation is due, the student is to contact the course instructor immediately and a site visit may be scheduled. Failure to submit may result in course failure.

For every rotation, a **STUDENT EVALUATION OF THE PRECEPTOR** must be submitted electronically. The student evaluation is designed to provide the program with student feedback regarding each clinical site. It is used to evaluate and improve the site and in turn the student's clinical experience. This process is important for continued quality control and feedback. The evaluation will be due the day of the EORE. The student must submit this document to proceed to next rotation. Failure to do so may result in failure of the rotation.

Written Assignments

For each rotation, there will be specific **CLINICAL DOCUMENTATION ASSIGNMENTS** that will be required. These documents must be submitted electronically by the morning of the EORE. CLINICAL DOCUMENTATION ASSIGNMENTS will be graded based on a rubric that can be found on iLearn under the lesson tab for that particular rotation. Failure to complete/submit these items on the due date will result in a failure for that course and the student will not proceed to the next rotation. Specific items per course can be found below. Grading rubrics are provided for each document noted below and can be found on ilearn. See the CLINICAL DOCUMENTATIONS ASSISGNMENTS below:

| | |
|----------------------------------|----------------------------------|
| Family Medicine MSPAS 600 | History and Physical Examination |
| Family Medicine MSPAS 605 | History and Physical Examination |

| | |
|-------------------------------------|---|
| Emergency Medicine MSPAS 610 | Procedure Note History and Physical Examination |
| Internal Medicine MSPAS 620 | History and Physical Examination Admission Note Discharge Summary |
| Internal Medicine MSPAS 625 | History and Physical Examination Admission Note Discharge Summary |
| Pediatrics MSPAS 630 | Well Infant/Baby check Adolescent History and Physical |
| Psychiatry MSPAS 640 | Psychiatric History and Physical Examination with AXIS |
| Surgery MSPAS 650 | Pre-operative Note Operative Note |
| Women's Health MSPAS 660 | Labor and Delivery Note Prenatal History and Physical |
| Clinical Elective MSPAS 670 | History and Physical Examination |

Other Rotation Requirements

Once per semester, and as needed, an **ACADEMIC PROGRESSION REVIEW** will be done on each student with members of the faculty. These will be done on call back days in most instances. The purpose of this is to assess the progression of each student's academic standing and preparedness for the PANCE. Several markers will be used including, but not limited to, PACKRAT, Summative examinations and PAEA EOREs.

Students identified being "at risk" academically will be required to sign a study contract to help improve academic performance. The study contracts will include several different academic exercises that will be assigned by the Director of Clinical Education. Students will be required to sign these contracts and participate fully. Length of the study contract periods will also be at the discretion of the Director of Clinical Education. Failure to follow contract protocol will cause a failure of the current rotation course and a delay in graduation.

Several formative and summative assessments will be used to assess the student's progression and preparedness for the PANCE examination as stated above. PACKRAT exams will be completed at the end of didactic phase, middle of the clinical phase and the end of the clinical phase to assess areas of weakness and strength for the students.

Two Summative Examinations (SUMMATIVE 1 and SUMMATIVE 2) will also be used in a similar manner. The dates will be announced throughout the clinical year. These will be done on EOR Days and during on campus post rotation course days.

Final Rotation Grading

Students should maintain a grade of 69.5 or better throughout the clinical year. A final score below this is considered a failure. Grades are calculated on a percentage basis. All final course grade percentages are rounded to the nearest integer. Final course grades are assigned according to the following standards:

| Percent Grade | Letter Grade | |
|----------------|--------------|-----------------------------------|
| 89.5 – 100 | A | student has exceeded expectations |
| 79.5– 89.4 | B | student has met expectations |
| 69.5-79.4 | C | student is below expectations |
| Less than 69.5 | F | student has failed expectations |

An “I” may be temporarily awarded to individuals who fail to complete course requirements within the defined time, only in extreme circumstances and under the auspices of the Program Director and Dean of Academic Affairs. If completion is not achieved in a timely manner thereafter, an “F” will be awarded. “Timely manner” in most instances means within 24 hours of the notice given.

Final Rotation Grading Breakdown

A final grade for each clinical rotation is derived with the following weights:

| Category | Weight |
|---|-------------|
| Preceptor Evaluation of the Student | 15% |
| End Of Rotation Examination (EORE) | 65% |
| Attendance/Participation at EORE Day | PASS/FAIL |
| Electronic data submissions (Typhon) | PASS/FAIL |
| Rotation Specific Documents/Assignments | 10% |
| Evaluation by the Student | PASS/FAIL |
| Mid Rotation Quiz | 10% |
| TOTAL | 100% |

Those components that are PASS/FAIL have to be completed in order to pass each individual course. Failure to complete these non-scored items will result in an automatic failure of the course and may delay graduation due to the student repeating the rotation at the end of the clinical phase.

Mid rotation quizzes

These will be assigned by the Director of Clinical Education between the 2nd and 3rd weeks of the rotation. Students will have 24 hours to complete the quizzes once assigned. The purpose is to expose the student to the types of questions that the student may see on the EORE and to gauge where the student is academically during the rotation. Topics from the PANCE Blue Print will be used. Students should not copy the questions from the quizzes and share with other members of the class. Doing so may result in academic fraud and dismissal from the UC PA program.

EORE Specific Grading Policy

Students must score a minimum on EOR Exams for both core and elective rotations, despite the final rotation grade. A minimum of 1 standard deviation below the national average is required for each test.

For a hypothetical example, if the national average for the v2 Family Medicine test is 75.0 and the standard deviation is 8.0, the minimum passing score would be 67.0. This information will be made available to the student following the examination.

Remediation of Failed EORE (< 1 standard deviation below national average):

Students scoring less than the required minimum will be granted a **retest** and started on a course of **Academic Remediation** for that rotation. Students will have up to 10 days to take the retest. Failing to take the retest within the granted time will result in automatic failure of the course and may delay graduation secondary to repeating the rotation at the end of the clinical phase.

Retests will consist of an exam with similar difficulty and content given via Exam Master or other online bank of questions. **A minimum score of > 75%** must be achieved on the retest. If a student passes the retest (scores >75), the student will be awarded the score of **one standard deviation below the national average** and calculated into the final rotation grade. The student will also be required to submit high impact outline notes of the topics missed on the original EORE. The Academic Remediation label will be removed as well. **Failure of the retest (75% or less) will result in automatic failure of the rotation. If a student passes the retest, but the final course grade is under the minimum the student will fail the rotation.**

Failing a Rotation

Students scoring below a 69.5 final rotation grade or failing the EORE and subsequent re test will be required to repeat the failed clinical rotation at the end of the clinical phase. The Program Director will consult with the Director of Clinical Education and Clinical Coordinator to discuss the time and location of the repeated rotation. This occurrence will likely result in delayed graduation. Any extra costs associated with the repeat rotation will be the responsibility of the student. This may include but is not limited to extra tuition, additional PAEA testing fees, miscellaneous fees, preceptor payments, travel, etc.

Failure of two clinical rotations will result in automatic dismissal from the MSPAS program. The student may reapply to rejoin the following year at the discretion of the Program Director and Program Faculty. Reapplying does not guarantee admission. If accepted, the student

would restart the entire program from the very start, no matter how far along the student was at the time of failure. Additional tuition would be required as if the student were a new student in the program.

Sitting for the PANCE

In order to successfully complete the UC PA program and to satisfy all components needed for graduation, the student must achieve a minimum passing score on the SUMMATIVE II examination. The minimum passing score is 507. This is above the “Risk” category as seen in the graphic below. The student will have a maximum of two attempts to reach the minimum score. Any retesting must be completed within 6 weeks of the initial failure. All retesting must take place on campus and must be supervised by an authorized a member of the UCPA program. Remote testing off site will not be allowed.



If a student fails on the third attempt, they will not graduate and will not be eligible to sit for the PANCE. The student may be eligible to reapply to the program, but application does not guarantee acceptance.

Tips for Success on Rotations

Know the Clinical Site

- Contact your preceptors ASAP prior to starting a new clerkship. Find out about parking, IDs, schedules, pre rotation training/documentation, etc.
- Every effort has been made to maintain and update appropriate contact information for clinical sites. Nevertheless, minor problems may occur. It is necessary to maintain professionalism and flexibility when faced with such changes. First, try to resolve any discrepancies on your own. Call the Director of Clinical Education if this is not possible. Notify the Director of Clinical Education of any errors in supplied instructions so corrections can be made.

- Find out what available conferences you might attend (grand rounds, daily/weekly conferences, CME presentations, etc.).

Things to Discuss with Your Preceptor

- Confirm your time schedule and specific duties (when to report to your clerkship, on-call schedule, rounds, weekend hours, etc.).
- Identify special interests, whether it is procedures or particular cases relevant to the clerkship.
- Talk to preceptors about remaining mandatory technical procedures required and your eagerness to complete them.
- Ask what is expected of you. Where you are to be and at what time?

Additional Considerations

- What you gain from the clerkship is equal to the effort you put forth.
- In general, preceptors will give students as much hands-on experience as the preceptor feels you are capable of handling.
- Be courteous and pleasant to everyone.
- Develop and maintain a professional attitude.
- Be helpful to the preceptor and staff.
- Read about the disease processes you encounter each day.
- Take initiative.
- You may encounter harsh criticisms at times. Try to learn from the feedback. Do not be argumentative.
- Be prepared to discuss and answer questions about any disease or procedure encountered during your rotation.
- Be prepared to study and read at least two hours per day.
- You may not always be permitted to write on charts/ enter electronically. If this is the case at your site, practice writing notes on separate sheets and have preceptors critique them.
- While on rotations, actively look for work that you can do to help improve patient care.
- Report early, stay late, volunteer for call

If any concerns arise during rotations, please notify the Director of Clinical Education or the Clinical Coordinator as soon as possible. If unable to contact the DCE, please contact another program faculty member.

ROTATION GOALS AND OBJECTIVES

General Goals and Objectives for All Clinical Rotations

The goals within each clinical rotation are designed to help you achieve the knowledge, proficiency, and expertise cited below. This is a guide, however, and not an all-inclusive list. Each service should make available a full range of experiences that will provide the student with exposure to each discipline's special procedures, techniques, and problems. The following general goals and objectives are expected of all students while on clinical rotations.

MEDICAL HISTORY

- Approach a patient in any clinical setting and establish appropriate rapport with the patient and the patient's family.
- Determine the appropriate format of historical data collection, which may include a complete history, a directed outpatient history, or a directed inpatient follow-up history.
- Determine the best (most appropriate) source of historical data when the patient is unable to provide the information.
- Elicit a complete medical history that should include:
 - Determination of the chief complaint
 - Analysis of the primary symptomatology: onset and duration; precipitating and predisposing factors; characteristics of symptoms from onset to present including quality, location, radiation, and intensity or severity; temporal character; aggravating and relieving factors; and associated symptoms
 - Review of the course since onset of primary symptom: incidence, progress, and effect of therapy
 - Organization of a clear and concise history of present illness that carefully outlines the chief complaint in addition to the pertinent past medical history, family history, social/occupational history, allergies, and appropriate review of systems
 - Organization of a complete past history that includes childhood medical history, adult medical history, history of previous surgery, history of previous hospitalizations, history of injuries, allergies, and immunizations
 - Organization of a complete family history that includes a review of the health status of all members of the immediate family as well as a history of familial disease
 - Organization of a complete social history that includes social habits, military history, occupational history, marital history, educational history, sexual history, environmental conditions, and social support systems
 - Organization of a complete review of symptoms that includes all of the positive and negative symptomatology that the patient may have experienced in the recent past.
- Provide documentation of a complete medical history in a format approved by the faculty of the UCPA program.

PHYSICAL EXAMINATION

- Determine the appropriate parts of the physical examination that should be performed in a variety of clinical settings, including inpatient, outpatient, emergency, and long term care facilities.
- Perform an appropriate physical examination and recognize normal and abnormal findings.
- Perform the physical examination while maintaining an awareness of, and responding to, the patient's discomfort and/or apprehension.
- Perform the physical examination utilizing all diagnostic equipment properly (e.g., stethoscope, otoscope, ophthalmoscope, tuning fork, percussion hammer, etc.).

- Perform the physical examination using proper techniques of physical examination (e.g., technique of percussion, palpation, auscultation, and inspection, as well as special maneuvers such as straight leg raise or testing for meningeal or peritoneal irritation).
- Provide written documentation of the findings of the physical examination in a clear and concise manner using a format approved by the faculty of the MSPAS program.

ANCILLARY STUDIES

- Make recommendations, based on the data gathered in the history and physical examination, for ancillary studies that should be ordered to evaluate further the patient's problem. This may include radiologic studies, blood, urine or sputum analysis, and any other special studies that may be of value.

DIAGNOSTIC ANALYSIS

- Analyze the data gathered in the history, physical examination, and ancillary studies in order to:
 - Develop a problem list
 - Formulate a differential diagnosis (assessment)

THERAPEUTIC ANALYSIS:

- Formulate an appropriate plan of specific treatment and supportive care based on the problem list and assessment.
- Revise the therapeutic approach as the patient's condition changes and/or as new data are available.
- Counsel, educate, and instruct patients in specific disease-related and preventive medicine areas such as diabetes care, breast self-examination, etc.
- Acquire general knowledge of, and utilize appropriately, the referral sources within the health care facility and the community.

GENERAL SKILLS AND PROCEDURES

- Perform and become proficient in the following procedures:
 - Venipuncture
 - Initiation of intravenous infusions
 - Placement of nasogastric tubes
 - Administration of intradermal tests
 - Administration of medications - i.e., topical, oral, IM, and IV
 - Obtain and interpret electrocardiograms
 - Aseptic technique
 - Isolation technique
 - Perform CBC, urinalysis and other office laboratory procedures as indicated including gram stains, acidfast stain, stool guaiac, etc.
 - Collect specimens for blood cultures, urine cultures, stool cultures
 - Draw arterial blood
 - Prepare and interpret cultures
 - Obtain Papanicolaou cytosmears
 - Perform CPR and defibrillation
 - Assisted respiration - i.e., familiarity with respirators

- Insertion of urinary bladder catheters
- Proctoscopy
- Wound care and dressing changes
- Suturing and suture removal
- Insert central lines
- Perform endotracheal intubation
- Insert chest tubes
- Perform thoracentesis
- Perform paracentesis

The students will, under direct or indirect supervision, observe, assist in, or perform all appropriate procedures relative to the patients they are following at the discretion of the students' supervising preceptor. The students will also be available, when time permits, to assist in other procedures involving patients other than their own.

Goals and Objectives for Specific Rotations

Throughout all clinical rotations, the student will continue to refine the knowledge and skills outlined above as general goals and objectives. These are found in the specific clinical rotation syllabi available on the iLearn LMS system.

STUDENT RESPONSIBILITIES

The student is responsible for accomplishing the objectives of rotation. The preceptor functions as a role model, facilitator of learning, and a guide to the student in terms of professional behavior and role. The ultimate responsibility of learning however, falls on the student.

Student responsibilities include satisfactory completion of the following:

1. Devote full-time effort to the program. This may include hospital rounds, weekend rounds, conferences, and on-call duty, in addition to clinical responsibilities.
2. Conduct oneself in a professional manner at all times.
3. Complete each rotation objectives.
4. Maintain patient encounter entries and time logs for all clinical rotations and complete preceptor/site evaluation for each rotation as directed in Typhon logging system.
5. Complete and submit to program all required rotation documents in a timely manner.
6. Attend all scheduled Professional Seminars at each end of rotation day.
7. Arrange own transportation and housing/housing costs with regard to each rotation.
8. Call the preceptor before the beginning of each rotation to introduce yourself, confirm with the preceptor the dates of the rotation, and to arrange a meeting on the first day.
9. Collect final evaluations from preceptor(s) and return to the Director of Clinical Education. A final evaluation is required for each clinical rotation. Students are required to attempt to obtain the paperwork before leaving each rotation and evaluations should be reviewed with the preceptor personally. .
11. The student must maintain email access with the University at all times and check email daily. Communication from the program will be via email. All emails sent from the

program are tracked with respect to their receipt, their opening and their review and this information is monitored.

12. If injured on rotation, please notify the clinical site preceptor **immediately** and also the Director of Clinical Education who will direct you subsequently in the following of protocol.

Upon Rotation Arrival

1. Present the Preceptor with a copy of the specific course syllabus
2. Present the Preceptor with the PAEA Preceptor Orientation Handbook
3. Present the Preceptor with a copy of the Student Evaluation Assessment Form and advise them that they will be responsible for filling this information out about your final rotation grade and that you will need a face-to-face time to review it with them.
4. Give the Preceptor a list of your site specific documents that they will be responsible for grading throughout your rotation (i.e., history and physical, procedure notes, etc).
5. Get a copy of your daily schedule for the entire month and make sure it is forwarded to the Director of Clinical Education.

During a Rotation

1. Any absences or deviation from schedule are to be reported to the Director of Clinical Education.
2. Students will be responsible for Typhon logging.
3. Students will be responsible for checking their UC email DAILY. Faculty of the UCPA Program may track the reading and responses to emails sent from the university.
4. Students will be responsible for filling out mid-rotation assessments and returning them to the Director of Clinical Education.

Upon Leaving a Rotation

1. Students MUST review their preceptor evaluation with the preceptor before leaving a rotation. Both student and preceptor should sign the evaluation form at the end of the meeting and this form should be placed in an envelope, sealed and signed by the preceptor over the seal. This sealed and signed envelope will be handed in on the EOR day. No grades will be assigned without this evaluation.
2. Students should present a thank you letter or note to the preceptor on the last day of rotation and also to various ancillary personnel who have been helpful during a rotation.

PART II: ADDITIONAL FORMS FOR CLINICAL YEAR

Student Handbook and Policy Manual Receipt and Acknowledgment

I acknowledge that I have received and read the 2015-2016 Physician Assistant Program Clinical Catalog and Policy handbook. I have had an opportunity to have any questions answered with regard to its content. I agree to abide by the policies and procedures contained therein.

I have been made aware that, as a student enrolled in a University of the Cumberlands program, I am required to comply with the University's policies on Health and Immunization and Student Health Insurance.

I have also been made aware that I am bound by policies and procedures contained in the University of the Cumberlands Student Handbook and University Catalogue.

Print Name

Signature

Date

University of the Cumberland
MSPAS Program
Initial Site Visit Form

C4.02 The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

ANNOTATION: Site evaluation involves program faculty monitoring the sites used for supervised clinical practice experiences and modifying them as necessary to ensure the expected learning outcomes will be met by each student by program completion. It is expected that faculty document that differences in clinical settings do not impede the overall accomplishment of expected learning outcomes. Documentation shows that preceptors are providing observation and supervision of student performance while on supervised clinical practice experiences and that they are providing feedback and mentoring to students.

Type of Practice: _____

Potential Preceptor Name: _____

Evaluating Faculty Member: _____

Site / Preceptor Evaluation

| Category | Yes | No |
|--|------------|-----------|
| Physical layout of facility is adequate and conducive for learning | | |
| Preceptor/facility provides orientation to facility/staff | | |
| Preceptor available to meet | | |
| Preceptor appears enthusiastic about teaching | | |
| Preceptor expectation for student work hours are appropriate | | |
| Preceptor plans for student to be integrated into healthcare team | | |
| Site provides appropriate responsibilities | | |
| Site allows students to document in chart | | |
| Number and diversity of patients provide well-rounded experience | | |
| Site provides formal lectures/conferences/teaching rounds | | |

Site provides access to the following educational resources:

Medical Library Internet Formal lectures/conferences/teaching rounds

Inpatient: Anticipated number of patients followed by student _____

Outpatient: Anticipated number of patients seen by student daily _____

What procedures would be permissible for student to perform on this site?

 Comments regarding site:

Recommend use of this site as future clinical site:

YES

NO

University of the Cumberland
MSPAS Program
Clinical Site Visit Form

Preceptor(s): _____ DATE: _____

| | | |
|---|---|--|
| Family Medicine Surgery Women's Health | Internal Medicine Emergency Medicine | Psychiatry Pediatrics |
|---|---|--|

Students _____ Rotating _____ at _____ Time _____ of _____ Site _____ Visit: _____

❖ **General Student Observations**

| | | | |
|--|----------------|-----------|-------------|
| Student Performance | UNSATISFACTORY | COMPETENT | OUTSTANDING |
| Appearance and punctuality of student(s) | UNSATISFACTORY | COMPETENT | OUTSTANDING |

❖ **Learning Environment**

| | | | |
|---|-----|----|--|
| Preceptor appears to be enthusiastic/advocate for student learning | YES | NO | |
| Preceptor has a current copy of rotation learning objectives | YES | NO | |
| Students have opportunity to attend formal lectures/teaching rounds | YES | NO | |
| Adequate space for student(s) to work | YES | NO | |
| Preceptor has clear understanding of role of PAs | YES | NO | |

❖ **Student Assignment**

| | | | |
|--|-----|-----|----------------------|
| Student works as an active member of the healthcare team | YES | NO | |
| Student works an appropriate number of hours | | YES | NO |
| Students are permitted to document in patient charts | YES | NO | |
| Student is assigned to diverse population of patients | YES | NO | |
| Approximate of Time Spent in Clinical Setting: Inpatient | | | _____ |
| | | | Long-term care _____ |
| Outpatient | | | _____ |
| Approximate number of Patient Contacts Daily | | | _____ |

❖ **Evaluator Notes/Concerns Regarding:**

Student(s) _____
 Student performance, adherence to syllabus/assignments

Patient acceptance of student(s) _____

Concerns of practice staff about PA student(s): _____

Concerns about delegating of authority and sharing patients with PA student(s): _____

Incident Report

In the event you are injured, your highest priority is prompt treatment. Do not delay seeking appropriate treatment to fill out paperwork or make notifications. Students should comply with all accident/injury protocols in place at the clinical site. In the absence of a protocol, seek treatment in the nearest emergency department.

Student Name: _____ Date: _____

Rotation: _____

Nature of Incident

Date of Incident: _____ Approximate Time of Incident: _____

Did Incident Involve Possible Exposure to Bloodborne Pathogen? No Yes (see below)

Description of Incident: _____

Actions/First Aid Taken Immediately Following Incident: _____

Bloodborne Pathogen Exposure

Students who are potentially exposed to bloodborne pathogens should seek prompt evaluation. Evidence suggests that prophylactic medications are more likely to be effective when taken soon after an exposure. Students should also consider contacting the National Clinicians' Post-Exposure Prophylaxis Hotline: 888-448-4911.

| Notifications | Date and Time Notified |
|---------------------------|-------------------------------|
| Clinical Preceptor | |

| | |
|--|--|
| Onsite Health Services / Employee Health/Occupational Health or Emergency Department | |
| Director of Clinical Education or Program Director | |

Student Signature

Date

Submit this form to the Director of Clinical Education

Additional Follow Up / For Program Use

| |
|--|
| |
|--|