



**MASTER OF SCIENCE IN
PHYSICIAN ASSISTANT STUDIES (MSPAS)
PRECEPTOR HANDBOOK**

2017



**PHYSICIAN ASSISTANT PROGRAM
PRECEPTOR HANDBOOK**

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INTRODUCTION

The faculty and staff of the Ohio Dominican University (ODU) Physician Assistant Studies Program would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant (PA) students. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience in the program assessing Clinical Competencies. The clinical setting *synthesizes* concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment and competencies necessary to become a practicing PA.

Thank you for your commitment to PA education.

MISSION STATEMENT

The Ohio Dominican University Physician Assistant Program will educate students to become well-qualified, competent physician assistants practicing in physician supervised primary care and specialty patient focused teams. The ODU PA Program embraces a holistic approach to the pursuit of excellence in academics, research, clinical practice and community service.

CATHOLIC STATEMENT OF PRINCIPLES

Ohio Dominican University's Master's program in Physician Assistant Studies promotes the Roman Catholic moral teaching on the transcendent and inherent dignity of the human person. The University's faculty, staff, and students work to guard that dignity through their respect for human life from conception to natural death and by their assurance of the right to freedom of conscience for each person involved in the Physician Assistant Studies program.

STATEMENT OF GOALS/OBJECTIVES

The ODU Physician Assistant Studies program has been established in accordance with criteria determined by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA). The program goals and objectives are based upon the Curricular Guidelines and Competencies for the PA Profession as ascribed by the following organizations: The Accreditation Review Commission on the Education of the Physician Assistant, Inc. (ARC-PA), The National Commission on Certification of Physician Assistants (NCCPA), The American Academy of Physician Assistants (AAPA) and the Physician Assistant Education Association (PAEA). These goals and objectives ensure that students in the PA program meet nationally recognized standards and attain knowledge, skills, competencies and assessments in order to be successful entry level physician assistants upon completion of the program.

PHYSICIAN ASSISTANT PROGRAM GOALS

The Program will achieve its mission by accomplishing the following goals:

1. The Well Qualified Competent Physician Assistant

The Program will provide a high quality curriculum that addresses ARC-PA accreditation standards for curriculum content, PANCE Blueprint curriculum content, and current and evidence- based guidelines for quality care.

The Program will assess student competency through assessments and evaluations in order to ensure successful completion of the Program, successful PANCE performance, and successful entry into the PA profession.

The Program will monitor the satisfaction of graduate employers and will modify the Program appropriately to maintain high employer satisfaction.

The Program will encourage the Team approach to patient care in accordance with curriculum design and clinical rotations.

Show entry-level proficiencies necessary to provide high quality primary care in a rapidly changing health care system

2. The Holistic Physician Assistant

The Program will provide policies and curriculum content that identify, develop and reinforce compassion in applicants, students, and graduates.

The Program will emphasize patient-centered care.

The Program will provide curriculum content, service opportunities, and clinical experiences that address the care diverse and vulnerable populations.

The Program will encourage participation in community service through faculty mentorship and example.

3. The Professional Physician Assistant

The Program will monitor and promote professional behaviors during didactic and clinical years.

Demonstrate attitudes and skills which show a commitment to professional behavior along with respect for self and others.

THE CLINICAL PHASE

The Clinical Phase is one of the most anticipated aspects of PA education. Each patient is different; each situation is different; and each student is different. Students will learn by

observation and through direct patient contact. Students will have the opportunity to refine skills in history taking and physical examination, perform various clinical procedures, and develop differential diagnosis, assessment, and treatment plan for patients. Collaboration is vital in working as part of the medical team to develop a patient centered care model and entry level competency as a physician assistant as outlined in the Competencies of the PA Profession <https://www.nccpa.net/Uploads/docs/PACompetencies.pdf>.

Each day on rotation brings a new situation, a new place, new people and new expectations. Students will need to learn the rhythm of each new site. A student's non-working hours should be dedicated to reading medical literature; preparing for the next day's cases; studying for exams; entering patient logs in Typhon; and completing case studies and presentations for Clinical Grand Rounds when designated.

The student's professional responsibilities continue on an even greater level in the clinical phase. Students must provide their patients with the best medical care possible, while respecting the patient and caregiver's dignity and autonomy. The Ohio Dominican Physician Assistant student must be respectful, courteous, and appreciative of patients, preceptors, the clinical site, and all others s/he may interact with during the clinical phase. Students are an invited guest into the clinical setting. Students should be helpful and respectful to all the clinicians and staff. Students are representatives of Ohio Dominican's PA program. Further, students are an ambassador for the Physician Assistant profession and all Ohio PAs. The professional demeanor of the ODU PA student and their personal actions should not only contribute to the site, but be an example for others to follow.

The clinical year, in part, is designed in order for the student to demonstrate the knowledge and skills acquired during the didactic year. The program faculty assigns students to educational settings in order to develop greater understanding of the health care environment and further the student's patient management skills.

As during the didactic year, the program entrusts the student with significant professional responsibility. The PA program believes this sense of professional responsibility is the student's solemn obligation to the patients, clinical facilities, the Ohio Dominican PA program and the physician assistant profession at large.

Professionalism has been an integral part of the PA program's curriculum. The student is advised to review these principles periodically. It is the student's responsibility and the program's expectation the student will continue to embrace the high standards of professionalism throughout the clinical year. Further, the faculty expects the student to understand these same high standards are part of the student's overall evaluation for each clinical rotation.

Physician Assistant students who successfully advance to the clinical phase of the program will complete seven (7) core clinical rotations: Family Medicine, Internal Medicine, Emergency Medicine, General Surgery, Pediatrics, Women's Health, and Behavioral Medicine. Each student will complete core rotations in a different sequence. Additionally, ODU PA students will complete four (4) elective rotations. Elective rotations enhance the overall clinical experience and may allow the student to explore areas of special interest. Although students are able to

submit requests for elective rotations, Clinical Coordinators and the Program Director make final determinations regarding rotation assignments.

The Physician Assistant program is grounded in high-level critical thinking and problem-based scenarios to provide the most reliable patient care experiences. All rotations require that PA student work with a preceptor who is responsible for the overall management and care of the patients. The student may work with physicians, physician assistants, nurse practitioners, and other health care professionals in their day-to-day clinical activities. All preceptors receive an ODU PA preceptor handbook and a SCPE rotation syllabus prior to the student beginning the rotation. Preceptors must be licensed by the state in which they practice.

Clinical Rotations/SCPEs

Clinical rotations consist of Supervised Clinical Practical Experiences or SCPEs. A rotation may be comprised of more than one SCPE to complete the rotation experience. All clinical rotations are established, coordinated, and supervised by the Clinical Coordinator, Clinical Outreach Coordinator, Program Director, with appropriate consultation with the program's Faculty. Students requesting a specific core or elective rotation at a site that the program does not currently use or have an affiliation agreement with may make requests for specific sites by submitting a written request to the Clinical Coordinator. The Clinical Coordinator or appropriate designee follows up on student requests and processes an affiliation agreement. A Clinical Affiliation agreement must be in place with the site and preceptor prior to a site being utilized for clinical education. It is a privilege to be educated at clinical sites. No clinical site is under any obligation to precept students. Assignment is based solely on the preceptor's willingness to participate in the education of physician assistants. An attitude of grateful appreciation is often well-received. Additionally, the faculty reserves the right to assign or remove a student from a clinical site as deemed appropriate.

There are approximately 11 months of PA education in the clinical phase. The rotations are full time, with the expectation that the student works a minimum of forty (40) hours per week. The student is to report as assigned by the PA program in the Typhon software to the preceptor or the preceptor site. The student is to be available seven (7) days a week, twenty-four (24) hours a day for the assignment of hours to be worked. No time off is granted without the expressed approval of the program.

The clinical phase consists of twenty four credit hours. Two credit hours are assigned to each SCPE. There are seven core clinical rotations and four elective rotations. The remaining 2 clinical phase credit hours are assigned to the Transition to Practice course which takes place concurrently during the last clinical semester of instruction.

The professional aspect of attendance, punctuality, team participation, motivation for learning, ability to accept criticism, and recognition of personal and professional limitations cannot be overemphasized.

Students are advised to adopt a disciplined approach to continual study which includes daily medical literature review. Constant review helps prepare the student for end-of-rotation

examinations, the PACKRAT examination, the national certifying examination, and ultimately, for life-long learning and successful practice.

Clinical Rotation Goals

Upon completion of the clinical rotations, it is expected the student will be able to accurately:

1. Develop a differential diagnosis
2. Document patient information accurately in the medical record
3. Manage common medical problems
4. Identify indications for diagnostic procedures
5. Identify the relationship between medical and socioeconomic problems
6. Provide patient education and counseling at an appropriate level for patient comprehension and sensitivity
7. Perform basic clinical procedures (including, but not limited to: Venipuncture, suturing, incision and drainage, pelvic exams)
8. Document patient care experiences and procedures via accurate patient logs with the Typhon software

Clinical Curriculum Overview:

SCPES	Course #	Credits
Family Medicine	PAS 901	2
Emergency Medicine	PAS 902	2
Internal Medicine	PAS 903	2
Women's Health	PAS 904	2
Pediatrics	PAS 905	2
General Surgery	PAS 906	2
Behavioral Medicine	PAS 907	2
Elective I	PAS 909	2
Elective II	PAS 910	2
Elective III	PAS 911	2
Elective IV	PAS 912	2
Transition to Practice	PAS 950	2

Family Medicine – PAS 901

The required Family Medicine rotation that provides supervised exposure to patients in a family practice environment. The student is given the opportunity to apply, integrate, and affirm the skills necessary to provide medical care to patients across the life span. Emphasis is placed on the evaluation and management of primary care medical problems in an ambulatory care setting. Patient education, counseling, and evaluation are encouraged, and the student is familiarized with the role of the physician assistant in a

general practice setting. The student is still responsible for taking the PAEA Family Medicine End of Rotation examination, and submitting patient write ups as assigned and as outlined in the Family Medicine SCPE syllabus.

Emergency Medicine – PAS 902

The required Emergency Medicine rotation takes place in an Emergency Department and provides the students with exposure to acute medical problems. Through supervised patient contact, the student will gain experience in performing the directed history and physical examination, triage, managing episodic illness, performing lifesaving techniques, and handling emergency equipment. Emphasis is on providing the student with practical clinical experience in the management of acute medical emergencies. Students may be required to work various shifts/times in order to see the variety of patients presenting over 24-hours. The student is still responsible for taking the PAEA Emergency Medicine End of Rotation examination, and submitting patient write ups as assigned and as outlined in the Emergency Medicine SCPE syllabus.

Internal Medicine – PAS 903

The required Internal Medicine rotation may place in a hospital and/or out- patient setting. The purpose of the Internal Medicine rotation is to provide the student with practical clinical experience in working with the hospitalized or ambulatory patient who presents with acute or chronic diseases that are routinely seen by Internists. Students may be required to attend conferences, lectures, and take call with their preceptor. The student is still responsible for taking the PAEA Internal Medicine End of Rotation examination, and submitting patient write ups as assigned and as outlined in the Internal Medicine SCPE syllabus.

Women’s Health – PAS 904

This is a required rotation which takes place in a hospital, clinic or private practice setting. The purpose of the Women’s Health rotation is to provide the student with practical clinical experience in the differential diagnosis, evaluation, and management of normal and abnormal conditions within obstetrics and gynecology to include prenatal care and women’s health. The student is still responsible for taking the PAEA Women’s Health End of Rotation examination and submitting patient write ups as assigned and as outlined in the Women’s Health SCPE syllabus.

Pediatrics – PAS 905

This is a required Pediatric rotation that takes place in an outpatient and/or inpatient setting. Through supervised exposure to patients in a pediatric practice setting, the student is given the opportunity to become familiar with the parameters of normal growth and development, proper assessment of the newborn, immunization schedules, nutritional requirements, the evaluation and management of common pediatric problems, and acute illness in the pediatric population. The student is still responsible for taking the PAEA Pediatric End of Rotation examination, and submitting patient write ups as assigned and as outlined in the

Pediatric SCPE syllabus.

General Surgery – PAS 906

This is a required General Surgery rotation that provides the student with the opportunity to apply basic principles of surgery. The student is provided with practical experience in data collection, and evaluation and management of surgical problems. An opportunity is afforded for development of manual skills and for exposure to basic operating room procedures and techniques. The student may have the opportunity to follow patients from pre-operative, to intra-operative and through post-operative care. Students may be required to attend conferences, lectures, and take call with their preceptor. The student is still responsible for taking the PAEA General Surgery End of Rotation examination, and submitting patient write ups as assigned and as outlined in the General Surgery SCPE syllabus.

Behavioral Medicine – PAS 907

This is a required Behavioral Medicine/Psychiatry rotation that takes place in a behavioral health setting. The purpose of the behavioral medicine rotation is to provide students with practical clinical experience in identifying and evaluating patients presenting with common behavioral health problems. The student is still responsible for taking the PAEA Behavioral Medicine End of Rotation examination, and submitting patient write ups as assigned and as outlined in the Behavioral Medicine SCPE syllabus.

Electives – PAS 909, PAS 910, PAS 911, PAS 912

There are a total of four elective rotations. Electives may take place in various aspects of Primary Care and Specialty/Subspecialty Medicine and Surgery. Electives are an opportunity for the student to increase his/her knowledge base and skill in a field of interest, or in a complementary medical field. The student will complete assignments as outlined in the perspective SCPE syllabus. The PA Program Faculty reserves the right to determine the type of elective SCPE for the student. If a student fails a core rotation then the PA Faculty will re-assign the core rotation in place of the elective in efforts for the student to successfully complete the clinical phase and qualify for graduation.

Transition to Practice – PAS 950

This course will take place in the final semester of the Clinical phase. This course will incorporate the PACKRAT examination, Summative exam and assessments, Summative OSCE, various learning modules, lectures and case presentations, and the Clinical Experience Documentation necessary for graduation. A graduate/exit self-assessment and exit interview will be conducted to enhance the student's transition into clinical practice.

Clinical Assessment Days – CAD

Students will return to campus on a monthly basis at the completion of each clinical rotation for Clinical Assessment Days – CADs. Attendance is mandatory. Students should

understand that regardless of geographical location of rotations, end-of-rotation meetings and other program requirements still have mandatory attendance unless otherwise approved by the Clinical Coordinator. CADs will consist of End of Rotation Exams (EORE), Clinical Grand Rounds, advising meetings, and other assessments and education opportunities as determined by the PA program.

PRECEPTOR SUPERVISION OF STUDENT

The Physician Assistant is an advanced practice provider. The PA is legally and ethically bound to deliver healthcare under physician supervision. Ohio Dominican PA students will not train or practice in the clinical setting without the supervision of a licensed healthcare provider designated by the program. This may be a physician, physician assistant or nurse practitioner. If a student is asked or expected to deliver patient care services or perform clinical procedures without appropriate or adequate supervision, the student must professionally and firmly decline and immediately contact the PA program.

The PA student must always default to exercising common sense, high ethical standards, and professionalism regarding the welfare of a patient. The Physician Assistant Student are obligated to exercise sound judgment and professionalism in the approach to patient care. In compromising situations, the professional PA student must always contact the PA program in a timely manner.

It is the responsibility of the PA student to protect his/her professional and personal activity as well as to avoid potential legal liability through ethical and professional vigilance. The student must not deliver patient care services or perform any patient care activity or procedure if:

1. The program-designated preceptor or his/her designee is not on the immediate premises.
2. The student has not received adequate instruction and/or is not proficient in or knowledgeable/competent to deliver the care being asked to administer.
3. The student has reasonable cause to believe that such care or procedure may be harmful to the patient.
4. There is no adequate or appropriate supervision available when the student is expected to carry out the assignment.
5. The PA student has not received approval to perform the procedure from the preceptor or his/her designee.

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Definition of the Preceptor Role

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student through guidance and teaching. The preceptor will help the student(s) perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development to further studies and therapy. Participate in the evaluation of clinical skills and medical knowledge base through the assessment of entry level competencies of the student.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation.
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
- Provide clinical hours (average of 40 hours/week, max of 60 hours/week) for the student to attend and participate in clinical activities at the rotation site.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Direct evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
 - Assessment of entry level competency of the student via the preceptor evaluation tool
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.

- Audit and co-sign charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
- Maintain an ethical approach to the care of patients by serving as a role model for the student.
- Demonstrate cultural competency through interactions with patients.
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills to assess entry level competence. This can be done with the student informally each week or at a designated time in conjunction with the mid-rotation evaluation. The preceptor is also expected to formally assess the student submitting an end-of-rotation evaluation via Typhon on the student at the completion of the rotation.
- If a preceptor is unable to precept a student for more than 2 days the preceptor would need to arrange for an alternate preceptor or to give a medically related assignment to the student. If an alternate arrangement cannot be completed, please contact the Clinical Coordinator immediately at (614) 251-4323).
- If a situation presents that might interfere with the accomplishment of the above goals or diminish the overall training experience the preceptor agrees to promptly inform the Clinical Coordinator at (614) 251-4323 or Program Director at (614) 251-8988.
- No money or material goods should be given to the student from the preceptor.
- The preceptor is to ensure the site provides orientation and information regarding safety procedures and precautions.
- All students shall be supervised by the preceptor in accordance with the preceptor's scope of practice.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed.

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation.

Expectations can include:

- Hours
- Review of site and student safety issues and procedures
- Interactions with office and professional staff
- General attendance
- Call schedules

- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to be in attendance daily and when asked, to be available to the preceptor on evenings and/or weekends. Students are expected to participate in scheduled clinics, hospital rounds, call, and any conferences or other activities assigned by the preceptor during rotation.

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the clinical coordinator well in advance of the clinic absence.

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each “subsequent” student adding to a document that you as the preceptor maintain and edit.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient’s consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student”

and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

Prescription Writing

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student's name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively increasing supervised autonomy.

Liability Insurance

Each PA student is fully covered for malpractice insurance by the PA program. A copy of the malpractice policy will be provided prior to the start of the clinical rotation.

Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a "student" role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name
- Student’s schedule (when they will be in the office)
- Student’s expected role in patient care
- Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- How patients will be scheduled for the student

Program Responsibilities

- The program is responsible for assigning and approving all student clinical rotations.
- The program will work with the preceptor/site to coordinate how many students the site can accommodate and which rotation dates are available at a particular site.
- Only those students in good academic standing will be assigned for clinical rotations. Each site will receive a packet with the assigned student’s information a minimum of one month prior to rotation. The program faculty will assist the student to complete all appropriate paperwork in a timely manner.
- The program will be responsible for providing each student with professional liability insurance in the amount of \$1,000,000 per occurrence and \$3,000,000 aggregate limit. This document will be provided to the preceptor prior to the start of the clinical rotation.
- The program will be responsible for assuring that each student is covered by major medical insurance during their clinical rotations.
- The program will maintain that all students are up to date on their immunization requirements prior to clinical rotations.

- The program will complete appropriate HIPAA training and blood borne pathogen training with all students prior to clinical rotations.
- The program will assure that each student has passed a FBI and BCI background check.
- The program will assure that all students have successfully completed CPR and ACLS training prior to clinical rotations.
- The program will strive to protect our students and their educational learning experience. If it is found that a student is in an unsafe learning environment that is nonconductive to learning we reserve the right to withdraw our student from that particular site.
- The program will withdraw a student from a site if there is conflict between a student and preceptor that would interfere with the learning experience.
- The program will coordinate the assignment of students with the preceptor and designates the Clinical Coordinator as the liaison to assist the preceptor with any needed information.

THE STUDENT - PRECEPTOR RELATIONSHIP

As a critical part of the clinical portion of the PA student's education, the preceptor functions in many ways. The preceptor's primary responsibilities are to share clinical medical experience and knowledge, assist in the development or improvement of the student's clinical skills, and assess entry level skills of practice based on the Competencies of the PA Profession with the Preceptor Evaluation to determine satisfactory completion of rotations.

It is usual for the preceptor to assign specific patients to the student, who is then responsible for obtaining a complete or directed history and physical examination. The student is expected to develop a differential diagnosis, order and interpret diagnostic studies, develop a diagnostic impression and suggest a therapeutic plan. The student is expected to participate in daily patient care, rounds on the service, writing progress notes, pre- and post-operative notes, procedure notes, and transfer or discharge summaries.

It is not appropriate to leave students as the sole practitioner for patients. The preceptor's supervision of the student need not always be direct, but it must be consistent. In addition, at no time should pre-signed prescriptions be given to students.

In addition to direct patient responsibilities, students should attend and participate in formal and informal case presentations. This is particularly encouraged when there are a number of students or residents on the service to promote the idea of a team approach to education. In addition, students may be required to attend Grand Rounds, conferences or lectures, or may be assigned readings and literature reviews.

PROBLEM RESOLUTION

Any problems on rotation which are not quickly resolved with the clinical preceptor and which affect either the student's learning or the preceptor's perception of student performance must be communicated immediately to the Clinical Coordinator(s) and/or PA Program Director. The procedure to follow should any problem arise on clinical rotations is:

- Attempt to resolve the problem with the individual directly involved.
- Try to resolve the problem through your immediate supervisor (i.e., resident or delegate, as assigned by the preceptor).
- Consult the preceptor
- If all these steps fail, contact PA program faculty.

SITE VISITS

It is the goal of the program to monitor the student's progress by faculty visiting the student while on clinical rotations. These site visits enable the program to assist the student's progress by:

- discussion of the student's progress with the preceptor
- directly observing the student perform as part of the medical team
- utilizing electronic means of communication, such as SKYPE, face-time, and video conferencing

Site visits are typically scheduled ahead of time; however, on occasion there may be unscheduled site visits. The student should expect a minimum of one site visit during the clinical year. The student should expect to communicate regularly with the Clinical Coordinators via phone and/or e-mail. Students are responsible for checking their e-mail daily for announcements and messages. Faculty may also contact the site at any time by telephone or email to make random checks on a student's progress. The program faculty, based upon the report of a clinical site visit, may place a student on probation and direct corrective action when a student is felt to be lacking in any area that the visit is intended to evaluate. These areas may include, but are not limited to, general fund of knowledge; information specific to that rotation; professional development and behavior; or issues which question the ability of the student to competently function as a graduate-level health professional student.

PROGRAM EXPECTATIONS FOR STUDENT SUCCESS

Program Expectation of Student Required Clinical Exposures, Settings, Providers, and Associated Documentation

The program will verify and assure the completion of the following student requirements through monitoring of Typhon student patient logging and assessment of submitted clinical experience documentation.

Required student exposure to patients seeking the following types of care:

Students will demonstrate patient experiences in taking a history, performing a physical and completing an assessment and plan for patients approved by preceptors for patients in the following areas:

- a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly represented in each of the following age categories:
 - < 2 yrs
 - 2-4 yrs
 - 5-11 yrs
 - 12-17 yrs

18-49 yrs
50-64 yrs
>=65 yrs

- b) women's health (to include prenatal and gynecologic care)
- c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care
- d) care for behavioral and mental health conditions in which the chief complaint is non-addiction related.

Required settings in which SCPEs must occur:

Supervised clinical practice experiences must occur in the following settings and must be documented by students on an ongoing basis in the Typhon logs.

- a) outpatient
- b) emergency department
- c) inpatient
- d) operating room

Required providers with whom the student should work to obtain clinical experience

Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines:

- a) family medicine
- b) internal medicine
- c) general surgery
- d) pediatrics
- e) ob/gyn
- f) behavioral and mental health care

Program Expectation of Student Acquired Competencies

Student competency will be evaluated by clinical preceptors utilizing the preceptor evaluation. The competencies are to be obtained while engaging in all aspects of patient care through: the medical interview, history and physical exam, critical thinking, knowledge base, diagnosis and treatment plan, patient and family education, anticipatory guidance, as well as appropriate health maintenance and disease prevention measures.

The Preceptor Evaluation of the student will be utilized and determined by averaging the preceptor's responses to the competencies. (as outlined on page 27) At the end of the evaluation a final grade is calculated by using a point system attached to each response. A response of "N/A" is not calculated into the final percentage. Our students are required to obtain a final calculated grade of 77% or higher in order to obtain a C or more and thus establishing competency in the designated SCPE. The Program Director will audit the student for the following patient experiences and the required Clinical Experience Documentation. The PD will verify the patient preceptor evaluation was a 77% or higher to be in compliance the clinical patient experiences documentation.

The following represents the level of performance students are expected to achieve throughout the clinical year and based off of the competencies of the PA profession.

Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention.

Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Physician assistant students are expected to understand, evaluate, and apply the following to clinical scenarios:

The student can explain disease etiologies, risk factors, underlying pathologic process and epidemiology for medical conditions.

The student can describe signs and symptoms for disease states related to the most frequent presentation for a given disorder.

The student collects sufficient essential and accurate history to direct physical examination and develops correct diagnoses.

The student demonstrates knowledge of normal and abnormal physical examination findings and their relationship to possible diagnoses.

The student selects and interprets appropriate diagnostic or lab studies.

The student can identify appropriate interventions for prevention of conditions.

Interpersonal and Communication Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system.

Physician assistant students are expected to:

The student appropriately adapts communication style to the context of all patient interactions.

The student conducts respectful interviews, with empathy and sensitivity.

The student's documentation demonstrates improvement over the course of the rotation with regards to physical exam descriptions and patient presentation.

The student produces reliably accurate concise organized documentation for patient interactions. Evidence: Documentation demonstrates an accurate record of patient encounters and patient case presentation.

Patient Care

Patient care includes patient and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable.

Physician assistant students are expected to:

The student can develop and carry out patient management plans.

The student demonstrates correct use of instruments, skills in performing procedures, and maintains calm in the face of unplanned complications.

The student demonstrates appropriate physical examination skills.
Evidence: Findings are reproducible by preceptor.

The student counsels and educates patients and their families.

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must acknowledge their professional and personal limitations.

Professionalism also requires that

PAs practice without impairment from substance abuse, cognitive deficiency or mental illness.

Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistant students are expected to demonstrate:

The student demonstrates a respectful attitude to and works appropriately with preceptors, staff and patients at all times.

The student demonstrates timely attendance, appropriate dress and accomplishes assigned tasks on time.

The student recognizes the role of the Physician Assistant.

The student recognizes personal learning needs and limitations and seeks to rectify them.

The student promptly completes assigned tasks and takes initiative in approach to learning. Demonstrates self-directed study.

The student openly seeks and positively responds to constructive criticism from preceptors and staff.

The student demonstrates the ability to use criticism to change behavior/attitudes.

Practice-based Learning and Improvement

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

The student locates, appraises and integrates evidence from scientific studies related to patients' health problems.

The student applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

Systems-based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Physician assistant students are expected to:

The student acts as an advocate for patients and their families.

The student applies information technology to manage information; is able to access online medical information and support their own education.

PROGRAM DEFINED ENTRY LEVEL CLINICAL SKILLS

Students are expected to proactively pursue any opportunity to participate in procedures during their clinical rotations to develop skills and achieve entry level clinical competency. The procedures below represent the skills consistent with the scope PA practice. Students should be prepared to assist and/or perform the clinical skills listed below.

1. Core Clinical Skills
 - a. Obtain a comprehensive or directed patient medical history in patients across the lifespan. (BH, FM, EM, IM, Peds, S, WH)

- b. Perform a comprehensive or directed physical exam. To include sports physical, rectal, pelvic, genitourinary and breast exams. (BH, FM, EM, IM, Peds, S, WH)
 - c. Identify normal and abnormal findings on history, physical exam and basic diagnostic testing in patients across the lifespan. (BH, FM, EM, IM, Peds, S, WH)
 - d. Assess patients and develop and implement treatment plans for patients across the lifespan. (BH, FM, EM, IM, Peds, S, WH)
 - e. Monitor the effectiveness of therapeutic interventions. (BH, FM, EM, IM, Peds, S, WH)
 - f. Provide appropriate patient education. (BH, FM, EM, IM, Peds, S, WH)
2. Vascular Access, Injections and General Skills
 - a. Venipuncture (EM, FM, IM)
 - b. Arterial puncture (EM, IM)
 - c. Peripheral IV catheterization (EM, FM, IM, Peds)
 - d. Central venous catheter insertion (EM, IM, S)
 - e. Intramuscular, subcutaneous, intradermal and intravenous injections (EM, FM, Peds)
 3. Laboratory and Diagnostic Imaging Skills
 - a. Collection of specimens for aerobic and anaerobic cultures (EM, FM, IM, Peds, S)
 - b. Blood glucose testing (EM, FM, IM, Peds, WH)
 - c. Fecal occult blood testing (EM, FM, IM)
 - d. Rapid Strep-A antigen testing (EM, FM, Peds)
 - e. Dipstick urinalysis (EM, FM, Peds, WH)
 - f. Urine pregnancy (hCG) testing (FM, WH, Peds)
 - g. Microscopic examination of a KOH wet prep (FM, WH)
 - h. Interpret plain radiographic images (EM, FM, IM, Peds)
 - i. Perform and interpret point of care ultrasonography (EM, IM, Surg)
 4. EENT Skills
 - a. Foreign body removal from skin, eyes, nose, and ears (EM, FM, Peds, S)
 - b. Visual acuity and color vision screening (FM, Peds)
 - c. Eye irrigation (EM, FM, Peds)
 - d. Slit lamp examination (w/ fluorescein staining) (EM, FM, Peds)
 - e. Hearing acuity screening (FM, Peds)
 - f. Tympanometry (EM, FM)
 - g. Tonometry (EM, IM)
 - h. Cerumen removal of the external auditory canal (EM, FM, Peds)
 - i. Anterior nasal packing (EM, FM, Peds, S)
 - j. Management of epistaxis (EM, FM, Peds)
 5. Cardiovascular Skills
 - a. Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (EM, FM, IM, Peds)
 - b. Identify the following heart sounds: S1, S2, gallops, and murmurs (EM, FM, IM, Peds, S, WH)
 - c. Doppler assessment of peripheral pulses (EM, FM, IM, S)
 - d. Cardiac stress testing (IM)
 6. Respiratory Skills
 - a. Peak flow testing (EM, FM, IM, Peds)

- b. Pulmonary function testing (spirometry) (FM, Peds)
 - c. Deliver nebulized medication (EM, FM, IM)
 - d. Deliver oxygen via nasal cannula and/or mask (EM, FM, IM, Peds)
 - e. Pharyngeal suctioning (EM, IM)
 - f. Tracheal and bronchial suctioning (EM, IM)
 - g. Endotracheal intubation (EM, IM, S)
 - h. Laryngeal mask airway (LMA) placement (EM, IM)
 - i. Needle decompression of a pneumothorax (EM, S)
 - j. Thoracentesis and chest tube placement (EM, IM, S)
7. GI/GU Skills
- a. Urinary catheterization (EM, IM, S)
 - b. Nasogastric Intubation (EM, IM, S)
 - c. Digital rectal exam (EM, FM, IM)
 - d. Male GU Exam (EM, FM, IM)
 - e. Anoscopy (EM, FM, IM)
 - f. Endoscopy (FM, IM)
8. Orthopedic Skills
- a. Splinting and casting, application and removal (EM, FM, Peds)
 - b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (EM, FM)
 - c. Bursa/joint aspirations and injections (EM, FM)
 - d. Non-invasive spinal immobilization (EM)
9. Neurology Skills
- a. Lumbar puncture (EM, IM)
 - b. Interpret EEG report (IM)
10. Reproductive Health Skills
- a. Vaginal delivery or C-section (EM, WH)
 - b. Fundal height measurement (EM, FM, WH)
 - c. Fetal heart tone assessment (EM, WH)
 - d. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (EM, FM, IM, Peds, WH)
 - e. Pelvic exam for collection of vaginal and/or cervical specimens for cytologic (PAP) examination (FM, WH)
 - f. Clinical breast exam (FM, WH, S)
11. Surgical Skills and Wound Care
- a. Aseptic technique (EM, FM, IM, Peds, S)
 - b. Administration of local anesthesia, digital nerve blocks, regional blocks (EM, FM, IM, Peds, S)
 - c. Wound closure with sutures, liquid skin adhesive, steri-strips and staples (EM, FM, IM, Peds, S)
 - d. Superficial wound incision and drainage (I&D) +/- packing (EM, FM, Peds, S)
 - e. Wound care, debridement, and dressing (EM, FM, IM, S)
 - f. Dermatologic biopsy (FM, S)
 - g. Cryotherapy (FM, Peds, S)
 - h. Electrodesiccation of skin lesions (FM, Peds, S)
 - i. Nail trephination/removal (EM, FM, S)

- j. Chemical and electrical cauterization (EM, FM, IM, S)
 - k. Assist in Surgery (S)
12. Life Support Skills
- a. Basic life support (BLS) procedures (BH, FM, EM, IM, Peds, S, WH)
 - b. Advance cardiac life support (ACLS) procedures (BH, FM, EM, IM, S, WH)
 - c. Pediatric advanced life support (PALS) procedures (BH, FM, EM, IM, Peds, S)

BH = Behavioral Health, EM = Emergency Medicine, FM = Family Medicine, IM = Internal Medicine, Peds = Pediatrics, S = Surgery, WH = Women’s Health

ASSESSMENT OF THE CLINICAL STUDENT

Assignment	Final Grade % Weight
PAEA End of rotation exam	40%
Preceptor Evaluation	30%
Written assignment	10%
Typhon Patient and Procedure Logs	10%
Typhon Student Midpoint and Site Evaluation	5%
Online resource assignment completion HELP CME Procedures Rosh Review	5%
Total	100%

Clinical SCPE Assessments and Evaluation:

The following is an outline of the various types of assessments and evaluations used in the clinical phase to determine course grades. The following items must be submitted as outlined:

1. End of Rotation Exam (EORE): 40%
 - a. An EORE is taken at the conclusion of a core SCPE to assess the student on knowledge that relates to the required SCPE. Questions will be based on, but not limited to, clinical experiences, objectives, required readings, and information covered during the didactic year. Independent readings from SCPE texts, core texts, board review books, and current literature is strongly suggested, as the exam questions can come from any source. The ODU PA program purchases EORE from the PAEA. PAEA provides a content blueprint and topic list that can assist the student in preparation for the exam. The EORE is online and will be proctored by PA program faculty and/or staff and consist of 120 questions. Students will have 120 minutes to complete the each exam.

2. SCPE Preceptor evaluation: 30%

- a. The preceptor evaluation assesses the student’s clinical skills and achievement of competencies during the SCPE. Evaluations should be used as a tool to identify the student’s strengths and weaknesses and to provide assessment of the entry level achievement of the Competencies of the PA profession based on the required learning outcomes as noted above in the student competencies section.

How to complete Evaluations

The End of Rotation Evaluation is performed by completing an online questionnaire, reviewing it with the student, and discussing strengths and areas for improvement with the student. It is important to mentor the student to develop them into competent practitioners of patient-centered care.

Preceptors will receive an e-mail from Typhon during the final week of the student’s rotation when an evaluation is ready to complete. Clicking on the hyper-link will take preceptors directly to the evaluation. Alternately, preceptors can log in to Typhon and view the evaluations to be completed. Should the preceptor have any issues accessing the evaluation, he/she should contact Program Coordinator, Allie Gensner at gensnera@ohiodominican.edu.

The evaluation completed by the preceptor is instrumental in determining a grade for the student accounting for 30% of his/her grade. The student’s clinical performance should be evaluated according to their level of training at this point. The student is evaluated in each category from Outstanding to Poor. Students should be evaluated based on entry-level expectations as detailed in the NCCPA Competencies for the Physician Assistant Profession (<https://www.nccpa.net/Uploads/docs/PACompetencies.pdf>).

A grade is determined by averaging the preceptor’s responses to the competencies for the physician assistant using the Likert scale below. The grading scale ranges from 60% to 100%. At the end of the evaluation a final grade is calculated by using a point system attached to each response. A response of “N/A” is not calculated into the final percentage. Our students are required to obtain a final calculated grade of 77% or higher, representing a B- or greater, in order to validate the acquisition of competency.

N/A	Not applicable to this clinical experience
1	Poor performance (F): Unsatisfactory proficiency. Requires remediation. Rarely, if ever meets standard of care
2	Below average performance (C): Many deficiencies are noted. Inconsistently meets standard of care.
3	Average performance (B): Meets standard of care.
4	Above average performance (A-): Frequently exceeds standard of care. Top

	25% of PA students.
5	Outstanding performance (A): Nearly always exceeds standard of care. Top 10% of PA

3. Written Assignment: 10%

- a. Written assignments vary between SCPEs. It may be a written history and physical exam, grand rounds case presentation or abstract submission. They are to be submitted by Friday at midnight of the third week of the rotation. No patient or provider identifiers should be included in any written assignment submitted.

4. Typhon patient and procedure logs: 10%

- a. The student must utilize Typhon to complete daily patient activity logs. Daily patient activity logs must be submitted for each patient encounter during a SCPE. The daily patient and activity log is an anonymous data sheet completed using Typhon. All information must be completely filled-in including: patient age, gender, referrals made, level of clinical decision-making for patient care, level of student participation (i.e., whether the patient visit was observed, shared with the preceptor, or if the student was the primary provider for patient care under preceptor supervision), reason for visit (i.e., initial or follow up visit, annual exam, sport's exam, etc.), number of times patient has been seen, type of history and physical (i.e., focused, comprehensive, etc.), types of illnesses seen or chief complaint if the diagnosis is unknown via ICD code, lab and diagnostic procedures performed via CPT code (i.e., E&M code, pelvic exams, laceration repair, incision and drainage, etc.), and time and hours worked. Typhon also requires students indicate time spent doing rounds, attending lectures/continuing medical education sessions, and orientation. This information is important for assessing the student, the clinical site and to help provide insight into the patient case mix and student involvement. Typhon requires patients be logged within 48 hours of the encounter. All levels of encounters must be logged, even if student participation was observation.

5. Typhon student midpoint and site evaluation completion: 5%

- a. The student must utilize Typhon to complete mid-rotation self-evaluations, and student evaluations of the clinical site at the completion of the SCPE. The completion of these two items constitutes 5% of the rotation grade. Both must be completed to get the 5% points monthly. No partial credit will be given in the grade category if only one of the two components are complete. All must be complete to receive the 5% of the overall grade.
 - i. Mid-rotation self-evaluations are due by 8am on the Monday following the second week of the current SCPE via Typhon.

- ii. Student evaluation of the clinical site is due by 8am on the Monday following the completion of the SCPE via Typhon. The final student evaluations may be shared with the preceptor and/or site and are used as a tool to help identify a site's strengths and weaknesses.

6. Online Instructional Resources: 5%

- a. There are three online instructional tools used throughout the clinical year to guide student studies: HELP Campus board review, Rosh review and CME Procedures. Students must complete all assigned modules, questions and skills videos assigned specific to their SCPE to receive full credit for Online Instructional Resources.

CLINICAL GRAND ROUNDS

Clinical Grand Rounds will occur during clinical assessment days (CADs). The purpose of Clinical Grand Rounds is to provide a forum for discussion of topics that may strengthen the patient care experience by relating best practices with current medical research and treatment. Students that have completed Elective I or Elective IV are required to do a 5 minute presentation to their peers and faculty on a patient case or condition that stood out to them during that month. The presentations reflect on the didactic experiences and highlight the student's patient care experiences and the relationship with the latest research and application in clinical practice. The presentations have created a shared learning environment that will be transferable to the classmates and students in other cohorts.

SUMMATIVE EVALUATION

Summative evaluation assesses student competency, strength of curriculum and need for curricular modifications, individual student competency and overall evaluation of the cohort to help analyze the strength of curriculum. This occurs in the last four months prior to graduation.

The summative evaluation consists of 4 components:

1. Predicted PANCE Step 3 (PP 3), occurs in the Fall semester of the clinical year, within 4 months from program completion. The PP 3 is a 700-question PANCE simulated summative assessment based on the NCCPA blueprint. Results are compiled as part of their Predicted PANCE (PP) score.
2. Summative OSCE, occurs in the Fall semester of the clinical year, within 4 months of program completion. The emphasis of the summative OSCE is on problem-solving and assessment of professional behaviors. The OSCE assesses the student's ability to elicit appropriate history from a patient based on given information, the student's ability to perform appropriate physical exam based on given information, the student's ability to interpret diagnostic tests used in the evaluation of a given medical problem, the student's ability to assess a patient's risk for a specified condition, the student's ability to educate and counsel a patient on a given medical problem and the student's professional behaviors.

3. Exit/Graduate Self-Assessment Survey - this is a self-assessment by the student.
4. Exit Interview - this helps identify program structure, organization and resources.

All students must complete the PP 3, Exit Survey and Exit Interview. All students must obtain > 70% on the Summative OSCE.

GRADUATION REQUIREMENTS

1. Successful completion of Didactic Assessments with a GPA > 3.0
2. Successful completion of CADs and Clinical Assessments with a GPA > 3.0
3. Clinical Patient Experiences Documentation
4. Completion of Board Review Course
5. Completion of Program Exit Evaluation
6. Exit Interview with PA Faculty/Staff Member
7. Signature Verification by the Program Director and then submitted to the University Registrar to ensure Program Completion

PATIENT CONFIDENTIALITY

Students are expected to maintain patient confidentiality in both the clinical and academic settings and adhere to H.I.P.A.A. (Health Insurance Portability and Accountability Act) regulations. The student completed online module designed to provide understanding of HIPAA Privacy and Security Rules as part of their PAS 510 course. The student completion of the module demonstrates knowledge of HIPAA and the impact on patients and providers and uploaded to Certiphi. Students are responsible for completing education as determined by Clinical Sites with regards to maintaining patient confidentiality.

The Student understands that patient confidentiality includes but is not limited to the following and the student will comply with the following HIPAA regulations:

- Respect for the patient's confidentiality
- Do not share the medical or personal details of a patient with anyone except those health care professionals integral to the wellbeing of the patient, or within the context of an educational endeavor.
- Do not discuss patients or their illnesses in public places where conversations may be overheard.
- Do not publicly identify patients in spoken words, or in writing, without adequate justification.
- Do not invite or permit unauthorized persons into patient care areas of the institution.
- Do not share your confidential computer system passwords with nonprofessionals.
- Do not take photos or videos of patients and/or their diagnostic imaging while on clinical rotation.
- Do not post any comments regarding clinical sites, preceptors or patients on social media.
- Do not identify the patient or site while writing or presenting clinical rotation based case studies.

Failure to comply with these standards of professional demeanor is cause for disciplinary action, which may include warning, probation, suspension, and/or termination from the program. It is the program's expectation that each person involved in the education of ODU PA students maintains the highest standards of professionalism. Faculty will evaluate professional behavior of students with the same diligence devoted to academic and clinical performance.

PROFESSIONALISM

In addition to meeting minimum grade requirements, students must adhere to normally accepted standards of professional behavior which include, but are not limited to the following:

- Commitment to the ethical standards of the PA profession
- Strives for the highest standards of competence in skills and knowledge and is committed to ongoing professional development
- Exhibits altruistic behavior
- Accepts responsibility for educational challenges and self-learning
- Acceptable dress (as defined under Dress Code)
- Ability to accept constructive criticism and develop appropriate behavioral changes in response to such criticism
- Personal and academic integrity
- Sensitivity to patients and their families, with respect for their right to competent, compassionate and confidential care and effective identification of patient concerns
- Dedicated to providing the highest quality of holistic care to patients ever-mindful to promote their emotional and physical well-being
- Uses language appropriate to others' level of understanding
- Respectful, courteous and empathetic behavior toward others regardless of differences in opinion, philosophy, religion, creed, gender, sexual orientation, culture, ethnicity and language

Dress Code

The program expects students to dress appropriately both in the classroom and in clinical/patient areas. Student must wear their name tag clearly identifying them as a PA student at all times on the clinical site. Your dress is a reflection of the profession and the program. There is no second chance to make a first impression. The student should be neatly attired and appropriately dressed at all times. The short white jacket with the name tag/plate indicating "student" status and emblem is required at all times, except in the OR. No sneakers, open-toed shoes, bare legs or midriff, leggings, jeans, T-shirts or sweats should be worn. Scrubs will be worn only in the operating room or where mandated by the clinical site. The student should minimize jewelry, have short clean nails, and hair should be well groomed and cleaned, and if long, pulled back. Women should not wear short or tight skirts and low cut tops. Men should wear clean and pressed collared shirts with a conservative tie. Facial hair must be neatly trimmed. No facial or tongue piercings are permitted. All tattoos must be hidden from view from the patient while at the clinical site.

Examples of unacceptable dress may include but is not limited to: hats, sloppy or torn clothing, garments with offensive or suggestive designs or words, pajamas, bare feet or inappropriately revealing clothing.

For Clinical Experiences the following *guidelines* apply:

Women:

- pants/skirt and blouse or dress
- stockings
- closed toe shoes with heels less than two inches
- no dangling earrings or other hanging jewelry
- no mini-skirts
- no perfume, cologne or strongly-scented deodorant

Men:

- slacks (preferably neatly-pressed)
- dress shirt with tie
- shoes and socks
- no hanging jewelry
- no cologne or strongly-scented deodorant

Both:

- no sneakers
- no jeans
- no T-shirts
- no sweats
- no bare feet
- no open sandals
- no hats
- facial piercings removed
- tattoos covered

Being sent home from a clinical site due to improper dress will reflect poorly on the student evaluation, on Ohio Dominican University, and on the PA profession. Those students sent home from a clinical site because of inappropriate dress will be subject to review, and action may include failure of the rotation/dismissal. The student must notify the program if they have been sent home for improper dress code.

The program provided the student with a name plate that must be worn as noted above. The student is responsible for the cost of replacing this nameplate in the event that it is lost, damaged beyond use, or the student changes his/her name during the Clinical Phase.

Transportation

It is the student's responsibility to have reliable transportation to and from clinical rotation sites. Other expenses associated with parking, gasoline, commuting, meals, or housing are the

student's responsibility. Clinical Sites are obtained by the PA faculty and will be a reasonable distance from the University.

Equipment

Students are required to have and bring the following equipment to each clinical setting if it is not provided by the site:

- Stethoscope
- Reflex Hammer
- Tuning Fork
- Oto-Ophthalmoscope (and penlight, if necessary)
- Pocket Vision Screener
- Ruler or Tape Measure
- Special equipment as required by Clinical Site Preceptor or Clinical Coordinators/PA Program Faculty.

Please be aware that equipment should be carefully labeled (preferably engraved) with your name and address. The likelihood of the equipment being returned, if lost or stolen, is greatly increased if this is done.

Student Identification

The student acknowledges that they should have their ODU ID with them while on campus and while at clinical rotations at all times.

Ohio Dominican Physician Assistant students will wear a short, white laboratory coat, affixed with a clearly visible nametag/name plate and an Ohio Dominican University Physician Assistant program patch at all clinical sites and experiences as determined by the PA Program. The PA student will introduce him/herself as a "Physician Assistant Student" at all clinical sites and experiences.

Students must not represent themselves as anything other than a Physician Assistant Student, regardless of former experience or title. No other clinical designations should be noted while the student is representing themselves as an ODU PA Student.

Medical Records

Students are reminded that the medical record is a legal document. Whenever a student makes an entry into a patient's medical record (i.e., H&P, progress notes), the student must indicate that s/he is a Physician Assistant Student when signing the entry. Either of the following is acceptable:

- John Doe, PA-S
- John Doe, PA-Student

Some institutions may prefer the longer version.

Students are referred to individual institutional policy regarding the types of entries which can be made by students on Medical Records. All student entries must be countersigned by the supervising preceptor. If there is any doubt as to the correct format, students must consult with their preceptor or the PA program. Be neat and orderly; avoid abbreviations that may not be uniform from hospital to hospital. It is recommended to request an approved abbreviation list unique to each site at the start of each rotation.

Attendance

- Attendance at Clinical Rotations is mandatory.
- Students are given a specific time to report on their first day of each rotation and are required to work until the end of each day including the last of the rotation, unless otherwise directed by the PA Program or preceptor.
- The student is to work hours/shifts as assigned by the preceptor.
- Students are to email the corresponding SCPE Course Coordinator their Clinical Rotation Schedule at the SCPE once it is assigned in the first week of the rotation.
- Students are required to spend a minimum of forty (40) hours per week in each clinical rotation, though most require additional hours.
- If the student is not able to receive the minimum of 40 hours per week then the student must complete case studies as assigned by the program. Completion of case studies must occur prior to the end of the SCPE. Failure to complete the case studies will result in a 10% overall grade reduction per each day they are submitted late and/or failure of the SCPE/rotation.
- There are NO self-selected vacation days or personal days during clinical rotations.
- Students should observe the schedule of the facility to which they are currently assigned and should not assume that holidays are days off.
- The first point of contact regarding approval for absences from the rotation is the Clinical Coordinator. The initial contact should first occur via telephone and followed by an email to the Clinical Coordinator. In the event the Clinical Coordinator is unavailable, the student should contact the Program Coordinator or the Program Director. Students should not assume that he/she has approval to be absent from a clinical rotation site without the explicit prior approval of the Clinical Coordinator and/or Program Coordinator and/or Program Director.
- Any absences without prior and explicit approval from the Clinical Coordinator and/or Program Coordinator and/or Program Director may result in a failing grade.
- Any unexcused absence can result in a lowering of the clinical grade by 10% with each occurrence and/or failure of that rotation.
- If a student is unable to report to his/her assigned site for any reason, the student must call the Clinical Coordinator and his/her clinical preceptor before the student's scheduled reporting time and explain the reason for his/her absence/tardiness. The student is required to make up any hours missed.
- If the student is absent from a site and does not call both the preceptor and the Clinical Coordinator, the student will be subject to review by the PA Progress and Promotion Committee and action that may include failure of the rotation.
- The student must log all approved or unapproved absences in Typhon.

- Preceptors are also informed to call the program about any absences from the rotation.
- If a preceptor is absent then the site and the student must notify the Clinical Coordinator to determine appropriate action plan.

Unexcused Absences:

- UNEXCUSED ABSENCES FROM ROTATION MAY RESULT IN A FAILING GRADE.
- An unexcused absence is defined as absence from a rotation without prior and explicit approval of the Clinical Coordinator.
- The Clinical Coordinator will make the determination as to whether an absence from a rotation is truly an emergency. Issue such as an “upset stomach,” “headache,” “cramps,” etc. are NOT medical emergencies and are not considered excused.
- Absences from rotations for conferences, job interviewing, or “study time” are NOT considered excused and require prior, explicit approval from the Clinical Coordinator and the rotation preceptor for consideration.
- Do NOT schedule routine personal business and non-emergency medical or dental care during clinical rotations.
- All CADs are mandatory and cannot be missed.
- Natural disasters: Follow the procedure of the clinical site and notify the program if you will not attend clinic. If there are any questions, contact the
- Clinical Coordinator or the Program Director.

Inclement weather:

Clinical phase students are to report to the Clinical rotation/SCPE unless the weather conditions have been deemed to be a Level 3 snow emergency or as determined otherwise unsafe. It will be up to the discretion of the clinical site to close for other weather conditions or emergencies. The student is to notify the PA program whenever a clinical site has an unplanned closure for the day.

Leave of Absence

Requests for a leave of absence must be submitted in writing to the PA program director and should indicate the reason for the leave and expected duration. The director may approve such a request if you are in good standing and are maintaining the equivalent of a grade of C in each course in progress at the time of your request. Granting of a leave of absence is a rare and unusual event reserved only for exceptional circumstances. No leave of absence during the clinical phase of the program may exceed three (3) months. The student accepts that a leave of absence will most likely delay graduation and it is the responsibility of the student to incur costs associated with this leave of absence.

Social Media Policies/Guidelines (Web Etiquette)

Whether you choose to create or participate in social media activities such as blogging, tweeting, Wiki, or any other form of online publishing is your own choice. In general, what you do on your own time is your own business. However, whenever you are connected to an institution, employer, or any other group, you want to consider yourself governed by policies and guidelines of the aforementioned. As a future medical professional, you should always consider the tenets

of professionalism, good taste, respect, and plain common sense. If you identify yourself as a Physician Assistant Student, or as a person in Ohio Dominican University's program(s), or any group for that matter, you are now connected to every person in your class, your program, your group, and even those who will follow you as students. The following guidelines and policies are intended to help you make the proper choice as you engage in social media.

General Guidelines

Be thoughtful as to how you represent yourself on social networks. The line between private and public, personal and professional typically blur in online social networks. Respect your colleagues and your audience. Recognize that your cohort, students at Ohio Dominican in general, and the community as a whole represent diverse customs, values and points of view. Express your opinion, be yourself, but be respectful. This includes the obvious (obscenity, personal insults, ethnic, religious or racial slurs, sexually harassing or inappropriate commentary, etc.) but also topics that can be considered inflammatory or obscene. If you are unsure, ask for guidance from faculty. Respect the privacy of others, especially classmates, other students, faculty and staff. If you disagree with anyone, it is rarely appropriate to air your differences publically. Basically, use sound judgment.

General Email etiquette

- Always address an Email with an appropriate salutation (ie. Dear Professor Jones, Dear Susan, Dear Doctor Smith).
- Always sign an Email and include PA-S or Physician Assistant Student
- All Email should be written in a professional and appropriate manner. No one should write in an Email anything which you would not be comfortable putting on the board in front of a class.
- Be judicious when cc'ing Emails. "Reply to all," is not always an appropriate action.
- Respond to Emails in a timely fashion. Disagreements may occur; opinions however, should be appropriate and polite.
- Please understand Email is not necessarily designed to provide unrestricted 24/7 access to the recipient.
- Avoid SPAM.
- Email transmitted in part or wholly over University operated electronic systems is subject to the acceptable use policy as described in the student handbook and elsewhere.
- The use of social media, chat rooms, instant messaging and/or "surfing" the web during clinical rotation is unprofessional and inappropriate. A student will receive one verbal warning and if the student is found to be engaging in such behaviors during class or as reported from a clinical preceptor on a second occasion, this will result in a meeting with the PA Progress and Promotion Committee and documentation will be placed in the student's file.
- Do not email the PA program office or faculty during lecture or Clinical Grand Rounds. As in all situations, use good judgment.

STUDENT EMPLOYMENT WHILE ENROLLED IN PROGRAM

Due to the rigor of the Physician Assistant Studies curriculum, students are strongly advised against employment while enrolled in the program. No time will be granted for students to seek or maintain employment. Employment while enrolled in the program may lead to poor academic performance and failure and should not be pursued.

Further students may not be employed by the program for any reason including, but not limited to clerical or other program work. Students may not be employed and receiving compensation at clinical or shadowing sites in any capacity while enrolled in the program.

FACULTY ADVISORS

Students will meet with faculty advisors as determined throughout the clinical year during designated CADs either in a group or one on one setting. Students are encouraged to see him/her when necessary for personal or academic reasons throughout the clinical phase.

STUDENT HEALTH

The student is required to have their own major medical health insurance throughout the didactic and clinical phase of the program. Students are required to show proof of such valid health insurance. Any student that does not have major medical health insurance will not be permitted to begin clinical rotations. The student's personal medical record must also be kept up to date at all times. Updates of the medical record should be sent to the Health Services Office in the Wellness Center.

MEDICAL CONDITIONS

If a student has any temporary or chronic medical problems that may impair their ability to provide medical care or pose a risk to themselves, to patients, or to fellow students; the student must inform the program director immediately.

STUDENT TEACHING

Students enrolled in the Physician Assistant program are not permitted to teach components of the program curriculum, although they are expected to make presentations before the class as part of their learning experience. In addition, students are encouraged to support their classmates through study groups and informal peer tutoring. Those students with training, education and experiences unique to themselves are encouraged to share with their colleagues in a collaborative fashion. However, this is done in supervised course activity settings or informally in study or peer activities. This is not permitted in a formal teaching fashion.

IMMUNIZATIONS

All students must provide a record of immunizations or proof of immunity from childhood communicable diseases, including a 2-step PPD (tuberculosis test) as required for health professionals prior to matriculation into the program. All immunizations and proof of same must

be consistent with The Centers for Disease Control (CDC) most up-to-date standards and must be uploaded into Certiphi. Ohio Dominican University's policies regarding health forms and immunization requirements are adapted herein:

A medical history, physical examination and completion of immunizations are required prior to entering the program. The Program e-mails necessary health forms to all students accepted into the Physician Assistant Studies Program. The forms include tests and immunizations which are required by agencies to protect both the student and the patient. All forms must be uploaded to Certiphi and submitted to the Student Health Center if deemed necessary, in order to be in compliance. The student must also submit a Student Release Form indicate that they permit the PA program to release their immunization information to perspective Clinical sites. See Appendix 2.

In addition to standard immunizations, an initial two-step Mantoux TB skin test (or chest x-ray for converters) and completion of Hepatitis B immunizations per the Centers for Disease Control and Prevention guidelines are required along with standard immunizations. All students must obtain annual one-step TB test updates (or chest x-ray every 2 years for converters) while enrolled in the program. Students with a positive TB skin test must be evaluated at the Columbus Public Health Department (or its designee) annually. The results of this evaluation must be sent to Ohio Dominican University's Student Health Services. If a student tests positive for tuberculosis, as designated by the Columbus Public Health Department, s/he must be treated for active TB per instructions from the Columbus Public Health Department (in keeping with Centers for Disease Control and Prevention recommendations). The Health Insurance & Medical History form, Immunization form, Meningococcal and Hepatitis B Vaccination Status form must be returned and on file prior to matriculation. Students are not allowed to begin the program until all health requirements are met and on file at the Student Health Center. Questions may be directed to Ohio Dominican University Wellness Center at: (614) 251- 4709

All students who participate in rotations must provide proof of compliance with current CDC guidelines.

All students must adhere to any specific hospital/institutional/practice guidelines prior to rotation at the hospital/institution/practice. All students must upload their immunizations and documents into Certiphi for record keeping. It is recommended that students also maintain a personal copy of their immunization records.

CRIMINAL BACKGROUND CHECK AND DRUG SCREENING

Students who are offered admission to Ohio Dominican University PA program are required to have a criminal background check drug screening. This must be uploaded into Certiphi.

Students must complete these initial screenings prior to matriculation and they must be repeated at the end of the Didactic Phase in preparation for the Clinical phase. Clinical sites can request drug screens to be done prior to the start of each rotation. Students are responsible for the cost of these clearances and screening tests. Clinical rotation sites that require a criminal background check and/or child abuse clearance may deny a student's participation in the clinical experience

or rotation because of a felony or misdemeanor arrest or conviction, or a record of child abuse. Clinical sites may also deny participation in clinical experiences for other reasons, such as failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences or rotations is a required part of the curriculum and a requirement for graduation, denial of participation by a clinical site may result in delay of graduation or dismissal from the program.

Regardless of whether or not a student graduates from Ohio Dominican University, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

EXPOSURE TO BLOOD BORNE PATHOGENS/ENVIRONMENTAL HAZARDS

Blood-Borne Pathogen Training

The students completed an online module during the PA 510 course designed to provide an understanding of blood-borne pathogens, modes of transmission and methods of prevention. The student module completion demonstrates knowledge of the blood-borne pathogens, immunization importance, transmission and risk for health care providers. This is uploaded by the students to Certiphi.

Accident/Incident Reporting

In the event of an accident or incident that requires the application of first aid or other emergency equipment while on campus at ODU, an incident report must be filled and submitted to the Office of Public safety. ODU Public Safety may be contacted at 251-4700. This report serves as a means to, if necessary, rectify and improve safety areas that need to be addressed in current risk assessments to prevent such a situation from occurring again.

Should any student receive a percutaneous (needle-stick, laceration or bite) or peri-mucosal (ocular or mucosal membrane) exposure to a blood borne pathogen, or environmental hazard, during their clinical rotation, he student should go immediately to the preceptor/ individual at the clinical rotation site responsible for managing exposures. The student should complete an appropriate incident report and have it signed by the appropriate preceptor or their designee. Any student who has been exposed needs evaluation as soon as possible in the Emergency Department (unless directed to an appropriate designated area at the clinical site) after the incident occurs after which you may be offered blood tests (e.g., hepatitis profiles, confidential HIV testing), and/or immunizations or booster shots (e.g., hepatitis, tetanus). The student should be counseled regarding the risks and benefits of post-exposure prophylactic treatment at the site in which the incident occurred.

Further, students should refer to the training received during the first month(s) as a matriculated didactic student. Testing of the source patient is also recommended. After being evaluated, the student should contact his/her Primary Care Provider to discuss follow-up care (e.g., HIV antibody and Hepatitis C testing during the 6 months post-exposure period). Students are

required to notify the Physician Assistant Program immediately of exposure (contact numbers located on page 3 of this Handbook). Ohio Dominican University is not financially responsible for any cost incurred as a result of a student's exposure to a blood borne pathogen and/or environmental hazard.

CLINICAL PHASE BOARD REVIEW

Mandatory Attendance is required at the Clinical Phase Board Review. The board review is a crucial event in preparation for practice as a Physician Assistant. It is an important review of primary care medicine helpful in your preparation to take national board examinations and in transitioning into a graduate Physician Assistant. Attendance is **MANDATORY** at all scheduled presentations of the Clinical Phase Board Review.

Appendix 1

Ohio Dominican University Physician Assistant Studies END OF ROTATION PA STUDENT EVALUATION FORM

Student Name: _____ Date: _____
 Preceptor Name: _____
 Clinical Rotation: _____
 Site: _____

Please evaluate the student's clinical performance according to their level of training at this point. The student should be evaluated in each category from Outstanding to Poor. We ask that you review the program's expectations for the student prior to completing the evaluation. These can be found in the Preceptor Handbook and course syllabus. Students should be evaluated based on entry-level expectations as detailed in the NCCPA Competencies for the Physician Assistant Profession (<https://www.nccpa.net/Uploads/docs/PACompetencies.pdf>). Please refer to the table below for an explanation of grading and descriptions of evaluation categories. Student must receive score of greater than 77% to validate competency.

N/A	Not applicable to this clinical experience
1	Poor performance (F): Unsatisfactory proficiency. Requires remediation. Rarely, if ever meets standard of care
2	Below average performance (C): Many deficiencies are noted. Inconsistently meets standard of care.
3	Average performance (B): Meets standard of care.
4	Above average performance (A-): Frequently exceeds standard of care. Top 25% of PA students.
5	Outstanding performance (A): Nearly always exceeds standard of care. Top 10% of PA

Please submit to the PA Program via the link provided to you by Typhon at the completion of the student rotation.

Medical Knowledge

Demonstrates appropriate knowledge of disease pathophysiology, clinical presentation, treatment options, and prognosis.

The student can explain disease etiologies, risk factors, underlying pathologic process and epidemiology for medical conditions.	1	2	3	4	5	NA
The student can describe signs and symptoms for disease states related to the most frequent presentation for a given disorder.	1	2	3	4	5	NA
The student collects sufficient essential and accurate history to direct physical examination and develops correct diagnoses.	1	2	3	4	5	NA
The student demonstrates knowledge of normal and abnormal physical examination findings and their relationship to possible diagnoses.	1	2	3	4	5	NA
The student selects and interprets appropriate diagnostic or lab studies.	1	2	3	4	5	NA

The student can identify appropriate interventions for prevention of conditions.	1	2	3	4	5	NA
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Patient Care

The student can develop and carry out patient management plans.	1	2	3	4	5	NA
The student demonstrates correct use of instruments, skills in performing procedures, and maintains calm in the face of unplanned complications.	1	2	3	4	5	NA
The student demonstrates appropriate physical examination skills. Evidence: Findings are reproducible by preceptor.	1	2	3	4	5	NA
The student counsels and educates patients and their families.	1	2	3	4	5	NA

Interpersonal and Communication Skills

The student appropriately adapts communication style to the context of all patient interactions.	1	2	3	4	5	NA
The student conducts respectful interviews, with empathy and sensitivity.	1	2	3	4	5	NA
The student's documentation demonstrates improvement over the course of the rotation with regards to physical exam descriptions and patient presentation.	1	2	3	4	5	NA
The student produces reliably accurate concise organized documentation for patient interactions. Evidence: Documentation demonstrates an accurate record of patient encounters and patient case presentation.	1	2	3	4	5	NA

Professionalism

The student demonstrates a respectful attitude to and works appropriately with preceptors, staff and patients at all times.	1	2	3	4	5	NA
The student demonstrates timely attendance, appropriate dress and accomplishes assigned tasks on time.	1	2	3	4	5	NA
The student recognizes the role of the Physician Assistant.	1	2	3	4	5	NA
The student recognizes personal learning needs and limitations and seeks to rectify them.	1	2	3	4	5	NA
The student promptly completes assigned tasks and takes initiative in approach to learning. Demonstrates self-directed study.	1	2	3	4	5	NA
The student openly seeks and positively responds to constructive criticism from preceptors and staff.	1	2	3	4	5	NA
The student demonstrates the ability to use criticism to change behavior/attitudes.	1	2	3	4	5	NA

Practice-based Learning

The student locates, appraises and integrates evidence from scientific studies related to patients' health problems.	1	2	3	4	5	NA
The student applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.	1	2	3	4	5	NA

Systems-based Learning

The student acts as an advocate for patients and their families.	1	2	3	4	5	NA
The student applies information technology to manage information; is able to access online medical information and support their own education.	1	2	3	4	5	NA

Supervised Clinical Rotation Assessment

Please select the appropriate level of your agreement or disagreement with respect to each of the three statements listed below:

1 – Strongly Disagree 2 – Disagree 3 – Neutral 4 – Agree 5 – Strongly Agree

***The below information will not be calculated into the overall scoring of the evaluation of the student.**

The student effectively applied his/her knowledge and skills learned in their didactic training at the onset of this rotation.	1	2	3	4	5	NA
The student has effectively developed NEW knowledge and skills gained through experiences throughout this rotation.	1	2	3	4	5	NA
This clinical rotation provided the student with access to the supervision necessary to fulfill the rotation objectives.	1	2	3	4	5	NA
This clinical rotation provided the student with access to the patient populations necessary to fulfill the rotation objectives.	1	2	3	4	5	NA
This clinical rotation provided the student with access to the physical facilities and resources necessary to fulfill the rotation objectives	1	2	3	4	5	NA
This student met my expectations of a Physician Assistant student, regarding the students' preparedness to undertake the rotation/SCPE at their current level of training.	1	2	3	4	5	NA

Have you ever precepted a Physician Assistant student? YES NO

Has the student had any unexcused absences from the clinical rotation? YES NO

Would you give the student a passing grade for this clinical rotation? YES NO

Did this student meet your expectations as a Physician Assistant *in training*? YES NO

Would you recommend this student for employment upon graduation? YES NO

I have discussed this evaluation with the student. YES NO

Additional Comments

Please comment on the overall student performance. In particular, please comment on any areas where the student received very high or very low marks?

Have you any suggestions to improve the preparedness of our students for their clinical clerkships?

Preceptor Information

Preceptor's Name (Signature)

Date

Preceptor's Name (Print)

Appendix 2

Ohio Dominican University Physician Assistant Studies STUDENT MID-ROTATION SELF-EVALUATION

Student Name: _____ **Date:** _____

Name of Preceptor: _____

Clinical Rotation: _____ **Name of Site:** _____

The Mid-Rotation Student Self-Evaluation is designed to allow each student to reflect on his or her current performance at the mid-point of each SCPE, and to help facilitate a conversation with his or her Preceptor regarding progress in the SCPE. Upon completing the Mid-Rotation Student Self-Evaluation, the student must meet with his or her Preceptor to review their self-assessment evaluation and obtain feedback from the Preceptor. Students are required to complete and submit the Mid-Rotation Student Self-Evaluation on Typhon by Monday at 8 am of the third week of each SCPE. Notification of evaluation availability and deadline will be sent to each student via email.

Please use the following criteria for feedback and check appropriate box:

5 = Outstanding 4 = Above Average 3 = Average 2 = Below Average 1 = Poor

Student Self-Assessment

	5	4	3	2	1	N/A
How do you rate your ability to obtain and appropriate, accurate patient history?						
How do you rate your ability to perform an appropriate, comprehensive physical exam?						
How do you rate your ability to present findings orally to your preceptor and or other clinicians?						
How do you rate your ability to formulate a differential diagnosis?						
How do you rate your ability to formulate and implement a patient plan?						
How do you rate your ability to perform clinical procedures (sutures, IV, etc.)?						
How do you rate your professional behavior (attendance, punctuality, appearance, etc.)?						

My current clinical rotation is in the following practice setting (check all that apply):

- Inpatient
- Outpatient
- Emergency Department
- Operating Room

Safety

Have you had any safety concerns during this rotation? YES _____ NO _____

If yes, did you communicate your concerns? YES _____ NO _____

If yes, please explain

I have discussed the above self-assessment with my Preceptor. YES _____ NO _____

Please provide any feedback provided by your Preceptor of your mid-rotation performance:

Appendix 3

Ohio Dominican University Physician Assistant Studies STUDENT END OF CLINICAL ROTATION EVALUATION

Student Name: _____ Date: _____
 Name of Preceptor: _____
 Clinical Rotation: _____ Name of Site: _____

Please answer the following questions which are reflective of your most recently completed SCPE. You are required to complete and submit the Student End of Rotation Evaluation at the conclusion of each SCPE. Notification of evaluation availability and deadline will be sent to each student via email during the final week of the SCPE.

Learning Assessment and Environment		
1. Did you review the syllabus, learning outcomes and instructional objectives for this rotation?	Yes	No
2. Did the preceptor review the rotation objectives and his/her expectations with you?	Yes	No
3. Did the preceptor provide feedback regarding your progress BEFORE the end of the rotation?	Yes	No
4. Did the preceptor discuss your final evaluation with you?	Yes	No
5. Do you feel your evaluation accurately reflects the strengths and weaknesses you displayed during this rotation?	Yes	No
6. Did you have any safety concerns during this rotation?	Yes	No
7. If yes to question #6, did you communicate your concerns?	Yes	No

Patient Assessment					
8. Do you feel there was an adequate amount of patient contact?	Yes	No – Too Few	No – Too Many	Not Sure	
My assessment of patients included: Please use the following criteria for feedback and select appropriate answer: 5 = >80% of the time; 4 = 50-80% of the time; 3 = 20-50% of the time; 2 = <20% of the time; 1 = Never					
9. Eliciting a complete medical history	5	4	3	2	1
10. Eliciting a problem oriented medical examination	5	4	3	2	1
11. Performing a complete physical examination	5	4	3	2	1
12. Performing a problem oriented physical examination	5	4	3	2	1

13. Developing a problem list	5	4	3	2	1
14. Selecting appropriate laboratory tests/studies	5	4	3	2	1
15. Interpreting the results of laboratory tests/studies	5	4	3	2	1
16. Formulating a differential diagnosis	5	4	3	2	1
17. Developing a tentative management plan	5	4	3	2	1
18. Giving case presentations to my preceptor	5	4	3	2	1
19. Providing patient education	5	4	3	2	1
20. Recording the findings of my H&P in patient's chart with supervising preceptor's co-signature	5	4	3	2	1
21. Reassessment on follow-up visit	5	4	3	2	1

Please use the following criteria for feedback and select appropriate answer: 5 = Strongly Agree 4 = Agree 3 = Not Sure 2 = Disagree 1 = Strongly Disagree					
22. There was sufficient resources available for performing pertinent technical skills	5	4	3	2	1
23. There was sufficient resources available for self-study	5	4	3	2	1
24. The clinical experience was appropriate with the learning outcomes and instructional objectives in the syllabus	5	4	3	2	1
25. I was well prepared for this rotation by the first year didactic courses	5	4	3	2	1
26. I was well accepted by the staff	5	4	3	2	1
27. I was appropriately supervised by the preceptor	5	4	3	2	1
28. The preceptor provided adequate teaching	5	4	3	2	1
29. The preceptor was interested in my learning	5	4	3	2	1
30. The preceptor gave positive feedback and constructive criticism throughout the rotation	5	4	3	2	1
31. The program should continue to use this rotation/preceptor on a regular basis	5	4	3	2	1

OVERALL ASSESSMENT:

32. My overall evaluation of this rotation is best described by assigning the letter grade of:

A	Outstanding performance
A-	Above average performance
B	Average performance
C	Below average performance
F	Failed performance

33. List the 5 most frequent patient problems or disease entities you encountered during this rotation:

- 1.
- 2.
- 3.
- 4.
- 5.

34. What problems/diseases did you NOT encounter that you expected?

35. What did you like BEST about this rotation?

36. What did you like LEAST about this rotation?

Any additional comments:
