

2021

# Preceptor & Student Clinical Year Handbook



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## Transition to the Clinical Year

### Clinical Year Overview

The clinical year is comprised of 7 required rotations. The MMC PA Sciences Program has clinical affiliation agreements in place with physicians, PAs, and healthcare systems allowing for a complete course of SCPEs to be set up for each student by the program. These rotations will occur in the following areas: Family Medicine (4wk), Internal Medicine (8wk), Emergency Medicine (4wk), OB/GYN (4wk), Pediatrics (4wk), Psychiatry (4wk), and General Surgery (4wk). Additionally, the program will require all students to have a Geriatrics SCPE (8wk) and two Electives (4wk). We will allow flexibility in choosing the two elective SCPEs to ensure that students get the opportunity for experiences in a sub-specialty within their area of interest but cannot guarantee that a student will get the sub-specialty of their choice.

**Please Note: The program reserves the right to replace a student's elective SCPE with a program determined required SCPE.**

The clinical year will begin with all students participating in a mandatory Clinical Year Orientation. At the end of each SCPE all students are required to return to campus to complete the End of Rotation Days. These days will be comprised of evaluations to assess the students' performance on their assigned SCPE.

Students cannot begin the clinical year until they have successfully completed all didactic coursework. Failure to complete the requirements will result in a delayed start to the clinical year. This may in turn delay the student's graduation from the program. Some rotations have additional requirements, which students must complete prior to starting the specific SCPE (e.g., drug testing, physical exam, site orientation).

### Student Responsibilities

Students have many expectations and requirements during their clinical year. The expectations and requirements come from both the program and preceptor. Please review and familiarize yourself with the following expectations and requirements:

1. Check email regularly
2. Maintain patient logging in EXXAT™
3. Complete and submit all evaluation by the given deadline.
4. Successfully complete all requirements for the SCPE as outlined in each syllabus
5. Contact the Clinical Education Director immediately if there is inadequate clinical supervision.
6. Complete all onboarding and orientation requirements set forth by the SCPE site.
7. Demonstrate professionalism and compassion at all times.
8. Contact your site 4-6 weeks before the beginning of each SCPE
9. Wear your school issued identification badge identifying you as a Meharry Medical College Physician Assistant Student.
10. Respect patient confidentiality at all times in compliance with HIPAA standards.

### Purpose of Handbook

This handbook provides students and preceptors with the policies, procedures, competencies, and expectations required during the clinical phase of the program. It is a valuable source of information for success during the clinical experience phase and contains specific instructions, tools and guidelines to assist the student and preceptor in obtaining the necessary knowledge and skills to competently complete their SCPE.

**\*The program reserves the right to amend this handbook and change or delete any existing rule, policy or procedure, or to add new rules, policies or procedures at any time and without prior notice.**

## Clinical Year Curriculum

### Required SCPEs

Course No.	SCPEs	Length	Credits
GSPA711-01	Family Medicine	4 weeks	4
GSPA705-01	General Surgery	4 weeks	4
GSPA706-01	Psychiatry	4 weeks	4
GSPA707-01	Pediatrics	4 weeks	4
GSPA708-01	OB/GYN	4 weeks	4
GSPA709-01	Internal Medicine	8 weeks	8
GSPA710-01	Geriatrics	8 weeks	8
GSPA713-01	Emergency Medicine	4 weeks	4
GSPA742-01	Clinical Elective I	4 weeks	4
GSPA743-01	Clinical Elective II	4 weeks	4

### End of SCPE Call Back Days

End of SCPE call back days refers to 2 days of on-campus activities, and is considered a part of the SCPE. Attendance at end of SCPE call back days are mandatory, and students are expected to be available during the entire 2-day period.

The purpose of the end of SCPE call back days are to evaluate a student's progress during the clinical year. Scheduled activities may include but are not limited to: submission of assignments and other required paperwork, end of rotation exams, clinical skill assessment/OSCEs, summative evaluation, PACKRAT, lectures on topics relevant to PA practice, and administrative topics.

### Site Visits

A Meharry Medical College Physician Assistant Sciences Program faculty or staff member (Usually the Clinical Education Director) will be performing on-site visits. The purpose of the site visit is (1) to continually assess the clinical site to make sure the site is prepared for students, and is an appropriate learning environment; (2) To help faculty observe the progress of students, and observe the interaction between students, patients and preceptors; (3) and to address any concerns that may arise during a SCPE.

### Program Educational Objectives (Competencies)

The following competencies outline the expected outcomes for the Meharry Medical College Physician Assistant Sciences Program. All didactic and clinical experiences must contribute cumulatively to these outcomes. There are several instruments that will be used to measure acquisition and achievement of these competencies, including but not limited to: (1) Preceptor evaluations, (2) graduate exit surveys and (3) employment surveys.

The faculty and staff of the MMC PA Sciences program adopted the following competencies to serve as a roadmap to enter clinical practice as a competent physician assistant.

**General Competency Areas:** Patient Care (PC), Medical Knowledge (MK), Practice Based Learning and Improvement (PBLI), Interpersonal and Communication Skills (ICS), Professionalism (P), Systems Based Practice (SBP)



***Patient Care –***

**PC 1-** The ability to obtain record and present an accurate medical history for patients with commonly encountered medical, surgical and behavioral conditions across the lifespan.

**PC 2-** The ability to perform, record, and present a thorough physical examination including organ system specific examinations as indicated by patient presentation for patients across the lifespan, with commonly encountered medical, surgical and behavioral conditions.

**PC 3-** The ability to formulate a problem list and differential diagnosis for patients across the lifespan based upon historical information, physical examinations and laboratory and diagnostic studies.

**PC 4-** The ability to develop and implement patient management plan that are safe and effective and include preventative, emergent, acute and chronic care for patients across the lifespan.

**PC 5-** The ability to perform routine technical procedures safely and effectively.

**PC 6-** Provides screening and preventive care that improves wellness, modifies risk factors for illness and injury and detects illness in early treatable stages.

**PC 7-** The student will demonstrate sound clinical decision making skills in their abilities to order and interpret lab and diagnostic studies for patients across the lifespan using current evidence based medicine.

**PC 8-** The ability to reason deductively in solving clinical problems.

**PC 9-** An awareness of health promotion and disease prevention by providing appropriate counseling, patient and family education, related to preventable diseases, communicable diseases, immunization schedules and healthy lifestyles for patients across the lifespan.

***Medical Knowledge- The student will demonstrate:***

**MK 1-** The ability to apply knowledge of the normal structure, function and behavior of the body (as an intact organism) and each of its major organ systems to the diagnosis and management of specific medical conditions.

**MK 2-** Develop a diagnostic management plan for common medical, surgical and behavioral conditions for patients across the lifespan, taking into consideration cost, invasiveness, and sensitivity and specificity.

**MK 3-** Apply scientific principles to explain etiologies, risk factors, and underlying pathologic processes for preventative, emergent, acute and chronic medical conditions, for patients across the lifespan.

**MK 4-** An understanding of the principles of pharmacology and therapeutics including indications, contraindications, side effects, interactions and adverse reactions.

**MK 5-** Counsel and educate patients on preventative care, emergent, chronic and acute disease processes

**MK 6-** Demonstrate the ability to evaluate, diagnosis and treat a diverse population of patients across the lifespan.

***Practice Based Learning and Improvement: The student will demonstrate:***

**PBLI 1-** The ability to use information and medical evidence to improve quality of practice and recognize medical errors.

**PBLI 2-** The ability to locate, appraise, integrate and apply evidence from scientific studies/medical literature to their patient's health and care.

**PBLI 3-** The ability to explain biomedical information treatment choices to patients and families of various educational and social backgrounds.

**PBLI 4-** Apply principles of health promotion and disease prevention to patients across the lifespan.

***Interpersonal and Communication Skills: The student will demonstrate:***

**ICS 1-** Knowledge of various cultures and belief systems and the ability to communicate with patients of diverse backgrounds to provide culturally sensitive health care.

**ICS 2-** The ability to work effectively with others as a member of a health care team or other professional group.

**ICS 3-** The ability to establish and sustain a therapeutic, confidential and ethically sound relationship with patients and families.

**ICS 4-** An understanding of and the ability to apply the principles of autonomy, beneficence, non-maleficence, and justice to ethical decision making.

**ICS 5-** The ability to provide compassionate treatment of patients, and respect for their privacy, confidentiality, and dignity.

**ICS 6-** The ability to communicate effectively, both orally and in writing.

***Professionalism: The student will demonstrate:***

**P 1-** Honesty, integrity and respect in all interactions with patients, families, colleagues and others with whom Physician Assistants interact with during their professional lives.

**P 2-** An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.

**P 3-** The ability to provide culturally appropriate care in a community setting.

**P 4-** An understanding of legal and regulatory requirements, as well as the appropriate role of the Physician Assistant to include not exceeding one's knowledge and scope of practice.

**P 5-** Responsibility for personal actions during educational experiences and professional duties while maintaining a commitment to excellence and ongoing professional development, abiding by all applicable MMC professionalism policies.

**P 6-** Professional responsibility as a student by arriving on time to all scheduled events, submitting all assignments on time and maintaining a professional demeanor and appearance.

***Systems-Based Practice: The student will demonstrate:***

**SBP 1-** An understanding of funding sources and payment systems that provide health care coverage such that they can practice cost-effective health care and resource allocation that does not compromise quality of care.

**SBP 2-** Utilization of information technology to support patient care and education with application of medical information and clinical data systems to provide more effective, efficient patient care.

## Program Contact Information

The Clinical Education Director serves as the course director for each Structured Clinical Practice Experience and should be the first line of contact should any issues arise on a student's SCPE. In the event that the Clinical Education Director is on leave, the students will be notified of an alternative faculty member who will serve as the primary contact during that leave.

	Title & Email	Phone Number
<b>Michelle Drumgold, MSPH, MSPAS, PC-C</b>	<b>Clinical Education Director</b> <a href="mailto:mdrumgold@mmc.edu">mdrumgold@mmc.edu</a>	<b>615-327-5871 (Office)</b> <b>706-877-3496 (Cell)</b>
<b>Kenneth Mitchell, MPAS, PA-C</b>	<b>Program Director</b> <a href="mailto:kmitchell@mmc.edu">kmitchell@mmc.edu</a>	<b>615-327-5871 (Office)</b>
<b>Will Wyatt, MA, MPH</b>	<b>Program/Admissions Managers</b> <a href="mailto:wwyatt@mmc.edu">wwyatt@mmc.edu</a>	<b>615-327-5871 (Office)</b>

## Clinical Year Schedule

<i>SCPE # 1:</i>	Monday May 3 <sup>rd</sup> – Friday May 28 <sup>th</sup>
<i>SCPE # 2:</i>	Monday May 31 <sup>st</sup> – Friday June 25 <sup>th</sup>
<i>SCPE # 3:</i>	Monday June 28 <sup>th</sup> – Wednesday July 23 <sup>rd</sup>
<b>Return to Campus</b>	<b>Thursday July 24<sup>th</sup> – Friday July 25<sup>th</sup></b>
<b>Break</b>	<b>Monday July 26<sup>th</sup> – Friday July 30<sup>th</sup></b>
<i>SCPE # 4:</i>	Monday August 2 <sup>nd</sup> – August 27 <sup>th</sup>
<i>SCPE # 5:</i>	Monday August 30 <sup>th</sup> – Friday September 24 <sup>th</sup>
<i>SCPE # 6:</i>	Monday September 27 <sup>th</sup> – Wednesday October 20 <sup>th</sup>
<b>Return to Campus</b>	<b>Thursday October 21<sup>st</sup> – Friday October 22<sup>nd</sup></b>
<i>SCPE # 7:</i>	Monday October 25 <sup>th</sup> – Friday November 19 <sup>th</sup>
<i>SCPE # 8:</i>	Monday November 22 <sup>nd</sup> – Wednesday December 15 <sup>th</sup>
<b>Return to Campus</b>	<b>Thursday December 16<sup>th</sup> – Friday December 17<sup>th</sup></b>
<b>Break</b>	<b>Monday December 20<sup>th</sup> – Friday December 24<sup>th</sup></b>
<i>SCPE # 9:</i>	Monday December 27 <sup>th</sup> – Friday January 21 <sup>st</sup>
<i>SCPE # 10:</i>	Monday January 24 <sup>th</sup> – Wednesday February 16 <sup>th</sup>
<b>Return to Campus</b>	<b>Thursday February 17<sup>th</sup> – Friday February 18<sup>th</sup></b>
<b>Summative Exam</b>	<b>Monday February 21<sup>st</sup> – Friday February 25<sup>th</sup></b>
<i>SCPE # 11:</i>	Monday February 28 <sup>th</sup> – Friday March 25 <sup>th</sup>

SCPE # 12: Monday March 28<sup>th</sup> – Wednesday April 20<sup>th</sup>

Return to Campus Thursday April 21<sup>st</sup> – Friday April 22<sup>nd</sup>

Summative Exam Remediation Monday April 25<sup>th</sup> – Friday April 29<sup>th</sup>

## Clinical Year Policies

### Clinical Supervision of the Students

Clinical supervision is an oversight activity provided by supervising preceptor(s) to a student in a clinical setting. This relationship has the simultaneous purposes of instruction, feedback, summative assessment, and patient safety. Supervision is exercised through observation, consultation, questioning, directing the learning of the student, and role modeling. The supervision of MMC PA student clinical learning experiences is to ensure patient and student safety and be provided throughout required clinical rotations by each preceptor.

It is expected that a designated supervising preceptor is available for supervision during all times that a student is engaged in patient care activities. Residents and fellows are authorized to participate in student supervision as delegated by the supervising preceptor.

The primary responsibility for the patient is vested with the supervising preceptor and may not be delegated to a student. Supervised activities must be within the scope of practice of the supervising preceptor.

Ultimately, it is the decision of the supervising preceptor as to which activities the student will be allowed to perform. This decision should be based on a variety of factors including the complexity of the patient case or activity, the potential for untoward effects, the student level of training, and the demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient. The overriding consideration must be student safety and the safe and effective care of the patient.

In the event the designated preceptor(s) may be a group practice with other qualified clinicians, it is acceptable for students to work with their clinician partners or associates of the designated preceptor if the preceptor has accepted responsibility.

Inadequate Supervision: In the event the student is asked or expected to perform without adequate or appropriate supervision, the student must politely but firmly decline, and then contact the Clinical Education Director.

### SCPE Site Policy

The MMC PA Program coordinates all clinical rotation sites and preceptors for all required clinical rotations. Students are not required to provide or solicit clinical rotation sites or preceptors. Clinical rotation sites and/or preceptors may be suggested by students. In order for the student recommended clinical rotation site or preceptor rotation to be approved, the preceptor must agree to take a minimum number of students as determined by the MMC PA Program. The student may make the initial contact with the prospective preceptor. The program will evaluate the request and make a final determination. Student who recruit new SCPE sites are not guaranteed placement at that site. All SCPE placements are determined by the clinical team under the direction of the Clinical Education Director. All Supervised Clinical Practice Experiences (SCPE) must undergo a thorough vetting and affiliation agreement process to be a new site or retained as a site.

#### PROCEDURE:

1. Preceptor application is reviewed and evaluated in regard to the MMC PA Program's current SCPE needs. The preceptor's credentials are verified through the preceptor's State Medical Board, State Board of Osteopathic Examiners, the National Commission on Certification of Physician Assistants (NCCPA), or the State Board of Nursing.

2. All preceptors must: (1) hold a valid license to practice medicine; (2) hold board certification in their area of instruction\*; (3) teamed with a physician (if PA); (4) practice in at least one of the following settings-outpatient, inpatient, emergency department, or operating room.
  - Preceptors who are not currently board certified must be evaluated and determined by the program faculty to be appropriate for their specified area of instruction.
3. The preceptor will be emailed the preceptor handbook and syllabi for the clinical course in their area of instruction.
4. MMC PA Program Affiliation Agreement template will be sent to the site/facility for signature through the MMC PA tracking system.
5. The site and preceptor will have separate affiliation agreements unless they are the same legal entity. The site and preceptor must return the signed MMC affiliation agreement template or forward their affiliation agreement template for the MMC Office of Legal Counsel to review. The affiliation agreement must be fully executed and in current standing in advance of student placement.

### **Employment and Instructional Faculty Policy**

Students are highly discouraged from participating in extra-curricular employment. History demonstrates these students are at high risk of dismissal due to poor academic performance attributed to the time conflicts that outside employment brings.

Due to the intensity and high standards of the program, it is advisable that students be prepared and focused as they progress through the curriculum. Students are strongly discouraged from seeking or maintaining outside employment while enrolled in the MMC PA Program.

If a PA student chooses to work during the program, it is his/her responsibility to ensure that employment does not interfere with or hinder academic progress. Program expectations, assignments, deadlines, examinations and other student responsibilities will not be altered or adjusted to accommodate a student's working schedule and it is expected that the student employment will not interfere with the student's learning experience. Course work or days missed as a result of outside employment will not be excused.

### *Student Service as Instructional Faculty or on Clinical Rotation*

- PA students are not required to work for the PA program in any capacity.
- PA students do not substitute for or function as instructional faculty. Students may share their previous health care knowledge and skills with students informally but will not be required to provide instruction.
- Students must not accept payment or stipends for services rendered in connection with their performance on clinical rotations. Accepting payment or gifts could result in the loss of malpractice liability coverage for the student.
- PA students are not required and should never substitute for clinical or administrative staff during clinical rotations

Students must notify the Clinical Education Director immediately if they are put in such a position, or if they have any questions or other concerns regarding this policy.

### **Student SCPE Duty Hours**

The student is required to complete a minimum of 116 contact hours for each 4-week rotation and a minimum of 232 contact hours each 8-week rotation. Most clinical rotations will require well above this minimum for successful performance. The clinic schedule is set by the preceptor which may include rotation hours spent with co-preceptors as designated by the preceptor. In the event the preceptor opts not to set the clinical rotation schedule, the schedule will be set by the Clinical Education Director. The following policies apply when averaged over a four-week period:

1. Clinical and educational work hours must be limited to no more than 80 hours per week.
2. Clinical work periods must not exceed 24 hours of continuous scheduled clinical assignments.
3. Students who have appropriately handed off patients following the conclusion of scheduled clinical work periods have the flexibility to voluntarily remain at work in unusual circumstances, if, in their judgment, those circumstances benefit patient care or education. Such additional time must be counted toward the 80-hour limit.
4. Students must have at least 14 hours free of clinical work after 24 hours of clinical assignments. Students have a responsibility to return to the SCPE rotation rested, and thus are expected to use time away from work to get adequate rest. In support of this goal, students are encouraged to prioritize sleep over other discretionary activities.
5. Students must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks).
6. In-house call may **not** take place more often than every three days. Overnight call for PA students varies by SCPE rotation and is not required on all clinical rotations.
7. The facility for in-house call must provide access to food and a safe, quiet, clean, and private sleep/rest facilities available and accessible for students with proximity appropriate for safe patient care. The facility must have security and safety measures appropriate to the participating site.

### **Clinical Elective SCPE Policy**

There are two elective clinical rotations in the MMC PA Program curriculum. Students are asked to submit their elective preferences to the Clinical Education Director before the beginning of the clinical phase. Every effort will be made to accommodate student preferences, but no guarantees are made to the student and the decision may not be appealed.

Electives will be changed to assist students in meeting minimum patient encounters and to ensure the student is meeting the learning outcomes expected during the clinical phase of the educational program.

### **PA Student Dress Code**

This Dress Code and Identification Policy is implemented in order to promote professionalism and to ensure student and patient safety. You should be aware that your appearance is reflective of the College, MMC PA Program, and the PA profession. The following applies to all students in all phases of the program. Deviations from this code may be made by individual course directors or preceptors when provided in writing. Violation of the Dress Code may result in dismissal from class or clinical activity and may adversely affect your course grade. Repeated offenses will be handled via the Professionalism Policy found at [\(Click Here\)](#).

#### *General:*

*Regarding all activities on or off campus in which a student represents the College or the MMC PA Program.*

1. Clothing shall not be torn, frayed, cut-up or slit.
2. Excessively tight clothing, excessively baggy clothing, shorts, clothing that exposes skin in the chest, abdomen and/or midriff area are not acceptable.
3. All undergarments must not be visible, either by color or outline.
4. Skirts and dresses must be conservative and professional in length, style, and fabric. Sleeveless dresses are allowed provided undergarments are not visible and the dress does not excessively expose skin in the chest area.

5. Sundresses and spaghetti straps are not acceptable unless covered by a jacket. Nothing shorter than two inches above the knee will be allowed.
6. Evening or party clothes are not acceptable.
7. Shirts/blouses must be appropriately buttoned or zipped. No tube tops or off-shoulder designs.
8. Pants or slacks shorter than ankle length, i.e. capri/crop pants/gaucha pants, are acceptable provided the other policies are adhered to, e.g., not excessively tight/baggy, not deeply slit, not clingy. Pants or slacks shorter than mid-calf is not allowed. Pants or slacks must be business professional in style and fabric. Hip huggers are not allowed.
9. Jogging attire, gym wear, swim wear, and bedtime attire are not acceptable. This includes items such as sweatshirts, sweatpants, and yoga pants.
10. Undershirts, undergarments or spandex are not acceptable as outerwear.
11. Any clothing, jewelry, or accessories that contain messages or images that are obscene, vulgar, or related to tobacco, drugs, alcohol, sex and/or violence are not acceptable.
12. Tattoos must be concealed during the clinical phase.
13. Conservative necklaces, rings and earrings may be worn in moderation. Nose rings, tongue rings, and other noticeable body piercing jewelry are not acceptable.
14. Flip-flops, beach/pool wear shoes, or house shoes are not acceptable.
15. Hair must be well groomed and neat.
16. Baseball caps or other hats (except head coverings required for a rotation activity or prescribed for religious/cultural observation) are not permitted in the classroom or on rotations. Students are responsible for checking with rotation/clinical staff regarding regulations and rules for dress and head coverings specific to individual rotation policies.
17. Facial hair is acceptable if clean and neatly trimmed.
18. Fingernails must be clean, neat, moderate in length and well maintained.
19. Students are prohibited from attending any program activity smelling of strong odors, including but not limited to: cologne, perfume, smoke, alcohol, or poor personal hygiene.

*Clinic:*

Students must follow PPE guidelines as established by CDC

<http://www.cdc.gov/HAI/pdfs/ppe/PPEslides6-29-04.pdf> and must follow universal precautions as established by OSHA <https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>.

1. Business professional is the accepted dress for all rotations unless specified otherwise by a preceptor or the Director of Clinical Education regarding a particular rotation or rotation activity.
2. Open-toed shoes are not permitted in the clinic setting.
3. Jeans or denim clothing is not acceptable.
4. Jewelry, piercings and accessories which pose a safety concern for the student or patient are prohibited. No drop earrings are to be worn in the clinical setting.
5. No artificial nails are allowed.
6. Long hair should be pulled back in a way as to not come into contact with patients.
7. A short, white consultation jacket will be worn during clinical situations and patient contacts unless the facility or preceptor rules require different attire. Expectations should be discussed in advance of the first day in clinic.
8. Scrubs may be worn during patient contact with the white consultation jacket and closed toed shoes. Tennis shoes are permitted as long as they are neat and clean. This also includes patient encounters at the simulation center.
9. MMC PA Program issued student identification nametag bearing the student's name, identifying the student as a Physician Assistant Student, affiliation with the Meharry Medical College, and a picture, must be worn at all times. Students will be provided one name tag. Additional name tags, due to name changes, will be provided to the student after the MMC PA Program receives the official name

change notice from Admissions and Records. Students may be charged a fee for additional name tags. No alterations in style, color or wording of nametags or identification tags are permitted.

10. At no time should a student, either by virtue of his/her skills or knowledge attained while progressing through the MMC PA Program, misrepresent him/herself as being other than a Physician Assistant student. Students may not use previously earned titles and credentials in any correspondence regarding or related to the MMC PA Program, (i.e. RN, PhD, RD, etc.).
  - These statements are general in nature and apply to most patient care settings. The student shall follow any other dress codes established by the preceptor or facility.

### **PA Student Housing, Travel, Parking**

Students are responsible for all parking and travel costs incurred during clinical rotations and End Of Rotation call back day(s). The costs of housing will be provided by the MMC PA Program on all out of state clinical rotations. Students are expected to have a working vehicle for transportation. Lack of transportation is not justification for missing a class or rotation.

### **Professionalism**

Physician Assistant students are expected to hold themselves to the highest standards of ethical and professional conduct. Professionalism is a core Educational Program Objective of the Physician Assistant Program. The MMC PA Program has established the following policy and procedure for addressing standards of ethical and professional behavior in the PA Program. Please refer to the following link for the full policy ([LINK](#)).

### **Student Attendance**

MMC PA Program students pursuing the Master's in Physician Assistant Sciences degree participate in an intensive, highly structured and progressive educational program in which full participation is essential. MMC PA Program students are expected to assign the highest priority to their professional development and participation in the educational program. Attendance and participation are expected in all education curriculum and activities.

Students are allowed to attend class for only those courses which he or she is officially registered by the Registrar. Credit is given only for coursework taken after official registration.

MMC PA Program students are required to arrive on time and participate fully in all required activities.

### *General Absence Policy*

Any deviation from the above General Attendance Policy is considered an absence. Students should not assume they are allowed an absence and are responsible for providing as much advance notice of an anticipated absence and/or providing the earliest notification with required supporting information following an absence to the Course Director(s) of those courses or educational phases that will be interrupted. The application of the excused absence criteria and designation of an absence as an excused absence is at the discretion of the MMC PA Program ([INSERT LINK](#)).

### **Student Health Insurance**

Meharry Medical College requires that all registered students have health insurance or purchase the Meharry Medical College sponsored group plan. Students must be officially enrolled in a degree program at Meharry Medical College to be eligible for the student insurance plan. One of the following options is mandatory for all Meharry students:

- On a parent's or spouse's health insurance policy
- Individual, private, or group health insurance policy\*
- Group policy offered by Meharry Medical College

\*The plan must meet the waiver requirements listed in the student insurance waiver information section.

Please contact the Office of Student Life via email to [studentinsurance@mmc.edu](mailto:studentinsurance@mmc.edu) or by phone at (615) 327-6792 if you have questions/concerns that are not addressed here.



The complete policy may be found by following the link below:

[https://www.mmc.edu/prospectivestudents/student\\_insurance/student\\_ins\\_policy052014.pdf](https://www.mmc.edu/prospectivestudents/student_insurance/student_ins_policy052014.pdf)

**Please note that the Meharry Medical College Group Student Insurance Plan includes medical, vision and dental coverage.** If you enroll in the plan, you will get all three and if you waive the coverage, you waive all three. Coverage plans cannot be purchased separately.

#### **Mandatory Pathogen Exposure/Accident Coverage**

All Meharry Medical College students are enrolled in the mandatory pathogen exposure/accident coverage plan which provides a benefit in case a student is exposed to blood or other body fluids through a needle stick or body fluid splash/spill event. This coverage is required whether you enroll in or waive the Meharry Medical College student insurance program.

#### **Faculty Serving as Healthcare Providers**

MMC PA Program faculty, the Program Director and the Medical Director are prohibited from serving as health care providers for students in the program, except in emergency situations.

#### **Student Immunization**

Prior to registration, all students entering Meharry Medical College must provide proof of prior immunization for measles, mumps, rubella, varicella (chicken pox), tetanus, diphtheria, pertussis, polio, and hepatitis B consistent with Centers for Disease Control and Prevention recommendations. Documentation of the results of tuberculosis screening (PPD) within 6 months of matriculation is also required. Student Health Services will review all documentation submitted to determine adequacy.

- Hepatitis B vaccinations: documented series of 3 vaccines **or** Hepatitis B surface antibody quantitative serologic titer
- Measles, Mumps & Rubella (MMR): documented series of two doses **or** quantitative serologic titers
- Varicella: documented series of two doses and quantitative serologic titer or documented dates or disease **or** quantitative serologic titer
- Tetanus/Diphtheria/Pertussis: documentation of TDAP vaccine within the last 10 years
- Polio: documentation of last immunization
- Tuberculosis Screening (within 6 months of matriculation): PPD results or IGRA result or documentation of previous positive PPD, subsequent treatment **and** most recent chest x-ray report (within the last 6 months).
- Tuberculin skin testing and influenza (flu) vaccination is required annually.

Students who cannot provide adequate documentation of prior immunization or physician-diagnosed diseases (as indicated by serologic evidence) by the start of the MMC PA program must initiate immunization to these diseases prior to matriculation and complete all immunization prior to the start of clinical rotations.

Tuberculin skin testing and influenza (flu) vaccination is required annually for all students enrolled in the MMC PA Program. Any student who has not been appropriately immunized or who fails to receive annual screening will not be allowed to continue enrollment in the MMC PA Program. Any student who becomes tuberculin skin test positive during the course of their medical training will be evaluated and followed routinely in the Student Health Service without charge. The student must notify the Office of Student and Academic Affairs and the Student Health Services in order for the student to be cleared to return to clinical rotations. The college will assume responsibility for the cost of the initial chest x-ray(s) and such medication as deemed appropriate by Meharry Student Health Service.

#### **Evaluation of Occupational Exposure, Illness, and Injury**

Students who are accidentally exposed to blood and body fluids via needle stick, mucus membranes, or exposure of non-intact skin; or become ill or injured, as a result of a clinical assignment, will be evaluated at the Meharry Student Health Center during the Center's normal operating hours. If the Student Health Center is closed, the student will be referred to Nashville General Hospital Emergency Room or the appropriate medical facility in the community where they are assigned.

Students must notify the Clinical Education Director of such an injury. A reportable event form must be completed in addition to individual affiliate hospital or clinic forms.

The Student Health Center Staff will triage the student and record the following information:

- Student's current immunization status with regard to Hepatitis B and tetanus vaccines and any other pertinent laboratory information;
- Type of injury, when and how the injury occurred, and any pertinent information regarding the patient involved and/or incident.

If the student is located at a distant site, or in cases of dire emergency, the student should first contact the designated administrator at the work site. Any necessary emergency medical and/or nursing care should be made available to the student through the regular procedures in effect at the facility to which the student is assigned. The morning following discharge, the student must report to the Meharry Student Health Center for evaluation and clearance for return to duty. The student is to bring copies of the discharge instructions and any other information describing the treatment that was rendered. The student will be referred for further follow-up/management if indicated.

### **Student Request for SCPE Removal**

There are rare circumstances in which a student may be justified in requesting removal from a clinical rotation or reassignment to a different clinical rotation site. If a student believes he/she is unable to meet the requirements of an assigned clinical rotation, the Course Director must be notified as soon as possible. The Clinical Education Director will investigate the circumstances attendant to the request, and will either reassign the student, arrange for reasonable accommodation of the student at the existing clinical rotation, or deny the student's request for removal and reassignment. If the student persists in the request for removal from the clinical rotation, then the student may appeal the decision to the Program Director. The decision of the Program Director is final and may not be appealed. The time delay to investigate, initiate accommodations, coordinate new placement, and appeal time will not count toward the minimum hours required on the rotation and all requirements to pass the course will still apply. The time delay may extend the graduation date for the student but all reasonable effort will be made to minimize the time delay.

### **Consensual Relationships**

MMC PA Program students are subject to and are expected to comply with the Amorous Relationship Policy ([Click Here](#)). The following additional policies also apply:

#### *Consensual Relationships with Patients:*

Consensual amorous, dating, or sexual relationships that might be appropriate in other circumstances have inherent dangers when they occur between a healthcare provider and a patient. It is unethical for PAs to have these types of relationships with patients. It also may be unethical for PAs to become involved in a relationship with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties. For these reasons, students are not allowed to date current or past patients. Any student found to be socializing with patients in this manner is subject to disciplinary measures.

#### *Consensual Relationships with Preceptors or Clinical Rotation Staff:*

Consensual amorous, dating, or sexual relationships have inherent risks when they occur between a student, faculty member, or other member of the MMC community and any person over whom he or she has a professional responsibility. Those with professional responsibility over others and with whom they have a romantic relationship should be aware that their involvement may subject them and the College to legal liability; consequently, such relationships are strongly discouraged.

### **Interactions with Vendors and Students**

MMC PA students should maintain ethical relationships with vendors. This policy applies to all MMC PA students when they are acting within the course and scope of their role as students and future medical professionals.

For the purposes of this policy a vendor refers to any corporation or entity external to the MMC which provides or may provide goods or services for administrative or clinical operations. This includes (but is not limited to): pharmaceutical organizations, home health care agencies, hospice organizations, durable medical equipment providers, laboratories, office supply organizations, consultants, etc.

1. Access - To protect patients, patient care areas and work schedules, access by pharmaceutical and vendor representatives to individual MMC PA students should be restricted to non-patient care areas and nonpublic areas and should take place only by appointment or invitation of the supervising physician.
2. Educational Programs - Presentations, educational programs, and training by industry representatives can provide useful scientific information and training to MMC PA students. MMC PA students may attend such presentations and programs only if they are found to be acceptable by the supervising faculty and/or Clinic Education Director. This does not include presentations that are mainly intended to market the vendor's drugs, materials, or services. Gifts and meals provided in conjunction with educational programs will not be accepted (except as noted in #7 below).
3. Support of Non-MMC Medical Education Programs – Financial assistance from vendors to support MMC PA student attendance at carefully selected educational conferences is permitted only as unrestricted grants to the Physician Assistant Sciences Program. Decisions regarding student participation at such programs rest with the Program Director. Financial assistance and/or reimbursements may not be paid by vendor directly to the student.
4. Gifts – No gifts shall be accepted from vendors. This includes books, reference manuals, training materials, or promotional objects (such as pens, mugs, or notepads), meals, and recreational activities. Cash or cash equivalents, such as gift certificates, stocks, bonds, or frequent – flyer miles of any amount may not be accepted.
5. Samples and Other Clinical Items – MMC PA students may not accept drug samples or other patient care products from vendors.
6. Recreational Activities – Attendance at industry-provided recreational or entertainment activities is prohibited.
7. Food and Meals - Meals and snacks provided by or paid directly by a vendor may not be accepted by MMC PA students. If in doubt students should ask their course director or appropriate faculty supervisor. Vendor-supported meals may not be provided “off-site” or independent of these approved educational activities.

### **Malpractice Insurance**

It is the policy of the MMC PA Program to provide professional liability insurance for liability arising from the rendering of, or failure to render professional services during the policy period. Coverage is provided in the amount of at least \$1,000,000 per medical incident involving death or injury to persons and at least \$3,000,000 in the aggregate for all medical incidents during the policy year involving death or injury to persons. A certificate of liability will be provided for all rotation sites.

## **PA Program Inclement Weather**

MMC PA Program follows the MMC Inclement Weather and Emergency Closing Policy ([Click Here](#)).

### *Additional Policy:*

Clinical rotations outside of the MMC campus will abide by the Preceptor decision at the clinic/hospital site regarding rotation attendance, including remaining at the clinical site if road conditions are hazardous. The student is to notify the MMC PA Program if not attending an off-campus rotation.

A campus closed alert means that regularly scheduled classes are cancelled for all students on the closed campus. Course Directors will do their best to adjust subsequent class schedules to minimize the ultimate impact of lost class time.

The following apply:

1. If an exam has started one a campus closure has been issued, students should be aware that the examination will be completed while the campus is closed.
2. Campus is closed before an exam begins: Course or EOR exam must be rescheduled. All courses should have an alternate exam day and time scheduled; the rescheduled exam will occur on this backup day. If campus is closed on the backup day, then the exam will be rescheduled for a subsequent time. Students should be aware this means an examination may be delivered on a separate day and time when the class does not usually meet. Students will be notified of the decision by the Course Director.
3. There are lectures and no required activity: Course Director will reschedule activity. Another possibility is the MMC campus will not be closed for the entire day but may open late such as at 10:00 am. In this case all activities that were originally scheduled to occur after the opening time will still occur, including exams. Activities that were scheduled for earlier than the opening time (e.g., from 8-10 if the campus opens at 10:00), then the numbered policies above will be followed.

When adverse weather conditions are likely, or there are other situations that could affect a student's expected participation, discussing options in advance is recommended. There may be emergency situations that warrant exclusions to this policy. In these situations, the Course Director or other persons in authority may alter this policy to appropriately deal with the emergency.

Students should have access to contact numbers of the persons with whom they work and similarly should share their own contact information. Good communication will go far to minimize misinterpretation of unexpected absences.

## **Criminal Background and Drug Screen**

Applicants should consider their substance use and legal history seriously prior to application and matriculation. The MMC PA Program follows the criminal background check policy for the School of Graduate Studies & Research found ([Click Here](#)). Students may additionally be required to complete a background check and/or urine drug screen prior to starting a Structured Clinical Practice Experience course when it is required by the clinical site affiliation agreement. Students are responsible for all expenses related to meeting drug screening, student health requirements and criminal background documentation.

Students who at any point in the program delay or decline to participate in a requested alcohol and/or drug screen will have that action considered equivalent to taking and failing a drug/alcohol screen. Students accepted into the MMC PA Program who answered "no" to questions relating to criminal background in their CASPA application and found to have a subsequent positive criminal background check are likely to be dismissed from the program due to violation of the professionalism policy. In the event of a reported incident,

a determination about the applicant's/student's continued progress in the academic program will be made by MMC PA Student Progress Committee.

Students who have been convicted of a felony or misdemeanor may be denied certification, licensure, employment, credentials, or clinical privileges as a Physician Assistant. Information regarding eligibility may be obtained from the appropriate medical board and students are encouraged to self-refer and explore the potential consequences of their legal and substance use history.

Structured Clinical Practice Experience sites may not permit participation in the clinical experience and the program will place students at an alternate site to the extent possible. Criminal offenses incurred after the student matriculates may result in the student's dismissal from the program as determined by the MMC PA Student Progress Committee. If this occurs, tuition and fees will not be refunded.

### **Student Counseling Services**

PA faculty may contact MMC counseling services to discuss how to assist distressed or distressing students regarding personal issues, which may impact their progress in the PA Sciences Program. Student have an opportunity to meet with a clinician on the same day when scheduling permits. More information can be found at <https://home.mmc.edu/student-affairs/student-resources/>

- MMC Counseling Services mission is to provide core psychological services to enhance the mental health and wellness of students through culturally competent, consultative, and preventative mental health services.

### **Student Acknowledgement of Policies and Practices**

All students must sign the "Receipt of Acknowledgment" form, which documents the student's receipt of, understanding of, and adherence to all policies, rules, regulations and procedures of the MMC Physician Assistant Sciences Program.

This Receipt of Acknowledgement will be collected at the end of orientation once the handbook and policies have been reviewed.

### **Program Policies**

MMC Physician Assistant Sciences program policies apply to all students, principal faculty and program director regardless of location.

A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical sites.

### **Graduation Policy**

To qualify for graduation from the MMC Physician Assistant Sciences Program and be eligible for a Master in Physician Assistant Studies degree, each student must have met the following conditions:

1. Student Progress Committee confirms all requirements for graduation have been met and they recommend the student for graduation
2. Successful completion of the MMC PA Program Curriculum with a minimum cumulative GPA of at least a 2.50 within the (48) months of matriculation, excluding any and all leaves of absence. Any student who does not finish within the required timeframe is dismissed from the MMC PA Sciences Program.
3. Compliance with all high standards of professional and moral conduct and adherence to all College rules and codes of conduct.
4. Payment of all financial obligations
5. Returned all loaned equipment to the respective schools
6. Successful completion of all required examinations

7. Students who have completed all of the above requirements within 30 days after commencement and verified by the Student Progress Committee will receive a diploma with the published commencement date. Those completing all requirements greater than 30 days after commencement will receive a diploma with the date of June 30, October 31, or December 31, as applicable.

### **Student Record Policy**

The MMC PA Sciences Program maintains files for all PA students to document academic progress and promotion. The confidentiality and security of education and health records are of primary importance to the MMC PA Sciences Program and the College. The Admissions Coordinator complies with the Family Educational Rights and Privacy Act of 1974 (FERPA).

All records will be secured and only available to authorized personnel. The Admissions Coordinator and the program administrative assistant will store and maintain MMC PA Sciences Program student files. Students will not have access to the records and/or confidential information of other students or faculty. All records will be secured and only available to authorized personnel.

Student files include the following sections:

- Admissions and Enrollment Criteria
  - CASPA full application
  - Background check & Urine Drug Screen
  - Proof of health insurance
  - BLS/ACLS/PALS certifications
  - Student Directory Approval
  - Technical Standard Acknowledgement
  - HIPPA Certificate
  - OSHA Certificate
  - Handbook and Policy Acknowledgement
- Student Performance including Academic Progressions
  - Phase I – IV evaluations and final grades
  - Phase V – evaluations and final grades
  - PASPE form
- Remediation efforts and outcomes
- Administrative Action(s)
  - Academic/behavioral disciplinary action
- Completion of Graduation Requirements
  - Documentation that students have met requirements for completion

\*Local current student addresses and telephone numbers must be on file. It is the responsibility of the student to update said directory information in Blackboard.

### **Preceptor Expectations & Responsibilities**

#### **Definition of the Preceptor Role**

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

## **Preceptor Responsibilities**

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

- Orient students at the onset of the rotation with the practice / site policies and procedures and review the expectations and objectives for the rotation
- Provide ongoing and timely feedback regarding clinical performance knowledge base, and critical thinking skills. This can be done with the student informally each week and at the designated times by formally reporting the mid-rotation and end-of-rotation evaluations to the Clinical Education Director.
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
- Delegate to the student increasing levels of responsibilities for clinical assessment and management as appropriate to the student's experience and expertise.
- 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
- 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
- Complete and promptly return the mid-term and final evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the SCPE
- Promptly notify the Clinical Education Director of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- 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
- Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationships
- Provide timely feedback to the student and the program regarding student performance

## **The Preceptor-Student Relationship**

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter, Instagram) should be avoided until the student fully matriculates through the educational program or competes the SCPE where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the SCPE, a professional relationship must be maintained at all times in the clinical setting. Please consult the Clinical Education Director regarding specific program / college policies regarding this issue.

## **FERPA**

FERPA – The Family Educational Rights and Privacy Act of 1974, as amended – is a federal law that governs the privacy of student educational records, access to those records, and disclosure of information from them. Under the law, information in a student's education record may not be disclosed without the student's written consent.

Education records are records that are directly related to a student and that are maintained by an educational agency or institution or a party acting for or on behalf of the agency or institution. These records

include but are not limited to grades, transcripts, class lists, student course schedules, health records (at the K-12 level), student financial information (at the postsecondary level), and student discipline files. The information may be recorded in anyway, including, but not limited to, handwriting, print, computer media, videotapes, audiotape, film, microfilm, microfiche and email.

### **Supervision of the PA Student**

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 as assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be vary valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are no employees of the clinical or hospitals and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the SCPE site. On each SCPE, 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.

### **Orientation & 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 ability to work more efficiently.

On the first day of the SCPE (or when possible, prior to the SCPE), 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 HIPPA training, if needed.

Early on in the SCPE, it is recommended that the preceptor and the 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
- 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 communicate with preceptors any special scheduling needs they may have during the SCPE – 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 Education Director well in advance of the clinical 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 SCPE. 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.

### **Preparing Staff**

The staff of an office or clinic has key role in ensuring that each student has a successful SCPE. 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 the 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

### **Student 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 Education Director. 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 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 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.

### **Medicare Policy**

Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family /social history which are not separately billable, but are taken as part of an E/M

service) must be performed in the physical presence of a teaching physician. Students may document services in the medical record; however, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision-making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed and may verify any student documentation of them in the medical record rather than re-documenting this work. Please refer to the following link for access to CMS rules regarding student documentation.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

### **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 SCPE 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.

### **Benefits of Being a Preceptor**

The Meharry Medical College Physician Assistant Sciences Program relies on the professional expertise of community preceptors to provide students with hands on clinical experience and patient interaction. As a preceptor, you are viewed as a teacher and mentor, and MMC takes value in building relationships between our PA program faculty, our students and our preceptors. We also understand that precepting students is a demanding yet rewarding job and offer the following incentives:

- Inherent reasons:
  - Giving back
  - Precepting facilitates individual learning and adherence to current practice standards.
- Faculty Appointment as Adjunct Faculty, which includes:
  - Access to library resources
  - Continuing Education opportunities through MMC Office of Lifelong Learning
- Category 1 CME for practicing Physician Assistants through AAPA

## **Clinical Year Academic Performance**

### **Evaluations**

#### **Preceptor Evaluation of the Student**

The preceptor evaluation of the students is formal feedback of the student from the clinical preceptor. The preceptor is sent an electronic link from EXXAT™, but may also complete a paper evaluation if they prefer. In the event that a paper evaluation is completed, it must be given to the program in a sealed envelope. Other preceptors, as designated by the primary preceptor who has worked a minimum of three (3) days with the student, may submit an evaluation. In addition, students may ask for an evaluation from other practitioners with whom the student performed clinical work, with the permission of the preceptor. If more than one evaluation is submitted for a student for a particular SCPE, the average of the evaluations will be recorded. If the preceptor evaluation is not returned no later than 14 days after receiving it, the grading percentage (25%) will be redistributed to the remaining components of the core SCPE grade.

#### **Student Evaluation of the Preceptor**

Student evaluation of the preceptor is formal feedback from the student regarding the SCPE preceptor. The program considers this information when evaluating each of the eight program required SCPEs as well as the

two elective SCPEs. Constructive and professional feedback is valuable information to the PA Program. This evaluation is sent through EXXAT™ by the end of the SCPE and completed no later than 48 hours after the last day of the SCPE. If you fail to return your evaluation within the stated period your professionalism points (10%) will be deducted from your overall grade.

### **Mid-CPE Evaluation**

Students are required to seek ongoing preceptor feedback. The mid-SCPE evaluation is formal documented feedback that is completed with the preceptor. This evaluation is submitted in EXXAT™ by the second Friday of the rotation by 11:59 PM. Clinical faculty monitor these evaluations for poor, fair, or other concerning marks. In this case, the student will be contacted for further discussion.

### **Student Evaluation of the Site/Course**

Student evaluation of the site/course is formal feedback from the student regarding the SCPE site/course. The program considers this information when evaluating each of the eight program required SCPEs as well as the two elective SCPEs. Constructive and professional feedback is valuable information to the PA Program. This evaluation is sent through EXXAT™ by the end of the SCPE and completed no later than 48 hours after the last day of the SCPE. If you fail to return your evaluation within the stated period your professionalism points (3%) will be deducted from your overall grade.

## **Examinations**

### **End-Of-Rotation Exam**

There will be a multiple choice PAEA end-of-rotation exam given at the end of the core SCPEs. This set of objective; standardized evaluations intend to serve as a formative assessment of the medical knowledge students gain during Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Pediatrics, Psychiatry and OB/GYN. Each end of rotation exam consists of 120 multiple-choice questions, 100 of which are scored and will account for 35% of the student's core SCPE grade.

### **Clinical Topic Paper**

At the end of each clinical elective SCPE and the Geriatrics SCPE, the student will be required to submit a clinical topic paper specific to the chosen discipline. The clinical topic papers will be submitted at the time the EOR exams are given. Papers will account for 35% of the total SCPE grade. Late papers will result in a loss of 5 points from the final grade for each day late. The student must follow the following requirements:

- 1. Papers must be typed, double spaced with references and citations per the AMA format.**
- 2. The minimum length is four, double-spaced pages with a 12-point font. The bibliography must include at minimum of six current reference sources.**
- 3. Papers will be graded on the basis of content, cohesiveness, and the proper use of grammar, syntax and spelling skills. Papers will also be graded on the utilization of appropriate research sources, as well as the incorporation of the topic's relevance to the SCPE experience.**

## **Other Evaluations**

### **Professionalism**

Physician Assistant students are expected to hold themselves to the highest standards of ethical and professional conduct. Professionalism is a core Educational Program Objective of the Physician Assistant Program and will account for 15% of the student's core SCPE grade. Please note that the assessment of professionalism is ongoing throughout the didactic and clinical phases. The professionalism component of the final SCPE grade is determined using items required by the program and include:

1. Communication (i.e. responds to program communication within 2 business days & maintaining a professional tone in all program communication) – 3 points
2. Timely submission of paperwork – 3 points
3. EXXAT™ logging – 3 points
4. Attendance – 3 points
5. Dress code adherence – 3 points

**Group Case Study / Discussion**

Students will be given clinical cases to complete during each end of rotation call back. The clinic case vignettes will be used to assess the student’s competence in medical knowledge and patient care skills. The vignette will account for 10% of the student’s core SCPE grade.

**SOAP Note**

Each student will be required to submit a SOAP note at the end of each SCPE on a patient of interest seen during the SCPE. The SOAP note will account for ten percent of the total SCPE grade.

Grading of SOAP notes will be performed according to a rubric established by the program. Late submissions will result in a 5-point reduction of the grade.

**Summative Evaluation**

Students will be evaluated throughout the didactic and clinical phases of the program, measuring their medical knowledge, interpersonal skills, patient care skills and professionalism. Students will be required to complete both a written and practical examination.

**PACKRAT**

Students will take two PACKRAT™ examinations in the clinical year. The first PACKRAT at the mid-point of the clinical year and the second assessment, is given within four months of the completion of the program. The PACKRAT is used as an assessment tool to help the students gain an appreciation as to their individual knowledge base and to use as a guide to prepare for the PANCE. The PACKRAT is not a graded assessment.

**Grading Scale**

<b>Activity</b>	<b>Points</b>
<b>End of Rotation (EOR) Exam (35%)</b>	<b>35 Points</b>
<b>Preceptor Evaluations (30%)</b>	<b>30 Points</b>
<b>Professionalism (15%)</b>	<b>15 Points</b>
<b>Case Study / Presentation (10%)</b>	<b>10 Points</b>
<b>SOAP Note (10%)</b>	<b>10 Points</b>
<b>Final Grade (100%)</b>	<b>Total points earned/total available points = 100 Points</b>

**SCPE Grading Scale in the case that a preceptor does not return his/her evaluation:**

<b>Activity</b>	<b>Points</b>
<b>End of Rotation (EOR) Exam (35%)</b>	<b>35 Points</b>
<b>Professionalism (25%)</b>	<b>25 Points</b>
<b>Case Study / Presentation (20%)</b>	<b>20 Points</b>

<b>SOAP Note (20%)</b>	20 Points
<b>Final Grade (100%)</b>	<b>Total points earned/total available points = 100 Points</b>

### SCPE Remediation

Remediation is the opportunity to correct unsatisfactory performance, progress and/or professional conduct in the program. Remediation may be recommended by the SPC to further assess/evaluate a student and to support the student in meeting the learning objectives of the course.

Remediation may also begin when a student is placed on Academic Monitoring or Probation. The student may be offered a remediation plan (see below). Remediation is not automatic or guaranteed.

A **Remediation Plan** is designed to notify faculty and learners of program expectations established to provide the greatest opportunity to achieve success in meeting the learning outcomes of a course when an initial attempt of the assessment indicates the student has been unsuccessful. The plan will be developed by the Academic Education (AED) or Clinical Education Director (CED) with the assistance of the course director. The plan will be presented and reviewed by the SPC.

*The components of the plan will include:*

- a. required activities, assignments and assessments to be successfully completed
- b. the final date of submission of materials in support of the remediation plan; and
- c. signatures of the students and the faculty reviewer or SPC Chair(s).

Failure to fulfill all the terms of a remediation plan may result in dismissal from the program. Student remediation progress will be monitored by the course director and the SPC. Please refer to the following link for the complete Progression Policy [LINK](#).

### EXXAT™ Tracking System

Student Training and Education Placement Software (STEPS) available through EXXAT™

provides an electronic method to simplify collection of each student's patient encounter logs.

The patient profile log serves to aid the PA Program in evaluating the educational experience provided by the SCPE site. The patient profile log indicates:

1. Demographics of patients seen during the SCPE (age, sex, race).
2. Type of decision making (straightforward, low/moderate/high complexity).
3. Student participation (observation, shared role, primary provider).
4. Reason for visit.
5. Chief complaint.
6. Type of History & Physical (H&P) (problem focused, expanded problem focused, detailed, comprehensive).
7. Diagnosis/ICD (International Classification of Disease) codes.
8. Procedures/CPT (Current Procedural Terminology) codes.

9. Classes of medications prescribed.

10. Social problems addressed.

11. Patient education performed.

- *Students are required to document all complete patient encounters while on each SCPE and all patient encounters should be completed in the EXXAT™ system within seven (7) days.*

The program sets patient encounter goals for the students to strive for while on SCPEs. The goals were set to ensure that the clinical year provides sufficient patient exposure to allow each student to provide care to patients across the lifespan, care to women (including prenatal & gynecologic care), conditions requiring surgical management, and care for patients with behavioral and mental health conditions. The program continuously monitors the student's progress towards these goals. Please refer to the chart below for the program required minimum patient encounters.

#### **Required minimum patient encounters**

<b>Required Minimum</b>	<b>Needed</b>	<b>Required Minimum</b>	<b>Needed</b>
Infants (0 to 12 months)	15	Mental Health	16
Children (13 months to 10 years old)	24	Preventative	10
Adolescents (11 to 17 years old)	27	Emergent	40
Adults (18 to 64 years old)	160	Acute	40
Elderly (>65 years old)	70	Chronic	30
Women's Health (Pre-natal & Gynecological)	15 (Each)	Surgical (Pre-operative )	10
Surgical (Intra-Operative)	10	Surgical (Post- Op)	10
<b>Total</b>	<b>336</b>		<b>156</b>

#### **Program Responsibilities**

##### **Program Responsibilities**

The program maintains the following responsibilities to ensure the educational environments and activities during the clinical phase of the program.

1. Preparation – The program prepares the students adequately for their clinical experiences.
2. Assignment – The program is responsible for assigning students to clinical sites that will provide a quality learning experience.
3. Site Objectives and SCPE Syllabi – The program provides objectives and outcomes for each SCPE to the student and preceptor as a guide of expected SCPE experiences. Clinical experiences may vary depending on patient population and site variation. It is the student's responsibility to review the objectives and augment clinical experiences with independent study, research and discussion with the preceptor and program clinical faculty.
4. Affiliation Agreements – The program develops and maintains affiliation agreements with all clinical sites
5. Insurance/Immunizations – The program ensures that all students have current malpractice liability insurance and up-to-date immunizations based on CDC recommendations.

6. Grading – The program is responsible for assigning a final grade to every student for all SCPEs
7. Problems – The program interacts with all preceptors, sites, and students and is available to respond to any problems or concerns. In addition, should problems arise at the SCPE site, the program retains the right to remove a student from the SCPE.
8. Health & Safety – The program will work with the preceptor an site to ensure a healthy and safe clinical learning environment. Preceptors must notify the program immediately of any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, SCPE site staff or fellow students. The program retains the right to immediately remove the student from a SCPE if such behavior occurs.

#### **Revision of Clinical Year Policies & Procedures**

The program reviews these policies and procedures at least once a year and revises them as needed to facilitate the mission of the program and the college. The program reserves the right to make changes to any and all aspects of the student/preceptor clinical year manual at any time with or without notice. The program will notify the student and provide copies of any substantial changes. Students are expected to remain current on all policies and procedures.

# **APPENDICIES**



### **Student Handbook Manual Receipt & Acknowledgement**

I acknowledge that I have received and read the 2021-2022 Physician Assistant Sciences Program Clinical year handbook. I have had an opportunity to have questions answered with regard to its content. I agree to abide by the policies and procedures contained therein.

I have been made aware that, as a student enrolled in a Meharry Medical College program that I am bound by policies and procedures contained in the Meharry Medical College Student handbook.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Clinical Topic Paper Rubric

	5	4	3	2
Integration of knowledge (content)	The paper demonstrates that the author fully understands and has applied concepts learned on this SCPE. Concepts are integrated into the writer's own insight.	The paper demonstrates that the author, for the most part, understands and has applied the concepts learned in this SCPE.	The paper demonstrates that the author, to a certain extent, understands and has applied concepts learned in this SCPE.	The paper does not demonstrate that the author has fully understood and applied concepts learned in the SCPE.
Topic Focus	The topic is focused and specific to the chosen discipline.	The topic is focused but is not specific to the chosen discipline.	The topic is too broad but is specific to the chosen discipline.	The topic is not clearly defined and is not specific to the chosen discipline.
Depth of Discussion	In-depth discussion & elaboration in all sections of the paper.	In-depth discussion & elaboration in most sections of the paper	The writer has omitted pertinent content. Quotations from others outweigh the writer's own ideas.	Cursory discussion in all the sections of the paper or brief discussion in only a few sections
Cohesiveness	Ties together information from all sources. Paper flows from one issue to the next. Author's writing demonstrates an understanding of the relationship among material obtained from all sources.	For the most part ties together information from all sources. Paper flows with only minimal disjointedness. Author's writing demonstrates an understanding of the relationship among material obtained from all sources.	Sometimes ties together information from all sources. Paper does not flow – disjointedness is apparent. Author's writing does not demonstrate an understanding of the relationship among material obtained from all sources.	Does not tie together information. Paper does not flow and headings are necessary to link concepts. Writing does not demonstrate understanding any relationships.
Spelling, Grammar, Syntax	No spelling, syntax &/or grammar mistakes	Minimal spelling, syntax &/or grammar mistakes.	Noticeable spelling, syntax &/or grammar mistakes	Unacceptable number of spelling &/or grammar mistake
Sources	Six or more current sources used.	Five current sources used.	Less than six sources used. Not all sources used are current.	Less than six sources used, none of which is current.
Citations	Cites all data obtained from sources. APA citation style is used in both text	Cites most data obtained from other sources. APA citation style is used in both	Cites some data obtained from other sources. Citation style is wither	Does not cite sources.

	& bibliography.	text & bibliography	inconsistent or incorrect	
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### SOAP Note Rubric

	Likely Harmful	Needs Improvement	Satisfactory	Exceptional	Comments
<b>Subjective / Objective</b>	N/A	Problem(s) Identified:  Inaccurate  Has major omissions that make it unlikely another provider would come to the same assessment and Plan	Problem(s) Identified:  Accurate but has minor omissions  Contains Assessment and / or plan	Complete and accurate in every detail	
<b>Assessment</b>	Problem(s) Identified:  Missing drug therapy problems that if unaddressed could result in patient harm  Wrongly identified drug therapy problems that could result in patient harm	Problem(s) Identified:  Missing goals  Missing or wrong problem(s) stated  Inconsistent with established guidelines w/o explanation or otherwise clinically inappropriate  Major omission that would make it unlikely another provider would come to the same plan	Problem(s) Identified:  Accurate but has minor omissions  Contains Assessment and/or plan	Complete and accurate in every detail	
<b>Plan</b>	Problem(s) Identified:  Contains errors or recommendations that could result in patient harm  Fails to address drug therapy problems identified in the assessment that could result in patient harm  Has missing or wrong follow-up /monitoring that could result in patient harm	Problem(s) Identified:  Plan is missing specific recommendations (drug/dose/frequency)  Not consistent with the assessment  Inconsistent with established guidelines w/o explanation or otherwise clinically inappropriate  Missing follow-up (what and when)	Problem(s) Identified:  Appropriate but has minor omissions  Contains additional assessment information	Complete, appropriate, and accurate in every detail	
<b>Medical Terminology</b>	N/A	Problem(s) Identified: Use of error prone abbreviations  Use of inappropriate or incorrect terminology	All abbreviations and terminology are appropriate and safe	N/A	

Score	Total points x 0 points = _____ +	Total points x 1.5 points = _____ +	Total points x 2 points = _____ +	Total points x 2.5 points = _____ +	= _____ / 10
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### Mid-SCPE Evaluation

- The student demonstrates extensive and well-applied knowledge, including pathophysiology of disease and clinical signs and symptoms associated with those diseases.

- 5 = Strongly Agree**
- 4 = Agree**
- 3 = Neutral**
- 2 = Disagree**
- 1 = Strongly Disagree**
- 0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

- The student gathers data in a logical, thorough and reliable manner and elicits a broad base of information about the patient. The student performs a complete and accurate physical exam in a compassionate manner. The student relates clinical findings to altered physiology.

- 5 = Strongly Agree**
- 4 = Agree**
- 3 = Neutral**
- 2 = Disagree**
- 1 = Strongly Disagree**
- 0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

- The student provides appropriate recommendations for laboratory tests, radiological studies, imaging, and other diagnostic procedures relating to the differential diagnosis list. The student interprets the results and refines the differential list based on those findings.

- 5 = Strongly Agree**
- 4 = Agree**
- 3 = Neutral**
- 2 = Disagree**
- 1 = Strongly Disagree**
- 0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

4. The student provides appropriate recommendations, considering the patient's age, gender, lifestyle, genetics, and comorbidities. The student involves the patient and his or her family in planning.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

5. The student gives concise, organized patient presentation, including both obvious and subtle findings. The student integrates information from the history, physical exam, and diagnostic tests (if applicable) into a clinical diagnosis. The student provides all necessary information to the preceptor and does not require frequent prompting for additional information.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

6. The student keeps excellent patient records including history and physicals, progress notes, etc. The student takes the initiative to practice writing these documents when the setting does not allow students to chart in the patient's record. Notes are consistently organized, concise and include all of the appropriate documentation.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

7. The student shows sensitivity and empathy towards patients and their families. The student develops a trusting relationship with their patients. Patients express positive comments about the student and his or her performance. The student participates actively in discussions and works with the clinical team at all levels. The student has excellent rapport with peers; the student maintains collegiality and demonstrates respect for peers, preceptors and staff.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

8. The student arrives on time and stays until they are dismissed from the shift. The student shows initiative by arriving early and staying late when extra help is needed for patient care. The student puts the care of the patient first and does not miss opportunities to learn just because their shift is complete. The student is present and on time for all clinical activities and teaching sessions.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

## Preceptor Evaluation of the Student

### Medical Knowledge

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

3. The student can manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacological agents and other relevant treatment modalities.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**

f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

4. The student can identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission.

a. **5 = Strongly Agree**

b. **4 = Agree**

c. **3 = Neutral**

d. **2 = Disagree**

e. **1 = Strongly Disagree**

f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

5. The student selects and interprets appropriate diagnostic or lab studies

a. **5 = Strongly Agree**

b. **4 = Agree**

c. **3 = Neutral**

d. **2 = Disagree**

e. **1 = Strongly Disagree**

f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

6. The student can identify appropriate interventions for prevention of conditions

a. **5 = Strongly Agree**

b. **4 = Agree**

c. **3 = Neutral**

d. **2 = Disagree**

e. **1 = Strongly Disagree**

f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**



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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

8. The student demonstrates the ability to use historical information to direct a focused examination. (Evidence: Case presentations to preceptor reflect a logical connection between historical information and physical examination findings.)

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

9. The student demonstrates knowledge of normal physical examination findings.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

10. The student demonstrates knowledge of abnormal physical examination findings and their relationship to possible diagnosis. (Evidence: Case presentations to preceptors reveal appropriate recognition of findings and incorporation of findings into assessment and plan.)

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

## Patient Care

11. The student can develop and carry out patient management plans.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

13. The student demonstrates competent performance in medical and surgical procedures that are considered essential in the area of practice. (Evidence: Articulates completely the steps of a given procedure, materials needed, follow-up care/patient instructions, possible adverse reactions and contraindications.)

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

14. The student demonstrates correct use of instruments, skills in performing procedures, gives clear instructions to assistants, and maintains calm in face of unplanned complications.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

15. The student sets appropriate boundaries for effective patient relationships.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

16. The student counsels and educates patients and their families.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

**Interpersonal & Communication Skills**

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

18. The student produces reliably concise organized documentation for patient interactions. (Evidence: Documentation demonstrates an accurate record of patient encounters with attention to legibility, correct physical examination findings, patient identifiers, logical assessment of case presentation, clear treatment plans with prescriptions, follow-up appointments, consultations, and ensures co-signature of preceptor.)

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

19. The student's documentation demonstrates improvement over the course of the SCPE with regard to physical exam descriptions.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

20. The student conducts respectful interviews, with empathy and sensitivity.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

## Professionalism

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

23. The student demonstrates self-directed study

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

25. The student promptly completes assigned tasks.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

28. Locates, appraises and integrates evidence from scientific studies related to patients' health problems.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

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

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**



## Svstmes-Based learning

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

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

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

## Additional Comments

## Student Evaluation of the Preceptor

1. The preceptor discussed their expectations (goals and objectives) with me at the start of the SCPE.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

2. The preceptor facilitates me in meeting the learning objectives and goals of the SCPE.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

3. The preceptor was readily available to me

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

4. The preceptor appeared enthusiastic about teaching and having me as a student.

**g. 5 = Strongly Agree**

**h. 4 = Agree**

**i. 3 = Neutral**

**j. 2 = Disagree**

**k. 1 = Strongly Disagree**

**l. 0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3**

5. The preceptor demonstrated patient care and examination techniques.

**a. 5 = Strongly Agree**

**b. 4 = Agree**

**c. 3 = Neutral**

**d. 2 = Disagree**

**e. 1 = Strongly Disagree**

**f. 0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

6. The preceptor was current in approach and treatment of medical problems.

**a. 5 = Strongly Agree**

**b. 4 = Agree**

**c. 3 = Neutral**

**d. 2 = Disagree**

**e. 1 = Strongly Disagree**

**f. 0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

7. The preceptor gave me opportunities to interview and examine patients and to formulate an assessment/plan.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

8. The preceptor gave me multiple opportunities and actively listened to oral presentations of my patient encounters.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

9. The preceptor provided timely and constructive feedback about my performance.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

**10.** The preceptor provided adequate observation/supervision of my patient encounters.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

**11.** The preceptor utilized me in the practice in an effective manner (Did not serve as clinical or administrative staff).

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

**12.** The preceptor was effective and should continue to serve as a preceptor.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

**13.** The preceptor subjected me to incidents of bullying and/or harassment during the clinical rotation.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

**14.** The preceptor gave a safety orientation and access to personal protective equipment.

- a. **5 = Strongly Agree**
- b. **4 = Agree**
- c. **3 = Neutral**
- d. **2 = Disagree**
- e. **1 = Strongly Disagree**
- f. **0 = N/A (Not Applicable)**

**Please provide detailed comments for answers below 3:**

**Additional Comments**

## Student Evaluation of the Site and the Course

Preceptor Name: \_\_\_\_\_

Dates of SCPE: \_\_\_\_\_

### Site Specialty:

Primary Care   Internal Medicine   OB/GYN   Pediatrics   Emergency Medicine

Psychiatry   General Surgery   Geriatrics   Elective \_\_\_\_\_

1. The practice staff was accepting of student participation?

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

Please provide detailed comments for answers below 3:

2. The SCPE site provided an orientation to the practice/site.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

Please provide detailed comments for answers below 3:

3. Do you feel the SCPE provided an adequate patient load (in terms of number and variety).

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

4. Do you feel the SCPE provided an adequate opportunity to practice clinical skills and procedures

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

5. Did you have an opportunity to participate as part of an Inter-professional team during the SCPE?

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**



6. The site provided reasonable security & personal safety measures.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

7. The SCPE was a good learning experience.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below:**

8. The clinical team and co-course directors provided adequate support and guidance in setting up the SCPE and reviewing the expected learning outcomes for this SCPE?

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

9. The course director was helpful to me individually (in conferences, email exchanges, etc.)

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

10. The course syllabus was adequate.

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3:**

11. Did the SCPE learning objectives for the SCPE guide your learning for the EOR exam or Clinical Topic Paper?

- a. 5 = Strongly Agree
- b. 4 = Agree
- c. 3 = Neutral
- d. 2 = Disagree
- e. 1 = Strongly Disagree
- f. 0 = N/A (Not Applicable)

**Please provide detailed comments for answers below 3**

Additional Comments

### Student Site Visit Evaluation

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

Dates: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Dates of SCPE: \_\_\_\_\_

**Site Specialty:**

Primary Care    Internal Medicine    OB/GYN Pediatrics    Emergency Medicine  
 Psychiatry    General Surgery    Geriatrics    Elective \_\_\_\_\_

Category	Yes	No	N/A
Student on Site			
Student readily identifiable as a Physician Assistant student			
Attire / Appearance is appropriate for clinical environment			
Able to observe student taking history?			
Able to observe student performing physical examination?			

Patient Presentation: Ask the student to present one or more patients in one or more of the following formats:

Comprehensive	Detailed	Brief					
Complete HPI, PMH, FH, SocH, ROS, PEX, Laboratory studies, assessment, including differential diagnosis, and plan	Relevant features of all elements of presentation, but able to use terms such as “noncontributory” or “unremarkable” for categories. Acceptable to say laboratory studies are normal, PE normal except for..... Highlights pertinent positives and negatives; avoids irrelevant information	Limited HPI and PMH. Limited physical examination and laboratory studies. Limited differential diagnosis, assessment, and plan. Certainly no more than 6 sentences total.					
Not to exceed 7 minutes speaking at an understandable pace	Not more than 3 minutes	30 seconds – 1 minute					
Assessment Area		Deficient	Below Avg	Average	Above Avg	Excellent	N/A
Student communicates clearly.		1	2	3	4	5	N/A
Student is able to integrate findings from PE, history & diagnostic studies.		1	2	3	4	5	N/A
Student develops management plan that logically follows from differential diagnosis.		1	2	3	4	5	N/A
Student shows awareness of preventive/health maintenance concerns		1	2	3	4	5	N/A
Student demonstrates sufficient knowledge of patient’s medications, including classes, indications, contraindications, and potential interactions.		1	2	3	4	5	N/A

## Structured Clinical Practice Experience Preference Form

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

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

### Specialty:

Primary Care	Internal Medicine	OB/GYN	Pediatrics
Psychiatry	General Surgery	Geriatrics	Emergency Medicine

### Please list the first three SCPEs you feel most comfortable doing first:

- 1.
- 2.
- 3.

### Please list the SCPE you feel least comfortable doing first:

- 1.

### Electives

Please provide your "wish List for elective SCPEs. List your top three elective choices. An elective may be another core rotation, or a sub specialty (please refer to the elective list). Please remember, the program will assign and determine final placement. Requests do not guarantee placement at the site.

- 1.
- 2.
- 3.

**What area of medicine are you most interested in practicing after school?**

## Title: Student Self-Assessment of Competencies

**Scale:** Likert

**Instructions:**

- Will be administered annually at the end of the didactic year and the end of the clinical year by the Program Manager and Admissions Coordinator.
- Will be analyzed annually by the Department Chair and Program Director with dissemination of results to the Curriculum Review Committee (CRC).
- Surveys will be housed in Exxat and analysis results will be housed on the PA internal server.

**Benchmark:** Self-assessment will be monitored for improvement from one phase of program to the next. Additionally, it will be assessed against employer survey, preceptor survey and PANCE results to gauge how well the Program has prepared graduates. Consistent areas of weakness will be noted and will be applied to curriculum improvement.

**Survey:**

*Questions will all include the following scale:*

*1=Strongly Disagree*

*2= Disagree*

*3= Neutral*

*4= Agree*

*5= Strongly Agree*

Please rate your agreement with the following: When given a clinical scenario or in a patient encounter the MMC PA curriculum has prepared me to provide/do the following:

***Patient Care –***

**PC 1-** The ability to obtain record and present an accurate medical history for patients with commonly encountered medical, surgical and behavioral conditions across the lifespan.

**PC 2-** The ability to perform, record, and present a thorough physical examination including organ system specific examinations as indicated by patient presentation for patients across the lifespan, with commonly encountered medical, surgical and behavioral conditions.

**PC 3-** The ability to formulate a problem list and differential diagnosis for patients across the lifespan based upon historical information, physical examinations and laboratory and diagnostic studies.

**PC 4-** The ability to develop and implement patient management plan that are safe and effective and include preventative, emergent, acute and chronic care for patients across the lifespan.

**PC 5-** The ability to perform routine technical procedures safely and effectively.

**PC 6-** Provides screening and preventive care that improves wellness, modifies risk factors for illness and injury and detects illness in early treatable stages.

**PC 7-** The student will demonstrate sound clinical decision making skills in their abilities to order and interpret lab and diagnostic studies for patients across the lifespan using current evidence based medicine.

**PC 8-** The ability to reason deductively in solving clinical problems.

**PC 9-** An awareness of health promotion and disease prevention by providing appropriate counseling, patient and family education, related to preventable diseases, communicable diseases, immunization schedules and healthy lifestyles for patients across the lifespan.

***Medical Knowledge- The student will demonstrate:***

**MK 1-** The ability to apply knowledge of the normal structure, function and behavior of the body (as an intact organism) and each of its major organ systems to the diagnosis and management of specific medical conditions.

**MK 2-** Develop a diagnostic management plan for common medical, surgical and behavioral conditions for patients across the lifespan, taking into consideration cost, invasiveness, and sensitivity and specificity.

**MK 3-** Apply scientific principles to explain etiologies, risk factors, and underlying pathologic processes for preventative, emergent, acute and chronic medical conditions, for patients across the lifespan.

**MK 4-** An understanding of the principles of pharmacology and therapeutics including indications, contraindications, side effects, interactions and adverse reactions.

**MK 5-** Counsel and educate patients on preventative care, emergent, chronic and acute disease processes

**MK 6-** Demonstrate the ability to evaluate, diagnosis and treat a diverse population of patients across the lifespan.

***Practice Based Learning and Improvement: The student will demonstrate:***

**PBLI 1-** The ability to use information and medical evidence to improve quality of practice and recognize medical errors.

**PBLI 2-** The ability to locate, appraise, integrate and apply evidence from scientific studies/medical literature to their patient's health and care.

**PBLI 3-** The ability to explain biomedical information treatment choices to patients and families of various educational and social backgrounds.

**PBLI 4-** Apply principles of health promotion and disease prevention to patients across the lifespan.

***Interpersonal and Communication Skills: The student will demonstrate:***

**ICS 1-** Knowledge of various cultures and belief systems and the ability to communicate with patients of diverse backgrounds to provide culturally sensitive health care.

**ICS 2-** The ability to work effectively with others as a member of a health care team or other professional group.

**ICS 3-** The ability to establish and sustain a therapeutic, confidential and ethically sound relationship with patients and families.

**ICS 4-** An understanding of and the ability to apply the principles of autonomy, beneficence, non-maleficence, and justice to ethical decision making.

**ICS 5-** The ability to provide compassionate treatment of patients, and respect for their privacy, confidentiality, and dignity.

**ICS 6-** The ability to communicate effectively, both orally and in writing.

***Professionalism: The student will demonstrate:***

**P 1-** Honesty, integrity and respect in all interactions with patients, families, colleagues and others with whom Physician Assistants interact with during their professional lives.

**P 2-** An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.

**P 3-** The ability to provide culturally appropriate care in a community setting.

**P 4-** An understanding of legal and regulatory requirements, as well as the appropriate role of the Physician Assistant to include not exceeding one's knowledge and scope of practice.

**P 5-** Responsibility for personal actions during educational experiences and professional duties while maintaining a commitment to excellence and ongoing professional development, abiding by all applicable MMC professionalism policies.



**P 6-** Professional responsibility as a student by arriving on time to all scheduled events, submitting all assignments on time and maintaining a professional demeanor and appearance.

***Systems-Based Practice: The student will demonstrate:***

**SBP 1-** An understanding of funding sources and payment systems that provide health care coverage such that they can practice cost-effective health care and resource allocation that does not compromise quality of care.

**SBP 2-** Utilization of information technology to support patient care and education with application of medical information and clinical data systems to provide more effective, efficient patient care.

## Title: Student Minimum Patient Encounters Summary

**Scale:** Nominal

**Instructions:**

- Will be completed by the student during each clinical rotation course according to the policy in the student handbook.
- Will be reviewed by the Clinical Education Director at the end of each rotation to determine that students are having sufficient patient encounters. Students who are failing to progress as expected will be notified quarterly. The elective clinical rotation may be used to remediate logging deficiencies. Additional options are simulation experiences and additional clinical rotations.
- Will be analyzed annually by the Clinical Education Director with dissemination of results to the Curriculum Review Committee (CRC).
- Summaries will be housed in Exxat and analysis results will be housed on the PA internal server.

**Benchmark:** The minimum patient encounters will be set as 60% of the mean from the last cohort.

Student instructions: use your Exxat log in to complete the tables below.

To be updated and returned at the end of each rotation. Students who have not met the minimum required patient encounters in the listed categories may have to complete additional rotations and/or clinical simulation experiences in those deficient categories before graduation.

**The student has met their minimum documented expectations for student experiences:**

\_\_\_\_\_  
(Signature/Date)

**Clinical Education Director**

<b>Encounter Type</b>	<b>Minimum Required</b>	<b>Number Logged in Exaat</b>	<b>Average Seen By Class of 20xx</b>
Infants- 0 to 12 months			
Children- 13 mo to 10 years old			
Adolescents- 11-17 years old			
Adults- 18 to 64 years old			
Elderly > 65 years old			
Women's Health- Pre-natal			
Women's Health- gynecologic			
Surgical- Pre-operative			
Surgical- Intra-operative			
Surgical- Post-operative			
Mental Health			
Preventive			
Emergent			
Acute			
Chronic			

### PAS1 Summative Evaluation Meeting Checklist

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

Student Faculty Advisor: \_\_\_\_\_

Benchmark	Grade P/F or raw score	Notes/Comments
Credentialing		HIPPA training, immunizations, background check, IRB training if needed VA credentialing clearance
Technical Standards		Concerns  Strengths  Weakness
Didactic Courses:	GPA	Any remediation  Strengths  Weakness
PAS 1- End of Didactic phases Cumulative Written Exam	Score	Make recommendation for focused area of study during clinical year based on organ system areas of weakness of summative exam as well as weak areas based on didactic courses and practice packrats.
Comprehensive Patient Encounter exams I in following courses PCI, PCII, PEI, PE II, simulation activities		Any remediation  Strengths  Weakness
Program Educational Objectives (see Summative PEO checklist)		Concerns  Strengths  Weakness
Preparation for clinical phase courses (suturing, casting, gown and gloving, procedures, medical documentation, professionalism, clinical skill I/II)		Any skills requiring remediation or need for early clinical year site visit  Strengths  Weakness
Professionalism		Any citations or issues

### PAS2 Summative Evaluation Meeting Checklist

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

Student Faculty Advisor: \_\_\_\_\_

Benchmark	Grade P/F	Notes/Comments
Credentialing		HIPPA training, immunizations, background check, IRB training if needed VA credentialing clearance
Technical Standards		Concerns  Strengths  Weakness
SCPE Courses:	GPA	Any remediation  Strengths  Weakness
PAS2 – PAEA EOR Exams	Score	Make recommendation for focused area of study for NCCPA board prep based on organ system areas of weakness of summative exam as well as weak areas based on end of rotation exam and clinical rotation performance as well as practice packrats.
PAS2 Comprehensive Patient Encounter exams: PAS2 mid- year and end of year OSCEs		Any remediation  Strengths  Weakness
Program Educational Objectives (see Summative PEO checklist)		Concerns  Strengths  Weakness
Professionalism		Any citations or issues