



Clinical Year 2024 - 2025

Michelle Drumgold, MSPH, MSPAS, PA-C
Chair / Program Director



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INTRODUCTION

Congratulations on completing the didactic portion of the Meharry Medical College Physician Assistant Sciences Program. As you embark on the clinical phase of your training, please take a moment to reflect not only on what a privilege it is, but also the responsibility that comes with this opportunity.

This clinical year handbook has been developed by the faculty and administration of the Meharry Medical College Physician Assistant Sciences Program to provide the student with specific guidelines, rights and responsibilities regarding the PA Program. This handbook is designed to supplement rather than supplant existing Institutional policies and procedures, including those set forth in the Institution's Student Handbook. We encourage every student to become familiar with and refer to that handbook, as well as the School of Graduate Studies and Research handbook.

Any questions regarding policies contained within this manual should be directed to the Clinical Education Director of the PA Program. Although every effort has been made to make this handbook as complete and up-to-date as possible, it should be recognized that circumstances will occur that the handbook does not cover. Changes may be necessary in the handbook due to changes in the PA Program. Students will be notified of any changes or additions in writing and they will become effective immediately.

When the handbook does not cover a specific circumstance or the interpretation is ambiguous, the Program Director will make the necessary decision and/or interpretation. Written policies that are not in the handbook should not be interpreted as an absence of a policy or regulation. If the student has questions regarding a situation, they should discuss them with the Program Director.

Any conflict between the specific policies and procedures set forth in this handbook and general institutional policies and procedures, the institutional policies and procedures shall be the standard. We hope you find this handbook helpful and wish you much success in your clinical rotations.

-The PA Program Faculty



FACULTY DIRECTORY

Faculty Title	Name	Office Location	Office Number
Program Director	Michelle Drumgold	Suite 620	615-327-6351
Associate Program Director	Kara Caruthers	Suite 620	
Medical Director	Dr. Wayne Moore	Suite 620	
Associate Medical Director	Dr. Eric Jackson	Suite 620	
Clinical Education Director	Michelle Drumgold, MSPH, MSPAS, PA-C	Suite 620	
Academic Education Director	Dr. Marc Latta	Suite 620	
Assessment Director	Dr. Sheena D. Brown	Suite 620	
Instructor	Will Wyatt	Suite 620	
Adjunct Faculty	Donna Murray	Suite 600	

STAFF DIRECTORY

Staff Title	Name	Office Location	Office Number
Program Manager	Morgan Jefferson	Suite 620	
Administrative Assistant	Sheila Suddeth	Suite 620	Front Desk



GENERAL INFORMATION

Mission

The mission of the Meharry Medical College Physician Assistant Sciences Program is to increase the number of students from underrepresented groups in medicine (URiM) into the PA profession. Students will be equipped with the ability to demonstrate cultural humility, provide evidence-based and compassionate care to all patients they encounter, and foster a commitment to community service in underserved populations, through equity, justice and lifelong learning.

Goals

The MMC PA Sciences program’s goals are aligned with Meharry Medical College and the School of Graduate Studies and Research strategic goals, which specifically address educational excellence to include the following.

Goals	Metrics	Benchmarks
To increase the number of students from underrepresented groups in medicine (URiM) into the PA profession.	Admission’s data	≥88% of matriculated students are from URiM groups.
To achieve high graduation rates.	Student Progress and Promotion data	≥88% annual graduation rate.
To maintain a competitive first-time PANCE pass rate.	NCCPA Program data	Program annual first-time PANCE pass rate ≥85%
To promote faculty development and demonstrate teaching innovation, scholarship, and service	School of Graduate Studies and Research Faculty Performance Data APT Doc, PAEA Data	Annually, faculty will participate in at least: one professional development opportunity, one external service opportunity, and submit at least one conference presentation or journal article proposal.

Program Outcomes

Our student learning outcomes are considered entry-level competencies (Adopted 2005; revised 2012; revised 2020). The purpose of that document is to communicate to the P.A. profession and the public a set of competencies that all physician assistants, regardless of specialty or setting, are expected to acquire and maintain throughout their careers. The competencies provide a road map for the individual P.A., the physician---PA team, and PA---related professional organizations. These competencies are



similarly aligned with the Accreditation Council for Graduate Medical Education (A.C.G.M.E.) competencies for the medical resident.

The Outcomes: our graduate physician assistant students will demonstrate:

Knowledge for Practice	
1.	Demonstrate knowledge about established and evolving biomedical and clinical sciences and apply this knowledge to patient care.
2.	Access and interpret current and credible sources of medical information.
3.	Discern among acute, chronic, and emergent disease states.
4.	Adhere to standards of care and relevant laws, policies, and regulations that govern the delivery of care in the United States.
5.	Participate in surveillance of community resources to determine if they are adequate to sustain and improve health
Interpersonal and Communication Skills	
1.	Demonstrate interpersonal and communication skills that effectively exchange information and collaboration with patients, their families, and other health professionals.
2.	Communicate effectively to elicit and provide information.
3.	Demonstrate sensitivity, honesty, and compassion in all conversations, including challenging discussions about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.
4.	Recognize communication barriers and provide solutions.
Person-Centered Care	
1.	Provide person-centered care that includes patient-and setting-specific assessment, evaluation, and management.
2.	Provide evidence-based health care, supports patient safety, and advances health equity.
3.	Counsel, educate, and empower patients and their families to participate in their care and enable shared decision-making.
Interprofessional Collaboration	
1.	Demonstrate the ability to engage with a variety of other health care professionals in a manner that optimizes safe, effective, patient-and population-centered care.
2.	Communicate effectively with colleagues and other professionals to establish and enhance interprofessional teams.
3.	Recognize when to refer patients to other disciplines to ensure that patients receive optimal care at the right time and appropriate level.
Professionalism and Ethics	
1.	Demonstrate a commitment to practicing medicine in ethically and legally appropriate ways.
2.	Emphasize professional maturity and accountability to ensure safe and quality care to patients and various populations.
Practice-based Learning and Quality Improvement	
1.	Demonstrate the ability to learn and implement quality improvement practices by engaging in critical analysis of one's own practice experience, the medical literature, and other resources.
2.	Utilize resources for self-evaluation, lifelong learning, and practice improvement
3.	Identify improvement goals and perform learning activities that address gaps in knowledge, skills, and attitudes.
4.	Analyze the use and allocation of resources to ensure the practice of cost-effective health care while maintaining the quality of care.
Society and Population Health	
1.	Recognize and understand the influences of the ecosystem of person, family, population, environment, and policy on the health of patients.
2.	Integrate knowledge of the determinants of health into patient care decisions.
3.	Demonstrate accountability, responsibility, and leadership for removing barriers to health.



Clinical Year Calendar

Activity	Dates
Semester 1 (Summer)	May 20th – July 22nd
SCPE 1	May 20 th – June 14 th
Return to Campus	June 12 th – 14 th
SCPE 2	June 17 th – July 12 th
Return to Campus (Virtual)	July 10 th – July 12 th
Term Break	July 15 th – August 2 nd
Semester 2 (Fall)	August 5th – November 22nd
SCPE 3	August 5 th – August 30 th
Return to Campus	August 28 th – August 30 th
SCPE 4	September 2 nd – September 27 th
Return to Campus (Virtual)	September 25 th – September 27 th
SCPE 5	September 30 th – October 25 th
Return to Campus	October 23 rd – October 25 th
SCPE 6	October 28 th – November 22 nd
Return to Campus (Virtual)	November 20 th – November 22 nd
Term Break	November 25 th – November 29 th
End of Semester Round-up	December 2 nd – December 13 th
Term Break	December 16 th – January 3 rd
Semester 3 (Spring)	January 6th – April 29th
Rotation 7	January 6 th – January 31 st
Return to Campus	January 30 th – January 31 st
Clinical Elective	February 3 rd – February 28 th
Return to Campus (Virtual)	February 26 th – February 28 th
Summative	March 3 rd – March 7 th
ALE 4	March 10 th – April 18 th
Summative Remediation	April 17 th – April 25 th
Poster Session	April 14 th – April 18 th
Board Prep	April 21 st – April 25 th
Remediation	April 28 th – April 29 th
Graduation	May 17, 2025



Prerequisites for Clinical Rotations

Students must fulfill the following criteria prior to engaging in Supervised Clinical Practice Experiences:

1. Successful completion of all didactic course work.
2. Maintain a personal health insurance policy
3. Successful completion of a background check.
4. Completion of all required immunizations and testing. Immunizations are based on the Center for Disease Control guidelines for health professionals and state specific mandates **(A3.07 a)**.

Clinical Activity

1. Meharry Medical College Physician Assistant Sciences students on clinical rotations will work under the direct supervision of physicians who are specialty board certified in their area of instruction, NCCPA certified Pas, or other licensed health care providers qualified in their area of instruction. **(B3.06 a-c)**
2. Supervised Clinical Practice portion of the program will consist primarily of practicing physicians and PAs. **(B3.05)**
3. Meharry Medical College Physician Assistant Sciences students on clinical rotations must wear the program's patch on their white coat, and display their Meharry Medical College issued ID designating their student status. **(A3.06)**
4. Meharry Medical College Physician Assistant Sciences students must not substitute or functions as instructional faculty, and/or clinical or administrative staff **(A3.05 a-b)**.
5. Meharry Medical College Physician Assistant Sciences students shall only perform only those procedures authorized by the PA program, clinical site, and preceptor. Students must adhere to all rules and regulations of the PA program and the clinical site.
6. Meharry Medical College Physician Assistant Sciences students must not be under the influence of drugs or alcohol at a clinical site.
7. Meharry Medical College Physician Assistant Sciences students must not exhibit any behavior that may jeopardize the health and safety of patients, staff, faculty, or fellow students.
8. Meharry Medical College Physician Assistant Sciences students will deliver health care services to patients without regard to race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, gender identity or expression, disability, veteran status, medical condition, socioeconomic status, religious or political beliefs, or any status protected by law or executive order.
9. Meharry Medical College Physician Assistant Sciences students must recognize their limits while on SCPEs. Students must not consent to assess any patient or perform any procedure that is beyond their ability or scope of practice.

Parking / Travel / Housing

The clinical team will attempt to place all students at clinical sites within a 50 mile radius of the institution. However, all students admitted to the Meharry Medical College Physician Assistant Sciences Program should expect that they will engage in SCPEs that are not local to the institution, (greater than a 50 mile radius). When SCPEs occur outside of a 50 mile radius from the institution, students will be responsible for planning their own living and transportation arrangements, and should estimate an



additional expense of \$4,000 during the clinical year. Expenses that may be incurred will include, but are not limited to the following:

- Rental of apartment, home, hotel, or extended stay accommodations.
- Airplane, train, bus or car (including gas) travel expenses.
- Food
- Parking

Institutional Policies

Institutional policies can be found on the Meharry Medical College website. Please refer to the following link:

<https://home.mmc.edu/wp-content/uploads/2020/07/2020-2021-STUDENT-HANDBOOK-Final-July-2020.pdf>

School of Graduate Studies and Research Policies

School of Graduate Studies and Research Policies can be found on the Meharry Medical College website. Please refer to the following link:

<https://home.mmc.edu/wp-content/uploads/2017/05/policymanual.pdf>

Program Policies

SCPE Policy

The MMC PA Program coordinates all clinical rotation sites and preceptors for all required clinical rotations. Prospective or enrolled students are not required to provide or solicit clinical sites or preceptors (A3.03). 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 or clinical site. 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 (**A2.16a-b**).
2. All SCPEs must occur with (**B3.05, B3.06a-c**):
 - *Physicians who are specialty board certified in their area of instruction,



- NCCPA certified PAs, or
- Other licensed health care providers qualified in their area of instruction.

*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. SCPEs must occur in the following setting **(B3.04a-d)**:

- Emergency department
 - Inpatient
 - Outpatient, and
 - Operating room
4. The preceptor will be emailed the preceptor handbook and syllabi for the clinical course in their area of instruction.
5. MMC PA Program Affiliation Agreement template will be sent to the site/facility for signature through the MMC PA tracking system.
6. 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.
7. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. **(A3.01)**

Criminal Background Check and Drug Screen Policy

Increasing numbers of hospitals and clinical partners of Meharry Medical College are requiring criminal background checks (CBCs) for students assigned to complete clinical rotations, electives at their facilities, summer research and internships.

To meet these additional requirements, standardize the criminal background check process and minimize the need for students to do multiple criminal background checks, Meharry Medical College will facilitate a criminal background check process for students as outlined below. **A registration hold will be placed on the student accounts who do not authorize the background check by the deadline communicated.** One comprehensive fee covering all components of the criminal background check will be assessed to the student's fee schedule each year as well.

Safe and competent delivery of patient care requires all providers to be free of impairment from drugs and alcohol. Prior to matriculation and prior to beginning SCPEs, students **must** submit the results of a urine drug screen to the Program. At times, students may also be required to submit additional drug and / or alcohol screens. Students are **responsible for the cost of drug and alcohol screens.**

For the complete policy, please refer to the following link:



<https://home.mmc.edu/wp-content/uploads/2021/10/Criminal-Background-Checks-Drug-and-Alcohol-Screening-Policy.pdf>

MMC PA Faculty Serving as Healthcare Providers Policy

All MMC PA Program faculty, the Program Director and the Medical Director are prohibited from serving as health care providers or offer medical advice for students in the program in any capacity, except in emergency situations.

The student health fee provides all current Meharry students access to the services provided at the Student Health Center. The clinical staff of Student Health Services is comprised of a certified family nurse practitioner and clinical faculty from the department of Internal Medicine. The services provided include:

- Acute illness and injury management
- Physical examinations
- Laboratory services
- Immunizations
- Tuberculosis screening
- N95 respirator fit testing

Services for physical examinations, laboratory services and immunizations are billed to the student's health insurance and are subject to co-pays and deductibles.

PROCEDURE:

1. Student Health Services are not intended to be used in the place of a primary care physician or a specialist. For life or limb-threatening conditions, students should go directly to the nearest emergency department.
2. After normal operating hours, if students require emergency treatment, they are encouraged to go to the Metropolitan Nashville General Hospital Emergency Department, an area emergency department or call 911.

<https://home.mmc.edu/wp-content/uploads/2021/10/MMC-PA-Faculty-Serving-as-Healthcare-Providers-Policy.pdf>

PA Student Employment and Serving as Instructional Faculty Policy (A3.15e)

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 **(A3.04)**.
- PA students must not substitute for or function as instructional faculty **(A3.05a)**. Students with specific prior knowledge, experiences, and skills may assist faculty and share their knowledge and skills, however, they are not to be the primary instructor or instructor of record for any component of the curriculum.
- 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 must not substitute for or function as clinical or administrative staff during clinical rotations **(A3.05b)**.

PROCEDURE:

1. Students must notify the Clinical Education Director immediately if they are put in such a position where they are substituting for or functioning as instructional faculty or clinical or administrative staff, or if they have any questions or other concerns regarding this policy.

<https://home.mmc.edu/wp-content/uploads/2021/10/PA-Student-Employment-Serving-as-Instructional-Faculty-Policy.pdf>

Dress Code & Identification Policy (A3.06)

This Dress Code and Identification Policy is implemented in order to promote professionalism and to ensure student and patient safety. Be aware that your appearance is reflective of the College, Meharry Medical College (MMC) Physician Assistant (PA) Sciences Program and the PA profession. The following procedures apply to all students in all phases of the program regardless of geographic location. Violations of the dress code may result in dismissal from class or clinical activity and may adversely affect your course grade.

PROCEDURE:

Personal attire should be reflective of professionalism. Students in the School of Graduate Studies and Research's PA Sciences Program, at all levels of education and training, are expected to maintain a proper professional image in their behavior and personal appearance at all times. Professional appearance includes the following:

1. Hair is to be neatly groomed and clean.
2. Nails are to be neatly trimmed and clean.
3. Males are not to wear hats or bandanas inside any Meharry or affiliate facility.
4. Students are expected to wear clean, appropriate apparel (shirts, pants, dresses, skirts, etc.) and shoes to all academic activities, and when visiting any of our affiliate institutions.



Unacceptable attire for PA students include:

1. Short (mini) skirts,
2. Tee shirts with inappropriate inscriptions,
3. Halter tops,
4. Midriffs,
5. Excessively low-cut necklines,
6. Tank tops,
7. Spaghetti straps,
8. Sweat bands,
9. Over-sized sagging pants/jeans/shorts
10. Caps or hats,
11. Rubber thongs/Flip flops
12. Leggings

Professional Dress while in the Clinic Setting should include the following:

Students must follow Personal Protective Equipment (PPE) guidelines as established by Centers for Disease Control (CDC):

<https://www.cdc.gov/HAI/pdfs/ppe/PPEslides6-29-04.pdf>

Students must follow universal precautions and the use of PPE as established by Occupational Safety Health Administration (OSHA)

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

1. Business professional is the accepted dress for all affiliates/clinical rotations unless specified otherwise by a preceptor of the Clinical Education Director regarding a particular rotation or rotation activity.
2. A short, white consultation jacket with the following:
 - a) The MMC PA Sciences Program Patch
 - b) The Student's first and last name
 - c) PA-S (PA-Student) after the student's name

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 a clinical setting.

3. Scrubs may be worn during patient contact with the white consultation jacket and closed toe shoes.
4. Students must wear, and have visible at all times, the Meharry Medical College institutional nametag with the following information:
 - a) The student's picture
 - b) The student's name
 - c) The institution name



- d) The school the student is enrolled in
- e) PA-S, identifying the students as a physician assistant student

The following are not accepted in the Clinic Setting:

1. Open-toed shoes are not permitted in the clinic setting
2. Jewelry that is dangling/hanging, piercings and other accessories that pose a safety concern for the student or patient are prohibited.

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-/her-self as being any medical professional other than a PA student. Students may not use previously earned titles and credentials in any correspondence regarding or related to the MMC PA Program, (i.e., EMT, RN, PT, PhD, RD, etc.).

These statements are general in nature and apply to all patient care settings. The student shall also follow affiliate dress code policies established by the preceptor or facility.

<https://home.mmc.edu/wp-content/uploads/2021/10/Dress-Code-Identification-Policy.pdf>

Inclement Weather Policy

MMC PA Program follows the MMC Inclement Weather and Emergency Closing Policy. Please refer to the link below for the policy:

<https://home.mmc.edu/wp-content/uploads/2017/06/inclementweatherpolicy.pdf>

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.

PROCEDURE:

The following apply:

1. If an exam has started once 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.

<https://home.mmc.edu/wp-content/uploads/2021/10/PA-Program-Campus-Closure-Incident-Weather-Policy.pdf>

Sick Leave, Bereavement and Absenteeism Policy

In the event that a student needs time away from the program due to illness, personal loss, or other life events, students are allowed to miss a total of five (5) days. Students are required to notify the PA Program whenever they are absent from any class or clinical learning rotation.

Absence from a didactic course and/or clinical learning rotation in excess of five (5) days seriously jeopardizes the educational experience and academic requirements of the program. For a clinical rotations, the student may be required to make up that missed time.

PROCEDURE:

- If a student needs to be absent from class or didactic learning activity for illness or other reasons he/she must contact the Program's Administration Office prior to the schedule class/activity, notify the Academic Education Director and the Course Director via email and phone.
- If a student needs to be absent from a clinical rotation for illness or other reasons he/she must contact the Preceptor prior to his/her regular reporting time, notify the Program's Administration Office and notify the Clinical Education Director via email and phone.
- For absences during the didactic phase students are required to present a written note from their health care provider on the second day of their absence to the Academic Education Director or Course Director noting the reason for absence and date(s) of treatment for absences from class/activity.
- For absences during the clinical phase students are required to present a note from their health care provider on the second day of their absence the Clinical Education Director and Preceptor noting the reason for absence and date(s) of treatment for absences from the clinical rotation
- Failure to advise the PA Program of absences may result in the lowering of the rotation grade
- Absence from a didactic course and/or clinical learning rotation in excess of five (5) days seriously jeopardizes the educational experience and academic requirements of the program. For a clinical rotations, the student may be required to make up that missed time.



- Students will be required to make up time missed due to sickness or to repeat the entire clinical learning rotation, if such absence(s) is/are felt by the program and/or preceptor to jeopardize the student's clinical competence or to compromise his/her professional responsibility.
- During the didactic phase students wishing to take an absence to attend a health care conference or for personal reasons must request advance written permission from the program via the Academic Education Director. If the request is approved, the student must then notify the Course Directors of all classes that will be missed and arrange for make-up.
- During the clinical phase students wishing to take an absence to attend a health care conference or for personal reasons must request advance written permission from the Clinical Education Director. If the request is approved, the student must then notify their preceptor.

If a student suffers the loss of a close relative at any time during the program he/she will be allowed 3 days of excused absence. If more time is needed the student is to contact the Program Director by phone and/or email to formally make this request. Faculty and Course Directors will be notified and arrangements for make-up will be made.

<https://home.mmc.edu/wp-content/uploads/2021/10/Sick-Leave-Bereavement-Absenteeism-Policy.pdf>

Student Immunization Requirements (A3.07a)

Meharry Medical College is committed to providing a safe environment for the education of its students in the health professions and sciences, particularly those students who work in the hospital or with patients. Students, faculty and staff in the health sciences setting are vulnerable to communicable diseases such as tuberculosis, measles, mumps, rubella, diphtheria and polio. Those students who may come in contact with blood or blood products also have potential of being infected with hepatitis, HIV or other viruses. These diseases are susceptible to control by appropriate immunizations.

Required Immunizations:

- Influenza
- Hepatitis B vaccinations: documented series of 3 vaccines **and** Hepatitis B surface antibody quantitative serologic titer
- Measles, Mumps & Rubella (MMR): documented series of two doses **and** quantitative serologic titers
- Varicella: documented series of two doses **and** quantitative serologic titer **or** documented dates or disease **and** quantitative serologic titer
- Tetanus/Diphtheria/Pertussis: documentation of TDAP vaccine within the last 10 years
- Meningococcal
- Polio: documentation of last immunization
- Tuberculosis Screening (within last 12 months): PPD results or IGRA result or documentation of previous positive PPD, subsequent treatment **and** most recent chest x-ray report.
- Tuberculin skin testing and influenza (flu) vaccination is required annually.
- Two doses of an mRNA vaccine (Pfizer or Moderna), a single shot of the Johnson and Johnson, or recovery from Covid-19 followed by a single shot of any of the available vaccines is **mandatory** (with exceptions only for medical reasons) prior to matriculation with documentation provided to student health.



Physical Examination:

Prior to registration, all students entering Meharry Medical College are required to have the Health Surveillance/Physical Examination forms completed by a health care provider. The physical exam should be performed within the last 12 months. If the health care provider has questions, please ask the health care provider to call Student Health Services at **(615) 327-5757** for assistance.

PROCEDURE:

1. Prior to registration, all students entering Meharry Medical College must provide proof of prior immunization for influenza, measles, mumps, rubella, varicella (chicken pox), tetanus, diphtheria, pertussis, meningococcal, polio, and hepatitis B consistent with the most current Centers for Disease Control and Prevention recommendations for healthcare professionals. 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.
2. 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.
3. 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.

<https://home.mmc.edu/wp-content/uploads/2021/10/Student-Immunization-Requirement.pdf>

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 the result of a clinical assignment, will be evaluated at the Student Health Center during the Center's normal operating hours. Students must also notify the Office of Student and Academic Affairs of such injury. A reportable event form must be completed in addition to individual affiliate hospital or clinical forms. 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

PROCEDURE:

Preceding the initial clinical exposure of all students, educational sessions are given which deal with the occupational exposures to infectious and environmental hazards anticipated in the day to day practice of medicine. These sessions are mandatory and cover instruction in the prevention of occupational



exposures; procedures for evaluation after exposure; and the effects of infectious and/or environmental disease or disability on student educational activities. The sessions will be given during orientation and are mandatory for any student who rotates to any affiliate hospital or clinical site. Any student who has not completed these sessions will not be allowed to begin or participate in any clinically related activities **(A3.08a)**.

In the event of an exposure, students must notify the Clinical Education Director (by phone, texting or calling), of such 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 to 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 **(A3.08b)**.

Mandatory Blood borne Pathogen / Needle Stick Plan / Airborne Exposure and Procedure:

As members of our medical community, Meharry provides needle stick coverage to all clinical students. You are enrolled in the mandatory pathogen exposure / accident coverage which provides a benefit in case you are exposed to blood or other body fluids through a needle stick or body fluid splash / spill event.

For students who elected the Meharry Medical Insurance Plan, you are covered 100%. In the event of a needle stick **(A3.08c)**:

- Seek treatment from a MMC or participating provider.
- Use your UHC medical plan ID card
- There will be no charge for medical services at point of service.
- If Prescriptions are needed, you will pay applicable copayment and receive reimbursement from UHC.
- Must use UHC participating pharmacy.

For students who declined the Meharry Medical Insurance Plan, you are covered 100% through Star Underwriter. You will be sent an ID card just for this coverage **(A3.08c)**.

- Seek treatment from a MMC or a provider of your choice.
- Use your medical plan ID card received from Star Underwriter.
- Notify MMC of incident.
- Complete Reimbursement form for STARR



- \$12 annual fee.

For a student who becomes tuberculin skin test positive during the course of their medical training due to airborne exposure, they 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.

<https://home.mmc.edu/wp-content/uploads/2021/10/Evaluation-of-Occupational-Exposure-Illness-and-Injury.pdf>

Academic Promotion, Probation and Dismissal Policy

Academic Progression (A3.15b):

Progression into the clinical phase of the MMC PAS Program requires that students have met all of the following requirements:

- Cumulative GPA (Grade Point Average) of 3.0 or greater
- Completion of the end of didactic phase PACKRAT exam
- Passing performance on assessing history, physical and clinical skills via a practical exam (OSCE)
- Compliance with student code of conduct, including professionalism
- Maintain a current health insurance policy (Any student who does not maintain a current health insurance policy during the Clinical Phase will be removed from clinical rotations until compliance has been established.)
- Provide proof of up-to-date status of all required immunizations and a negative PPD (or chest radiograph for conversions)
- Maintain a clear criminal background check
- Test negative on drug screening as required by clinical rotation site(s)
- Provide the Program and Clinical Education team with up-to-date personal and emergency contact information
- Completion of any additional clinical rotation site requirements (credentialing process)

Any student who does not complete the didactic phase of the program in good academic standing will be required to remediate before progressing to the clinical phase (**Please see remediation policy below**).

To qualify for graduation from the MMMC PAS Program and be eligible to confer a Master of Science in Physician Assistant Studies degree, students must complete the entire PA curriculum and fulfill the following requirements:

- Completion of all MMC PAS courses with a minimum of a letter grade of “C” or above
- Satisfactory completion of all PAS program courses with a minimum GPA of 3.0 or greater
- Successful complete of all clinical phase courses
- Successfully pass all summative assessments



- Compliance with all institutional and program policies and procedures
- Settlement of all financial obligations to the institution
- Completion of all graduation clearance requirements as instructed by the Registrar

Only students who have completed all the above requirements by April 30th will receive a diploma with the published commencement date. Those completing all requirements after April 30th will receive a diploma with the date of June 30th, October 31st, or December 31st.

Non-Academic Probation/Dismissal Policy:

Any violation of published institutional or program policies pertaining to conduct unbecoming of a MMC PAS student, regardless of the student's calculated grade for a particular course, should be reported to the Student Progress and Promotion Committee.

Based on the incident(s) and associated documentation, the committee may recommend disciplinary action, including but not limited to counseling, oral reprimand, written reprimand, probation, restitution, suspension, and expulsion. The recommended actions will be provided to the student in writing, with acknowledgement of receipt and a copy placed within the student's file.

Students have a right to appeal the disciplinary action following the Institution's appeal policy and procedure.

PROCEDURE:

1. A student falling below a cumulative GPA of 3.0, in any given semester, may be placed on academic probation.
2. To be removed from academic probation, the student must attain a cumulative GPA at or above 3.0 within two semesters.
3. Students who earn an "F" for any final course grade may be recommended for dismissal from the program.
4. A student, who does not obtain a GPA of 3.0 or greater, by the end of the didactic year of instruction, will be recommended for dismissal from the PA program. Such dismissals shall be done in a timely fashion, but no later than three weeks after the completion of the phase.
5. The Student Evaluation and Promotion Committee makes recommendations of probation or dismissal to the Program Director.
6. The Program Director may accept or deny the recommendation and any recommendation for dismissal is forwarded to the Dean for final academic action.
7. A decision to dismiss by the Dean may be appealed to the President.

PROCEDURE:

1. A student falling below a cumulative GPA of 3.0, in any given semester, may be placed on academic probation.
2. To be removed from academic probation, the student must attain a cumulative GPA at or above 3.0 within two semesters.
3. Students who earn an "F" for any final course grade may be recommended for dismissal from the program.



4. A student, who does not obtain a GPA of 3.0 or greater, by the end of the didactic year of instruction, will be recommended for dismissal from the PA program. Such dismissals shall be done in a timely fashion, but no later than three weeks after the completion of the phase.
5. The Student Evaluation and Promotion Committee makes recommendations of probation or dismissal to the Program Director.
6. The Program Director may accept or deny the recommendation and any recommendation for dismissal is forwarded to the Dean for final academic action.
7. A decision to dismiss by the Dean may be appealed to the President.

Withdrawal Policy (A3.15d)

If a student withdraws, he or she must reapply to Meharry as a new student and be considered for admission by the Meharry Medical College Physician Assistant Sciences Program's Admissions Committee.

If a student receives a medical withdrawal, he or she will be required to present medical clearance before being readmitted.

A student withdrawing without presenting to the director of Admissions and Records written permission from the dean forfeits all claims for credit or refund.

PROCEDURE:

1. A student may withdraw from Meharry Medical College after completing the official withdrawal form with properly executed with the appropriate signatures
2. The form must be submitting the form to the Office of the Registrar.
3. Grades for completed courses will be recorded on the official record.
4. If the student desires to return to Meharry Medical College, the formal readmissions application process must be completed.

<https://home.mmc.edu/wp-content/uploads/2021/10/Withdrawal-Policy.pdf>

Counseling Services (A1.04)

Meharry Medical College provides counseling services from professional providers at a conveniently located campus Counseling Center. The center is committed to a highly effective counseling support system that compliments the educational and human enrichment endeavors of the institution. Counseling services include individual, family and group therapies, crisis intervention, coaching, case management as well as academic counseling. Workshops related to stress reduction, time management and a variety of clinical presentations are regular features of the center.

The services of the Counseling Center are broad-based and encompass services to students' partners and dependents, as well as to faculty and staff. Below is a listing of some of the services offered:

- Self-esteem problems
- Interpersonal relationships
- Adjustment problems
- Conflict resolution
- Time & stress management



- Short-term psychotherapy
- Marital counseling
- Lifestyle counseling
- Wellness counseling
- Examination anxiety therapy
- Disability counseling
- Medication referral services
- Gay, lesbian, bisexual and transgender counseling and referral services
- Psychological testing
- Alcohol and substance dependence recovery counseling and referral services

All counseling services for students and their immediate family are provided at no cost to the student. When referrals are made to mental health providers, these services are normally covered under the provision of the student's health insurance policy.

Referrals:

Referrals to other agencies or to other health care providers, are made as appropriate. Should students need to seek services from a psychiatrist for medication evaluation or other issues, we provide referral to local community psychiatrists.

Confidentiality:

Please be assured that all counseling services are strictly confidential. No faculty member, staff, peer, friend or family member will be permitted access to a student's counseling records without written permission from the counselee. Counseling session's records are NOT a part of the student's academic records.

PROCEDURE:

Appointments:

1. To make an appointment or to obtain further information about the Counseling Services, please contact us at 615.327.6915.
2. Counseling Services is open Monday– Friday, 8 a.m.–4:30 p.m. Hours are quite flexible, however and appointments may be scheduled until early evening, when necessary.
3. Although appointments are encouraged, walk-ins are welcome.

Counseling and Psychological Emergency:

1. For psychological emergencies, counselors are available for crisis assistance and consultation 24/7.
2. During business hours, call or come into the Counseling Services office and request to be seen immediately.
3. After hours and on weekends, on-call counselors can be reached by calling at 615.327.6915.
4. In case of an emergency that requires police or emergency medical services, please call 911.



General Guidelines for the Clinical Year

The Clinical Site

Two to four weeks prior to the start of each SCPE:

- Contact the Clinical Education Director to collect any necessary credentialing packet, information
- Complete any needed administrative paperwork associated with the SCPE
- Contact your preceptor to determine:
 - Start Date
 - Start time
 - Location

The First Day

The first day of each SCPE, the Meharry Medical College Physician Assistant Sciences student should meet with their clinical preceptor to:

- Arrive 15 minutes early
- Review the SCPE syllabus
- Discuss SCPE outcomes
- Set personal goals
- Discuss SCPE schedule

Responsibilities of Supervising Preceptor

Preceptors who have agreed to supervise Meharry Medical College Physician Assistant Sciences students should:

- Treat students fairly, respectfully, and without bias related to age, race, gender, sexual orientation, religion, disability, or country of origin.
- Maintain high professional standards in all interactions with patients, students, colleagues, and staff.
- Be prepared and on time.
- Provide relevant and timely information.
- Provide explicit learning and behavioral expectations.
- Provide timely, focused, accurate, and constructive feedback on a regular basis.
- Display honesty, integrity, and compassion.
- Practice insightful questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading, or punitive.
- Be familiar with the Student Professional Code of Conduct.
- Provide thoughtful and timely evaluations at the end of a course.
- Solicit feedback from students regarding their perception of their educational experiences and personal interactions.
- Encourage students who experience mistreatment or who witness unprofessional behavior to report it immediately to the PA Program designee and to treat all such reports as confidential.



Clinical Responsibility of PA Program (A3.03, A3.04, A3.05 a-b)

The Meharry Medical College Physician Assistant Sciences Program will:

- Adequately prepare the student for the SCPE
- Assign students to clinical sites that will provide a quality learning environment (students are not required to provide or solicit clinical sites or preceptors)
- Provide the preceptor with a set of learning objectives
- Provide the preceptor with the student's information prior to the student's arrival
- Ensure that the clinical affiliation is in place and current
- Continuously monitor students throughout their SCPEs and the clinical year by:
 - Conducting site visits with each student during the clinical year and providing feedback
 - Providing student feedback at the midpoint of rotations
- Assign a final grade to each student for all SCPEs
- Interact with preceptors on a regular basis and be available to handle any issues as they arrive
- Ensure that the PA student is not working for the PA program, and not substituting for or functioning as instructional faculty and/or clinical or administrative staff.
- Conduct annual site visits of all affiliated sites (Via telephone, video conferencing or in person).

Responsibility of PA Students

Meharry Medical College Physician Assistant Sciences Students should:

- Be courteous of teachers and fellow students.
- Be prepared and on time.
- Be active, enthusiastic, curious learners who work to enhance a positive learning environment.
- Demonstrate professional behavior in all settings.
- Recognize that not all learning stems from formal and structured activities.
- Recognize their responsibility to establish learning objectives and to participate as an active learner.
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine.
- Recognize personal limitations and seek help as needed.
- Display honesty, integrity, and compassion; these attributes include the responsibility for reporting dishonest behavior.
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings.
- Recognize the duty to place patient welfare above their own.
- Recognize and respect patients' rights to privacy.
- Provide clinical teachers and the MMC PA Sciences Clinical Education Director with constructive feedback that can be used to improve the educational experience.
- Timely evaluation of the clinical preceptor and clinical site should be provided no later than the last day of the SCPE.



- Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse."

SCPE Site Assignment (A3.03, B3.06 a-c)

Assignment of Meharry Medical College Physician Assistant Sciences program students to Supervised Clinical Practice Experiences (SCPE) is the sole responsibility and authority of the PA program and will be scheduled by the Clinical Education Director. SCPE will occur with physicians who are specialty board certified in their area of instruction, NCCPA certified PAs, or other licensed health care providers qualified in their area of instruction.

Students are not required to solicit or provide clinical sites or preceptors, however, the PA program will allow students to assist the program in identifying new clinical sites where the student is interested in participating in a SCPE. Any recommended site must undergo the same approval process, as outlines below, as program-identified sites and approved by the Clinical Education Director.

In an effort to ensure the Meharry Medical College Physician Assistant Sciences Program is in compliance with ARC-PA accreditation standards, all preceptors and clinical sites are evaluated carefully. The process of establishing a SCPE site is as follows:

- PA program identifies a potential site and/or preceptor and makes contact
- A preceptor information packet is given to the potential site/preceptor
- State licensure, board certifications, and curriculum vitae are collected from preceptors
- New Site Development Checklist is completed by the PA program
- A clinical affiliation agreement is executed by both parties
- An initial site visit is conducted
- SCPE site is approved or denied for use by the Clinical Education Director
- Availability of student placement and scheduling at any given clinical site is determined by the Clinical Education Director
- **The Clinical Education Director makes the final decision on all SCPE site assignments**

Site Visits

Site visits provide the Meharry Medical College Physician Assistant Sciences Program with the opportunity to conduct and document frequent and objective observations of the student and the preceptor on site. Site visits also provide faculty with the opportunity to address any questions or feedback from students and/or preceptors while allowing the program to identify and address any student deficiencies in a timely manner. Site visits will be conducted at least once during the clinical year by the Clinical Education Director or any program faculty member. **(A2.16 a-c, A2.16 a-c, B4.01 a-b, C2.01 a-c)**

Initial Site Visit

Initial site visits of a SCPE site will be conducted prior to sending students to a clinical site. Initial site visits are conducted to ensure students are able to fulfill the program learning outcomes with access to physical facilities, patient population, and supervision, as well as the student's safety. Site visits can be conducted in-person, via Skype, Zoom, FaceTime, or any other video conference type software or application, and site visitors will complete the **Initial Clinical Site Evaluation** form.



Ongoing Site Monitoring

Ongoing site visits are to be completed at least once every three years as deemed necessary by the Clinical Education Director. The **Clinical Site Evaluation** form will be used to document these visits that may occur in-person, via Skype, Zoom, FaceTime, or any other video conference type software or application.

Student Clinical Site Monitoring

Student clinical site visits are to be completed at least once during the clinical phase of the program to ensure alignment with what is expected and what is being taught, as well as to allow the program to identify and address any student deficiencies in a timely manner. The **Clinical Site Visit Student Evaluation** form will be used to document these visits, which may occur in-person, via Skype, Zoom, FaceTime, or any other video conference type software or application.

Clinical Rotation Descriptions

Family Medicine (GSPA 711-01)

This four week Family Medicine clinical rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills, and abilities to provide care in the ambulatory outpatient family medicine setting. PA students will be responsible for patients of all ages, from initial visit, through possible hospitalization and follow-up. This SCPE will deliver education on providing comprehensive, evidence-based, gender/age specific individualized care, while addressing acute and chronic diseases, health promotion and disease prevention.

Internal Medicine (GSPA 709-01)

This four week Internal Medicine clinical rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills, and abilities to provide acute and chronic medical conditions encountered in the internal medicine setting. This SCPE will provide students with direct experience in the evaluation, treatment and management of complex cases, which may occur in the inpatient or out-patient setting.

Pediatrics (GSPA 707-01)

This four week Pediatric clinical rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills, and abilities to provide care in the ambulatory outpatient pediatric medicine setting. In this rotation, the student will learn the aspects of caring for the pediatric patient from birth through adolescence. The focus will be on recognizing and managing common childhood illnesses, assessment of growth and development, immunizations, nutrition, psycho-social issues and preventative health care.

Emergency Medicine (GSPA 713-01)

This four week Emergency Medicine rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate



knowledge, skills, and abilities to provide care in the emergency medicine setting. The student will be able to develop skills in emergency treatment and actions to sustain life and manage a variety of acute, life threatening medical, surgical and behavioral health clinical problems, specific to the emergency department.

Surgery (GSPA 705-01)

This four week Surgical SCPE provides the physician assistant students the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills and abilities to provide care in the surgical setting. The experiences in this SCPE will include pre-operative, intra-operative (assisting), and post-operative surgical care. The students will perform minimal surgical procedures and become educated in the management and overall care of the surgical patient.

Women's Health (SGPA 708-01)

This four week Women's Health clinical rotation provides the physician assistant student with experience learning and practicing the principles of Women's Health (OB/GYN). The PA student will be provided opportunities to acquire and develop skills to evaluate and appropriately manage women's health patients.}

Behavioral Health (GSPA 706-01)

This four week behavioral Medicine clinical rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills, and abilities to provide care in the behavioral/mental health setting. The student will be exposed to common psychological and substance abuse conditions. Focus will be on recognizing and understanding the development and presentation of these behaviors and how to provide intervention and treatment.}

Clinical Elective (GSPA 742-01)

This four week clinical elective rotation is designed to provide the physician assistant student with the opportunity to delve further into areas of particular interest or specialization. Elective rotation selections must be reviewed and approved by the Clinical Education Director.

Applied Learning Experience IV (GSPA 750-01)

Applied Learning Experience IV, the final course of the ALE course series, is designed to develop student learner skills related to integrating patient assessment and clinical medicine concepts learned during the didactic and clinical phase of the program. During ALE IV, PA student learner groups will complete their Capstone Project, which includes conducting a literature review and writing a thesis paper under the guidance of a faculty research advisor. The specific skills developed through this process include:

- Critically evaluating relevant medical literature
- Comprehending the research process
- Enhancing the awareness of potential research questions related to clinical practice in underserved areas
- Utilize evidence from clinical and epidemiological research as a basis for clinical decision-making
- Write in a clear, concise, and logical manner



Student learners will meet regularly with their Capstone research advisor to discuss preliminary drafts of their scholarly work and associated assignments. Each research group is required to present their approved Capstone Research Project to a panel that includes at least one of the course directors and one clinical faculty member.

NCCPA Blueprint

Content Blueprint for PANCE

Beginning in 2019, there was a new content blueprint released for the Physician Assistant National Certifying Examination (PANCE). The content blueprint provides guidance on the information assessed on the Physician Assistant National Certifying Examination (PANCE). The examination is categorized in two dimensions:

1. Knowledge of the diseases and disorders physician assistants encounter; and
2. Knowledge and skills related to tasks physician assistants perform when treating patients.

The detailed listings provided under each of these two categories represent examples of the material that may be covered on PANCE. It is not possible to include all topics on a single exam, and it may be possible that some questions on the exam cover content that is not listed in the examples.

The content blueprint for PANCE is based on information from certified physician assistants who participate in profession-wide practice analysis studies. Certified PAs are involved throughout the exam development process, including: reviewing results of the practice analysis, writing questions that appear on PANCE, reviewing exams before they are administered, reviewing performance data, for exam questions, and developing recommendations for the passing standard. Certified PAs work with NCCPA to continuously review the content included on PANCE to ensure it is relevant and current, as the practice of medicine changes and treatment guidelines are revised or new ones introduced.

Medical Content Categories	Percent Allocation*
Cardiovascular	13%
Dermatologic System	5%
Endocrine System	7%
Eyes, Ears, Nose, and Throat	7%
Gastrointestinal System / Nutrition	9%
Genitourinary System (Male and Female)	5%
Hematologic System	5%
Infectious Disease	6%
Musculoskeletal System	8%
Neurologic System	7%
Psychiatry/Behavioral Science	6%
Pulmonary System	10%
Renal System	5%
Reproductive System (Male and Female)	7%



Task Categories	Percent Allocation*
History Taking and Performing Physical Examination	17%
Using Diagnostic and Laboratory Studies	12%
Formulating Most Likely Diagnosis	18%
Managing Patients	
Health Maintenance, Patient Education and Preventive Measures	10%
Clinical Intervention	14%
Pharmaceutical Therapeutics	14%
Applying Basic Scientific Concepts	10%
Professional Practice	5%

*Medical Content comprises 95% of the exam. All medical content questions are also coded to one of the task areas, with the exception of the professional practice task category. Questions related to professional practice issues comprise 5% of the exam. In addition, up to 20% of the exam may be related to general surgical topics. The specific percentage allocations may vary slightly on exams.

For a complete listing of the PANCE Blueprint, please refer to the link below:

<https://www.nccpa.net/pance-content-blueprint>

End of Rotation Call Back Days & Assessment

End of Rotation Call Back Day Format

All Meharry Medical College Physician Assistant Sciences program students are required to attend all SCPE call back days. All SCPE call back activities are mandatory. There will be a combination of virtual and on campus call back days. Call back days will occur The Wednesday, Thursday, and Friday, 8 a.m. – 5:00 p.m. The PA students should expect the following activities to occur:

Day 1:	Day 2:	Day 3:
End of Rotation Exam – 8:00 a.m. (Arrive to campus by 7:30)	Arrive to Campus by – 8:45 a.m.	Arrive to Campus by – 8:45 a.m.
Break – 10:00 – 10:30	Differential Diagnosis Activity – 9:00 – 10:00 a.m.	Skills Session – 9:00 – 10:00 a.m.
Rotation Self-Reflection – 10:30 – 11:30 a.m.	SOAP Note submitted no later than – 10:00 a.m.	Oral Presentations – 10:00 – 11:30 a.m.
Didactic Presentation – 11:30 a.m. – 12:30 p.m.	Didactic Presentation – 10:00 – 11:00 a.m.	Lunch – 11:30 p.m. – 12:30 p.m.
Lunch – 12:30 p.m. – 1:30 p.m.	Break – 10:30 – 11:30 a.m.	Return to Clinic Wrap-up – 12:30 – 1:30 p.m.



Skills Session – 1:30 – 3:00 p.m.	Skills Session – 11:30 a.m. – 12:30 p.m.	Student Advising - 1:30 – 3:00 p.m.
Remediation Meetings – 3:00 p.m. – 4:00 p.m.	Lunch – 12:30 p.m. – 1:30 p.m.	
	Oral Presentations – 1:30 p.m. – 3:00 p.m.	
	Student Advising – 3:00 – 4:00 p.m.	

Clinical Rotation Grading Format

Activity	Percentage of Grade
End of Rotation (EOR) Exam (Core Rotation) / End of Rotation Paper (Elective Rotation)	30%
Preceptor Evaluation	20%
Mid-Rotation Evaluation	P/F
Rosh Review	P/F
OSCE or Oral Presentation	30%
Required SOAP Note Submission	20%
Student Self-Reflection of Clinical Experience	P/F
Final Grade	100%

Percentage	Letter Grade
100-90	A
89-85	B+
84-80	B
79-75	C+
74 - ≤ 69.5	C
Below 69.5	F

Preceptor Evaluation

The preceptor evaluation of the students is formal feedback of the student from the clinical preceptor that covers the medical knowledge, skills and attitudes. Each evaluation will provide feedback on the learning outcomes for family medicine, internal medicine, pediatrics, women’s health, emergency medicine, surgery, and behavioral health. The preceptor is sent an electronic link from CORE ELMS, but may also complete a paper evaluation if they prefer. The preceptor evaluation accounts for 20 % of the final SCPE grade. A copy of the preceptor evaluation can be found at the end of each clinical year syllabus, in CORE ELMS, and on Blackboard.

Rosh Review

On the second Friday of each core rotation students will be required to complete a Rosh Review End of Rotation Examination. Students will have from Friday at 4:00 p.m. CST to Sunday at midnight to complete the examination. Students will be required to complete a study guide based on the Rosh Review Examination and the NCCPA Blueprint to help in studying for the PANCE during the remainder of their clinical year. The Rosh Review Examination is P/F.



Mid-term Evaluation

Students are required to complete a mid-rotation evaluation during week two of the SCPE and submit it into CORE ELMS by the second Friday of the rotation. The student should complete the self-reflection portion of the evaluation prior to meeting with the preceptor. The preceptor portion of the evaluation should be completed with the student to provide the student with formal feedback and address areas/ways to improve their clinical performance. The mid-rotation evaluation is P/F. The preceptor evaluation accounts for 20 points out of 100 for the final SCPE grade. A copy of the mid-term evaluation can be found at the end of each clinical year syllabus, in CORE ELMS, and on Blackboard.

Student Self-Reflection/Evaluation of Clinical Experience

Students are required to complete a self-reflection of their medical knowledge, skills, and attitudes during the clinical rotation as well as evaluation their clinical experience. The self-reflection of the clinical experience is due on the last day of the SCPE and is graded as a Pass/Fail. Students are required to complete a self-reflection of their medical knowledge, skills, and attitudes during the clinical rotation as well as evaluation their clinical experience. The self-reflection of the clinical experience is due on the last day of the SCPE and is graded as a Pass/Fail. Passing is considered completing the self-reflection and turning it in. The Student Self-Reflection / Evaluation of the Clinical Experience accounts for 20 points out of 100 for the final SCPE grade. A copy of the Student Self-Reflection / Evaluation of the Clinical Experience can be found at the end of each clinical year syllabus, in CORE ELMS, and on Blackboard.

End of Rotation Examination (Core Rotations)

There will be a multiple choice EOR exam given to assess medical knowledge. The exam will be comprised of best answer multiple choice questions based on the Physician Assistant Educational Association (PAEA) EOR topic list and core tasks and objectives for the rotation just completed. Questions will include clinical vignettes, and will be computer based. The EOR exam accounts for 30 % of the final SCPE grade. Students must achieve a minimum score of 70% or higher to be considered passing. The EOR examination will occur during the end of rotation call back days.

End of Rotation Paper (Elective Rotations)

There will be an End of Rotation paper due at the end of the clinical elective SCPE. The paper should be a comprehensive of a clinical condition that is either:

1. From the associated EOR blueprint topic list
2. A case the student has seen on the rotation
3. Suggested topic from faculty member pertinent to the rotation type.

The review should encompass:

1. Epidemiology
2. Pathophysiology
3. Risk Factors
4. Signs and Symptoms
5. Physical Examination Findings



6. Diagnostic Studies for Work-up
7. Management
 - a. Pharmacologic
 - b. Non-Pharmacologic
 - c. Surgical
 - d. Referral Criteria

The paper should be a minimum of (4) four pages (not counting works cited), double spaced, 12pt font, Times New Roman, with a minimum of (5) references (AMA style). The grading rubric for the end of rotation paper can be found at the end of this handbook.

OSCE

Students will demonstrate competence in application of medical knowledge, patient care skills and professionalism as presented in this course through the successful completion objective structured clinical experiences or simulated experience. Students will be presented with brief case descriptions and will need to perform the appropriate history and physical exam, develop a differential diagnosis, and provide an assessment and treatment plan. Students will be required to write a SOAP note for each patient/case. There will be a total of three OSCEs during the clinical year. During return to campus activities where students will have an OSCE, they will not be required to complete an oral presentation. The OSCE will replace the oral presentation grade and account for 30 out of 100 points for the final SCPE grade. The rubric for the can be found at the end of the syllabus.

Oral Presentation

At the completion of SCPEs, with the exception of SCPEs where students will have a scheduled OSCE, students will be required to complete an oral presentation. On virtual return to campus days, students will be required to record and upload to CORE ELMS an oral presentation on a patient of their choice. During on campus return to campus activities, the students will be required to present a patient of their choice for evaluation. The oral presentation will assess the student's medical knowledge and will account for 30% of the final SCPE grade. The rubric for the oral presentation can be found at the end of this handbook.

Required SOAP Note Submission

The student is to submit a completed SOAP note for each clinical rotation to the Clinical Education Director or designated faculty. The SOAP note rubric can be found at the end of this syllabus. The SOAP note accounts for a total of 20% of the final SCPE grade. Each SOAP not must be hand written and uploaded into CORE ELMS on the last day of the SCPE. The rubric for the SOAP note as well as the SOAP note template can be found at the end of this handbook.

Professionalism

Professional behavior is expected from all students during all clinical rotations. Students are expected to attend all scheduled rotations days and actively engage with peers, preceptors, other healthcare professionals and patients in a respectful manner. Any lapses in professional behavior will result in 5% deduction from the total SCPE grade. Please refer to the professionalism policy in the MMC PA Sciences Student Handbook.



Clinical Year Summative (B4.03 a-e)

Each student will take a summative evaluation during the course of the clinical year that will verify that they meet the program competencies required to enter clinical practice, including

- a) Clinical and technical skills
- b) Clinical reasoning and problem-solving abilities,
- c) Interpersonal skills,
- d) Medical knowledge, and
- e) Professional behaviors

The summative evaluation will include the following components:

1. **OSCE** - Students will demonstrate competence in application of medical knowledge, patient care skills, clinical reasoning and problem-solving abilities, and professionalism through the successful completion of three (3) team-based objective structured clinical experience or simulated experience. Students will be presented with brief case descriptions and will need to perform the appropriate history and physical exam, develop a differential diagnosis, and provide an assessment and treatment plan. The OSCE will occur within the final four months of the program and is Pass / Fail.
2. **OSCE Write-up** - Students will be required to write a SOAP note for each of the three (3) summative OSCEs completed. The SOAP notes will be graded based on a program developed rubric and are Pass / Fail.
3. **End of Curriculum Examination** – The End of Curriculum Examination is a 300-question, objective, standardized evaluation of a PA student’s medical knowledge as one component of their readiness for graduation. The exam will be given within the final four months of the program and is Pass / Fail.
4. **Professionalism** – Professionalism is an ongoing assessment during both the didactic and clinical phases of the MMC PA Sciences Program. Students will demonstrate professionalism during the clinical summative through maintaining a professional attitude, prioritizing the interests of those being served above one’s own, acknowledging professional and personal limitations in providing care, and demonstrating a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Professionalism during the clinical summative is P/F.

Remediation will be done on any graded event not passed with a 70% or better on the first try. Remediation must result in a 70% or higher to pass



Didactic Clinical Phase Remediation Policy (A3.17d)

Remediation in the clinical phase of the program will occur when a MMC PA Sciences student fails to pass a graded assignment with a 70% or higher.

Didactic Course Remediation:

Course remediation will only be offered to students who fail a course with a grade of less than 70%. These students will receive an "I" (incomplete) for the course, which will be converted to a letter grade upon completion of remediation. Remediation will consist of a comprehensive multiple choice examination administered within two (2) weeks following the end of the failed course. Students who earn a $\geq 69.5\%$ on the remediation examination will receive a "C" grade (and no higher) for the course. Failure to achieve $\geq 69.5\%$ will result in an "F" grade for the course and is not subject to additional remediation.

Clinical Course Remediation:

Remediation in the clinical phase of the program will occur when a MMC PA Sciences student fails to pass a graded assignment with a 70% or higher.

PROCEDURE:

Didactic Phase Remediation Procedure:

1. Failure to achieve $\geq 69.5\%$ will result in an "F" grade for the course and is not subject to additional remediation will be referred to the Student Progress and Promotion Committee for recommendations on future progression
2. Only one course per Term may be remediated by students. If a student receives more than one "I" grade or an "F" grade (before or after remediation), the student will be required to withdraw from all classes upon receipt of the second deficient grade and will be referred to the Student Progress and Promotion Committee for recommendations on future progression.
3. Students must maintain a cumulative GPA of 3.0 or greater, on a 4.0 scale, in order to progress through the program in good standing. If at any point after the completion of a course, a student's cumulative GPA falls below 3.0, the student will be placed on academic probation and meet with the Student Progress and Promotion Committee and academic advisor to discuss strategies and a plan for success
4. Once on academic probation, the student will have until the end of the didactic curriculum to raise their cumulative GPA to 3.0 or above. The Student Progress and Promotion Committee will meet Student Evaluation and Promotion Committee to track the progress of students on academic probation.
5. Students will be recommended for dismissal by the Student Progress and Promotion Committee to the Dean if:
 1. A student earns an "F" in any course
 2. A student does not have a cumulative GPA of 3.0 or above at the end of the didactic curriculum



3. A student on academic probation does not show sufficient progress, as deemed by the Progress and Promotions Committee
4. Decisions of dismissal by the Dean may be appealed to the President.

Clinical Phase Remediation Procedure:

Failure of an End of Rotation Exam Failure of one End of Rotation Exam requires the student to remediate, which consists of a written explanation of the “keyword feedback” provided on the student’s individual PAEA EOR Exam Performance Report. The student will:

1. Select 25 bullet points (if there are less than 25 bullets, the student must answer all bullet points)
2. For each bullet point, the student must expand on the topic listed, focusing on the TASK identified (i.e., clinical intervention, clinical therapeutics, diagnosis, diagnostic studies, etc.) (References must be provided for each bullet point)
3. After the remediation plan is accurately completed, the student will be required to take another version of the Rosh Review EOR exam in timed mode within one week of failing the EOR exam.
4. Students must pass with a score of 70% or higher within one week of the original examination.
5. A grade of 70% will be recorded as the final grade
6. If the student does not achieve a grade of 70% or higher, on the remediation End of Rotation Examination, the original score will stand as the final grade.

Failure of a remediation examination of End of Rotation Exam

Failure of an End of Rotation remediation exam will result in the student failing the rotation. This will require the student to repeat the rotation during their clinical elective. The student will also be placed on academic probation.

Failure of two End of Rotation Exams

In the event of a second End of Rotation exam failure, the student will:

1. Perform the remediation process as outlined above.
2. Be placed on Academic Probation for the remainder of the clinical phase

Failure of three End of Rotation Exams

In the event of a third End of Rotation exam failure, the student will:

1. Referred to the Meharry Medical College Physician Assistant Sciences Program Student Progress and Promotion Committee for dismissal from the program
2. The student has the option to pursue the appeals process through the Dean of the School of Graduate Studies and Research.

Failure of Graded Assignments

In the event that a student scores below 70% on a graded activity during the clinical phase of the program, the following will occur:



1. The student will arrange a meeting with the Clinical Education Director to discuss the assignment and complete a Clinical Remediation Form.
2. The Clinical Education Director will provide the student with a list of topics that were missed on the graded assignment.
3. The student will be issued a remediation plan and a deadline for completion of his/her plan.
4. After the remediation plan has been completed, the student will be re-assessed based upon the nature of his/her deficiency.
5. On re-assessment, the student is expected to achieve a minimum grade of 70%.
6. If the student achieves a minimum grade of 70% or higher, the student has successfully completed the remediation. However, the original grade for the assignment stands as the final grade.
7. Failure to adhere to deadlines and/or failure to achieve a minimum grade of 70% will result in referral to the Student Progress and Promotion Committee.
8. Copies of the Clinical Remediation Form and any correspondence will be made available for the Chair of the Student Progress and Promotion Committee, the Course Director, the Clinical Education Director, the Didactic Education Director, the student's faculty advisor, and placed in the student's file

Deceleration (A3.15c)

Deceleration occurs when a student leaves their current cohort to join a cohort following behind with the goal to satisfactorily completing the program with the new cohort.

The Meharry Medical College Physician Assistant Sciences Program recognizes that there may be circumstances other than academics that require a student to alter his or her course of study and will take those factors into consideration when reviewing the request for deceleration. **Deceleration will only be offered in rare instances.**

Deceleration Procedure:

1. A student who experiences a significant interruption in the full-time plan of study may submit a written request to the Program Director to decelerate. The letter must have sufficient information to explain the request. Deceleration may also be recommended by the Student Evaluation and Progress Committee.
2. In either instance, if deceleration is approved, the Program Director will convey the recommendations and expectations to the student in writing.
3. The student will return to the program as a full-time student at the beginning of the semester in which he/she decelerated during the following year unless otherwise stated. For example, a student leaving the didactic portion of the program in the middle of the spring semester will return to the program at the beginning of the following spring semester. Due to didactic courses only being offered once per year, there is no option for a shorter absence in the didactic year.

Graduation Requirements

To qualify for graduation from the MMC PAS Program and be eligible to confer a Master of Science in Physician Assistant Studies Degree, students must complete the entire PA program curriculum and fulfill the following requirements:

1. Completion of all MMC PAS courses with a minimum of a letter grade of "C" or above



2. Satisfactory completion of all PAS program courses with a minimum GPA of 3.0 or greater
3. Successful completion of all clinical phase courses
4. Successfully pass all summative assessments
5. Compliance with all Institutional and program policies and procedures
6. Settlement of all financial obligations to the Institution
7. Completion of all graduation clearance requirements as instructed by the Registrar

Only students who have completed all of the above requirements by April 30th will receive a diploma with the published commencement date. Those completing all requirements after April 30th will receive a diploma with the date of June 30th, October 31st, or December 31st

Learning Outcomes (B1.03)

Family Medicine

ARC-PA Standard	Learning Outcomes	Competencies	Evaluation Tools
B3.03a B3.03b	Apply medical knowledge to differentiate the patient's presentation as preventive, emergent, acute, or chronic across the lifespan (infant, children, adolescent, adult, and elderly) for family medicine patients, initiating appropriate steps in the medical decision making process given the presentation	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Complete a history and physical exam specific to the chief complaint across the lifespan (infant, children, adolescent, adult, and elderly) for the family medicine patient.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b	Describe the underlying pathophysiology associated with various acute and/or chronic diseases and conditions commonly seen in the family medicine setting for patients across the lifespan (infant, children, adolescent, adult and elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Accurately order and interpret laboratory evaluations and/or diagnostic studies essential to determining the patient diagnosis(es) across the lifespan (infant, children, adolescent, adult, elderly) for the family medicine patient.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Formulate a reasoned differential diagnosis based on presenting signs and symptoms for the family medicine patient, across the lifespan (infant, child, adolescent, adult, elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review



			Student Self-Assessment
B3.03a B3.03b	Formulate an appropriate treatment plan based on the patient's acuity and diagnosis across the lifespan (infant, child, adolescent, adult, elderly) for the family medicine patient, that would include specific pharmacotherapy, taking into consideration indications, contraindications, and side effects.	<u>KP:</u> 3 <u>PCC:</u> 1,2	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.04c	Educate and counsel patients on appropriate preventive health schedules as well as acute and chronic diseases commonly seen in an outpatient family medicine setting for patients across the lifespan (infant, child, adolescent, adult, elderly), to include, adherence to treatment plans, modifying behaviors, and developing coping mechanisms.	<u>KP:</u> 3 <u>PCC:</u> 1,3 <u>ICS:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.04c	Recognize appropriate follow up schedules for preventive, acute, and chronic conditions commonly encountered in outpatient family medicine setting across the lifespan (infant, child, adolescent, adult, elderly).	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Accurately document the patient encounter using a comprehensive (new encounter) or focused (follow up / established patient encounter) examination template for patient across the lifespan seen in the family medicine setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment SOAP Note
B3.03b	Provide an accurate, relevant, and succinct verbal report of the family medicine patient's presentation to the preceptor and/or specialist for patients across the lifespan (infant, children, adolescent, adult, elderly).	<u>ICS:</u> 1,2 <u>IPC:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03b	Participated as an effective member of an interprofessional health care team and participate in coordinated, quality, team-based care in the family medicine setting for patients across the lifespan (infant, children, adolescent, adult, elderly).	<u>IPC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03b	Communicate in a culturally competent manner, effectively and professionally with patients, caregivers and other health care professionals in the family medicine setting for patients across the lifespan (infant, children, adolescent, adult, elderly).	<u>ICS:</u> 1,2 <u>ICP:</u> 2	Preceptor evaluation Student Self-Assessment
B3.03b	When given the opportunity, competently perform procedures commonly encountered in the family medicine setting for patients across the lifespan (infant, children, adolescent, adult, elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review



			Student Self-Assessment
B3.03b	Utilize evidence-based medicine to apply standards of medical care to the most common diagnosis encountered in the family medicine setting for patients across the lifespan (infant, children, adolescent, adult, elderly).	<u>KP:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03b	Exhibit the professionalism expected of physician assistant student at all times when caring for patients across the lifespan (infant, children, adolescent, adult, elderly).	<u>PE:</u> 2 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03b	Recognize their own limitations in providing family medical, for patients across the lifespan (infant, children, adolescent, adult, elderly), care and seek appropriate guidance from specialist when required.	<u>ICP:</u> 3 <u>PBLQI:</u> 5	Preceptor evaluation Student Self-Assessment
Learning Outcomes Specific to Family Medicine			
B3.03a B3.03b B3.03c	Perform a wellness visit for family medicine patients (to include well women exams), applying the recommended preventive medicine screenings for the patient's age/gender, while effectively communicating the need for health promotion and disease prevention.	<u>KP:</u> 1 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment

Internal Medicine

ARC-PA Standard	Learning Outcomes	Competencies	Evaluation Tools
B3.03a B3.03b B3.04b B3.04c	Apply medical knowledge to differentiate the patient's presentation as preventive, emergent, acute, or chronic, for patients seen in the internal medicine setting (inpatient and/or outpatient), across the lifespan (adult and elderly), initiating the appropriate steps in the medical decision-making process.	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Complete a history and physical exam, specific to the patient's chief complaint across the lifespan (adult and elderly), for patients seen in the inpatient and/or outpatient internal medicine setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.04b B3.04c	Describe the underlying pathophysiology associated with various diseases and conditions commonly seen in the inpatient and/or outpatient internal medicine setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Accurately order and interpret laboratory evaluations and/or diagnostic studies essential to determining the patient diagnosis (es), across the lifespan (adult and elderly) for patients seen in the inpatient and/or outpatient internal medicine setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review



			Student Self-Assessment
B3.03b	Formulate a reasoned differential diagnosis based on presenting signs and symptoms for the inpatient and/or outpatient internal medicine patient, across the lifespan (adult and elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.04b B3.04c	Formulate an appropriate treatment plan based on the patient's acuity and diagnosis across the lifespan (adult and elderly), for the inpatient and/or outpatient internal medicine patient, that would include specific pharmacotherapy, taking into consideration indications, contraindications, and side effects.	<u>KP:</u> 3 <u>PCC:</u> 1,2	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.04b B3.04c	Educate and counsel patients on appropriate preventative health schedules as well as acute and chronic diseases commonly seen in the inpatient and/or outpatient internal medicine setting for patient across the lifespan (adult and elderly).	<u>KP:</u> 3 <u>PCC:</u> 1,3 <u>ICS:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.04b B3.04c	Recognize appropriate follow up schedules for acute and chronic conditions, commonly encountered in the inpatient and/or outpatient internal medicine setting, for patients across the lifespan (adult and elderly).	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.04b B3.04c	Accurately document the patient encounter using a comprehensive (new encountered) or focused (follow-up / established patient encounter) physical examination template for the outpatient internal medicine, and using an initial H&P, daily progress note and discharge note for the inpatient internal medicine patient across the lifespan (adult and elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment SOAP Note
B3.03b B3.04b B3.04c	Provide an accurate, relevant, and succinct verbal report of the inpatient and/or outpatient internal medicine patient's, presentation to the preceptor and/or specialist, for patients across the lifespan.	<u>ICS:</u> 1,2 <u>IPC:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03b B3.04b B3.04c	Participate as an effective member of an interprofessional health care team and participate in coordinated, quality, team-based care in the inpatient and/or outpatient internal medicine setting for patients across the lifespan (adult and elderly).	<u>IPC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03b B3.04b B3.04c	Communicate in a culturally competent manner, effectively and professionally with patients, caregivers and other health care	<u>ICS:</u> 1,2	Preceptor evaluation



	professionals for patients across the lifespan (adult and elderly), in the inpatient and/or outpatient internal medicine setting.	<u>ICP:</u> 2	Student Self-Assessment
B3.03b B3.04b B3.04c	Utilize evidence-based medicine to apply standards of medical care to the most common diagnosis encountered in the inpatient and/or outpatient internal medicine setting for patients across the lifespan (adult and elderly).	<u>KP:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03b B3.04b B3.04c	When given the opportunity, competently perform procedures commonly encountered in the inpatient and/or outpatient internal medicine setting for patients across the lifespan (adult and elderly).	<u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03b B3.04b B3.04c	Exhibit the professionalism expected of physician assistant student at all times in the inpatient / outpatient internal medicine setting for patients across the lifespan, (adult and elderly).	<u>PE:</u> 2 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03b B3.04b B3.04c	Recognize their own limitation in providing medical care and seek appropriate guidance from specialist when in the inpatient / outpatient internal medicine setting for patients across the lifespan (adult and elderly)	<u>ICP:</u> 3 <u>PBLQI:</u> 5	Preceptor evaluation Student Self-Assessment

Women's Health

ARC-PA Standard	Learning Outcomes	Competencies	Evaluation Tools
B3.03a B3.03b B3.03c	Apply medical knowledge to differentiate the women's health patient's presentation as preventive, emergent, acute, or chronic across the lifespan (adolescent, adult, elderly) for both pregnant and non-pregnant patients, initiating appropriate steps in the medical decision making process given the presentation	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.03c	Complete a focused history and physical exam specific to the patient with a women's health (gynecologic and/or prenatal) chief complaint across the lifespan (adolescent, adult, elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03c	Describe the underlying pathophysiology associated with various diseases and conditions (gynecologic and/or prenatal) commonly seen in the women's health setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.03c	Accurately order and interpret laboratory evaluations and/or diagnostic studies essential to determining the patient diagnosis(es) across the lifespan (adolescent, adult, elderly) in women's health setting (gynecologic and/or prenatal).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review



			Student Self-Assessment
B3.03b B3.03c	Formulate a reasoned differential diagnosis based on presenting signs and symptoms for the women's health (gynecologic and/or prenatal) patient's chief complaint across the lifespan (adolescent, adult, elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.03c B3.03d	Formulate an appropriate treatment plan for the acute and chronic women's health (gynecologic/ prenatal) patient across the life span (adolescent, adult, elderly), that would include specific pharmacotherapy and/or surgical interventions, taking into consideration indications, contraindications, and side effects.	<u>KP:</u> 3 <u>PCC:</u> 1,2	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.03c	Educate and counsel patients on appropriate preventive schedules as well as acute and chronic diseases commonly seen in a women's health setting for patients across the lifespan (adolescent, adult, elderly), to include adherence to treatment plans, modifying behaviors, and developing coping mechanisms.	<u>KP:</u> 3 <u>PCC:</u> 1,3 <u>ICS:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.03c	Recognize appropriate follow up schedules for preventive, emergent, acute, and chronic conditions commonly encountered in women's health setting across the lifespan (adolescent, adult, elderly).	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03c	Accurately document the patient encounter using a comprehensive (new encounter) or focused (follow up encounter) examination template in a women's health (gynecologic and/or prenatal) setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment SOAP Note
B3.03c	Provide an accurate, relevant, and succinct verbal report of the women's health patient presentation to the preceptor and/or specialist.	<u>ICS:</u> 1,2 <u>IPC:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03c	Participate as an effective member of an interprofessional health care team and participate in coordinated, quality, team-based care in the women's health setting.	<u>IPC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03c	Communicate in a culturally competent manner, effectively and professionally with patients, caregivers and other health care professionals in the women's health setting.	<u>ICS:</u> 1,2 <u>ICP:</u>	Preceptor evaluation Student Self-Assessment



		2	
B3.03c	When given the opportunity, perform procedures commonly encountered in the women's health setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03c	Utilize evidence-based medicine to apply standards of medical care to the most common diagnosis (es) encountered in the women's health setting.	<u>KP:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03c	Exhibit the professionalism expected of physician assistant student at all times when caring for the women's health patient.	<u>PE:</u> 2 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03c	Recognize their own limitations in providing care to women's health patients, and seek appropriate guidance from specialist when required.	<u>ICP:</u> 3 <u>PBLQI:</u> 5	Preceptor evaluation Student Self-Assessment
Learning outcomes Specific to Women's Health			
B3.03c B3.04a B3.04b B3.04c B3.04d	Participate in the routine care of a patient with an uncomplicated pregnancy, exhibiting knowledge of recommended and required testing for women's health patients seen in the inpatient, outpatient, emergency department or operating room.	<u>PCC:</u> 1,2	Preceptor evaluation Student Self-Assessment

Surgery

ARC-PA Standard	Learning Outcomes	Competencies	Evaluation Tools
B3.03a B3.03b B3.03d	Apply medical knowledge to differentiate the surgical patient's presentation as emergent or acute and surgical or non-surgical across the lifespan for adult and elderly, initiating appropriate steps in the medical decision making process given the presentation	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.03d	Complete a focused consultative and/or pre-operative history and physical exam specific to the patient's surgical chief complaint across the lifespan of adult, elderly.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03d	Describe the underlying pathophysiology associated with various diseases and conditions commonly seen in the surgical setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam



			Rosh Review Student Self-Assessment
B3.03b B3.03d	Accurately order and interpret laboratory evaluations and/or diagnostic studies essential to determining the patient diagnosis(es) and in preparation for surgery across the lifespan of adult and elderly.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.03d	Formulate a reasoned differential diagnosis based on presenting signs and symptoms for the surgical patient's chief complaint across the lifespan of adult and elderly.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.03d	Determine pre-operative, intra-operative and post-operative fluid, blood and antibiotic requirements for common surgical conditions, considering patient acuity and across the lifespan of adult and elderly.	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.03d	Educate and counsel patients with emergent, acute or chronic conditions commonly encountered in a surgical setting, across the lifespan of adult and elderly.	<u>KP:</u> 3 <u>PCC:</u> 1,3	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.03d	Recognize appropriate follow up schedules for emergent, acute, and chronic conditions commonly encountered in in the surgical setting, across the lifespan of adult and elderly.	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03d	Accurately document the patient encounter using a consultation note, hospital progress note and/or follow-up clinic note.	<u>ICS:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment SOAP Note
B3.03d	Provide an accurate, relevant, and succinct verbal report of the surgical patient's presentation to the preceptor and/or specialist.	<u>ICS:</u> 1, 2	Preceptor evaluation



		<u>ICP:</u> 2	Student Self-Assessment
B3.03d	Participated as an effective member of an interprofessional health care team and participate in coordinated, quality, team-based care in the surgical patient.	<u>ICP:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03d	Communicate in a culturally competent manner, effectively and professionally with patients, caregivers and other health care professionals in the surgical setting.	<u>ICS:</u> 1,2 <u>IPC:</u> 2	Preceptor evaluation Student Self-Assessment
B3.03d	When given the opportunity, perform procedures commonly encountered in a surgical setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03d	Utilize evidence-based medicine to apply standards of medical care to the most common diagnosis encountered in the surgical setting.	<u>KP:</u> 1,2 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03d	Exhibit the professionalism expected of physician assistant student at all times when caring for patients requiring surgical management.	<u>PE:</u> 2	Preceptor evaluation Student Self-Assessment
B3.03d	Recognize their own limitations in providing surgical care and seeks appropriate guidance from specialist when required.	<u>ICP:</u> 3 <u>PBLQI:</u> 5	Preceptor evaluation Student Self-Assessment
Learning Outcomes Specific to Surgery			
B3.03d	Demonstrate knowledge of anatomy while participating in patient care intraoperatively as directed by the surgeon across the lifespan of adult and elderly.		Preceptor evaluation Student Self-Assessment
B3.03a B3.03b B3.03d	Recognize the most common post-operative complications, recognizing those that are emergent or acute, verbalizing the treatment for each, across the lifespan of adult and elderly surgical patients.		Preceptor evaluation Student Self-Assessment
B3.03d	Demonstrate the ability to gain appropriate informed consent for surgical procedures and list the steps in the pre-operative pre-surgical checklist.		Preceptor evaluation Student Self-Assessment

Pediatrics

ARC-PA Standard	Learning Outcomes	Competencies	Evaluation Tools
B3.03a B3.03b	Apply medical knowledge to differentiate the patient's presentation as well exam (preventive), emergent, acute, or chronic across the lifespan (infants, children and adolescents), initiating the	<u>KP:</u> 3 <u>PCC:</u>	Preceptor evaluation End of Rotation Exam



	appropriate steps in the medical decision making process given the presentation.	1	Rosh Review Student Self-Assessment
B3.03b B3.04b B3.04c	Complete an age appropriate history and physical exam specific to the pediatric patient's chief complaint for patients across the lifespan.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Describe the underlying pathophysiology associated with various diseases and conditions commonly seen in the pediatric medicine setting for patients across the lifespan.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Accurately order and interpret laboratory evaluations and/or diagnostic studies essential to determining the patient diagnosis(es) across the lifespan (infant, children and adolescent) for the pediatric patient.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Formulate a reasoned differential diagnosis across the lifespan (infant, children and adolescent) for the pediatric medicine patient.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b	Formulate an appropriate treatment plan based on the patient's acuity and diagnosis across the lifespan (infant, children and adolescent) for the pediatric medicine patient, which would include specific pharmacotherapy, taking into consideration indications, contraindications, and side effects.	<u>KP:</u> 3 <u>PCC:</u> 1,2	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Educate and counsel patients on appropriate preventive health schedules and acute and chronic diseases commonly encountered in pediatric medicine across the lifespan (infant, children, and adolescent), to include adherence to treatment, modifying behaviors, and developing coping mechanisms.	<u>KP:</u> 3 <u>PCC:</u> 1,3 <u>ICS</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b	Recognize appropriate follow up schedules for preventive, acute, and chronic conditions commonly encountered in pediatric medicine across the lifespan (infant, children, and adolescent).	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review



			Student Self-Assessment
B3.03b	Accurately document the patient encounter using a comprehensive (new encounter), well exam, or focused (follow up / established patient encounter) examination template for the pediatric patients across the life span (Infant, children, and adolescent).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment SOAP Note
B3.03b	Provide an accurate, relevant, and succinct verbal report of the pediatric patient's presentation to the preceptor and/or specialist for patients across the lifespan.	<u>ICS:</u> 1,2 <u>IPC:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03b	Participate as an effective member of an interprofessional health care team and participate in coordinated, quality, team-based care in the pediatric setting for pediatric patients across the lifespan.	<u>IPC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03b	Communicate in a culturally competent manner, effectively and professionally with patients, caregivers and other health care professionals in the pediatric medicine setting for patients across the lifespan.	<u>ICS:</u> 1,2 <u>ICP:</u> 2	Preceptor evaluation Student Self-Assessment
B3.03b	When given the opportunity, competently perform procedures commonly encountered in the pediatric medicine setting for patients across the lifespan.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b	Utilize evidence-based medicine to apply standards of medical care to the most common diagnosis encountered in the pediatric setting for patients across the lifespan.	<u>KP:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03a	Exhibit the professionalism expected of physician assistant student at all times when providing preventive, emergent, acute, and chronic pediatric medical care.	<u>PE:</u> 2 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03a	Recognize their own limitations in providing preventive, emergent, acute, and chronic pediatric medical care and seeks appropriate guidance from specialist when required.	<u>ICP:</u> 3 <u>PBLQI:</u> 5	Preceptor evaluation Student Self-Assessment
Learning Outcomes Specific to Pediatrics			
B3.03b	Perform wellness visits for pediatric patients (Infants, children, adolescents), completing the recommended age/gender appropriate screening exams, applying the appropriate vaccination schedule, providing age appropriate parental/patient education, while effectively communicating the need for health promotion and disease prevention.	<u>ICS:</u> 1,2 <u>PCC:</u> 1,2	Preceptor evaluation Student Self-Assessment



Behavioral Health

ARC-PA Standard	Learning Outcomes	Competencies	Evaluation Tools
B3.03a B3.03b B3.03e	Apply medical knowledge to differentiate the behavioral/mental health medicine patient's presentation as emergent, acute, or chronic, for patients across the lifespan (children, adolescents, adult, and elderly), initiating the appropriate steps in the medical decision-making process, given the presentation.	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.03e	Complete a focused history and physical exam, including a minimal status exam, specific to the patient's behavioral or mental health chief complaint, for patients across the lifespan (children, adolescents, adult, and elderly) in the inpatient, outpatient or emergency department setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03e	Describe the underlying pathophysiology associated with various diseases and conditions commonly seen in the behavioral health setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.03e	Accurately order and interpret laboratory evaluations and/or diagnostic studies essential to determining the patient diagnosis(es) or to monitor medication therapy across the lifespan (children, adolescents, adult, and elderly) for the behavioral health patient.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.03e	Formulate a reasoned differential diagnosis for the patient's behavioral or mental health chief complaint, for patients across the lifespan (children, adolescents, adult, and elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.03e	Formulate an appropriate treatment plan, including emergent, acute, and chronic treatment, across the lifespan (children, adolescents, adult, and elderly), for the behavioral or mental health patient. Recognize that the treatment plan is multi-factorial and may include therapy, case management and/or medication.	<u>KP:</u> 3 <u>PCC:</u> 1,2	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.03e	Educate and counsel patients with emergent, acute, and chronic diseases commonly seen in a behavioral health setting, for patients across the lifespan (children, adolescents, adult and elderly).	<u>KP:</u> 3 <u>PCC:</u> 1,3	Preceptor evaluation End of Rotation Exam Rosh Review



		<u>ICS:</u> 1	Student Self-Assessment
B3.03a B3.03b B3.03c	Recognize appropriate follow up schedules for emergent, acute, and chronic conditions, commonly encountered in a behavioral/mental health setting, for patients across the lifespan (children, adolescents, adult and elderly).	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03c	Accurately document the patient encounter using a comprehensive (new encountered) or focused (follow-up) physical examination template.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment SOAP Note
B3.03c	Provide an accurate, relevant, and succinct verbal report of the behavioral health patient's presentation to the preceptor and/or specialist.	<u>ICS:</u> 1,2 <u>IPC:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03c	Participate as an effective member of an interprofessional health care team and participate in coordinated, quality, team-based care in the behavioral health patient.	<u>IPC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03c	Communicate in a culturally competent manner, effectively and professionally with patients, caregivers and other health care professionals in the behavioral health setting.	<u>ICS:</u> 1,2 <u>ICP:</u> 2	Preceptor evaluation Student Self-Assessment
B3.03c	Utilize evidence-based medicine to apply standards of medical care to the most common diagnosis encountered in the behavioral health setting.	<u>KP:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.03c	Exhibit the professionalism expected of physician assistant student at all times when caring for behavioral and mental health conditions	<u>PE:</u> 2 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.03c	Recognize their own limitations in providing behavioral / mental health care and seek appropriate guidance from specialist when required.	<u>ICP:</u> 3 <u>PBLQI:</u> 5	Preceptor evaluation Student Self-Assessment
Learning Outcomes Specific to Behavioral Health			
B3.04b	Recognize the legal regulations and requirements for involuntary psychiatric inpatient admission (Baker Act).	<u>KP:</u> 4	Preceptor evaluation Student Self-Assessment
B3.03a	Demonstrate awareness of the opioid crisis and the PA's role in prevention and treatment.	<u>KP:</u> 1	Preceptor evaluation



			Student Self-Assessment
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Emergency Medicine

ARC-PA Standard	Learning Outcomes	Competencies	Evaluation Tools
B3.03a B3.03b	Apply medical knowledge to differentiate the patient's presentation as emergent or acute, across the lifespan (Infant, children, adolescent, adult and elderly), initiating the appropriate steps in the medical decision-making process, given the presentation.	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.04a	Complete a focused history and physical exam, specific to the patient's emergency medicine chief complaint, for patients across the lifespan (Infant, children, adolescent, adult and elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.04a	Describe the underlying pathophysiology associated with various diseases and conditions commonly seen in the emergency medicine setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.04a	Accurately order and interpret laboratory evaluations and/or diagnostic studies essential to determining the patient diagnosis(es) across the lifespan (infant, children, adolescent, adult and elderly) for the emergency medicine patient.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.04a	Formulate a reasoned differential diagnosis for the patient's emergency medicine chief complaint across the lifespan (Infant, children, adolescent, adult and elderly).	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03a B3.03b B3.04a	Formulate an appropriate treatment plan based on the patient's acuity and diagnosis across the lifespan (Infant, children, adolescent, adult and elderly) for the emergency medicine patient, which would include specific pharmacotherapy, taking into consideration indications, contraindications, and side effects.	<u>KP:</u> 3 <u>PCC:</u> 1,2	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment



B3.03b B3.03c B3.03e B3.04a	Educate and counsel patients with acute diseases that commonly present in an emergency room setting, to include behavioral and women's health conditions, for patients across the lifespan (Infant, children, adolescent, adult and elderly), with emphasis on adherence to treatment plans, modifying behaviors, and developing coping mechanisms.	<u>KP:</u> 3 <u>PCC:</u> 1,3 <u>ICS:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.03b B3.04a B3.04c	Recognize appropriate follow up schedules for conditions commonly encountered in the emergency medicine setting, for patients across the lifespan (Infant, children, adolescent, adult and elderly). Verbalize criteria for inpatient admission versus outpatient follow-up for emergency medicine conditions.	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.04a	Accurately document the patient encounter using a focused history and physical examination template while recording the emergency medicine intervention and response to intervention and disposition.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment SOAP Note
B3.04a	Provide an accurate, relevant, and succinct verbal report of the emergency medicine patient's presentation to the preceptor and/or specialist.	<u>ICS:</u> 1,2 <u>IPC:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.04a	Participated as an effective member of an interprofessional health care team and participate in coordinated, quality, team-based care in the emergency medicine setting.	<u>IPC:</u> 1	Preceptor evaluation Student Self-Assessment
B3.04a	Communicate in a culturally competent manner, effectively and professionally with patients, caregivers and other health care professionals in the emergency medicine setting.	<u>ICS:</u> 1,2 <u>ICP:</u> 2	Preceptor evaluation Student Self-Assessment
B3.04a	When given the opportunity, competently perform procedures commonly encountered in the emergency medicine setting.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Rosh Review Student Self-Assessment
B3.04a	Utilize evidence-based medicine to apply standards of medical care to the most common diagnosis encountered in the emergency medicine setting.	<u>KP:</u> 1,2	Preceptor evaluation Student Self-Assessment
B3.04a	Exhibit the professionalism expected of physician assistant student at all times when caring for patients in the emergency department.	<u>PE:</u> 2 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment



B3.03a	Recognize their own limitations in providing emergency medical care and seek appropriate guidance from specialist when required.	<u>ICP:</u> 3 <u>PBLQI:</u> 5	Preceptor evaluation Student Self-Assessment
Learning Outcomes Specific to Emergency Medicine			
B3.03a B3.03b B3.04a	With guidance from the preceptor, appropriately assess and initiate emergency treatment and/or stabilization of patients with emergent or acute medical conditions commonly seen in the emergency medicine setting, for patients across the lifespan (Infant, children, adolescent, adult and elderly).	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation Student Self-Assessment

Clinical Elective

ARC-PA Standard	Learning Outcomes	Competencies	Evaluation Tools
B3.03a B3.03b	Apply medical knowledge to differentiate the patient's presentation as preventive, emergent, acute, or chronic, for patients across the lifespan, initiating the appropriate steps in the medical decision-making process.	<u>KP:</u> 3 <u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Student Self-Assessment
B3.03b	Complete a history and physical exam, specific to the patient's chief complaint across the lifespan.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Student Self-Assessment
B3.03b	Describe the underlying pathophysiology associated with various diseases and conditions commonly seen in the specified setting, for patients across the lifespan.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Student Self-Assessment
B3.03b	Accurately order and interpret laboratory evaluations and/or diagnostic studies essential to determining the patient diagnosis(es), for patients across the lifespan.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Student Self-Assessment
B3.03b	Formulate a reasoned differential diagnosis based on presenting signs and symptoms for patients across the lifespan.	<u>PCC:</u> 1	Preceptor evaluation End of Rotation Exam Student Self-Assessment
B3.03a B3.03b B3.03d	Formulate an appropriate treatment plan based on the patient's acuity and diagnosis across the lifespan, that would include specific pharmacotherapy or surgical intervention, taking into consideration indications, contraindications, and side effects.	<u>KP:</u> 3 <u>PCC:</u> 1,2	Preceptor evaluation End of Rotation Exam Student Self-Assessment
B3.03a B3.03b	Educate and counsel patients on appropriate preventative health schedules as well as acute and chronic diseases for patient across the lifespan.	<u>KP:</u> 3	Preceptor evaluation End of Rotation Exam



		<u>PCC:</u> 1,3	Student Self-Assessment
		<u>ICS:</u> 1	
B3.03a B3.03b	Recognize appropriate follow up schedules for acute and chronic conditions, for patients across the lifespan.	<u>KP:</u> 3	Preceptor evaluation
		<u>PCC:</u> 1	End of Rotation Exam
			Student Self-Assessment
B3.03b	Accurately document the patient encounter, for patients across the lifespan, using the appropriate forms for the patient seen in the specified setting.	<u>PCC:</u> 1	Preceptor evaluation
			End of Rotation Exam
			Student Self-Assessment
			SOAP Note
B3.03b	Provide an accurate, relevant, and succinct verbal report of the patient's presentation to the preceptor and/or specialist for patients across the lifespan.	<u>ICS:</u> 1,2	Preceptor evaluation
		<u>IPC:</u> 1,2	Student Self-Assessment
B3.03b	Participated as an effective member of an interprofessional health care team and participate in coordinated, quality, team-based care of patients seen across the lifespan.	<u>IPC:</u> 1	Preceptor evaluation
			Student Self-Assessment
B3.03b	Communicate in a culturally competent manner, effectively and professionally with patients, caregivers and other health care professionals for patients seen across the lifespan	<u>ICS:</u> 1,2	Preceptor evaluation
		<u>ICP:</u> 2	Student Self-Assessment
B3.03b	Utilize evidence-based medicine to apply standards of medical care to the most common diagnosis encountered in the specific medical setting for patients across the lifespan.	<u>KP:</u> 1,2	Preceptor evaluation
			Student Self-Assessment
B3.04b B3.04c	When given the opportunity, competently perform procedures commonly encountered in the specific inpatient and / or outpatient medical setting	<u>PCC:</u> 1	Preceptor evaluation
			Student Self-Assessment
B3.03b	Exhibit the professionalism expected of physician assistant student at all times when caring for patients across the lifespan.	<u>PE:</u> 2	Preceptor evaluation
		<u>PCC:</u> 1	Student Self-Assessment
B3.03b	Recognize their own limitations in providing medical care and seek appropriate guidance from specialist when required when caring for patients across the lifespan.	<u>ICP:</u> 3	Preceptor evaluation
		<u>PBLQI:</u> 5	Student Self-Assessment



Appendices



Student Self-Reflection Rubric

Criterion / Level	Unacceptable	Reflective Novice	Aware Student Practitioner	Reflective Student Practitioner
Clarity	Language is unclear and confusing throughout. Concepts are either not discussed or presented inaccurately.	There are frequent lapses in clarity and accuracy.	Minor, infrequent lapses in clarity and accuracy.	The language is clear and expressive. The reader can create a mental picture of the situation being described. Abstract concepts are explained accurately. Explanation of concepts makes sense to the uninformed reader.
Relevance	Most of the reflection is irrelevant to student and / or course learning outcomes.	Student makes attempts to demonstrate relevance, but the relevance is unclear to the reader.	The learning experience being reflected upon is relevant and meaningful to the student and course learning outcomes.	The learning experience being reflected upon is relevant and meaningful to the student and course learning outcomes.
Analysis	Reflection does not move beyond description of the learning experience(s).	Student makes attempts at applying the learning experience to understanding of self, others, and / or course outcomes, but fails to demonstrate the depth of analysis.	The reflection demonstrates the students attempt at analysis the experience, but the analysis lacks depth	The reflection moves beyond simple description of the experience to an analysis of how the experience contributed to student understanding of self, others, and / or course learning outcomes.
Interconnections	No attempt to demonstrate connections to previous learning experiences.	There is little to no attempt to demonstrate connections between the learning experience and previous other personal and / or learning experiences.	The reflection demonstrates connections between the experience and material from other courses; and / or course outcomes.	The reflection demonstrates connections between the experience and material from other courses; past experiences; and / or course outcomes.
Self-Criticism	No attempt at self-criticism.	There is some attempt at self-criticism, but the self-reflection fails to demonstrate a new awareness of personal biases, etc.	The reflection demonstrates ability of the student to question their own biases, personal limitations, stereotypes and preconceptions	The reflection demonstrates the ability of the student to question their own biases, personal limitations, stereotypes, preconceptions, and / or assumptions and define new modes of thinking.



SOAP Note Template

Patient Identifying Data:

S	Chief Complaint:
	History of Present Illness:
	Past Medical History:
	Social History:
	Family History:
	Medications:

O	Vital Signs:
	Pertinent Physical Exam Findings:
	Diagnostic Studies:

A	Assessment:
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P	Plan:
	Differential Diagnosis:
	Therapeutic Plan (with goals):
	Patient Education:
	Follow-up Plan:



SOAP Note Grading Rubric

Clinical Site: _____

Student: _____

Preceptor: _____

Rotation Dates: _____

Points:		Unsatisfactory (1)	Needs Improvement (2)	Meets Expectations (3)	Exceeds Expectations (4)	Exceptional (5)
S	Patient Data & Chief Complaint	No Identifying Data; No Chief Complaint	Missing 6-11 Elements of Data; Incomplete Chief Complaint	Missing 3-5 Elements of Data; Incomplete Chief Complaint	Missing up to 2 Elements of Data; Complete Chief Complaint, but Included Extraneous Information	All 12 Elements of Data; Complete Chief Complaint
	Subjective Information	Not Addressed; Grossly Incomplete; and/or inaccurate	Poorly organized with Limited Summary of Patient Information	Organized, but Partial or Inaccurate Information Provided	Well organized with Accurate, but Incomplete and/or In-concise Pertinent Information	Well Organized with complete and Concise Pertinent Information
O	Objective Information	Not Addressed; Grossly Incomplete; and/or inaccurate	Poorly organized with Limited Summary of Patient Information	Organized, but Partial or Inaccurate Information Provided	Well organized with Accurate, but Incomplete and/or In-concise Pertinent Information	Well Organized with complete and Concise Pertinent Information
A	Assessment Statement	Absent	Incomplete/Inadequate, or superfluous with Extraneous Information	Appropriate, but lacking detail, or includes extraneous information	Concise, but missing minor details	Concise with Appropriate detail
	Problem Identification & Prioritization	Minor problem excluded; not prioritized; identified nonexistent problems	Few problems identified; some prioritization; extraneous information included	Most problems identified; inaccurate prioritization	Most problems identified with accurate prioritization	Complete problem list and accurate prioritization
P	Treatment Plan	Not Assessed	Inappropriate Plan for some of the medical problems listed	Incomplete plan for some of the medical problems listed	Mostly complete for all medical conditions listed	Specific, appropriate, and justified recommendations
	Treatment Goal	Not Assessed	Inappropriate or inaccurate goals	Appropriate goals for some of the problems listed	Appropriate goals for most of the problems listed	Appropriate goals for all of the problems listed
	Diagnostic Plan (If Indicated)	Not Assessed	Inappropriate, inadequate, or not indicated	Minimum studies ordered to make diagnosis	Appropriate work-up, but missing minor details	Complete and thorough work-up without extraneous studies
	Counseling / Consent, Referral, Monitoring, & Follow-up	Not Assessed	Inappropriate assessment for some of the medical conditions listed	Incomplete assessment for some of the medical conditions listed	Mostly complete assessment for all medical conditions listed	Specific, patient education addressed; monitoring parameters addressed; Follow-up plan documented.
Overall Impression						
Grader Comments:					Total Score: / 45	



History and Physical Grading Rubric

Clinical Site: _____

Student: _____

Preceptor: _____

Rotation Dates: _____

Identifying Data / Chief Complaint				
All elements of data; Complete chief complaint (5 points)	Missing up to 2 elements of data; Complete chief complaint, but included extraneous information (4 points)	Missing 3-5 elements of data; Incomplete chief complaint (3 points)	Missing 6-11 elements of data; Incomplete chief complaint (2 points)	No identifying data; No chief complaint (1 point)
History of Present Illness				
Complete history with pertinent elements; Good flow; Descriptive; Concise (5 points)	Required elements complete, but poor flow, disjointed, and/or extraneous information provided (4 points)	History provided, but with either extraneous information, or incomplete information (3 points)	Incomplete information; Missing major elements; Poor organization (2 points)	False information or completely absent (1 point)
Medications and Allergies				
Both sections complete; Med (dose/route/start); Allergies (substance/reaction) (5 points)	Missing one section; All elements complete; Extraneous information provided (4 points)	Incomplete section; Poor formatting; Extraneous information (3 points)	Incomplete information; Poor organization; No clarity (2 points)	False information or completely absent (1 point)
PMH / PSH / OBGYN / Psychiatric				
Complete history with all pertinent elements; Good flow; Descriptive; Concise (5 points)	Required elements present; Poor flow; Disjointed; Extraneous information (4 points)	Incomplete section formatting; Incomplete information; Poor organization; Extraneous information (3 points)	Incomplete information; Poor organization; Missing major elements (2 points)	False information or completely absent (1 point)



				(1 point)
Family and Social History				
Complete FM and SH with all pertinent elements; Good flow; Descriptive; Concise (5 points)	Required elements provided; Poor flow; Disjointed; Extraneous information present (4 points)	Incomplete information; Incomplete sections; Poor organization; Extraneous information (3 points)	Incomplete section; Incomplete information; Missing major elements (4 points)	False information or completely absent (1 point)
Review of Systems				
Complete review of systems, including all required elements; Good flow; Descriptive; Concise (5 points)	Required elements provided; Poor flow; Disjointed; Extraneous information present. (4 points)	Incomplete information; Incomplete sections; Poor organization; Extraneous information (3 points)	Incomplete section; Incomplete information; Missing major elements (2 points)	False information or completely absent (1 point)
Physical Examination				
Complete and correct formatting, including all required elements; Descriptive; Good flow; Concise (5 points)	Required elements provided; Poor flow; Disjointed; Extraneous information present. (4 points)	Incomplete information; Incomplete sections; Poor organization; Extraneous information (3 points)	Incomplete section; Incomplete information; Missing major elements (2 points)	False information or completely absent (1 point)
Assessment and Plan				
Complete and correct formatting; Descriptive; Good Flow; Clear and concise; Every active medical issue addressed (5 points)	All sections present, but missing medical issues; Disjointed; Extraneous information (4 points)	Incomplete information; ROS and medical issues do not match; Poor organization (3 points)	Missing medical issues form ROS and/or PE; Plan not appropriate (2 points)	False information or completely absent; Erroneous or contraindicated plan (1 point)
Comments:		Total Points : / 40		



**END OF ROTATION ORAL CASE PRESENTATION GRADING RUBRIC –
TOTAL POINTS 35**

Student Name:		Rotation	
SUBJECTIVE DATA	Sections	Rubric	Points Earned
	Identifying Data - Identifying data of patient (Name, Age, Gender, MRN) - Clerkship and Setting	0:None 1:Present	/1
	Chief Complaint - In patient's own words (includes problem and length of time)	0:None 1:Present	/1
	History of Present Illness - Introductory sentence should include patient's identifying data, including age, and pertinent past medical history	0:None 1:Present	/1
	- Description of progression of condition (incorporate elements of PMHx, PSHx, FamHx, SocHx, and screening tests that are relevant to the story)	0:None 1:Present	/1
	- Completeness (OPQRST and ADLs)	0:None 1:Present	/1
	- ROS questions pertinent to chief complaint are included in HPI (pertinent positives and negatives)	0:None 1:Present	/1
	Past Medical History / Surgical History / Family History / Social History - Incorporate elements of PMHx, PSHx, FamHx, SocHx, and screening tests that are relevant to the story and not shared in HPI	0:None 1:Present	/1
	Medications - Medication and dosages (All Rx, OTC, herbal, and home remedies)	0:None 1:Present	/1
	Allergies - Drug allergy and non-drug allergies. Must include reactions.	0:None 1:Present	/1
	Focused Review of Systems - All applicable/pertinent (negatives and positives) review of systems listed	0:None 2:Present but limited 4: Exceptional (includes all pertinent +/-)	/4
	Physical Examination - Head to toe approach - Vitals: Weight, BMI, Temp, Pulse, BP, RR, Pulse Ox if applicable - General Survey: No acute distress, appropriate dress for weather. - Completeness of focused physical exam only	0:None 1:Present	/1
	Diagnostic Work-Up/Lab Studies - Description of findings and/or special tests; abnormal values indicated	0:None 1:Present but lacks some data or understanding of findings	/3
	OBJECTIVE DATA		



		3: Includes all appropriate test and results	
Assessment & Plan	Summary / Discussion - Includes sentence summarizing key history, PE and laboratory data	0:None 1:Present	/1
	Assessment / Plan - Final Diagnosis with appropriate patient education/medical treatment/referrals/follow-ups	0:None 1:Present	/1
Overall	Overall Format/Style - <u>Non-Verbal Skills</u> <ul style="list-style-type: none"> • Eye contact: holds attention with the use of eye contact and may occasionally use notes; • Body language: is engaging and movements seem controlled; • Posture/Poise: Student is relaxed, self-confident and makes minimal mistakes 	0:errors in format; information disorganized 2:good format – information generally organized in a logical sequence with only a few grammatical errors 4: exceptional format: All information organized in logical sequence with no grammatical errors	/4
	- <u>Verbal Skills</u> <ul style="list-style-type: none"> • Eloquent speech: uses a clear voice and correct, precise pronunciation of terms; • Vocalizes pauses: ah, uh, um, well, etc. with no excessive pauses 	0:errors in format; information disorganized 2:good format – information generally organized in a logical sequence with only a few grammatical errors 4: exceptional format: All information organized in logical sequence with no grammatical errors	/4
	- <u>Content</u> <ul style="list-style-type: none"> • Knowledge; student demonstrates knowledge by answering questions by the audience; • Organization: student presents information in a logical, interesting manner 	0:errors in format; information disorganized 2:good format – information generally organized in a logical sequence with only a few grammatical errors 4: exceptional format: All information organized in logical	/4



	<ul style="list-style-type: none"> - Timeliness <ul style="list-style-type: none"> • Finishes the entire focused oral presentation within time frame allowed 	<p>sequence with no grammatical errors</p> <p>0: errors in format; information disorganized</p> <p>2: good format – information generally organized in a logical sequence with only a few grammatical errors</p> <p>4: exceptional format: All information organized in logical sequence with no grammatical errors</p>	<p>/4</p>
Total Points:			/35
Faculty Signature:		Date:	



Clinical Elective End of Rotation Paper Rubric

Clinical Site: _____

Student: _____

Preceptor: _____

Rotation Dates: _____

	Absent (0)	Does Not Meet Expectations (1)	Needs Improvement (2)	Meets Expectations (3)	Exceeds Expectations (4)	Exceptional (5)
Reasonable topic for Elective Rotation						
Comprehensive Review						
Epidemiology						
Pathophysiology						
Risk Factors						
Signs and Symptoms						
Physical Examination Findings						
Diagnostic Studies and Work-Up						
Management						
Appropriate Format						



Minimum of 4 Pages						
Double Spaced						
12 Point Font						
Times New Roman						
Citations						
Minimum of 5 References						
AMA Style						
Comments:						



Receipt and Acknowledgement of Clinical Year Handbook

The Clinical Year Handbook is an important document intended to help the Meharry Medical College Physician Assistant Sciences Program student become acquainted with and guided through the clinical year. The content of this handbook may be changed at any time at the discretion of the PA Program. In the event of the change, the student will be notified in writing.

Please read the following statements and sign below to indicate receipt, acknowledgement and understanding of this material:

1. I have received a copy of the Clinical Year Handbook. I acknowledge that I understand the policies, rules and information described in it.
2. I understand the policies, rules and information contained in the Clinical Year Handbook are subject to change at the sole discretion of the Meharry Medical College Physician Assistant Sciences Program at any time.
3. I understand that should the contents of the Clinical Year Handbook can be changed in any way, for any reason that the program will provide me with the current version and may require an additional signature from me to indicated that I am aware of, and understand such changes.
4. I further understand that my signature below indicates that:
 - a. I have received a copy of the Clinical Year Handbook
 - b. I have read and understand the above statements;
 - c. I have read and understand the material in its entirety contained within the Clinical Year Handbook;
 - d. I agree to abide by the rules, guidelines, and polices contained therein.

Student's Printed Name

Date

Student's Signature



The Physician Assistant Professional Oath

I pledge to perform the following duties with honesty and dedication:

I will hold as my primary responsibility the health, safety, welfare, and dignity of all human beings.

I will uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.

I will recognize and promote the value of diversity.

I will treat equally all persons who seek my care.

I will hold in confidence the information shared in the course of practicing medicine.

I will assess my personal capabilities and limitations, striving always to improve their medical practice.

I will actively seek to expand my knowledge and skills, keeping abreast of advances in medicine.

I will work with other members of the health care team to provide compassionate and effective care of patients.

I will use my knowledge and experience to contribute to an improved community.

I will respect my professional relationship with the physician.

I will share and expand knowledge within the profession.

These duties are pledged with sincerity and upon my honor.