

**CLINICAL
YEAR
POLICY
MANUAL

2009-2010**

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REQUIREMENTS FOR PROGRESSION TO THE CLINICAL YEAR

IN ORDER TO START CLINICAL ROTATIONS, EACH STUDENT MUST MEET ALL OF THE FOLLOWING REQUIREMENTS:

- Completion of Bachelor Degree
- Be in good standing with Department of Physician Assistant Sciences
- Be in satisfactory financial standing with the University / Student account balance paid in full
- Possess a valid Drivers License and access to vehicle, OR make own transportation arrangements
- Complete all required health data and obtain medical clearance by due date
- Complete and obtain annual Child Abuse History Clearance by due date
- Complete and obtain annual PSP Criminal Record Check by due date
- Complete and obtain Federal Criminal Record Check by due date.
- Provide documentation of medical insurance.

CLINICAL CONTACT INFORMATION

In the event that you need to call or e-mail concerning questions or problems with rotations, please contact the Clinical Coordinator assigned to that site. If that Coordinator is not available, please contact another Clinical Coordinator.

CLINICAL COORDINATORS:

Tracy Wright, MPAS, PA-C	(814) 472-3139	twright@francis.edu
Jill Cavalet, MHS, PA-C	(814) 472-3112	jcavalet@francis.edu
Robert Solarczyk, MPAS, PA-C	(814) 472-3132	rsolarczyk@francis.edu

CLINICAL OFFICE ASSISTANT:

Mrs. Cheryl Strittmatter	(814) 472-3136	cstrittmatter@francis.edu
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CLINICAL FAX NUMBER: (814) 472-3137

DEPARTMENT MAILING ADDRESS: Saint Francis University
Department of Physician Assistant Sciences
P.O. Box 600
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DEPARTMENT CHAIR:

Donna Yeisley, MEd, PA-C	(814) 472-3130	dyeisley@francis.edu
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MEDICAL DIRECTOR, Clinical Year:

Mitch Joseph, D.O.

INTRODUCTION TO CLINICAL ROTATIONS

GENERAL AREAS: SECTION C: EVALUATION and SECTION D: STUDENT SERVICES from the Accreditation Standards for Physician Assistant Education

PURPOSE: To inform current didactic students about Department requirements dealing with student performance on clinical rotations as well as the students' obligations to the Department and rotation site during their clinical year.

OBJECTIVE #1: STUDENT EVALUATION: SECTION C3

"The program must use objective evaluation methods that are administered equitably to all students in the program. Objective evaluation methods must be related to expected student competencies for ...supervised clinical education components."

This is achieved by rotation site visits, objective testing, and evaluations of the student by the preceptor and Department.

A. Rotation Site Visits

1. Each student will be visited by one of the Clinical Coordinators, or their designee, at least once during the clinical year. An evaluation site visit will be scheduled during the rotations indicated on the finalized clinical rotation schedule. Additional formal Department evaluations of the student can be scheduled as deemed necessary by the Department, clinical site, or student. Site visits are scheduled by the clinical site and the Clinical Coordinators at a mutually convenient time. Students may be notified of the date and time of site visits by the rotation site or the Clinical Coordinator.
2. Utilization of the site visit includes, but will not be limited to:
 - Feedback from both the preceptor and student concerning the rotation experience and student performance.
 - Department review of previous student evaluations of the rotation with the preceptor.
 - Feedback from the preceptor and student to identify and correct any inadequacies in program training.
 - **FORMAL EVALUATION:** Direct observation of student performance in patient encounters by Department personnel and review of clinical work via written H&Ps/SOAP notes. The Student Site Visit Evaluation Form will be completed and signed by Department personnel, then will be reviewed with and signed by the student. This evaluation will become a part of the student's permanent file. If there are any safety concerns about the student's performance, the student may be asked to appear before the PRC Committee and/or pulled from the clinical site.

B. Preceptor Evaluation of Student Performance

- Each student will have access to Preceptor Evaluation of Student Performance forms via Blackboard. This form is to be given to each preceptor **at the beginning of the fifth week of every rotation.**
- **It is the student's responsibility to remind the preceptor that the evaluation form should be returned by Transition to Practice Day or to the Department office within one week after the end of the rotation.**
- The preceptor is encouraged to have an exit interview with the student. It is anticipated that this exit evaluation process will allow more direct feedback between the student and preceptor concerning the student's performance on each particular rotation. The student should also provide feedback to the preceptor concerning the rotation.
- Preceptor evaluation forms become a part of the student's permanent university record and are calculated into the grade received for a particular rotation

- **Performance Review Committee (PRC)**

- When a student receives a “Does not meet expectations for level of training” on Clinical Performance or “No” for Professional Conduct on the Mid-Rotation Evaluation or “Below average” rating on the final rotation evaluation, the Department Faculty will review the evaluation and recommend on a case-by-case basis whether or not a PRC needs to be convened. If it is determined that a PRC is not needed, the Clinical Coordinator responsible for the site will contact the student to discuss improving performance in those areas that have been determined to be deficient.
- If a student receives a “Below average” rating in Professional Conduct, a PRC will automatically be convened.
- If a review of the “Evaluation of Student Performance” indicates deficits in either Clinical Performance or Professional Conduct, a change in future site(s) placement may be made whether or not the student receives a passing grade for the rotation.
- If the conduct or performance of the student is deemed unsafe or inappropriate by the Clinical Site or Program Faculty, a PRC may be convened.
- If a student wishes to request a PRC, they should submit the request along with the reason for the PRC in writing to the Department Chairperson. The Department Faculty will review the request and determine whether or not a PRC will be convened.

C. End-of-Rotation Exams

- On the Transition to Practice Day following a rotation (with the exception of the elective rotation), each student will be given a comprehensive exam based on the objectives for that rotation.
- You are to save your answers as you go. If time expires and you have not saved your answers, you will not get credit or extra time.
- Failure of any rotation will result in repeating the rotation as well as all testing specific to that rotation. The grade achieved on the repeated exam will be used to calculate a new rotation grade, which will supercede the previous failing grade.
- No end-of-rotation exam will be given following the elective rotation. The case presentation grade (p. 14) will be the grade for the end-of-rotation exam.

D. Patient Encounter Simulations

- On each Transition to Practice Day, a patient encounter simulation (PES) problem will be administered. This simulation can focus on any aspect of a patient encounter (history taking, physical exam skills, patient education, development of a differential and management plan, clinical skills, etc.) and may be based on any body system. Students must be prepared for each Transition Day. All PES scores are final. A minimum score of 72.5% must be achieved on each simulation, or the student will be required to do remediation on the topic that was failed. Failure to submit the remediation paper or not following the remediation guidelines will result in your rotation grade being **lowered by one letter grade**. If a student receives less than 72.5% on three (3) patient encounter simulations during the course of the clinical year, he/she will be required to complete additional remediation as determined by the Faculty and may be required to appear before the PRC.
- You are to save your answers as you go. If time expires and you have not saved your answers, you will not get credit or extra time. If you have saved your answers and fail to submit your exam, you will receive a maximum score of 72.5 (or the lower score that you earned).

- Failure of any rotation will result in repeating the rotation as well as all testing specific to that rotation. The grade achieved on the repeated exam will be used to calculate a new rotation grade, which will supercede the previous failing grade.

E Case Presentation (see Guidelines for Oral Case Presentation, page 14)

F. Grade Calculation

The calculation of a grade for each rotation is as follows:

Preceptor Evaluation of Student Performance:	60%
End-of-Rotation Exam or Case Presentation:	20%
Patient Encounter Simulation:	20%

The grading scale for Preceptor Evaluation of Student Performance is: Excellent = 4; Good = 3.5; Average = 3; Some = 1; Little = 0.

Final grades will be based on the following scale:	A = 92.5 - 100%
	A- = 88.5 - <92.5%
	B+ = 86.5 - <88.5%
	B = 82.5 - <86.5%
	B- = 79.5 - <82.5%
	C+ = 77.5 - <79.5%
	C = 72.5 - <77.5%
	D = 62.5 - <72.5%
	F = <62.5%

- Lowering of a letter grade for any reason will correspond with the above scale. For example, an A will become an A-, a B+ will become a B, etc.
- Any student who has a failing grade on a rotation will be scheduled for a PRC. The PRC may result in the student being removed from his/her next rotation(s).

G. Evaluation Forms

1. Pre-Rotation Student Self Evaluation

- Each student will have access to Pre-Rotation Student Self Evaluation forms via Blackboard (Transition to Practice course - Student Center). This form is to be completed prior to the start of each rotation and reviewed with the preceptor.
- The Pre-Rotation Student Self Evaluation should be used as a tool to facilitate communication of the student's strengths and areas for improvement to the preceptor. With the help of the preceptor, the student should be able to formalize a plan to improve his/her weaknesses. The form should also be used to provide a clear understanding of preceptor expectations of the student.
- At the end of the rotation, the form may assist the preceptor in assessing the student's progress toward those goals and aid in the completion of the Preceptor Evaluation of Student Performance.
- These evaluations forms will be used to monitor student performance throughout the clinical year. **They may also be used to examine any discrepancies between the student and preceptor as to the final performance evaluations.**
- A completed Pre-Rotation Student Self Evaluation will be turned in on the subsequent Transition to Practice Day. You do not need to fax or mail in this evaluation form prior to Transition Day.

2. Mid-Rotation Student Evaluation

- Each student will have access to Mid-Rotation Student Evaluation forms via Blackboard (Transition to Practice course - Student Center). This form is to be given to each preceptor on **the last day of the second week of every rotation.**
- **It is the student's responsibility to see that the evaluation form is returned promptly to the Department Office by fax [(814) 472-3137] by the third day of the third week of the rotation. If the evaluation form will be late for any reason, it is the student's responsibility to notify the Clinical Coordinators by the above due date. Failure to notify or submit this on time will result in a one letter grade deduction. Consult Blackboard for verification that your evaluation has been received.**
- A Mid-Rotation Student Evaluation form must be submitted to the Department at the designated time during each five-week rotation, **including each five-week block of Family Practice.**
- The student should request a review of the Mid-Rotation Student Evaluation form with the preceptor to review his/her performance thus far. The Mid-Rotation Student Evaluation form should be used as a tool to facilitate communication of student's strengths, areas for improvement, and a plan of action to improve student's performance through the remaining half of the rotation.
- Both the preceptor and the student are to sign the completed Mid-Rotation Student Evaluation Form.
- These evaluation forms will be used to monitor student performance throughout the clinical year. **They may also be used to examine any discrepancies between the student and preceptor as to final performance evaluations.**
- Any student receiving a "Does not meet expectations for level of training" on the Clinical Performance section of the Form or "No" in the Professional Conduct section must telephone the Clinical Coordinator for that site to discuss his/her evaluation and the plan to improve performance for the remainder of the rotation.

3. Student Evaluation of Rotation

- **Prior to discussion concerning the preceptor evaluation of the student,** each student should complete an evaluation of the rotation site. Each student will complete the Student Evaluation of Rotation forms via Blackboard. The on-line form is available in the Evaluations section of each course/rotation. If your clinical site is not listed, it is your responsibility to notify Mrs. Beiswenger.
- Discussion of the form may be included in the preceptor/student conference prior to completion of the rotation. **This form shall be completed and submitted by 8:00 AM on each Transition to Practice Day.**
- Constructive comments are especially recommended, keeping in mind that the preceptors receive an annual summary of the year's rating and comments.
- Those students who are in their 10-week Family Practice Rotation will complete the report **only once at the end of Family Practice II, unless for some reason the rotations are done at two different sites.**

4. **Rotation Follow-up Report**

- At the end of each rotation, each student will submit a completed Rotation Follow-up Report. This report provides up-to-date information about the site itself as well as current information on housing and other student benefits. This form is viewed by the department only, and preceptors will not see what comments are written. Each student will have access to Rotation Follow-Up Report forms via Blackboard. The on-line form is available in the Evaluations section of each course/rotation. **This form shall be completed and submitted by 8:00 AM on each Transition to Practice Day.**
- Those students who are in their 10-week Family Practice Rotation will complete the report **only once at the end of Family Practice II**, *unless for some reason the rotations are done at two different sites.*
- Any comments or concerns that the student has, (and does not wish to document on the above forms), need to be discussed with the Clinical Coordinators so that situations can be remedied.

5. The Pre-Rotation Self Evaluation, Mid-Rotation Student Evaluation, and Preceptor's Evaluation of Student Performance Forms must be submitted at the designated time for **EVERY ROTATION** (including each five weeks of Family Practice). The Student Evaluation of Rotation and Rotation Follow-up Report need to be completed for all rotations except Family Practice I (as indicated above). It is the student's responsibility to ensure that the Clinical Coordinators receive the Preceptor Evaluation, Pre-Rotation Self-Evaluation, Rotation Follow-Up Report and Student Evaluation of Rotation after completion of each rotation. You may also check in the Blackboard grade book of each course/rotation to see if it has been received. While the Department realizes that occasional problems may arise, repeated offenses may lead to the lowering of a final rotation grade.

THE FINAL ROTATION GRADE WILL BE LOWERED ONE LETTER GRADE FOR ANY OF THE REASONS LISTED BELOW:

- Failure to submit Preceptor Evaluations, Mid-Rotation Student Evaluations, Rotation Follow-Up Reports or Student Evaluation of Rotation forms by the due date.
- Failure to contact the program concerning absences from rotation.
- Unexcused absences and/or early departure from any Transition to Practice Day or required Department activities.
- Failure to uphold student responsibilities to the clinical site noted on Mid-Rotation Evaluations or via other communication with the preceptor (i.e., professional behavior/attitude, assignments, hospital rounds, etc.).

OBJECTIVE #2: SUMMATIVE EVALUATION: SECTION C3

“The program must document a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice.” This is achieved by the utilization of both the PACKRAT Examination and a series of Patient Encounter Simulations.

A. PACKRAT EXAMINATION

- Each student will be required to complete the PACKRAT Examination as scheduled by the Department.
- Any student that scores below the class average on any section of the PACKRAT Examination will be required to complete a remediation project as determined by the Department.

B. PATIENT ENCOUNTER SIMULATION SERIES

- Each student will be required to participate in and successfully complete a series of Patient Encounter Simulations as scheduled by the Department at the end of the Clinical year.
- The simulations may include history taking, problem specific physical exams, differential and management plans, clinical skills, and patient education.
- If the student does not successfully complete each simulation with a 72.5%, the student will continue to complete simulations until a passing score is achieved. Remediation as determined by the Department, will be performed.

C. ATTENDANCE

- The Summative Patient Encounter Simulations will be scheduled in conjunction with Transition Day #9 activities; therefore, all students will be required to attend all scheduled activities for Transition Day #9.

OBJECTIVE #3: RESPONSIBILITIES TO SITE

A. PROFESSIONAL CONDUCT

- If the conduct or performance of the student is deemed unsafe or inappropriate by the Clinical Site or Program Faculty, the student can be dismissed from the rotation. This can result in failure of the rotation.

B. CONTACTING UPCOMING ROTATION SITES

- It is the student's responsibility to contact the preceptor or his/her designated contact person **no later than one week prior** to the start of a new rotation, to determine what time, where, and to whom the student should report for the first day of that rotation.
- Each student will be provided with an Orientation to Clinical Rotation sheet, which provides appropriate phone numbers, name of the site contact person, general information about the site, student requirements, plus housing information and directions as available.
- Students must also make appropriate arrangements for housing at sites which offer housing (see Orientation to Clinical Site for housing contacts). Some sites require several months notice, so review all outlines carefully. *The PA Department/University is NOT responsible for searching for or securing housing for students.* **ULTIMATELY, HOUSING IS THE SOLE RESPONSIBILITY OF THE STUDENT!** See housing list on Blackboard for suggestions to secure housing.
- Clinical sites which offer free or reduced room and board do so as a courtesy to you, the student. Please realize this is a privilege which can be taken away from our students by the clinical site. It is **your** responsibility to ensure that the housing area is as clean as when you arrived, that you respect the rules, have no guests, alcohol, or illicit drugs. Violation of the rules can result in the lowering of the rotation grade. Please make arrangements with the appropriate person for key return prior to your departure. A student who follows you may be counting on having a key as well.

C. DO'S AND DON'TS - Utilization of Rotation Site

1. ORIENTATION:

At the beginning of each new rotation, time should be allotted for the preceptor and student to "share" information about themselves. **This should include a review of the Pre-Rotation Self Evaluation form as well as the expectation/duties of both the student and preceptor.** Students should be aware of their strengths and areas for improvement concerning clinical performance. The Pre-Rotation Student Self Evaluation form has been designed to facilitate communication with the preceptor at the start of the rotation. The student should complete this form before meeting with the preceptor on the first day. Preceptor input to accomplish goals may then be added after the review. Both the student and preceptor must sign this form after review. **The form should then be submitted to the Department at the next Transition to Practice Day.** An open dialogue between the student and preceptor as well as student and Department should be maintained to identify each student's strengths and areas for improvement. Plans to remediate identified weaknesses will be initiated by the student with assistance of the Department and clinical site. Initial orientation discussion should include, but not be limited to:

- Discussion concerning areas where student feels clinically strong or weak.
- Student expectations of the clinical rotation.
- Preceptor expectations of the student.
- Discussion concerning the strengths and limitations of the rotation site.
- Written plan listing specific goals and plans for improvement of areas of weakness will be given to the preceptor on the first day of the rotation.

2. Student Responsibilities:

- Students are expected to attend all conferences, rounds, and clinics held by the service to which they are assigned.
- Students are required to be on-call and work weekends as designated by each rotation site and /or preceptor.
- Some physicians do at least hospital rounds on weekends and the student is expected to accompany him/her even when not specifically designated. It is the student's responsibility to follow hospital patients at all times so he/she is aware of the patient's course including events of the weekend.

3. Rotation Objectives/Course Descriptions:

- Specific objectives for each rotation are provided to both the student and preceptor as an outline for expected rotation experience. End-of-rotation exams are based on the rotation objectives. Clinical experiences may vary depending on patient population and site strengths/weaknesses. **It is the student's responsibility to review the objectives and augment clinical experiences with independent research and discussion with the preceptor as necessary.**

D. CLINICAL ATTENDANCE

1. Time Requirements:

- As this is a full time experience, students are expected to work at least 40 hours per week, plus any on-call or weekends as scheduled by the preceptor.
- Students are expected to arrive on time or be early for all of their clinical experiences.
- Each clinical rotation will end on the Thursday of the fifth week. Those students that are at a site that is 2 hours or less of driving time from the University are to work a full day. If you are at a site that is greater than 2 hours away, you may end your rotation at 12 Noon on that Thursday. Attendance on Transition Days is mandatory. Travel to or from distant sites needs to be arranged accordingly.

- While there is no scheduled time off, students are expected to make up **all** time that he or she misses from a rotation or more. This may be determined by the preceptor and/or the Department.
- Any student who misses two days or more from an individual rotation, for any reason, may have to repeat a portion (minimum of one week) or all of that rotation. This may result in the delay of your graduation.
- Absences throughout the year will be monitored and noticeable patterns or repeated absences may result in a letter grade deduction as determined by the PRC.
- Any student who misses two days or more from an individual rotation must submit an excuse from their health care provider on official letterhead. The excuse is to be submitted to the Clinical Coordinators.
- Students are not permitted to take days off during the clinical year, unless on a Leave of Absence. Students on rotations will only have a scheduled break over the Christmas holiday.
- Non-scheduled breaks may consist of Memorial Day, July 4th, Labor Day, Thanksgiving and Easter during which times students may **only take the same time off as their preceptors.**
- **Students are not permitted to request ANY time off from rotations without prior approval from the Department.**

2. Daily Absences:

- If you must be absent from the rotation for any unplanned reason, **notify the rotation site as early as possible EACH MORNING** that you will be absent.
- The Department must also be notified of all absences for any reason. **Failure to contact the Department concerning absences from rotation may lower your rotation grade one letter grade.**

3. Interviews:

- A maximum of **three** days during the last semester may be taken to interview for employment. It is required that you notify both your rotation site and the Department (in writing or via e-mail) *as soon as the interview is scheduled*. Interview days may be limited if the student has other absences during the rotation or excessive absences throughout the year.

E. INJURIES ON ROTATIONS

- Any student who sustains an injury or occupational exposure while on rotations must notify the Student Health Center as soon as possible. Please provide details about how the injury occurred, how it was treated, what follow-up is necessary, and any other pertinent information. If the student will be absent from the clinical rotation, the Clinical Coordinator for that site should be notified as soon as possible.
- In the event that the injury involves **exposure to blood borne pathogens**, notify the clinical site's occupational medical staff immediately and follow their protocols for blood borne exposure. The student must contact the Saint Francis University Student Health Center at (814) 472-3008 as soon as possible. If the Health Center is closed, leave a detailed message so that the appropriate information can be obtained. (As a reminder, prophylaxis must be initiated within 24 hours.)

- It is important to recognize that as a student you are not covered by the health insurance of the clinical sites since you are not an employee. You are also not covered by the University's health insurance, as you are not an employee of the University, Therefore you must carry your own insurance to cover any medical expenses incurred as a result of injury at clinical sites (i.e. bloodborne exposures). The Department is not responsible for any of these expenses.
- **The student is responsible for any costs incurred as a result of any injury, including exposure to blood borne pathogens, occurring on a rotation.** This may include medical exam, laboratory testing of student and patient, Emergency Room costs, etc.
- A Student Accident and Sickness Insurance Plan is available, through the University's Business Office. Students will be covered 24 hours a day for the entire calendar year, including vacations, and complete coverage is in effect at school, at home, and while traveling. It is University policy that each student have individual health coverage. As such, all students must participate in this insurance plan unless proof can be furnished that other similar insurance is carried by the students which provides adequate coverage while they are students in the United States. **You will be required to submit proof of medical coverage prior to starting rotations.**

OBJECTIVE #4: GUIDANCE; SECTION D2

"The program must assure that guidance is available to assist students in understanding and abiding by program policies and practices. The program must assure that students have timely access to faculty for assistance and counseling regarding their academic concerns and problems."

Even though clinical students do not reside on campus, the Department makes every attempt to keep in close contact with each student and clinical site. The Clinical Coordinators are available for consultation with the student or site whenever necessary. Contact is maintained through:

A. Structured Times

- Site visits.
- Transition to Practice Days.
- Advising sessions as needed.

B. Over-all Availability

1. Because of the variability with rotation schedules, geographic location, etc., students are **required** to utilize their GroupWise e-mail account for **regular** correspondence with the Clinical Coordinators (NOT Blackboard). It is recommended that students check their email on a daily basis.
2. Problems on rotation can occur, be they academic, professional, or personal in nature. Students should use the following guidelines in dealing with any problem:
 - Attempt to resolve problems with the individual directly.
 - If this is not possible, discuss it with the site preceptor or contact person.
 - **If unable to resolve a problem for any reason, contact a Clinical Coordinator (preferably the Clinical Coordinator assigned to the site) ASAP.** *If the Coordinators are not available, please contact Mrs. Beiswenger at (814) 472-3136, and she will put you in contact with another available faculty member.*

OBJECTIVE #5: STUDENT IDENTIFICATION; SECTION D3

"The program must assure that PA students are clearly identified as such in the clinical setting to distinguish them from physicians, medical students and other health profession students and graduates."

- A. **ATTIRE:** Students should maintain a professional appearance and dress appropriately whenever they are representing SFU and the PA profession in any off campus setting. This includes clinical sites, meetings, and special events. Being neatly dressed and well groomed exemplifies a professional appearance.

EACH STUDENT IS REQUIRED TO FOLLOW THE DRESS CODE AS OUTLINED BELOW:

- **CLOTHING:** **CLOTHING SHOULD ALLOW FOR ADEQUATE MOVEMENT DURING PATIENT CARE, AND SHOULD NOT BE TIGHT, SHORT, LOW CUT OR EXPOSE THE TRUNK WITH MOVEMENT.** Students are not to wear such items as jeans, tennis shoes, open toe or high heel shoes, shorts, cut-offs, T-shirts, hats, or clothing with rips/tears.
Men are to wear dress shirts and ties.
Women are not to wear short skirts or tops.
A **SHORT** white lab coat will be worn at all times unless directed otherwise by the preceptor.
- **JEWELRY:** Watches, wedding bands and/or engagement rings are permissible as appropriate.
No excessive bracelets or necklaces.
Earrings - no more than two earrings per ear, no dangling or oversized earrings.
No other visible body piercings are permitted.
- **NAILS:** Fingernails should be kept trimmed and without nail polish.
- **TATTOOS:** Students may not exhibit offensive tattoos.
- **PERFUME / AFTER-SHAVE:** No excessive or heavy perfumes or after-shaves/colognes.
- **HAIR:** Hair should be clean and arranged so as not to interfere with providing patient care.
- **NAMETAGS:** Which identifies you as a SFU PA student is **mandatory** at all times, and must be worn on either your lab coat or clothes while at the clinical site.
- **NO GUM CHEWING OR USE OF TOBACCO PRODUCTS WILL BE ALLOWED IN THE CLINICAL SETTING.**
- **PERSONAL ELECTRONIC MEDIA** (cell phones, iPods) **ARE NOT PERMITTED IN THE CLINICAL SETTING. MEDICAL USE OF A PDA REQUIRES PRECEPTOR APPROVAL.**

*If the clinical site has established policies and practices regarding dress, the site's policies may supersede those of the SFU PA Department.

CLINICAL SUPERVISORS, PRECEPTORS, OR PA DEPARTMENT FACULTY RESERVE THE RIGHT TO ASK A STUDENT WHO IS NOT APPROPRIATELY DRESSED TO LEAVE THE CLINICAL SITE. THIS MAY RESULT IN THE STUDENT BEING REQUIRED TO HAVE A PRC, WHICH COULD POSSIBLY INTERFERE WITH COMPLETION OF THE PROGRAM AND/OR GRADUATION.

- B. Some individual sites also require a separate security I.D. badge, which will be arranged for you during your orientation at the beginning of the rotation.

GUIDELINES FOR ORAL CASE PRESENTATION

1. Submission of topic

- **Three (3) weeks prior to your scheduled presentation date**, submit to your Clinical Coordinator advisor a **minimum of three (3) patients** of interest for presentation. This submission must be made in writing and may occur via regular email or fax. No submissions will be accepted from Blackboard.

- The patients submitted **must** be inpatients (or admitted patients) on whom you completed the initial evaluation and work-up. Therefore, you will be familiar with all aspects of the case and should be able to give a complete presentation and answer most questions regarding the case. **You may choose a patient you worked with on any rotation.** The case presented is to be a patient that you worked-up and followed throughout the course of their hospitalization.
 - For each patient, please include in your submission age, gender, race and a chief complaint. In addition, give a brief history (several sentences detailing his/her initial presentation to you), the final diagnosis, and an explanation of your role in the case (initial H&P, admitting H&P, first assist in the OR, consulted on the case, etc.). Also include the rotation in which you saw this patient. IF your submission is incorrect or incomplete, your grade will be reduced by 5%.
 - The Clinical Coordinators will review your patients and select which you are to prepare for formal presentation. You will be notified of the selection within three (3) working days of receipt of the topic choices. See the Case Presentation Schedule for presentation and deadline dates.
2. **One (1) week prior to your presentation,** submit to the Clinical Coordinators a neatly typed outline and any other handouts which you plan to use in your presentation. The outline itself should include HPI, significant PMHx/ FHx/ SHx, pertinent positives from the ROS, allergies, meds, primary diagnosis with a differential, secondary diagnoses, and management plan (to include orders as appropriate).
 3. **IF DEADLINES FOR SUBMISSION OF TOPICS OR OUTLINES ARE NOT MET, THE OVERALL GRADE FOR THE PRESENTATION WILL BE LOWERED BY 10% FOR EACH DEADLINE MISSED. IF THE TOPICS ARE SUBMITTED INCORRECTLY OR ON INAPPROPRIATE PATIENTS, A 5% DEDUCTION WILL BE IMPOSED.**
 4. The actual case presentation (history and physical exam) should be limited to five (5) minutes. The next five (5) minutes should consist of the patient management (orders, plan, course, prognosis, etc.). The last five (5) minutes are reserved for questions from classmates and the faculty grader.
 5. The presentation will be made to at least one (1) faculty member and several students and will occur at the scheduled time on Transition to Practice Day. The presentation will be graded by the faculty utilizing the Case Presentation Evaluation Form, which is available on Blackboard.
 6. A minimum grade of 82.5% is required. Failure to meet both deadlines will automatically result in a grade <82.5%. If the presentation grade falls below the minimum grade for this reason, the final grade for the case presentation will become 72.5%. If the presentation grade falls below the minimum grade for any other reason, a second date may be scheduled for another case presentation. Although the second presentation will be evaluated, the original presentation grade will be used as the grade for the end of rotation exam during your elective rotation. If the student fails two (2) presentations, for whatever reason, the elective rotation grade will be lowered by one letter grade.

HOSPITAL PRIVILEGE DELINEATION PHYSICIAN ASSISTANT STUDENTS

The Department of Physician Assistant Sciences and the facility recognize that the ultimate legal authority and responsibility for the actions of the physician assistant student reside with the physician preceptor. This physician preceptor shall be a licensed M.D. or D.O. within the Commonwealth of Pennsylvania, or appropriate state and shall have staff privileges within the facility where the students are to participate. It is further understood that the students' scope of activities shall not exceed those of his/her supervising physician preceptor. In general, clinical experience for Physician Assistant students shall be monitored in two ways: 1) by direct supervision and 2) by indirect supervision.

Direct supervision shall mean the immediate presence of the physician (or his designated agent; i.e., IV team, nurse, respiratory therapist, etc.) while the student performs his/her tasks.

Indirect supervision means that while the physician is not immediately available he/she can be contacted by phone for advice in a timely manner. Tasks which physician assistant students are permitted to perform under indirect supervision are limited to the following:

1. Obtaining medical histories (interviews) from patients designated by the supervising staff physician.
2. Performing physical examinations on patients designated by the supervising staff physician.
3. Recording the findings of historical and physical examinations in the patient record provided they are countersigned by the physician within 24 hours of their entry into the patient record and further provided that the physician has reviewed and agrees with the student's findings. These records shall include admission histories and physicals, daily progress notes, and discharge summaries.

Tasks which physician assistant students are permitted to perform under direct supervision shall include:

1. Generally, those tasks which the attending staff physician has expertise and hospital privileges to perform and which he feels the student has adequate academic and clinical preparation to perform. Examples of such tasks would include, but not necessarily be limited to:
 - Ordering diagnostic tests and therapeutic orders provided there is immediate review and countersignature by the attending physician of those orders.
 - Recording in the patient records, emergency room notes, pre- and post-operative notes with immediate review and countersignature of the staff physician.
 - Insertion of intravenous lines.
 - Insertion of urinary catheters.
 - Venipuncture for diagnostic tests.
 - Suturing lacerations.
 - Application of splints, casts and bandages.
 - Incision and drainage of superficial abscesses.
 - Insertion of nasogastric tubes and catheters.
 - Assist in the operating room.
 - Assist in the delivery room.
2. The tasks which physician assistant students may perform are expected to vary from rotation to rotation and among students depending upon prior experience, academic excellence, rotation objectives, physician experience and variations of problems encountered in the physician's practice. In general, tasks performed by physician assistant students are those designed to meet "minimum, basic, major and specific responsibilities and competencies for the entry level physician assistant practitioner."¹

¹ Physician Assistant Curriculum Resource Document, Volume I Role Delineation, Health Resources Administration, Department of Health, Education and Welfare, 1976, pg. 31-53.

GRADUATION REQUIREMENTS FOR CLINICAL YEAR STUDENTS

In order to successfully complete the clinical year and graduate, the student must:

1. Attend **all** Transition to Practice Days and take part in all Transition to Practice Day activities.
 - Only those students on **multiple** 5 week rotations at a long distance site (which are greater than 400 miles and/or an eight hour drive, as measured by map), may be excused from certain Transition to Practice Days. (See Transition to Practice Day Schedule) **Students must submit a REQUEST for an excused absence, in writing, to the Clinical Coordinators NO LATER than the end of the second week of the rotation.** If you are not certain if a particular site qualifies as a long distance site, please contact the Clinical Coordinators. **Students who wish to be excused for significant reasons other than distance must also request (in writing) an excused absence.** The Clinical Coordinators will review the requests and determine if an excused absence will be granted. The student will then be notified of the decision.

- **All students are required to attend Transition Day #9 / Summative Evaluation as scheduled.** Therefore, no student will be excused.
 - **Unexcused absences for the entire day or from any scheduled events or early departure from Transition to Practice Day events may result in lowering of the respective rotation grade by one letter grade. Students are required to be on time for all events. If you are late for any portion of the day, your end of rotation grade will be lowered by 5%.**
 - Students that have been officially excused from Transition to Practice Days are responsible for arranging the date and time of testing with the Clinical Coordinators no later than the end of the fourth week. Failure to do so will result in receiving a letter grade deduction for that rotation. Testing off-site will only be done on the last Thursday or Friday of the rotation at your clinical rotation site. Off-site testing must be proctored and no access to study materials is permitted as would be in the classroom.
2. Complete all Transition to Clinical Practice course requirements. Refer to the course syllabus.
 3. Deliver case presentation on the scheduled date.
 - See "Guidelines for Case Presentation" for specific requirements.
 4. Complete all evaluation forms concerning each rotation within the required time frame.
 - See "Clinical Year Policy Manual" for specific requirements.
 5. Log all patient information and procedures as per Department requirements. Failure to do so by the following dates will result in an Incomplete grade for this course.
 - Rotations 1 & 2: July 27, 2009
 - Rotations 3 - 6: December 14, 2009
 - Rotations 7-9: April 19, 2010
 6. Participate in an end-of-the-year simulated board summative exam (such as Packrat) which consists of a comprehensive written exam as provided by the Department.
 7. Participate in and successfully complete the Summative Evaluation Patient Encounter Simulations as scheduled by the Department.
 8. Attend all other conferences, programs, etc., specified by the Department during the course of the year. Unexcused absences or early departure from these events will result in lowering of the respective rotation grade by one letter grade.
 9. Meet the following academic requirements:
 - A minimum final grade of a "C" is required for **each** rotation. Following receipt of a grade lower than a "C", the student will appear before the Performance Review Committee for disposition. **The Performance Review Committee may also be convened as outlined in Section B5 on page 3.**
 - Each student must maintain a 2.0 cumulative average per semester.
 - **In addition, each student must complete all university requirements for graduation as contained in the University catalog. It is the student's responsibility to be aware of and remedy any course deficiencies.**
 10. Please note that the University may withhold grades of students who have incurred unpaid financial liabilities while on clinical rotations (room and board, tuition, rent, parking fees, etc.). This may cause a delay in graduation.

POLICY ON TEST REVIEW

Clinical students will have an opportunity to review End of Rotation exams at specified times on each Transition Day. Students scoring at or below predetermined levels will be required to review their exam. Specific concerns will be handled on an individual basis.

POLICY ON ASSIGNMENTS

- Most assignments will be collected on Transition Day. No assignments will be accepted if submitted through Groupwise or Blackboard, unless specifically instructed to do so.
- Students are advised to keep a copy of all assignments/paperwork that they submit.
- Once an assignment has been submitted, there will be no further acceptance of revised or additional work.
- Late submissions of assignments/paperwork will not be accepted for credit, but all assignments/paperwork still must be turned in.

**SAINT FRANCIS UNIVERSITY
DEPARTMENT OF PHYSICIAN ASSISTANT SCIENCES
CLINICAL ROTATION EVALUATION DISCREPANCIES**

Evaluation has not been discussed between preceptor and student.



Student should schedule meeting with preceptor to discuss evaluation.



If student is still dissatisfied or if discussion has already occurred,



Student shall submit, to the Clinical Coordinator assigned to the site, a written statement outlining specific reasons/incidents as to why he/she disagrees with the preceptor's final evaluation. This statement is to be submitted within one week of signing the evaluation.

The above statement will be reviewed by Department faculty (and with the student, if necessary) to see if any further action is warranted.



No further action deemed necessary by Department.

Further action deemed necessary by Department.



Final written decision from Department Chairperson concerning evaluation.



Contact with preceptor regarding discrepancy by appropriate Clinical Coordinator.



Final written decision from Department Chairperson concerning evaluation.