

**SAINT FRANCIS UNIVERSITY  
SCHOOL OF HEALTH SCIENCES and EDUCATION  
DEPARTMENT OF  
PHYSICIAN ASSISTANT SCIENCE**

**MASTER OF PHYSICIAN ASSISTANT SCIENCE  
(MPAS) PROGRAM**

**CLINICAL YEAR HANDBOOK**

**2025-2026**

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**\*The contents of this manual are subject to change. You will be notified of any changes.**

## INTRODUCTION

**STANDARD A3.01, A3.02** *“Program policies must apply to all students...regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies may be superseded by those at the clinical site”*

*“The program must define, publish, make readily available and consistently apply its policies and practices to all students.”*

The Clinical Year Handbook is intended to serve as a resource to guide our PA students through the Clinical phase of the Master of Physician Assistant Science (MPAS) Program. This handbook contains guidelines that are specific to the Clinical Year and is a supplement to the MPAS Policy Manual.

## CONTACT INFORMATION

For any questions or concerns regarding the Clinical Year (CY), please contact your CY Advisor. In the event that there is an issue with rotations, please contact your advisor and the site coordinator

### **CLINICAL EDUCATION COORDINATOR:**

Ms. Katlyn Stern, MPAS, PA-C (814) 472-3298 [kstern@francis.edu](mailto:kstern@francis.edu)

### **CLINICAL SITE COORDINATOR:**

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### **DEPARTMENT CHAIR:**

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**STANDARD A3.12d** *"The program must define, publish and make readily available to ... students general program information to include: all required curricular components, including required rotation disciplines".*

## **CLINICAL YEAR CURRICULUM DESIGN**

The Clinical Year (CY) is an essential component of the professional education of PA students. The CY is structured to comply with the Accreditation Standards for Physician Assistant Education (ARC-PA). There are a total of nine clinical rotation courses that are five weeks in length. The eight required rotations include Behavioral Medicine, Emergency Medicine, Family Practice I, Family Practice II or Primary Care, General Internal Medicine, General Pediatrics, Surgery, and Women's Health. One rotation is an elective of the student's choice. The rotation courses will be scheduled in any order.

Each rotation is five-weeks in length and equivalent to 4 credits. Students complete three rotations per semester for a total of 12 credits of clinical experience each semester. The Transition to Clinical Practice and Ethical Issues in Practice courses are also completed during the Clinical Year.

The purpose of these rotations/ supervised clinical experiences is to provide students with clinical training opportunities in order to apply their knowledge and skills learned in the Didactic Year, as well as further develop these, in order to evaluate and manage patients with their clinical preceptor. Students are responsible for initiating the process of self-directed learning in all aspects of their clinical training. This cumulative experience enables students to matriculate through the program, prepare for graduation, and then enter into clinical practice.

**STANDARD A3.03** *The Program assigns all clinical rotations. Students are not required to provide their own clinical sites or preceptors. However, students may choose to provide contact information for a potential new preceptor. Only if the new preceptor/clinical site meets all Program requirements will the student's request to be placed with this preceptor be honored.*

Saint Francis University has been approved by the Pennsylvania Department of Education to participate in the State Authorization Reciprocity Agreement (SARA). This agreement includes clinical experiences that occur in other SARA states for students enrolled in the University's academic programs, with some limitations. Prior to contacting any clinical sites outside of Pennsylvania, students are to consult the [State Authorization Status List](#) for specific information regarding state authorization to find out whether opportunities for clinical experiences are permitted in that state. Contact the Clinical Education Coordinators (CECs) with any questions.

## **CLINICAL YEAR 2025-2026 SCHEDULE**

Rotation 1:	May 19 – June 19, 2025	TD: June 20, 2025
Rotation 2:	June 23 – July 24, 2025	TD: July 25, 2025
Rotation 3:	July 28 – August 28, 2025	TD: August 29, 2025
Rotation 4:	September 1 – October 2, 2025	TD: October 3, 2025
Rotation 5:	October 6 – November 6, 2025	TD: November 7, 2025
Rotation 6:	November 10 – December 11, 2025	TD: December 12, 2025
Rotation 7:	January 12 – February 11, 2026	TD: February 12-13, 2026
Rotation 8:	February 16 – March 19, 2026	TD: March 20, 2026
Rotation 9:	March 23 – April 23, 2026	TD: April 24, 2026

## **CLINICAL YEAR LEARNING OUTCOMES**

Students will be able to demonstrate medical knowledge, clinical and technical skills, clinical reasoning and problem-solving abilities, interpersonal skills, and professional behaviors by the following:

1. Elicit a focused history based on the chief complaint.
2. Perform a problem-focused physical exam, including a mental status exam.
3. Develop appropriate differential diagnosis based on the history and PE findings.
4. Communicate the relevant findings of the history and physical exam to the preceptor using the SOAP format.
5. Order and interpret appropriate diagnostic studies indicated for the initial evaluation of the presenting complaint.
6. Develop an appropriate, cost-effective treatment plan for common problems seen in the specialty, utilizing evidence-based medicine and considering patient preferences.
7. Recommend medications based on patient information and indications, considering potential interactions/adverse effects
8. Observe, assist with, or perform common procedures in the clinical setting.
9. Provide education to the patient and family on diagnosis and treatment plan.
10. Document the patient encounter in the form of a focused SOAP Note.
11. Write a prescription that includes all necessary information.
12. Work effectively with members of the healthcare team.
13. Establish effective professional relationships with members of the healthcare team, patients, and families, demonstrating a professional demeanor and respect for others.
14. Seek out, accept, and apply constructive feedback in a self-directed approach to learning and improved performance.
15. Seek out clinical experiences with patients across the life span requiring initial and ongoing care to address acute, chronic, preventive, and emergent issues.

Good healthcare professionals are seen as having many attributes. They are passionate about their career. They take an active role in their learning to demonstrate medical knowledge and skills that are appropriate to their role. They are effective communicators and interact with others in a mature and respectful manner. They foster a team environment and behave in an ethical manner. Good healthcare professionals are motivated by a strong sense of professionalism.

The AAPA addresses this, and more, in their Guidelines for Ethical Conduct for the Physician Assistant Profession. The NCCPA has a Code of Conduct for Certified and Certifying PAs. Please refer to these documents for further information and guidance.

## HEALTH REQUIREMENT GUIDELINES FOR THE CLINICAL YEAR

**STANDARD A3.07** *“The program must define, publish, make readily available and consistently apply a) a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates. b) written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.”*

Information on CY requirements and clearances are available in the Canvas course management system.

1. The Health Record Forms will be kept on file at *MyHealth@School*. The student will sign a form stating *MyHealth@School* will have the authority to release health records to a clinical affiliate if required for student placement as outlined on the Authorization for Release of Health Information form.
2. *MyHealth@School* will upload student health documentation to the Student Portal prior to the start of the Clinical Year and send instructions on how to access your information. Each student will be responsible to send all required health documentation to individual clinical sites and/or hospitals as designated by your rotation schedule. The student may also authorize the PA department personnel to release records to a clinical affiliate/site by uploading your health information to the Core ELMS site management system.
3. Each student is responsible to ensure completion, documentation and submission of all required health information including labs, immunizations, and titers per the requirements of the department and student health. These requirements must be uploaded to *MyHealth@School* by the designated due date. All required health information must be current during the entire Clinical Year.
4. Clinical sites may have additional requirements that each student is responsible to complete and submit documentation to *MyHealth@School* within an appropriate timeframe (minimum of one week) prior to the start of the rotation.
5. Students are responsible for **all costs** associated with health requirements.
6. Prior to the end of the didactic year, the Clinical Operations Specialist (Ms. Eckenrode) will provide students with the Physical Exam form. It is the student’s responsibility to submit a completed Physical Exam form to *MyHealth@School*. Virtual physical examinations for the clinical year are permitted if completed through *MyHealth@School* on the SFU campus.
7. Students must have a negative urine drug screen and be medically cleared by Student Health in order to attend clinical experiences. Not attending clinical experiences may affect your progression in the PA Program and prevent or delay graduation. The Program follows the School of Health Sciences & Education Drug and Alcohol Policy (see MPAS General Policy Manual).
8. Adult and pediatric background checks from the didactic year will be utilized for the clinical phase of the Program. It is the student’s responsibility to repeat this at any time during the clinical year should the site require an updated background check or a background check for a specific state.  
  
A positive report on the background check or clearances will be forwarded to the SFU legal counsel for review and recommendations. A positive report and/or failure to complete the process in a timely manner may delay progression in the PA Program and prevent or delay graduation.
9. International (Sites) Travel – Students requesting to complete international clinical experiences will be guided by members from the University PA Program, *MyHealth@School* and Office for Study Abroad. Students are to contact the Office for Study Abroad for University policies, general information and CDC recommendations for international travel. Of note, in compliance with Standard B3.02, clinical sites and preceptors located outside of the United States must only be used for elective rotations.
10. Students are advised to make a copy of all Clinical Year requirements prior to submission.

## REQUIREMENTS FOR PROGRESSION TO THE CLINICAL YEAR

### **\*In Order To Begin Clinical Rotations, Each Student Must Meet All Of The Following:**

- Completion of Bachelor's degree, with all required courses.
- Be in good standing with Department of Physician Assistant Sciences.
- Be in satisfactory financial standing with the University.
- Possess a valid Driver's License and access to vehicle, OR make own transportation arrangements
- Have certifications in both BLS and ACLS

### **\*The Following Must Also Be Completed By The Deadline:**

(Refer to the Clinical Year Requirements packet)

- Complete all required health data and obtain medical clearance by due date
- Complete and obtain all annual background clearances by due date, if needed
  - Child Abuse History Clearance
  - PSP Criminal Record Check
  - Federal Criminal Record Check
  - Non-Pennsylvania residents must also complete the Older Adult Protective Services Act clearance
- Provide documentation of current medical insurance and maintain insurance throughout clinical year.
- ALL of the above requirements MUST be current through the end of the Clinical Year
- **Students will earn a grade deduction in the Transition to Clinical Practice course if any of these requirements are not submitted by the due date.**

**\* FAILURE TO MEET THE ABOVE CRITERIA WILL DELAY THE START OF YOUR ROTATIONS, WHICH MAY AFFECT GRADUATION.**

## REQUIRED PANCE PREP

1. All students are required to complete a rotation-specific test on ROSH REVIEW pertinent to the current rotation during rotations #2-9. You will take a 120-question test which must be taken in 'TUTOR' mode. You must obtain an 80% or better for this test. If you do not meet the benchmark, you will continue to retake this test until the benchmark is obtained. The retake is unlimited. Completion of this test is due by the last Wednesday of each rotation at 11:30 PM.
2. Any student that did not meet the benchmark score for the Didactic Year Comprehensive Written Examination (DYCE) will be required to complete additional testing throughout the Clinical year in the Exam Master system. This is designed to improve both knowledge base and test taking skills and will require you to take two exams per rotation: the Rosh as above, and this additional Exam Master test. You must obtain an 80% or better for this test. The test is due by the last Wednesday of each rotation at 11:30 PM You will need to retake it until an 80% is achieved. For any student who repeatedly performs outside of the class average, additional testing will be assigned. Instructions will be reviewed prior to the start of the Clinical Year and are available in the Canvas course management system.

## INTRODUCTION TO CLINICAL ROTATIONS

The student will abide by the rules and policies as set forth by the department of Physician Assistant Science and the associated facility/facilities.

### A. SITE SPECIFICS / STUDENT SITE REQUIREMENTS

- Each student will be granted access to the Clinical Site information on Core ELMS for each of their rotation sites, 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.
- Please review ALL Site Specifics and Student Requirements for each site carefully to prepare for upcoming rotations. Some sites have additional requirements (health, background checks, applications, educational modules, other onboarding requirements, etc.), which you are responsible for completing. Also, many preceptors have required readings prior to the start of the rotation.
- Students are responsible to complete ALL required rotation site or health system paperwork, as listed for each clinical site/health system in Core.  
All requirements must be completed and submitted **prior** to the due date set by that site. If no due date is listed, all paperwork must be completed and submitted **at least five weeks prior to that rotation**.  
If no due date for new/updated health requirements is listed, these must be completed with results submitted to *MyHealth@School* at least one week prior to the start date.
- Failure to complete and submit all paperwork by the due date will impact the student's ability to start or continue on clinical rotations, which may result in cancellation of the rotation. This WILL delay graduation. Failure to submit site requirements on time will result in a letter grade deduction.

### B. CONTACTING UPCOMING ROTATION SITES

- It is the student's responsibility to contact the preceptor or his/her designated contact person **no later than TWO weeks 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.
- If you are utilizing housing provided by the site, you must also make appropriate arrangements (see Site Specifics). Some sites require several months' notice, so review all information carefully.  
*The Clinical Site or PA Department/University is NOT responsible for searching for, securing, or paying for housing for students.*  
See the housing list on the Canvas course management system for suggestions to secure housing.  
**ULTIMATELY, HOUSING IS THE SOLE RESPONSIBILITY OF THE STUDENT!**
- Clinical sites which offer any housing options 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. Students are responsible to ensure that the housing area is as clean as it was upon arrival and to respect the rules and have no guests, alcohol, or illicit drugs. Remember that the behaviors and decisions of students also reflect upon the PA Program and the University. Violation of the rules can result in the lowering of the rotation grade and/or dismissal from the Program. If applicable, students need to make sure to return the key to the appropriate person prior to departure.

## C. 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** (page 20) **as well as the expectations/duties of both the student and preceptor.**

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 improve identified weaknesses will be initiated by the student, with assistance of the Department and clinical site preceptor if necessary.

### 2. Student Responsibilities:

- Students are required to work a full-time schedule, and be on-call and work weekends as designated by each rotation site and/or preceptor. Students must clock in and out EACH day on CORE. The Program will not go back to enter any time that students did not.
- Be on time for all experiences, which means arriving at least 15 minutes early in most cases, and may mean at least an hour early at some experiences.
- Be prepared for all experiences. Being prepared to present a case means offering your own assessment and plan or knowing about the details of the patient's progress and diagnostic study results before your preceptor.
- You are to be fully invested in all supervised clinical rotation experiences. You must be engaged in each clinical experience, even if it is not your favorite specialty.
- Some providers make 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 so he/she is aware of the patient's course including events of the weekend.
- Students are expected to attend all conferences, rounds, and clinics held by the site to which they are assigned.
- Students must not substitute for or function as clinical or administrative staff during supervised clinical practical experiences. **STANDARD A3.05**
- Students are expected to function within the scope of a PA Student (learner). If there are any concerns about assigned responsibilities, contact your CY advisor.

### 3. Rotation Course/Objectives: **STANDARD B1.03**

- Specific objectives for each required rotation are provided to both the student and preceptor as an outline for expected rotation experiences.  
End-of-rotation exams are based on the rotation objectives and respective PAEA topic list.  
Clinical experiences may vary slightly, depending on patient population and site setting.  
**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. PROFESSIONAL CONDUCT

*STANDARD B4.01 “The program must conduct frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for...supervised clinical practice experience components. The evaluations must: a) align with what is expected and taught and b) allow the program to identify and address any student deficiencies in a timely manner.”*

- Professionalism is a core value of medicine and is as important as your medical knowledge and clinical skills. It involves prioritizing the interests of those being served above one’s own. PAs / students must practice responsibly, abiding by legal and ethical standards.
- PA students are expected to demonstrate integrity, show respect to others, communicate effectively and in a timely manner, have an appropriate attitude, be motivated and interested in learning, be sensitive to others’ diversity, and be accountable for their own actions, at a minimum.
- Students are expected to maintain professional relationships with members of the healthcare team, patients, and families as well as members of the University community.
- Students are expected to abide by the policies of the PA Program, University, and clinical site/hospital system.
- If the conduct or performance of a student is deemed unsafe, inappropriate or unprofessional by the Clinical Site or Program Faculty, the student can be dismissed from the rotation. A Performance Review Committee (PRC) will be convened. This can result in additional medical testing, failure of the rotation, or failure to matriculate successfully through the Program.

Examples include (but clearly are **not** limited to): missing deadlines, not submitting site requirements, HIPAA violations, sexual harassment, theft, intoxication, use of illegal substances, use of another person’s prescribed meds, altering documents/evaluation forms or medical records.

- Professionalism will be evaluated throughout the Clinical Year and documented by the Department at a minimum of once each semester to include all interactions with faculty, staff, guest lecturers and other students. Professionalism is reflected by many things, such as language, behaviors, ability to follow instructions, following policies, problem solving abilities, etc. Any issues will be addressed with the student and documented. Further action will be determined by the Department.

Repeated and/or serious offenses may result in a PRC, being removed from the current rotation, delaying start of a rotation, completing an additional rotation to address issues, and/or dismissal from the Program.

- Professionalism will be assessed by preceptors on the Evaluation of Student Performance form. Any “below average” marks in Professional Conduct on the Preceptor Evaluation of Student Performance form is seen as a serious offense and may result in failing the rotation and/or dismissal from the Program as determined by the PRC.
- Professionalism will be assessed by the Department utilizing the Professionalism Rubric-Clinical Year form (available in the Canvas course management system).
- Students must have up to date and correct contact information (particularly cell phone) in Core ELMS.

## E. CLINICAL ATTENDANCE

### 1. Rotation Time Requirements:

- **Students need to be proactive in order to meet all rotation requirements (time, patient encounters, etc.) over the course of each clinical rotation.**
- There is no scheduled time off from rotations except for Christmas break. Students are expected to arrive on time, which means to be early for all of their clinical experiences, and stay until their work is done, as determined by the preceptor.
- Should the need arise to take time off from a rotation for a significant personal or family event, the request must be submitted as soon as it is known. The request must be emailed to your advisor for consideration and students will be notified whether the request is approved or denied.  
Students are expected to keep as to a minimum during the clinical year, unless on a Leave of Absence.
- **Students are NOT permitted to request ANY time off from their rotation by talking with the preceptor without prior approval from the Department.**
- As this is a full-time experience, students are expected to work approximately 40 hours per week, plus any on-call or weekends as scheduled by the preceptor. Some sites require more hours therefore you will work the expected hours of the site. In some cases, three 12-hour shifts in an ED might be considered full time. Please email your advisor to confirm.
- If a student must miss any clinical time, you are expected **to make up ALL time** that is missed. The student will make up time that the rotation site requires, which may be more than 40 hours per week. For example, if a student misses time from a surgery rotation which typically consists of 50 hours per week, the student will make up the 50 hours per week (or per-day equivalent).
- If absence from the rotation is required for any unplanned reason (ex: illness) the student must notify the rotation site as early as possible EACH MORNING of the absence.
- The Department must also be notified EACH MORNING of any absence (partial or full) for any reason. Please contact (814) 472-3136 or email [seckenrode@francis.edu](mailto:seckenrode@francis.edu). Failure to contact the Department concerning absences from rotation may lower the rotation grade one letter grade.
- Any student who misses two days or more from an individual rotation or from a Transition Day, due to illness or injury, must submit an excuse from their health care provider on official letterhead that includes medical clearance to return to the clinical site. The excuse is to be submitted to your advisor
- There may be times when students are instructed to take days off by their preceptor, such as Memorial Day, July 4<sup>th</sup>, Labor Day, or Thanksgiving Day. Students may take the same time off as their preceptors, ONLY if there is no other preceptor available or if the site is closed. **Students must email [seckenrode@francis.edu](mailto:seckenrode@francis.edu) prior to the time off.**
- Unexcused absences from rotations will result in a letter grade deduction and potentially a PRC.
- All absences throughout the year will be monitored and noticeable patterns or repeated absences may result in a letter grade deduction and/or appearance before the PRC committee.
- Each clinical rotation will end on the Thursday of the fifth week, unless notified otherwise by the Department. Students that are at a site that is four hours (~240 miles) or less of driving time from the University are to work a full day (may end by 4:00 pm).
- If you are at a site that is greater than four hours away, you may end your rotation at 12:00 pm noon on that Thursday. All students are expected to follow this schedule, unless notified otherwise by the Program.

## 2. Transition Day Time Requirements:

- Attendance on Transition Days is mandatory. Start time is 7:45 am unless notified otherwise.
- Any **travel to or from distant sites (> 8 hours or 400 miles) that may impact time at a rotation site or Transition Day attendance MUST be approved by the Clinical Education Coordinators PRIOR to confirming arrangements.**
- Only those students on multiple / consecutive 5-week rotations at a long-distance site (which is 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, via email, to your advisor NO LATER than the end of the first week of the rotation. If you are not certain if a particular site qualifies as a long-distance site, please contact your advisor.

- Students that are officially excused from a Transition Day due to having consecutive rotations at a long-distance site, are expected to work on the TD being missed or may be required to participate in transition day lectures remotely. Students are also responsible for any information or assignments missed from that TD.
- Students who wish to be excused for extenuating circumstances other than distance must also request via email to your advisor, an excused absence for a partial or full day by the same deadline. The Clinical Education Coordinators will review the requests and determine if an excused absence will be granted. Any missed testing will be completed in conjunction with the next Transition Day attended or an alternate time at the discretion of the Clinical Education Coordinators.
- Early departure from Transition Day for any reason may result in additional assignments to make up for the absence. Early departures from TD should be limited and are only for extenuating circumstances and upon previous approval.
- Students who wish to be excused for death of a student's immediate family (defined only as parent, legal guardian, sibling, child, spouse or life partner, grandparent and grandchild); must follow the University Student Handbook Policy.
- **All students are required to attend Transition Days 6, 7, 8, and 9.**
- 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 (without prior notification for an appropriate reason), your end-of-rotation grade will be lowered by one letter grade.

## 3. Scheduled breaks:

- During the CY, students **should** have a scheduled break over the Christmas holiday. However, during this time, students may be scheduled for additional clinical time to address deficiencies in clinical performance, rotation time requirement, patient encounters, etc.

This will be determined by the Department, in consultation with the clinical site or preceptor.

- It may also be necessary to schedule additional clinical time for the above reasons following completion of the last rotation in April.
- Depending on the situation that necessitated a student to be scheduled for additional clinical time, it **may not** be possible to address the issue during Christmas break or following the last rotation in April. In these cases, graduation will be delayed.
- Students may request to participate in a university sponsored medical mission trip (one week maximum). If this does not occur during the elective or FP rotation, you must make up the time during a scheduled break. Attendance on Transition Days is still required.

#### 4. Interviews:

- A maximum of **two** days during the Spring semester **may** be utilized to interview for employment. Absence on a Transition Day to attend an interview is not permitted.

Students are required to submit the request for the absence to their advisor as soon as the date for the interview is known. This request must include the date and time of interview, how much time off is needed, the name of the site, and the name, email, and phone number of the point of contact for the interview.

- Once the request is approved, the student must request permission of the preceptor /site to be excused. Interview days **may** be limited if the student has other absences during the rotation, excessive absences throughout the year, or any other academic or professional concerns. As with any absence, the student is expected to make-up the time missed and patient encounters necessary to meet benchmarks.

## **ASSESSMENT OF STUDENT LEARNING**

*STANDARD B4.01, B4.03 “The program must conduct frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for...supervised clinical practice experience components. The evaluations must: a) align with what is expected and taught and b) allow the program to identify and address any student deficiencies in a timely manner.” “The program must document equivalency of student evaluation methods and outcomes when instruction is: a) conducted at geographically separate locations and/or b) proved by different pedagogical and instructional methods or techniques for some students.*

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

### **A. Rotation Site Visits**

1. Each student will be visited by a faculty member, or their designee, at least once during the clinical year. There is no grade associated with the student site visit. It is a pass/fail evaluation. Additional formal Department evaluations of the student can be scheduled as deemed necessary by the department, clinical site, or student. Site visits will be scheduled with the student and the faculty member or designee at a mutually convenient time.
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.
  - Feedback from the preceptor and student to identify and correct any inadequacies in Program training.
  - Direct observation of student performance in patient encounters by Department personnel and review of clinical work via 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 concerns about the student’s performance, the student may be scheduled for an additional site visit, appear before the PRC Committee and/or be removed from the clinical site.

## B. Preceptor Evaluation of Student Performance

- Each student will have access to Preceptor Evaluation of Student Performance forms.  
\*Every preceptor that the student has worked with REGULARLY (defined as 40 or more hours during the rotation), should complete an evaluation form.  
It is the student's responsibility to ascertain whether the preceptor will complete the evaluation form online (through Core ELMS) or on paper.  
If the preceptor chooses to complete a paper form, the student is to give the form to that preceptor **at the end of the fourth week of that rotation. (If on a split rotation, this is due the last day of the 2-week experience.)**
- Students must remind the preceptor to only complete **one** Evaluation of Student Performance form per student, preferably via Core ELMS.
- It is the student's responsibility to remind the preceptor that any **paper** evaluation forms need to be returned by the Transition to Practice Day or to the Department within one week after the rotation ends.
- 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.
- All preceptor evaluation paper forms must be submitted to the Department. All evaluation forms become part of the student's record and are calculated (multiple evaluation forms are averaged) into the final grade received for a particular rotation.

## C. End-of-Rotation Exams

- On the Transition to Practice Day following every rotation, with the exception of the elective rotation, each student will be given a comprehensive written exam based on the instructional objectives for that rotation.
- Remediation with additional testing on Exam Master will be required for those that do not meet the Program's benchmark (72.5%) for each End-of-Rotation exam. Each student is responsible to research the material missed in order to remediate, prior to retesting.  
The initial retest must be completed by 8:00 AM on Monday, the first day of next rotation (unless notified otherwise by the Program). If the student does not successfully pass this retest with an 80%, they will be given up to two additional attempts before the end of the rotation. If they are still not successful, a PRC will be convened.
- Students already completing Didactic Year Comprehensive Exam subject mastery, who fall below the benchmark on an End of Rotation exam, **MUST** complete a second Exam Master exam.
- Students that fail 3 or more EORs through Rotation 6, will be required to complete further testing through ROSH REVIEW over Christmas break. A specific ROSH REVIEW test will be assigned over Christmas break and must be completed by the Wednesday of the 3rd week of Rotation 7 at 11:30 pm. Students must get at least an 80% on this exam. Students can take this test multiple times until an 80% is obtained.
  - If students are unable to obtain an 80%, they will not be able to sit for the Summative Exam, which will delay graduation.
- Failure to submit the initial retest or any required additional tests by the deadline, will result in the rotation grade being lowered by one letter grade.
- No end-of-rotation exam will be given following the elective rotation. The case presentation grade will be used in place of the end-of-rotation exam for the grade calculation.

## D. Patient Encounter Simulations / Objective Structured Clinical Examination

- On each Transition to Practice Day, an online Patient Encounter Simulation (PES) or a face to face Objective Structured Clinical Examination (OSCE) will be administered. This can include any aspect of a typical patient encounter (history taking, physical exam skills, patient education, development of a differential diagnosis list and management plan, clinical skills, etc.) or can be comprehensive, based on any body system. Students must be prepared for each Transition Day. All PES and OSCE scores are final.

Any score below 72.5% is reviewed by multiple faculty.

- If a student fails to meet the minimum score of 72.5% of a PES or OSCE, they will be required to research the topic and write a paper to help them master this material. Students should track their performance, regardless of the score, in order to identify areas of strengths and weaknesses.
  - If a student fails to correctly identify the primary diagnosis, regardless of final score, they will also be required to research the topic and write a paper to help them master this material.
- Because of the variability of topics, students will be provided with the specific guidelines for the above subject mastery papers via email. These instructions will be sent out within one week following testing.
- Papers will be due on Wednesday of the 3<sup>rd</sup> week of the following rotation at 11:30 pm, **regardless** of the rotation schedule.
  - Failure to submit either of these papers or not following the given guidelines will result in the rotation grade being **lowered by one letter grade**.
  - If a student receives less than 72.5% on three (3) scenarios during the course of the clinical year, they will be required to retest as scheduled by the CECs and may be required to appear before the PRC.

## E. Clinical Competencies

Clinical competencies are utilized to identify strengths and weaknesses in areas that are fundamental to clinical practice and to also help prepare you for the Summative Evaluation as required by ARC-PA.

- Soap Notes**

Students will submit one clinical SOAP note from Rotations #1-6. Notes are to be typed in a Word document and submitted to the assignment area in the Transition to Practice Course by 7 AM on Transition Day.

They are worth 10% of the Transition to Practice grade and have no minimum passing score.

SOAP notes will be graded and feedback will be provided. Additional SOAP notes will be assigned on subsequent rotations if your notes are found to lack essential components.

The Instructions and Evaluation form are available in the Transition to Clinical Practice course and the notes become part of the Transition to Clinical Practice course grade.

- Other Diagnostics**

For rotations 1 - 6 you will complete competency testing on the corresponding Transition Day.

- Rotations 1, 3, 5: Cardiac Rhythm Strips & Electrocardiograms
- Rotations 2, 4, 6: Radiographs & Laboratory Studies

You must achieve a 72.5% on these or remediation will be assigned.

- Suturing**

Suturing competency should occur after your Emergency Medicine rotation, but all suturing will be completed no later than TD 6. If your EM rotation is scheduled during rotations 7-9, you will be scheduled for suturing on another TD (1-6). You will be notified as to when this will occur.

- Students who do not meet the benchmark for cardiac rhythm strips/EKGs, radiographs/lab studies, or

suturing testing will be required to complete subject mastery for that area, as assigned by the Department. Instructions for each competency are available in the course management system.

- **Clinical Breast and Pelvic Exam**

The clinical breast and pelvic exam will be tested on the Transition Day following the Women's Health rotation.

- Students who do not meet the benchmark on either the clinical breast exam or pelvic exam, will be required to complete remediation and retesting as assigned by the Department. Instructions for each competency are available in the course management system (PA 570-WH).

## F. Rotation Specific Assignments

Complete the specified RSA from a self-selected patient for each clinical rotation.

RSAs should be handwritten on the blank pages provided in canvas.

Upload the RSA to the Rotation course by 11:30pm on the 5<sup>th</sup> Wednesday of each rotation.

Grading rubrics are available in the assignment section on the course management system for the rotation.

Students must achieve a minimum score of 80% on the RSA. Students that fail to achieve the minimum score must resubmit a revised RSA. The maximum grade 80% will be given on any resubmission.

Should the student not achieve at least an 80% on the resubmission, a remediation project will be assigned to the student.

Performance that continues to be below the benchmark may require the student to appear before the Performance Review Committee and may delay graduation.

## G. Pharmacology

### Quizzes

Pharmacology quizzes will be administered each transition day and will be rotation specific. There will be 10 multiple choice questions on Canvas in the respective rotation. Each student must receive a minimum score of 50% to pass this evaluation.

Failure of more than 3 pharmacology quizzes during the clinical year will be required to retest using Exam Master. If the student does not complete the retest with a 72.5 after 3 attempts, a PRC may be required.

### Assignments

Please submit 5 Multiple Choice pharm questions pertinent to the current rotation, that you have authored. Academic honesty protocols apply to writing an original question. Each question should have 4 answer options. Do not provide the answers.

Answer another student's 5 questions.

Questions are not to focus on trivial aspects of a single drug and should include information that students should know. Do not write 5 questions on a single medication. Make this meaningful to clinical practice or overall board type questions. All questions due by 11:30 pm on Wednesday of Week 5 and responses due by 7 AM each Transition Day.

## H. Case Presentations (see Guidelines for Oral Case Presentation)

## I. Grade Calculation

The calculation of a grade for each Rotation course is as follows:

Preceptor Evaluation of Student Performance	40%
End-of-Rotation Exam (or Case Presentation if elective)	30%
Patient Encounter Simulations	20%
Pharmacology Quizzes	5%
Rotation Specific Assignments	5%

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 their next rotation(s).
- 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 rotation exams will be used to calculate the new rotation grade.
- Failure of a second rotation will lead to dismissal from the Program.

## J. Performance Review Committee (PRC) for Grades

- When a student receives a “Does not meet expectations for level of training” in Clinical Performance or a “No” for Professional Conduct on the Mid-Rotation Evaluation or “Below average” rating in Clinical Performance on the final rotation evaluation, the Clinical Education Coordinators 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 student’s advisor 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 on the final rotation evaluation, a PRC may 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, the site or Program may remove the student and a PRC may be convened.
- If a student wishes to request a PRC, you should submit the request along with the reason for the PRC in writing to the Department Chairperson. The request will be reviewed and a determination will be made as to whether or not a PRC will be convened.

## K. Evaluation Forms

### 1. Pre-Rotation Student Self Evaluation

- Each student will have access to Pre-Rotation Student Self Evaluation forms via the Canvas course management system. One form is to be completed prior to the start of **EACH** five-week 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 (that are specific to the rotation specialty) 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 ensure a clear understanding of preceptor expectations of the student vs. student goals.

- 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 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 the final performance evaluations.
- **The completed Pre-Rotation Student Self Evaluation will be uploaded to CORE ELMS** no later than 11:30 PM of the first Wednesday of the rotation. Failure to do so will result in a grade deduction. This form must be signed by the preceptor and student. If unable to submit by this deadline please email [seckenrode@francis.edu](mailto:seckenrode@francis.edu) with the explanation why and submit asap thereafter.

### 2. Mid-Rotation Student Evaluation

- Each student will have access to the Mid-Rotation Student Evaluation form via Canvas. This form is to be given to the preceptor that you have worked with the most up to this point, on **the last day of the second week of every rotation**.
- As only ONE form is to be submitted, if you have regularly worked with more than one preceptor all preceptors should provide feedback to the preceptor that is completing the form.
- **It is the student's responsibility to see that this evaluation form is uploaded to Core ELMS no later than 11:30 pm on Wednesday of week 3 of the rotation.** If the evaluation form will be late for any legitimate reason, it is the *student's responsibility* to email [seckenrode@francis.edu](mailto:seckenrode@francis.edu) before the above due date. Failure to notify or submit this on time will result in a letter grade deduction. Consult the course management system 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" in the Clinical Performance section of the Form or a "No" in the Professional Conduct section must contact the Clinical Coordinator for that site to discuss the evaluation and the plan to improve performance for the remainder of the rotation.

### 3. Preceptor Evaluation of Student Performance (see page 17)

#### 4. Student Evaluation of the Preceptor(s)

- Students are to complete an evaluation on each preceptor that the student worked with for a minimum of 40 hours during each clinical rotation.  
This is to occur **prior to the student discussing the completed "Evaluation of Student Performance" form with the preceptor**
- The "Student Evaluation of Preceptor(s)" form is available in Core ELMS.
- The form(s) must be completed and submitted by 11:30 PM on the last Wednesday of EACH rotation.
- Constructive comments on teaching are especially recommended, keeping in mind that the preceptors receive an annual summary of the year's rating and comments. Please realize that it is unprofessional to comment on any perceived personal deficiencies/conflicts. You should not include comments about clinical site business or areas outside of the control of the preceptor. Any concerns that you do not want to put in writing should be addressed with the clinical coordinators.

#### 5. Student Evaluation of the Site

- Students are to complete an evaluation of the clinical site by 11:30 PM on the last Wednesday of each rotation. The form is available in Core ELMS.
- Any concerns that you do not want to put in writing should be addressed with the clinical coordinators.

#### 6. Student Evaluation of the Rotation Course

- Students are to complete an evaluation of the rotation course (BM, EM, FP, etc).
- This is to be completed in CANVAS similar to course evaluations in didactic year.
- This is due on the last Wednesday of each rotation by 11:30 PM.
- This evaluation will include a request for miscellaneous information about the site/practice, housing options, etc. Please provide this information.

#### 7. Submission Requirements

- The Pre-Rotation Self Evaluation, Mid-Rotation Student Evaluation, Preceptor's Evaluation of Student Performance, Student Evaluation of Preceptor(s) and site, plus the Student Evaluation of Rotation Course must be submitted at the designated time for **EVERY ROTATION**, including each five weeks of Family Practice.
- Failure to do so will result in a letter grade deduction.
- **Students** are to check in the course management system grade book of each course/rotation to see if all evaluation forms been received.

## LOGGING CLINICAL EXPERIENCES

**STANDARDS B3.03, B3.04, B3.07** “Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes a) for preventive, emergent, acute, and chronic patient encounters, b) across the life span to include infants, children, adolescents, adults, and the elderly, c) for women’s health (to include prenatal and gynecological care), d) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and e) for behavioral and mental health conditions.” “Supervised clinical practice experiences must occur in the following settings: a) emergency department, b) inpatient; c) outpatient; and d) operating room.” “Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for: a) family medicine, b) emergency medicine, c) internal medicine, d) surgery, e) pediatrics, f) women’s health including prenatal and gynecologic care, and g) behavioral and mental health care.”

**Students are required to log ALL patient encounters and ALL procedures as each rotation progresses. This may involve logging more than one aspect of care per patient. All logging must be completed by the deadline at the end of each rotation.**

If students fail to log regularly (preferably daily, but every other day at a minimum) or to appropriately document experiences (including higher than expected “observation only” experiences), they may be required to repeat a portion of, or all of the rotation. Arrangements for this additional clinical experience will be at the discretion of the Department and may occur during the Christmas break or following the final rotation in April. Failure to complete these requirements may also affect the students’ ability to choose an elective rotation, as this may be assigned by the Department to complete any required undocumented experiences.

***\*Please refer to the Logging Guidelines in the course management system for requirements.***

- Logging clinical experiences/encounters in the settings listed above is not rotation-specific. (Example: performing a pre-op H&P may not occur exclusively in the context of the general surgery rotation.)
- Students are expected to log on a REGULAR basis (daily to every other day).
- Students will log a minimum of 100 patient encounters by 11:30 PM on Wednesday of the third week of the rotation.
- Students will log a minimum of 200 patient encounters by 11:30 PM on the last Thursday of the rotation.
- If you will not meet these minimums for a legitimate reason, such as a lower than expected number of patient encounters, it is **mandatory** that you email [seckenrode@francis.edu](mailto:seckenrode@francis.edu) by Wednesday of the third week (for mid-rotation) and/or by Wednesday of the fifth week for the overall rotation by 11:30 PM and explain why you will not meet the minimum.

Each missed notification will result in the lowering of your rotation grade by one letter grade. You will not be excused from logging minimums because you are not logging your patient encounters on a regular basis.

- Logs will be reviewed throughout each rotation to ensure compliance. Failure to log regularly or document logs correctly will result in a grade deduction. Adding patient encounters after the last clinical day of a rotation will be handled as academic dishonesty. Making changes or corrections to existing logs may only be done when you have been directed to do so by a CEC.
- Failure to meet minimum patient logging goals will result in an incomplete grade, being scheduled for additional clinical experiences, having to appear before the PRC, and may delay progression to your next rotation or delay graduation.
- Instruction on the use of the logging system will be provided prior to the end of the Didactic year.
- Students have access to their logs throughout the clinical year and are responsible to download their records prior to graduation for hospital credentialing and/or employer inquiries.

## SUMMATIVE EVALUATION

**STANDARD B4.03** “The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student meets 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”

### A. COMPREHENSIVE WRITTEN EXAMINATION

- Each student will be required to complete a Comprehensive Written Examination as scheduled by the Department near the end of the Clinical Year.
- This exam will follow the NCCPA PANCE Blueprint.

### B. OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

- Each student will be required to participate in an OSCE as scheduled by the Department near the end of the Clinical Year.
- The encounter will include assessment in areas of history taking, problem specific physical exam, differential diagnoses, management plan, clinical skills, patient education, communication and professionalism.

### C. CLINICAL COMPETENCIES

- Each student will be required to participate in a series of clinical skills competency evaluations as scheduled by the Department near the end of the Clinical Year.
- These competencies include SOAP notes, interpretation of cardiac rhythms, electrocardiograms, radiographs, laboratory studies, wound closure, and various injections. Students are responsible for being prepared for testing.
- In addition to these clinical and technical skills and medical knowledge, you will be evaluated on clinical reasoning, problem-solving abilities, interpersonal skills, and professional behaviors throughout the Summative Evaluation process.

### D. ATTENDANCE

- The Summative Evaluation components will be scheduled in the last semester and occur in conjunction with those Transition Days. All students will be required to attend Transition Days 6, 7, 8, and 9.

### E. BENCHMARKS

- Any student that scores below the Program’s Benchmarks for any portion of the Summative Evaluation will be required to complete a retest as determined by the Department.
- Failure of the retest will result in a PRC being convened, where additional requirements will be determined. Continued failure may lead to dismissal from the Program.
- The comprehensive written examination score will be determined from a standard deviation of the class mean. A retest on the comprehensive written examination using Exam Master requires a 72.5 minimum passing score.

Summative Component	%
Comprehensive Written Examination	TBD
OSCE	80
SOAP Note	80
Rhythm Strips	72.5
EKGs	72.5
Radiographs	72.5
Laboratory Studies	72.5
Wound Closure	72.5
Injections	72.5

## GUIDANCE

**STANDARD A3.10** *“The program must define, publish, make readily available, and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.”*

The Program Faculty is available to assist students in understanding and abiding by program policies and practices. Students should contact their CY advisor for assistance and counseling regarding any academic or personal concerns and problems. University support services are available as noted in the Policy Manual.

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 Education Coordinators are available for consultation with the student or site. Contact is maintained through:

### A. STRUCTURED TIMES

- Site visits.
- Transition to Practice Days.
- Advising sessions as needed. Students may initiate an advising meeting by contacting their CY advisor. Students may contact their advisor by SFU email.

### B. OVER-ALL AVAILABILITY

- Because of the variability with rotation schedules, geographic location, etc., **students are required to ONLY utilize their SFU e-mail account for regular correspondence with the Clinical Education Coordinators and others in the Program.**  
Do not email via the course management system or a non-SFU email.  
Students **must check their email on a daily basis.** Students must also have a **functional voicemail.**
- Problems on rotations can occur. These may be 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 your Clinical Year advisor ASAP.** If your Advisor is not available, please contact [seckenrode@francis.edu](mailto:seckenrode@francis.edu) and you will be put in contact with another CEC or available faculty member.

## STUDENT IDENTIFICATION

**STANDARD A3.06** *“The program must define, publish, make readily available and consistently apply a policy that PA students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.”*

### A. ID BADGE

- Students must wear their SFU PA Student photo ID badge at all times while on an assigned clinical rotation. The ID must be worn above the waist line/chest level on either the lab coat or shirt, with the name and photo visible at all times.
- Some individual sites also require a separate security or I.D. badge, which will be arranged during the orientation at the beginning of the rotation.

## B. LAB COAT

- A **short** white lab coat will be worn at all times unless directed otherwise by the preceptor.

**C. ATTIRE:** Students should maintain a professional appearance and dress appropriately whenever they are representing SFU and the PA profession in **any** setting. This includes clinical sites, transition days, meetings, and special events. Being neatly dressed and well-groomed exemplifies a professional appearance. Students are expected to dress modestly and in business casual attire on Transition Days.

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

**CLOTHING:** Should allow for adequate movement during patient care and should not be tight, short, low cut, or expose the truck or undergarments with any movement.

Men are to wear dress pants and shirts; wear ties when appropriate.

Women are to wear dresses, dress pants or skirts, with blouses, dress shirts or sweaters.

Students are permitted to wear scrubs when appropriate to the setting and approved by the site.

Students are NOT to wear such items as jeans, leggings, sweatpants, shorts, sweatshirts, hoodies, T-shirts, tank tops, halter tops, off the shoulder or strapless tops, hats or clothing with rips or tears.

**SHOES:** Wear closed toe dress shoes. No tennis shoes, clogs, shoes with open backs, sandals, flip flops or shoes with heels > 2".

**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 ear lobe stretching (gauging). No other visible body piercings are permitted.

**NAILS:** Fingernails should be kept trimmed and without nail polish.

**TATTOOS:** No visible tattoos (must be covered during work hours).

**PERFUME/ COLOGNE:** No excessive or heavy perfumes or after-shaves/colognes.

**HAIR:** Hair should be clean and arranged so as not to interfere with patient care. Must be a **natural** color.

**ELECTRONIC MEDIA:** Personal use of electronic media (cell phones, watches, ipods/ iPad, etc) is NOT permitted in the clinical setting.

Medical use of these devices requires prior preceptor approval. Some sites have strict policies on this.

**No chewing gum or tobacco products** are permitted in the clinical setting.

\*If the clinical site has established policies and practices regarding dress, or other above, the site's policies may supersede those of the SFU PA Department. Contact your CY advisor if clarification is needed.

**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 appear before a PRC, which could possibly interfere with completion of the Program and/or graduation.**

## **INFECTIOUS AND ENVIRONMENTAL HAZARD EXPOSURE**

**STANDARD A3.08** *“The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk. Those policies must: a) address methods of prevention, b) address procedures for care and treatment after exposure, and c) clearly define financial responsibility.”*

**ALL students are required to submit/upload a copy of their current insurance cards as proof of medical coverage no later than three weeks prior to starting rotations.**

### **A. BLOOD BORNE PATHOGEN EXPOSURE**

- Students will be held to the University’s *‘Blood Borne Pathogen Exposure Policy to Infectious and Environmental Hazards’* which is available through *MyHealth@School*. This policy includes a definition of an exposure and the procedures for care and treatment after exposure.
- Financial Responsibility – The student is financially responsible for any costs incurred secondary to infectious and/or environmental hazardous exposures.
- Effects of infectious or environmental disease or disability – acquisition of an infectious or environmental disease may impact student learning activities and outcomes. Students must be able to meet published health requirements as outlined under “Health Requirements and Guidelines for Clinical Phase Student” at all times in order to continue matriculation in the MPAS Program. Based upon outcomes and degree of infectious or environmental hazard exposure, a student’s continued participation in classroom and/or clinical activities sponsored by the PA Program may be delayed or prevented. Delay of or failure to matriculate in the MPAS Program secondary to an infectious or environmental disease or disability is governed by the University’s *MyHealth@School* and is determined per CDC standards and clinical site requirements.

### **B. INJURIES ON ROTATIONS**

- Any student who sustains an injury or occupational exposure while on rotations must notify *MyHealth@School* 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, email [seckenrode@francis.edu](mailto:seckenrode@francis.edu) ASAP.
- Please notify your advisor via email of any injuries on rotations after notifying student health.
- 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 MyHealth@School at (814) 472-3008 as soon as possible**. If *MyHealth@School* is closed, leave a detailed message so that the appropriate information can be obtained as well as send a follow-up email to **MyHealth@School** (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 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. blood borne exposures). The Department is not responsible for any of these expenses.
- 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 coverage year, including vacations, and complete coverage is in effect at school, at home, and while traveling. **It is University policy that each student must 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 student which provides adequate coverage while students are in the United States.**

### C. SAFETY ISSUES

- Students are expected to abide by any safety policies / procedures for the University and clinical sites.
- Regardless of location, students need to be aware of their surroundings and act accordingly for their personal safety.
- If there are any safety concerns, contact the Program or the contact person at the clinical site immediately.

## REQUIREMENTS FOR GRADUATION

**STANDARD A3.15b** *“The program must define, publish, consistently apply and make readily available to students...requirements and deadlines for progression in and completion of the program”.*

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

1. Remain in good standing with the Department of Physician Assistant Sciences.
2. Remain in satisfactory financial standing with the University.
3. Meet the Program’s progression standards.
4. Successfully complete all Clinical Year course requirements.
5. Complete all required paperwork, including medical record and background clearance documentation, for clinical site/health system.

Failure to complete any paperwork prior to the deadline may result in your rotation being cancelled.

**If this occurs, the rotation will be rescheduled at the end of the clinical year at the discretion of the Clinical Education Coordinators.** This will delay your graduation.

6. Attend **all** Transition to Practice Days and take part in all Transition to Practice Day activities.
7. Successfully complete all Transition to Clinical Practice course requirements. Refer to the course syllabus.
8. Deliver case presentation on the scheduled date.
  - See "Guidelines for Case Presentation" for specific requirements.
9. Complete all evaluation forms concerning each rotation within the required time frame.
  - See "Evaluation Forms" for specific requirements.
12. Log all patient information and procedures as per Program requirements.
13. Successfully complete the Summative Evaluation as discussed previously.
14. Complete the PACKRAT exam as scheduled by the Department.
15. Complete all assignments and evaluations as specified by the Program.
16. Attend all other conferences, programs, etc., specified by the Program during the course of the year.

## GUIDELINES FOR ORAL CASE PRESENTATION

Students MUST be cognizant throughout the Clinical Year to seek inpatient opportunities, and to continue to gather and retain necessary data, in order to prepare for the case presentation as scheduled.

1. Submission of topic
  - **By the end of week 2 of the rotation prior to the Transition day you are scheduled to present**, submit a **minimum of two (2)** appropriate patients of interest to be considered for presentation. This information **must** be typed in a Word document and emailed as an attachment to your CY advisor. No submissions will be accepted from the course management system.
  - The patients you submit for consideration **must** be inpatients (admitted patients) on whom you completed an initial evaluation and work-up and then followed throughout the course of their hospitalization and **actively** participated in their care. Therefore, you will be familiar with all aspects of the case, will be able to give a complete presentation and answer questions regarding the case. Patients that you follow by 'checking in on them' and/or 'reviewing the chart' is NOT sufficient.
  - **You may choose a patient you worked with on any rotation.** Students are expected to be responsible to seek out all opportunities for inpatient experiences.
  - For each patient, please include in your submission: age, gender, and a chief complaint. In addition, give a brief history (several sentences detailing his/her initial presentation to you), the final diagnosis, length of hospital stay, and a **detailed** explanation of your specific role in the case (initial H&P, admitting H&P, first assist in the OR, daily rounds, etc.).  
Also include the rotation in which you saw this patient and the name of the preceptor you were working with. IF your submission is incorrect or incomplete, your grade will be reduced by 5% and you will be required to resubmit the correct information.
  - The Clinical Education Coordinators will review your patients and select which you are to prepare for formal presentation. See the Case Presentation Schedule for presentation and deadline dates.
2. **No later than one (1) week prior to your presentation**, submit in the appropriate Canvas assignment area, a typed Word document with an H&P that outlines the information that is pertinent to your presentation. The outline itself should include HPI, allergies, meds, significant Past medical, Family, and Social histories, pertinent positives or negatives from the ROS, PE, primary diagnosis with a differential, secondary diagnoses, and management plan, including orders. For a psychiatric patient, the MSE may substitute for a PE.
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 (INCOMPLETE) OR ON INAPPROPRIATE PATIENTS, THE OVERALL GRADE FOR THE PRESENTATION WILL BE LOWERED BY 5%.**
4. The actual case presentation (focused 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.), including evidence-based criteria. The last five (5) minutes should be 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 oral presentation will be graded by the faculty utilizing the Case Presentation Evaluation Form, available in the Canvas course management system.
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 will be used in calculating the grade for your elective rotation. If the student fails two (2) presentations, for whatever reason, the elective rotation grade will be lowered by one letter grade and an appearance before the PRC may occur.

## CLASSROOM ENVIRONMENT

In order to maintain an effective learning environment, it is necessary for learners to observe these guidelines for classroom etiquette.

- Any cell phones that are in your possession during class should be put away and ideally turned off or on silent mode. It is inappropriate to utilize your cell phone in any way during a scheduled class session.
- Please refrain from bringing children and/or pets to any scheduled class sessions.
- **Out of respect for fellow students and the lecturer, refrain from unnecessary talking during the lecture.** If you have questions, you are encouraged to ask them of the lecturer, as often others have similar inquiries. Interpersonal communications of a non-topic related manner prove to be unprofessional as well as distracting for others and are subsequently discouraged.
- In order for everyone to equally benefit from the learning experience, it is suggested that students ask questions of the lecturer during class and not individually following the session.
- Laptops are only to be utilized when appropriate for class related activities, otherwise they should be closed. Failure to do so can be perceived as unprofessional.
- Respect all property in the room that belongs to other students.

## TESTING PROCEDURE

- The student's University-issued lap top computer and a pen/pencil will be the ONLY things permitted to be brought into the classroom during any testing situation.
- NO cell phones, watches, notebooks and/or textbooks, book bags, purses, etc. will be allowed into the classroom during testing times.
  - All personal items must be stored as designated by the Clinical Education Coordinators (PA Conference Room or Lab)
  - Any student caught with and/or using a cell phone or smart watch, or involved in any other suspicious activity during a test, will appear before the Program's Performance Review Committee and will be subject to disciplinary action, including the potential of being dismissed from the Program.
  - Each student is to remove all paper, sticky pads and any other form of potential writing surfaces from the personal space at the student's area in the classroom. Anything not removed by the student may be removed by faculty or staff prior to the start of the exam and may not be available to be returned to the student.
  - Use of any electronic devices is prohibited until all testing is completed. If a calculator is needed for testing, one will be provided to each student.
- A single sheet of paper will be given to the student for scratch paper. Each student is to put their name on the top of the scratch paper and is to make sure that it is secure from fellow classmates. This paper is intended for calculations and/or keeping track of questions for review. These papers will be collected at the end of the exam period and may be reviewed by the instructor.
- Once testing as started, leaving the room is discouraged prior to completion of testing. This must be kept to a minimum, so please plan accordingly.
- As is current policy, any proven incidents of cheating will result in penalty to all parties involved, including potential dismissal from the PA Program.

## **GUIDELINES ON TEST REVIEW**

- As the Department uses the PAEA End-of-Rotation Exams, you will not be able to review your exams as per their testing policy. You will be provided with a summary (topic and task area) of the questions you answered incorrectly. You should use this information to further focus your studies.
- Feedback on Patient Encounter Simulations and Objective Structured Clinical Examinations will be provided via the course management system (Grade center).

## **GUIDELINES ON TRANSITION DAY ASSIGNMENTS**

- Most assignments will be collected on Transition Day. Assignments will NOT be accepted if submitted through SFU email or the course management system, 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.
- Any student excused from Transition Day must ensure that their assignment is received prior to Transition Day, regardless of location.
- Students are not permitted to miss time from clinical rotations or Transition Days to complete assignments. If needed, students may miss limited time from rotations in order to complete their Capstone educational Project but only with prior authorization from their CY advisor.
- Other Rotation Specific Assignments and Capstone Assignments will have their own guidelines outlined in the Canvas course management system.

## **UTILIZATION OF PLAGIARISM PREVENTION SERVICE**

Saint Francis University's course management system utilizes an online tool to help students and instructors analyze, evaluate, and provide feedback on written papers and assignments. The service encourages original writing and proper citation practices by cross-referencing submitted materials with an archived database of journals, essays, newspaper articles, books, and other published works, including Internet-based material. Any previously submitted student work through the service will also be included in the database. The Master of PA Science Program utilizes this tool as a pedagogical tool for developing effective citation skills. It may be used to analyze final versions of papers within individual courses in the curriculum for similarities to other works, including a student's previously submitted work.

Please refer to individual course syllabi for additional course specific criteria regarding paper submissions and the utilization of the plagiarism prevention tool.

## **STUDENTS WILL HAVE THEIR FINAL ROTATION GRADE LOWERED BY ONE LETTER GRADE FOR ANY OF THE REASONS LISTED BELOW:**

- Failure to complete/submit all student site requirements in the designated time-frame prior to the rotation.
- Failure to complete/maintain an accurate rotation time schedule in CORE.
- Failure to uphold student responsibilities to the clinical site noted on Evaluations or via other communication with the preceptor (i.e., professional behavior/attitude, assignments, rounds, etc.).
- Failure to meet logging requirements.  
Minimum of 100 patient encounters by 11:30 PM on Wednesday of the third week of the rotation, and/or Minimum of 200 patient encounters by 11:30 PM on the last Thursday of the rotation without notification [seckenrode@francis.edu](mailto:seckenrode@francis.edu).
- Failure to contact the Program concerning any absences from a rotation, regardless of length, or communicate distant travel arrangement options prior to confirming arrangements.
- Failure to submit ANY required documentation by the due date without communication to Ms. Eckenrode, including but not limited to, Preceptor Evaluations of Student Performance (if completed on paper), Pre-Rotation evaluation, Mid-Rotation Student Evaluation, Student Evaluation of Preceptor(s) and sites, Student Evaluation of Course(s), and Logging.
- Failure to request to be excused from Transition Day, if applicable.
- Unexcused absences, late arrivals and/or early departure from any Transition to Practice Day activity or any required Department activities.
- Failure to submit any subject mastery or remediation requirements regarding Didactic Year Comprehensive Written Examination, Clinical Year End-of-Rotation examinations, Patient Encounter Simulations or Clinical Competencies.
- As mentioned in the Grade Calculation Section above, lowering of a letter grade for any reason will correspond with the scale. For example, an A will become an A-, a B+ will become a B, etc.

## **GUIDELINES ON ATHLETICS**

No accommodation(s) of any kind will be made to facilitate participation with any athletic team during the Clinical Year. Students will be unable to participate in university athletics during clinical year.

## **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."<sup>1</sup>

<sup>1</sup> Adapted from: Physician Assistant Curriculum Resource Document, Volume I Role Delineation, Health Resources Administration, Department of Health, Education and Welfare, 1976, pg. 31-53.

## CLINICAL ROTATION EVALUATION DISCREPANCIES

Evaluation has not been discussed between preceptor and student.



Student should schedule a meeting with preceptor to discuss evaluation.



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



Student shall submit to their Clinical Year advisor, a typed statement outlining specific reasons/incidents as to why they disagree 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.



Final written decision from Department Chairperson concerning evaluation.

Further action deemed necessary by Department.



Contact with preceptor regarding discrepancy by appropriate Clinical Education Coordinator.



Final written decision from Department Chairperson concerning evaluation.