



**Master of Science in Physician
Assistant Studies (MSPAS)**

Program Policy Manual

**Academic Year
(2025-2026)**

(Effective Summer 2026 for Class of 2027 & Class of 2028)

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Notice: POLICY MANUAL UPDATES

This Program Policy Manual for the Master of Science in Physician Assistant Studies (MSPAS) contains policies and procedures unique to the MSPAS program and is distributed initially to students as they begin the first professional year. The MSPAS program faculty has the right to change or add to a policy at their discretion on a case-by-case basis to make allowances for family obligations. Updated versions of this policy manual may be provided during a student’s enrollment in the program, and the most recent policy manual will supersede all previously distributed versions. Where no specific MSPAS program policy exists, students are to consult the general guidelines of the [AdventHealth University - Modern Campus Catalog™ Student Handbook](#). The MSPAS program reserves the right to update this Policy Manual without prior notice. In the event of an update without prior notice, all matriculated students will be provided with a written copy of any updated policies. If such changes are made, students will be provided a copy of the updated manual and will need to sign and date a ‘Receipt and Acknowledgement’ form for the most recent update of the policy manual.

Version: updated 4/2026

INTRODUCTION

Welcome to the Master of Science in Physician Assistant Studies Program at AdventHealth University



We are pleased that you have chosen to join us for your education, and we look forward to working with you to help achieve your professional goals.

This manual is designed to serve as a supplement to other university publications including but not limited to the [2025-2026 AdventHealth University - Modern Campus Catalog™](#). It will provide students with important information as they progress through their studies.

ARC-PA 6th Edition Standards: *A3.01 Program policies are published, readily available, and consistently applied to all students, principal faculty, staff, and the program director regardless of their location*

Scholars,

Congratulations on your acceptance to AdventHealth University's (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program. We are honored that you have selected our program to continue your academic journey toward your professional goal of becoming a physician assistant.

A warm welcome to AHU and the AHU MSPAS Program! We take great pride in our program and your success. We look forward to partnering with you on your journey of becoming a competent healthcare provider. Developing into a competent healthcare provider is not a small task, but you are capable. Your accomplishments will be great over the next 27 months, but not without challenge. It will take fortitude, stamina, and a strong growth mindset to be successful in the program; part of which will include embracing a self-directed learning model facilitated by your professors. Our program is unique in that we set you up for success from day one by training you in a structured and simulated environment to become a competent PA upon graduation.

We pride ourselves in having a team of professors who are not only experienced clinicians but are also experts in their fields of teaching. The PA faculty's first goal is to provide support in maximizing the individual student's educational experience through modeling the role of compassionate healthcare providers dedicated to lifelong learning. We strive for excellence by providing you with the learning experiences that will also prepare you to develop life-long learning skills, develop the knowledge to pass the national certifying board examination, and transition from a physician assistant student to that of a caring and competent clinician.

Another unique aspect of our program is that it provides enriching adult learning experiences that utilizes adjunct teaching methodologies including: a gross anatomy cadaver lab; medical simulation and the use of high-fidelity simulators; standardized patients; task trainers; problem-based, case-based, and team-based learning; and other emerging technologies will be made available, such as a student accessible electronic health record.

We believe that AHU PA students are active stakeholders in the AHU MSPAS Program and benefit from innovative and stimulating learning experiences, mentoring relationships with accessible and responsive faculty, low student-to-faculty ratios, constructive feedback, and support for your individual growth and professional development.

As you prepare for your journey that lies ahead, outside of the Pre-Matriculation Success Program, do not feel obligated or pressured to do any reading prior to starting classes; rather relax, take some time to yourself, and come to us refreshed and ready to begin your journey. Once the program begins, it will keep marching along and before you know it, it will be time for graduation!

We look forward to taking you through this journey in your physician assistant student education. We hope that you are as excited as we are to begin this important phase of your future professional career. Our overarching goal is to be your guide through this journey and watch you grow as you become highly qualified PAs that you, your families, and AdventHealth University can be proud of.

Together, we can do this!

AdventHealth University Master of Science in Physician Assistant Studies Faculty and Staff

PROGRAM ACCREDITATION

ARC-PA 6th Edition Standards: A1.02a, A3.01, A3.11a&c

ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT

The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted **Accreditation-Continued** status to the **AdventHealth University Physician Assistant Program** sponsored by **AdventHealth University**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be **June 2029**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

The program's accreditation history can be viewed on the ARC-PA website at <http://www.arc-pa.org/accreditation-history-adventhealth-university/>.

AdventHealth University is responsible for ensuring compliance with all ARC-PA accreditation standards and policies, maintaining continuous accreditation eligibility for the PA program. This includes ongoing self-assessment, reporting, and adherence to established quality standards directed by the ARC-PA.

Please note the individual clicking on the URL provided will then need to click on the “document” to access the program's Accreditation Actions History.

MISSION, VISION, VALUES, AND EDUCATIONAL PHILOSOPHY

ARC-PA 6th Edition Standards: A2.05a

AdventHealth University accepted the first class of PA students in the MSPAS program in May of 2015. The mission statement of the program was developed in January 2014 to reflect program outcomes and the developing curriculum. As part of the ongoing program self-assessment, the mission statement is reviewed for potential revisions annually. As demonstrated below, the program mission statement reflects the underlying university mission statement.

UNIVERSITY MISSION STATEMENT

AdventHealth University, a Seventh-day Adventist institution, specializes in the education of professionals in healthcare. Service-oriented and guided by the values of nurture, excellence, spirituality, and stewardship, the University seeks to develop leaders who will practice healthcare as a ministry.

PROGRAM MISSION STATEMENT

The AdventHealth University Master of Science in Physician Assistant Studies mission is to educate knowledgeable and compassionate individuals as spiritually cognizant healthcare providers who embrace a mission of service to others.

UNIVERSITY VISION STATEMENT

AdventHealth University is a leader in healthcare education, transforming the science and practice of whole-person care and developing influential professionals of uncommon compassion.

UNIVERSITY VALUES

These four words and their accompanying definitions are an identification and explanation of the values underlying the University Mission Statement. They play a vital role in the fulfillment of this Mission.

N U R T U R E

AHU will be an institution that encourages the personal and professional growth of its students, faculty, and staff by nourishing their spiritual development, fostering their self-understanding, and encouraging a zeal for knowledge and service.

E X C E L L E N C E

AHU will be an institution whose programs are built upon an optimal blend of superior pedagogy, technology, and spiritual values; a blend designed to lead to the highest level of professional practice by its graduates.

S P I R I T U A L I T Y

AHU will be an institution where Christian professionalism is such an integral part of its programs and practices that it becomes the distinguishing characteristic of the organization.

S T E W A R D S H I P

AHU will be an institution where the wise stewardship of its human, intellectual, financial, and physical resources enable the University to achieve outcomes consistent with its mission.

UNIVERSITY LEARNING OUTCOMES

AdventHealth University strives to create an educational environment that fosters the inculcation of its four core values: Nurture, Excellence, Spirituality, and Stewardship. From those four ideals the University has identified seven learning outcomes which inform its curricular and extracurricular endeavors with the goal that they be manifested in the lives of its graduates. University Mission, Vision, Values, and Learning Outcomes may be found at [Introduction - AdventHealth University](#).

UNIVERSITY EDUCATIONAL PHILOSOPHY

AdventHealth University, a Christian institution, is built on the belief that God is the Creator and Sustainer of all things. This concept provides the foundation for the holistic approach AdventHealth University takes toward human life. The general education curriculum endeavors to enhance students' search for God, encourage respect for themselves and others, and expand their appreciation for all aspects of creation.

The faculty believe that a quality educational program should offer students the opportunity to develop the personal and professional skills which will enable them to succeed in today's complex and fast-changing

world. To achieve this success, graduates should be knowledgeable in a broad range of disciplines, including religion; the humanities; the natural, behavioral, and social sciences; health and well-being; oral and written communication; mathematics; and computer science.

PROGRAM FACULTY AND STAFF

ARC-PA 6th Edition Standards: A1.02a&b, A1.07a&b, A2.01a&b, A2.02, A2.03, A2.06, A2.07 A2.08, A2.11a&b, A2.12, A2.13, A3.19a

The faculty and staff of the Master of Science in Physician Assistant Studies (MSPAS) Program at AdventHealth University (AHU) welcome all students. Their collective intent is to provide each student with a well-rounded, quality education. The faculty members have been selected specifically for their experience and expertise in their respective fields. They are dedicated to student success and look forward to the opportunity to engage with each student throughout their educational journey.

DEPARTMENT CHAIR / PROGRAM DIRECTOR

The Department Chair/Program Director has primary responsibility and authority for the oversight, administration, and continuous improvement of the MSPAS Program. The Chair/Director provides leadership for both the didactic and clinical phases of the curriculum; ensures compliance with ARC-PA accreditation standards; oversees faculty and staff recruitment, evaluation, and development; and is accountable for program policies, resources, and operations. The Chair/Director actively participates in institutional and management-level committees to advocate for program needs and support the mission and effectiveness of the PA program. The Program Director is assigned to the program on a 12-month, 1.0 FTE, full-time basis, with a minimum of 50% of effort devoted to administrative responsibilities for the MSPAS Program.

Whitney Balmert, DMSc, PA-C



Dr. Whitney Balmert is a board-certified Physician Assistant with over 15 years of pediatric clinical experience and a strong commitment to medical education. Since 2018, she has worked in academia, serving as the clinical director for the past seven years of the Advent Health University Physician Assistant Program. In this role, she oversaw the clinical phase of the curriculum, ensured ARC-PA compliance, and mentored both students and faculty.

Dr. Balmert earned her undergraduate degree from the University of Central Florida Burnett Honors College, followed by a Master of Medical Science from Nova Southeastern University. She later completed a Doctor of Medical Science with a focus in Education from the University of Lynchburg. Her clinical background includes pediatric inpatient, outpatient, and urgent care, and she continues to practice in pediatric urgent care settings. Throughout her academic and clinical career, Dr. Balmert has been actively involved in curriculum development, faculty mentoring, and scholarly work. She has presented nationally on professionalism in

medical education and authored a doctoral project examining the long-term impact of professionalism training in PA programs.

Rooted in a mission of compassionate, service-oriented care, Dr. Balmert integrates her clinical expertise and faith-based values into her teaching and leadership.

MEDICAL DIRECTOR

The medical director is responsible for ensuring that the didactic and clinical components of the PA program meet the recommended ARC-PA standards. Further, the medical director participates in candidate interviews and other special events within the program.

Ann Marie LeVine, M.D.



Dr. Ann Marie LeVine is a licensed pediatric critical care specialist with over 25 years of experience. She served as pediatric critical care fellowship director for eight years. She has trained medical students, pediatric residents, pediatric critical care fellows, and postdoctoral research fellows. In addition, she had an active basic science lab with NIH funding. The focus of the research was lung injury and disease with an emphasis on the surfactant system of the lung. She was actively involved in the American Lung Association serving on committees, developing symposia for the annual meeting, and reviewing grants. It is with great enthusiasm that she is part of the faculty of AdventHealth University.

ACADEMIC DIRECTOR / PRINCIPAL FACULTY

The academic director is responsible for all curriculum and didactic components of the physician assistant program. It is the responsibility of the academic director to maintain that all course content meets the requirements of the ARC-PA standards. The academic director also oversees all instructional and adjunct faculty within the program.

Danielle Key, DMSc, PA-C



Dr. Danielle Key received her undergraduate training at the University of Central Florida and earned a Master of Medical Science in Physician Assistant Studies from Nova Southeastern University in Fort Lauderdale, Florida. She later completed her Doctor of Medical Science degree at the University of Lynchburg, with a focus on medical education. She is a licensed and certified physician assistant with extensive clinical experience in family medicine, endocrinology, cardiology, and functional medicine. She is deeply committed to a holistic approach to patient care, recognizing that disease is multifactorial and that effective treatment requires addressing root causes while considering lifestyle, community, and spirituality. At AdventHealth University, Dr. Key has been instrumental in restructuring the curriculum to support and further advance the University's mission of whole-person care.

CLINICAL DIRECTOR / PRINCIPAL FACULTY

The clinical director is responsible for oversight of the clinical curriculum, developing and maintaining clinical sites, visiting and evaluating preceptors and clinical rotations to ensure ARC-PA standards are met. The clinical director is also responsible for coordinating and teaching clinical courses as well as providing support, evaluations, and advisement to students during the clinical phase.

Whitney Dailey, DMSc, PA-C



Dr. Whitney Dailey brings a rich background of clinical and academic excellence to the AdventHealth University (AHU) PA faculty. She earned her Bachelor of Science degree in Kinesiology from the University of Tennessee in 2012, followed by a Master of Science in Physician Assistant Studies in 2014 from South College in Knoxville, TN. Dr. Dailey's clinical experience spans gastroenterology, urgent care, and primary care, providing her with a well-rounded perspective on patient care. Recognizing her passion for education, she pursued a Doctor of Medical Science degree at the University of Lynchburg, completing it in January 2024, to prepare for a transition into PA education.

DIRECTOR OF PROGRAM ASSESSMENT / PRINCIPAL FACULTY

The director of program assessment is responsible for creating a culture of assessment and evaluation by working closely and collaboratively with faculty, staff, students, and other stakeholders. Collectively, they develop a body of inquiry that understands the degree to which AHU PA program activities impact students, program, institutional, and public interest outcomes. The assessment director facilitates the development of evaluation tools that allow for an ongoing process of programmatic assessment and improvement. Additionally, the assessment director communicates key findings to a broad audience allowing for data-driven decision-making regarding PA education at AdventHealth University.

Matthew Allman, MPAS, PA-C



Professor Matthew Allman joined the AHU faculty as the director of program assessment in 2019 to lead the program’s efforts in ongoing educational assessment and improvement. He has held many roles in PA education, including clinical coordinator, director of evaluation and assessment, and program director. Professor Allman has more than 18 years of clinical experience and 10 years as a PA educator. He practices clinically at The Juilliard School in New York City.

ACADEMIC PROGRESS COMMITTEE CHAIR/PRINCIPAL FACULTY

The chair of the Academic Progress Committee oversees the evaluation and monitoring of student performance and progression throughout the program. This includes reviewing academic outcomes, addressing professionalism concerns, and ensuring students meet established program standards. The Chair also guides students placed on a Strategy for Academic Success (SASP), helping them identify challenges, implement improvement plans, and connect with appropriate resources. In this role, the Chair balances accountability with support to promote both academic excellence and professional development.

Lesly Ortiz, DMSc, PA-C



Dr. Lesly Ortiz is a licensed and certified physician assistant. She earned a Bachelor of Science with a major in Health Sciences from AdventHealth University (formerly Florida Hospital College of Health Sciences). In 2010, she earned a Master of Medical Science degree in Physician Assistant studies at Nova Southeastern University. In 2021, she earned a Doctor of Medical Science from the University of Lynchburg with an advanced professional practice of Neurological surgery. She has clinical experience specializing in general pediatrics and adult neurosurgery, including inpatient, outpatient, intensive care unit (ICU), and surgery settings.

PRINCIPAL FACULTY

Johanna Espenschied, MHS, PA-C



Professor Johanna Espenschied is a proud Florida native who has been serving her local community as a certified physician assistant since 2013. She earned a Bachelor of Science in Biology with a minor in Environmental Studies from the University of Central Florida and went on to complete a Master of Science in Health Sciences at the University of South Alabama in Mobile, Alabama.

After completing her graduate training, she returned to Central Florida to pursue her passion for dermatology, specializing in both clinical and cosmetic care. Her approach to practice is rooted in empathy, education, and advocacy—empowering patients to take an active role in managing their health. She fosters collaborative relationships with her patients, emphasizing clear communication and personalized care.

In addition to her clinical work, Professor Espenschied has played a key role in mentoring the next generation of healthcare professionals by precepting and training physician assistant students throughout her career. Her commitment to education ultimately led her to transition into full-time academia, where she now serves as a faculty member at AdventHealth University.

PRINCIPAL FACULTY

Emma Boyer, MPAP, PA-C



Professor Emma Boyer graduated from the University of Tampa Honors College with a Bachelor of Science degree in Exercise Science and Sports Studies. She later earned a Master of Physician Assistant Practice degree from the Keck School of Medicine at the University of Southern California in Los Angeles, California.

She is a licensed and certified physician assistant with years of clinical experience in internal medicine, emergency medicine, surgical oncology, and urgent care. In addition, she served as an adjunct faculty in the Physician Assistant Program at AdventHealth University (AHU). Her passion for teaching ultimately led her to accept a full-time faculty role in the AHU MSPAS Program.

Professor Boyer has also been an active advocate for the PA profession and PA education. She traveled to Washington, D.C., to meet with members of Congress to discuss legislation affecting the future of PAs and to advocate for PA education. During this advocacy trip, she had the opportunity to meet with leaders from the American Academy of PAs (AAPA) and the Physician Assistant Education Association (PAEA), gaining valuable insight into the organizations and their essential roles in advancing the PA profession.

In addition, she has a strong interest in travel medicine and participated in a foreign medical mission trip to Nicaragua to help address the medical needs of a developing country. Professor Boyer is also passionate about community service, especially through her involvement with the Leukemia & Lymphoma Society. She has volunteered as a team captain for their annual Light the Night walks and participated in their Team in Training program, completing a marathon, triathlon, and century bike ride in memory of her sister.

MANAGER, CLINICAL PROGRAMS

The manager of clinical programs is responsible for the daily monitoring and orchestration of the clinical phase of the program.

Jenicca Brown, AA



Mrs. Brown holds an Associate of Arts (AA) degree in Marketing and Graphic Communications, providing a foundation in visual communication and marketing principles. Prior to joining the AHU MSPAS Program, she worked with the AdventHealth Medical Simulation team as a simulation operations specialist and standardized patient.

MANAGER, ACADEMIC PROGRAMS and ADMISSIONS

The manager of academic programs and admissions is responsible for the daily monitoring and orchestration of the didactic phase of the program. She is also responsible for the management of program admissions.

Shawnie McGahey, MS



Mrs. McGahey graduated from the University of Central Florida with a Bachelor of Arts in Psychology and a Master of Science in Industrial/Organizational Psychology. She specialized and worked in the corporate/employee wellness field for 10 years. During that time, she helped develop employee wellness programs for corporations in Orlando like Orange County Public Schools and Philip Crosby Associates. She then worked as the administrative assistant and athletic director for the middle school program at a private, hybrid school in Winter Park, Florida. Shawnie also serves alongside her type 1 diabetic daughter as an advocate and volunteer with Juvenile Diabetes Research Foundation Central Florida.

SUPERVISOR, ADMINISTRATIVE AND OFFICE SERVICES

The supervisor of administrative and office services is responsible for logistics, customer service, and other administrative services within the program.

Kambria Hull, BS



Ms. Hull graduated from the University of Nevada, Reno with her bachelor's degree in political science. Prior to her coming to AHU, she worked at Tesla Motors and spent 19 years working for the Walt Disney Company. Her career has been centered around Customer Service, Logistics, and VIP Services.

EXECUTIVE ASSISTANT

Gleise Henrique



Prior to coming to AHU, Ms. Henrique worked as an Executive Assistant in the Neuroscience Department at Amgen, Inc. for 14 years. She is originally from Sao Paulo, Brazil, and in 1985 moved to California to learn English and continue her education. Currently, she is a part-time employee.

ADJUNCT PROFESSORS

Adjunct professors are part-time instructors that the program uses periodically to teach on specialized areas or subject matter. They also periodically assist with OSCEs, practicums and examinations. Below are the current adjuncts:

Nicholas Constantino, MPAS, PA-C
Michael Cronyn, MPAS, PA-C
Clifford Denney, MD
Cory Edgar, DMSc, PA-C
Melissa Hall, MPAS, PA-C
Rose Helm, MPAS, PA-C
Adam Wood, PharmD

CLINICAL PRECEPTORS

ARC-PA 6th Edition Standards: A2.14, A2.15, A2.16a-d, A2.17a&b

Clinical preceptors are considered part of the AHU MSPAS Program team as AHU Adjunct Clinical Faculty. Students will be assigned to a clinical preceptor at each clinical site while on rotation during the second year (clinical phase) of the program. The clinical site will set the students' schedule and guide their students through the daily routine of each rotation.

For every location where a student participates in supervised clinical practice experiences, the program will provide the student with the name and contact information of the designated principal instructional faculty member responsible for assessing and supervising their progress toward achieving course learning outcomes. This information will be clearly communicated to students at the start of each course/rotation and readily accessible throughout their duration. This ensures clear lines of communication and support for students' academic and professional development.

Supervised clinical practice instructional faculty can consist of physician assistants (PAs) who hold or have held NCCPA certification, physicians (MD/DO) who hold or have held board certification in their specialty, and advanced practice registered nurses (APRNs) who hold or have held board certification in their specialty. The majority of student clinical preceptor experiences will be supervised by physicians (MD/DO), physician assistants (PAs), or a combination thereof. These primary preceptors must hold current, unrestricted licenses in the jurisdiction where the preceptorship takes place. Up to 10% of supervised clinical practice instructional faculty may consist of other licensed or certified clinicians. All preceptors are expected to provide direct supervision and instruction to assigned students, evaluate student performance based on established program objectives, offer timely and constructive feedback to students, maintain communication with the program faculty regarding student progress, and adhere to all program policies and procedures related to clinical education.

The program is responsible for ensuring all preceptors meet these qualification standards, providing preceptors with orientation and training materials, conducting periodic evaluations of preceptor performance, maintaining current records of preceptor qualifications and contact information, and establishing a process for addressing student or preceptor concerns.

UNIVERSITY CONTACT LIST

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PROGRAM STANDARDS

Working as a medical professional is often physically, mentally, and emotionally demanding. A copy of these Standards may be found in this section and on the program website at the [Master of Science in Physician Assistant Studies Website](#) for reference.

The AdventHealth University Master of Science in Physician Assistant Studies (MSPAS) program is committed to the education of all qualified individuals, including people with disabilities who, with or without reasonable accommodation, can perform the essential functions of the educational program in which they are enrolled and the profession that they pursue.

It is the policy of the program to comply with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding students and applicants with disabilities. Under these laws, no otherwise qualified and competent individual with a disability shall be denied access to or participation in services, programs, and activities solely based on the disability.

In accordance with federal regulations established by the Americans with Disabilities Act, the following standards are described to assist each candidate in evaluating their prospect for academic and clinical success. General standards for the program are followed by standards that apply to the professional discipline to which students have applied (see additional standards below). When a student's ability to perform is compromised, the student must demonstrate alternative means and/or abilities to perform the essential functions described.

It is important to read each standard carefully. Each student is given the opportunity to read and acknowledge their understanding of the standards prior to beginning the program.

PROGRAM TECHNICAL STANDARDS

ARC-PA 6th Edition Standards: A3.12e

A candidate for the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) program must have at a minimum, demonstrably acceptable skills in observation, communication, motor, intellect, and behavior/socialization. Reasonable accommodation for people with documented disabilities will be considered on an individual basis, but candidates must be able to perform in an independent manner.

To qualify for admission to the AHU MSPAS program, candidates must demonstrate to the principal faculty the ability to meet the following technical standards in timed settings and under stressful conditions:

1. **Observation:** Students must be able to demonstrate sufficient capacity to observe demonstrations and experiments in basic and clinical sciences (including computer-assisted instruction) and must be able to observe a patient accurately at a distance or close at hand.
2. **Communication:** Students must be able to demonstrate sufficient capacity to communicate accurately and with clarity, in oral and written forms, with appropriate respect and sensitivity towards faculty, patients, and all members of the healthcare team.
3. **Motor:** Students must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. They must be able to grasp and manipulate tools and equipment, stand, sit, walk, and move as needed in a patient care setting.

4. **Senses:** Students must have sufficient use of the senses of vision, hearing, touch, and smell necessary to directly perform a physical examination.
5. **Problem-solving:** Students must demonstrate sufficient ability to learn to measure, calculate, analyze, and synthesize data to reach diagnostic, therapeutic, and surgical judgments.
6. **Clinical skills:** Students must demonstrate sufficient ability to learn and perform routine laboratory tests and diagnostic, therapeutic, and surgical procedures. All students will be expected to perform physical examinations on both males and females.
7. **Behavioral attributes:** Students must possess the emotional health necessary for full utilization of their intellectual abilities, the exercise of sound judgment, the prompt completion of responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with faculty, clinical staff, and patients.
8. **Judgment:** Students must be able to learn and demonstrate the ability to recognize limitations to their knowledge, skills, and abilities, and to seek appropriate assistance with their identified limitations.
9. **Stability:** Students must be able to learn to respond with precise, efficient, and appropriate action in emergency situations.
10. **Perseverance:** Students are expected to possess the humility to accept criticism, and the diligence to successfully complete the physician assistant curriculum and enter the practice of medicine as a certified physician assistant.
11. **Cognition:** The physician assistant program is a concentrated and fast-paced program. In addition, physician assistants must often make critical decisions when evaluating patients and must make these decisions in a timely manner. Students must be able to assimilate large amounts of information quickly and efficiently, as well as gather and analyze patient data in a timely manner. Health conditions and/or drugs (prescription, over the counter, or "recreational") that alter perceptions, slow responses, or impair judgment are not compatible with success in the program. These may also affect the student's ability to obtain a license or to practice as a physician assistant.
12. **Capability:** Physician assistants work in a variety of clinical settings and may be required to stand for extended periods of time, assist in major surgery, hold retractors, place invasive devices, assist in labor and delivery, perform cardiopulmonary resuscitation, perform minor surgical procedures, or help move patients. Therefore, students must demonstrate sufficient capability to function safely, effectively, and efficiently in a classroom, laboratory, or clinical facility without any of the following: a surrogate, intermediate, companion (animal or human), translator, or assistive device that would interfere with or not be usable in a surgical or other patient care setting.

Individuals with disabilities may be provided with reasonable accommodations to fully participate in the program if their condition does not interfere with patient care, patient safety, or lead to a high likelihood of absenteeism.

Professional Responsibility: Students must exhibit the ability to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference from personal or medical problems.

It is each student's responsibility to attend and travel to and from classes and clinical assignments on time. They should possess organizational skills and stamina to perform required tasks within allotted time frames. This involves frequent oral, written, and practical examinations or demonstrations. The student must have the ability to perform problem-solving tasks in a timely manner.

Students will exhibit adherence to the policies of the University, their program, and clinical sites. This includes matters ranging from professional grooming, dress, and behavior, to attending to their program's academic

schedule. Student schedules may differ from the University's academic calendar and be subject to change at any time.

Students must demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment. Students will take the initiative to direct their own learning. They need to work cooperatively and collaboratively with other students on assigned projects and participate willingly in a supervisory process involving the evaluation of abilities and reasoning skills.

ADDITIONAL STANDARDS RELEVANT TO THE PROGRAM

In addition to the general standards above, students applying to the AHU MSPAS Program must consider that they will be required to:

1. Participate in patient assessment and evaluation.
2. Participate in invasive and non-invasive procedures.
3. Participate in emergency care.
4. Work lengthy and irregular hours.
5. Attend and participate in didactic and clinical education training on or off campus.
6. Perform physical examinations on male and female peers along with being examined by both male and female peers during laboratory instruction.

PROGRAM COMPETENCIES

ARC-PA 6th Edition Standards: A3.11g, B1.01b,c&d

The AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program has established program-defined competencies that reflect the knowledge, clinical reasoning, interpersonal attributes, technical skills, and professional behaviors required for entry-level practice in primary care. These competencies are systematically integrated throughout the didactic and clinical phases of the curriculum, and students are required to demonstrate achievement of all program-defined competencies as a condition of graduation. The competencies are informed by the PAEA *Core Competencies for New PA Graduates* and align with the mission, values, and educational goals of the AHU MSPAS Program.

The program-defined competencies are organized into seven domains: **Medical Knowledge; Interpersonal and Communication Skills; Patient-Centered Care; Professional Behavior; Clinical and Technical Skills; Clinical Reasoning and Problem Solving; and Practice-Based Learning and Quality Improvement.** Collectively, these domains encompass the full scope of expected competencies for entry-level PA practice.

The competencies are reviewed annually by program faculty and revised as needed to ensure continued alignment with professional expectations, accreditation standards, and program outcomes.

MEDICAL KNOWLEDGE (MK)

Includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

MK 1. Apply basic and clinical science principles to distinguish normal from abnormal health states across the lifespan.

MK 2. Recognize clinical presentations and select appropriate diagnostic tests to guide patient-centered decision-making.

MK 3. Identify evidence-based pharmacologic and non-pharmacologic treatments to provide safe and effective patient care.

MK 4. Apply patient education strategies to promote health, manage disease, and support shared decision-making.

INTERPERSONAL AND COMMUNICATION SKILLS (IC)

Encompass verbal, nonverbal, and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patient's families, physicians, professional associates, and the health care system. Physician assistants are expected to:

IC1. Interact with patients respectfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.

IC2. Collaborate effectively with intraprofessional and interprofessional healthcare teams to optimize patient outcomes.

PATIENT-CENTERED CARE (PCC)

Includes age-appropriate assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

PCC1. Provide compassionate, patient-centered care across the lifespan through age-appropriate assessment, management, and patient education.

PCC2. Incorporate social determinants of health, health equity principles, and population-specific considerations into patient assessment and care planning.

PROFESSIONAL BEHAVIOR (PB)

Is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that physician assistants' practice without impairment from

substance abuse, cognitive deficiency, or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

PB1. Demonstrate intellectual honesty and professional behavior consistent with the physician assistant profession.

PB2. Demonstrate understanding of the professional role and standards of practice of the physician assistant.

PB3. Apply patient safety principles to promote responsible care.

PB4. Demonstrate the ability to outline considerations in caring for patients with regard to ethical issues, legal rights, and informed consent.

CLINICAL AND TECHNICAL SKILLS (CS OR TS)

Includes the student's ability to effectively gather, interpret, and apply clinical information while demonstrating proficiency in essential technical procedures required for entry-level practice.

CS1. Elicit and accurately document essential patient information.

CS2. Perform an appropriate physical examination to assess patient health status.

CS3. Interpret diagnostic studies commonly used in primary care to support clinical decision-making.

TS1. Competently perform medical procedures commonly utilized in primary care practice.

CLINICAL REASONING AND PROBLEM SOLVING (CRS)

Evaluates the student's ability to think critically in patient care by analyzing presenting concerns, identifying urgency of conditions, and generating prioritized diagnostic considerations. Students must integrate findings from the history, examination, and testing to design safe, effective, and individualized management strategies that align with current best practices.

CRS1. Assess patient presentations to determine health status and distinguish between emergent and non-emergent conditions.

CRS2. Develop an appropriate differential diagnosis based on the patient's clinical presentation.

CRS3. Synthesize clinical data and diagnostic study results to construct safe, patient-centered, evidence-based pharmacologic and non-pharmacologic treatment plans to address identified health problems.

PRACTICE-BASED LEARNING AND QUALITY IMPROVEMENT (PBLQI)

Includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

PBLQI1. Evaluate personal clinical performance to identify strengths, limitations, and learning needs.

PROFESSIONALISM, ETHICS AND ACADEMIC INTEGRITY

ARC-PA 6th Edition Standards: B2.19a,b&c

“Professionalism is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served.” -Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA, 2002;287(2):226-235

Academic, clinical, and professional development are intertwined and related to each other. The MSPAS Technical Standards consider the physical, cognitive, and behavioral abilities required for satisfactory completion of the physician assistant curriculum. The essential required abilities for a physician assistant student include motor, sensory, communicative, intellectual, behavioral, and social aspects. A student’s growth in the academic and clinical areas may be dependent on their growth as a professional.

Physician assistant students must recognize themselves as clinicians providing services to both the physician supervisor as well as to the patient. Physician assistant students must be aware that, even as students, they are viewed by both patients and medical providers as part of the larger medical community. It is critical, therefore, that professional development be assessed, just as academic and clinical skills are measured during a student’s growth.

As healthcare practitioners, physician assistants are required to conform to the highest standards of ethical and professional conduct. Physician assistant students also are expected to adhere to the same high ethical and professional standards required of physician assistants.

The American Academy of Physician Assistants (AAPA) has identified four primary bioethical principles – autonomy, beneficence, non-maleficence, and justice – that form the foundation of the Statement of Values of The Physician Assistant Profession. The Statement of Values provides a guideline for ethical conduct by physician assistants. (A complete discussion of the ethical conduct required of physician assistants can be found at the American Academy of Physician Assistant website, www.aapa.org). In addition to the AAPA’s guidelines, The National Commission on Certification of Physician Assistants (NCCPA) recently adopted a code of conduct for certified and certifying physician assistants. The NCCPA’s code of conduct “outlines principles that all certified or certifying physician assistants are expected to uphold.” A complete discussion can be found in: [NCCPA Code of Conduct](#).

In addition to understanding and complying with the principles and standards promulgated by the AAPA, the NCCPA, and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), physician assistant students are required to know and comply with the policies, procedures, and rules of AdventHealth University (AHU) and the Master of Science in Physician Assistant Studies (MSPAS) Program; and the policies, procedures, and rules of each clinical site to which the student is assigned. Further, physician assistant students are required to conduct themselves in a manner that complies with the following principles and standards:

RESPECT

Physician assistant students are expected to treat all patients, faculty, staff, visitors, clinical preceptors, healthcare workers, and fellow students with dignity and respect. For example:

- Physician assistant students must recognize and embrace their roles as members of a team and interact with others on the team in a cooperative and considerate manner.
- Physician assistant students train closely with other students, including physical examinations of fellow students and discussion groups that may reveal personal information. Students must maintain and exhibit respect for the privacy and confidentiality of fellow students.
- Students should offer criticism or suggestions in a thoughtful and reasoned manner that fosters respect and trust.
- When confronted with conduct by another member of the team that may be deemed inappropriate, students are not to respond angrily; rather, they must remain calm and respectful and respond in accordance with the standards of professional conduct required of physician assistant students.

PROFESSIONAL APPEARANCE

ARC-PA 6th Edition Standards: A3.04

Professional appearance demonstrates respect for patients and helps to build their confidence and trust. Physician assistant students must dress in professional, neat, and conservative attire. Good personal hygiene is always required and expected.

Guidelines for all Program-Related Experiences (First 15-Months, Didactic Phase)

- All students will be expected to wear conservative business casual attire.
- All students are required to wear appropriate undergarments.
- All students are required to wear and display their AHU student ID badge.
- Student ID badges will be attached to the upper left side of the student's shirt or blouse.
- Low-cut blouses or tops are not appropriate attire for the program.
- No hats (men and women).
- No shorts (except lab uniforms), sweats, or cutoff pant legs.
- No midriff or halter tops.
- No body jewelry/piercing that interferes with class function, especially during laboratory sessions.
- No visible tattoos.
- No open-toed shoes during laboratory sessions in which sharps are handled.
- Men's facial hair must be neatly groomed.

Dress requirements for physical examination laboratory sessions may be found in the appropriate course syllabus. Scrubs may be worn for the gross anatomy laboratory or as indicated in the course syllabus. When required to be present at clinical sites, please observe the guidelines below.

Guidelines for all Clinical Experiences (in addition to the criteria noted above)

- Professional dress is necessary for all clinical experiences and evening classes/meetings:
 - Students will wear a clean, pressed, short white "consultation jacket" with the school-designated shield on the upper left sleeve.
 - All students are required to wear appropriate undergarments.
 - Low-cut blouses or tops are not appropriate attire for the program.
 - Males should wear a collared shirt with a tie.
 - Hair should be worn in a neat manner – facial hair should be neatly groomed.

- Fingernails should be clean and groomed.
- Women should wear a business dress or dress pants/skirt and blouse ensemble.
- All attire will be clean and pressed.
- Jeans, shorts, and cutoffs are prohibited.
- Open-toed shoes are prohibited; sneakers are allowed when wearing scrubs only.
- Students must display their AdventHealth University-issued identification, which contains the students' names and the title "PA Student" (supplied by the program), at all times.
- Any additional dress requirements imposed by a clinical site supersede those of the program.
- "Scrubs" should be worn in accordance with the clinical facility policy or if requested by the principal faculty for laboratory participation. In general, they should not be worn outside of the operating or delivery room. Soiled scrubs should be left appropriately at the facility for laundering at the end of the assigned shift. Scrubs are not permitted on campus except as previously noted.

Students who appear in class or at a clinical site with inappropriate attire or hygiene may be directed to leave and will not be permitted to make up missed assignments.

TIMELINESS AND ATTENDANCE

Attendance and timeliness are important aspects of professional behavior. Students must report to all classes, laboratories, seminars, call-back days, clinical sites, and other scheduled activities on time. Timely return from designated breaks is required. Occasionally, a student might be tardy to class or a clinical rotation due to an unexpected event or personal/family emergency. Documentation of the event may be required by the program. Please see the [Absence and Tardy Policies](#) section for detailed policies.

Students must return messages from program staff, faculty, clinical preceptors, and clinical sites in a timely manner (less than 24 hours). Students must submit all required assignments and forms on or before the designated date, and/or time, that they are due. In formal classroom and clinical situations, students should address faculty and lecturers using the appropriate form of address (Professor/Doctor). Under no circumstances are children allowed in the classrooms during formal lectures except for teaching opportunities authorized by the program director.

DRUGS AND ALCOHOL

Physician assistant students must comply with the University's drug and alcohol policy and all other applicable policies and procedures regarding drug and alcohol use, both on and off campus, including clinical sites. All students must complete a drug screen before entering the didactic phase and clinical phase of learning. Additional screenings may be requested by the University, the program, or clinical sites at any time. Failure to complete a requested drug screen, or a positive drug screen result, will be considered a professionalism issue and a violation of the [Program Academic Misconduct Policy](#) found in the MSPAS Program Policy Manual. The complete AHU policy can be located at: [Drug and Alcohol Policy | AdventHealth University | AHU](#).

NETIQUETTE

It is important for students to recognize that the online classroom functions as a learning environment, and certain behaviors are expected when communicating with both peers and instructors. These guidelines for online behavior and interaction are referred to as netiquette.

Security Netiquette

- Remember that the student's password is the only thing protecting them from pranks and more serious harm.
- Do not use passwords that are based on personal information that can be easily accessed or guessed.
- Do not share the password with anyone.
- Change the password if there is any suspicion that someone else might know it.
- Always log out when finished using the system.
- Logging on and allowing others to access course materials is considered an academic violation.

Netiquette General Guidelines

When communicating online, student's should always:

- Treat instructors and classmates with respect in email or any other communication.
- Always use professors' proper titles: Dr. or Prof.; if in doubt, use Mr. or Ms.
- Unless specifically invited, do not refer to instructors by their first names.
- Use clear and concise language.
- Remember that all college-level communication should have correct spelling and grammar, including on discussion boards.
- Avoid slang terms such as "wassup?" and texting abbreviations like "u" instead of "you."
- Convey a positive tone through word choice, syntax, punctuation, letter case, sentence length, and openings and closings. Written tone affects the reader just as the tone of one's voice does.
- Use standard fonts.
- Avoid using the caps lock feature, as it can be interpreted as yelling.
- Limit and possibly avoid the use of emoticons like :).
- Be cautious when using humor or sarcasm, as the tone can sometimes be lost in an email or discussion post, and messages might be taken seriously or sound offensive.
- Be careful with personal information, both yours and others'.
- Do not send confidential information via email.
- Check email daily.

Email Netiquette

When sending an email an instructor, teaching assistant, or classmates:

- Use a descriptive subject line.
- Use a salutation when writing a message "Hello, good morning, etc."
- Be brief.
- Attachments should be avoided unless the student is sure the recipients can open them.
- Student should sign their message with their name, course name, and contact email address if it differs from the platform being used.
- Before sending an email to multiple recipients, the student should consider whether everyone truly needs to see the message.
- The student should ensure they really want everyone to receive their response when clicking "reply all."
- The student must verify that the message author intended for the information to be shared before clicking the "forward" button.
- It is important for the student to double-check the accuracy of the email address and recipient before clicking "send."

Message Board Netiquette and Guidelines

When posting on the Discussion Board in an online class:

- Make posts that are on topic and within the scope of the course material.
- Take all posts seriously and review and edit posts before sending them.
- Be as brief as possible while still making a thorough comment.
- Always give proper credit when referencing or quoting another source.
- Be sure to read all messages in a thread before replying.
- Avoid repeating someone else's post without adding something original.
- Steer clear of short, generic replies such as "I agree." Students should include reasons for their agreement or further contribute to the discussion.
- Always respect others' opinions, even when they differ from their own.
- When disagreeing, the student should express their opinion respectfully and without criticism.
- Do not make personal or insulting remarks.
- Keep an open mind.

Virtual Presence Netiquette

When participating synchronously in a virtual class session:

- Students should have their video on whenever possible. If they experience internet issues, such as low bandwidth, they should communicate with their instructor in a timely manner.
- For video conferences, students should place their device on a flat surface and avoid moving around.
- Students must keep their microphone muted unless instructed otherwise by their instructor.
- Before sharing their screen, students should check their browsers and documents to avoid sharing any inappropriate content for class.
- Students are encouraged to use virtual backgrounds to protect their privacy, ensuring that backgrounds are not distracting or inappropriate.
- Dress appropriately as they would in a face-to-face class, including both tops and bottoms. Student behavior and dress should reflect those of a traditional classroom or professional setting.
- Smartphones and cell phones must be switched off during class sessions, which include both lectures and laboratories.
- If students have questions, they should ask them at appropriate times and avoid participating in other conversations during class.
- Web surfing, email, and instant messaging are not allowed during class sessions.
- If an instructor views or hears anything indecent during a video conference or within video content that violates the university's standards, a report will be made to the academic administration.

STUDENT CONDUCT IN CLINICAL SETTING

ARC-PA 6th Edition Standards: B2.19c, B3.05e

Students enrolled in the AHU MSPAS Program are expected to always conduct themselves in a professional manner. The criteria for evaluating professional performance include, but are not limited to, demonstrating professional competencies and skills; adhering to the program's professionalism policies; adhering to the policies of the clinical facility; displaying sensitivity to patients' and community needs; demonstrating an ability to relate appropriately to peers and other members of the health care team; displaying a positive attitude; maintaining regular and punctual attendance; and maintaining acceptable physical appearance.

CONCERN FOR THE PATIENT

ARC-PA 6th Edition Standards: B2.04, B2.06a-f

Physician assistant students must, by their words and behavior, demonstrate concern for the patient. Concern for the patient is manifested in many ways, including, but not limited to, the following:

- Physician assistant students must treat patients and their families with dignity and respect.
- At all times, the physical and emotional comfort of the patient is of paramount importance.
- Students must use appropriate verbal and non-verbal communication to convey concern, pleasantness, compassion, and professionalism to the patient.
- The patient's modesty must be considered and respected at all times.
- Students shall deliver healthcare services to patients without regard to their patients' race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, creed, disability, medical condition, socioeconomic status or political beliefs, or any other belief or status protected by law.
- Students must not accept gifts or gratuities from patients or their families.
- Sexual or romantic relationships with patients are prohibited and will not be tolerated.

STUDENT ROLE AND ACCOUNTABILITY

Physician assistant students have a unique role in health care delivery. In that role, students are accountable for such things as:

- Students shall perform only those procedures authorized by the program, clinical site, supervisor, and/or preceptor.
- Physician assistant students at clinical sites must always work under the supervision of a preceptor and are prohibited from assuming primary responsibility for a patient's care. For example, students shall not treat or discharge a patient without prior consultation with, and approval of, a clinical preceptor or supervisor.
- Students are responsible for the timely completion of all assignments and duties effectively and to the best of their ability.
- Students are responsible for identifying and reporting unprofessional, unethical, and/or illegal behavior by healthcare professionals and students, faculty, and staff of the program. If a physician assistant student has a reasonable belief that such conduct has occurred, he or she should report it to the program director, preceptor, supervisor, or faculty advisor, as may be appropriate under the circumstances.
- Physician assistant students are expected to accept and apply constructive feedback. Physician assistant students are always required to exercise sound judgment.

FLEXIBILITY

Although every effort is made to provide training activities at times and places scheduled in advance, physician assistant students often will be required to be flexible because of unavoidable changes in the schedule. For example, instructors who are also practicing clinicians may not have a regular schedule, and lectures or clinical sessions may, at times, need to be rescheduled with short notice. In addition, clinical sites create the student schedules for each rotation, and such schedules may require physician assistant students to work on weekends, nights, and holidays.

STUDENT PROFESSIONALISM ASSESSMENT

ARC-PA 6th Edition Standards: A2.05d, B2.19c, B4.03e

The professional and ethical conduct of physician assistant students is evaluated on an ongoing basis throughout both the didactic and clinical phases of the program. Violations of these standards are subject to disciplinary actions administered by both the University and the program. As a PA student, one is expected to achieve the highest level of professionalism. The Professional Development Assessment Tools (PDAT) ([Didactic-Appendix B](#)) serve as an example of an assessment tool used to determine whether professional competency has been achieved for graduation and practice as a physician assistant.

During the didactic phase, students are expected to always look and act in a professional manner. A PDAT form is completed at the end of each trimester by the faculty advisor and upon completion of the summative phase of the program. The PDAT form is then reviewed with the student by their advisor.

Some examples of expected professional behaviors during the didactic phase include, but are not limited to the following:

- Timely attendance to class, examinations, meetings, and appointments.
- Reporting to class professionally dressed as outlined in the policy manual.
- Accepting responsibility for actions.
- Demonstrating intellectual honesty and academic integrity as defined in the AHU MSPAS Program Policy Manual.
- Submission of assignments on time and with total completion.
- Appropriate written and verbal communication with faculty, staff, and other students.
- Class preparedness and participation.

During the clinical phase, students will be evaluated on their professional appearance and conduct in addition to their academic and clinical skills. Each student's demonstration of professionalism will be assessed by their preceptor (included in each clinical rotation's preceptor evaluation forms) as well as by the program, utilizing the Professional Development Assessment Tool (PDAT) ([Didactic-Appendix B](#)). The criteria included in this rubric allows faculty to fairly assess and evaluate the professionalism of each student. Students should expect to review PDAT evaluations with their program advisors at a minimum of three times throughout the clinical phase: at the end of rotation one (1), rotation four (4), and rotation (7). More frequent meetings may be required and are at the discretion of the clinical director.

Some examples of expected professional behaviors during the clinical phase include, but are not limited to the following:

- Arrive at the clinic 15-30 minutes prior to the start of each shift, unless otherwise directed. Timely attendance to class, exams, meetings, appointments, etc. as scheduled.
- Reporting to the rotation well-groomed, dressed, and equipped appropriately. Unless otherwise requested by the preceptor, professional dress as outlined in the policy manual is required.
- Exhibiting concern for patients' needs and rights.
- Accepting responsibility for actions.

- Demonstrating intellectual honesty and academic integrity as defined in the AHU MSPAS Program Policy Manual.
- Communicating effectively and in a timely manner with patients, peers, physicians, and other hospital personnel.
- Demonstrating interest in the clinical rotation and showing initiative to seek out supporting activities.
- Submission of assignments on time and with total completion.
- Appropriate preparation for rotations by reviewing study material/resources, core competencies, learning outcomes, instructional objectives, grading, examinations, evaluations, assignments, patient logs, schedules/time sheets, remediation, supplemental learning, and the PAEA examination topic lists.

If there are issues regarding professional behaviors that occur during a trimester, the student advisor, the academic director, and/or the clinical director, and/or the program director will request a meeting with the student to discuss specific concerns. The PDAT will be used to document such behaviors and will permanently remain in the student's electronic file. See the [Program Academic Misconduct Policy](#) regarding program policies pertaining to violations in professional standards.

PROGRAM MEDICAL ETHICS & ETHICAL BEHAVIOR

ARC-PA 6th Edition Standards: B2.18

In alignment with ARC-PA standards, the program curriculum incorporates comprehensive instruction in the principles and practice of medical ethics. This curriculum is designed to help students understand the ethical considerations that are crucial in healthcare settings and to foster a commitment to ethical behavior in their professional practice.

Physician assistant students are expected to demonstrate honesty and truthfulness in all aspects of their education and professional interactions. This commitment to integrity is fundamental for maintaining trust within the healthcare environment and among peers, patients, and healthcare providers.

Students must avoid any actions that could intentionally mislead others, whether in clinical practice, academic settings, or communication with faculty and staff. This includes being forthright in discussions about patient care, clinical performance, and academic progress. Any misrepresentation or dishonesty not only undermines the individual's credibility but can also compromise patient safety and the overall integrity of the healthcare profession.

In addition, students are encouraged to embrace a culture of transparency and accountability, acknowledging their own limitations and seeking guidance when needed. Honest self-assessment and openness to feedback are essential components of professional development.

To support this commitment, the program has established policies that outline expected behaviors and the consequences of dishonest acts. Such policies are designed to foster an environment where ethical practices are upheld, ensuring that all members of the MSPAS Program can learn and work together effectively and respectfully.

PROGRAM ACADEMIC HONESTY AND INTEGRITY POLICY

ARC-PA 6th Edition Standards: B2.19a-c

Intellectual honesty is honesty in the acquisition, analysis, and transmission of ideas. A person is being intellectually honest when he or she, knowing the truth, states that truth. Reference: Harvard: ethicist Louis M. Guenin.

To ensure that the program graduates are competent and ethical practitioners, the faculty of the program has developed the following information regarding academic honesty and integrity. This information will be reviewed with all students entering the program during orientation. It is the responsibility of the student to visit these policies regularly to refresh their understanding of them and to reinforce their compliance with them.

UNIVERSITY ACADEMIC INTEGRITY POLICY

Academic integrity is fundamental to the vision and mission of AdventHealth University. We place a high value on truth, which implies a corresponding intolerance of academic dishonesty. It is important that all students are judged on their ability, and no student is allowed an unfair advantage over others. Anything which affects the security and integrity of the learning process or diminishes the reliability and quality of a conferred degree is not acceptable. To graduate ethical, skilled professionals and citizens is a desired outcome of the University.

UNIVERSITY ETHICAL AND PROFESSIONAL BEHAVIOR

Students are expected to adhere to the ethical and professional standards associated with their programs and academic courses. Such standards are generally communicated to students by instructors and are available through publications produced by professional organizations. Unethical or unprofessional behavior will be treated in the same manner as academic dishonesty.

UNIVERSITY REMOTE LEARNING – REQUIRED ACKNOWLEDGEMENT

All academic integrity standards apply to online courses, including exams, as they do in traditional campus courses. Students who utilize remote education through AdventHealth University (AHU) are expected to maintain high standards of academic honesty and integrity, and to conduct themselves in a professional manner.

Failure to comply with the Academic Integrity and Conduct Policies of AHU may be grounds for disciplinary action, up to and including removal from access to AHU remote learning and academic programs.

UNIVERSITY A.I. CLASSROOM USAGE POLICY

AHU encourages the adoption and responsible use of AI tools as aids to enhance learning and productivity. It is important to understand that AI tools are intended to support student work, and not to replace original thought or effort. These tools should be used only with explicit and clear permission from the course faculty, and then only in the ways allowed by the instructor.

All submissions, unless otherwise specified by the course faculty, must be the student's own, original work. This includes but is not limited to draft or final assignments, papers, projects, exams/quizzes, oral presentations, discussion boards, or other work. Use of any other person, or AI for submitted work will be treated as non-original work and is considered academic misconduct and is subject to appropriate actions.

PROGRAM A.I. CLASSROOM USAGE POLICY

All assignment submissions, unless otherwise specified by the course faculty, must be the student's own, original work. All formal writing assignments submitted in Canvas will automatically be processed through "Turnitin," which includes both plagiarism and AI-detection screening. The Turnitin similarity score should not exceed 30% which allows for quoted and cited material. If the Turnitin similarity score is >30%, the assignment will result in an automatic review with the course director and may result in a grade of zero (0) for the assignment.

PROGRAM PROFESSIONAL WRITING STANDARDS

Students are expected to adhere to the program's professional writing standards for all written and research assignments. This includes using the required title page format, appropriate academic formatting, and AMA citation style for all references. These standards can be found in the Class Canvas page.

All assignment submissions, unless otherwise specified by the course faculty, must be the student's own, original work. All formal writing assignments submitted in Canvas will automatically be processed through "Turnitin," which includes both plagiarism and AI-detection screening. The Turnitin similarity score should not exceed 30% which allows for quoted and cited material. If the Turnitin similarity score is >30%, the assignment will result in an automatic review with the course director and may result in a grade of zero (0) for the assignment.

In addition to submitting writing assignments through TurnItIn, students are required to submit their work through the AI detection link provided below. The AI-detection score should not exceed 30%, to allow for academic grammar support. A screenshot of the results must be uploaded through Canvas with the writing assignment. The use of generative AI tools to produce or substantially contribute to any portion of an assignment will require a meeting with the course director and department leadership, which may result in disciplinary action. There is no exception to this policy.

AI-detection link: copyleaks.com/ai-content-detector

UNIVERSITY CATEGORIES OF ACADEMIC MISCONDUCT

The following categories of academic misconduct are concerned with student actions, not student intentions. Academic dishonesty includes, but is not limited to, the following actions:

Cheating on Examinations

Cheating is using or attempting to use materials, information, notes, study aids or other assistance in any type of examination or evaluation which has not been authorized by the instructor.

Clarification

1. Students completing any type of examination or evaluation are prohibited from looking at another student's materials and from using external aids of any sort (e.g., books, notes, calculators, electronic resources, or conversation with others), unless the instructor has indicated specifically in advance that this will be allowed.

2. Students may not take examinations or evaluations in the place of other persons. Students may not allow other persons to take examinations or evaluations in their place.
3. Students may not acquire unauthorized information about an examination or evaluation and may not use any such information improperly acquired by others.

Complicity

Complicity is assisting or attempting to assist another person in an act of academic dishonesty.

Clarification

1. Students may not allow other students to copy from their papers during any type of examination.
2. Students may not assist other students in acts of academic dishonesty by providing material of any kind that one may have reason to believe will be misrepresented to an instructor or other university official.
3. Students may not provide substantive information about test questions or the material to be tested before a scheduled examination unless they have been specifically authorized to do so by the course instructor. This does not apply to examinations that have been administered and returned to students in previous trimesters.

Fabrication, Forgery, and Obstruction

Fabrication is using invented, counterfeited, altered, or forged information in assignments of any type including those activities done in conjunction with academic courses that require students to be involved in out-of-classroom experiences. Forgery is the imitating or counterfeiting of images, documents, signatures, and the like. Obstruction is any behavior that limits the academic opportunities of other students by improperly impeding their work or their access to education resources.

Clarification

1. Fabricated or forged information may not be used in any laboratory experiment, report of research, or academic exercise. Invention for artistic purposes is legitimate under circumstances explicitly authorized by an instructor.
2. Students may not furnish instructors with fabricated or forged explanations of absences or of other aspects of their performance and behavior.
3. Students may not furnish, or attempt to furnish, fabricated, forged, or misleading information to university officials on university records or on records of agencies in which students are fulfilling academic assignments (including clinical sites, service-learning, etc.)
4. Students may not steal, change, or destroy another student's work. Students may not impede the work of others by the theft, defacement, or mutilation of resources so as to deprive others of their use.
5. Students may not access or use patient information in ways that violate HIPAA regulations.

Computer Misuse

Use of computers that is disruptive, unethical, or illegal use of the University's computer resources, including any actions which violate the [Laptop/Mobile Device for Learning Policy](#) is prohibited. Misuse of computers also includes disruptive, unethical, or illegal use of the computers of another institution or agency in which students are performing part of their academic program.

Clarification

1. Students may not use the University computer system in support of any act of plagiarism.
2. Students may not monitor or tamper with another person's electronic communications.
3. Students may not use university computer resources to engage in illegal activity, including but not limited to the following: illegally accessing other computer systems, exchanging stolen information, and violating copyright agreements which involve software or any other protected material.
4. Students may not use any university computer as a host system for any unauthorized service or application.

Plagiarism

Plagiarism is intentionally or carelessly presenting the work of another as one's own. It includes submitting an assignment purporting to be the student's original work, which has wholly or in part been created by another person. It also includes the presentation of the work, ideas, representations, or words of another person without customary and proper acknowledgment of sources. Students must consult with their instructors for clarification in any situation in which the need for documentation is an issue. Students will have plagiarized in any situation in which their work is not properly documented.

Clarification

1. Every direct quotation must be identified by quotation marks or appropriate indentation and must be properly acknowledged by parenthetical citation in the text, in a footnote, or in an endnote.
2. When material from another source is paraphrased or summarized in whole or in part in one's own words, that source must be acknowledged in a footnote or endnote or by parenthetical citation in the text.
3. Information gained in reading or research that is not common professional knowledge must be acknowledged in a parenthetical citation in the text or in a footnote or in an endnote.
4. This prohibition includes, but is not limited to, the use of papers, reports, projects, and other such materials prepared by someone else.

Multiple Submissions

Multiple submission is the submission of the same or substantially the same work for credit in two or more courses. Multiple submission shall include the use of any prior academic effort previously submitted for academic credit at this or a different institution. Multiple submission shall not include those situations where the prior written approval of the instructor in the current course is given to the student to use a prior academic work or endeavor.

Clarification

1. Students may not normally submit any academic assignment, work, or endeavor in more than one course for academic credit of any sort. This will apply to submission of the same or substantially the same work in the same trimester or in different trimesters.
2. Students may not normally submit the same or substantially the same work in two different classes for academic credit even if the work is being graded on different bases in the separate courses (e.g., graded for research effort and content versus grammar and spelling).
3. Students may resubmit a prior academic endeavor if there is substantial new work, research, or other appropriate additional effort. The student shall disclose the use of the prior work to the instructor and receive the instructor's permission to use it **prior** to the submission of the current endeavor.
4. Students may submit the same or substantially the same work in two or more courses with prior written permission from all faculty involved. Instructors will specify the expected academic effort applicable

to their courses, and the overall endeavor shall reflect the same or additional academic effort as if separate assignments were submitted in each course. Failure by the student to obtain written permission from each instructor shall be considered a multiple submission.

Misconduct in Research Endeavors

Misconduct in research is a serious deviation from the accepted professional practices within a discipline or from the policies of the University in carrying out, reporting, or exhibiting the results of research or in publishing, exhibiting, or performing creative endeavors. It includes the fabrication or falsification of data, plagiarism, and scientific or creative misrepresentation. It does not include honest error or honest disagreement about the interpretation of data.

Clarification

1. Students may not invent or counterfeit information.
2. Students may not report results dishonestly, whether by altering data, by improperly revising data, by selective reporting or analysis of data, or by being grossly negligent in the collecting or analysis of data.
3. Students may not represent another person's ideas, writing, or data as their own.
4. Students may not appropriate or release the ideas or data of others when such data have been shared in the expectation of confidentiality.
5. Students may not publish, exhibit, or perform work in circumstances that will mislead others. They may not misrepresent the nature of the material or its originality, and they may not add or delete the names of authors without permission.
6. Students must adhere to all federal, state, municipal, and university regulations for the protection of human and other animal subjects.
7. Students may not conceal or otherwise fail to report any misconduct involving research, professional conduct, or artistic performance of which they have knowledge.

Misuse of Intellectual Property

Misuse of intellectual property is the illegal use of copyright materials, trademarks, trade secrets, and intellectual property.

Clarification

Students may not violate the University's policy concerning the fair use of copies. This policy can be found in the [AHU Academic Catalog](#).

PROGRAM ACADEMIC MISCONDUCT POLICY

ARC-PA 6th Edition Standards: A3.14h

Violation of professionalism standards and/or program or university policies, in any way, may be subject to reprimand, or more serious action, depending on the severity of the violation up to and including dismissal from the program. Determination of the severity of a violation is at the discretion of the program.

1. Warnings: Violations deemed first-time and/or minor offenses will receive a verbal warning which will be documented on the student's PDAT, the student's professionalism file, and communicated with the appropriate faculty.

2. Level 1 Professionalism Violations: Students with repeated offenses or continued minor multiple offenses will receive a Level 1 professionalism violation. This violation will be documented on the student's PDAT, the student's professionalism file, and communicated with the appropriate faculty. All Level 1 professionalism violations will require the student to complete a professionalism remediation assignment, assigned by their faculty advisor. Failure to complete the remediation assignment as directed will result in escalation of the level of the professionalism violation, at the discretion of the program.
3. Level 2 Professionalism Violations: Continued, repeated, or multiple professionalism violations will result in progression to a Level 2 professionalism violation. This violation will be documented on the student's PDAT, the student's professionalism file, and communicated with the appropriate faculty. All Level 2 professionalism violations will require a professionalism [student academic success plan \(SASP\)](#) with their faculty advisor until the remediation assignment(s) are deemed complete AND the student maintains good professionalism standing for a minimum of one trimester. For a student to be removed from their professionalism SASP, the faculty advisor must receive approval from both the APC chair and the program director. Level 2 violations and the professionalism SASP will also require signature acknowledgment from the student and the appropriate faculty. Failure to follow the terms of the professionalism SASP, failure to complete the assigned remediation assignment(s), and/or continued or additional professionalism violations will result in escalation of the level of the professionalism violation, at the discretion of the program.
4. Level 3 Professionalism Violations: In the case of a third professionalism violation or a first/second violation deemed egregious enough to warrant review by the program director, next steps include:
 - a. The instructor/faculty member reports the incident to the department chair and will investigate the incident/allegation. The instructor (or another faculty member) will include in the written correspondence instructions for the student to contact the instructor and arrange an exploration meeting time to discuss the allegation with the student. This meeting may be in person, on the phone, or virtual. The student may have an AdventHealth University faculty or staff member of their choice present at the meeting with the instructor/faculty member if they choose. The student must respond within five (5) business days from the date of the meeting request.
 - b. If the student does not respond to the notification within five (5) business days, the instructor or faculty member will continue with the investigation and complete a report without the student's input.
 - c. The instructor may take up to five (5) business days to review all evidence, interview any witnesses, and may seek counsel from the program director, or faculty colleagues. Note: Any instructor or other staff member investigating a student of academic misconduct or who receives a complaint alleging misconduct that raises suspicion may contact the program director or the Office of Student Services to request any record of prior academic misconduct.
 - d. If the instructor/faculty member determines that the student has not violated the academic misconduct policy, the student will be notified in writing within five (5) business days of concluding the review.
 - e. If the student is found to be in violation of a professionalism standard, the instructor/faculty member will report their findings to the program director for review, with the student documentation of the allegation if provided as outlined above. If there are any further questions regarding the allegation, it is at that time that the program director may request an additional exploration meeting with the involved parties. In the absence of the program director, the responsibilities will be directed to the assigned faculty.

- f. The program director may take up to 7 business days to review the incident/allegation and either schedule a disposition meeting with the student or, if the program director would like an additional review of the violation, they may construct a referral outlining the issues to the ad hoc Disciplinary Action Advisory Committee (DAAC) composed of both department and university representatives, as requested by the program director. The DAAC will meet, review the report and all supporting documents, and will present a recommendation to the program director. The DAAC recommendation will be issued within fourteen (14) business days of receipt of the report and supporting documents, which may include one or a combination of the following: academic action/remediation, restitution, and academic probation up to and including dismissal from the program.
 - g. If the program director has requested a referral to the DAAC, they will review the recommendations from the DAAC. The program director may accept, modify, or reject recommendations from the DAAC. The program director will schedule a disposition meeting within seven (7) business days with the following:
 - i. the student
 - ii. the student's academic advisor (if available)
 - iii. the academic or clinical director (if available)
 - iv. student selected AHU faculty or staff member representative (upon student request)
 - h. During this disposition meeting and/or within 48 business hours of the meeting, the student will be provided with resulting disciplinary action for the professionalism violation. The student will also be required to sign the AHU Academic Misconduct Report Form (AMRF) ([Didactic-Appendix J](#)) and return it within 48 business hours. If the student fails to respond to the meeting invitation, fails to report to the disposition meeting, or fails to complete and return the AMRF, the program director will complete the AMRF and impose a final academic sanction. A copy of the final academic sanction will be sent via AHU email and certified mail to the student.
5. A student may appeal the decision of the program director through the Office of Academic Administration or the Office of Student Services. Please see [AHU Academic Catalog Student Academic Appeal](#). University policies pertaining to violations and offenses are located under Academic Misconduct found here: [AHU Academic Catalog Academic Misconduct Procedures](#). NOTE: grades cannot be appealed. The student has the opportunity to select an AHU faculty or staff member for support at all discussions at the level of the program during the appeal process. The student may also request access to review their records pertaining to the professionalism violation.

UNIVERSITY POLICY REGARDING ACADEMIC DISMISSAL FROM A GRADUATE PROGRAM

ARC-PA 6th Edition Standards: A3.14f&h, A3.16e

A student is subject to academic dismissal when any of the following occurs:

- Earning a cumulative GPA below 3.00 during any trimester.
- Displaying a high degree of academic irresponsibility in matters of course attendance or class assignments.
- Displaying a high degree of academic dishonesty.

[AHU Academic Catalog Academic Integrity](#)

UNIVERSITY DISCIPLINARY SANCTIONS FOR ACADEMIC MISCONDUCT

Sanctions will be imposed according to the severity of the misconduct. Multiple sanctions may be imposed should the behavior call for the imposition of a more severe penalty. In all cases, the University reserves the right to require counseling or testing of students as deemed appropriate. Definitions of disciplinary sanctions include the following:

ACADEMIC ACTION

May include altering a grade or assigning a failing grade for the assignment, examination, or course. Note: All academic misconduct and sanctions are recorded on an Academic Misconduct Report Form (AMRF), ([Didactic-Appendix J](#)) which is kept on file with the Department Chair, Office of Academic Administration, and the Office of Student Services. If student misconduct (academic or citizenship) reoccurs, the AMRF report will be taken into consideration in determining further sanctions.

RESTITUTION

Students are required to compensate the University or other persons for damages, injuries, or losses. Failure to comply could result in suspension or dismissal.

PROBATION

There may be specific restrictions or extra requirements placed on the student for a specified period. A student found guilty of misconduct may be required to participate in a rehabilitation process. These may vary with each case and may include actions not academically restrictive in nature, such as restriction from participation in university activities or other requirements. A student may be required to meet periodically with designated persons during probation or in a rehabilitation process. Any further misconduct on the student's part during the period of probation may result in disciplinary suspension or dismissal.

UNIVERSITY SUSPENSION

Suspension prohibits the student from attending the University. It prohibits the student from being present on specified university-owned, leased, or controlled property without permission for a specified period of time. Students placed on university disciplinary suspension must comply with all suspension requirements.

UNIVERSITY DISMISSAL

Dismissal permanently prohibits the student from attending classes at the University and prohibits the student from re-enrolling at the University.

DEGREE NULLIFICATION

If allegations of academic misconduct come to light subsequent to a student's graduation from the University, the instructor, program director, or department chair may make recommendations for disciplinary action to the Office of Academic Administration. Sanctions may include nullification of the degree awarded. Decisions of this nature may be appealed to the President of the University.

The disciplinary authority of AdventHealth University is vested in the president, those asked by the president

to act on his or her behalf, and in the committees and administrators of AdventHealth University for whom jurisdiction may be conferred for specific cases or specific areas of responsibility.

CONCLUSION

A career in medicine requires a strong foundation of integrity, and it is essential for all students to recognize and respect this vital principle. The journey through medical education can be challenging and stressful, which may lead even the most well-intentioned individuals to face temptations to make poor decisions. In these situations, students are encouraged to seek guidance from their course instructors or faculty advisors. This section has outlined the expectations of the program and the University regarding academic integrity, emphasizing the importance of upholding these standards throughout the educational process. Adhering to these principles not only fosters personal growth but also ensures the highest level of professionalism within the medical field. The requirements for professional performance have been established to protect the rights of patients and communities and to foster the team concept in the delivery of health care. Moreover, professionalism is an integral component of success as a healthcare provider and should be the ultimate goal of every student striving for success.

ACADEMIC SERVICES

ARC-PA 6th Edition Standards: A1.04

AdventHealth University (AHU) and the Master of Science in Physician Assistant Studies (MPAS) Program offer a broad range of academic resources available to students. This section outlines some of the resources that are most likely to be valuable to students as they progress through their studies. These academic resources are designed to support students in their educational journey, enhancing their learning experience and helping them succeed in their professional endeavors.

PROGRAM STUDENT ADVISEMENT

ARC-PA 6th Edition Standards: A2.05e

Each student will be assigned a faculty advisor at the start of the program. The faculty advisor serves as a critical student resource for program related information, academic counseling/advisement, and as overseer of each advisee's academic progress. Students must take responsibility for their own learning and seek assistance and advisement as needed during their attendance in the program. Students with academic concerns for specific course work and assignments should address the issue with the course instructor first. Should a student require further assistance, they should consult with their faculty advisor. The advisor will involve the program director or other university administrative personnel as the situation warrants.

Faculty schedules can be unpredictable due to clinical and research obligations. If a student has a non-emergent need, it is advisable to make an appointment with their advisor via telephone or email. In cases where the need is emergent and the faculty advisor is unavailable; the student may reach out to any PA faculty or staff member for assistance.

PA Student Advisement Form ([Didactic-Appendix E](#))

DIDACTIC PHASE ADVISEMENT

During the didactic phase, students will be required to meet with their faculty advisor each midterm to assure all academic progression requirements are successfully met. Each faculty advisor will file a Faculty Advisor Mid-Trimester Advisement Form ([Didactic-Appendix F](#)) for each advisee each trimester. Faculty advisors may also require more frequent meetings with a student as they deem necessary to ensure that adequate academic progress is being maintained.

CLINICAL PHASE ADVISEMENT

During the clinical phase of the curriculum, advisor meetings are scheduled at the end of rotation one, at the end of rotation four, and at the end of rotation seven. Faculty advisors may also require more frequent meetings with a student as they deem necessary to ensure that adequate academic progress is being maintained.

UNIVERSITY STUDENT ACADEMIC SUPPORT SERVICES (SASS)

Student Academic Support Services (SASS) believes that students should study smarter, not harder. That's why SASS helps students in the areas of academic advising, tutoring, counseling, coaching, and disability services. For detailed information, please call 407-303-7747, ext. 110-6413. Please refer to [AHU Academic Catalog](#) for more information.

Students of the MSPAS program will be required to meet with the AHU Academic Coach with Student Academic Support Services (SASS) for 1 hour during the first trimester of the program. Satisfactory evidence of this requirement must be provided to the academic director by the end of the first trimester. Failure to do so may result in a negative effect on the cumulative GPA for that trimester. The Academic Early Alert form can be found at [Academic Early Alert Form | my.ahu.edu](#).

EARLY ALERT PROGRAM

The Early Alert Program is offered through Student Academic Support Services (SASS). The program is designed to assist students in identifying personal and/or academic issues in a timely manner that may result in student harm or unsuccessful academic progression.

TUTORIAL ASSISTANCE

AdventHealth University values the importance of helping students succeed in their courses of study. We provide the necessary tools, knowledge, and encouragement to help empower the minds of students. AHU offers free tutoring to all students.

The University Tutoring Center (UTC) at AdventHealth University (AHU) is a learning center that provides tutoring as an academic support, free to all AHU students. Whether its reviewing material previously discussed in class, understanding a concept, or even reviewing for a test, the UTC has peer and professional tutors on staff who are trained to tutor and to create an open atmosphere for learning, providing the best possible experience that will help students become confident, capable, independent learners. The UTC offers a wide selection of tutoring for general education courses as well as select courses in professional programs.

Tutoring sessions range from one-on-one to small groups, to even large group sessions. Connect with the UTC by going to [AHU Tutoring Center](#).

WRITING CENTER

The University Writing Center is available to help students communicate their ideas, whether in the form of a well-designed poster, a sharply edited video, a carefully crafted speech, or a clearly written paper. They invite students to come to the Writing Center to use their technology and talk with their consultants to help plan, draft, and revise communication in various forms. To schedule a conversation with a consultant, visit the Writing Center course in Canvas. To add the Writing Center course to Canvas, visit the writing center website [University Writing Center | my.ahu.edu](#). Once enrolled, select the course homepage to find information about scheduling an appointment with a Writing Center tutor.

COUNSELING

Counseling assists students in resolving personal difficulties and in acquiring the necessary skills and resources to both succeed in the University environment and pursue productive and satisfying lives. Counseling can help clarify concerns, gain insight into self and others, and teach new ways to most effectively cope and/or resolve issues. Counseling can offer emotional support, new perspectives, and help in considering possible solutions. Other reasons to see a counselor may include academic, career direction/concerns, self-esteem issues, relationship issues, grief and loss, family, communication, stress management, anger management, and physical, sexual, or substance abuse. Counseling is free to all students, and students are encouraged to seek counseling assistance proactively. For appointments, please call 407-303-1870 or email counseling@my.ahu.edu.

Online counseling (*e-Therapy*) is available to both on-campus and distance students. Counseling is offered via email and real-time chat. For more information or to set up an appointment, please send an email to counseling@my.ahu.edu. Please keep in mind that online counseling is not appropriate for all problems; students should speak to the counselor to determine if e-Therapy would be a good fit.

DISABILITY SERVICES

The faculty and staff of AdventHealth University are dedicated to an equitable and exemplary education for all of their students. They believe that equal education is not limited to a physically accessible campus for its students. They also strive to provide necessary accommodations to those students with disabilities. Students with disabilities who succeed at AHU demonstrate self-reliance and are able to advocate for their needs and anticipate challenges in a new environment, as well as address those needs well in advance.

AHU Disabilities policies comply with the [Rehabilitation Act of 1973](#) of 1973 and the [Americans with Disabilities Act](#). See the [Academic Catalog](#) for information on student rights and our confidentiality policy.

TEMPORARY DISABILITY

AdventHealth University recognizes that students may experience temporary injuries, illnesses, or other circumstances that impact their academics, resulting in the need for access to specific services and resources. Some examples of temporary disabilities include but are not limited to injured extremities, post-surgical recoveries, concussions, etc. Students who have a temporary disability are encouraged to speak with their instructors about any accommodations they may need for the duration of their illness or injury. The instructor

has the option to allow reasonable accommodations if approached by a student. If the instructor is unsure about the accommodations, they can reach out to the Office for Students with Disabilities.

For non-academic considerations (such as parking and other accessibility concerns), students who have a temporary disability can contact the Dean of Students at (407) 303-8016 for an appointment to discuss possible options.

It is expected that students will be communicative and forthright about the temporary disability and their perceived accommodation needs. A discussion regarding a student's particular circumstances can provide insight into the type of services that might be appropriate. Accommodations will be considered on a case-by-case basis in consultation with other campus departments, depending on the nature of the request and what may be deemed necessary by the University.

For additional information and guidance concerning temporary disability accommodations, please contact Betty Varghese, Disability Services Coordinator, at 407-303-1870 or Betty.Varghese@ahu.edu.

STUDENT ACADEMIC ACCOMMODATIONS

ARC-PA 6th Edition Standards: A3.14g

Students seeking academic accommodations should reach out to the disabilities coordinator at the beginning of the trimester. While most requests should ideally be submitted two weeks before classes start, certain requests, such as new accommodation requests and those for interpreter services, should be submitted at least four weeks in advance. For more detailed information on the accommodations process, please visit [this link](#).

If students encounter issues with service delivery, they should immediately inform the Disabilities Coordinator. If the problem persists, they should follow up with the Director of the Center and, if necessary, contact the Academic Dean. It's important for students to address concerns early and provide clear information while maintaining respect for everyone involved. For more information on grievance procedures, please visit [this link](#).

FINANCIAL AID AND TUITION

ARC-PA 6th Edition Standards: A1.02h

College is one of the most significant investments a student can make in themselves. While the costs may appear daunting, they do not need to be overwhelming. Tuition assistance and financial aid are available, along with various scholarships, grants, and other options designed to help make studying at AdventHealth University a reality. Access to information and resources is essential, and this program is committed to providing support to students.

Types of Financial Aid

As a Christian university, we make every effort to help students secure tuition assistance and financial aid. Learn about the grant and loan programs available to our students.

[Learn More About Types of Aid](#)

Attendance Cost and Net Price Calculator

Wondering how much a degree will cost? See our fees and use our net price calculator to estimate the amount of grants, scholarships and other financial aid that might be available.

[Learn More About Cost of Attendance](#)

How to Apply for Financial Aid

Get the specifics on all of the necessary steps to apply for financial aid.

[Learn How to Apply for Aid](#)

Military and Veterans Aid

As a Yellow Ribbon school, we offer financial aid options just for military and veterans.

[Learn More About Military and Veterans Aid](#)

Meet With Financial Services

Have questions about tuition and financial aid? Schedule an appointment with one of our financial aid counselors or student account managers.

[Contact Financial Services](#)

Scholarship Opportunities

We are committed to investing in future healthcare professionals. We offer several merit-based scholarships to first-year students and returning students have the opportunity to apply for our endowed scholarships every Fall.

[Scholarships | AdventHealth University](#)

AdventHealth University's tuition refund policy states that students are responsible for all tuition and fees upon course registration. A full refund is granted if a course is officially dropped within the first seven calendar days of the academic session, as determined by the registrar's office. No refunds are provided after the seventh calendar day, regardless of the reason. Students must adhere to the registrar's official drop procedure.

For additional details on tuition, fees, and deadlines, consult the University website: [Tuition Refund Policy | my.ahu.edu](#).

LIBRARY

ARC-PA 6th Edition Standards: A1.09

The Robert A. Williams Library offers instruction and resource materials that support the educational programs and goals of AdventHealth University. Our librarians are dedicated to providing an outstanding collection of resources and instructional assistance to enhance student success.

Library resources and services are available from the library website at [Library Website](#). Cutting-edge technologies, such as OneSearch, are utilized to enhance discovery and quick access to library resources. Most of the library's collection of videos, books, and journal articles are accessible electronically.

The library website provides contact information, hours of operation, tutorials, subject guides, workshops schedule, and virtual individual assistance using LibAnswers, chat, and email. Online request forms are available for interlibrary loan and document delivery services.

At the AHU Orlando campus, the library is located on the first and second floors of the general education building. Seating is available for group and individual study. The first floor provides access to copying/printing/scanning services, anatomical models, and a designated area for quiet study. During all library hours of operation, librarians are available to assist students with their research needs.

For the most updated hours of operation, please go to: [AHU Departments and Office Hours - AdventHealth University - Acalog ACMS™](#).

CAMPUS SAFETY AND SECURITY

ARC-PA 6th Edition Standards: A1.02e

The University is committed to maintaining high standards of safety and security for faculty, staff, students, and property. AdventHealth University has a Security Department that provides protection and oversight of fire prevention and detection, parking and traffic control, and maintenance of campus safety. The Security office is located on the first floor of the Campus Center Building in Student Services.

It is the policy of The University, through the collaboration of the Office of Student Services and Campus Security, to investigate any report of a missing student who is enrolled and attending classes at any AHU campus. This policy, with its accompanying procedures, establishes a framework for cooperation among members of the University community aimed at locating and assisting students who are reported missing.

The University's Annual Security Report, available at [Campus Safety and Security | AdventHealth University](#), details campus safety policies and crime statistics. Emergency preparedness information and procedures are accessible at [Emergency Information | AdventHealth University](#).

Students are expected to abide by the orders of all campus security officers.

For emergencies, potential criminal activity, or safety concerns:

Campus Security:	407-353-4002	Available 24 hrs
Administrator on Call	407-756-6619	Available 24 hrs
AdventHealth Orlando Emergency:	407-303-1515	Available 24 hrs
Housing Security	407-353-4002	Available 24 hrs

FIRE ALARM & BUILDING EVACUATION

AHU is committed to providing a safe environment for its faculty, staff, and students. In the event of a mandatory evacuation during an examination the proctor will pause the examination (for Exam Management, PAEA) or ask the students to turn off their computer and help evacuate all students using the predetermined evacuation route. Once AHU has determined that it is safe for faculty, staff, and students can return to class, the proctor will un-pause the students' examinations (for Exam Management, PAEA) or give students the resume code which will enable them to continue taking their examinations (for Exam Soft).

BEHAVIORAL INTERVENTION TEAM (BIT) REPORT

The AdventHealth University Behavioral Intervention Team (BIT) promotes a healthy and safe environment by facilitating collaboration across campus departments to support students in distress. The team assesses reports of concerning behavior to determine appropriate intervention to address the physical and social welfare of the campus community. BIT centralizes incident information to identify patterns of concerning behavior and coordinate early intervention.

If anyone is aware that a student is facing challenges or difficulties that raise concern, they should report this using the BIT Reporting Format [BIT Reporting Form | my.ahu.edu](https://my.ahu.edu/behavioral-intervention-team/reporting-form). For additional information, including examples of concerning behavior that should be reported, please visit the [Behavioral Intervention Team](https://my.ahu.edu/behavioral-intervention-team) website.

TECHNOLOGY SUPPORT

ARC-PA 6th Edition Standards A1.12

Technology support is provided by the AdventHealth University IT Department. This includes assistance with university accounts, software, and hardware issues or updates. Support can be accessed in the following ways:

- Online Support Tools: [Contact the IT Department | my.ahu.edu](https://my.ahu.edu/it-support)
- Phone 407-303-8100: Monday-Thursday 8 AM – 5 PM & Friday 8 AM – 3 PM
- On-Campus Support: Monday-Thursday 8 AM – 5 PM & Friday 8 AM – 3 PM

During the clinical phase, technology support is divided based on the nature of the issue:

AdventHealth Student Accounts and EMR Access: Contact the AIT service support hotline at 800-873-4024. A support ticket number will be provided for follow-up and additional assistance.

Physician Assistant Education Association (PAEA) Student Account & Exam Issues: Contact PAEA customer support service at 301-617-7820.

UNIVERSITY HARASSMENT AND NON-DISCRIMINATION POLICY

ARC-PA 6th Edition Standards: A1.02f&g, A3.14g&h

AdventHealth University is committed to providing a workplace and educational environment, as well as other benefits, programs, and activities, that are free from discrimination, harassment, and retaliation. AdventHealth University is also committed to ensuring compliance with federal and state civil rights laws and regulations, and to affirming its commitment to promoting the goals of fairness and equity in all aspects of educational programs or activities.

AdventHealth University has developed internal policies and procedures that provide a prompt, fair, and impartial process for those involved in an allegation of discrimination, harassment, and for allegations of retaliation.

AdventHealth University values and upholds the equal dignity of all members of its community and strives to balance the rights of the parties in the grievance process.

Sometimes, discrimination involves exclusion from or different treatment in activities, such as admission, athletics, or employment. Other times, discrimination takes the form of harassment or, in the case of sex-based discrimination, can encompass sexual harassment sexual assault, stalking, sexual exploitation, dating violence or domestic violence. When an alleged violation of this anti-discrimination policy is reported, the allegations are subject to resolution using AdventHealth University’s “Process A” or “Process B,” as determined by the Title IX Coordinator, and as detailed below.

- Process A means the Formal Grievance Process detailed below and defined above.
- Process B means the administrative resolution procedures that apply only when Process A does not, as determined by the Title IX Coordinator.

Complaints or notice of alleged policy violations, or inquiries about or concerns regarding this Policy and procedures, may be made internally to:

Ana-Michelle Carrington – Ana-michelle.carrington@ahu.edu (Orlando), 407-303-9388
Chauna-Kaye Pottinger – ChaunaKaye.Pottinger@ahu.edu (Student Housing), 407-303-5526
Katie Shaw - Katie.shaw@ahu.edu (Denver Site), 303-765-6271
Or by using the online reporting form: [Title IX Incident Reporting Form](#)

Pregnancy

To request accommodations for pregnancy and/or related conditions, students must directly contact the Title IX Coordinator/Deputy Title IX Coordinator.

Lactation Support

The University shall provide breastfeeding students with the accommodation necessary to ensure they have access to equal educational opportunities while breastfeeding. For more information on the Lactation Support Policy visit [Lactation Support Policy - Students | my.ahu.edu](#).

AdventHealth University will offer and implement appropriate and reasonable supportive measures to the parties upon notice of alleged sexual harassment and/or retaliation. Supportive measures are non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the parties to restore or preserve access to AdventHealth University’s education programs or activities, including measures designed to protect the safety of all parties or AdventHealth University’s educational environment, and/or deter , harassment, discrimination, and/or retaliation.

For additional information on these policies, please visit: [Harassment and Non-Discrimination Policy | Title IX and Non-Discrimination Resources | AdventHealth University](#)

STUDENT RIGHTS AND CONFIDENTIALITY OF RECORDS

ARC-PA 6th Edition Standards A3.17

The Family Educational Rights and Privacy Act (FERPA) affords eligible students certain rights concerning their education records. An "eligible student" under FERPA is defined as one who is 18 years of age or older or who attends a post-secondary institution. It is important to note that unauthorized individuals, including students, are prohibited from accessing confidential information pertaining to other students, faculty, or staff.

Students in the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program are entitled to privacy regarding their educational records, in accordance with FERPA. The program is dedicated to protecting the confidentiality of academic performance information and other personal records. Prior to matriculation, students must sign the Remediation Testing Acknowledgment and Limited Consent form ([Didactic-Appendix M](#)). While remediation or retesting may occur outside standard examination schedules, the program will strive to ensure that students' privacy is maintained. It is essential for students to be aware that incidental observations by peers during testing may occur; however, these instances do not constitute official disclosures of educational records.

Before matriculation, students must sign Consent to Maintain Immunization Records form ([Didactic-Appendix L](#)) to authorize appropriate staff access to monitor health and immunization compliance. Before the start of the clinical phase, students must sign the Consent to Release Information form ([Clinical-Appendix AQ](#)) to authorize AdventHealth University physician assistant program to release information to any facility that requests verification of the student's documentation.

For additional details go to [Student Rights and Confidentiality of Records](#).

STUDENT HEALTH

As students progress through their formal education, it's important they pay attention to their own health. A career in medicine can be stressful, and medical providers are frequently guilty of setting a poor example for their patients in terms of self-care. Proper nutrition, regular exercise, and effective stress management skills are essential for success as a student. Prioritizing personal well-being will not only benefit their education but also enhance their ability to care for others in the future.

STUDENT HEALTH SERVICES

ARC-PA 6th Edition Standards: A1.04, A3.06, A3.07, B2.20A

Student health services are not available on the AdventHealth University (AHU) campus. However, the nearby AdventHealth Orlando Hospital provides 24-hour emergency services. In case of an emergency, students should call 911. For routine healthcare needs, students may visit any walk-in clinic or physician's office of their choice.

The program's principal faculty, including the program director and the medical director, are not permitted to serve as healthcare providers for students, except in emergency situations. If a student has a medical concern, it is recommended that they seek assistance from their healthcare provider. Health screenings, immunizations, and other healthcare services will not be conducted by program personnel.

Program faculty are also unable to act as mental health counselors. The mental health and well-being of our students are highly prioritized at AHU. It is important to recognize and address mental health issues for personal well-being and to enhance the quality of care provided to future patients. All students are encouraged to prioritize their mental health and seek help immediately if they are experiencing any concerns. For support,

refer to the Student Academic Support Services ([SASS](#)) information in the MSPAS Program Policy Manual, which serves as the primary source of counseling on campus. Please refer to the AHU Student Handbook for a complete list of available support services.

AdventHealth University will not fulfill requests for dispensing over-the-counter medications from students or guests. Students must purchase any over-the-counter medications from pharmacies or retail establishments.

All costs associated with student health services or student health records (see below) is the responsibility of the student.

STUDENT HEALTH RECORDS

ARC-PA 6th Edition Standards: A3.09a, A3.16b, A3.18

To meet the accreditation standards of the ARC-PA the program has partnered with an external screening vendor, Complio. This vendor is responsible for managing student background checks, drug screenings, and ensuring immunization compliance.

In addition to screening, Complio also approves student documents and securely houses all student documents in their secure system. Essential reports and documentation are made accessible for program review by designated personnel, including the program supervisor of administration, the manager of academics/admissions, and the manager of clinical programs.

This process ensures that all student health records are effectively managed, supporting a safe and compliant educational environment. Below are the program requirements and recommendations related to student records, organized in a table format for clarity.

Requirement:	Update Frequency:	Additional Information:
Personal Health Insurance	Every 12 months	Proof of personal healthcare insurance with AHU health insurance form and front/back of health insurance card. Students must carry healthcare insurance throughout the duration of the program. Students may seek routine and emergent healthcare services with a provider of their choice. All medical expenses incurred during the program are the sole financial responsibility of the student.
Health Assessment	Every 12 months	Proof of satisfactory annual physical examination using the AHU required form, filled out and signed by a healthcare provider per Florida Board of Governors Regulation 6001(9) .

Requirement:	Update Frequency:	Additional Information:
Tuberculosis (TB) Screening	Every 12 months	<p>If student tests negative for Tuberculin exposure, they must submit A or B:</p> <ul style="list-style-type: none"> A) An annual PPD. B) An annual QuantiFERON TB Gold Test. <p>If student tests positive for Tuberculin exposure or has received the BGC vaccine, they must submit a chest x-ray from within the last 3 years and a TB clearance letter annually. If the chest x-ray becomes 3 years old, they will need a new one.</p>
Hepatitis B Vaccination	No routine updates required	<p>Students must submit A OR B:</p> <ul style="list-style-type: none"> A) 3 doses of the Hepatitis B Vaccine or 2 doses of the Heplisav B vaccine. B) Positive Hepatitis B Titer <p>Read the CDC's Vaccine Information Statement at Hepatitis B Vaccine Information Statements (VIS) Immunize.org</p>
MMR Vaccination	No routine updates required	<p>Students must submit A or B:</p> <ul style="list-style-type: none"> A) 2 doses of the MMR Vaccine B) Positive Titers for Measles, Mumps, and Rubella
Varicella Vaccination	No routine updates required	<p>Students must submit A or B:</p> <ul style="list-style-type: none"> A) 2 doses of the Varicella Vaccine B) Positive Varicella Titer
Tetanus/Diphtheria/Pertussis (Tdap) Vaccination or Waiver	Vaccine or booster required within 10 years; Waiver no updates required	<p>Students must submit A or B or C:</p> <ul style="list-style-type: none"> A) Proof of receiving a Tdap vaccine from within the last 10 years. B) If Tdap vaccine is greater than 10 years, submit a TD booster dated within the last 10 years. C) Tdap signed waiver
Influenza Vaccination or Waiver	Every 12 months	<p>Students must submit A or B:</p> <ul style="list-style-type: none"> A) Influenza vaccine for the current flu season. Flu shots from before August 1st will not be accepted. Due by 11/1 every year. B) Influenza signed waiver <p>Guidelines for Influenza (Flu) vaccine from CDC and CDC's Advisory Committee, which recommend but do not require vaccination. For more information on Influenza (Flu) visit https://www.cdc.gov/flu.</p>

Requirement:	Update Frequency:	Additional Information:
COVID-19 Vaccination	No routine updates required	Students must submit A or B: A) Up-to-date COVID-19 vaccine B) COVID-19 signed waiver Guidelines for Covid-19, Infection Control Guidance: SARS-CoV-2 Covid CDC , which recommend but do not require vaccination
Drug Screening	No routine updates required	Students must complete a satisfactory drug screening for A and B and C: A) Prior to matriculating into the program B) Prior to entering the clinical phase (end of trimester IV) C) Possible random times during the duration of the program, as required by the program or university.
Level 2 Criminal Background Check with GSA/OIG Sexual Offender Screening	No routine updates required	Students must complete a satisfactory background check for A and B: A) Prior to matriculating into the program B) Prior to entering the clinical phase (end of trimester IV)
CPR, PALS and ACLS	No routine updates required	Students must complete during the fourth trimester as part of didactic coursework.
Face Mask Fitting	No routine updates required	Students must complete during the fourth trimester during the didactic phase.
Student Consent to Maintain and Release Student Immunization and Compliance Records	No routine updates required	Students must read and sign the Consent to Maintain and Release Student Immunization and Compliance Records, Didactic-Appendix L
Student Consent to Release Information for Clinicals	No routine updates required	Students must read and sign the Consent to Release Information for Clinicals, Clinical-Appendix AQ

Recommended:	Additional Information:
Meningococcal Meningitis Vaccination	Meningococcal Meningitis vaccine is recommended but no documentation of vaccine or declination is required by the program. For more information about Meningococcal Meningitis disease, read the CDC's Vaccine Information Statement at Meningococcal ACWY Vaccine VIS Vaccines & Immunizations CDC per Florida Board of Governors Statute 1006.69 .

It is the responsibility of all matriculating students to be up to date and compliant with all their background checks, health records, and immunization requirements by 8:00am on the Friday of the second week of trimester I. Once matriculated, students will be responsible for compliance by 8:00am on the first day of each trimester and stay in compliance for the duration of every trimester. If a student falls out of compliance during any phase of the program, they may be subject to disciplinary action, up to and including removal from class, clinical rotations, and/or dismissal from the program. AHU and the PA department also reserve the right to

perform random drug screenings during the duration of the program with the cost the responsibility of the student. Please see AHU drug policy: [Alcohol and Drug Policy | AdventHealth University \(ahu.edu\)](#).

The program supervisor of administration and offices services, manager of academics/admissions, and manager of clinical programs will randomly check the status in Complio for student compliance. In the event a student is noncompliant, the student will be removed from class or clinic until compliance is achieved.

Please note: Clinical sites may enforce their own immunization requirements. As a result, immunization waivers may lead to the inability to engage in fieldwork, internships, and/or clinical placements required for program completion and graduation.

INJURIES & NEEDLE STICK/BLOOD/BODILY FLUIDS CONTAMINATION PROTOCOL

ARC-PA 6th Edition Standards: A3.05a-c

Accidents will occasionally occur in the laboratory or in the clinical setting. If a student is injured in a laboratory or classroom setting, the instructor should be notified immediately. If a student is injured at a clinical site, the clinical preceptor should be notified immediately, and the student must follow that site's protocol for dealing with injuries. In many facilities, this will require students to seek treatment in the employee health department, the occupational medicine department, urgent care, or primary care office. If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. Students are required to obtain and maintain personal health insurance for the duration of their enrollment in the program. They are solely responsible for any and all personal medical expenses incurred while enrolled.

Exposure to blood borne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk during orientation. Individual clinical sites may also provide orientation sessions regarding blood borne pathogens. Observing universal precautions is one method to reduce risk. Each clinical site rotation presents different potential hazards, see [Clinical-Appendix AO](#) for the Clinical Site Potential Hazards Table.

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other people. Of particular concern are the primarily blood-borne pathogens Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV). However, bodily fluids other than blood, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites' specific policies regarding universal precautions.

Universal Precautions Guidelines:

1. Students should act as though all patients with whom they have contact have a potentially contagious blood borne disease.
2. Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions.
3. Avoid injuries from all "sharps."
4. Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
5. Dispose of all "sharps" promptly in the appropriate special puncture resistant containers.

6. Dispose of all contaminated articles and materials in a safe manner prescribed by law.

In practice, using Universal Precautions also requires:

1. Washing hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
2. Depending on job duties and risk of exposure, using appropriate barriers, including gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, and equipment such as resuscitation devices. These barriers are to be used to protect skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin), mucous membranes, especially eyes, nose, and mouth.

NOTE: *These items of protective apparel, including gloves are removed after each use and are properly disposed. The same pair of gloves, etc., are NOT to be worn from one patient or activity to another.*

3. Students will wear protective equipment as directed by their clinical preceptor or facility protocol.
4. All patient specimens are bagged per facility protocol before transport to the laboratory.

In the event a student is injured by a contaminated “sharp” or is exposed in any manner to blood or potentially infectious bodily fluids during their assigned clinical work, the following steps should be followed for proper treatment and follow-up for the student.

Upon possible exposure to a blood borne pathogen:

1. For skin and wounds, wash the affected area with soap and water. Eyes and mucous membranes should be copiously flushed with water. It is important to notify the clinical preceptor immediately.
2. Follow facility protocols regarding evaluation. Most facilities will require students to report immediately to employee health or the emergency department following exposure. Failure to follow up properly may make it difficult or impossible to obtain source patient blood in facilities in cases in which this may be possible.
3. In sites without employee health or emergency departments, or if the site protocol is unclear, proceed immediately to the nearest emergency department for assessment. In cases in which prophylactic medical treatment is indicated, it is believed to be most effective when administered as quickly as possible.
4. The treating healthcare professional will request information regarding the student’s medical history, the source patient’s history (if known), and the nature of the exposure. Permission may be requested to draw baseline laboratory studies. The healthcare professional will discuss the student’s risk of contracting a bloodborne disease and the risks and benefits of prophylactic treatment. For additional guidance on whether to receive post-exposure prophylactic treatment, students may also wish to consult the National Clinicians Post-Exposure Prophylaxis Hotline at 888-448-4911.
5. Students should follow up as directed by their treating healthcare provider. Ongoing follow-up may take place at the initial treating facility, or the student may be referred to a healthcare provider with expertise in infectious disease. The program may be able to assist the student in finding an infectious disease specialist as requested or required.
6. Since students are neither employees of AdventHealth University nor the clinical sites, payment for assessment and treatment is the responsibility of the student and their insurance carrier.

All students in the clinical phase of training who experience an injury or exposure must notify the clinical director as soon as possible (not to exceed beyond 24 hours after the event) and complete an incident report ([Clinical-Appendix AN](#)) that must be submitted to the clinical director within 72 hours of the incident. Students should not delay prompt evaluation and treatment to complete paperwork. All students in the didactic

phase of training who experience an injury or exposure must immediately notify the instructor and complete an incident report ([Didactic-Appendix C](#)) that must be submitted to the academic director within 72 hours of the incident. Students should not delay prompt evaluation and treatment to complete paperwork.



PROGRAM CURRICULUM

ARC-PA 6th Edition Standards: A2.05c, A3.11e, B1.01a-d, B1.02, B1.03a-i

In accordance with the ARC-PA Standards and with the desire to graduate competent healthcare practitioners who are capable of delivering high-quality health care, rigorous academic standards have been established for continued matriculation in the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program. Students are expected to complete all course assignments as outlined in the individual course syllabus and to meet the University's academic standards as outlined in this manual. Students will be given updates to these standards as changes or revisions occur.

The program maintains transparent and readily accessible information regarding its curriculum for both current and prospective students. This information details all required curricular components and the delivery method for each course. Currently enrolled students can find this detailed information within each of their course syllabi, which outline the specific curricular components covered and the instructional methods employed for delivering the content. This ensures students have a clear understanding of the course expectations and learning process. Prospective students can access this comprehensive program information, including curricular components and delivery methods, on the program's webpage in the Academic Catalog, [Program: Master of Science in Physician Assistant Studies - AdventHealth University - Modern Campus](#)

[Catalog™](#). This allows prospective students to gain a thorough understanding of the program's structure and content before applying.

For all didactic and clinical courses, including required and elective rotations, the program provides detailed information within the course syllabi or their appendices. This information includes the course name, a comprehensive description of the course, faculty information including the Instructor of Record, overarching course goals, and specific learning outcomes defined in measurable terms that guide student acquisition of required competencies. Additionally, instructional objectives are provided with measurable terms for assessment. A detailed outline of topics to be covered, aligning with the learning outcomes and objectives, is also included. The syllabi also contain a comprehensive description of student assessments and evaluations, along with a clear grading plan. This detailed information ensures transparency and clarity for students regarding course expectations and assessment methods.

DIDACTIC PHASE

ARC-PA 6th Edition Standards: A3.11d, B1.02, B2.01, B2.02a-e, B2.03

The didactic phase of the MSPAS program provides the essential knowledge and skills that serve as the foundation for clinical practice. Courses are intentionally designed and sequenced to build upon prior learning, fostering progressive development of clinical reasoning and medical decision-making. The curriculum emphasizes patient-centered care within collaborative, interprofessional healthcare teams and establishes a strong grounding in evidence-based medicine as a cornerstone of effective practice. Through this rigorous academic preparation, students are equipped to transition confidently into the clinical phase and ultimately excel in their roles as competent, compassionate healthcare providers.

While the MSPAS Program may require specific prerequisite courses for enrollment, these courses do not substitute for the more advanced, applied content delivered within the didactic phase of the program. Prerequisite courses establish a foundational baseline of knowledge, whereas the didactic curriculum builds upon this foundation with advanced concepts, applied skills, and (eventually) clinical experiences. The professional curriculum is specifically designed to meet the competencies required for graduation and PA practice. Therefore, fulfilling prerequisite requirements does not equate to mastery of the professional program content.

Year I Trimester I

Course Number	Course Name	Course Credit Hours	Delivery Method
MPAS 500	Introduction to the PA Profession	1 credit hour	In-person
MPAS 514C	History and Physical Examination Skills	3 credit hours	In-person
MPAS 502	Principles of Clinical Pharmacology	1 credit hour	Virtual: Synchronous
MPAS 505	Gross Anatomy	6 credit hours	In-person
MPAS 511	Medical Imaging	1 credit hour	Virtual: Asynchronous
RELB 510	Identity and Mission in Faith-Based Healthcare	2 credit hours	In-person

Year I Trimester II

Course Number	Course Name	Course Credit Hours	Delivery Method
MPAS 534C	Patient Assessment I	2 credit hours	In-person
MPAS 526	Clinical Medicine I	7 credit hours	In-person
MPAS 509	Patient-Centered Healthcare I	2 credit hours	In-person
MPAS 538	Pathophysiology I	2 credit hours	In-person
MPAS 522	Clinical Pharmacology I	2 credit hours	Virtual: Synchronous
MPAS 531	Applied Genetics and Embryology	2 credit hours	In-person
MPAS 517	Clinical Lab Medicine I	1 credit hour	In-person

Year I Trimester III

Course Number	Course Name	Course Credit Hours	Delivery Method
MPAS 554C	Patient Assessment II	2 credit hours	In-person
MPAS 536	Clinical Medicine II	7 credit hours	In-person
MPAS 529	Patient-Centered Healthcare II	2 credit hours	In-person
MPAS 558	Pathophysiology II	2 credit hours	In-person
MPAS 542	Clinical Pharmacology II	2 credit hours	Virtual: Synchronous
MPAS 561	Healthcare Disparities	3 credit hours	In-person
MPAS 567	Clinical Lab Medicine II	1 credit hour	In-person

Year I Trimester IV

Course Number	Course Name	Course Credit Hours	Delivery Method
MPAS 546	Behavioral Health	3 credit hours	In-person
MPAS 557	Surgical Medicine	2 credit hours	In-person
MPAS 590	Clinical Research Methods	2 credit hours	In-person: Synchronous
MPAS 574C	Clinical Correlations	4 credit hours	In-person
MPAS 581	Emergency Medicine	2 credit hours	In-person
MPAS 585C	Medical Procedures	3 credit hours	In-person
MPAS 597	Clinical Orientation	1 credit hour	In-person

Please refer to the online course catalog for further details: [Department of Physician Assistant - AdventHealth University - Acalog ACMS™ \(ahu.edu\)](#).

CLINICAL PHASE

ARC-PA 6th Edition Standards: A1.10a, A3.08, B2.05, B3.01a, B3.05a-f

The AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program recognizes the paramount importance of supervised clinical practice as it becomes the primary focus during the clinical phase of the curriculum. These experiences are designed to support student development across key domains. These experiences foster growth in medical knowledge, interpersonal and communication skills, essential clinical and technical proficiencies, professional behaviors, and critical thinking skills, including clinical reasoning and problem-solving abilities. Through diverse clinical practice opportunities, students progressively acquire and refine the competencies necessary for effective, ethical, and professional practice.

The program ensures all students are provided with clinical rotation sites and preceptors. Students are not required to provide or solicit clinical sites or preceptors. The program's established affiliation agreements with clinical sites and hospitals facilitate student exposure to diverse healthcare teams. AHU PA students are not required to provide or solicit clinical sites or preceptors.

CLINICAL ROTATIONS

ARC-PA 6th Edition Standards: B3.06a-g

By the completion of the clinical phase, each student will have completed clinical rotations in:

- Family Medicine, MPAS 600
- Women's Health, MPAS 610
- Pediatrics, MPAS 620
- Internal Medicine, MPAS 630
- Emergency Medicine, MPAS 640
- Behavioral Health, MPAS 650
- Surgery, MPAS 680
- Elective Clinical Rotation, MPAS 670

In addition, students will complete one clinical elective rotation in the medical field of interest. The program clinical director assigns all students to their respective clinical rotations. Rotation assignment and order of focus or specialty is predicated on preceptor and/or clinical site availability.

Year II Trimester I

Course Number(s)	Course Name	Course Credit Hours	Delivery Method
MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 680	Clinical Rotation I	4 credit hours	In-person
MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 680	Clinical Rotation II	4 credit hours	In-person
MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 680	Clinical Rotation III	4 credit hours	In-person
MPAS 665	Clinical Seminar I	1 credit hours	In-person

Year II Trimester II

Course Number(s)	Course Name	Course Credit Hours	Delivery Method
MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 680	Clinical Rotation IV	4 credit hours	In-person

MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 680	Clinical Rotation V	4 credit hours	In-person
MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 680	Clinical Rotation VI	4 credit hours	In-person
MPAS 675	Clinical Seminar II	1 credit hour	In-person
RELP 612	Role Fidelity	2 credit hours	Virtual: Asynchronous

Year II Trimester III

Course Number(s)	Course Name	Course Credit Hours	Delivery Method
MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 680	Clinical Rotation VII	4 credit hours	In-person
MPAS 670 Elective Clinical Rotation	Clinical Rotation VIII	4 credit hours	In-person
MPAS 685	Clinical Seminar III	3 credit hours	In-person

Please refer to the online course catalog for further details and to archived Academic Catalogs on the AHU website for previous year's curriculum: [Program: Master of Science in Physician Assistant Studies - AdventHealth University - Acalog ACMS™ \(ahu.edu\)](https://www.ahu.edu/academic-catalog).

PROGRAM PROGRESSION AND COMPLETION REQUIREMENTS

ARC-PA 6th Edition Standards: B4.01a&b

Preparing for a career in the health sciences is a rigorous undertaking that requires the development of strong cognitive, clinical, and technical skills, as well as a commitment to the highest ethical and professional standards. This preparation begins during the educational process, where students are expected to cultivate sound judgment and professional responsibility. The ability to recognize challenges early and seek appropriate support is an essential component of success in both training and clinical practice. Students are expected to exercise sound academic judgment and proactively engage course instructors, faculty advisors, and/or the program director when difficulties arise, as early intervention is critical to achieving positive outcomes.

The program is committed to supporting student success while maintaining high academic and professional standards consistent with entry-level practice. Students are expected to demonstrate continuous academic progress, uphold professional behaviors, and meet all program requirements to remain in good standing. Academic performance and professional conduct are regularly reviewed to ensure students are progressing appropriately and are prepared for safe, effective clinical practice. When concerns arise, timely intervention, structured support, and formal review processes are implemented to promote student success and protect the integrity of the program.

PROGRAM PROGRESSION REQUIREMENTS

ARC-PA 6th Edition Standards: A3.14a

1. The progression requirements for advancement from the didactic phase to clinical phase:

- A. Cumulative GPA of ≥ 3.0 . Maintain a cumulative GPA of ≥ 3.0 or better to remain in good standing in the program. A trimester grade point average (GPA) of ≥ 3.0 is expected throughout. The trimester GPA may drop ONCE below a 3.0 but no less than 2.85. All subsequent trimesters must have a trimester GPA of ≥ 3.0 . If a student's trimester GPA is below 2.85 or their cumulative GPA after the second trimester is below 3.0, the student may be dismissed from the program.
 - B. Demonstrates [professional behavior](#) in accordance with the policies outlined in the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program Policy Manual.
 - C. Completion of all didactic phase academic requirements.
2. The progression requirements for advancement from the clinical phase to the summative phase:
 - A. Maintain a cumulative GPA of ≥ 3.0 or better to remain in good standing in the program. A trimester grade point average (GPA) of ≥ 3.0 is expected throughout. The trimester GPA may drop ONCE below a 3.0 but no less than 2.85. All subsequent trimesters must have a trimester GPA of ≥ 3.0 . If a student's trimester GPA is below 2.85 or their cumulative GPA after the second trimester is below 3.0, the student may be dismissed from the program.
3. The progression requirements for advancement from the summative phase to program completion:
 - A. Cumulative GPA of ≥ 3.0
 - B. Demonstrates [professional behavior](#) in accordance with the policies outlined in the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program Policy Manual.
 - C. Completion of all academic requirements.
 - D. Completion of all [summative assessments](#) demonstrating all MSPAS Program Graduation Competencies have been met.

PROGRAM REVIEW OF PROGRESSION REQUIREMENTS

All the progression requirements for advancement will be reviewed by the academic director or clinical director for completion and reviewed by the program director. Failure to complete the requirements may result in adverse action, including delayed advancement, dismissal, or remediation.

1. The academic standing of each student will be reviewed mid-trimester and again at the end of each trimester, and more frequently if deemed necessary by the Academic Progress Committee (APC).
2. The faculty advisor reserves the right to require a series of corrective action plans during any term, whether in one course or multiple courses, as deemed necessary to provide the best opportunity for successful academic progression.
3. Students whose academic status is not consistent with program or course expectations will be required to meet with their faculty advisor and may be referred to the academic progress committee and/or program director for determination of their ability to continue in the program.
4. Violations of professionalism standards and/or program or university policies may result in reprimand or more serious action, depending on severity, up to and including dismissal from the program.

5. Student academic records, whether maintained in paper or electronic format, are accessible only to authorized program and/or institutional personnel and include documentation of remediation efforts, outcomes, disciplinary actions, and confirmation of program completion requirements, as applicable.

PROGRAM ACADEMIC PROBATION

A student with an end of trimester GPA of <3.0 will be placed on academic probation. The trimester GPA may drop once below 3.0 but no less than 2.85. Failure to earn a cumulative GPA of ≥ 3.0 at the end of each trimester will result in dismissal from the program. A student will be removed from academic probation once they have achieved a cumulative GPA of ≥ 3.2 . Any student who fails a course will be dismissed from the program regardless of the trimester or cumulative GPA.

UNIVERSITY REQUIREMENTS FOR PROGRAM COMPLETION

ARC-PA 6th Edition Standards: A3.14b, A3.16f

AdventHealth University will consider students for graduation with the degree of Master of Science in Physician Assistant Studies (MSPAS) when they have:

1. Met all general requirements for the MSPAS degree.
2. Completed all program curriculum successfully.
3. Completed a Capstone Project that meets or exceeds the standards of the University and the program.
4. Participate in Colloquium at a minimum of two sessions per academic year, or a total of 5 sessions, if the program is longer than 24 months.
5. Complete the degree with a cumulative grade point average as required by the program.
6. Meet all the requirements of the accrediting/approval bodies for licensure and certification (where applicable).
7. Complete all required clinical experiences.
8. Complete a minimum of 40 service-learning hours.

ACADEMIC SUCCESS AND FACULTY SUPPORT

ARC-PA 6th Edition Standards: A2.05d

STUDENT ACADEMIC SUCCESS PLAN (SASP)

The Student Academic Success Plan (SASP) is a structured, individualized support process designed to promote student progression and achievement of program-defined competencies. SASP is implemented when a student demonstrates patterns of academic or professional performance that indicate risk for progression. The plan is developed collaboratively between the student and faculty advisor and includes targeted, measurable objectives, specific remediation strategies, and defined timelines for reassessment. Progress is monitored regularly, and continuation or discontinuation of the plan is based on demonstrated improvement and attainment of established goals.

Color-Coded Triggers/Criteria for Didactic Examination Performance and SASP Intervention

The program utilizes a color-coded system to identify performance levels on individual didactic examinations and to guide remediation and SASP initiation:

- **Green:** 79.5% – 100%
- **Yellow:** 74.5% – 79.49%
- **Red:** < 74.5%

These performance categories inform both individual exam remediation and progression into SASP levels based on cumulative patterns of performance.

Individual Examination Failure Requirements (Red Zone)

Students receiving a score of < 74.5% on any written examination are required to complete the following:

- Meet with the course instructor and faculty advisor.
- Complete a Test Self-Analysis (TSA) Form (Didactic – Appendix D) to evaluate performance and identify areas of deficiency.
- Email the course instructor to schedule a TSA review meeting within 48 business hours of the grade being posted.
- Email their faculty advisor to notify them of the examination failure and schedule a meeting within 72 hours of the grade being posted.

These requirements are intended to promote early identification of knowledge gaps, improve test-taking strategies, and support timely academic intervention.

SASP LEVEL 1

SASP Level 1 (SASP L1) is initiated for students who have failed two (2) written examinations (red zone) within a course or trimester. The student will meet with their faculty advisor to develop an individualized plan focused on improving knowledge acquisition, test-taking strategies, and study effectiveness. The plan includes clearly defined, measurable objectives and specific action steps. SASP L1 is intended to provide early intervention and may be discontinued once the student has successfully met the outlined objectives, as determined by the faculty advisor.

[Didactic-Appendix G](#)

SASP LEVEL 2

SASP Level 2 (SASP L2) is implemented for students demonstrating more significant or persistent academic and/or professional concerns, including:

- Three (3) written examination scores in the red zone within a single trimester, or
- Five (5) written examination scores in the yellow and/or red zone within a single trimester, or
- Four (4) or more Professional Behavior assessment ratings of “below expectations” on the end-of-trimester PDAT evaluation.

SASP L2 involves a more intensive and structured intervention, including closer faculty oversight, expanded remediation strategies, and ongoing performance monitoring. Discontinuation of SASP L2 may be considered if the student achieves greater than 74.5% on three (3) consecutive written examinations, at the discretion of the faculty advisor. The faculty advisor will submit a recommendation to the Academic

Progress Committee (APC) regarding discontinuation or continuation of the plan. The APC will review the advisor's recommendation, the student's overall academic performance, and adherence to the SASP requirements to determine whether the student may exit SASP L2 or if the plan will extend into the subsequent trimester.

[Didactic-Appendix H](#)

ADDITIONAL SASP TRIGGERS

ARC-PA 6th Edition Standards: A3.14c

- post didactic phase PACKRAT score <130
- didactic comprehensive examination score <75%
- post clinical phase PACKRAT score <160
- PAEA End of Curriculum Examination score <1475 (effective for graduating class of 2027)

A student who has exceeded one or more of these SASP triggers will be required to meet with their faculty advisor to review identified deficits and develop an intervention action plan.

Students who are enrolled in SASP L2 due to the didactic phase PACKRAT, the didactic comprehensive examination, or due to failing one (1) EOR exam may have the SASP L2 discontinued at the discretion of their faculty advisor if they achieve three (3) consecutive EOR examinations in the green zone ($\geq 74.5\%$). Students who are enrolled in SASP L2 due to the clinical phase PACKRAT or End of Curriculum examinations will remain on the SASP through the completion of the program.

In addition to the SASP triggers, individual course instructors may impose course specific relearning/SASP requirements to improve individual student course progression. The APC monitors student progress across the curriculum and will recommend the development and implementation of student remediation plans based on the committee's assessment. Recommendation for remediation/SASP development will be transmitted by the committee to the appropriate faculty advisor. Affected students will be promptly contacted by their faculty advisor for a remediation/SASP meeting.

SASP PLAN BREACH

For both didactic and clinical phase, if a student is placed on a SASP, they must follow the plan as outlined by their advisor. Any breach in this policy will be considered a professionalism violation.

1. The SASP requires the student to actively participate in the identification of the suspected causative issue, a corrective plan development, the development of the goals/objectives of the corrective plan, and the time frame in which the plan will be reevaluated for successful completion and reestablishment of satisfactory academic progression.
2. The faculty advisor reserves the right to require a series of corrective action plans during any term, whether in one course or multiple courses, as deemed necessary to affect the best possible opportunity to achieve successful academic progression.
3. At the end of the term, the student's overall academic progress will be evaluated by the faculty advisor and may be referred to the program director if deemed to be unsatisfactory.

EXTRACURRICULAR ACTIVITIES DURING A SASP OR PROBATION

Didactic year students who are on an SASP L1 will be allowed to attend/volunteer for service-learning activities, as it is a requirement of the program, however a student on a SASP L1 will not be allowed to volunteer for more than 8 hours per event or per week. Permission to participate beyond the 8-hour cap is at the discretion of the faculty advisor and must be granted prior to each event.

Clinical year students who are on an SASP L1 will be allowed to attend/volunteer for service-learning activities, as it is a requirement of the program, however a student on a SASP L1 will not be allowed to volunteer for more than 8 hours per event or per week. Permission to participate beyond the 8-hour limit is at the discretion of the clinical director and permission must be granted prior to each event.

Students on a SASP L2 or academic probation are ineligible to participate in extracurricular activities that may distract them from their studies. Attending on campus or university sponsored extracurricular events, running for/currently holding a class or campus leadership position, and volunteering outside of the required program learning opportunities are extracurricular. If there are any questions regarding the eligibility of attending an event, students must first clarify these questions with their advisors prior to participating. Students on a SASP L2 or academic probation are required to attend all faculty led didactic and practical learning opportunities scheduled outside of scheduled classroom time. Students on an SASP L2 will only be allowed to attend/volunteer for service-learning activities for up to 8 hours per event or week, as it is a requirement of the program if permission is given by the advisor during the didactic phase and clinical director during the clinical phase.

EXAMINATION RETAKE AND REMEDIATION POLICIES

ARC-PA 6th Edition Standards: A3.14c, A3.16d

DIDACTIC EXAMINATION RETAKE POLICY

The AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program allows for retaking of one (1) written examination during each trimester throughout the didactic phase, regardless of the initially earned grade. Upon retest, the student will have an opportunity to achieve a maximum score of 90%. The final retest score will be calculated using an 80/20 distribution (80% retest examination, 20% retest form). If a student's calculated retest score is lower than the original exam score, the original exam score will be retained. No final or cumulative course examinations may be retaken.

A decision to retest must be made, along with notification to the course instructor and academic director, within 48 hours of final posted grade, and declared through the completed Test Self-Analysis Form (TSA) ([Didactic-Appendix D](#)), if applicable. The academic director reserves the right to extend or modify this deadline based on extenuating circumstances. The timetable of the retest will be determined by the course instructor and academic director with the goal of completing it in less than 1 week from the original test date. Retesting is typically completed by oral examination, short response questions, or repeat multiple-choice questions (MCQ) examination. Additionally, students who elect to retest will be required to complete a Retesting Form that corresponds to the appropriate course. The Retesting Form must be turned in prior to retesting. All retesting forms may be found in the cohort specific Canvas class shell.

The Objective Structured Clinical Examinations (OSCE's) and technical skills examinations have their own retake policy included in the respective syllabi of the course. The program does not allow course remediations. Failure of a course will result in dismissal from the program.

PROGRAM REMEDIATION POLICIES

Remediation Definition

In accordance with the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Standards, remediation is an applied educational process used to address deficiencies in a student's knowledge, clinical skills, or professional behaviors. Remediation activities are designed to ensure that identified deficiencies are measurable, documented, clearly defined, and addressed in a timely manner.

Remediation supports student success by providing structured opportunities for students to correct performance deficits and demonstrate competency across the program's defined competency domains, including medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice, in alignment with program learning outcomes and program-defined competencies.

Remediation does not replace required course or program standards and does not guarantee progression in the program.

Remediation Activities: Remediation strategies are individualized and may include, but are not limited to, the following:

Knowledge-Based Remediation

- Directed reading assignments
- Directed re-teaching through structured medical education platforms (e.g., Lecturio, Osmosis) to reinforce foundational knowledge and address identified content deficiencies.
- High-impact notes or concept mapping
- Blueprint Review or other PANCE-style practice questions
- Review of relevant course learning objectives
- Faculty-guided discussion sessions
- Problem-based learning exercises
- Test review focusing on missed concepts
- Written paper with supporting citations
- Electronic media or recorded presentations

Skills-Based Remediation

- Faculty-led tutoring sessions
- Clinical skills review and reassessment
- Simulation-based training
- Repeat demonstration of clinical procedures
- Additional OSCE practice and reassessment

Clinical Performance Remediation

- Targeted clinical skill review
- Additional supervised clinical activities

- Repeating a portion or the entirety of an SCPE, when appropriate

Professionalism Remediation

- Written reflective exercises
- Professional development assignments
- Faculty mentoring or advising meetings
- Professional behavior coaching

Support Resources: If additional academic or personal support needs are identified during the remediation process, the course instructor will consult with:

- The student's faculty advisor
- Program leadership

Appropriate referrals may include:

- Student Success Coach
- Tutoring Center
- Counseling or Chaplain services
- Medical Services

All support services will be provided in accordance with institutional policies and program procedures.

DIDACTIC COURSE REMEDIATION POLICY

Students who fail (score < 74.5%) on two (2) or more written or practical examinations within a course, or who fail a cumulative written or practical examination (including a final examination), will be required to complete a remediation as determined by the program. The remediation activity is designed to address identified deficiencies in alignment with the program's competency domains, including Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice, as applicable to the course and examination content.

Remediation will include identification of specific knowledge and/or technical skill gaps, followed by assigned re-learning assignment through the program's designated online learning platforms (e.g., Lecturio, Osmosis, or equivalent). In addition, students will be required to complete a reassessment designed to demonstrate competency, integration of knowledge, and understanding of the previously deficient content.

All assigned remediation must be completed and submitted no later than the start of the following trimester. Failure to complete and submit the assigned remediation by the stated deadline will be considered a lapse in the professionalism competency and will result in disciplinary action in accordance with program policies.

Remediation activities are designed to ensure students demonstrate competency across the program's defined competency domains, including medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice, in alignment with program learning outcomes and expectations for entry-level clinical practice.

Remediation plans are individualized, approved by program leadership, and may impact clinical scheduling to ensure deficits are appropriately addressed. Failure to successfully complete remediation or demonstrate competency upon reassessment may result in course or rotation failure and may lead to further academic or disciplinary action, up to and including dismissal from the program.

CLINICAL COURSE REMEDIATION POLICY

ARC-PA 6th Edition Standards: A3.14c

During the clinical year, remediation is a structured, faculty-directed process implemented when a student demonstrates deficiencies in clinical knowledge, skills, or professional performance, including failure of a PAEA End-of-Rotation (EOR) examination, or failure of the Preceptor Evaluation of the Student. Remediation requires the identification of specific performance deficits, followed by targeted re-learning activities (such as directed didactic instruction/review, assigned clinical experiences, or virtual cases), and culminates in a formal reassessment to demonstrate competency and successful achievement of required clinical outcomes.

CLINICAL EXAMINATION RETEST AND REMEDIATION POLICY

Students who score 75% on one or more End-of-Rotation (EOR) exams are strongly encouraged to meet with their faculty advisor or the clinical director to discuss strategies for improving performance on future EOR exams.

Students who have scored <75% on a PAEA EOR examination (exam failure) will be required to complete a Clinical Test Self Analysis (TSA) form ([Clinical-Appendix AT](#)) and meet with the course instructor and their advisor to implement a Strategy for Academic Success Plan (SASP) ([Clinical-Appendix AU](#)). The SASP will include a targeted remediation plan based on areas of deficiency identified in the PAEA End of Rotation Report. Required remediation will include structured re-learning of deficient content using the program's designated online learning platforms (e.g., Osmosis and Lecturio), along with additional strategies as determined by faculty. Completion of all assigned remediation activities is required to demonstrate improved understanding and support continued clinical progression.

Upon completion of the prescribed remediation, and no sooner than one week following the initial failure of a PAEA EOR examination, the student will be eligible to complete a reassessment in the same discipline utilizing an alternate version of the examination. In the event the student achieves a passing score on the reassessment, a maximum score of 75% will be recorded for the examination component of the course.

A student who does not achieve a passing score on the second PAEA EOR examination will receive a grade of Incomplete for the affected clinical rotation, pending successful completion of all remediation requirements. The student will be assigned an intensive two-week remediation plan, developed by clinical faculty. This plan will be formally presented to the Academic Progress Committee for review and approval prior to implementation. The remediation plan will be individualized, competency-based, and designed to address identified knowledge and/or clinical reasoning deficits. The remediation will include a required two-week didactic training period, scheduled during the first two weeks of the student's elective rotation.

As a condition of this remediation process, the student will not be permitted to select the elective rotation specialty. Assignment to the elective rotation will be determined by program faculty based on alignment with the student's identified areas for remediation and overall academic needs.

At the conclusion of the two-week remediation period, the student will complete a third and final EOR examination in the same discipline. Failure to achieve a passing score on this final examination will result in dismissal from the program. Successful completion will result in a passing grade for the rotation, with a

maximum score of 75% recorded for the examination component, and removal of the Incomplete grade. Upon successful completion, the student will resume clinical training at the assigned elective rotation site.

The option to complete a third (final) EOR examination as part of remediation may be granted only once during the clinical phase of the program. If a student subsequently fails a second EOR examination in a different core rotation and does not achieve a passing score on the second attempt, the student will be subject to dismissal from the program.

In circumstances where a student's progression is contingent upon a remediation examination, the program may permit the student to be excused from clinical duties for a defined period, not to exceed one week, immediately prior to the scheduled reassessment to allow dedicated preparation time.

If a student fails three or more initial PAEA EOR examinations across three core clinical disciplines, the student will forfeit the ability to select an elective rotation. The Clinical Director, in collaboration with the student's faculty advisor, will assign an elective rotation designed to address identified areas of academic deficiency and support progression toward competency attainment.

CLINICAL PRECEPTOR EVALUATION REMEDIATION PROCESS

At the conclusion of each clinical rotation, all preceptor evaluations are reviewed by the Clinical Director. Any individual evaluation item in which a student receives a score of less than 3 on a 5-point Likert scale, or is marked as "Not Observed (NO)" or "Not Applicable (N/A)," will be flagged for further review.

Certain program-defined outcomes may be assessed using multiple evaluation methods and are not limited to the preceptor evaluation (e.g., assignments, case-based activities, or other graded components). If a specific outcome has been satisfactorily achieved and documented through an alternative approved assessment method, it may not be required for reassessment within the preceptor evaluation for that rotation, as determined by the Clinical Director.

If, upon review, it is determined that a student has not demonstrated achievement of required outcome(s) for a given rotation, a remediation plan will be initiated to ensure competency attainment. Remediation may include, but is not limited to, completion of targeted virtual learning cases aligned with the deficient outcomes and/or additional clinical experiences. When applicable, these requirements may be completed during the student's elective rotation to ensure all program-defined outcomes are met.

Students who receive a failing preceptor evaluation will meet with the clinical team to review the evaluation in detail and provide an opportunity for student input. The clinical team will subsequently meet with the preceptor to discuss the evaluation, clarify expectations, and assess contributing factors. Based on this comprehensive review, the Clinical Director, in collaboration with clinical faculty, will develop a remediation plan. This plan may include targeted interventions for the student, the preceptor, or both, as appropriate, and will be submitted to the Academic Progress Committee (APC) for review and approval prior to implementation.

If a student fails a preceptor evaluation in a clinical rotation, the student will be required to repeat that rotation at a different clinical site following completion of the elective (eighth) rotation, which may delay program completion. Students are permitted to remediate only one clinical rotation.

If a student subsequently fails a preceptor evaluation in a separate clinical rotation at any point—whether before or after completion of the repeat rotation—this will result in dismissal from the program. This policy is intended to uphold program standards and ensure that all graduates demonstrate required competencies for clinical practice.

CLINICAL REMEDIATION FAILURE

Failure to complete and submit an assigned remediation, on time with a passing score, may result in failure of the clinical rotation and/or disciplinary action up to and including dismissal from the program.

PROFESSIONAL PERFORMANCE REMEDIATION POLICY

The program utilizes a structured, progressive approach to address concerns of professionalism, emphasizing reflection, accountability, and growth. Students demonstrating repeated minor concerns may be assigned a Level 1 professionalism violation, while continued, repeated, or more significant concerns may result in a Level 2 professionalism violation. All violations are documented in the [Professionalism Assessment Development Tool \(PDAT\)](#) and the student’s professionalism file and require completion of assigned remediation, which may include a faculty-directed remediation assignment (Level 1) or a formal Professionalism Student Academic Success Plan (SASP) with ongoing monitoring (Level 2). Failure to meet remediation expectations or continued concerns may result in escalation of the violation level and additional disciplinary action at the program’s discretion. For detailed definitions and examples of Level 1 and Level 2 professionalism violations, please refer to the [Program Academic Misconduct Policy](#).

SUMMATIVE REMEDIATION POLICY

ARC-PA 6th Edition Standards: A3.14c

The summative remediation policy outlines the process for addressing deficiencies identified during the summative evaluations. This policy is detailed in the [summative section](#) of the policy manual and serves to ensure that students have the necessary support and resources to successfully meet program requirements. For further specifics on remediation protocols and procedures, please refer to the summative section for comprehensive guidance.

DECELERATION DUE TO UNAVOIDABLE LIFE EVENT

ARC-PA 6th Edition Standards: A3.14d

DEFINITION OF DECELERATION AND UNAVOIDABLE LIFE EVENTS

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) defines deceleration as “the loss of a student from the cohort, who remains matriculated in the physician assistant program.”

Occasionally, due to medical, personal, or other significant circumstances, a student may need to temporarily withdraw from the program until the situation has been resolved. For the purposes of this policy, these circumstances are considered unavoidable life events.

Examples of unavoidable life events may include, but are not limited to:

- Serious personal illness or injury
- Pregnancy-related medical complications
- Serious illness or death of an immediate family member
- Military deployment or required service obligations
- Other significant personal circumstances that substantially interfere with a student's ability to continue in the program

The determination of whether a circumstance qualifies as an unavoidable life event will be made by the Program Director on a case-by-case basis.

ELIGIBILITY AND REQUEST PROCESS

If a student has been maintaining satisfactory academic progress and experiences significant academic deterioration secondary to an unavoidable life event, or if circumstances arise that prevent the student from continuing in the program as scheduled due to an unavoidable life event, the student may request to decelerate from the program.

The student must notify the Program Director as soon as possible. Requests for deceleration will be reviewed on a case-by-case basis by the Program Director.

The program may require supporting documentation when reviewing a request to decelerate due to an unavoidable life event.

LIMITATIONS OF DECELERATION

Deceleration is not an option for students who are unable to meet the program's academic, professionalism, or behavioral conduct standards.

Deceleration may not be used in lieu of disciplinary action, including but not limited to probation, suspension, or any circumstance that would otherwise be considered grounds for dismissal from the program.

STUDENT STATUS DURING DECELERATION

Students approved for deceleration remain matriculated in the physician assistant program, but they no longer progress with their original cohort. The student will resume the curriculum with a subsequent cohort at the appropriate entry point as determined by the program.

Deceleration is distinct from withdrawal or dismissal. Students who withdraw or are dismissed from the program are no longer matriculated, whereas students who decelerate are granted non-competitive re-matriculation status.

RE-ENTRY FOLLOWING DIDACTIC PHASE DECELERATION

If deceleration is approved, the student may be granted noncompetitive program re-entry with the next entering cohort. This structure is necessary because the curriculum is lock-step and cohort-based, and courses must be completed in sequence.

Students approved to decelerate will matriculate with the next entering cohort as a new student. Students may return only upon demonstration of readiness and program approval.

The opportunity for noncompetitive re-entry is limited to the immediate next cohort entering the didactic phase. If the student does not matriculate with that cohort, the student must reapply to the program through the standard competitive admissions process.

Original course grades earned prior to deceleration will remain part of the student's permanent academic transcript. However, for purposes of determining academic standing, progression, and eligibility to continue in the program following re-entry, only grades earned in repeated courses after re-entry will be used. Tuition, fees, financial aid eligibility, and clinical placement availability will be subject to the program and institutional policies, procedures, and resource availability in effect at the time of the student's return.

Students returning to the program must meet all current program and institutional requirements in effect at the time of re-entry, including but not limited to technical standards, health and immunization requirements, background checks, drug screening, and other clinical site compliance requirements. Students may also be required to provide appropriate medical clearance or other documentation confirming their ability to safely participate in program activities.

RE-ENTRY FOLLOWING CLINICAL PHASE DECELERATION

Students in the clinical phase of the program who experience an unavoidable life event requiring delay of more than one clinical rotation may also request to decelerate from the program. The student must notify the Program Director and Clinical Director as soon as possible so that the situation can be evaluated.

Requests for deceleration during the clinical phase will be reviewed on a case-by-case basis, taking into consideration the student's academic standing, clinical performance, and the circumstances of the unavoidable life event.

In most cases, students who decelerate during the clinical phase will resume clinical rotations with a subsequent cohort at the start of the clinical phase. Prior to re-entry, students must demonstrate readiness to resume academic and clinical training and meet any academic expectations established by the program. Students may also be required to provide appropriate medical clearance or other documentation confirming their ability to safely participate in program activities. Students returning to the clinical phase must also meet all current program and clinical site requirements at the time of re-entry, including but not limited to health and immunization documentation, background checks, drug screening, liability coverage, and site-specific onboarding requirements.

LATE FINISH DUE TO LIFE EVENT

ARC-PA 6th Edition Standards: A3.14

Students may be absent from a clinical rotation for up to two weeks (80 hours) due to unavoidable life events while still meeting academic requirements. To retain eligibility for the end-of-rotation examination, students must:

- Complete all required outcomes and competencies for the rotation.
- Accumulate a total of 190 hours, which can include up to 80 hours of supplemental learning assignments if necessary. A minimum of 110-hour in-person clinical hours are required.

- If a student's absence exceeds two weeks, they will receive an incomplete grade for the course.
- If a student receives an incomplete for a core clinical rotation due to a life event, they will have the chance to complete the rotation during the summer trimester. Subsequently, the elective rotation may be postponed until after the final summer trimester, which will extend the student's time in the program. Additionally, if a student takes an absence due to a life event, they must forfeit the option to repeat any additional core rotations.
- **Leave of Absence Beyond 6 weeks:** If the leave of absence exceeds six weeks (requiring more than one rotation remediation), the clinical director and program director will review the situation and determine if deceleration is necessary (see deceleration policy), which could include repeating the clinical phase, withdrawing, or even dismissal depending on the circumstances.

Important Note: The program recognizes that each situation is unique and reserves the right to adjust this policy as needed to ensure a student's successful completion of the program.

PROGRAM WITHDRAWAL

ARC-PA 6th Edition Standards: A3.14e

It is not unusual for students to experience stress in adjusting to the rigors of physician assistant education. Students considering a withdrawal from the program should consult with their faculty advisor and/or the program director before initiating the withdrawal process.

A student who is failing a course or who has a trimester and/or cumulative GPA of ≤ 3.1 two weeks before the withdrawal deadline of the trimester will be notified by the academic progress committee through email. The student will be given the opportunity to meet with the program director at that time, if desired.

A student may withdraw from the program by written request to the program director. Please see AHU's Drop/Withdrawal policy: [Drop/Withdrawal Policy | my.ahu.edu](https://my.ahu.edu/Drop/WithdrawalPolicy).

PROGRAM DISMISSAL

ARC-PA 6th Edition Standards: A3.14f&h

Grounds for program dismissal include, but are not limited to, the following:

1. Failure to meet or maintain academic progression standards (see [Remediation/Strategy for Academic Success Plan](#) section).
2. Lapses in professionalism (see [Professionalism](#) section of this manual).
3. Academic misconduct (see [Academic Misconduct](#) section of this manual).
4. Failure to demonstrate proficiency in all graduate competencies during the summative phase of the program.

Students who elect to appeal a dismissal under the [University Academic Appeal Policy](#) may request permission from the Program Director to continue attending didactic courses until a final university decision is rendered. If the appeal is upheld, the student is responsible for completing any missed coursework or clinical requirements.

During the clinical phase, students dismissed for academic or professionalism concerns will be immediately

removed from clinical duties, and access to clinical systems (e.g., Typhon) and hospital privileges will be revoked.

UNIVERSITY ACADEMIC APPEAL POLICY

ARC-PA 6th Edition Standards: A3.14g

Should a student have an academic grievance concerning a grade or other matters concerning a particular course, he or she should follow the appeal procedure outlined below:

1. The student should discuss the grievance with the instructor involved no later than five business days after the incident prompting the grievance.
2. The instructor must respond to the student within five business days of the appeal.
3. If the grievance is not resolved, a written statement should be submitted to the department chair no later than ten business days after the instructor's response. The chair will then speak with the instructor involved and reply in writing to the student within five business days of receiving the student's written statement. In departments where there is a program director, and when it is appropriate, the written statement may be submitted to that individual. The program director will respond within five business days of receipt of the statement. If the matter is not resolved, the student may appeal in writing to the department chair who will respond within five business days.
4. If a resolution has not been reached, the student may request that all materials concerning the grievance be given to the Office of Academic Administration. This individual will then review the grievance materials and return a written decision within ten business days of their receipt. The decision of the Office of Academic Administration is final.

Should a student have an academic grievance concerning a decision of his or her academic program, he or she should follow the appeal procedure outlined below:

1. The student should discuss the grievance with the department chair no later than five business days after the decision prompting the grievance.
2. The department chair must respond to the student within five business days of the appeal.
3. If a resolution has not been reached, a written statement should be submitted to the Office of Academic Administration no later than ten business days after the chair's response. This individual will then speak with the department chair and reply in writing to the student within ten business days of receiving the student's written statement. The decision of the Office of Academic Administration is final. For additional information: [AHU Academic Catalog Student Academic Appeal](#).

STUDENT CONCERN AND GRIEVANCE POLICY

ARC-PA 6th Edition Standards: A3.14g

Students with concerns for which they are unsure of the applicable process or reporting mechanism may file their concern(s) with the Office of Student Affairs, using the [Student Concern Form](#). Once the concern is filed, the Dean of Students will then communicate with the student to gain an understanding of the matter at hand.

If the Dean of Students determines that another University procedure governs the situation (e.g., the [Academic Appeal Policy](#), the [Discipline Procedure](#), the [Title IX](#) policy, etc.), the dean of students will act as a facilitator to ensure the information is directed to the appropriate University official. If the dean of students determines that no other university procedure governs the situation, the student will be encouraged to take appropriate steps to resolve the issue informally by discussing it directly with the individual(s) involved.

If informal resolution is not possible, or the issue was not resolved, the student may submit a *Student Grievance Form* to the senior VP for student affairs & health and biomedical sciences. The senior vice president will investigate the matter, taking all steps deemed necessary based on the circumstances, and issue a written decision by certified mail to the student. The decision of the senior VP for student affairs & health and biomedical sciences is final and not subject to appeal.

ABSENCE AND TARDY POLICIES

ABSENCE POLICY

Physician assistant education is intensive. There is a mandatory attendance policy for all required learning experiences throughout the program. It is recognized that situations beyond the student's control occasionally may arise, students should make every attempt to attend all scheduled sessions.

Students should exercise sound judgment skills when making decisions regarding missing course lectures, assignments, examinations, or clinical rotations. If a student is exhibiting illness symptoms, arrangements can be made to participate in the class lecture time from home via a remote platform. The student will also have access to any recorded lectures for that day. Students must take an absent day for any other reason that is not related to an illness. Weddings, family vacations, or airline reservations are not considered a valid excuse for missing course lectures, assignments, examinations, or clinical rotations.

UNIVERSITY COMMUNICABLE DISEASE POLICY

It is the policy of AdventHealth University (AHU) to provide a safe and healthy environment for students. The University complies with all pertinent state and federal statutes and regulations protecting the privacy and welfare of students at AHU. Individuals who may have been exposed to a communicable disease at AHU, AdventHealth hospital campuses, and/or affiliated clinical sites must send notification within 24 hours of the believed exposure. Exposure is defined as the sharing of air or contact with a person known to have a communicable disease readily spread by casual contact including but not limited to chicken pox, H1N1 virus, tuberculosis etc. Students should reference the corresponding emergent excused absence policy (didactic phase and clinical phase) for detailed information regarding notification procedures, which are determined by the phase of learning. For further information on screening and exposure procedures, please go to the Communicable Disease Policy in the [General Policies & Procedures - AdventHealth University - Modern Campus Catalog™](#).

ABSENCE POLICY – DIDACTIC PHASE

During the didactic phase students are afforded up to five (5) excused absences to be used for illness or emergent matters. Students may not schedule non-emergent excused absences on examination, OSCE, or lab days. Students experiencing an unanticipated, emergent absence due to illness that occurs on lab day, OSCE, or examination must obtain a provider's note with clearance to return, regardless of the number of days

missed. Work due from time off, including complete review of recorded lectures, must be made up within 1 week unless prior approval is obtained.

DIDACTIC PHASE EMERGENT EXCUSED ABSENCES

If the student experiences an unanticipated or emergent event and is unable to attend class, they must verbally notify the executive assistant and course instructor as soon their emergent situation allows. Students are required to submit written notification using the Excused Absence Request Form ([Didactic-Appendix K](#)) and notify the course instructor and director within 24 hours after the missed day(s). Students experiencing symptoms such as chills, sweating, muscle aches, runny nose, cough, sore throat, shortness of breath, vomiting, diarrhea, or a fever greater than 100.4F (38° C) should not attend class and should not return until they are nearly symptom-free and fever-free for 24 hours without medication. Remote academic participation is permissible, if feasible and symptoms allow, while quarantining. Any absence of two (2) consecutive days or more due to illness requires a note from a health care provider regarding the illness (other than COVID-19). Friday and Monday will be considered a consecutive absence. Absence of more than the two allotted sick days without a documented medical excuse will result in immediate probationary status for the remainder of the didactic phase. Any additional absence may be grounds for immediate dismissal, with the exception of mandated absence due to COVID-19. Any student with an unanticipated absence due to illness that occurs on a lab day, OSCE, or an examination day must obtain a provider's note with clearance to return, regardless of the number of days missed. Emergent excused absences for mental health purposes must be approved by the academic director, or other faculty members, and communicated to the program no later than 24 hours in advance to ensure that criteria are met. If communicated less than 24 hours in advance, the student must produce a note from a medical or mental health professional. Failure to comply with the emergent excused absence policy is considered a breach in professionalism. While all students who have had a high-risk exposure or are testing positive for COVID-19 (symptomatic or asymptomatic) are encouraged to wear a mask for both their safety and the safety of others, students in the state of Florida may opt out of wearing a mask (reference CW AHC 0036 – Face Coverings).

DIDACTIC PHASE NON-EMERGENT EXCUSED ABSENCES

If the student would like to request an anticipated/non-emergent excused absence due to events such as religious observances not provided for on the university calendar, they must fill out an Excused Absence Request Form ([Didactic-Appendix K](#)) and submit for approval by email to the academic director. Students may submit one request form for multiple days if it includes the same event. Non-emergent requests will only be considered with a minimum of 30 days advance notice. If the excused absence request is approved, the requested day(s) will be deducted from the students five (5) allotted didactic excused absences regardless of cancelation. Non-emergent excused absences are not permitted on a hands-on or skills lab day, OSCE, or examination. Failure to comply with the non-emergent excused absence policy is considered a breach in professionalism.

Unexcused absences or missing more than the allotted five (5) excused absences throughout the didactic phase is considered failure to comply with the program's attendance policy. This will be considered a breach in professionalism subject to the [Program Academic Misconduct Policy](#).

ABSENCE POLICY – CLINICAL PHASE

During the clinical phase students are afforded up to five (5) excused absences during their clinical phase of education to use in case of illness, job interviews, or emergent matters. Only two (2) consecutive days can be

asked off at a time as part of the five (5) excused absences allowed. Friday and Monday will be considered a consecutive absence. Non-emergent excused absences cannot be used on examination or call back days. All clinical rotation hours missed due to any excused absence must be made up utilizing supplemental learning assigned by the clinical director.

CLINICAL PHASE EMERGENT EXCUSED ABSENCES

If the student experiences an unanticipated or emergent event and is unable to report to their scheduled shift or call back to campus day, they must verbally notify the clinical manager and/or clinical director and their clinical preceptor and/or course director as soon their emergent situation allows. Students are required to submit written notification using the Excused Absence Request Form ([Clinical-Appendix AS](#)). Written notification must be emailed to the clinical director, clinical manager, and/or course director (if on a call back day) within 24 hours after the missed shift(s). All emergent issues in which a student will be tardy, absent, or leave the shift early must be communicated to the clinical director or clinical manager by text or phone call at the earliest opportunity with follow up email. Students experiencing symptoms such as chills, sweating, muscle aches, runny nose, cough, sore throat, shortness of breath, vomiting, diarrhea, or a fever greater than 100.4F (38° C) should not attend clinic and/or class and should not return until they are nearly symptom-free and fever-free for 24 hours without medication. Students may submit one request form for multiple days if it includes the same emergent event. Illness requiring more than one (1) day off of a clinical rotation or call back day will require a doctor's note no later than the following day. Failure to comply with the emergent excused absence policy is considered a breach in professionalism. While all students who have had a high-risk exposure or are testing positive for COVID-19 (symptomatic or asymptomatic) are encouraged to wear a mask for both their safety and the safety of others, students in the state of Florida, may opt out of wearing a mask (reference CW AHC 0036 – Face Coverings).

CLINICAL PHASE NON-EMERGENT EXCUSED ABSENCES

If the student would like to request an anticipated/non-emergent excused absence, they must submit an Excused Absence Request Form ([Clinical-Appendix AS](#)) and submit by email to the clinical director and clinical manager. Students may submit one request form for multiple days if it includes the same event. Non-emergent requests will only be considered with a minimum of 21 days² notice prior to the start of the affected clinical rotation so that the site/preceptor can be notified of the approved absence prior to the start of each rotation. If the excused absence request is approved, the requested day(s) will be deducted from the students five (5) allotted clinical excused absences regardless of cancelation. Students may not ask off for more than two (2) non-emergent excused absences per rotation. Absence for a job interview will only be considered if all attempts have been made to schedule the interview during non-clinic hours. Non-emergent excused absences are not permitted on call-back or EOR days. Throughout the clinical year, non-emergent requests due to religious observation or extenuating circumstance will only be considered if the request will not prevent the student from meeting the minimum hourly requirements during the clinical rotation. Failure to comply with the non-emergent excused absence policy is considered a breach in professionalism.

It is important students participate in as many ancillary educational opportunities as possible. Students may not assume that an excess of clinical hours over the course of the rotation excuses them from any clinical time at a later date. If a student does not meet the minimum hourly requirements during the clinical rotation for reasons deemed unavoidable, a student may be assigned rotation-specific clinical supplemental assignments by the clinical director to fulfill these hours. These assignments must be turned in before the start of the next clinical rotation.

Unexcused absences or missing more than the allotted five (5) excused absences throughout the clinical phase is considered failure to comply with the program's clinical rotation attendance policy. This may be considered a breach in professionalism, will be reviewed by the clinical director and/or program director, and may be subject to the [Program Academic Misconduct Policy](#).

ABSENCE OF INSTRUCTOR

ARC-PA 6th Edition Standards: A3.11d

There may be instances where a course instructor may not be able to teach face-to-face. All students are expected to attend class in person even if the instructor is presenting from a virtual platform, unless otherwise communicated by that instructor or course director.

ABSENCE FROM EXAMINATIONS AND LABS

Students are required to be present for examinations, OSCE's, and labs as scheduled. In the event of serious personal illness/injury or the death of an immediate family member, student must verbally notify the executive assistant and course instructor as soon their situation allows. Follow-up written notification must be emailed to the executive assistant, course instructor and academic director within 24 hours after the missed day(s). Students may be excused from course work or examinations, as necessary. For any examinations or labs missed due to illness, the program will require a written statement from a licensed physician or health care provider explaining the illness or injury. A copy of the immediate family member's death certificate may be requested by the program as proof of the student's absence due to death of a family member. Unexcused absences will result in a score of zero on examinations and labs.

Students who have provided appropriate documentation, received an excused absence for the missed examination day, and have been given permission to make up a missed examination must coordinate with the academic director or clinical director—depending on the phase of their education—to arrange a time for a retake after the official examination date. Make up examinations may be given in an alternate format.

BEREAVEMENT

Students are allowed up to five excused days off from class or clinical rotation for the death of an immediate family including a student's: spouse, parent, stepparent, parent-in-law, sibling, brother-in-law, sister-in-law, child, stepchild, son-in-law, daughter-in-law, grandparent, and grandchild. Other family members, such as aunts, uncles, and cousins, are usually not in this category unless they were part of the immediate family. Additional time must be requested by the student and agreed to by the program. Verification must be provided at the time of the student's return to class or clinical rotation. It is the responsibility of the student to make up any assignments, instruction, or tests missed. Arrangements should be made to obtain any notes missed from a classmate. If bereavement falls during the didactic phase the faculty advisor and academic director should be consulted so a study plan can be put in place to allow the student adequate time for make-up work. If bereavement falls during the clinical phase the clinical director will work with the assigned clinical site to reschedule time missed and make reasonable accommodations.

JURY DUTY

In recognition of the responsibilities of employees as citizens, the program will release the student from class or clinical duties to serve. Students must submit a copy of their jury duty notice to their course instructor,

academic advisor and the academic and/or clinical director. If occurring in the didactic phase, the individual course instructor will make reasonable accommodations for any student required to fulfill jury duty obligations. This includes providing additional time to complete assignments, tests, or quizzes missed during the absence. If occurring in the clinical phase, the program will determine if students assigned to evening or night shifts may report for work after jury duty. It is the responsibility of the student to make up any time missed from clinical rotations. If excused from jury duty, students must notify the program as soon as possible and will be expected to return to class or clinical assignment as scheduled.

UNIVERSITY WIDE HOLIDAYS

During the didactic phase of the program, students can observe the academic calendar issued by the University by logging onto [AHU Calendar](#).

During the clinical phase of the program, students will experience an irregular schedule. No student should make travel arrangements without consulting with the program clinical manager/clinical director and the rotation assigned clinical preceptor. Students are required to attend rotations on holidays designated at the discretion of the clinical site. Students may request time off to meet religious obligations. Such requests must first be approved by the clinical director. If approved the program will notify the student and the clinical site/preceptor of the approved excused absence. Holidays can be a difficult time for staffing a healthcare institution. Please be as flexible as possible.

UNIVERSITY WEATHER-RELATED EMERGENCIES

In the event of severe weather, students should check with the AHU web page or call the University for closures. Students are expected to use their best judgment in deciding to travel. If the University is closed students on their clinical rotations should be released from their rotations. Conversely, students at a clinical site with significant adverse weather conditions must use their best judgment in consultation with their preceptors in determining their attendance at the site regardless of the University's status. Students must notify the program of non-attendance as noted above. Every attempt must be made to make up the missed time during clinical rotations.

TARDY POLICY

During the didactic phase, students are allowed three (3) class tardies per trimester, all to be documented, along with reason for the tardy. Students must communicate to the executive assistant and course instructor that they are running late in a timely fashion. After 3 tardies, this will be considered a breach in professionalism following the professionalism algorithm starting with a Level 1 warning, as detailed in the [Program Professionalism Assessment Section](#). Students who are tardy for examinations forfeit the time allotted and will not be permitted to recover that examination time. The examination end time will remain the same for those late. Any examination tardiness will be considered a professionalism breach and be documented starting with a Level 1 warning from the instructor following the established algorithm as detailed in the [Program Professionalism Assessment Section](#). Rationale of tardiness will be documented on the Level 1 warning documentation.

During the clinical phase, students may experience situations that will prevent them from being at their clinical site or on campus in a timely manner. If a student is tardy for their clinical shift, the student must notify their clinical preceptor and/or practice manager as soon as it is safe and mark themselves as "Late" on their Typhon

time log with rationale in the Typhon time log notes section. If a student is tardy for a campus call back day, the student must notify the clinical director and/or clinical manager as soon as it is safe and will be marked tardy for the day. Unexcused tardies are considered a breach in professionalism subject to the [Program Academic Misconduct Policy](#).

COMMUNICATION

CELLULAR PHONES

Out of respect for classmates and lecturers, students should turn OFF their cellular telephones (not on vibrate) and stow them away (not left on the desk) prior to class. In the event of an illness or an expected important phone call, this must be discussed with the professor before class.

EMERGENCY PHONE CALLS

Please inform friends and family that they should contact the executive assistant if an emergency should arise while class is in session. A message will be delivered to the student, as cellular telephones must be switched off while in class. Please contact 407-303-8778.

EMAIL COMMUNICATION

While enrolled as a student in the program, the email address of record shall end with @my.ahu.edu and will be assigned upon admission to the University. It is strongly encouraged that students check their my.ahu.edu email account at least once every 24 hours for course announcements and important information from the program and/or the University.

SOCIAL MEDIA

ARC-PA 6th Edition Standards: A1.02g

Social media sites provide many positive opportunities for communication and connectivity. In keeping with the mission of AdventHealth University, students are expected to use the social media sites for the development and maintenance of healthy relationships. Students should refrain from making derogatory, defaming, threatening or profane comments against fellow students, staff, faculty, and the University. Students found to be posting such comments are subject to disciplinary action by the AdventHealth University Citizenship Committee and/or prosecution from the state or federal government. All students attending AdventHealth University are encouraged to understand the risk of poor behavior both online and on campus and the personal legal ramifications of said behavior. AdventHealth University will vigorously pursue any reports of bullying, harassment, or stalking (see [Student Bullying](#) and [Student Stalking](#)).

Students are reminded that social media reaches audiences far beyond the University community and they must use these sites responsibly and be accountable for their actions. If a student sees anything of concern on a fellow student's social networking page or account, they should immediately contact their faculty advisor or program director/department chair.

Please note the following specific guidelines:

1. **Official AHU Accounts:** Student should not open accounts with a name implying representation of the University in an official capacity. Students should not use the University's logo, wordmark, or seal when creating an account.
2. **Health Information:** In accordance with HIPAA laws, students may not present the personal health information of other individuals. Simply removing an individual's name does not meet the criteria for proper de-identification of protected health information. Including data such as age, gender, race, diagnosis, date of evaluation, type of treatment, or medical photographs can still lead to the identification of a specific individual.
3. **Academic Information:** Students are prohibited from reporting any academic information about another student or trainee. This includes, but is not limited to, grades, evaluations, examination scores, and adverse actions.
4. **Self-Identification:** When posting information on social networking sites or websites, students must not present themselves as official representatives or spokespersons for any department, program, or the University. Additionally, students should not represent themselves as another person. It is strongly encouraged for students to use a personal email address rather than their university address as their primary means of identification on social networking sites.
5. **Professionalism:** Students are advised to maintain a professional presence online. They should be mindful of what they post, as it can leave a lasting impression on many audiences. Students should avoid posting or linking to any material that they would not want friends, peers, parents, teachers, or future employers to see. Online representations reflect who they are. Unprofessional behavior includes, but is not limited to, the use of vulgar language, text or photographs that imply disrespect toward others, and images that may condone irresponsible use of alcohol, substance abuse, or sexual promiscuity.
6. **Harassment/Cyberbullying:** Posting of potentially inflammatory or unflattering material on another individual's website, stalking, and cyberbullying are considered harassment. See the [Title IX Policy](#) regarding the Harassment and Misconduct Policy.
7. **Programmatic social media guidelines:** Individual programs and departments will have their own program policy manual; this policy should complement each program's individual social media policy.

Students are reminded that no privacy setting or security measure on social media or networking platforms is completely secure. Unauthorized individuals may still gain access to online accounts. Additionally, potential employers frequently review social media and networking sites when considering candidates for employment.

Students are expected to keep account passwords secure, recognize that they may be held accountable for any tampering or misuse of their accounts, and exercise discretion and professionalism when posting any information online. All online activity should reflect the values of modesty, respect, and professionalism. Students are responsible for the content they post and should carefully consider the potential impact on their academic, professional, and personal reputation.

STUDENT REPRESENTATION

Each class may elect a class representative, typically the class president, who will bring issues that affect the entire class to the attention of the program director.

The AdventHealth University Physician Assistant Student Society (AHUPASS) will represent the entire student body of the MSPAS Program. AHUPASS will elect officers and hold class meetings as needed to determine the consensus of the entire student body regarding any issues affecting the entire class. A faculty

advisor will be assigned to AHUPASS to aid in the use of resources and will coordinate activities of the student body within the Student Academy of the American Academy of Physician Assistants (SAAAPA).

STUDENT MEETINGS WITH PROGRAM LEADERSHIP

Routinely, the program leadership will meet with each class as a whole and the class representative to discuss any outstanding issues and to answer any questions. Students may request a class meeting at any time via the class representative. For issues affecting individual students, however, students are encouraged to make individual appointments with program leadership at any time.

MISCELLANEOUS POLICIES

EMPLOYMENT DURING THE PROGRAM

ARC-PA 6th Edition Standards: A3.14i

Due to the rigors and demands of PA education, students are strongly encouraged to refrain from any outside work activities for the duration of the program. Any questions should be directed to the program director.

STUDENT ASSISTANCE IN CLASSROOM/LAB

ARC-PA 6th Edition Standards: A3.02, A3.03a&b

AHU PA students are not required to work for the program, and do not substitute for instructional faculty, clinical staff, or administrative staff.

PA students are not required to serve as classroom/lab assistants. Participation in this activity is strictly voluntary. Students possessing expertise in a particular skill may volunteer to assist in the classroom/lab setting, providing supplemental support to the primary instructor. The scope of a student assistant's role is limited and does not include responsibilities that are essential to instruction.

Student assistants may not participate in any form of assessment or grading of other students. Primary instruction, including all assessment and grading activities, remains the sole responsibility of the faculty.

Prior to serving as a classroom/lab assistant, the faculty will assess the student's abilities to determine the appropriate scope of their assistance. This assessment will ensure that the student possesses the necessary skills and knowledge to contribute effectively without compromising the integrity of the educational experience.

Should a student's academic performance be negatively impacted by their participation as a classroom/lab assistant, their involvement in this activity will be immediately discontinued. Faculty will monitor student assistants for any signs of academic difficulty resulting from their assistance role.

EXAMINATION PROCTORING

IN PERSON EXAMINATIONS

1. Students will store away all papers, preparation materials and person effects (including, but not limited to notes, textbooks, electronic devices, calculators, phones, smart watches, bookbags, purses, food, and drinks except for clear water bottles) upon entering the testing location. Personal items are to be stored at the front of the classroom or against the sidewall. Students are not allowed to store items at the back of the classroom. All stored electronic devices must be powered down.
2. Students will verify their pockets are empty by turning them out, and there is nothing written on their arms/hands by rolling up their sleeves.
3. Students are not allowed to use cardboard or other dividers which may block a clear visual for active proctoring.
4. Students are allowed one (1) pencil/pen and will be provided one (1) piece of scrap paper or the Honesty and Integrity Form while testing which must be signed and submitted to the proctor after completing the examination and leaving the testing facility.
5. Talking is not permitted during the testing process.
6. No assistance may be provided to students regarding any examination content. If students have an issue they would like reported to the instructor, they can give this to the proctor in writing or report to the instructor and/or the academic director immediately after the examination.
7. During a proctored examination, students are to notify the examination proctor if they are experiencing a technical or personal issue by raising their hand. The proctor will work with the student to identify and resolve the issue and notify the course instructor, academic director and/or clinical director depending on the situation. During a non-proctored examination, students are to notify the examination administrator, the course instructor, and/or the academic director to identify and resolve the issue.
8. Students are to raise their hand if they need a restroom break. Note: Exam Soft and PAEA cannot be paused for breaks, students will lose that time for their examination.
9. When testing on a computer, all other computer programs, applications, and web browsers must be closed before and during the examination. The exception is the use of UpToDate, Epocrates, or any other resource the course instructor gives permission to use for information regarding pharmaceutical data, to be determined by the course director.
10. Proctor(s) will be physically present when testing on campus, will be able to see all students, and will be seen by all students who have been authorized to test. Proctors will circulate around the room throughout administration.

REMOTE EXAMINATIONS

1. Students must have a functioning home computer and strong internet connection.
2. Students must have a phone/tablet/other device with camera (video) and audio input/output that can be set up next to the testing computer to allow the proctor to view the screen and keyboard at all times and hear the student and their surroundings.
3. Before the examination, the student must run a system check to test their system's compatibility with Exam Soft and/or PAEA Secure Browser.
4. The remote examination facility must be free from noise or distractions.
5. The remote examination facility must be clear of all preparation materials including, but not limited to notes, textbooks, other electronic devices (excluding those being used to test and monitor), calculators, phones, smart watches, pictures, and any additional items in question by the proctor(s).
6. Students must show the front of the room, back of the room, and sides of the room to the proctor to ensure all areas are clear and ready to start the examination remotely.
7. Students must show hands and arms to the proctor to ensure they are clear of writing.
8. Students must place their video/audio device in a location where the proctor(s) can clearly view the student, their computer screen/monitor, and the entrance/exit of the remote testing facility.

9. Students are allowed one (1) pencil/pen and may use one (1) 8 ½” x 11” piece of scrap paper (with student’s name) while testing.
10. Students will digitally sign and submit the program Honesty and Integrity Form. If on ExamMaster, acknowledgement of this form must happen before the examination can be accessed.
11. Talking is not permitted during the testing process.
12. Ear buds or noise canceling devices will not be used during remote proctoring so the proctor can be heard if there are issues during the examination.
13. Students cannot ask for assistance regarding any examination content. If students have an issue they would like to report to the instructor, they can share this issue with the proctor in writing or report to the instructor after the examination.
14. Students must speak if they are experiencing a technical or personal issue.
15. Students must speak if they need a restroom break. Note: Exam Soft cannot be paused for breaks, students will lose that time for their examination.
16. If testing on a computer all other computer programs, applications, and web browsers must be closed before and during the examination. The exception is the use of UpToDate and Epocrates for information regarding pharmaceutical data, to be determined by the course director.
17. After the examination is complete, students must scan their scrap paper (front and back) as a PDF file and email it to the proctor (with receipt confirmation) before exiting the video call.

EXAMINATION SECURITY

It is the intent of the program to adopt computer-based examinations as frequently as possible in all courses. These examinations will require the student to bring their own laptop for the testing period. A secure web browser will be employed by the University for delivery of these examinations. Students will not be allowed to bring cell phones, books, backpacks, or any other personal items into the testing area. Secured storage will be supplied. This type of security model is like the testing environment that students will experience when sitting for the [National Commission on the Certification of Physician Assistants \(NCCPA\)](#) Physician Assistant National Certifying Examination (PANCE). By employing a similar method of security, it is intended that students will be more familiar and comfortable with this process when they sit for the PANCE.

SHADOWING EXPERIENCES

The program will not be involved in setting up shadowing opportunities for students outside of the academic curriculum. If a student wants to set up an opportunity independently, he or she needs to make sure that it is clear that the experience is strictly an observational shadowing experience. The student needs to follow all the proper steps required of the shadowing facility. An approval from the preceptor is not enough. The student must verify approval with the office manager and/or regulatory services to make sure that there is not any additional paperwork that he or she needs to fill out. Once the shadowing experience is established, all parties need to understand that the student will follow the same rules as an AHU student. The student will not be covered under the malpractice/liability insurance coverage through AdventHealth University when participating in shadowing experiences outside of the academic curriculum.

STUDENT SERVICE-LEARNING POLICY

Students are required to complete 40 hours of service-learning during their 27 months in the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program and will be monitored by the AHU Office of Community Engagement.

The National Center for Service-Learning defines service-learning through three key characteristics:

1. Service-learning constitutes activity that is focused on meeting a human need in the community where that need has to do with the well-being of individuals and/or of the environment in which they live.
2. Key academic and/or civic objectives to be achieved through combining service with learning have been identified prior to the activity.
3. Opportunities for students to reflect on their experience and its connection to specific academic/civic objectives are incorporated into the activity.

The National Center for Service-Learning notes that service-learning helps students rediscover their initial, altruistic reasons for studying medicine. One of its important tenets is that service activities must address needs identified by the community. Please visit the National Service-Learning Clearinghouse website for other definitions and characteristics of service-learning: [National Service-Learning Clearinghouse](#).

AHU PA students must complete a minimum of 30 service-learning hours in direct patient care, receiving one service-learning hour per hour volunteered. Direct patient care experiences include those volunteer experiences in which a student is actively involved in medical care for patients seeking care at a non-profit or not-for-profit organization. These opportunities must be such that volunteers are provided sovereign immunity protection through the organization. These experiences must be approved by the program prior to volunteering. Students are eligible to receive up to 10 service-learning hours by volunteering for approved, non-clinical, service-learning opportunities; receiving half an hour of service-learning credit per hour volunteered. The program will allow non-clinical, service-learning for students who develop and provide evidence-based experiential learning sessions to their peers; receiving half an hour of service-learning credit per hour spent preparing for and conducting learning sessions. In this instance only, the eligible non-clinical, service-learning hours will be extended with a cap to 20 hours. All evidence-based experiential learning materials must be approved by the academic director before they can be utilized.

Once students have completed their service-learning hours, they should get all appropriate signatures on the Time Log form, submit the completed form to [Kendra Presley-VanHouten@ahu.edu](mailto:Kendra.Presley-VanHouten@ahu.edu) and use the “Service-Learning Hour Recording Procedures” (see the Service Learning Recording Procedures Form (located in the Canvas Class Course Shell) to enter their service hours into MARS (Sonis) within 2 weeks of the occurrence.

Once all service-learning requirements are complete, students must submit their time log ([Didactic-Appendix I](#)) and reflective journaling for final approval to their advisor. Completion of service-learning hours is a required for graduation from the program and must be submitted prior to the white coat ceremony.

SERVICE-LEARNING REFLECTION JOURNALING

Students are required to write a journal after each service-learning experience to reflect on both the positive and negative aspects of their encounters. Each journal entry must be written in a Word document, with a minimum requirement of 300 words. Service-learning journaling is to be submitted to the advisor along with the signed service-learning log upon completion.

Examples of journaling topics may include the following: How did this experience influence the type of provider the student aspires to be? What lessons did the experience teach about themselves? Did the experience help guide the student toward a specific specialty in medicine?

SERVICE-LEARNING ENROLLMENT PROCESS

The following Service-Learning Plan outlines the process for connecting and reporting student service-learning to the Office of Community Engagement:

Preliminary: If students are in need of assistance identifying a service project, they need to email Kendra Presley-Van Houten, Director of Community Engagement, at Kendra.Presley-VanHouten@ahu.edu.

In alignment with program policy and syllabus: Once students have completed their service-learning hours, they should get all appropriate signatures on the Time Log form. Students should follow the “Service-Learning Hour Recording Procedures” found in the class Canvas shell. Final time logs and journal entries must be submitted to the student faculty advisor for final signature prior to graduation.



CLINICAL PHASE

During the second phase of the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program, students complete eight (8) clinical rotations, three (3) clinical seminar courses and one (1) religion course. The clinical experiences are composed of seven core rotations and one elective rotation. Students must successfully complete the end of rotation examination at the conclusion of all required rotations as well as other clinical evaluations throughout the year. Clinical phase students will return to campus throughout the clinical phase to participate in call back days and evaluation exercises. Students will complete 39 course credits during the clinical phase.

CLINICAL ROTATION POLICIES

PRECEPTOR ASSIGNMENTS

In addition to assignments required by the program, some rotation sites may have specific assignments that they require of students rotating with them. Such assignments may include, but are not limited to the following: papers, examinations, presentations, or attendance at lectures. Students should regard these assignments as requirements for successful completion of the rotation.

CHARTING

ARC-PA 6th Edition Standards: B2.14a&b

Some rotations may allow a student to record information in the medical record. It should be remembered that such entries into the chart serve as a permanent part of the patient's legal medical record. Any time a student makes an entry into the chart; it will be signed by the student. The student will indicate that they are a physician assistant student by writing "PA-S" following his or her signature. Students must ensure that their chart entries are countersigned by their preceptor as soon as possible or as required by facility policy.

Learning to document properly is an essential medical skill. On rotations where students are not permitted to record information in the chart, they are encouraged to practice documentation separately and have it reviewed by their preceptor or faculty advisor.

CONFIDENTIALITY

ARC-PA 6th Edition Standards: B2.18

All patient information must be held in strict confidence. The sharing of medical information is to be limited to that needed for patient care or legitimate medical education purposes. An intentional breach of patient confidentiality will be regarded as a serious offense. In addition to possible penalties enforced by the HIPAA law, violation of this policy can result in a written warning, up to and including dismissal from the program.

IDENTIFICATION

ARC-PA 6th Edition Standards: A3.04

In addition to always displaying an appropriate identification badge, students shall state truthfully and accurately their professional status in all transactions with patients, health professionals, and other individuals for whom, or to whom, they are responsible. While in the program, students may not use previously earned titles (i.e., RN, MD, DC, Ph.D.). Students will sign all documentation with their full name followed by "PA-S."

INTERVIEWS

As graduation approaches, it is expected that students will need time to interview for employment. Requests must first be approved by the clinical director or clinical manager using the Excused Absence Request Form

([Clinical-Appendix AS](#)). Students are not permitted to use any of their excused absences or interviews on examination days or program call back days. These approved absences will be deducted from the student's 5 excused absences allotted for the clinical phase.

PATIENT SAFETY

ARC-PA 6th Edition Standards: B2.16a

A student's primary concern should be the health and safety of the patient. Students are expected to exercise good judgment and immediately notify their preceptor of any circumstances which may lead to patient harm. The student shall have ongoing consultation with the supervising physician as required to safeguard and enhance the care of the patient and to ensure the development of clinical skills. Students will perform only procedures authorized by the preceptor, and all procedures should be performed under the supervision of a preceptor until the student and preceptor are comfortable and in agreement that the student is competent.

CLINICAL ROTATIONS

ARC-PA 6th Edition Standards: B2.08a, B3.02a-c, B3.03a-c, B3.04a-d, B3.05a-f, B2.08a

Students in the program must complete clinical rotations in seven core specialties and meet the program-defined learning outcomes in Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, General Surgery, Women's Health, and Behavioral Health/Psychiatry. These rotations expose students to diverse clinical settings such as outpatient, inpatient, emergency medicine, and operating rooms. This varied experience allows students to encounter a wide range of illnesses and injuries across all age groups, contributing to a comprehensive understanding of patient care.

Supervised clinical practice experiences are a cornerstone of the program, enabling students to meet program learning outcomes for preventative, acute, and chronic patient encounters. Through direct patient interaction and under the supervision of experienced preceptors, students develop the skills and knowledge necessary to address a wide range of healthcare needs. These experiences also foster the development of interpersonal skills, professional behaviors and clinical reasoning skills.

All clinical rotations must occur within a 200-mile radius of AdventHealth University and within the state of Florida. This geographic restriction ensures appropriate oversight by program faculty and facilitates effective communication between students, preceptors, and the university. Maintaining close proximity supports a strong learning environment and enables timely intervention when necessary.

Students have the opportunity to complete one elective rotation in a medical specialty of their choosing. This elective allows students to further specialize their training and pursue areas of particular interest. Repeating a core rotation for a more extended learning experience is also an option for the elective.

If a student identifies a potential preceptor or clinical site not currently affiliated with the program, they should inform the clinical director and/or clinical manager. This notification initiates the affiliation process, which ensures the site meets program standards and facilitates a smooth onboarding experience for the student.

ROTATION SCHEDULE

ARC-PA 6th Edition Standards: A3.14a

While on rotation, physician assistant students function as part of a healthcare team. As such, it is frequently necessary to put the needs of the team ahead of personal interest. Each student's schedule will vary widely among specialties and clinical sites. On some rotations students may be required to take overnight calls or cover weekend or overnight shifts. Sites will appreciate flexibility on the student's behalf, and some of the best learning opportunities occur "after hours."

Attendance at clinical sites is mandatory as an essential academic standard for maintaining enrollment and progressing through the clinical curriculum. Students are required to attain a minimum of 190 hours, not to exceed 360 hours, during each six-week core clinical rotation. Students are required to attain a minimum of 160 hours, not to exceed 300 hours during the five-week elective rotation. These requirements were established to ensure students have adequate exposure to a variety of patients and medical conditions. The clinical preceptor, practice manager, or student coordinator will assign the student's specific time schedule. Students are expected to attend all conferences, case presentations, grand rounds, journal clubs, workshops, and other training opportunities that are made available to them at the clinical site. Students are expected to complete the Clinical Rotation Student Schedule (provided by the program) and submit the preceptor signed schedule into Canvas within 48 business hours of the start of each new rotation. Every date within the rotation must be completed with either shift hours or a reason code explaining why the student is not scheduled. Incomplete schedules will not be accepted.

- OFF PSA (Preceptor Scheduled Absence), this code is used when a preceptor is working but unable to support student learning and schedules the student off. All preceptor scheduled absences must include explanation.
- OFF UAA (University Approved Absence), this code is used by the program for university call back days and/or student excused absences. The program will preload the OFF UAA code onto student's schedule, students are not permitted to write this code on their schedule without written authorization from the program.
- OFF PO (Preceptor Off), this code is used when the preceptor is off, but the office/clinic/hospital is still open.
- OFF OC (Office Closed), this code is used when the office/clinic/hospital is closed.
- OFF SD (Study Day), this code is used during week 6 as an optional study day, if the student has met the hourly requirements of the clinical rotation.

The program must always know about a student's attendance while on clinical rotations, information on documenting and reporting schedule changes can be found in the policy manual, (Typhon PAST) time logs section. Absenteeism without program knowledge is a liability issue and [breach in professionalism](#). Failure to meet these expectations will result in a reduction in the documentation grade ([Clinical-Appendix AM](#)) for the rotation. Fabrication, forgery, and/or misleading information is a violation of the [AHU academic misconduct policy](#). Failure to comply with this policy will be deemed a breach in professionalism subject to the [Program Academic Misconduct Policy](#).

STUDENT SCOPE OF PRACTICE

ARC-PA 6th Edition Standards: A3.05b

The student is not considered an employee of any clinical affiliate and should not be a substitute for, or take on any responsibilities of, regular staff. If a student has a concern about the responsibilities assigned by the clinical site, the clinical director should be contacted immediately.

The following are some guidelines regarding what a PA student may be permitted to do by the preceptor. Please note that these are guidelines only. The judgment of the preceptor regarding how much responsibility a student is ready to assume should be the guideline for determining which tasks are assigned and how much supervision is needed. ***Please note that EVERY patient MUST be seen by the preceptor, without exception!**

Students come to our program with a variety of life experiences, which may affect their comfort level with certain tasks. All students should exhibit a baseline of medical knowledge and clinical skills. Typical tasks assigned to PA students include:

1. Taking histories and performing physical examinations.
2. Assessing common medical problems and recommending appropriate management.
3. Performing and assisting in diagnostic and therapeutic procedures.
4. Assisting the preceptor in hospital/nursing home rounds, recording progress notes, transcribing specific orders of the preceptor – **as allowed by the facility.**
5. Following protocols or standing orders of the preceptor.
6. Presenting patient cases orally and in a written problem-oriented format.
7. Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation.
8. Completing assigned readings and preparing presentations as requested by clinical preceptors and/or program faculty.
9. Attending all teaching rounds and conferences.
10. Following the assigned on-call schedule.

Students will deliver needed care to patients without regard to race, age, gender, creed, socioeconomic status, political persuasion, sexual preference, or national origin.

SITE SPECIFIC POLICIES

Most rotation sites will have their own policies and procedures that cannot be described comprehensively herein. Such policies may relate but are not limited to the following: clinical site orientation sessions, parking, and site-specific orientation. If questions regarding these policies arise, please consult with the assigned clinical preceptor or clinical director.

TRAVEL TO CLINICAL SITES

ARC-PA 6th Edition Standards: A3.14j

Students are responsible for arranging travel to all clinical sites and any associated fees (i.e., parking, toll roads). Some sites may be reached by public transportation, but most students will require a car for reliable transportation.

CLINICAL SITE VISITS

ARC-PA 6th Edition Standards: B3.02a-c, B4.01a&b

Clinical site visits are an essential component of AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program. Clinical sites must be assessed regularly to ensure they are

student-ready and equipped to provide a high-quality teaching environment. Each new clinical site is evaluated by the clinical director, with subsequent re-assessment and evaluation by faculty members to assess suitability, provide feedback, and review any changes or updates. This ongoing evaluation process helps maintain the quality and relevance of our clinical training sites.

Clinical site visits, whether virtually or in person, also serve as a valuable opportunity for faculty members to monitor the progress of individual students and observe their interactions with patients and preceptors. By conducting both scheduled and spontaneous visits, faculty can ensure that students receive the necessary support and guidance in their clinical training and identify areas where additional support may be required.

During a site visit, a faculty member will meet with each student and discuss the overall rotation. In an effort to improve oral case presentation skills, students will usually be asked to present a patient(s) during a site visit ([Clinical-Appendix A](#)). Students should be prepared to present a patient in any, and potentially, all 3 formats:

1. **Comprehensive:** Complete HPI, PMH, FH, SocHx, ROS, PE, laboratory studies, assessment, including differential diagnosis, and plan, not to exceed 7 minutes speaking at an understandable pace.
2. **Detailed:** Relevant features of all elements of presentation, but able to use terms such as "non-contributory," "unremarkable" for categories. It is acceptable to state that laboratory studies are normal, and PE is normal except for [specified condition]. The intention is to highlight pertinent positives and negatives, but not specifically to mention irrelevant information. The presentation should not exceed 3 minutes.
3. **Brief:** HPI and PMH should be limited to one sentence; physical examination and laboratory studies should be limited to one sentence; and differential diagnosis, assessment, and plan should be limited to one sentence. The presentation should not exceed 30 seconds, and it should not total more than 6 sentences.

The purpose of this exercise is to provide a student with individual feedback in a safe, protected environment that will improve communication skills.

During the site visit, the faculty member may ask to observe the student interacting with a patient including obtaining a medical history, performing an appropriate physical examination, collecting pertinent data specific to the case, and presenting the case to the clinical preceptor. The faculty member may also ask to inspect any documentation recorded by the student.

Site visits for all rotations may be arranged randomly at the discretion of the program. Site visits may occur during any rotation, may be unannounced, and by any AHU PA faculty during the clinical phase. Site visits may be in the form of face-to-face, virtual, by phone or other electronic means. If a student is missing for their scheduled shift when a site visit occurs, the student may be subject to disciplinary action up to and including dismissal from the program.

Clinical Site Visit – Initial Site Evaluation ([Clinical-Appendix B](#))

Clinical Site Visit – Site Evaluation ([Clinical-Appendix C](#))

Clinical Site Visit – Student Evaluation ([Clinical-Appendix D](#))

ACADEMIC REQUIREMENTS FOR CLINICAL COURSES

ARC-PA 6th Edition Standards: A2.05d

DOCUMENTATION DURING THE CLINICAL PHASE

In the clinical practice setting, appropriate and timely documentation is essential and is expected from all students in the program. This includes:

- The prompt submission of attendance information and schedules.
- Accurate documentation of patient encounters.
- Timely submission of all assignments during each clinical rotation.

The quality and timeliness of documentation will be assessed using the Documentation Grading Rubric ([Clinical-Appendix AM](#)) in all clinical rotation courses. Documentation will account for 10% of the overall grade in each clinical rotation course.

It is crucial for students to meet the expectations outlined in the Documentation Grading Rubric. Failure to meet the expectations outlined in the Documentation Grade Rubric will be deemed a breach in professionalism subject to the [Program Academic Misconduct Policy](#)

TYPHON PHYSICIAN ASSISTANT STUDENT TRACKING (PAST)

The program uses an internet-based system to assist with collecting documentation. The system is called Typhon Physician Assistant Student Tracking (PAST). Orientation regarding the operation of this system will be provided to students prior to beginning clinical rotations. Students may use the internet version and/or the hand-held version of Typhon. Additional services available on Typhon such as building a portfolio or web page may be purchased separately by the student. In the event of personal equipment failure or PAST (Typhon) application downtime, students will be expected to continue manually tracking their patient encounters utilizing Typhon's Blank Case Log Worksheet ([Clinical-Appendix AR](#)); but must also inform the program clinical manager immediately of the inability to log electronically. At the end of the equipment failure period or PAST (Typhon) application downtime, students will be expected to enter all patient case data and time logs into the electronic database for accurate and complete patient encounter recording.

After students have successfully completed all clinical rotations, students will need to export all their patient data into a cumulative profile. This data can and should be used to assist the student in obtaining a professional position with future employers. If there are issues accessing and downloading data, students should contact the program clinical manager to ask for assistance.

CLINICAL ROTATION PATIENT ENCOUNTER CASE LOGS

Clinical patient encounter logs are designed to help the program track patient experiences through each clinical rotation. Filling out logs thoroughly and accurately will help to ensure students are receiving a quality clinical education and meeting the program's defined benchmarks, outcomes, and competencies during the clinical phase of education. Students are expected to use the computerized tracking system, Typhon PAST, to enter daily patient case logs for every patient encounter and procedure observed, assisted, or performed. All patient case data must be entered into Typhon within 3-days of completing each shift. All clinical patient cases must be completed in entirety in Typhon (no missing or incomplete logs). Students are expected to run a mid-rotation patient case report and review the data to self-identify content missed or mis-identified. The mid-rotation patient case assignment will be exported as a PDF from Typhon and submitted into Canvas by 8:00am on the fourth Monday of each rotation. At the end of each rotation students will run an end of rotation patient case report. The end of rotation patient case assignment will be exported as a PDF from Typhon and uploaded

into Canvas by 8:00am on the sixth Thursday for each core rotation and the fifth Thursday for the elective rotation. Students need to be held accountable for completing their Typhon patient case logs in a timely fashion and can be likened to completing patient charts in a timely fashion. All patient case logs will be reviewed, failure to log all patient encounters and procedures observed, assisted, or performed throughout the duration of the rotation and/or not submitted on time will result in a reduction in the documentation grade ([Clinical-Appendix AM](#)) for the rotation, which may lead to a non-passing grade for the rotation. Fabrication, forgery, and/or misleading information is a violation of the [AHU academic misconduct policy](#). Failure to comply with this policy will be deemed a breach in professionalism subject to the [Program Academic Misconduct Policy](#).

CLINICAL ROTATION PATIENT ENCOUNTER BENCHMARKS

ARC-PA 6th Edition Standards: B3.03a-c, B3.04a-d

To ensure that all AHU physician assistant students have met the established clinical curriculum competencies and outcomes, the program has established patient encounter benchmarks to be completed over the course of the clinical year. Students may complete the required patient encounters and technical skills through experience in the various rotation disciplines across the clinical year. (e.g., a pediatric encounter may also occur in emergency medicine or family medicine rotations). Students must complete a minimum of one of these required technical skills on the designated clinical rotation for assessment in the course. In the event that the required skill is not performed or assessed during the rotation, the student must promptly contact the clinical director before the course concludes to arrange for an alternative assessment of the skill. All patient encounters, regardless of the benchmarks, must be completed and recorded in the PAST Typhon clinical tracking system.

Clinical Year Minimum Patient Encounter Experience Benchmarks:

- 35 infants (0-12 months)/student/year.
- 80 children (1-10 years)/student/year.
- 35 adolescents (11-17 years)/student/year.
- 400 adults (18-64 years)/student/year.
- 130 older adults/elderly (>65 years)/student/year.
- 18 prenatal encounters/student/year.
- 40 gyn encounters/student/year.
- 25 pre-op encounters/student/year.
- 25 intra-op encounters/student/year.
- 30 post-op encounters/student/year.
- 40 psychiatric/behavioral health encounters/student/year.
- 60 preventive encounters/student/year.
- 50 emergent encounters/student/year.
- 400 acute encounters/student/year.
- 100 chronic encounters/student/year.

Minimal Technical Benchmarks		
<u>Technical Skill/Procedure</u>	<u>Benchmarks</u>	<u>Clinical Rotation</u>
	<i>Note: To be completed over the course of the clinical year</i>	<i>Note: These skills may be demonstrated on any rotation; however, students must complete a minimum of one of these required technical skills on the designated clinical rotation for assessment in the course.</i>
Assist with/perform surgical wound management	3	MPAS 660: General Surgery
Assist in surgery	10	MPAS 660: General Surgery
Perform bladder catheter insertion	1	MPAS 660: General Surgery
Perform appropriate surgical suturing technique	1	MPAS 660: General Surgery
Perform female pelvic examination to include speculum and bimanual examination	3	MPAS 610: Women's Health
Assess intrauterine growth/development (assist/perform)	2	MPAS 610: Women's Health
Assist with live birth	2	MPAS 610: Women's Health
Perform casting/splinting	1	MPAS 640: Emergency Medicine
Perform laceration repair	3	MPAS 640: Emergency Medicine
Perform incision and drainage of abscess	1	MPAS 640: Emergency Medicine
Perform a 12-Lead EKG	2	MPAS 630: Internal Medicine
Perform IM injection	2	MPAS 620: Pediatrics
Perform pediatric developmental screening	1	MPAS 620: Pediatrics
Perform nasopharyngeal specimen collection	3	MPAS 600: Family Medicine
Perform breast examination	1	MPAS 600: Family Medicine

The program also utilizes several rotation specific assessment/evaluation benchmarks (see methods of student assessment in the list below) that must be met by students to be deemed competent in the care of patients. Successful completion of these assessment benchmarks for each of the seven (7) core clinical rotations and one (1) elective clinical rotation is also required for graduation from the program.

Methods of Student Assessment/Evaluation on Rotation include but are not limited to any of the following:

1. PAEA End of Rotation™ examinations
2. Preceptor evaluations
3. Simulated Patient Encounters
4. Student Self-Evaluations
5. Objective Structured Clinical Evaluations (OSCE)
6. Clinical Skills Practicums
7. Supplemental Learning Assignments
8. Professionalism
9. Oral presentations
10. Clinical logging
11. Note Submission
12. Time and Case logs
13. Site Visits
14. Patient encounters
15. Clinical Assignments

CLINICAL ROTATION TIME LOGS

Clinical time logs are designed to help the program track shift hours through each clinical rotation. Filling out logs accurately will help to ensure students are receiving a quality clinical education and meeting the program's defined benchmarks. Students are expected to use the computerized tracking system, Typhon PAST, to enter daily shift hours. Shift hours must only reflect time spent at the clinical site within the assigned clinical facility.

Typhon time entries are to be used similar to a time clock, entering start time upon the start of each shift and end time at the completion of each shift. Shift hours may not be logged in Typhon before the shift begins (clock in time) or before the shift ends (clock out time). It is mandatory to record clock in time and clock out daily and track the total rotation hours at the end of each week. Students are responsible for notifying the clinical director and/or clinical manager if their anticipated hours decrease and fall below the 190-hour benchmark requirement or if the anticipated hours increase and exceed the 360-hour maximum requirement.

It is required for students to include a note in their Typhon time log if they're arrival or departure time alters by >30 minutes from their scheduled time, this note must include explanation for the change. If the shift is cancelled or an emergent situation occurs, students must send written notification to the clinical director and clinical manager before the shift begins or as soon as the situation allows. All emergent issues in which a student will be tardy, absent, or leave the shift early must be communicated to the clinical director or clinical manager by text or phone call at the earliest opportunity with follow up email and documented in the Typhon time log note. If the student is late/tardy for their assigned shift, it is the student's responsibility to mark late on the time log with explanation for the late/tardy in the Typhon time log note. If a new shift is added to the student's schedule, students must send written notification to the clinical director and clinical manager before the shift begins.

All clinical shift hours must be completed in Typhon, exported from Typhon, and uploaded into Canvas by 8:00am on the sixth Thursday for each core rotation and the fifth Thursday for the elective rotation. All time logs will be reviewed and if the time log is not completed correctly and/or not submitted on time, the student will receive a reduction in their documentation grade for the rotation. Failure to meet these expectations will

result in a reduction in the documentation grade ([Clinical-Appendix AM](#)) for the rotation, which may lead to a non-passing grade for the rotation. Fabrication, forgery, and/or misleading information is a violation of the [AHU academic misconduct policy](#). Failure to comply with this policy will be deemed a breach in professionalism subject to the [Program Academic Misconduct Policy](#).

CLINICAL ROTATION ASSIGNMENTS

Clinical rotation assignments during the clinical phase are an essential component of each clinical rotation. These experiences provide students with the opportunity to apply theoretical knowledge in a real-world setting to reinforce learning and prepare for successful careers. Through written assignments, quizzes, oral case presentations, and simulated encounters, students are able to demonstrate their understanding of various medical concepts and develop their critical thinking and problem -solving skills. The rotation assignment grade represents 10% of the final grade for each clinical rotation.

Written Assignments

Written assignments based on actual patient contact/patient care will be required on each clinical rotation. Please refer to the program clinical phase syllabi for required written assignments, as these vary by rotation. These written assignments may include a comprehensive history and physical, focused history and physicals, admission notes with HPI, procedure/operative notes, progress notes, and/or delivery notes from clinical experience. All assignments must be de-identified, i.e., no site names, physician names, or patient identifiers shall appear in these written assignments. Grading is based on the medical accuracy and appropriateness of the information. In addition, students must comply with the format provided by the program. It is preferred that all information should be obtained from the patient whenever possible; information may be obtained from the patient, a patient's relative, the medical chart, and/or other providers. The written assignment must be the student's own handwritten work and not a replica of another provider's note. Failure to include relevant medical data and/or follow format will result in a grade reduction for each error, grade reductions may lead to a non-passing grade. Written assignments must be submitted as a single PDF document and uploaded to Canvas by 8:00am on the fourth Friday of each clinical rotation. Failure to meet these expectations will result in a reduction in the documentation grade ([Clinical-Appendix AM](#)) for the rotation, which may lead to a non-passing grade for the rotation. Fabrication, forgery, and/or misleading information is a violation of the [AHU academic misconduct policy](#). Failure to comply with this policy will be deemed a breach in professionalism subject to the [Program Academic Misconduct Policy](#).

Admission History & Physical Examination Grading Rubric ([Clinical-Appendix E](#))

Behavioral Health History & Physical Examination Grading Rubric ([Clinical-Appendix F](#))

Comprehensive History & Physical Examination Grading Rubric ([Clinical-Appendix G](#))

Focused History & Physical Examination Grading Rubric ([Clinical-Appendix H](#))

Delivery Note Grading Rubric ([Clinical-Appendix I](#))

Procedure / Operative Note Grading Rubric ([Clinical-Appendix J](#))

Progress Note Grading Rubric ([Clinical-Appendix K](#))

Pediatric Comprehensive History & Physical Examination Grading Rubric ([Clinical-Appendix L](#))

Pediatric Focused History & Physical Examination Grading Rubric ([Clinical-Appendix M](#))

Quizzes/Oral Case Presentation/Simulated Encounters

During faculty clinical site visits and student call back days, students may be asked to perform short quizzes, give oral presentations on patients recently seen, or perform focused simulated encounters.

Aquifer Virtual Online Learning Cases

Aquifer is a case-based multimedia learning tool that allows students to assume the role of a virtual student working with a preceptor. In each case, students will move through the stages of a patient's presentation, eliciting a chief complaint, taking histories, performing physical examinations, composing assessments, formulating differential diagnoses, and ordering diagnostic tests and management for the patient. For each core rotation, students will be assigned cases designated to meet the objectives and outcomes for the course. These cases are to be completed as directed by 8:00am on the fourth Friday of the clinical rotation. Late assignments will result in a reduction in student documentation grade (Clinical-Appendix AM) for the rotation, which may lead to a non-passing grade for the rotation.

Blueprint Prep® Rotation Examinations

The Blueprint Prep Rotation Exam V2 will be used during each core rotation block to ensure students are adequately studying and preparing for the Physician Assistant Education Association End of Rotation™ Examination (PAEA EOR Examination). The purpose of the Blueprint Prep Rotation Exam V2 serves as a diagnostic tool intended to evaluate student readiness. The examination is solely for formative feedback and will not affect student course grades.

This examination will be administered in a proctored environment at AdventHealth University on the designated midpoint call back day for each clinical rotation. Students are expected to take the examination seriously as it provides critical insight into their preparedness for the PAEA End of Rotation Examination.

Students are required to submit their Blueprint Prep Rotation Exam V2 results to Canvas no later than the following Monday at 8am. Failure to meet these expectations will result in a reduction in student documentation grade ([Clinical-Appendix AM](#)) for the rotation, which may lead to a non-passing grade for the rotation.

MID-ROTATION STUDENT SELF-EVALUATION

The mid-rotation evaluation is a student-generated self-evaluation providing an opportunity to reflect on their progress and identify areas for improvement. The evaluation serves as a valuable tool for students to communicate their strengths and weaknesses with their preceptor, as well as seek feedback on their performance, and collaborate with their team to create a plan for continued growth and success. Students are expected to upload the preceptor signed mid-rotation student self-evaluation in Canvas by 8:00am on the fourth Monday of each rotation. If a student scores themselves below “approaching expectations,” the clinical director will contact the student and discuss the issue(s) in depth to come up with an effective plan for resolution to the issue(s). Failure to meet the mid-rotation student self-evaluation submission expectations will result in a reduction in the documentation grade ([Clinical-Appendix AM](#)) for the rotation, which may lead to a non-passing grade for the rotation. Fabrication, forgery, and/or misleading information is a violation of the [AHU academic misconduct policy](#). Failure to comply with this policy will be deemed a breach in professionalism subject to the [Program Academic Misconduct Policy](#).

Mid-Rotation Student Self Evaluation ([Clinical-Appendix N](#))

END OF ROTATION STUDENT EVALUATION OF CLINICAL ROTATION

ARC-PA 6th Edition Standards: B3.02a-c

The end of rotation student evaluation of clinical rotation is designed to provide the program with student feedback regarding each preceptor and clinical site. This feedback is used to evaluate and improve the site and in turn, future clinical experiences. Any evaluation with a <3 on the 1-5 Likert scale will require a meeting with the clinical director for further clarification and understanding to determine if intervention is warranted. This process is important for continued quality control and feedback. Students are expected to fill out the student evaluation of clinical rotation online, prior to taking the EOR examination. The online evaluation will open one week before the student takes the EOR examination and will close at 8:00am, on the final Thursday of the clinical rotation. Each evaluation will provide feedback on the learning objectives for behavioral health, emergency medicine, family medicine, general surgery, internal medicine, pediatrics, women's health, and elective clinical rotations. Failure to meet the student evaluation submission expectations will result in a reduction in the documentation grade ([Clinical-Appendix AM](#)) for the rotation, which may lead to a non-passing grade for the rotation. Fabrication, forgery, and/or misleading information is a violation of the [AHU academic misconduct policy](#). Failure to comply with this policy will be deemed a breach in professionalism subject to the [Program Academic Misconduct Policy](#).

[Clinical-Appendix W Behavioral Health](#), [Clinical-Appendix X Emergency Medicine](#), [Clinical-Appendix Y Family Medicine](#), [Clinical-Appendix Z General Surgery](#), [Clinical-Appendix AA Internal Medicine](#), [Clinical-Appendix AB Pediatrics](#), [Clinical-Appendix AC Women's Health](#), [Clinical-Appendix AD Elective](#)

END OF ROTATION PRECEPTOR EVALUATION OF STUDENT

ARC-PA 6th Edition Standards: A2.05d, B3.05a-f, B3.06

Students will be evaluated by each clinical preceptor based on their general medical background, knowledge, ability to obtain a medical history/perform an appropriate physical examination and their professional behavior. Each evaluation will provide feedback on the learning outcomes for behavioral health, emergency medicine, family medicine, general surgery, internal medicine, pediatrics, women's health, and the elective clinical rotation.

At the conclusion of each clinical rotation, all preceptor evaluations are reviewed by the Clinical Director. Any individual evaluation item in which a student receives a score of less than 3 on a 5-point Likert scale, or is marked as "Not Observed (NO)" or "Not Applicable (N/A)," will be flagged for further review.

Certain program-defined outcomes may be assessed using multiple evaluation methods and are not limited to the preceptor evaluation (e.g., assignments, case-based activities, or other graded components). If a specific outcome has been satisfactorily achieved and documented through an alternative approved assessment method, it may not be required for reassessment within the preceptor evaluation for that rotation, as determined by the Clinical Director. If a student fails a preceptor evaluation in a clinical rotation, the student will be required to repeat the rotation at a different clinical site. For more information on clinical remediation, visit the [Clinical Preceptor Evaluation Remediation Process](#) found in the MSPAS Program Policy Manual.

Students must pick-up the evaluation form along with an unsealed university envelope from the program clinical manager and setup an "exit interview" with their preceptor during the last week of their rotation to discuss their performance. Students are responsible for ensuring the evaluation is not only completed but sealed in the provided envelope with their preceptor's signature over the seal. This process ensures the integrity of the evaluation is kept intact. The evaluation must be given to the program clinical manager before

the student takes their end of rotation examination. In some instances, another attending physician may complete a preceptor evaluation form in addition to the clinical preceptor on record. In those cases, a maximum of two evaluations will be averaged to comprise this portion of the rotation grade. The following Likert scale is used on all end of rotation preceptor evaluations.

- **Exceeds expectations**, 5 on the Likert scale: Overall performance constantly better than expected.
- **Meets expectations**, 4 on the Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.
- **Approaching expectations**, 3 on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.
- **Below expectations**, 2 on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.
- **Unacceptable**, 1 on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

[Clinical-Appendix O Behavioral Health](#), [Clinical-Appendix P Emergency Medicine](#), [Clinical-Appendix Q Family Medicine](#), [Clinical-Appendix R General Surgery](#), [Clinical-Appendix S Internal Medicine](#), [Clinical-Appendix T Pediatrics](#), [Clinical-Appendix U Women’s Health](#), [Clinical-Appendix V Elective](#)

END OF ROTATION CLINICAL PERFORMANCE GRADE

ARC-PA 6th Edition Standards: A2.05d, B3.05a-f

The clinical manager will utilize the end of rotation preceptor evaluation of students to calculate the clinical performance grade. This document evaluates the students’ demonstration of the PA core competencies: Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning, and Systems-Based Learning. Each category of the evaluation is worth points based on a cumulative scoring system. The following table is used to calculate the student’s clinical performance grade.

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

The program will use the Clinical Performance Grading Rubric (Clinical-Appendix AE-AL) to calculate the students total clinical performance grade. This clinical performance grade is calculated by adding the students total number of adjusted score points divided by the the total number of adjusted score points possible multiplied by 100 to calculate the students percentage grade. The clinical performance grade represents 25% of the final grade for each core clinical rotation and 60% of the final grade for the elective clinical rotation.

The final clinical performance grade is assigned by the program. This grade is based on the student’s performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

[Clinical-Appendix AE Behavioral Health](#), [Clinical-Appendix AF Emergency Medicine](#), [Clinical-Appendix AG Family Medicine](#), [Clinical-Appendix AH General Surgery](#), [Clinical-Appendix AI Internal Medicine](#), [Clinical-Appendix AJ Pediatrics](#), [Clinical-Appendix AK Women’s Health](#), [Clinical-Appendix AL Elective](#)

END OF ROTATION EXAMINATION

ARC-PA 6th Edition Standards: B3.05a

The Physician Assistant Education Association End of Rotation™ Examination (PAEA EOR Examination) is given after each core rotation, typically on the last Thursday of each core rotation. PAEA End of Rotation™ Examinations assess the relevant medical knowledge gained during specific clinical practice experiences in the seven core clinical rotations. The examination content is reflective of the specific blueprints and topic lists identified for that clinical practice experience or rotation. Questions are typically presented in vignette format so that the examination can better assess the students’ capacity for problem solving and critical thinking.

The End of Rotation exam blueprints are two-dimensional, meaning that they are organized by task and content area. Each End of Rotation exam is built to blueprint and topic list specifications. Questions encompass a representative sample of content topics and may not reflect all content topics identified in the topic lists. Questions developed for End of Rotation exams reflect the needs of a broad diversity of patients that PAs will treat. PAEA EOR exam topic list can be found on the last pages of each course syllabi or on the PAEA website - <http://paeonline.org/assessment/end-of-rotation/content/>

Also, like the national certifying examination, the program reserves the right to re-administer an examination at a later date if technical difficulties occur on the scheduled examination date. All students must pass a PAEA EOR written examination pertaining to their clinical rotation. The student is not eligible to take the PAEA EOR examination until all rotation specific materials/assignments are complete and submitted to Canvas. Routinely, the EOR examination is typically scheduled on the last Thursday of each core rotation.

Grade	Family Med	Internal Med	Emergency Med	Surgery	Pediatrics	Psych	OBGYN
Failure	≤383	≤388	≤389	≤391	≤390	≤389	≤385
75%	384-410	389-413	390-413	392-410	391-416	390-412	386-407
80%	411-437	414-438	414-437	411-429	417-442	413-435	408-429
85%	438-451	439-451	438-449	430-439	443-455	436-447	430-440
90%	452-464	452-463	450-461	440-449	456-468	448-458	441-451
95%	465-478	464-476	462-473	450-459	469-481	459-470	452-462
100%	≥479	≥477	≥474	≥460	≥482	≥471	≥463

Clinical Year EOR Examination Scoring for Core Rotation Examinations

Student’s must pass the PAEA EOR Examination at the end of every core clinical rotation. If a student scores below a 75% on the examination, the student must undergo the remediation process see [Clinical Examination Retest and Remediation](#) found in the MSPAS Program Policy Manual. The PAEA EOR Examination grade represents 55% of the final grade for each core rotation.

END OF ROTATION SUPPLEMENTAL LEARNING

All students will perform a supplemental learning exercise following their PAEA EOR examination, as an adjunct to their learning and understanding, regardless of whether the examination was passed or failed. Students will complete a learning exam online using the standardized supplemental learning instrument Blueprint Prep. The learning exam will be created by the student in exam mode with unlimited time. The number of questions on the exam will depend on how the student scored on their Physician Assistant Education Association End of Rotation™ Examination (PAEA EOR Exam). (See the rubric for EOR score to number of required Blueprint Prep questions below). Students must earn $\geq 90\%$ on this exam assignment to pass this learning exercise. Students may retake the Blueprint Prep exam assignment as many times as necessary until they complete and earn $\geq 90\%$ to successfully pass. Supplemental learning must be completed and uploaded as directed into Canvas by 8:00 am on the Monday after the EOR exam (the first business day post-EOR examination). A passing score on a remediation exam does not require additional supplemental learning. Failure to meet these expectations will result in a reduction in the documentation grade ([Clinical-Appendix AM](#)) for the rotation, which may lead to a non-passing grade for the rotation. Students are not allowed to discuss their supplemental learning examinations at any time with other students. Copies of the work are not permitted, sharing, or copying information will place the student in direct violation of AHU's academic honesty policy. Fabrication, forgery, and/or misleading information is a violation of the AHU academic misconduct policy. Failure to comply with this policy will be deemed a breach in professionalism subject to the [Program Academic Misconduct Policy](#) program.

Rubric for EOR exam score to number of required Blueprint PA Review questions

- PAEA EOR Exam of less than 75% = 100 question Blueprint Prep Review exam specific to topics missed on the EOR examination.
- PAEA EOR Exam of 75% = 75 question Blueprint Prep exam specific to topics missed on the EOR examination.
- PAEA EOR Exam 80% = 60 question Blueprint Prep exam specific to topics missed on the EOR examination.
- PAEA EOR Exam 85% = 45 question Blueprint Prep exam specific to topics missed on the EOR examination.
- PAEA EOR Exam 90% = 35 question Blueprint Prep exam specific to topics missed on the EOR examination.
- PAEA EOR Exam 95% = 25 question Blueprint Prep exam specific to topics missed on the EOR examination.
- PAEA EOR Exam 100% = 15 question Blueprint Prep exam specific to topics missed on the EOR examination.

ROTATION GOALS AND OBJECTIVES

ARC-PA 6th Edition Standards: B3.05

GENERAL GOALS AND OBJECTIVES FOR ALL CLINICAL ROTATIONS

The goals within each clinical rotation are designed to help students achieve the knowledge, competency, and expertise cited below. This is a guide, however, and not an all-inclusive list. Each service should make available a full range of experiences that will provide the student with exposure to each discipline's special procedures, techniques, and problems. The following general goals and objectives are expected of all students while on clinical rotations.

MEDICAL HISTORY

1. Approach a patient in any clinical setting and establish appropriate rapport with the patient and the patient's family.

2. Determine the appropriate format of historical data collection, which may include a complete history, a directed outpatient history, or a directed inpatient follow-up history.
3. Determine the best (most appropriate) source of historical data when the patient is unable to provide information such as a patient's family member, the patient's medical record, or the nursing staff.
4. Elicit a complete medical history that should include:
 - a. Determination of the chief complaint.
 - b. Analysis of the primary symptomatology: onset and duration; precipitating and predisposing factors; characteristics of symptoms from onset to present including quality, location, radiation, and intensity or severity; temporal character; aggravating and relieving factors; and associated symptoms.
 - c. Review of the course since onset of primary symptom: incidence, progress, and effect of therapy.
 - d. Organization of a clear and concise history of present illness that carefully outlines the chief complaint in addition to the pertinent past medical history, family history, social/occupational history, allergies, and appropriate review of systems.
 - e. Organization of a complete past medical history that includes childhood medical history, adult medical history, history of previous surgery, history of previous hospitalizations, history of injuries, allergies, and immunizations.
 - f. Organization of a complete family history that includes a review of the health status of all members of the immediate family as well as a history of familial disease.
 - g. Organization of a complete social history that includes social habits (including use of alcohol, medications, substances), nutritional history, military history, occupational history, marital history, educational history, sexual history, environmental conditions, and social support systems.
 - h. Organization of a complete review of symptoms that includes all of the positive and negative symptomatology that the patient may have experienced in the recent past.
5. Provide written documentation of complete medical history in a format approved by the faculty of the program.

PHYSICAL EXAMINATION

1. Determine the appropriate parts of the physical examination that should be performed in a variety of clinical settings, including inpatient, outpatient, emergency, and long-term care facilities.
2. Perform an appropriate physical examination and recognize normal and abnormal findings.
3. Perform the physical examination while maintaining an awareness of, and responding to, the patient's discomfort, apprehension, and cultural factors.
4. Perform the physical examination utilizing all diagnostic equipment properly (e.g., sphygmomanometer, stethoscope, otoscope, ophthalmoscope, tuning fork, percussion hammer, etc.).
5. Perform the physical examination using proper techniques of physical examination (e.g., technique of percussion, palpation, auscultation, and inspection, as well as special maneuvers as well as any special maneuver need to elicit or rule out the underlying suspected disease differential diagnosis.)
6. Provide written documentation of the findings of the physical examination in a clear and concise manner using a format approved by the faculty of the program.

ANCILLARY STUDIES

Make recommendations, based on the data gathered in history and physical examinations, for ancillary studies that should be ordered to further evaluate the patient's problem. This may include, but is not limited to,

radiologic studies, blood, urine or sputum analysis, and any other special studies that may be of value, and preferably, in order of priority.

DIAGNOSTIC ANALYSIS

Analyze the data gathered in the history, physical examination, and ancillary studies in order to:

1. Develop a problem list.
2. Formulate a differential diagnosis (assessment)

THERAPEUTIC ANALYSIS

Formulate an appropriate plan of specific treatment and supportive care based on the problem list and assessment.

1. Revise the therapeutic approach as the patient's condition changes and/or as new data are available.
2. Counsel, educate, and instruct patients in specific disease-related and preventive medicine areas such as diabetes care, breast self-examination, etc.
3. Acquire general knowledge of, and utilize appropriately, the referral sources within the health care facility and the community.

The students will, under direct or indirect supervision, observe, assist in, or perform all appropriate procedures relative to the patients they are following at the discretion of their supervising physician. The students will also be available, when time permits, to assist in other procedures involving patients other than their own.

PREPARING FOR GRADUATION

As graduation approaches, students will have amassed a significant amount of knowledge and skills. The program uses various methods throughout the course of their education to ensure that they have met the competencies expected of graduating physician assistant students.



FORMATIVE EVALUATION

STANDARD A2.05d

Formative Evaluation of students is a multi-step process which begins at the end of the didactic phase:

1. Trimester IV Didactic Phase Summative Examination: Board-style simulation examination based on the NCCPA Content Blueprint. This examination tests the student's knowledge base in all organ systems. After completion, students will receive a detailed report showing their strengths and weaknesses. This examination will be administered at the end of the didactic phase. Students will be able to discuss with their advisors a study strategy that they can pursue over the break to prepare for the clinical phase and the PANCE evaluation.
2. Trimester IV: PAEA PACKRAT I (Physician Assistant Clinical Knowledge Rating and Assessment Tool) examination is a self-assessment tool administered at the end of the didactic phase. The results of the examination provide students with a report of their areas of strength and areas for improvement. This report may be utilized in formulating study plans for success in the PANCE examination. The examination report also allows the program to compare student performance with national scores.
4. Trimester VII: PAEA PACKRAT II (Physician Assistant Clinical Knowledge Rating and Assessment Tool) examination is a self-assessment tool administered at the end of the clinical phase and is a requirement for graduation. The results of the examination provide students with a report of their areas of strength and areas for improvement. This report may be utilized in formulating study plans for success in the PANCE examination. The examination report also allows the program to compare student performance with national scores.

SUMMATIVE EVALUATION AND REMEDIATION POLICY:

ARC-PA 6th Edition Standards: A3.14c, B4.03a-e

Students will undergo an assessment of their competencies in the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program through summative evaluations conducted during the last four months of the program.

In accordance with the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the summative evaluation is defined as the process of assessing a student's knowledge, skills, and professional behaviors to determine readiness for entry into clinical practice. The summative evaluation for the AHU MSPAS Program serves as a critical phase for assessing overall student performance and readiness for entry-level practice. This evaluation integrates data from multiple sources, including MPAS 685 Clinical Seminar III and MPAS 670 Elective Clinical Rotation.

The student summative evaluation grading rubric assesses performance across the program-defined competency domains, including **medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice**, reflecting the essential knowledge, clinical reasoning, technical skills, and professional behaviors required for entry-level practice. Students are required to achieve a minimum score of 74.5% in each competency domain to demonstrate adequate mastery. Mastery of all competencies is required for graduation and reflects the program's commitment to ensuring graduates are prepared for safe, effective clinical practice.

The final score for each competency is derived from multiple assessment measures completed during the final four months of the program, with clearly defined rubric criteria to ensure objective and reliable evaluation of student performance. This structured approach ensures the summative evaluation accurately reflects a student's readiness for professional responsibilities.

Students who do not meet the minimum competency threshold of $\geq 74.5\%$, will be required to complete a structured remediation plan that includes identification of specific deficits, targeted re-learning, and reassessment to demonstrate competency.

Failure to successfully complete summative remediation or demonstrate competency across all program-defined competencies may result in delayed graduation and/or additional academic or disciplinary action in accordance with program policies.

Summary of Trimester VII Summative Phase Assessment Measures and Definitions: (for additional details see individual course syllabi)

MPAS 685 Clinical Seminar III

- **Pediatric Telehealth Case Assignment**
A case-based assessment requiring students to evaluate, diagnose, and develop a management plan for a pediatric patient in a telehealth setting, demonstrating clinical reasoning, medical knowledge, patient care, and communication skills.
- **PAEA End of Curriculum (EOC) Exam (critical must pass)**
A standardized, comprehensive examination developed by the Physician Assistant Education Association (PAEA) that assesses a student's medical knowledge and clinical reasoning across core disciplines to determine readiness for entry-level practice. Students who do not achieve the program-defined minimum passing score (≥ 1475) on the PAEA End of Curriculum (EOC) Examination will be required to complete a faculty-directed remediation plan consisting of focused relearning followed by retesting, which may extend up to six (6) weeks. During this time, students will receive a grade of Incomplete (I) in Clinical Seminar III until remediation requirements are successfully completed.
- **Summative Professionalism Evaluation**
A comprehensive evaluation of professional behaviors, including accountability, ethical practice, reliability, responsiveness to feedback, and adherence to program and clinical standards.
- **Summative Skills Examination**
A hands-on assessment of essential clinical and procedural skills, evaluating technical ability, clinical accuracy, patient safety, and adherence to best practices, including the ability to competently perform medical procedures commonly utilized in primary care practice.
- **Summative OSCE Faculty Evaluation and Standardized Patient Evaluation**
An Objective Structured Clinical Examination (OSCE) using standardized patients to assess history-taking, physical examination, clinical reasoning, communication, and interpersonal skills in simulated clinical scenarios.
- **Summative Interprofessional Education (IPE) Assignment**
An assessment evaluating the student's ability to collaborate effectively within a healthcare team, demonstrating understanding of team roles, communication, and systems-based practice.
- **Professional Development Quiz**

MPAS 670 Elective Clinical Rotation

- **Elective Rotation Written Assignment**
- A structured written case analysis requiring integration of clinical knowledge, evidence-based practice, and clinical reasoning applied to a patient encountered during the elective rotation.
- **Grand Rounds Presentation**
- A formal oral presentation of a clinical case or topic demonstrating depth of medical knowledge, clinical reasoning, evidence-based decision-making, and professional communication.
- **Elective Rotation Self-Reflection Journaling**

- A reflective exercise in which students analyze their clinical experiences, identify strengths and areas for growth, and demonstrate practice-based learning and professional development.
- **Mid-Rotation Self-Evaluation**
- A formative self-assessment completed midway through the elective rotation, encouraging self-awareness through identifying strengths, limitations, and learning needs.
- **Elective Rotation Preceptor Evaluation**
- A preceptor-completed evaluation assessing overall clinical performance, including patient care, medical knowledge, professionalism, communication, and readiness for entry-level practice.

Program Domain	Program Competency	PAEA Core Competency Domain(s)	Summative Assessment Methods
Medical Knowledge	<i>MK 1. Apply basic and clinical science principles to distinguish normal from abnormal health states across the lifespan.</i>	Medical Knowledge	<ul style="list-style-type: none"> • End of Curriculum Exam
Medical Knowledge	<i>MK 2. Recognize clinical presentations and select appropriate diagnostic tests to guide patient-centered decision-making.</i>	Medical Knowledge; Clinical Reasoning	<ul style="list-style-type: none"> • Summative OSCE Faculty Evaluation • Grand Rounds Presentation
Medical Knowledge	<i>MK 3. Identify evidence-based pharmacologic and non-pharmacologic treatments to provide safe and effective patient care.</i>	Medical Knowledge; Patient-Centered Care	<ul style="list-style-type: none"> • Elective Rotation Written Assignment • Grand Rounds Presentation • Summative OSCE Faculty Evaluation
Medical Knowledge	<i>MK 4. Apply patient education strategies to promote health, manage disease, and support shared decision-making.</i>	Patient-Centered Care; Communication	<ul style="list-style-type: none"> • Pediatric Telehealth Assignment • Summative OSCE Faculty Evaluation • Grand Rounds Presentation
Interpersonal & Communication Skills	<i>IC 1. Interacts with patients respectfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.</i>	Interpersonal & Communication Skills	<ul style="list-style-type: none"> • Summative OSCE Faculty Evaluation • Elective Rotation Preceptor Evaluation • Summative OSCE Standardized Patient Evaluation
Interpersonal & Communication Skills	<i>IC2. Collaborate effectively with intraprofessional and interprofessional healthcare teams to optimize patient outcomes.</i>	Interprofessional and intraprofessional Collaboration	<ul style="list-style-type: none"> • Summative IPE Assignment • Elective Rotation Preceptor Evaluation

Program Domain	Program Competency	PAEA Core Competency Domain(s)	Summative Assessment Methods
Patient-Centered Care	<i>PCC 1. Provide compassionate, patient-centered care across the lifespan through age-appropriate assessment, management, and patient education.</i>	Patient-Centered Care	<ul style="list-style-type: none"> Summative OSCE Faculty Evaluation Pediatric Telehealth Assignment Elective Rotation Preceptor Evaluation
Patient-Centered Care	<i>PCC2. Incorporate social determinants of health, health equity principles, and population-specific considerations into patient assessment and care planning.</i>	Patient-Centered Care; Professionalism	<ul style="list-style-type: none"> Elective Rotation Self-Reflection Journaling Elective Rotation Preceptor Evaluation
Professional Behavior	<i>PB1. Demonstrate intellectual honesty and professional behavior consistent with the physician assistant profession.</i>	Professionalism	<ul style="list-style-type: none"> Summative Professionalism Evaluation
Professional Behavior	<i>PB2. Demonstrate understanding of the professional role and standards of practice of the physician assistant.</i>	Professionalism	<ul style="list-style-type: none"> Professional Development Quiz Summative OSCE Faculty Evaluation Elective Rotation Preceptor Evaluation
Professional Behavior	<i>PB3. Apply patient safety principles to promote responsible care.</i>	Professionalism; Systems-Based Practice	<ul style="list-style-type: none"> Summative OSCE Faculty Evaluation Elective Rotation Preceptor Evaluation Summative OSCE Standardized Patient Evaluation
Professional Behavior	<i>PB4. Demonstrate the ability to outline considerations in caring for patients with regard to ethical issues, legal rights, and informed consent.</i>	Ethical & Legal Practice	<ul style="list-style-type: none"> Pediatric Telehealth Assignment Professional Development Quiz
Clinical & Technical Skills	<i>CSI. Elicit and accurately document essential patient information.</i>	Clinical Skills; Interpersonal and Communication Skills	<ul style="list-style-type: none"> Elective Rotation Written Assignment Elective Rotation Preceptor Evaluation

Program Domain	Program Competency	PAEA Core Competency Domain(s)	Summative Assessment Methods
Clinical & Technical Skills	<i>CS2. Perform an appropriate physical examination to assess patient health status.</i>	Clinical Skills	<ul style="list-style-type: none"> Summative OSCE Faculty Evaluation Elective Rotation Preceptor Evaluation
Clinical & Technical Skills	<i>CS3. Interpret diagnostic studies commonly used in primary care to support clinical decision-making.</i>	Clinical Skills; Clinical Reasoning	<ul style="list-style-type: none"> Summative Skills Examination, Part 1
Clinical & Technical Skills	<i>TS1. Competently perform medical procedures commonly utilized in primary care practice.</i>	Technical Skills	<ul style="list-style-type: none"> Summative Skills Examination, Part 2
Clinical Reasoning & Problem Solving	<i>CRS1. Assess patient presentations to determine health status and distinguish between emergent and non-emergent conditions.</i>	Clinical Reasoning	<ul style="list-style-type: none"> Summative OSCE Faculty Evaluation Elective Rotation Preceptor Evaluation
Clinical Reasoning & Problem Solving	<i>CRS2. Develop an appropriate differential diagnosis based on the patient's clinical presentation.</i>	Clinical Reasoning	<ul style="list-style-type: none"> Summative OSCE Faculty Evaluation Elective Rotation Written Assignment Elective Rotation Preceptor Evaluation
Clinical Reasoning & Problem Solving	<i>CRS3. Synthesize clinical data and diagnostic study results to construct safe, patient-centered, evidence-based pharmacologic and non-pharmacologic treatment plans to address identified health problems.</i>	Clinical Reasoning; Patient-Centered Care	<ul style="list-style-type: none"> Grand Rounds Presentation Elective Rotation Written Assignment
Practice-Based Learning & Quality Improvement	<i>PBLQ11. Evaluate personal clinical performance to identify strengths, limitations, and learning needs.</i>	Practice-Based Learning & QI	<ul style="list-style-type: none"> Elective Rotation Self-Reflection Journaling Mid-Rotation Self Evaluation

ARC-PA ACCREDITATION STANDARDS INDEX

This section contains the ARC-PA Accreditation Standards for PA Education ©, Sixth Edition

Change Notifications: 8/15/2025 - Minor changes made to these Standards: A2.07, A3.07, B1.03e, B1.03f, B1.03h, B2.01, B2.12, B3.05, B3.06b, and C1.01; Glossary changes to: Advanced Practice Nurses, Harassment, Learning Outcomes, Medical Director.

PA programs are expected to be in compliance with the Accreditation Standards at all times.

Section A. Administration

A1. Institution

A1.01 When more than one institution is involved in the provision of academic and/or clinical education, terms are clearly described and documented in a manner signifying agreement by the involved institutions. Signed affiliation agreement(s):

- a) define the rights and responsibilities of each party related to the educational program for students
- b) specify whose policies govern the student, including if certain program policies will be superseded by those at the clinical site
- c) include the terms of participation for the PA program students
- d) are signed by an authorized individual(s) of each participating entity

A1.02 The sponsoring institution is responsible for:

- a) complying with ARC-PA accreditation Standards and policies
- b) supporting the program faculty in effective program self-assessment
- c) ensuring effective leadership by the program director
- d) supporting the program faculty in curriculum design
- e) documenting security and personal safety measures for PA students, faculty, and staff in all locations where instruction occurs
- f) defining, publishing, making readily available, and consistently applying to faculty and staff its policies and procedures for processing faculty and staff grievances and allegations of harassment
- g) defining, publishing, making readily available, and consistently applying to students its policies and procedures for processing student allegations of harassment and mistreatment
- h) defining, publishing, making readily available, and consistently applying to students its policies and procedures for refunds of tuition and fees

A1.03 The sponsoring institution provides resources in support of the program director and principal faculty, as applicable to their program role, for:

- a) full payment for their relevant professional and board certification(s) and licensure
- b) sufficient release time and financial resources for professional development specific to their PA program faculty role
- c) sufficient release time and financial resources for continuing medical education (CME)

A1.04 The sponsoring institution provides academic support and student services to PA students that are equivalent to those services provided to other comparable students of the institution.

A1.05 The sponsoring institution provides PA students and faculty at geographically distant campus locations with access to services and resources that help students achieve their academic and career goals that are comparable to those available to PA students and faculty on the main campus.

A1.06 The sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students.

A1.07 The sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including sufficient:

- a) program faculty
- b) administrative staff

A1.08 The sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the Standards and to fulfill its obligations to matriculating and enrolled students.

A1.09 The sponsoring institution provides the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice.

A1.10 The sponsoring institution:

- a) secures clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences
- b) ensures that clinical sites and preceptors located outside of the United States are only used for elective rotations.

A1.11* is on hold.

The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty, and staff diversity, equity, and inclusion by:

- a) supporting the program in having a documented PA program action plan for diversity, equity, and inclusion
- b) supporting the program in implementing diversity, equity, and inclusion-focused recruitment strategies
- c) supporting the program in implementing diversity, equity, and inclusion-focused retention strategies
- d) making available resources which promote diversity, equity, and inclusion

*July 2025 – Enforcement of Standard A1.11 is on hold.

A1.12 The sponsoring institution provides the program with effective technical support.

A2. Personnel

A2.01 All program faculty, including didactic and clinical instructional faculty:

- a) meet program-defined academic and experiential qualifications to teach in their assigned instructional areas
- b) are evaluated for effectiveness in their assigned instructional areas

A2.02 The program has program faculty members, including a program director, principal faculty, medical director, and instructional faculty.

A2.03 The program has at least three (3.0) FTE principal faculty members, of which at least two (2.0) FTE principal faculty members are PAs who are currently NCCPA certified or emeritus.

A2.04 The principal faculty and the program director hold academic appointments and privileges comparable to other faculty with similar academic responsibilities within the institution.

A2.05 Program faculty maintain responsibility for the following:

- a) developing, reviewing, and revising as necessary the program's mission statement, goals, and competencies

- b) selecting applicants for admission to the PA program
- c) providing student instruction
- d) evaluating student performance
- e) academic counseling of students
- f) assuring the availability of remedial instruction
- g) designing, implementing, coordinating, and evaluating the curriculum
- h) evaluating the program

A2.06 The program director had at least three years of full-time higher education experience at the time of appointment.

A2.07 The program director is hired by the institution at 1.0 FTE and assigned to the program on a 12- month, full-time basis, and at least 50% of that time is devoted to administrative responsibilities for the program.

A2.08 The program director is a PA who holds current or emeritus NCCPA certification status.

A2.09 The program director provides program leadership through effective:

- a) program organization
- b) program administration
- c) fiscal management of the program
- d) continuous programmatic review and analysis
- e) communication
- f) adherence to the Standards and ARC-PA policies

A2.10 The program director supervises all individuals in the roles of medical director, principal and instructional faculty, and staff in activities that directly relate to the PA program.

A2.11 The medical director is:

- a) currently or previously licensed PA or osteopathic or allopathic physician
- b) currently or previously board-certified

A2.12 The medical director is an advocate for the PA program through active participation in the program and support of the development and review of the program curriculum and competencies to meet current practice standards as they relate to the PA role.

A2.13 The program does not rely primarily on resident physicians for didactic instruction.

A2.14 All instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid, unrestricted, and unencumbered license to practice.

A2.15 The majority of the SCPE experiences for any individual student must occur with PAs and Physicians.

A2.16 The supervised clinical practice experience (SCPE) instructional faculty consist of any of the following:

- a) PAs who hold or have held NCCPA certification
- b) physicians who hold or have held board certification
- c) advanced practice nurses who hold or have held board certification
- d) no more than 10% other clinicians who are vetted by the program as qualified

A2.17 In each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program:

- a) informs the student of the name and contact information of the principal or instructional faculty member designated to assess and supervise the student's progress in achieving the course learning outcomes
- b) orients all instructional faculty to specific course learning outcomes and their assessments

A2.18 Administrative support for the program is at least 1.0 FTE dedicated exclusively to the PA program at each campus.

A3. Operations

A3.01 Program policies are published, readily available, and consistently applied to all students, principal faculty, staff, and the program director regardless of their location.

A3.02 The program publishes, makes readily available, and consistently applies a policy that PA students are not required to work for the program.

A3.03 The program publishes, makes readily available, and consistently applies a policy that PA students do not substitute for or function as:

- a) instructional faculty
 - b) clinical or administrative staff
- A3.04 The program publishes, makes readily available, and consistently applies a policy that requires PA students to be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.

A3.05 The program publishes, makes readily available, and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk. Those policies:

- a) address methods of prevention
- b) address procedures for care and treatment after exposure
- c) clearly define financial responsibility

A3.06 The program publishes, makes readily available, and consistently applies policies that preclude the program director, medical director, and principal faculty from participating as healthcare providers for students in the program, except in emergency situations.

A3.07 The program publishes, makes readily available, and consistently applies written procedures that ensure timely access and timely referral of students to services addressing personal issues that may impact their progress in the PA program

A3.08 The program publishes, makes readily available to current and prospective students, and consistently applies a policy stating that PA students are not required to provide or solicit clinical sites or preceptors.

A3.09 The program publishes, makes readily available to current and prospective students, and consistently applies policies based on current CDC health professionals' recommendations and applicable state or country mandates for:

- a) minimum immunization and health screening of students
- b) international travel (for programs offering international curricular components)

A3.10 The sponsoring institution and program's announcements and advertising accurately reflect the program offered.

A3.11 The program publishes and makes readily available to enrolled and prospective students current program information, including:

- a) the program's ARC-PA accreditation status as provided to the program by the ARC-PA
- b) evidence of its effectiveness in meeting its goals
- c) the current annual "NCCPA PANCE Exam Performance Summary Report Last 5 Years" listing pass rates at each distant campus individually provided by the NCCPA through its program portal, when complete or no later than April first (4/1) of each year
- d) all required curricular components and the delivery method
- e) academic credit offered by the program
- f) estimates of the total cost of enrollment
- g) program-defined competencies for entry level practice
- h) which services and resources are only available, or differently available, to students and faculty on the main campus when the program is offered at a geographically distant campus location
- i) current annual student graduation rate information, on the table provided by the ARC-PA, no later than April 1st (4/1) of each year

A3.12 The program publishes, consistently applies, and makes readily available to enrolled and prospective students any admission and enrollment practices that address:

- a) favored or preferred characteristics, individuals, or groups (if applicable)
- b) prior education
- c) awarding or granting advanced placement
- d) required work experience
- e) required technical standards for enrollment.

A3.13 The program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.

A3.14 The program publishes, consistently applies, and makes readily available to enrolled and prospective students:

- a) any required academic standards to maintain enrollment and progress in the curriculum
- b) requirements and deadlines for completion of the program
- c) policies and procedures for remediation
- d) policies and procedures for deceleration
- e) policies and procedures for withdrawal
- f) policies and procedures for dismissal
- g) policies and procedures for student grievances
- h) policies and procedures for student appeals
- i) policy for student employment while enrolled in the program
- j) policy for student travel to required rotation sites

A3.15 Programs granting advanced placement document within each student's file that those students receiving advanced placement have:

- a) met program-defined criteria for such placement
- b) met institution-defined criteria for such placement

c) demonstrated meeting the learning outcomes for the curricular components for which advanced placement is given

A3.16 Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel only and include documentation:

- a) that the student met the published admission criteria
- b) that the student met the institution and program health screening and immunization requirements
- c) of student performance while enrolled
- d) of remediation efforts and outcomes
- e) of any formal disciplinary action taken against a student
- f) that the student met the requirements for program completion

A3.17 Unauthorized people, including PA students, do not have access to academic records or confidential information of other students or faculty.

A3.18 Student health records are confidential and not accessible to or reviewed by program faculty or staff, except for immunization and screening results, which may be maintained and released with the student's written permission.

A3.19 Program records for the program director, medical director, and principal faculty include:

- a) a current job description that includes duties, responsibilities, and required qualifications specific to each faculty member
- b) a current curriculum vitae

A3.20 Program records include a current curriculum vitae for each course director.

Section B. Curriculum and Instruction

The standards in section B1 apply to the entire curriculum of the program and have application to all curricular components. The standards in section B2 apply primarily to the didactic curriculum of the program but may be included in the clinical curriculum as appropriate and determined by the program. The standards in section B3 apply to the clinical curriculum of the program. The standards in section B4 apply to the entire curriculum of the program and have application to all curricular components.

B1. Curriculum

B1.01 The curriculum:

- a) is consistent with the mission and goals of the program
- b) is consistent with program competencies
- c) includes core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care
- d) provides the necessary breadth and depth to prepare students for the clinical practice of medicine

B1.02 The curriculum design reflects content and course sequencing that builds upon previously achieved student learning.

B1.03 For each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the following detailed information in syllabi or an appendix to the syllabi:

- a) course name
- b) course description
- c) faculty instructor of record
- d) course goal(s)
- e) course learning outcomes in measurable terms that are assessed and guide student acquisition of required competencies
- f) instructional objectives in measurable terms that guide student learning
- g) outline of topics to be covered that align with learning outcomes and instructional objectives
- h) description of the student assessment(s) and evaluation(s)
- i) plan for grading

B1.04 The program ensures comparable and equivalent course content, instructional material access, and student experience when:

- a) didactic instruction is conducted at geographically separate locations
- b) didactic instruction is provided by different pedagogical and instructional methods or techniques for some students

B2. Didactic Curriculum

B2.01* While programs may require specific course(s) as prerequisites to enrollment, those prerequisites do not substitute for more advanced applied content within the professional component of the program. *August 2025 – Standard Rescinded

B2.02 The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice:

- a) anatomy
- b) physiology
- c) pathophysiology
- d) pharmacology and pharmacotherapeutics
- e) the genetic and molecular mechanisms of health and disease

B2.03 The program curriculum includes instruction in clinical medicine covering all organ systems.

B2.04 The program curriculum includes instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

B2.05 The curriculum includes instruction related to the development of clinical reasoning and problem-solving abilities.

B2.06 The curriculum includes instruction to prepare students to provide medical care to patients with consideration for:

- a) special health care needs
- b) ethnicity and race
- c) gender identity
- d) religion and spirituality
- e) sexual orientation
- f) social determinants of health

B2.07 The curriculum includes instruction in:

- a) patient interviewing and eliciting a medical history across all age groups
- b) performing complete and focused physical examinations across all age groups
- c) generating differential diagnoses
- d) ordering and interpreting diagnostic studies
- e) patient management, including acute and chronic care plans
- f) patient education g) the referral of patients to other providers

B2.08 The curriculum includes instruction in:

- a) the provision of medical care across the life span, including prenatal, infant, children, adolescents, adults, and the elderly
- b) preventive, emergent, acute, chronic, and rehabilitative patient encounters
- c) pre-, intra-, and post-operative care
- d) psychiatric/behavioral conditions
- e) palliative and end-of-life care
- f) the provision of medical care through telehealth/telemedicine

B2.09 The curriculum includes instruction in technical skills based on current professional practice.

B2.10 The curriculum prepares students to work collaboratively in interprofessional patient-centered teams.

Instruction:

- a) includes content on the roles and responsibilities of various healthcare professionals
- b) emphasizes the team approach to patient-centered care
- c) includes the application of these principles in interprofessional teams

B2.11 The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice:

- a) death, dying, and bereavement
- b) human sexuality,
- c) the psychosocial effects of illness, stress, and injury
- d) substance use disorders
- e) identification and prevention of violence

B2.12 The curriculum includes instruction about basic counseling that is:

- a) focused on helping patients adhere to treatment plans
- b) focused on helping patients modify their behaviors to more healthful patterns
- c) focused on helping patients develop coping strategies
- d) patient-centered and culturally sensitive

B2.13 The curriculum includes instruction to prepare students to practice evidence-based medicine, including:

- a) framing of research questions
- b) interpretation of biostatistical methods
- c) evaluating the limits of medical research
- d) evaluating different types of sampling methods
- e) searching common databases to access medical literature

B2.14 The curriculum includes instruction in:

- a) coding and billing

- b) documentation of care for purposes of reimbursement and healthcare business
- c) health care delivery systems
- d) health policy

B2.15 The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and:

- a) disease prevention, surveillance, reporting, and intervention
- b) the public health system
- c) patient advocacy
- d) maintenance of population health

B2.16 The curriculum includes instruction in:

- a) patient safety
- b) prevention of medical errors
- c) quality improvement
- d) risk management

B2.17 The curriculum includes instruction about the PA profession, including:

- a) credentialing
- b) historical development
- c) laws and regulations regarding professional practice and conduct
- d) licensure and certification
- e) the PA relationship with physicians and other health care providers
- f) policy issues that affect practice
- g) professional organizations

B2.18 The program curriculum includes instruction in the principles and practice of medical ethics.

B2.19 The curriculum includes instruction in:

- a) intellectual honesty
- b) academic integrity
- c) professional conduct

B2.20 The curriculum includes instruction in:

- a) maintaining personal wellness
- b) prevention of impairment
- c) prevention of burnout

B3. Clinical Curriculum

B3.01 The program ensures clinical students may achieve all SCPE learning outcomes by:

- a) securing a sufficient number of qualified preceptors and clinical sites
- b) limiting telehealth/telemedicine to no more than 50% of any individual SCPE, with the exception of behavioral health
- c) ensuring that no more than 20% of the total SCPE experiences for any individual student are conducted via telehealth/telemedicine experiences
- d) requiring in-person, direct patient care for all SCPEs, except for telehealth/telemedicine in behavioral health

e) allowing behavioral health SCPEs to consist of up to 100% telehealth/telemedicine experiences, provided that all learning outcomes are met

B3.02 The program's process clearly documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students have access to:

- a) the physical facilities needed to meet the learning outcomes for the specific SCPE
- b) patient populations needed to meet the learning outcomes of the specific SCPE
- c) supervision

B3.03 Supervised clinical practice experiences must enable all students to meet the program's learning outcomes for:

- a) preventive patient encounters
- b) acute patient encounters
- c) chronic patient encounters

B3.04 Supervised clinical practice experiences occur in the following settings:

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

B3.05 Supervised clinical practice experiences support the achievement of learning outcomes across the following domains:

- a) medical knowledge
- b) interpersonal skills
- c) clinical skills
- d) technical skills
- e) professional behaviors
- f) clinical reasoning and problem-solving abilities

B3.06 Preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for:

- a) family medicine
- b) emergency medicine, including emergent care
- c) internal medicine, including elderly patients
- d) surgery, including pre-operative, intra-operative, and post-operative care
- e) pediatrics, including care for infants, children, and adolescents
- f) women's health, including prenatal and gynecologic care
- g) behavioral and mental health care

B4. Assessment

B4.01 The program conducts frequent, objective, and documented evaluations of student performance to ensure students meet the program's learning outcomes for both didactic and supervised clinical practice experience components. The evaluations:

- a) align with what is expected and taught
- b) allow the program to identify and address any student deficiencies in a timely manner

B4.02 The program documents the equivalency of student evaluation methods and outcomes when didactic instruction is:

- a) conducted at geographically separate locations and/or
- b) provided by different pedagogical and instructional methods or techniques for some students

B4.03 The program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets all program-defined 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
- e) professional behaviors

Section C. Program Self-Assessment

C1. Program Self-Assessment

C1.01 The program documents ongoing self-assessment of its overall effectiveness in operating the program and preparing graduates for clinical practice by collecting data, using critical analysis to draw conclusions, and creating self-improvement action plans. At a minimum, the program's process utilizes data including:

- program-defined admissions data
- PANCE scores and sub-scores
- didactic attrition, clinical attrition, and overall attrition
- course grades, didactic and clinical (including exam scores as appropriate)
- course and instructor evaluations, including clinical sites and preceptors
- summative evaluation results
- graduate/exiting student evaluation of the program
- program-defined measures of effectiveness of the program director, principal faculty, and medical director in their roles outside of teaching
- remediation

C1.02 The program documents ongoing self-assessment of the sufficiency of program personnel by collecting data, using critical analysis to draw conclusions, and creating self-improvement action plans. These data points, at a minimum, will include:

- student, faculty, staff, and graduate evaluation of the sufficiency of personnel by type or task
- principal faculty and staff full-time equivalents (FTE) filled and vacant with attrition rates
- workload calculation for each program faculty and staff member

C1.03 The program documents ongoing self-assessment of the sufficiency of institutional resources by collecting data, using critical analysis to draw conclusions, and creating self-improvement action plans. These data points, at a minimum, will include:

- institutional support for admissions
- institutional support and resources for the clinical year
- faculty, staff, and student evaluation of institutional resources
- budget data and evaluation of sufficiency
- institutional support for course and curriculum design
- institutional support of technology resources and technology support

This policy manual includes ARC-PA 6th Edition Standards sections A-C, applicable to the listed policies. For a full list of standards including sections D-E, see [Standards-6th-Ed-Aug-2025.pdf](#).

APPENDICES

This section contains examples of forms that students will use frequently during their time in the AdventHealth University (AHU) Master of Science in Physician Assistant Studies (MSPAS) Program.



Receipt and Acknowledgement of PA Program Policy Manual

My signature on this document serves as acknowledgment of my having received and read the policies and procedures of the Master of Science in Physician Assistant Program at AdventHealth University*. I also attest that I understand the explanations of the policies that were given at orientation. I have also been advised that I am subject to the institutional policies and procedures contained within the AdventHealth University Student Handbook. I will abide by and be subject to all the aforementioned policies and procedures of the Master of Science in Physician Assistant Program and of AdventHealth University. I further warrant that I will adhere to the student health and immunization policies as well as the policies regarding student health and professional liability insurance.

Student Name

Student Signature

Date

Updated August 2025

DIDACTIC-APPENDIX B: Professional Development Assessment Tool (PDAT)

ARC-PA 6th Edition Standards: A3.01, A3.14c; B2.04; B2.10c; B2.18; B2.19(a – c); B4.01 (a-b); B4.03(c & e); C1.01

Student: _____

Faculty Advisor: _____

Professionalism is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served (Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA, 2002;287(2):226-235).

The PA program provides ongoing feedback to students about their professionalism through the entirety of the educational program. The faculty meet every trimester to complete the PDAT form which is then reviewed with the student and retained as part of their program record. (ARC-PA 5th Edition Standards B4.01 and B4.03)

Student attainment of the professional behaviors below is rated according to the following scale:

- **GREEN = Meets Expectations: performance is consistently acceptable**
- **RED = Below Expectations: performance needs improvement to continue in good standing as a PA student**

Professionalism Domain	Professional Behaviors	T1	T2	T3	T4	T5	T6	T7
Involvement	Precise and timely in speech and actions.							
	Comments:							
Involvement	Submits assignments on time.							
	Comments:							
Involvement	Arrives on time for class, labs, examinations, and clinic.							
	Comments:							
Involvement	Prepares appropriately for class/clinic.							
	Comments:							
Involvement	Participates in class activities and discussions.							
	Comments:							
Involvement	Demonstrates self-reflection, critical curiosity, and initiative. Avoids cutting corners.							
	Comments:							
Introspection	Seeks feedback and accepts without defensiveness or excuses.							

	Comments:							
Introspection	Demonstrates adaptability to change.							
	Comments:							
Introspection	Demonstrates awareness of limitations.							
	Comments:							
Interaction & Introspection	Works cooperatively, promoting and preserving relationships.							
	Comments:							
Interaction & Introspection	Respectful of the perspectives of others.							
	Comments:							
Interaction	Communicates appropriately with faculty, staff, and students verbally.							
	Comments:							
Interaction	Communicates appropriately with faculty, staff, and students in writing.							
	Comments:							
Interaction	Notifies appropriate individual if delayed or unable to attend a scheduled activity.							
	Comments:							
Interaction	Promotes a positive learning environment (refrains from unnecessary conversations, utilizes electronic devices only for required classwork, attentive, engaged, and present throughout the class or lab).							
	Comments:							
Integrity/Interaction	Complies with the program dress code.							
	Comments:							
Integrity	Demonstrates intellectual honesty and academic integrity as defined							

	by the AHU PA Program Policy Manual							
	Comments:							

Note: All categories also include Integrity regarding obeying rules and regulations.

Student's Signature: _____ Date: _____

Faculty Advisor's Signature: _____ Date: _____

Remedial Effort Summary:

Professionalism Domain	Date	Professionalism: Verbal Warning, Level 1, 2, or 3	Remediation Implemented (self-reflection, remediation assignment, referral, etc.)	Remediation Status (ongoing, complete, or failed to complete)

-----TO BE SIGNED A THE END OF SUMMATIVE PHASE-----

Student's Signature: _____ Date: _____

Faculty Advisor's Signature: _____ Date: _____

DIDACTIC-APPENDIX C: Didactic Phase: Student Incident Report

ARC-PA 6th Edition Standards: A1.02e; A3.01; A3.05; A3.06; A3.17; A3.18

Site/Course: _____ Student: _____

Instructor/Advisor: _____ Date: _____

In the event you are injured, your highest priority is prompt treatment. Students should comply by calling 911 or with seeking treatment in the nearest emergency department, urgent care, or personal physician office. The instructor should be notified immediately (not to exceed beyond 24 hours after the event) and complete an incident report that must be submitted to the academic director within 72 hours of the incident. Students should not delay prompt evaluation and treatment to complete paperwork.

Nature of Incident

Date of Incident: _____ Approximate Time of Incident: _____

Description of Incident: _____

Description of Actions: _____

Notifications

Instructor Date & Time Notified: _____

Onsite Health Services, Employee Health, Occupational Health, or Emergency Department:

Academic or Program Director: _____

Additional Notes

Student Signature: _____ Date: _____

Academic Director Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

DIDACTIC-APPENDIX D: Test Self Analysis

ARC-PA 6th Edition Standards: A3.01; A3.14c; B4.01(a-b); C1.01

PA Program Test Self Analysis

Student Name and Number

Instructor Name

Date

Course Name

Failed Examination Number

Exam Grade Earned

1. Number of examination failures in this course to date?
2. How much time did you spend studying for this examination (specify hours)?
3. What methods did you use to concentrate on studying for this examination, by percentage (must equal 100%)?
 - a. textbook reading
 - b. reviewing related homework assignments/projects
 - c. reviewing your notes
 - d. studying with fellow classmates
 - e. other study sources (please specify):
4. After reviewing your performance on this examination, explain the areas in need for improvement?

5. Based on your responses to the above questions, develop a plan of action to improve your outcome on the next examination in this course. You should identify at least three areas in which you can improve your preparation and list how you feel these changes will enhance your success.
 - 1.
 - 2.
 - 3.

6. Would you like to remediate this examination? (please specify with Yes or No). If answer is yes, then you will be given one (1) week from the date of this form to remediate that test: _____

Student Signature

Instructor/Faculty Advisor signature

DIDACTIC-APPENDIX E: PA Student Advisement

ARC-PA 6th Edition Standards: A2.17a; A3.01; A3.07; B4.01(a-b)

Student Name: _____

Date: _____

Advisor Name: _____

Advisement Type:

Program Mandatory

Student's Request

Faculty Request

General/Issue/Concern:

Advisor Recommendations:

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

DIDACTIC-APPENDIX F: Mid-Trimester Advisement Form

ARC-PA 6th Edition Standards: A2.17a; A3.01; A3.07; B4.01 (a-b)

Student: _____ Date: _____

General Information

How do you feel about your performance in the program so far?

What courses are you least concerned about?

What courses are you most concerned about?

What factors, outside school, do you feel are having a positive or negative effect on your progress?

What factors, in school, do you feel are having a positive or negative effect on your progress?

What do you feel would be most helpful, at this point, to your achievement of success?

Student Signature

Date

Faculty Notes/Follow Up:

Faculty Signature

Date

Faculty Advisor

Student

Print

Print

Signature

Signature

Date

Date

Subsequent Academic Performance & Re-Evaluation

Faculty advisor should document below the ongoing re-evaluation of the student's progress towards meeting the previously defined actionable items and learning objectives.

1. **Date of Follow-Up:** Click or tap to enter a date.
Click or tap here to enter text.

Faculty Advisor

Student

Print

Print

Signature

Signature

Date

Date

Subsequent Academic Performance & Re-Evaluation

Faculty advisor should document below the ongoing re-evaluation of the student's progress towards meeting the previously defined actionable items and learning objectives.

2. **Date of Follow-Up:**Click or tap to enter a date.
Click or tap here to enter text.

DIDACTIC-APPENDIX I: Service-Learning Time Log

ARC-PA 6th Edition Standards: A3.01

Student Name: _____

Students are required to complete 40 hours of service learning during their 27 months in the Physician Assistant Program at AdventHealth University. Students are eligible to receive up to 10 service-learning hours by volunteering for approved, non-clinical, service-learning opportunities; receiving half an hour of service-learning credit per hour volunteered. Students must complete a minimum of 30 service-learning hours in direct patient care, receiving one service-learning hour per hour volunteered. Students are expected to journal after each service-learning experience to reflect on the positive and negative aspects of their experiences. Each journal entry is to be written in a word document with a 300-word minimum requirement. Service-learning journaling is to be handed in to your advisor with the signed service-learning log upon completion.

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____

Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Once all service-learning requirements are complete, students must submit their time log and reflective journaling for final approval to their advisor. Completion of service-learning hours is a required for graduation from the program and must be submitted prior to the white coat ceremony.

Location: _____
Duties: _____
Date: _____ Direct Patient Care Hours: _____ Non-Clinical Hours: _____ = _____ credit hours
Supervisors Name: _____
Supervisors Signature: _____

Once all service-learning requirements are complete, students must submit their time log and reflective journaling for final approval to their advisor. Completion of service-learning hours is a required for graduation from the program and must be submitted prior to the white coat ceremony.

Total Non-Clinical Service-Learning Credit Hours (10 max): _____

Total Direct Patient Care Service-Learning Hours (30 min): _____

_____ / 40 Required Hours

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

DIDACTIC-APPENDIX J: Academic Misconduct Report Form (AMRF)

ARC-PA 6th Edition Standards: A3.01, B4.01b; C1.01



Academic/Professional Misconduct Report Form

To be completed by the instructor:

Instructor Name (please print) _____ Department _____

Email _____ Phone _____

Student Name (please print) _____ ID# _____

I believe the student has committed academic misconduct, as described:

Date of the incident _____ Course name & number (if applicable) _____

Choose option one or two below:

Option One: Instructor/Department Resolution

I recommend the following classroom and/or departmental penalties (check all that apply):

- I have assigned a grade of zero (or F grade) on the above assignment.
- I have assigned an "F" grade for the course.
- I have given the following penalty _____
- Because the act of academic misconduct occurred at the end of the term, I am assigning a trimester designation of "I" (Incomplete).

Option Two: Discipline Committee Referral

- It is believed this act of academic misconduct requires consideration by the AHU Discipline Committee. Therefore, this incident is being referred to the Senior Vice President for Student Services to begin the Discipline Process as outlined in the Student Handbook.

Instructor Signature _____ Date _____

Student Signature _____ Date _____

For Office Use Only:

Date Received: _____ Copy given to student? Yes No

Department Chair Signature _____ Date _____

Original: Department Chair Copy: Student, Office of Academic Administration, Office of Student Services

DIDACTIC-APPENDIX K: Didactic Excused Absence Form

ARC-PA 6th Edition Standards: A3.01



Submit Documentation to:
Danielle Key, Academic Director
Email: Danielle.Key@ahu.edu

Didactic Year Excused Absence Request Form

In order for your absence to be considered excused, the Didactic Year Excused Absence Request Form must be completed as soon as the absence is anticipated or occurs. Students may submit one request form for multiple days if it includes the same event. During the didactic phase students are afforded up to five (5) excused absences for the purpose of illness, religious observances, or emergent matters. Non-emergent requests will only be considered with a minimum of 30 days' advance notice per the policy manual. Non-emergent excused absences are not permitted on a lab day, OSCE, or examination. All didactic lectures missed due to an excused absence must be made up utilizing the Panopto resource. Students must make arrangements in advance with the Course Director to discuss options for any missed assignments. If the excused absence request is approved, the requested day(s) will be deducted from the students five (5) allotted didactic excused absences regardless of cancellation.

Student Information	
Last Name:	First Name:
Mobile Phone:	University E-mail Address:
Absence Request Date(s):	Number of Days Requested:
Please provide details for the request:	
List the didactic course(s) in which the absence will occur:	

Student Signature: _____ Date: _____

PA Program Use Only	
Number of excused absences used prior to this request: _____	
Anticipated courses affected: _____	
Anticipated assignments affected: _____	
<input type="checkbox"/> APPROVED Excused Absence Request	<input type="checkbox"/> DENIED Excused Absence Request
Reason: _____	

Academic Director Signature: _____	Date: _____

DIDACTIC-APPENDIX L: Consent to Maintain and Release Student Immunization and Compliance Records

ARC-PA 6th Edition Standards: A3.16b, A3.17, A3.18



Consent to Maintain and Release Student Immunization and Compliance Records

I hereby authorize AdventHealth University’s Physician Assistant (PA) Program to maintain and release my immunization, screening, and compliance records as required for program participation. Access to this information is limited to authorized PA Program personnel, which may include the Program Supervisor of Administration and Office Services, Manager of Academic Program and Admissions, Manager of Clinical Programs, and Program Director.

Authorized personnel may periodically review my compliance status through DISA Healthcare Technology: Complio, including but not limited to immunization records, background check results (including fingerprinting), and drug screening results.

I consent to AdventHealth University’s PA Program authorized personnel accessing and using this information solely for purposes related to program requirements, accreditation standards, clinical placement, and student compliance verification.

I understand that I have the right to revoke this consent in writing at any time. I acknowledge that any revocation will apply only to future uses or disclosures and will not affect actions already taken in reliance on this consent. I further understand that revoking this consent may limit my ability to participate in coursework and/or clinical rotations and may impact my progression or continued enrollment in the PA Program.

Name (Printed): _____

Signature: _____

Date: _____

DIDACTIC-APPENDIX M: Remediation Testing Acknowledgement and Limited Consent

ARC-PA 6th Edition Standards: A3.14c



This Remediation Testing Acknowledgment and Limited Consent (“Agreement”) is executed by the undersigned student (“Student”) as a condition of matriculation and continued enrollment in the Physician Assistant Program (“Program”) at AdventHealth University (“Institution”).

1. Academic Standards and Remediation

The Student acknowledges that academic progression in the Program requires successful completion of all courses in accordance with published Program policies. Limited retesting opportunities are available during the didactic and clinical phases under defined conditions and may require structured remediation/retesting plans as determined by the Program.

2. Testing Environment and Institutional Limitations

The Student understands and acknowledges that:

- The Institution maintains limited secure testing facilities and proctoring resources;
- Remediation or retesting may occur outside regularly scheduled cohort examinations;
- Such examinations may be administered in shared or observable academic settings.

As a result, other students may reasonably infer that a student testing outside the standard schedule is participating in remediation or retesting. The Program will make reasonable efforts to administer remediation assessments in a manner that protects student privacy to the extent practicable.

3. FERPA and Incidental Awareness

The Institution complies with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and maintains policies designed to protect the confidentiality of student education records.

The Student acknowledges that:

- The Institution will not intentionally disclose examination scores, academic performance information, or other protected educational record information without appropriate authorization;
- Remediation participation, scheduling, or testing location may occur outside the standard cohort testing environment due to logistical or resource constraints;
- While the Institution takes reasonable steps to protect student privacy, other students may observe that a student is testing outside the normal schedule; and
- Such observation or inference by other students, absent disclosure of protected educational record information by the Institution, does not constitute an institutional disclosure of education records under FERPA.

4. Express Acknowledgment and Limited Consent

By signing this Agreement, the Student:

1. Acknowledges awareness that remediation or retesting may occur outside standard cohort testing schedules;
2. Understands that logistical limitations may result in incidental observation by other students;
3. Consents to participation in remediation or retesting under the Program’s established procedures; and
4. Acknowledges that the Institution will make reasonable efforts to maintain confidentiality of education records in accordance with FERPA.

Nothing in this Agreement is intended to waive or limit any rights provided under applicable federal or state law.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND SIGN IT VOLUNTARILY.

Student Name (Printed): _____

Student Signature: _____

Date: _____

CLINICAL-APPENDIX A: Oral Case Presentation Grading Rubric

ARC-PA 6th Edition Standards: A3.01, B2.02(a-e), B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Rotation Number: _____
 Rotation Specialty: _____ Date: _____

Oral Case Presentation Grading Rubric		POINTS POSSIBLE	POINTS EARNED
IDENTIFYING DATA OF STUDENT			
Identifying Data of student (student name, PA-S designation, and service)		1	
HPI/CHIEF COMPLAINT/PATIENT IDENTIFYING DATA/FOCUSED ROS			
Introductory sentence (to include identifying data of patient: name, age, gender, race; chief complaint, length of time, pertinent PMHx, PSHx, etc.)		5	
Description of progression of condition (incorporates elements of PMHx, PSHx, FamHx, SocHx, and screening tests that are relevant to the story)		8	
Completeness (OPQRST and ADLs) to included FOCUSED review of systems pertinent to chief complaint			
SPIRITUAL HISTORY			
Include spiritual preference or need for guidance (if any)		1	
MEDICATIONS			
Medication, dose, & frequency (All Rx, OTC, herbal, and home remedies pertinent to CC)		1	
ALLERGIES			
Drug allergy and non-drug allergies. Must include reactions.		1	
PHYSICAL EXAMINATION			
Vitals (T, P, RR, BP, Ht, Wt, BMI) Report abnormal findings then state, "otherwise stable"		1	
General Description of the patient (Alert, Oriented x 3; Level of Distress)		1	
Proper Head to toe format		1	
Completeness of focused physical exam only		1	
Thoroughness and appropriate to CC (each pertinent system must be complete)		2	
Description of findings and/or special tests		1	
LAB/DIAGNOSTIC STUDIES			
Completeness and accuracy. Abnormal values indicated.		3	
Appropriateness of test selection		1	
FINAL DIAGNOSIS/ASSESSMENT			
Appropriateness/Completeness		1	
SUMMARY/DIFFERENTIAL DIAGNOSIS			
Acute Encounters: Briefly discuss support evidence of final diagnosis and two pertinent differential diagnosis. You should only present additional differential diagnosis discussion if unable to determine a final diagnosis. Chronic Encounters: Briefly discuss your assessment of the patient's ongoing conditions and their degree of control on current therapies.		5	
TREATMENT PLAN/PATIENT EDUCATION			
Appropriate medical and surgical treatment/non-medical treatment/referrals/patient education/follow-up		5	
NON-VERBAL SKILLS			
Eye Contact: Holds attention of audience with use of eye contact and seldom use of notes.		1	

Oral Case Presentation Grading Rubric		POINTS POSSIBLE	POINTS EARNED
Body language: Engaging and movements seem controlled.		1	
Posture/Poise: Student is relaxed, self-confident, makes no mistakes.		1	
VERBAL SKILLS			
Elocution: Student uses a clear voice and correct, precise pronunciation of terms.		1	
Vocalized Pauses: (ah, uh, um, well etc.): No excessive vocalized pauses are noticed.		1	
CONTENT			
Subject knowledge: Student demonstrates knowledge by answering questions asked by the audience.		2	
Organization: Student presents information in a logical, interesting manner in which the audience can follow.		2	
TIMELINESS			
Student finishes the entire focused oral presentation within a time frame allowed		2	
COMMENTS:		Total Possible	Total Earned
		50	
		Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX B: Initial Clinical Site Visit: Site Evaluation

ARC-PA 6th Edition Standards: A1.02e, A2.15, B3.01a-e, B3.02a-c, B3.03a-c, B3.04a-d

Clinical Site: _____ Contact: _____

Preceptor: _____ Total # of Site Preceptors: _____

Rotation Specialty: _____ Date: _____

Preceptor Documents: <input type="checkbox"/> Curriculum Vitae <input type="checkbox"/> Valid State Medical License <input type="checkbox"/> Specialty Board Certification <input type="checkbox"/> NCCPA Certification	Setting: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Operating Room <input type="checkbox"/> Telehealth, % of patient cases = _____	Patient Contacts per Day: <input type="checkbox"/> 1-5 patients <input type="checkbox"/> 5-10 patients <input type="checkbox"/> 10-15 patients <input type="checkbox"/> 15 + patients
Special Population <input type="checkbox"/> Women’s Health: Prenatal <input type="checkbox"/> Women’s Health: Gynecologic <input type="checkbox"/> Mental Health/Psychiatric <input type="checkbox"/> Rural Health	Patient Population: <input type="checkbox"/> Infants: 0-12 months <input type="checkbox"/> Children: 1-10 years <input type="checkbox"/> Adolescents: 11-17 years <input type="checkbox"/> Adults: 18-64 years <input type="checkbox"/> Older Adults: ≥65 years	Type of Care: <input type="checkbox"/> Preventive <input type="checkbox"/> Acute <input type="checkbox"/> Emergent <input type="checkbox"/> Chronic Care <input type="checkbox"/> Pre-Operative <input type="checkbox"/> Intra Operative <input type="checkbox"/> Post-Operative

Preceptor Orientation & Essential Core Criteria	YES	NO	N/A
Preceptor has reviewed the program manual			
Preceptor has reviewed the rotation specific learning objectives and outcomes			
Preceptor has reviewed the course syllabi			
Preceptor has reviewed and understands the AHU clinical preceptor responsibilities			
Preceptor has reviewed the student evaluation form			
Preceptor is aware of grading criteria			
Preceptor provides student feedback			
Preceptor/facility provides orientation to students			
Students are integrated into healthcare team			
Students are counted as clinical providers and/or administrative staff			
Clinical Safety Criteria	YES	NO	N/A
Perceived safe neighborhood			
Sufficient exterior lighting			
Safe access to parking area			
Obstacles in walkways			
Sufficient space in exam areas (ensure no harm to patient or provider)			
Physical facility free of obvious hazards			
Fire alarm system & extinguishers well identified			
Building evacuation procedure defined & readily available			
Notification of appropriate authority(ies) defined & readily available			

List of common technical skills performed:

Comments on clinical rotation:

Comments on Preceptor(s):

Areas where AHU can assist:

Important Information to share with students:

Final Assessment: Satisfactory Unsatisfactory

Evaluator/Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX C: Clinical Site Visit: Site Evaluation

ARC-PA 6th Edition Standards: A1.02e, A2.15, A3.04, B3.01a-e, B3.02a-c, B3.03a-c, B3.04a-d

Clinical Site: _____ Contact: _____
 Preceptor: _____ Total # of Site Preceptors: _____
 Rotation Specialty: _____ Date: _____

Preceptor Documents: <input type="checkbox"/> Curriculum Vitae <input type="checkbox"/> Valid State Medical License <input type="checkbox"/> Specialty Board Certification <input type="checkbox"/> NCCPA Certification	Setting: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Operating Room <input type="checkbox"/> Telehealth, % of patient cases = _____	Patient Contacts per Day: <input type="checkbox"/> 1-5 patients <input type="checkbox"/> 5-10 patients <input type="checkbox"/> 10-15 patients <input type="checkbox"/> 15 + patients
Special Population <input type="checkbox"/> Women's Health: Prenatal <input type="checkbox"/> Women's Health: Gynecologic <input type="checkbox"/> Mental Health/Psychiatric <input type="checkbox"/> Rural Health	Patient Population: <input type="checkbox"/> Infants: 0-12 months <input type="checkbox"/> Children: 1-10 years <input type="checkbox"/> Adolescents: 11-17 years <input type="checkbox"/> Adults: 18-64 years <input type="checkbox"/> Older Adults: ≥65 years	Type of Care: <input type="checkbox"/> Preventive <input type="checkbox"/> Acute <input type="checkbox"/> Emergent <input type="checkbox"/> Chronic Care <input type="checkbox"/> Pre-Operative <input type="checkbox"/> Intra Operative <input type="checkbox"/> Post-Operative

Preceptor Orientation & Essential Core Criteria	YES	NO	N/A
Preceptor has reviewed the program manual			
Preceptor has reviewed the rotation specific learning objectives and outcomes			
Preceptor has reviewed the course syllabi			
Preceptor has reviewed and understands the AHU clinical preceptor responsibilities			
Preceptor has reviewed the student evaluation form			
Preceptor is aware of grading criteria			
Preceptor provides student feedback			
Preceptor/facility provides orientation to students			
Students are integrated into healthcare team			
Students are counted as clinical providers and/or administrative staff			
Students are clearly identifying themselves as AHU PA students			
Clinical Safety Criteria	YES	NO	N/A
Perceived safe neighborhood			
Sufficient exterior lighting			
Safe access to parking area			
Obstacles in walkways			
Sufficient space in exam areas (ensure no harm to patient or provider)			
Physical facility free of obvious hazards			
Fire alarm system & extinguishers well identified			
Building evacuation procedure defined & readily available			
Notification of appropriate authority(ies) defined & readily available			

List of common technical skills performed:

Comments on clinical rotation:

Suggestions to improve clinical rotation:

Suggestions to improve student's preparation for clinical rotations (apps to download):

Areas where AHU can assist:

Final Assessment: Satisfactory Unsatisfactory

Evaluator/Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX D: Clinical Site Visit: Student Evaluation

ARC-PA 6th EDITION STANDARDS: A2.17(a), A3.01, A3.04, B2.04, B2.05, B2.13(a-e), B2.14(a-b), B2.15(a-d), B2.19(a-c), B4.01(a-b), C1.01

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation: _____

Rotation Specialty: _____ Date: _____

Student is able to: (as observed by faculty and/or preceptor feedback)	Excellent	Above Average	Satisfactory	Below Expectation	Not Observed
Take a relevant history (B2.04)					
Perform an appropriate examination (B2.05)					
Show adequate knowledge base (B2.05)					
Evaluator/ Faculty Observation:					
Overall professionalism (B2.19)					
Overall performance for oral case presentation (see attached rubric). (B2.04, B2.05)					
Student Questions:					
Does the student report using Evidence Based Medicine? (Ex. UpToDate, research to determine treatment plan) (B2.13)					
Is the student using supplemental reading to study for the current clerkship?	Resources used:				
Does the student report having the opportunity to use public health and epidemiologic knowledge? (e.g. immunizations, smoking cessation, etc.) (B2.15)					
Is there sufficient preceptor supervision? (C1.01)					
On average, how many patient encounters is the student experiencing during the current clerkship?					
Is the student utilizing an EHR while on the current clerkship? If yes, which one? B2.14 (a-b)					
Per the student, was the clerkship orientation information in Typhon correct? (A2.17a)	Yes/ No Updates for Typhon:				
Does the student have any issues, concerns, recommendations or requests?					

Preceptor the student is supervised by on the day of student visit: _____

Did you meet with the student's preceptor? **YES / NO**

If yes, did the preceptor have any issues, concerns, recommendation or requests:

Is the student wearing their AHU student badge and AHMG student badge (if at an AH/AHMG site) to be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners? (A3.04): **YES / NO**

Additional Comments:

Date of next student evaluation visit: (please check applicable)

- _____ As per regular schedule
- _____ Student to meet with Advisor at next EOR
- _____ Student to meet with Clinical Director at next EOR
- _____ Accelerated visit necessary due to concerns noted regarding the student, site or preceptor.

Evaluator/Faculty Signature

Date:

Clinical Director Signature

Date:

CLINICAL-APPENDIX E: Admission History & Physical Grading Rubric

ARC-PA 6th EDITION STANDARDS: A3.01, B2.02(a-e), B2.03, B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Case Title: _____ Clinical Rotation: _____

ADMISSION HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
IDENTIFYING DATA		
Visit Date	1	
Setting/location (include specialty specific hospital and unit if applicable)	1	
Provider (list yourself as student with "attending PA-C or Physician", do not include preceptor name)	1	
Referring Provider (keep sanitized: ex. PCP, general surgery, etc.)	1	
Identifying Data (name (made up), age, gender, race, etc.)	1	
Reliability/ Historian	1	
CHIEF COMPLAINT		
Reason for Admission (include length of time)	1	
HPI		
Introductory sentence	1	
Description of progression of condition (relevant PMH, FH, Surgical Hx and Social Hx)	3	
Completeness (OPPQRST)	3	
ROS questions pertinent to chief complaint are included in HPI (pertinent +/-)	3	
Comprehensive narrative content that flows in a logical fashion	1	
WORKING DIFFERENTIALS		
Minimum of at least five (5) differential diagnoses	5	
PMHX		
Adult illnesses and/or major childhood illnesses: includes adequate detail (onset, complications and therapy)	1	
Surgical Hx: Procedure and Dates (month and year)	1	
Birth/OB/GYN Hx (if applicable): GPFAL, menarche, menses, menopause	0 / 1	
Hospitalizations: Reason and Dates	1	
Immunizations (adult/pediatric). UTD not acceptable	1	
Screening pertinent to patient age, sex, cc, health maintenance	1	
MEDICATIONS		
Medications, dosage, instructions and prescribed indication (all Rx, OTC, herbal and home remedies). Include time last taken if appropriate.	2	
SURGICAL RISK AND CONSENT (If applicable)		
Risk Factors (individualized to patient)	0 / 1	
Prior Anesthesia Reactions	0 / 1	
Anticoagulation Status: include current blood thinner/NSAID use and time taken	0 / 1	
Sx Status (ASA physical status classification)	0 / 1	
Informed Consent: includes risk factors of procedure	0 / 1	
Time of last PO intake	0 / 1	
ALLERGIES		
Drug allergy and rxn	1	

ADMISSION HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
Non-drug allergies and rxn	1	
FAMILY Hx/PEDIGREE		
Comprehensiveness of diagrammatic or outline format to include pertinent negatives relevant to case	1	
Includes minimum of 2 generations	1	
SOCIAL HISTORY		
Marital status, education, occupation, military history, living situation, diet, exercise, tobacco, ETOH, illicit drug and include migration and/or travel history if applicable	2	
SPIRITUAL HISTORY		
Include spiritual preference if any	1	
REVIEW OF SYSTEMS		
General, respiratory, cardiovascular, GI and all other relevant systems (skin, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, genitourinary, peripheral vascular, musculoskeletal, neurologic, psych, hematologic, endocrine)	5	
System completeness (pertinent negatives and positives)	2	
Detailed history on all positives	2	
PHYSICAL EXAMINATION		
Vitals (Temp, Pulse, RR, BP, Ht, Wt, BMI) with quantity, location measured and units of measurement	1	
General Description of the patient	1	
Proper Head to toe format	1	
Listed Systems: General, thorax/lungs, cardiovascular, abdomen and all other pertinent systems: (skin/hair/nails, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, abdomen, genitalia, anus/rectum/prostate, peripheral vascular, musculoskeletal, neuro (CN, motor, sensory, reflexes))	5	
System comprehensiveness (pertinent negatives and positives)	2	
Description of findings	1	
DIFFERENTIAL DIAGNOSIS		
Minimum of 5 listed with evidence-based reference (include one-line support statement explaining rationale)	5	
Appropriateness (most likely DDx listed first)	1	
DIAGNOSTIC WORK-UP / LAB STUDIES		
Comprehensiveness and accuracy. Results listed for ordered tests. Abnormal values indicated with normal value listed for reference.	3	
Appropriateness of test selection	1	
FINAL DIAGNOSIS/ ASSESSMENT/ PROBLEM LIST		
Appropriateness	1	
Completeness: Includes assessment and separate working/active problem list	1	
ADMISSION ORDERS		
Detailed ADCVANDISMAL orders	10	
Appropriate medical treatment/consults	2	
Patient education and counseling	2	
DNR Status	1	
SUMMARY / DISCUSSION		

ADMISSION HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
Includes sentence summarizing key history, PE and laboratory data.	3	
Adequate differential diagnosis reviewed for major problems with explanation of final diagnosis. Discussion is specific to the patient, not a summary of a textbook or review article.	3	
Management strategies discussed that reflect an understanding of the pathophysiology of the patient's illness.	3	
OVERALL FORMAT / STYLE		
Legible, proper grammar, punctuation, spelling, and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.	5	
LEVEL OF DIFFICULTY / CRITICAL THINKING		
Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking applied.	2	
Addresses patient care considerations with regard to public health implications, legal responsibilities, ethical principles, and informed consent.	2	
EVIDENCE BASED MEDICINE		
References for case: AMA Format, minimum of 3, discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable).	3	

COMMENTS:

Total Possible	Total Earned
Max OBGYN = 112	
Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX F: Behavioral Health Comprehensive Grading Rubric

ARC-PA 6th EDITION STANDARDS: A3.01, B2.02(a-e), B2.03, B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Case Title _____ Clinical Rotation: Behavioral Health

BEHAVIORAL HEALTH COMPREHENSIVE GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
IDENTIFYING DATA		
Visit Date	1	
Setting/Location (include specialty specific hospital and unit if applicable; in/outpatient)	1	
Provider (list yourself as student with “attending PA-C or Physician”, do not include preceptor name)	1	
Identifying Data (name [made up], age, gender, race, etc.)	1	
Referral: (keep sanitized: ex. PCP, self-referred, baker act, etc.)	1	
Historian/Reliability	1	
SUBJECTIVE		
Chief complaint in patient’s own words (include length of time)	1	
HPI		
Introductory sentence	1	
Description of progression of condition (relevant PMH, FH, Social Hx and psych hx)	5	
Completeness (OPQRST)	3	
ROS questions pertinent to chief complaint are included in HPI (pertinent +/-)	3	
Appropriate narrative content that flows smoothly in a logical fashion	1	
WORKING DIFFERENTIALS		
Minimum of at least five (5) differentials (from chief complaint)	5	
PMHX		
Adult illnesses, major childhood illnesses, pertinent OB/GYN history (if applicable): includes sufficient detail (onset, complications and therapy)	2	
Past Psychiatric Hx/Tx: include dates (month and year)	3	
Past Family Psychiatric Hx/Tx	1	
Past Suicide Attempts: include attempted method and dates (month and year)	1	
Past Surgical Hx: Procedure and Dates (month and year)	1	
Hospitalizations: Reason and Dates (month and year)	1	
Allergies (Drug and Non-Drug) and Reaction	1	
MEDICATIONS		
Medications, dosage, instructions, and prescribed indication (all Rx, OTC, herbal and home remedies)	3	
SOCIAL HISTORY – NARRATIVE (not bullet points)		
Living situation, diet, exercise, tobacco, ETOH, illicit drugs	1	
Developmental History	1	
Marriage History/ Children	1	
Education	1	
Employment / Military History	1	
Financial /Legal Issues	1	
SPIRITUAL HISTORY		

BEHAVIORAL HEALTH COMPREHENSIVE GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
Include spiritual preference if any	1	
REVIEW OF SYSTEMS		
General if pertinent to the chief complaint	1	
Completeness (pertinent negatives and positives, age-appropriate)	1	
PHYSICAL EXAMINATION		
Vitals (T, P, RR, BP, Ht, Wt, BMI) with quantity and units of measurement	1	
General Description of the patient (include PE findings if obtained)	1	
MMSE		
Appearance (posture, dress, level of alertness, facial expression, etc.)	2	
Behavior (eye contact, psychomotor activity, movements)	2	
Speech (rate, rhythm, volume, content, etc.)	2	
Observable Affect: (stability, range, affect type, etc.)	2	
Thought Process: (flow and connection)	2	
Thought Content: (themes that occupy the patient's thoughts: preoccupations, illusions, hallucinations, derealization)	2	
Cognition: (attention, concentration, memory, judgment)	2	
Orientation	2	
DIFFERENTIAL DIAGNOSIS		
Minimum 5 with evidence-based reference for each: include one-line support statement	5	
Appropriateness (most likely Ddx listed first)	1	
DIAGNOSTIC WORK-UP / LAB STUDIES		
Completeness and accuracy. Abnormal values indicated. Normal values listed for reference.	2	
Appropriateness of test selection	1	
FINAL DIAGNOSIS / ASSESSMENT		
Appropriateness	1	
Completeness: Includes assessment and separate working/active problem list	1	
TREATMENT PLAN		
Appropriate medical treatment/ referral: to list and address each item on problem list (medical and psych management)	3	
Patient education and counseling	3	
Appropriate follow-up/disposition/prognosis	3	
SUMMARY / DISCUSSION		
Includes sentence summarizing key history, PE and laboratory data.	3	
Adequate differential diagnosis reviewed for major problems with explanation of final diagnosis. Discussion is specific to the patient, not a summary of a textbook or review article.	3	
Management strategies discussed that reflect an understanding of the pathophysiology of the patient's illness.	3	
OVERALL FORMAT / STYLE		
Legible, proper grammar, punctuation, spelling, and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.	5	

BEHAVIORAL HEALTH COMPREHENSIVE GRADING RUBRIC		POINTS POSSIBLE	POINTS EARNED
LEVEL OF DIFFICULTY / CRITICAL THINKING			
Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking applied.		2	
Addresses patient care considerations with regard to public health implications, legal responsibilities, ethical principles, and informed consent.		2	
EVIDENCE BASED MEDICINE			
References for case: AMA Format, minimum of 3. These must be scientific references (UTD, Medline, etc. are not acceptable).		3	
<u>COMMENTS:</u>		Total Possible	Total Earned
		105	
		Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX G: Comprehensive History & Physical Grading Rubric

ARC-PA 6th EDITION STANDARDS: A3.01, B2.02(a-e), B2.03, B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Case Title: _____ Clinical Rotation: _____

**If section is deferred or not complete, be sure to include whom it was deferred by and why*

COMPREHENSIVE HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
IDENTIFYING DATA		
Visit Date	1	
Setting/Location (include inpatient/outpatient, unit, type of facility, etc.)	1	
Provider (list yourself as student with "attending PA-C or Physician", do not include preceptor name)	1	
Identifying Data (name (made up), age, gender, race, etc.)	1	
Referral (keep sanitized: ex. PCP, self-referred, etc)	1	
Reliability/ Historian	1	
CHIEF COMPLAINT		
Chief complaint in patient's own words (include length of time)	1	
HPI		
Introductory sentence	1	
Description of progression of condition (incorporates elements of PMH, FH, Surgical Hx and Social Hx that are relevant to story)	3	
Completeness (OPPQRST)	3	
ROS questions pertinent to chief complaint are included in HPI (pertinent negatives and positives)	3	
Appropriate narrative content that flows in a logical fashion	1	
WORKING DIFFERENTIALS		
Minimum of at least three (3) differential diagnoses	3	
PMHX		
Adult illnesses and/or major childhood illnesses: includes adequate detail (onset, complications and therapy)	1	
Surgical Hx: Procedure and Dates (month and year)	1	
Birth/OB/GYN Hx (if applicable): GPFAL, menarche, menses, menopause	0 / 1	
Hospitalizations: Reason and Dates (month and year)	1	
Immunizations (adult/pediatric). (UTD not acceptable)	1	
Screening (pertinent to patient age, sex, chief complaint, health maintenance)	1	
MEDICATIONS		
Medications, dosage, instructions, and prescribed indication (all Rx, OTC, herbal and home remedies). Include time last taken if appropriate.	3	
ALLERGIES		
Drug allergy and rxn	1	
Non-drug allergies and rxn	1	
FAMILY Hx or PEDIGREE		
Comprehensiveness of diagrammatic or outline format, to include pertinent negatives relevant to case (Includes minimum of 2 generation (age at diagnosis if premature onset))	2	

COMPREHENSIVE HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
SOCIAL HISTORY		
Marital status, education, occupation, military history, living situation, diet, exercise, tobacco, ETOH, illicit drugs and include migration and/or travel history if applicable	3	
SPIRITUAL HISTORY		
Include spiritual preference if any	1	
REVIEW OF SYSTEMS		
All systems listed: general, skin, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, respiratory, cardiovascular, gastro, genitourinary, peripheral vascular, musculoskeletal, neurologic, psych, hematologic, endocrine	19	
Detailed history on all positives	1	
PHYSICAL EXAM		
Vitals (Temp, Pulse, RR, BP, Ht, Wt, BMI) with quantity, location measured and units of measurement	1	
General Description of the patient	1	
Comprehensiveness (all systems examined: skin/hair/nails, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, thorax/lungs, cardiovascular, abdomen, genitalia, anus/rectum/prostate, peripheral vascular, musculoskeletal, neuro (mental status, CN, motor, sensory, reflexes)	16	
Thoroughness (each system complete)	1	
Description of findings	1	
DIFFERENTIAL DIAGNOSIS		
Minimum of 5 listed with evidence-based reference (include one-line support statement explaining rationale)	5	
Appropriateness (most likely Ddx listed first)	1	
DIAGNOSTIC WORK-UP / LAB STUDIES		
Comprehensiveness and accuracy. Results listed for ordered tests. Abnormal values indicated with normal value listed for reference. Interpret lab results or provide evidence-based rationale for ordering test if results pending (one sentence)	3	
Appropriateness of test selection	1	
FINAL DIAGNOSIS / ASSESSMENT/ PROBLEM LIST/ TREATMENT PLAN		
Final diagnosis/assessment: Comprehensive and appropriate	1	
Active problem list	1	
Appropriate medical treatment/ referral: to list and address each item on problem list	5	
Patient education and counseling (anticipatory guidance if appropriate)	3	
Appropriate follow-up/disposition	1	
SUMMARY / DISCUSSION		
Includes sentence summarizing key history, PE, and laboratory data.	2	
Adequate differential diagnosis reviewed for major problems with explanation of final diagnosis. Discussion is specific to the patient, not a summary of a textbook or review article.	2	
Management strategies discussed that reflect an understanding of the pathophysiology of the patient's illness.	2	
Prognosis	1	
OVERALL FORMAT / STYLE		

COMPREHENSIVE HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
Legible, proper grammar, punctuation, spelling and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.	5	
LEVEL OF DIFFICULTY / CRITICAL THINKING		
Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking applied.	2	
Addresses patient care considerations with regard to public health implications, legal responsibilities, ethical principles, and informed consent.	2	
EVIDENCE BASED MEDICINE		
References for case: AMA Format, minimum of 3. Discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable).	3	
COMMENTS:	Total Possible	Total Earned
	117 (or) 118	
	Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX H: Focused History & Physical Grading Rubric

ARC-PA 6th EDITION STANDARDS: A3.01, B2.02(a-e), B2.03, B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Case Title: _____ Clinical Rotation: _____

**If section is deferred or not complete, be sure to include whom it was deferred by and why*

Focused History & Physical Grading Rubric	POINTS POSSIBLE	POINTS EARNED
IDENTIFYING DATA		
Visit Date	1	
Setting/Location (include inpatient/outpatient, unit, type of facility, etc.)	1	
Provider (list yourself as student with "attending PA-C or Physician", do not include preceptor name)	1	
Identifying Data (name (made up) , age, gender, race, etc.)	1	
Referral (keep sanitized: ex. PCP, self-referred, etc.)	1	
Reliability/ Historian	1	
CHIEF COMPLAINT		
Chief complaint in patient's own words (include length of time)	1	
HPI		
Introductory sentence	1	
Description of progression of condition (incorporates elements of PMH, FH, Surgical Hx and Social Hx that are relevant to story)	3	
Completeness (OPPQRST)	3	
ROS questions pertinent to chief complaint are included in HPI (pertinent negatives and positives)	3	
Appropriate narrative content that flows in a logical fashion	1	
WORKING DIFFERENTIALS		
Minimum of at least five (5) differentials	3	
PMHX		
Adult illnesses and/or major childhood illnesses: includes sufficient detail (onset, complications and therapy)	1	
Surgical Hx: Procedure and Dates (month and year)	1	
Birth/OB/GYN Hx (if applicable): GPPAL, menarche, menses, menopause	0 / 1	
Hospitalizations: Reason and Dates (month and year)	1	
Immunizations (adult/pediatric)	1	
Screening (pertinent to patient age, sex, chief complaint, health maintenance)	1	
MEDICATIONS		
Medications, dosage, instructions and prescribed indication (all Rx, OTC, herbal and home remedies) Include time last taken if appropriate.	3	
ALLERGIES		
Drug allergy and rxn	1	
Non-drug allergies and rxn	1	
FAMILY Hx or PEDIGREE		
Comprehensiveness of diagrammatic or outline format, to include pertinent negatives relevant to case (Includes minimum of 2 generation (age at diagnosis if premature onset))	3	

Focused History & Physical Grading Rubric	POINTS POSSIBLE	POINTS EARNED
SOCIAL HISTORY		
Marital status, education, occupation, military history, living situation, diet, exercise, tobacco, ETOH, illicit drugs	2	
SPIRITUAL HISTORY		
Include spiritual preference if any	1	
REVIEW OF SYSTEMS		
General, respiratory, cardiovascular, GI and any other PERTINENT systems relevant to chief complaint: (skin, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, genitourinary, peripheral vascular, musculoskeletal, neurologic, psych, hematologic, endocrine)	10	
Completeness (pertinent negatives and positives, age appropriate)	2	
Detailed history on all positives	2	
PHYSICAL EXAMINATION		
Vitals (Temp, Pulse, RR, BP, Ht, Wt, BMI) with quantity, location measured and units of measurement	1	
General Description of the patient	1	
Physical Exam Findings: Thorax/Lungs, Cardiovascular and any other areas relevant to chief complaint: [skin/hair/nails, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, abdomen genitalia, anus/rectum/prostate, peripheral vascular, musculoskeletal, neuro (CN, motor, sensory, reflexes)]	10	
Thoroughness (each system complete)	1	
Description of findings	1	
DIFFERENTIAL DIAGNOSIS		
Minimum of 5 listed with evidence-based reference (include one-line support statement explaining rationale)	5	
Appropriateness (most likely Ddx listed first)	1	
DIAGNOSTIC WORK-UP / LAB STUDIES		
Completeness and accuracy. Results listed for ordered tests. Abnormal values indicated with normal value listed for reference.	1	
Appropriateness of test selection	1	
FINAL DIAGNOSIS / ASSESSMENT/ PROBLEM LIST / TREATMENT PLAN		
Final diagnosis/assessment: Comprehensive and appropriate.	3	
Active problem list	1	
Appropriate medical treatment/ referral: to list and address each item on problem list	1	
Patient education and counseling (anticipatory guidance if appropriate)	1	
Appropriate follow-up	1	
SUMMARY / DISCUSSION		
Includes sentence summarizing key history, PE, and laboratory data.	1	
Adequate differential diagnosis reviewed for major problems with explanation of final diagnosis. Discussion is specific to the patient, not a summary of a textbook or review article.	2	
Management strategies discussed that reflect an understanding of the pathophysiology of the patient's illness.	2	
Prognosis	1	
OVERALL FORMAT / STYLE		

Focused History & Physical Grading Rubric	POINTS POSSIBLE	POINTS EARNED
Legible, proper grammar, punctuation, spelling, and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.	5	
LEVEL OF DIFFICULTY / CRITICAL THINKING		
Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking applied.	5	
Addresses patient care considerations with regard to public health implications, legal responsibilities, ethical principles, and informed consent.	2	
EVIDENCE BASED MEDICINE		
References for case: AMA Format, min. of 3, discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable).	3	
COMMENTS:	Total Possible	Total Earned
	101 (or) 102	
	Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX I: Delivery Note Grading Rubric

ARC-PA 6th EDITION STANDARDS: A3.01, B2.02(a-e), B2.03, B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Case Title: _____ Clinical Rotation: _____

DELIVERY NOTE GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
GENERAL INFORMATION		
Visit Date	1	
Setting/location (include specialty-specific hospital and unit if applicable)	1	
Identifying Data (name, age, gender, race, etc.)	1	
Pertinent Surgical History	1	
Pertinent Medical History	1	
Medication, dose, instructions, and indication (All Rx, OTC, herbal, and home remedies). Include the time medication was last taken/given if appropriate.	2	
Time of last PO intake	1	
ALLERGIES		
Allergies and reactions (Drug and non-drug)	2	
RISK AND CONSENT		
Risk Factors (individualized to the patient; i.e. obesity, tobacco dependence, IVDU)	1	
Prior Anesthesia Reactions	1	
Anticoagulation Status: include current blood thinner/NSAID use, and time taken	1	
Sx Status (ASA physical status classification)	1	
Informed Consent: to include risk factors of the procedure	2	
DELIVERY REPORT		
Pre-Delivery Diagnosis	1	
Delivering provider/Surgeon	1	
Assistant(s) and Anesthesiologist (if applicable)	1	
Anesthesia	1	
Equipment	1	
Indications	1	
Contraindications	1	
Post-Delivery Diagnosis	1	
PROCEDURE REPORT		
Procedure Title	1	
Positioning	1	
Operation/Procedure Report including technique and special procedures	5	
Complications	1	
Estimated Blood Loss	1	
Plan of Care/Disposition	2	
OVERALL FORMAT / STYLE		
Legible, proper grammar, punctuation, spelling, and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.	5	
LEVEL OF DIFFICULTY / CRITICAL THINKING		

DELIVERY NOTE GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking was applied.	5	
Addresses patient care considerations with regard to public health implications, legal responsibilities, ethical principles, and informed consent.	2	
EVIDENCE BASED MEDICINE		
References for case: AMA Format, minimum of 3.	3	
<u>COMMENTS:</u>	Total Possible	Total Earned
	50	
	Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX J: Procedure / Operative Note Grading Rubric

ARC-PA 6th EDITION STANDARDS: A3.01, B2.02(a-e), B2.03, B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Case Title: _____ Clinical Rotation: _____

PROCEDURE / OPERATIVE NOTE GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
GENERAL INFORMATION		
Visit Date	1	
Setting/location (include specialty-specific hospital and unit if applicable)	1	
Identifying Data (name (made up), age, gender, race, etc.)	1	
Allergies and Reaction (drug and non-drug)	2	
Pertinent Surgical History (month and date)	2	
Pertinent Medical History	2	
Medications, dosage, instructions, and prescribed indication (all Rx, OTC, herbal, and home remedies). Include time last taken if appropriate.	2	
Time of last PO intake	1	
SURGERY		
Indication(s)	1	
Absolute and relative contraindications for the procedure	2	
RISK AND CONSENT		
Risk Factors (individualized to the patient; i.e.. obesity, tobacco dependence, IVDU)	2	
Prior Anesthesia Reactions	1	
Anticoagulation Status: include current blood thinner/NSAID use, and time taken	1	
Sx Status (ASA physical status classification)	1	
Informed Consent: includes risk factors of the procedure	2	
PREPARATION		
Anesthesia	1	
Position	1	
Surgical Field	1	
Draping	1	
Pre-Medication	1	
Equipment	2	
OPERATIVE REPORT		
Pre-Operative Diagnosis	1	
Operation Performed	1	
Time out (indicate pre-surgical standard time-out performed and time)	1	
Operative Report (detailed step-by-step explanation of the procedure/operation and final post-operative equipment count)	10	
Surgeon	1	
Assistant(s) and Anesthesiologist (if applicable)	1	
Post-Operative Diagnosis	1	
PROCEDURAL/OPERATIVE FINDINGS		
Procedural/Operative Findings	3	
Procedural Complications	1	
Estimated Blood Loss	1	

PROCEDURE / OPERATIVE NOTE GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
Post-Procedure/Sedation	2	
Plan of Care/Disposition	10	
OVERALL FORMAT / STYLE		
Legible, proper grammar, punctuation, spelling, and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.	5	
LEVEL OF DIFFICULTY / CRITICAL THINKING		
Appropriate level of difficulty for the time in clinical rotation. Critical thinking is applied.	5	
Addresses patient care considerations with regard to public health implications, legal responsibilities, ethical principles, and informed consent.	2	
EVIDENCE BASED MEDICINE		
References for case: AMA Format, minimum of 3. These must be scientific references (UTD, Medline, etc. are not acceptable).	3	
<u>COMMENTS:</u>	Total Possible	Total Earned
	77	
	Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX K: Progress Note Grading Rubric

ARC-PA 6th EDITION STANDARDS: A3.01, B2.02(a-e), B2.03, B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Case Title: _____ Clinical Rotation: _____

**If section is deferred or not complete, be sure to include whom it was deferred by and why*

PROGRESS NOTE GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
IDENTIFYING DATA		
Visit Date	1	
Setting/location (include specialty-specific hospital and unit if applicable)	1	
Provider (list yourself as student with "attending PA-C or Physician", do not include preceptor name)	1	
Identifying Data (name (made up), age, gender, race, etc.)	1	
CHIEF COMPLAINT		
Reason for Admission	1	
HPI/ PERTINENT HISTORY/PATIENT SUMMARY		
Introductory sentence	1	
Summarize patient presentation and evaluation from initial presentation to admission (appropriate narrative content that flows smoothly in a logical fashion utilizing OPPQRST)	5	
Summary of events since admission	3	
ROS questions pertinent to the chief complaint are included in HPI (pertinent negatives and positives)	3	
Incorporates elements of PMH, OBGYN Hx, Family History & Surgical Hx that are relevant to the story	3	
Includes notation of prior hospitalizations (reasons and dates)	1	
Includes pertinent social history as pertains to the story (marital status, travel hx education/occupation, living situation, diet/exercise, tobacco, ETOH, illicit drugs)	3	
Includes spiritual preference if any	1	
DIFFERENTIALS		
Minimum of 5 listed with evidence-based reference (include one-line support statement explaining rationale)	5	
MEDICATIONS		
Medication dose and frequency (All Rx, OTC, herbal, and home remedies)	2	
ALLERGIES		
Drug allergy and rxn	1	
Non-drug allergies and rxn	1	
SOAP NOTE		
Subjective:		
Disposition of the patient (ie. sleeping, anxious, with family member, etc.)	2	
Comment on 24-hour events and functional status changes (Record of subjective findings that occurred during the evening, overnight, and in the morning)	2	
Patient's voiced concerns (How the patient felt over the past 24-hours). Current pertinent positive and negative symptoms.	2	
Objective:		

Vitals (Temp, Pulse, RR, BP, Ht, Wt, BMI) with quantity, location measured, and units of measurement. Note significant trends and abnormal findings.	5	
Physical Exam Findings: CV, Lungs, Abdomen, PVS, Neuro (any other pertinent systems)	5	
Investigations: Includes laboratory data, diagnostic imaging, and microbiology. Comment on significant trends (daily and hourly) and abnormal findings.	5	
ASSESSMENT/PLAN:		
Problem list: all associated medical problems associated with hospital admission are listed	3	
Issues are listed such that the most prominent and active issues are listed first	2	
Each problem is listed with an individual discussion, assessment, and follow-up plan (including consult requests). Comment on prognostics and patient progression. Follows evidence-based medicine.	10	
OVERALL FORMAT / STYLE		
Legible, proper grammar, punctuation, spelling, and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.	5	
LEVEL OF DIFFICULTY / CRITICAL THINKING		
Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking was applied.	2	
EVIDENCE BASED MEDICINE		
References for case: AMA Format, minimum of 3, discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable).	3	
COMMENTS:	Total Possible	Total Earned
	80	
	Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX L: Pediatric Comprehensive History & Physical Grading Rubric

ARC-PA 6th EDITION STANDARDS: A3.01, B2.02(a-e), B2.03, B2.04, B2.05, B2.06(a-f), B2.07(a-g), B2.11, B4.01(a-b)

Student: _____ Case Title: _____ Clinical Rotation: _____

**If section is deferred or not complete, be sure to include whom it was deferred by and why*

PEDIATRIC FOCUSED HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
IDENTIFYING DATA		
Visit Date	1	
Setting/Location (include inpatient/outpatient, unit, type of facility, etc.)	1	
Provider (list yourself as student with "attending PA-C or Physician", do not include preceptor name)	1	
Identifying Data (name (made up), age, gender, race, etc.)	1	
Referral (keep sanitized: ex. PCP, self-referred, etc.)	1	
Reliability/ Historian (mother, father, grandmother, foster parent, etc.)	1	
CHIEF COMPLAINT		
Chief complaint in patient/parent's own words (include length of time)	1	
HPI		
Introductory sentence (include birth info (if significant or child is under 2 years), pertinent PMHx and CC.	1	
Description of progression of condition (incorporates elements of PMH, FH, Surgical Hx and Social Hx that are relevant to story)	3	
Completeness (OPPQRST)	3	
ROS questions pertinent to chief complaint are included in HPI (pertinent age appropriate negatives and positives)	3	
Appropriate narrative content that flows in a logical fashion. Includes reference to whom is giving history.	1	
WORKING DIFFERENTIALS		
Minimum of at least three (3) differential diagnoses	3	
PMHX		
Major childhood illnesses: includes adequate detail (onset, complications and therapy)	1	
Surgical Hx: Procedure and Dates (month and year)	1	
Birth Hx (birth wt, gestational age, NSVD vs. c-section, complications, APGAR scores)	1	
Hospitalizations: Reason and Dates (month and year)	1	
Immunizations (UTD not acceptable)	1	
Health Screenings: (pertinent to patient age, sex, chief complaint, health maintenance). Be sure to include newborn and pediatrics screenings (vision/hearing).	1	
MEDICATIONS		
Medications, dosage (in mgs), instructions and prescribed indication (all Rx, OTC, herbal and home remedies). Include time last taken if appropriate.	3	
ALLERGIES		
Drug allergy and rxn	1	
Non-drug allergies and rxn	1	
FAMILY Hx or PEDIGREE		

PEDIATRIC FOCUSED HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
Comprehensiveness of diagrammatic or outline format, to include pertinent negatives relevant to case (Includes minimum of 2 generation (age at diagnosis if premature onset))	2	
SOCIAL HISTORY		
Daycare/school, living situation, feeding/ diet, pets, siblings, exercise, migration and/or travel history if applicable	3	
Age-appropriate questions/anticipatory screening questions: developmental milestones/concerns, potty training, sleeping habits, tobacco, ETOH, illicit drugs (f child is >12 yo); car seat/seatbelt use, helmet use, smoke/carbon monoxide detectors, sports/activities involvement, etc.	5	
Identify and utilize an American Academy of Pediatrics Bright Futures Developmental Screening Tool; Include tool used and measured results.	5	
SPIRITUAL HISTORY		
Family and/or patient spiritual preference	1	
REVIEW OF SYSTEMS		
All age appropriate questions/systems listed: general, skin, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, respiratory, cardiovascular, gastro, genitourinary, peripheral vascular, musculoskeletal, neurologic, psych, hematologic, endocrine. Be sure to include gyn hx if applicable (menarche/LMP/STD hx).	19	
Detailed history on all positives	1	
PHYSICAL EXAM		
Vitals (Temp, Pulse, RR, BP, Ht, Wt, BMI) with quantity, location measured and units of measurement. Include percentiles. Include head circumference up to age 2.	1	
General Description of the patient	1	
Comprehensiveness (all systems examined: skin/hair/nails, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, thorax/lungs, cardiovascular, abdomen, genitalia, anus/rectum/prostate, peripheral vascular, musculoskeletal, neuro (mental status, CN, motor, sensory, reflexes)	16	
Thoroughness (each system complete)	1	
Description of findings	1	
DIFFERENTIAL DIAGNOSIS		
Minimum of 5 listed with evidence-based reference (include one-line support statement explaining rationale)	5	
Appropriateness (most likely DDx listed first)	1	
DIAGNOSTIC WORK-UP / LAB STUDIES		
Comprehensiveness and accuracy. Results listed for ordered tests. Abnormal values indicated with normal value listed for reference. Interpret lab results or provide evidence-based rationale for ordering test if results pending (one sentence)	3	
Appropriateness of test selection	1	
FINAL DIAGNOSIS / ASSESSMENT/ PROBLEM LIST		
Final diagnosis/assessment: Comprehensive and age appropriate	1	
Active problem list	1	
TREATMENT PLAN		
Appropriate medical treatment/ referral: to list and address each item on problem list	5	
Patient education and counseling (anticipatory guidance if appropriate)	3	
Appropriate follow-up/disposition	1	

PEDIATRIC FOCUSED HISTORY & PHYSICAL GRADING RUBRIC		POINTS POSSIBLE	POINTS EARNED
SUMMARY / DISCUSSION			
Includes sentence summarizing key history, PE and laboratory data.		2	
Adequate differential diagnosis reviewed for major problems with explanation of final diagnosis. Discussion is specific to the patient, not a summary of a textbook or review article.		2	
Management strategies discussed that reflect an understanding of the pathophysiology of the patient's illness.		2	
Prognosis		1	
OVERALL FORMAT / STYLE			
Legible, proper grammar, punctuation, spelling and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.		5	
LEVEL OF DIFFICULTY / CRITICAL THINKING			
Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking applied.		2	
Addresses patient care considerations with regard to public health implications, legal responsibilities, ethical principles, and informed consent.		2	
EVIDENCE BASED MEDICINE			
References for case: AMA Format, minimum of 3. Discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable).		3	
COMMENTS:		Total Possible	Total Earned
		127	
		Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX M: Pediatric Focused History & Physical Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

Student: _____ Case Title: _____ Clinical Rotation: _____

**If section is deferred or not complete, be sure to include whom it was deferred by and why*

PEDIATRIC FOCUSED HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
IDENTIFYING DATA		
Visit Date	1	
Setting/Location (include inpatient/outpatient, unit, type of facility, etc.)	1	
Provider (list yourself as student with "attending PA-C or Physician", do not include preceptor name)	1	
Identifying Data (name (made up) , age, gender, race, etc.)	1	
Referral (keep sanitized: ex. PCP, self-referred, etc)	1	
Reliability/ Historian (mother, father, grandmother, foster parent, etc)	1	
CHIEF COMPLAINT		
Chief complaint in patient's own words (include length of time)	1	
HPI		
Introductory sentence (include birth info (if significant or child is under 2 years), pertinent PMHx and CC.	1	
Description of progression of condition (incorporates elements of PMH, FH, Surgical Hx and Social Hx that are relevant to story)	3	
Completeness (OPPQRST)	3	
ROS questions pertinent to chief complaint are included in HPI (pertinent age appropriate negatives and positives)	3	
Appropriate narrative content that flows in a logical fashion. Includes reference to whom is giving history.	1	
WORKING DIFFERENTIALS		
Minimum of at least five (5) differentials	3	
PMHX		
Major childhood illnesses: includes sufficient detail (onset, complications and therapy)	1	
Surgical Hx: Procedure and Dates (month and year) (to include circumcision if applicable)	1	
Birth Hx (birth wt, gestational age, NSVD vs. c-section, complications, APGAR scores)	1	
Hospitalizations: Reason and Dates (month and year)	1	
Immunizations (UTD not acceptable)	1	
Screening (pertinent to patient age, sex, chief complaint, health maintenance). Be sure to include newborn and pediatrics screenings (vision/hearing).	1	
MEDICATIONS		
Medications, dosage (in mgs), instructions and prescribed indication (all Rx, OTC, herbal and home remedies). Include time last taken if appropriate.	3	
ALLERGIES		
Drug allergy and rxn	1	
Non-drug allergies and rxn	1	
FAMILY Hx or PEDIGREE		
Comprehensiveness of diagrammatic or outline format, to include pertinent negatives relevant to case (Includes minimum of 2 generation (age at diagnosis if premature onset))	1	

PEDIATRIC FOCUSED HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
SOCIAL HISTORY		
Daycare/school, living situation, feeding/ diet, pets, siblings, exercise, migration and/or travel history if applicable	2	
Age appropriate questions/anticipatory screening questions: developmental milestones/concerns, potty training, sleeping habits, tobacco, ETOH, illicit drugs (f child is >12 yo); car seat/seatbelt use, helmet use, smoke/carbon monoxide detectors, sports/activities involvement, etc.	2	
SPIRITUAL HISTORY		
Family and/or patient spiritual preference	1	
REVIEW OF SYSTEMS		
General, respiratory, cardiovascular, GI and any other age appropriate PERTINENT systems relevant to chief complaint: (skin, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, genitourinary, peripheral vascular, musculoskeletal, neurologic, psych, hematologic, endocrine)	10	
Completeness (pertinent negatives and positives, age appropriate)	2	
Detailed history on all positives	2	
PHYSICAL EXAMINATION		
Vitals (Temp, Pulse, RR, BP, Ht, Wt, BMI) with quantity, location measured and units of measurement. Include percentiles.	1	
General Description of the patient	1	
Physical Exam Findings: Thorax/Lungs, Cardiovascular and any other areas relevant to chief complaint: [skin/hair/nails, head, eyes, ears, nose, throat/mouth, neck, breast/axilla, abdomen genitalia, anus/rectum/prostate, peripheral vascular, musculoskeletal, neuro (CN, motor, sensory, reflexes)]	10	
Thoroughness (each system complete)	1	
Description of findings	1	
DIFFERENTIAL DIAGNOSIS		
Minimum of 5 listed with evidence-based reference (include one-line support statement explaining rationale)	5	
Appropriateness (most likely DDx listed first)	1	
DIAGNOSTIC WORK-UP / LAB STUDIES		
Completeness and accuracy. Results listed for ordered tests. Abnormal values indicated with normal value listed for reference.	1	
Appropriateness of test selection	1	
FINAL DIAGNOSIS / ASSESSMENT/ PROBLEM LIST		
Final diagnosis/assessment: Comprehensive and appropriate.	3	
Active problem list	1	
TREATMENT PLAN		
Appropriate medical treatment/ referral: to list and address each item on problem list	1	
Patient education and counseling (anticipatory guidance if appropriate)	1	
Appropriate follow-up	1	
SUMMARY / DISCUSSION		
Includes sentence summarizing key history, PE and laboratory data.	1	
Adequate differential diagnosis reviewed for major problems with explanation of final diagnosis. Discussion is specific to the patient, not a summary of a textbook or review article.	2	

PEDIATRIC FOCUSED HISTORY & PHYSICAL GRADING RUBRIC	POINTS POSSIBLE	POINTS EARNED
Management strategies discussed that reflect an understanding of the pathophysiology of the patient's illness.	2	
Prognosis	1	
OVERALL FORMAT / STYLE		
Legible, proper grammar, punctuation, spelling and medical abbreviations. Comprehensive note with more than 10 misspelled words or deemed illegible may require the student to re-write the assignment.	5	
LEVEL OF DIFFICULTY / CRITICAL THINKING		
Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking applied.	5	
Addresses patient care considerations with regard to public health implications, legal responsibilities, ethical principles, and informed consent.	2	
EVIDENCE BASED MEDICINE		
References for case: AMA Format, min. of 3, discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable).	3	
COMMENTS:	Total Possible	Total Earned
	102	
	Grade:	

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX N: Mid-Rotation Student Self-Evaluation

ARC-PA 6th Edition Standards: A3.01, B1.03h, B4.01

Likert Scale:

Exceeds Expectations = Overall performance constantly better than expected.

Meets Expectations = Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = Unacceptable performance. Would recommend remediation in this task.

Indicate how YOU would assess your ability to perform the following skills during this rotation:	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/A
Ability to perform an appropriate and accurate patient history for encounters seen on the current clinical rotation.						
Ability to apply basic medical information for patient encounters seen on the current clinical rotation.						
Ability to perform an appropriate and accurate physical exam in the evaluation of patients seen on the current clinical rotation.						
Ability to identify and counsel patients evaluated on the current clinical rotation on:						
a. preventative screenings						
b. health maintenance						
c. disease prevention						
Apply the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of patients.						
Ability to interpret the findings of diagnostic studies and procedures obtained in the evaluation of patients seen on the current clinical rotation.						
Ability to perform clinical procedures commonly performed on the current clinical rotation (see syllabus for rotation required procedures, if any)						
Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on medical data collected and interpreted.						
Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice.						
Ability to formulate and implement an appropriate treatment plan for patients seen on the current clinical rotation and demonstrate knowledge regarding:						
a. pharmaceutical therapies						
b. non-pharmaceutical therapies						
c. patient education						
d. follow-up recommendations						
e. use of evidence-based medicine						
Demonstrate critical thinking and medical decision making.						

Ability to provide accurate and succinct clinical documentation in a format appropriate to the given practice site.						
Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
Interact with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
Ability to orally present clinical cases in a clear and concise manner.						
Demonstration of:						
a. intellectual honesty						
b. professional appearance, demeanor and conduct						
c. respect for patient's dignity, good bedside manner						
d. attendance and punctuality						
e. taking an active role in own education						

	high					low
<i>I feel I was adequately prepared for this rotation?</i>	5	4	3	2	1	

Recommendations on how to better prepare future students for this rotation:

Actions you plan to take to improve your learning experience on this rotation:

Would you like to speak to the Clinical Director regarding any concerns? yes no

Student's Signature: _____ Date: _____

Preceptor Comments:

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

****Please note: if a student scores themselves below "approaching expectations" the clinical director will contact the student and discuss the issues in depth to come up with an effective plan for resolution to these issues.*

CLINICAL-APPENDIX O: End of Rotation Preceptor Evaluation of Student, Behavioral Health

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19, B3.03, B3.04 (b and c), B3.05, B3.06(g), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

Likert Scale:

Exceeds Expectations = 100% = "5" on the Likert scale: Overall performance constantly better than expected.

Meets Expectations = 87% = "4" on Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = 75% = "3" on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = 70% = "2" on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = 60% = "1" on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

* Any measure receiving a score less than a 3 requires follow up by the Clinical Director for evaluation and determination if this measure requires remediation.

Indicate the students skills/abilities during the rotation, select N/O when not observed	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
1. Demonstrates familiarity with the psychiatric/behavioral health patient evaluation across the adult lifespan including the following:						
a. changes related to normal aging						
b. clinical manifestations as associated with the following:						
i. anatomy - associated with psychiatric/behavioral health conditions.						
ii. physiology - associated with psychiatric/behavioral health conditions.						
iii. natural history associated with psychiatric/behavioral health conditions.						
2. Ability to elicit and perform a focused history and physical examination for psychiatric and behavioral health patient encounters over the course of a lifespan for:						
a. acute psychiatric/ behavioral health conditions						
b. chronic psychiatric/ behavioral health conditions						
c. emergent psychiatric/ behavioral health conditions						
3. Apply the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of:						
a. acute psychiatric/ behavioral health conditions						
b. chronic psychiatric/ behavioral health conditions						
c. emergent psychiatric/behavioral health conditions						
d. health maintenance and screenings in the behavioral health setting						
4. Ability to interpret the findings of diagnostic studies and screening tools utilized in the assessment of the psychiatric/ behavioral health patient across the lifespan.						
5. Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on medical data collected and interpreted in the psychiatric/ behavioral health setting.						

Indicate the students skills/abilities during the rotation, select N/O when not observed	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
6. In the psychiatric or behavioral health practice setting and in collaboration with supervising preceptor, demonstrates ability to:						
a. formulate and implement an appropriate treatment plan						
b. recommend pharmaceutical therapeutics						
c. recommend non-pharmaceutical therapeutics						
d. provide patient education						
e. define follow-up recommendations						
f. utilize-evidence based medicine						
7. Ability to outline considerations in caring for patients with psychiatric and/or behavioral health conditions in regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. axes contained within the DSM-V codes						
8. Demonstrates critical thinking and medical decision-making skills.						
9. Ability to elicit a comprehensive behavioral health history using telemedicine platforms, demonstrating effective communication and rapport-building skills in a virtual environment.						
10. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
11. Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
12. Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
13. Ability to orally present clinical cases in a clear and concise manner.						
14. Demonstrates:						
a. intellectual honesty						
b. professional appearance, demeanor and conduct						
15. AHU PA student's competency in providing care to the psychiatric/behavioral health patient during the clinical rotation in the following types of encounters:						
a. Preventative/Screening						
b. Emergent						
c. Acute						
d. Chronic						

Indicate the students skills/abilities during the rotation, select N/O when not observed

Exceeds Expectations

Meets Expectations

Approaching Expectations

Below Expectations

Unacceptable

N/O

16. AHU PA student's competency in providing psychiatric/ behavioral health patient care to patients across the lifespan including:

a. Adolescents (11-17 yrs old) (if applicable to rotation)						
b. Adults (18-64 yrs old)						
c. Older Adults/Elderly (≥ 65 yrs old)						

Comments on the student's performance: _____

The student is/requires: limited supervision moderate supervision close supervision unsafe

high

low

Was the student adequately prepared for this rotation?

5	4	3	2	1
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Recommendations on how to better prepare students for this rotation: _____

Would you like to speak to the Clinical Director concerning this student? ___yes ___no

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

**Of note: For consistency with other program surveys utilizing this Likert scale: Exceeds expectations correlates with strongly agree, meets expectations correlates with agree, approaching expectations correlates with neutral, below expectations correlates with disagree and unacceptable correlates with strongly disagree.*

CLINICAL-APPENDIX P: End of Rotation Preceptor Evaluation of Student, Emergency Medicine

ARC-PA 5th Edition Standards: A3.01, B1.03 (e,h,i), B2.19 (a-c), B3.03, B3.04 (a), B3.05, B3.06(b), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

Likert Scale:

Exceeds Expectations = 100% = "5" on the Likert scale: Overall performance constantly better than expected.

Meets Expectations = 87% = "4" on Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = 75% = "3" on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = 70% = "2" on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = 60% = "1" on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

* Any measure receiving a score less than a 3 requires follow up by the Clinical Director for evaluation and determination if this measure requires remediation.

Indicate the students skills/abilities during the rotation, select N/O when not observed	Exceeds Expectation	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
1. Ability to elicit a problem-oriented history in the evaluation of patients over the course of the lifespan in the emergency medicine setting presenting with:						
a. emergent medical conditions						
b. acute medical conditions						
c. acute exacerbations of chronic medical conditions						
2. Perform a physical exam in the evaluation of patients over the course of a lifespan presenting in the emergency medicine setting.						
3. Ability to perform a methodical, rapid, comprehensive, and accurate assessment of a patient presenting to the emergency department with life threatening emergencies to include the following:						
a. initial rapid assessment						
b. secondary assessment						
4. Ability to describe common conditions evaluated in the the emergency medicine setting including the:						
a. pathophysiology						
b. differential diagnoses						
c. criteria for establishing a diagnosis						
5. Ability to evaluate the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation patients commonly seen in the emergency department setting.						
6. Demonstrates competency in the performance of:						
a. Casting/splinting						
b. Laceration repair						
c. Incision and drainage of abscess						
d. Interpretation of an EKG						

Indicate the students skills/abilities during the rotation, select N/O when not observed		Exceeds Expectation	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
7.	Ability to interpret the findings of diagnostic studies and procedures utilized in the assessment of the emergency medicine patients across the lifespan.						
8.	Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based medical data collected and interpreted.						
9. For patients in the emergency medicine practice setting and in collaboration with supervising preceptor, ability to:							
a.	formulate and implement an appropriate treatment plan						
b.	provide patient education						
c.	define follow-up recommendations						
d.	utilize evidence-based medicine						
10. Ability to outline considerations in caring for patients with conditions seen in the emergency medicine practice with regard to:							
a.	public health concerns						
b.	legal rights						
c.	ethical issues						
d.	informed consent						
11.	Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
12.	Demonstrates critical thinking and medical decision-making skills.						
13.	Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
14.	Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
15.	Ability to orally present clinical cases in a clear and concise manner.						
16. Demonstrates:							
a.	intellectual honesty						
b.	professional appearance, demeanor and conduct						
17. AHU PA student's competency in providing medical care to the emergency medicine patient during the clinical rotation in the following types of encounters:							
a.	Emergent						
b.	Acute						
18. AHU PA student's competency in the evaluation and management of care for emergency medicine patients across the lifespan:							

a. Infants (0-12 months old)						
b. Children (1-10 years old)						
c. Adolescents (11-17 years old)						
d. Adults (18-64 years old)						
e. Older Adults/Elderly (≥ 65 years Old)						

Comments on the student's performance: _____

The student is/requires: limited supervision moderate supervision close supervision unsafe

	high					low
Was the student adequately prepared for this rotation?	5	4	3	2	1	

Recommendations on how to better prepare students for this rotation: _____



Would you like to speak to the Clinical Director concerning this student? ___yes ___no

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

**Of note: For consistency with other program surveys utilizing this Likert scale: Exceeds expectations correlates with strongly agree, meets expectations correlates with agree, approaching expectations correlates with neutral, below expectations correlates with disagree and unacceptable correlates with strongly disagree.*

CLINICAL-APPENDIX Q: End of Rotation Preceptor Evaluation of Student, Family Medicine

ARC-PA 6th Edition Standards: A3.01, B1.03 (e,h,i), B2.19, B3.03, B3.04 (c), B3.05, B3.06(a), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

Likert Scale:

Exceeds Expectations = 100% = "5" on the Likert scale: Overall performance constantly better than expected.

Meets Expectations = 87% = "4" on Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = 75% = "3" on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = 70% = "2" on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = 60% = "1" on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

* Any measure receiving a score less than a 3 requires follow up by the Clinical Director for evaluation and determination if this measure requires remediation.

Indicate the students skills/abilities during the rotation, select N/O when not observed.	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
1. Demonstrates familiarity with the family medicine patient evaluation across the lifespan including the following:						
a. developmental milestones related to normal aging changes						
b. clinical manifestations as associated with the following:						
i. anatomy – associated with medical conditions						
ii. physiology – associated with medical conditions						
iii. natural history associated with medical conditions						
2. Ability to elicit and perform a comprehensive initial history and physical exam for family medicine patient encounters across the lifespan for:						
a. a preventative health screening and/or						
b. male/female annual wellness visit						
3. Ability to elicit and perform a focused history and physical examination for family medicine patients across the lifespan presenting with:						
a. an acute medical diagnosis						
b. a chronic medical diagnosis						
4. Ability to identify and counsel family medicine patients across the lifespan on the need for:						
a. health maintenance						
b. acute injury avoidance						
c. disease prevention						
d. specific age appropriate medical screening examinations.						
5. Applies the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of:						
a. illness						
b. preventative health measures						

6. Interprets the findings of diagnostic studies and procedures utilized in the evaluation of the family medicine patient.							
7. Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis for family medicine patients, based on medical data collected and interpreted.							
8. In the family medicine practice setting and in collaboration with the supervising preceptor demonstrates ability to:							
a. formulate and implement an appropriate treatment plan							
b. provide patient education							
c. define follow-up recommendations							
d. utilize evidence-based medicine							
9. Ability to outline considerations in caring for patients with conditions seen in the family medicine practice with regard to:							
e. public health concerns							
f. legal rights							
g. ethical issues							
h. informed consent							
10. Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and family medicine practice.							
11. Demonstrates critical thinking and medical decision-making skills.							
12. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.							
13. Interacts with physicians, healthcare personnel, and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.							
14. Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.							
15. Ability to orally present clinical cases in a clear and concise manner.							
16. Demonstrates:							
f. intellectual honesty							
g. professional appearance, demeanor and conduct							
17. AHU PA student's competency in the evaluation and management of family medicine patients during the clinical rotation in the following types of encounters:							
a. Preventative							
b. Emergent							
c. Acute							
d. Chronic							
18. AHU PA student's competency in the evaluation and management of family medicine patients across the lifespan of the following:							
a. Infants (0-12 months)							

b. Children (1-10 years old)						
c. Adolescents (11-17 years old)						
d. Adults (18-64 years old)						
e. Older Adults/Elderly (≥65 yrs. old)						
19. Demonstrates competency in:						
a. Performing a nasopharyngeal specimen collection						
b. Performing a breast examination						

Comments on the student's performance: _____

The student is/requires: limited supervision moderate supervision close supervision unsafe

	high				low
<i>Was the student adequately prepared for this rotation?</i>	5	4	3	2	1

Recommendations on how to better prepare students for this rotation: _____



Would you like to speak to the Clinical Director concerning this student? ___yes ___no

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

**Of note: For consistency with other program surveys utilizing this Likert scale: Exceeds expectations correlates with strongly agree, meets expectations correlates with agree, approaching expectations correlates with neutral, below expectations correlates with disagree and unacceptable correlates with strongly disagree.*

CLINICAL-APPENDIX R: End of Rotation Preceptor Evaluation of Student, General Surgery

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19, B3.03, B3.04 (a-d), B3.05, B3.06(d), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

Likert Scale:

Exceeds Expectations = 100% = "5" on the Likert scale: Overall performance constantly better than expected.

Meets Expectations = 87% = "4" on Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = 75% = "3" on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = 70% = "2" on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = 60% = "1" on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

* Any measure receiving a score less than a 3 requires follow up by the Clinical Director for evaluation and determination if this measure requires remediation.

Indicate the students skills/abilities during the rotation, select N/O when not observed.	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
1. Ability to elicit and perform an accurate, surgically focused history and physical examination in an organized and systematic fashion for general surgery patients across the adult lifespan evaluated:						
a. pre-operatively						
b. post-operatively						
c. in the outpatient surgical clinic						
d. in the inpatient hospital setting						
2. Ability to elicit and perform a surgically focused history and physical examination for general surgery patients across the adult lifespan presenting with:						
a. an acute medical diagnosis						
b. a chronic medical diagnosis						
3. Demonstrates familiarity with conditions addressed in the general surgery setting regarding:						
a. clinical manifestation						
b. anatomy						
c. physiology						
d. pathophysiology						
4. Ability to recommend appropriate lab studies and diagnostic studies/findings indicated in the general surgery setting for the evaluation of:						
a. pre-operative patients						
b. intraoperative patients						
c. post-operative patients						
5. Ability to evaluate the components of a pre-operative clearance evaluation/authorization.						
6. Demonstrates competency in the performance of:						
a. Sterile technique						
b. Surgical wound management						
c. Assisting in surgery						

Indicate the students skills/abilities during the rotation, select N/O when not observed.	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
d. Urinary bladder catheter insertion						
e. Appropriate surgical suturing technique						
7. Ability to interpret diagnostic studies and assimilate their relevance to care for surgical patients evaluated across the adult lifespan.						
8. Ability to construct initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on the history and physical examination and available laboratory and diagnostic imaging data for general surgery patients across the adult lifespan.						
9. Ability to document medical/ surgical information using acceptable abbreviations and appropriate formats (for example: H&P, SOAP, pre/post-operative notes).						
10. Recognize indications and conditions warranting emergent intervention by a general surgery service.						
11. Ability to (in collaboration with the supervising preceptor) develop and implement appropriate post-operative treatment plans for general surgery patients to include:						
a. infection prevention						
b. pharmacotherapy						
c. wound care						
d. lifestyle modifications						
e. non-pharmaceutical therapies						
f. specialty referrals						
g. follow-up recommendations						
12. Ability to outline considerations in caring for patients with conditions seen in the general surgery practice with regard to:						
e. public health concerns						
f. legal rights						
g. ethical issues						
h. informed consent						
13. Demonstrates critical thinking in a methodical and surgical approach in medical decision making to obtain an accurate diagnosis.						
14. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
15. Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
16. Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
17. Ability to orally present clinical cases in a clear and concise manner.						
18. Demonstrates:						

a. intellectual honesty						
b. professional appearance, demeanor and conduct						

19. AHU PA student's competency in providing medical care to the surgical patient during the clinical rotation in the following types of encounters:

a. Preventative						
b. Emergent						
c. Acute						
d. Chronic						
e. Pre-operative care						
f. Intra-operative care						
g. Post-operative care						

20. AHU PA student's competency in providing medical care to general surgery patients across the adult lifespan:

a. Adults (18-64 years old)						
b. Older Adults/Elderly (≥65 years old)						

Comments on the student's performance: _____

The student is/requires: limited supervision moderate supervision close supervision unsafe

	high				low
<i>Was the student adequately prepared for this rotation?</i>	5	4	3	2	1

Recommendations on how to better prepare students for this rotation: _____



Would you like to speak to the Clinical Director concerning this student? ___yes ___no

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

**Of note: For consistency with other program surveys utilizing this Likert scale: Exceeds expectations correlates with strongly agree, meets expectations correlates with agree, approaching expectations correlates with neutral, below expectations correlates with disagree and unacceptable correlates with strongly disagree.*

CLINICAL-APPENDIX S: End of Rotation Preceptor Evaluation of Student, Internal Medicine

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19 (a-c), B3.03, B3.04 (b and c), B3.05, B3.06(c), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

Likert Scale:

Exceeds Expectations = 100% = “5” on the Likert scale: Overall performance constantly better than expected.

Meets Expectations = 87% = “4” on Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = 75% = “3” on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = 70% = “2” on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = 60% = “1” on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

* Any measure receiving a score less than a 3 requires follow up by the Clinical Director for evaluation and determination if this measure requires remediation.

Indicate the students skills/abilities during the rotation,
 select N/O when not observed.

	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
1. Demonstrate familiarity with the internal medicine patient evaluation across the adult lifespan including the following:						
a. changes related to normal aging						
b. clinical manifestations as associated with the following:						
i. anatomy – associated with medical conditions						
ii. physiology – associated with medical conditions						
iii. natural history associated with medical conditions						
c. morbidity across the adult lifespan						
d. mortality across the adult lifespan						
2. Ability to elicit and performs a comprehensive initial history and physical examination for internal medicine patient encounters over the course of the adult lifespan to include:						
a. a preventative health screening						
b. male/female annual wellness visit						
3. Ability to elicit and perform a focused history and physical examination for an internal medicine patient over the course of an adult lifespan presenting with:						
a. acute medical diagnosis						
b. chronic medical diagnosis						
4. Ability to identify and counsel adult and elderly internal medicine patients on the need for preventative health maintenance.						
5. Ability to evaluate the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of internal medicine patients across the lifespan with:						
a. acute medical conditions						
b. chronic medical conditions						
c. preventative health measures						

Indicate the students skills/abilities during the rotation, select N/O when not observed.

	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
6. Ability to interpret the findings of diagnostic studies and procedures utilized in the evaluation of the internal medicine patient.						
7. Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on medical data collected and interpreted.						
8. In the internal medicine setting and in collaboration with the supervising preceptor, demonstrates ability to:						
a. formulate and implement an appropriate treatment plan						
b. provide patient education						
c. define follow-up recommendations						
d. utilize evidence-based medicine						
9. Ability to outline considerations in caring for patients with conditions seen in the internal medicine practice with regard to:						
i. public health concerns						
j. legal rights						
k. ethical issues						
l. informed consent						
10. Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and the internal medicine practice.						
11. Demonstrates critical thinking and medical decision-making skills.						
12. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
13. Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
14. Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
15. Ability to orally present clinical cases in a clear and concise manner.						
16. Demonstrates:						
a. intellectual honesty						
b. professional appearance, demeanor and conduct						
17. AHU PA student's competency in providing medical care to the internal medicine patient during the clinical rotation in the following types of encounters:						
a. Preventative						
b. Emergent						

c. Acute						
d. Chronic						
18. AHU PA student's competency in the evaluation and management of care for internal medicine patients over the course of an adult lifespan:						
a. Adult (18-64 years old)						
b. Older Adult/Elderly (≥65 years old)						
19. Demonstrates competency in performing a 12 Lead EKG						

Comments on the student's performance: _____

The student is/requires: limited supervision moderate supervision close supervision unsafe

	high			low	
Was the student adequately prepared for this rotation?	5	4	3	2	1

Recommendations on how to better prepare students for this rotation: _____



Would you like to speak to the Clinical Director concerning this student? ___yes ___no

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

**Of note: For consistency with other program surveys utilizing this Likert scale: Exceeds expectations correlates with strongly agree, meets expectations correlates with agree, approaching expectations correlates with neutral, below expectations correlates with disagree and unacceptable correlates with strongly disagree.*

CLINICAL-APPENDIX T: End of Rotation Preceptor Evaluation of Student, Pediatrics

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19 (a-c), B3.03, B3.04 (b and c), B3.05, B3.06(e), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

Likert Scale:

Exceeds Expectations = 100% = "5" on the Likert scale: Overall performance constantly better than expected.

Meets Expectations = 87% = "4" on Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = 75% = "3" on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = 70% = "2" on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = 60% = "1" on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

* Any measure receiving a score less than a 3 requires follow up by the Clinical Director for evaluation and determination if this measure requires remediation.

Indicate the students skills/abilities during the rotation, select N/O when not observed.	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
1. Elicits the appropriate history and identifies the characteristic symptoms associated with:						
a. acute diagnoses in the pediatric population						
b. chronic diagnoses in the pediatric population						
2. Demonstrates an understanding of the newborn evaluation, including recommendations and rationale for:						
a. newborn immunizations						
b. newborn screening tests						
c. newborn prophylactic treatments						
3. Ability to identify the distinctive challenges in the physical assessment of the pediatric population and demonstrate a successful approach to the acquisition and documentation of a thorough physical examination, with care in altering examination technique tailored to the uniqueness of the pediatric examination.						
4. Demonstrates an understanding of the special concerns related the adolescent patient with respect to:						
a. growth						
b. puberty/human sexuality						
c. cognitive/psychological health						
d. peer pressure and adolescent/parent relationships						
e. familiarity of the available community referral resources unique to this patient population.						
5. In the care of pediatric patients seen across the pediatrics lifespan, the student demonstrates knowledge of the following:						
a. normal vital signs						
b. developmental milestones						
c. normal human growth and development						

Indicate the students skills/abilities during the rotation, select N/O when not observed.	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
d. recognizing and differentiating normal from abnormal physical examination findings						
6. Elicits and performs a comprehensive initial history and physical exam for pediatric patient encounters across the pediatric lifespan for:						
a. a preventative health screening						
b. male/female annual wellness visits						
7. Elicits and performs a focused history and physical examination for pediatric patients across the pediatric lifespan presenting with:						
a. an acute medical diagnosis						
b. a chronic medical diagnosis						
8. Ability to identify and counsel pediatric patients across the pediatric lifespan on the need for:						
a. health promotion/routine preventative health						
b. acute injury avoidance						
c. disease prevention						
d. age appropriate medical screening examinations						
9. Applies the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in pediatric patient care across the pediatric lifespan in the evaluation of:						
a. illness						
b. preventative health measures						
10. Ability to interpret the findings of diagnostic studies and procedures utilized in the assessment of the pediatric patient.						
11. Ability to differentiate normal developmental milestones and normal aging changes from abnormal findings in the care of pediatric patients across the pediatric lifespan.						
12. Ability to develop an initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis in the pediatric setting, based on the history and physical examination and available laboratory and diagnostic imaging data.						
13. In the pediatric setting and in collaboration with the supervising preceptor:						
a. formulate and implement an appropriate treatment plan						
b. provide patient education						
c. define follow-up recommendations						
d. utilize evidence-based medicine						
14. Ability to outline considerations in caring for patients with conditions seen in the pediatric practice with regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. informed consent						

Indicate the students skills/abilities during the rotation, select N/O when not observed	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
15. Ability to accurately select, calculate and prescribe medication doses and schedules for the pediatric patient.						
16. Demonstrates critical thinking and medical decision-making skills.						
17. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
18. Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
19. Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
20. Ability to orally present clinical cases in a clear and concise manner.						
21. Demonstrates:						
a. intellectual honesty						
b. professional appearance, demeanor and conduct						
22. AHU PA student's competency in providing medical care to the pediatric patient during the clinical rotation in the following types of encounters:						
a. Preventative						
b. Emergent (if applicable to clinical site)						
c. Acute						
d. Chronic						
23. AHU PA student's competency in the evaluation and management of patients across the pediatric lifespan:						
a. Newborn (0 -3 months)						
b. Infant (3 – 12 months)						
c. Children (1 – 10 years old)						
d. Adolescent (11-17 years old)						
24. Demonstrates competency in:						
a. performing an IM injection						
b. performing a pediatric developmental screening						

Comments on the student's performance: _____

The student is/requires: limited supervision moderate supervision close supervision unsafe

high

low

Was the student adequately prepared for this rotation?

5

4

3

2

1

Recommendations on how to better prepare students for this rotation: _____

Would you like to speak to the Clinical Director concerning this student? ___yes ___no

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

**Of note: For consistency with other program surveys utilizing this Likert scale: Exceeds expectations correlates with strongly agree, meets expectations correlates with agree, approaching expectations correlates with neutral, below expectations correlates with disagree and unacceptable correlates with strongly disagree.*

CLINICAL-APPENDIX U: End of Rotation Preceptor Evaluation of Student, Women's Health

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19, B3.03 B3.04 (a-d), B3.05, B3.06 (f), B4.01

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

Exceeds Expectations = 100% = "5" on the Likert scale: Overall performance constantly better than expected.

Meets Expectations = 87% = "4" on Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = 75% = "3" on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = 70% = "2" on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = 60% = "1" on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

* Any measure receiving a score less than a 3 requires follow up by the Clinical Director for evaluation and determination if this measure requires remediation.

Indicate the students skills/abilities during the rotation, select N/O when not observed.	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
1. Demonstrate familiarity with the clinical manifestations associated with the women's health patient evaluation across the lifespan including the following:						
a. anatomy						
b. physiology						
c. natural history of medical conditions commonly seen in women's health						
2. Ability to elicit and perform a comprehensive initial history and physical exam for women's health patient encounters across the lifespan for:						
a. female annual wellness visit						
b. women's preventative health screening						
3. Ability to elicit and perform a focused history and physical examination for a women's health patient across the lifespan presenting with:						
a. an acute women's health medical diagnosis						
b. chronic women's health medical diagnosis						
c. emergent women's health medical conditions (if applicable to rotation)						
d. gynecologic medical conditions						
e. obstetric/prenatal medical conditions						
4. Ability to identify and counsel women's health patients across the lifespan on the need for:						
a. health maintenance						
b. disease prevention						
c. immunizations based on CDC and ACIP recommendations						
d. age appropriate medical screening examinations						

Indicate the students skills/abilities during the rotation, select N/O when not observed.	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
5. Apply the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of:						
a. gynecologic medical conditions						
b. obstetric/prenatal medical conditions						
c. preventative women's health measures						
6. Demonstrates competency in the performance of:						
a. Perform female pelvic exam to include speculum and bimanual examination						
b. Assess intrauterine growth and development						
c. Assist with live birth						
7. Ability to interpret the findings of diagnostic studies and procedures obtained in the evaluation of the women's health patient across the lifespan.						
8. Ability to develop initial comprehensive differential diagnoses for presenting symptoms seen in a women's health setting and formulate a definitive diagnosis based on medical data collected and interpreted.						
9. In the women's health practice setting and in collaboration with the supervising preceptor, demonstrates ability to:						
a. formulate and implement an appropriate treatment plan						
b. provide anticipatory guidance/patient education						
c. define follow-up recommendations						
d. utilize evidence-based medicine						
10. Ability to outline considerations in caring for patients with conditions seen in the women's health practice with regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. informed consent						
11. Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and the general women's health practice.						
12. Demonstrates critical thinking and medical decision making skills.						
13. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
14. Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						

15. Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.							
16. Ability to orally present clinical cases in a clear and concise manner.							
17. Demonstrates:							
a. intellectual honesty							
b. professional appearance, demeanor and conduct							
18. AHU PA student's competency in providing medical care to the women's health patient in the following types of encounters:							
a. Preventative							
b. Emergent (if applicable to clinical site):							
c. Acute							
d. Chronic							
19. AHU PA student's overall competency in evaluation and management of women's health patients across the lifespan:							
a. Adolescent (11-17 years old)							
b. Adult (18-64 years old)							
c. Older Adult/Elderly (≥ 65 years old)							
20. AHU PA student's competency in the evaluation and management of women's health patients seeking the following types of care:							
a. Obstetric/Prenatal							
b. Gynecologic							
c. Pre-operative							
d. Intra-operative							
e. Post-operative							

Comments on the student's performance: _____

The student is/requires: limited supervision moderate supervision close supervision unsafe

	high				low
Was the student adequately prepared for this rotation?	5	4	3	2	1

Recommendations on how to better prepare students for this rotation: _____

Would you like to speak to the Clinical Director concerning this student? ___yes ___no

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

**Of note: For consistency with other program surveys utilizing this Likert scale: Exceeds expectations correlates with strongly agree, meets expectations correlates with agree, approaching expectations correlates with neutral, below expectations correlates with disagree and unacceptable correlates with strongly disagree.*

CLINICAL-APPENDIX V: End of Rotation Preceptor Evaluation of Student, Elective

ARC-PA 6th Edition Standards: A3.01, B1.03 (e,h,i), B2.19, B3.03, B3.04 (c), B3.05, B3.06(a), B4.01

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

Exceeds Expectations = 100% = "5" on the Likert scale: Overall performance constantly better than expected.

Meets Expectations = 87% = "4" on Likert scale: Overall knowledge and skills are as expected. Good, but still room for improvement.

Approaching Expectations = 75% = "3" on the Likert scale: Overall performance not meeting expectations. Still room for much improvement.

Below Expectations = 70% = "2" on the Likert scale: Overall poor performance. Omissions are made, techniques are not completed appropriately, and/or skills not developed despite multiple attempts.

Unacceptable = 60% = "1" on the Likert scale: Unacceptable performance. Would recommend remediation in this task.

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

* Any measure receiving a score less than a 3 requires follow up by the Clinical Director for evaluation and determination if this measure requires remediation.

Indicate the students skills/abilities during the rotation, select N/O when not observed	Exceeds Expectation	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
1. Demonstrates familiarity with patient evaluation across the lifespan including the following:						
c. clinical manifestations as associated with the following:						
i. anatomy – associated with medical conditions						
ii. physiology – associated with medical conditions						
iii. natural history associated with medical conditions						
2. Student ability to elicit and perform a focused history and physical examination for a patient presenting with:						
c. acute medical diagnoses						
d. chronic medical diagnoses						
e. emergent medical conditions (if applicable to rotation)						
3. Apply the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of patients.						
4. Interprets the findings of diagnostic studies and procedures utilized in the assessment of patients.						
5. Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on medical data collected and interpreted.						
6. In collaboration with the supervising preceptor demonstrates ability to:						
a) formulate and implement an appropriate treatment plan						
b) provide patient education						
c) define follow-up recommendations						
d) utilize evidence based medicine						
7. Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice.						

Indicate the students skills/abilities during the rotation, select N/O when not observed	Exceeds Expectation	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
8. Demonstrates critical thinking and medical decision making skills.						
9. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
10. Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
11. Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
12. Ability to orally present clinical cases in a clear and concise manner.						
12. Demonstrates:						
a) intellectual honesty						
b) professionalism appearance, demeanor, and conduct						
13. AHU PA student's competency in the evaluation and management of patients during the clinical rotation in the following types of encounters:						
a) Preventative (if applicable to clinical site)						
b) Emergent (if applicable to clinical site)						
c) Acute (if applicable to clinical site)						
d) Chronic (if applicable to clinical site)						
14. AHU PA student's competency in the evaluation and management of patients across the lifespan in the following:						
a) Infants 0-12 months (if applicable to clinical site)						
b) Children 1-10 years old (if applicable to clinical site)						
c) Adolescents 11-17 years old (if applicable to clinical site)						
d) Adults 18-64 years old (if applicable to clinical site)						
e) Older Adults/Elderly ≥65 years old (if applicable to clinical site)						

Elective Specialty Specific Objectives (as designed and agreed upon by student and preceptor)

Indicate the students skills/abilities during the rotation, select N/O when not observed	Exceeds Expectation	Meets Expectations	Approaching Expectations	Below Expectations	Unacceptable	N/O
Demonstrates familiarity with patient evaluation across the lifespan including the following:						
1)						
2)						
3)						

** The elective specialty specific assessment measures are formative in nature and not part of the evaluation grade for students.

Comments on the student's performance: _____

The student is/requires: limited supervision moderate supervision close supervision unsafe

	high				low
<i>Was the student adequately prepared for this rotation?</i>	5	4	3	2	1

Recommendations on how to better prepare students for this rotation: _____



Would you like to speak to the Clinical Director concerning this student? ___yes ___no

Preceptor's Name: _____

Preceptor's Signature: _____ Date: _____

**Of note: For consistency with other program surveys utilizing this Likert scale: Exceeds expectations correlates with strongly agree, meets expectations correlates with agree, approaching expectations correlates with neutral, below expectations correlates with disagree and unacceptable correlates with strongly disagree.*

CLINICAL-APPENDIX W: End of Rotation Student Evaluation of Clinical Site, Behavioral Health

ARC-PA 6th Edition Standards: A1.02e, A3.04, B2.04, B2.06(a-f), B2.07(a,b,c,d,e), B2.08(a,b,d,f), B2.09, B2.10(a-c), B2.11(a-e), B2.12(a-d), B2.14(a,b), B3.02, B3.05(a-f), B3.06g, B4.01(a,b)

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

- 5 = Strongly Agree, met expectation 90% of the time.
- 4 = Agree, met expectation 80% of the time.
- 3 = Average, met expectation 75% of the time.
- 2 = Disagree, met expectation 60% of the time.
- 1 = Strongly Disagree, did not meet expectations.

Clinical Site	Strongly Agree	Agree	Average/Neutral	Disagree	Strongly Disagree
I felt the program adequately prepared me for my behavioral health rotation.					
I had an opportunity to participate as part of an interprofessional team during my behavioral health rotation. (B2.10(a-c))					
I felt safe at my behavioral health clinical site. (A1.02g)					
I was not expected to work as administrative staff or perform personal tasks/errands. (A3.04)					
The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (B3.05(a-f))					
I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, assignments, and/or case reviews. (B2.10(a-c))					
I was exposed to various patient populations during this rotation. (B2.06(a-f))					
There were a sufficient number of patients to provide an optimal learning experience. (B3.03)					
During my behavioral health rotation, I was given exposure to billing, coding, and documentation practices related to patient care. (B2.14(a,b))					

Comments on the Clinical Rotation:

Experience with Preceptor(s)	Strongly Agree	Agree	Average/Neutral	Disagree	Strongly Disagree
There was sufficient supervision on this rotation. (B3.02)					
I had the opportunity to communicate with patients and their families. (B2.04)					

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I had the opportunity to perform history and physical examinations in a behavioral health setting. (B2.04, B2.07(a,b), B2.08 (a,b,d), B2.11(a-e))					
I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d)					
I had the opportunity to orally present clinical cases to my supervising provider. (B2.04)					
I developed differential diagnoses and formulated and/or implemented an appropriate treatment plan. (B2.04, B2.07(c&e), B2.08 (a,b,d), B2.12(a-d))					
I had the opportunity to perform and demonstrate clinical skills and procedures within the behavioral health scope of practice. (B2.09)					
I was challenged with increasing patient care responsibilities during the course of the rotation.					
I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19)					
I was provided with feedback about my ability to care for and communicate with patients. (B2.04)					
I had the opportunity to observe telehealth patient visits during my behavioral health rotation. (B2.08(f))					

Comments on the Preceptor(s):

Student Signature: _____ Date: _____

CLINICAL-APPENDIX X: End of Rotation Student Evaluation of Clinical Site, Emergency Medicine

ARC-PA 6th Edition Standards: A1.02e, A3.01, A3.04, B2.04, B2.06(a-f), B2.07(a,b,c,d,e), B2.08(a,b,d), B2.09, B2.10(a-c), B2.11(a-e), B2.12(a-d), B2.14(a,b), B3.02, B3.05(a-f), B3.06b, B4.01(a,b) , C1.01

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

- 5 = Strongly Agree, met expectation 90% of the time.
- 4 = Agree, met expectation 80% of the time.
- 3 = Average, met expectation 75% of the time.
- 2 = Disagree, met expectation 60% of the time.
- 1 = Strongly Disagree, did not meet expectations.

Clinical Site	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I felt the program adequately prepared me for my emergency medicine rotation.					
I had an opportunity to participate as part of an interprofessional team during my emergency medicine rotation. (B2.10(a-c))					
I felt safe at my emergency medicine clinical site. (A1.02e)					
I was not expected to work as administrative staff or perform personal tasks/errands. (A3.04)					
The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (B3.05(a-f))					
I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, assignments, and/or case reviews. (B2.10(a-c))					
I was exposed to various patient populations during this rotation. (B2.06(a-f))					
There were a sufficient number of patients to provide an optimal learning experience. (B3.03)					
During my emergency medicine rotation, I was given exposure to billing, coding, and documentation practices related to patient care. (B2.14(a,b))					

Comments on the Clinical Rotation:

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
There was sufficient supervision on this rotation (B3.02)					
I had the opportunity to communicate with patients and their families. (B2.04)					

I had the opportunity to perform history and physical examinations in a emergency medicine setting. (B2.04, B2.07(a,b), B2.08 (a,b,d), B2.11(a-e))					
I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d)					
I had the opportunity to orally present clinical cases to my supervising provider. (B2.04)					
I developed differential diagnoses and formulated and/or implemented an appropriate treatment plan. (B2.04, B2.07(c&e), B2.08 (a,b,d), B2.12(a-d))					
I had the opportunity to perform and demonstrate clinical skills and procedures within the emergency medicine scope of practice. (B2.09)					
I was challenged with increasing patient care responsibilities during the course of the rotation.					
I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19)					
I was provided with feedback about my ability to care for and communicate with patients. (B2.04)					

Comments on the Preceptor(s):

Student Signature: _____ Date: _____

CLINICAL-APPENDIX Y: End of Rotation Student Evaluation of Clinical Site, Family Medicine

ARC-PA 6th Edition Standards: A1.02e, A3.04, B2.04, B2.06(a-f), B2.07(a,b,c,d,e), B2.08(a,b,d), B2.09, B2.10(a-c), B2.11(a-e), B2.12(a-d), B2.14(a,b), B3.02, B3.05(a-f), B3.06a, B4.01(a,b)

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

- 5 = Strongly Agree, met expectation 90% of the time.
- 4 = Agree, met expectation 80% of the time.
- 3 = Average, met expectation 75% of the time.
- 2 = Disagree, met expectation 60% of the time.
- 1 = Strongly Disagree, did not meet expectations.

Clinical Site	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I felt the program adequately prepared me for my family medicine rotation.					
I had an opportunity to participate as part of an interprofessional team during my family medicine rotation. (B2.10(a-c))					
I felt safe at my family medicine clinical site. (A1.02e)					
I was not expected to work as administrative staff or perform personal tasks/errands. (A3.04)					
The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (B3.05(a-f))					
I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, assignments, and/or case reviews. (B2.10(a-c))					
I was exposed to various patient populations during this rotation. (B2.06(a-f))					
There were a sufficient number of patients to provide an optimal learning experience. (B3.03)					
During my family medicine rotation, I was given exposure to billing, coding, and documentation practices related to patient care. (B2.14(a,b))					

Comments on the Clinical Rotation:

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
There was sufficient supervision on this rotation. (B3.02)					
I had the opportunity to communicate with patients and their families. (B2.04)					

I had the opportunity to perform history and physical examinations in a family medicine setting. (B2.04, B2.07(a,b), B2.08 (a,b,d), B2.11(a-e))					
I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d)					
I had the opportunity to orally present clinical cases to my supervising provider. (B2.04)					
I developed differential diagnoses and formulated and/or implemented an appropriate treatment plan. (B2.04, B2.07(c&e), B2.08 (a,b,d), B2.12(a-d))					
I had the opportunity to perform and demonstrate clinical skills and procedures within the family medicine scope of practice. (B2.09)					
I was challenged with increasing patient care responsibilities during the course of the rotation.					
I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19)					
I was provided with feedback about my ability to care for and communicate with patients. (B2.04)					
I had the opportunity to observe telehealth patient visits during my family medicine rotation. (B2.08(f))					

Comments on the Preceptor(s):

Student Signature: _____ Date: _____

CLINICAL-APPENDIX Z: End of Rotation Student Evaluation of Clinical Site, General Surgery

ARC-PA 6th Edition Standards: A1.02e, A3.04, B2.04, B2.06(a-f), B2.07(a,b,c,d,e), B2.08(a,b,c,d,f), B2.09, B2.10(a-c), B2.11(a-e), B2.12(a-d), B2.14(a,b), B3.02, B3.05(a-f), B3.06d, B4.01(a,b)

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

- 5 = Strongly Agree, met expectation 90% of the time.
- 4 = Agree, met expectation 80% of the time.
- 3 = Average, met expectation 75% of the time.
- 2 = Disagree, met expectation 60% of the time.
- 1 = Strongly Disagree, did not meet expectations.

Clinical Site	Strongly Agree	Agree	Average/Neutral	Disagree	Strongly Disagree
I felt the program adequately prepared me for my general surgery rotation.					
I had an opportunity to participate as part of an interprofessional team during my general surgery rotation. (B2.10(a-c))					
I felt safe at my general surgery clinical site. (A1.02e)					
I was not expected to work as administrative staff or perform personal tasks/errands. (A3.04)					
The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (B3.05(a-f))					
I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, assignments, and/or case reviews. (B2.10(a-c))					
I was exposed to various patient populations during this rotation. (B2.06(a-f))					
There were a sufficient number of patients to provide an optimal learning experience. (B3.03)					
During my general surgery rotation, I was given exposure to billing, coding, and documentation practices related to patient care. (B2.14(a,b))					

Comments on the Clinical Rotation:

Experience with Preceptor(s)	Strongly Agree	Agree	Average/Neutral	Disagree	Strongly Disagree
There was sufficient supervision on this rotation. (B3.02)					
I had the opportunity to communicate with patients and their families. (B2.04)					

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I had the opportunity to perform history and physical examinations in a general surgery setting. (B2.04, B2.07(a,b), B2.08 (a,b,c,d), B2.11(a-e))					
I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d)					
I had the opportunity to orally present clinical cases to my supervising provider. (B2.04)					
I developed differential diagnoses and formulated and/or implemented an appropriate treatment plan. ((B2.04, B2.07(c&e), B2.08 (a,b,c,d), B2.12(a-d))					
I had the opportunity to perform and demonstrate clinical skills and procedures within the general surgery scope of practice. (B2.09)					
I was challenged with increasing patient care responsibilities during the course of the rotation.					
I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19)					
I was provided with feedback about my ability to care for and communicate with patients. (B2.04)					
I had the opportunity to observe telehealth patient visits during my general surgery rotation. (B2.08(f))					

Comments on the Preceptor(s):

Student Signature: _____ Date: _____

CLINICAL-APPENDIX AA: End of Rotation Student Evaluation of Clinical Site, Internal Medicine

ARC-PA 6th Edition Standards: A1.02e, A3.04, B2.04, B2.06(a-f), B2.07(a,b,c,d,e), B2.08(a,b,d,f), B2.09, B2.10(a-c), B2.11(a-e), B2.12(a-d), B2.14(a,b), B3.02, B3.05(a-f), B3.06c, B4.01(a,b)

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

Likert Scale:

- 5 = Strongly Agree, met expectation 90% of the time.
- 4 = Agree, met expectation 80% of the time.
- 3 = Average, met expectation 75% of the time.
- 2 = Disagree, met expectation 60% of the time.
- 1 = Strongly Disagree, did not meet expectations.

Clinical Site	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I felt the program adequately prepared me for my internal medicine rotation.					
I had an opportunity to participate as part of an interprofessional team during my internal medicine rotation. (B2.10(a-c))					
I felt safe at my internal medicine clinical site. (A1.02e)					
I was not expected to work as administrative staff or perform personal tasks/errands. (A3.04)					
The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (B3.05a-f))					
I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, assignments, and/or case reviews. (B2.10 (a-c))					
I was exposed to various patient populations during this rotation. (B2.06(a-f))					
There were a sufficient number of patients to provide an optimal learning experience. (B3.03)					
During my internal medicine rotation, I was given exposure to billing, coding, and documentation practices related to patient care. (B2.14 (a,b))					

Comments on the Clinical Rotation:

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
There was sufficient supervision on this rotation. (B3.02)					
I had the opportunity to communicate with patients and their families. (B2.04)					

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I had the opportunity to perform history and physical examinations in a internal medicine setting. (B2.04, B2.07(a,b), B2.08 (a,b,d), B2.11(a-e))					
I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d)					
I had the opportunity to orally present clinical cases to my supervising provider. (B2.04)					
I developed differential diagnoses and formulated and/or implemented an appropriate treatment plan. (B2.04, B2.07(c&e), B2.08 (a,b,d), B2.12(a-d))					
I had the opportunity to perform and demonstrate clinical skills and procedures within the internal medicine scope of practice. (B2.09)					
I was challenged with increasing patient care responsibilities during the course of the rotation.					
I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19)					
I was provided with feedback about my ability to care for and communicate with patients. (B2.04)					
I had the opportunity to observe telehealth patient visits during my internal medicine rotation. (B2.08(f))					

Comments on the Preceptor(s):

Student Signature: _____ Date: _____

CLINICAL-APPENDIX AB: End of Rotation Student Evaluation of Clinical Site, Pediatrics

ARC-PA 6th Edition Standards: A1.02e, A3.04, B2.04, B2.06(a-f), B2.07(a,b,c,d,e), B2.08(a,b,d,f), B2.09, B2.10(a-c), B2.11(a-e), B2.12(a-d), B2.14(a,b), B3.02, B3.05(a-f), B3.06e, B4.01(a,b)

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

- 5 = Strongly Agree, met expectation 90% of the time.
- 4 = Agree, met expectation 80% of the time.
- 3 = Average, met expectation 75% of the time.
- 2 = Disagree, met expectation 60% of the time.
- 1 = Strongly Disagree, did not meet expectations.

Clinical Site	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I felt the program adequately prepared me for my pediatric rotation.					
I had an opportunity to participate as part of an interprofessional team during my pediatric rotation. (B2.10(a-c))					
I felt safe at my pediatric clinical site. (A1.02e)					
I was not expected to work as administrative staff or perform personal tasks/errands. (A3.04)					
The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (B3.05(a-f))					
I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, assignments, and/or case reviews. (B2.10(a-c))					
I was exposed to various patient populations during this rotation. (B2.06(a-f))					
There were a sufficient number of patients to provide an optimal learning experience. (B3.03)					
During my pediatric rotation, I was given exposure to billing, coding, and documentation practices related to patient care. (B2.14 (a,b))					

Comments on the Clinical Rotation:

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
There was sufficient supervision on this rotation. (B3.02)					
I had the opportunity to communicate with patients and their families. (B2.04)					

I had the opportunity to perform history and physical examinations in a pediatric setting. (B2.04, B2.07(a,b), B2.08 (a,b,d), B2.11(a-e))					
I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d)					
I had the opportunity to orally present clinical cases to my supervising provider. (B2.04)					
I developed differential diagnoses and formulated and/or implemented an appropriate treatment plan. (B2.04, B2.07(c&e), B2.08 (a,b,d), B2.12(a-d))					
I had the opportunity to perform and demonstrate clinical skills and procedures within the pediatric scope of practice. (B2.09)					
I was challenged with increasing patient care responsibilities during the course of the rotation.					
I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19)					
I was provided with feedback about my ability to care for and communicate with patients. (B2.04)					
I had the opportunity to observe telehealth patient visits during my pediatric rotation. (B2.08(f))					

Comments on the Preceptor(s):

Student Signature: _____ Date: _____

CLINICAL-APPENDIX AC: End of Rotation Student Evaluation of Clinical Site, Women's Health

ARC-PA 6th Edition Standards: A1.02e, A3.04, B2.04, B2.06(a-f), B2.07(a,b,c,d,e), B2.08(a,b,c,d,f), B2.09, B2.10(a-c), B2.11(a-e), B2.12(a-d), B2.14(a,b), B3.02, B3.05(a-f), B3.06f, B4.01(a,b)

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

- 5 = Strongly Agree, met expectation 90% of the time.
- 4 = Agree, met expectation 80% of the time.
- 3 = Average, met expectation 75% of the time.
- 2 = Disagree, met expectation 60% of the time.
- 1 = Strongly Disagree, did not meet expectations.

Clinical Site	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I felt the program adequately prepared me for my women's health rotation.					
I had an opportunity to participate as part of an interprofessional team during my women's health rotation. (B2.10(a-c))					
I felt safe at my women's health clinical site. (A1.02e)					
I was not expected to work as administrative staff or perform personal tasks/errands. (A3.04)					
The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (B3.05(a-f))					
I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, assignments, and/or case reviews. (B2.10 (a-c))					
I was exposed to various patient populations during this rotation. (B2.06(a-f))					
There were a sufficient number of patients to provide an optimal learning experience. (B3.03)					
During my women's health rotation, I was given exposure to billing, coding, and documentation practices related to patient care. (B2.14 (a,b))					

Comments on the Clinical Rotation:

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
There was sufficient supervision on this rotation. (B3.02)					
I had the opportunity to communicate with patients and their families. (B2.04)					

I had the opportunity to perform history and physical examinations in a women's health setting. (B2.04, B2.07(a,b), B2.08(a,b,c,d), B2.11(a-e))					
I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d)					
I had the opportunity to orally present clinical cases to my supervising provider. (B2.04)					
I developed differential diagnoses and formulated and/or implemented an appropriate treatment plan. (B2.04, B2.07(c&e), B2.08 (a,b,c,d), B2.12(a-d))					
I had the opportunity to perform and demonstrate clinical skills and procedures within the women's health scope of practice. (B2.09)					
I was challenged with increasing patient care responsibilities during the course of the rotation.					
I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19)					
I was provided with feedback about my ability to care for and communicate with patients. (B2.04)					
I had the opportunity to observe telehealth patient visits during my women's health rotation. (B2.08(f))					

Comments on the Preceptor(s):

Student Signature: _____ Date: _____

CLINICAL-APPENDIX AD: End of Rotation Student Evaluation of Clinical Site, Elective

ARC-PA 6th Edition Standards: A1.02e, A3.04, B2.04, B2.06(a-f), B2.07(a,b,c,d,e), B2.08(a-f), B2.09, B2.10(a-c), B2.11(a-e), B2.12(a-d), B2.14(a,b), B3.02, B3.05(a-f), B4.01(a,b)

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

Likert Scale:

- 5 = Strongly Agree, met expectation 90% of the time.
- 4 = Agree, met expectation 80% of the time.
- 3 = Average, met expectation 75% of the time.
- 2 = Disagree, met expectation 60% of the time.
- 1 = Strongly Disagree, did not meet expectations.

Clinical Site	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
I felt the program adequately prepared me for my elective rotation.					
I had an opportunity to participate as part of an interprofessional team during my elective rotation. (B2.10(a-c))					
I felt safe at my elective clinical site. (A1.02e)					
I was not expected to work as administrative staff or perform personal tasks/errands. (A3.04)					
The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (B3.05(a-f))					
I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, assignments, and/or case reviews. (B2.10 (a-c))					
I was exposed to various patient populations during this rotation. (B2.06(a-f))					
There were a sufficient number of patients to provide an optimal learning experience. (B3.03)					
During my elective rotation, I was given exposure to billing, coding, and documentation practices related to patient care. (B2.14(a,b))					

Comments on the Clinical Rotation:

Experience with Preceptor(s)	Strongly Agree	Agree	Average/ Neutral	Disagree	Strongly Disagree
There was sufficient supervision on this rotation. (B3.02)					
I had the opportunity to communicate with patients and their families. (B2.04)					

I had the opportunity to perform history and physical examinations in an elective setting. (B2.04, B2.07(a,b), B2.08 (a-e), B2.11(a-e))					
I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d)					
I had the opportunity to orally present clinical cases to my supervising provider. (B2.04)					
I developed differential diagnoses and formulated and/or implemented an appropriate treatment plan. (B2.04, B2.07(c&e), B2.08 (a-e), B2.12(a-d))					
I had the opportunity to perform and demonstrate clinical skills and procedures within the family medicine scope of practice. (B2.09)					
I was challenged with increasing patient care responsibilities during the course of the rotation.					
I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19)					
I was provided with feedback about my ability to care for and communicate with patients. (B2.04)					
I had the opportunity to observe telehealth patient visits during my elective rotation. (B2.08(f))					

Comments on the Preceptor(s):

Student Signature: _____ Date: _____

CLINICAL-APPENDIX AE: Clinical Performance Grading Rubric, Behavioral Health

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19, B3.03, B3.04 (b and c), B3.05, B3.06(g), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Demonstrate familiarity with the psychiatric/behavioral health patient evaluation across the adult lifespan including the following:						
a. changes related to normal aging						
a. clinical manifestations as associated with the following:						
iv. anatomy - associated with psychiatric/behavioral health conditions.						
v. physiology - associated with psychiatric/behavioral health conditions.						
vi. natural history associated with psychiatric/behavioral health conditions.						
Ability to elicit and perform a focused history and physical examination for psychiatric and behavioral health patient encounters over the course of a lifespan for:						
d. acute psychiatric/behavioral health conditions						
e. chronic psychiatric/behavioral health conditions						
f. emergent psychiatric/behavioral health conditions						
Apply the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of:						
e. acute psychiatric/behavioral health conditions						
f. chronic psychiatric/behavioral health conditions						
g. emergent psychiatric/behavioral health conditions						
h. health maintenance and screenings in the behavioral health setting						
Ability to interpret the findings of diagnostic studies and screening tools utilized in the assessment of the psychiatric/behavioral health patient across the lifespan.						
Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on medical data collected and interpreted in the psychiatric/behavioral health setting.						
In the psychiatric or behavioral health practice setting and in collaboration with supervising preceptor, demonstrates ability to:						
g. formulate and implement an appropriate treatment plan						
h. recommend pharmaceutical therapeutics						
i. recommend non-pharmaceutical therapeutics						
j. provide patient education						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
k. define follow-up recommendations						
l. utilize-evidence based medicine						
Ability to outline considerations in caring for patients with psychiatric and/or behavioral health conditions regard to:						
e. public health concerns						
f. legal rights						
g. ethical issues						
h. axes contained within the DSM-V codes						
Demonstrates critical thinking and medical decision making skills.						
Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
Ability to orally present clinical cases in a clear and concise manner.						
Demonstrates:						
c. intellectual honesty						
d. professional appearance, demeanor and conduct						
AHU PA student's competency in providing care to the psychiatric/behavioral health patient during the clinical rotation in the following types of encounters:						
a. Preventative/Screening						
b. Emergent						
c. Acute						
d. Chronic						
AHU PA student's competency in providing psychiatric/ behavioral health patient care to patients across the lifespan:						
a. Adolescents (11-17 years old) (if applicable to rotation)						
b. Adults (18-64 years old)						
c. Older Adults/Elderly (≥65 years old)						
Total for Each Column:						

Total Points Received: _____ Total Points Possible: _____ **Final Grade:** _____

Clinical Director's Signature: _____ Date: _____

The final Clinical Performance grade is assigned by the program. This grade is based on student performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

CLINICAL-APPENDIX AF: Clinical Performance Grading Rubric, Emergency Medicine

ARC-PA 6th Edition Standards: A3.01, B1.03 (e,h,i), B2.19 (a-c), B3.03, B3.04 (a), B3.05, B3.06(b), B4.01

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
1. Ability to elicit a problem-oriented history in the evaluation of patients over the course of the lifespan in the emergency medicine setting presenting with:						
a. emergent medical conditions						
b. acute medical conditions						
c. acute exacerbations of chronic medical conditions						
2. Perform a physical examination in the evaluation of patients over the course of a lifespan presenting in the emergency medicine setting.						
3. Ability to perform a methodical, rapid, comprehensive, and accurate assessment of a patient presenting to the emergency department with life threatening emergencies to include the following:						
a. initial rapid assessment						
b. secondary assessment						
4. Ability to describe common conditions evaluated in the the emergency medicine setting including the:						
a. pathophysiology						
b. differential diagnoses						
c. criteria for establishing a diagnosis						
5. Ability to evaluate the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of patients commonly seen in the emergency department setting.						
6. Demonstrates competency in the performance of:						
a. Casting/splinting						
b. Laceration repair						
c. Incision and drainage of abscess						
d. Interpretation of an EKG						
7. Ability to interpret the findings of diagnostic studies and procedures utilized in the assessment of the emergency medicine patients across the lifespan.						
8. Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
diagnosis, based on medical data collected and interpreted.						
9. For patients in the emergency medicine practice setting and in collaboration with supervising preceptor, ability to:						
a. formulate and implement an appropriate treatment plan						
b. provide patient education						
c. define follow-up recommendations						
d. utilize evidence-based medicine						
10. Ability to outline considerations in caring for patients with conditions seen in the emergency medicine practice with regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. informed consent						
11. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
12. Demonstrates critical thinking and medical decision making skills.						
13. Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
14. Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
15. Ability to orally present clinical cases in a clear and concise manner.						
16. Demonstrates:						
a. intellectual honesty						
b. professional appearance, demeanor and conduct						
17. AHU PA student's competency in providing medical care to the emergency medicine patient during the clinical rotation in the following types of encounters:						
a. Emergent						
b. Acute						
18. AHU PA student's competency in the evaluation and management of care for emergency medical patients across the lifespan:						
a. Infants (0-12 months old)						
b. Children (1-10 years old)						
c. Adolescents (11-17 years old)						
d. Adults (18-64 years old)						
e. Older Adults/Elderly (≥65 years Old)						
Total for Each Column:						

Total Points Received: _____ Total Points Possible: _____ **Final Grade:** _____

Clinical Director's Signature: _____ Date: _____

The final Clinical Performance grade is assigned by the program. This grade is based on student performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

CLINICAL-APPENDIX AG: Clinical Performance Grading Rubric, Family Medicine

ARC-PA 6th Edition Standards: A3.01, B1.03 (e,h,i), B2.19, B3.03, B3.04 (c), B3.05, B3.06(a), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

Passing Score for Preceptor Evaluation = total score \geq 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Demonstrates familiarity with the family medicine patient evaluation across the lifespan including the following:						
d. developmental milestones related to normal aging changes						
a. clinical manifestations as associated with the following: iv. anatomy – associated with medical conditions						
v. physiology – associated with medical conditions						
vi. natural history associated with medical conditions						
Ability to elicit and perform a comprehensive initial history and physical examination for family medicine patient encounters across the lifespan for:						
f. a preventative health screening and/or						
g. male/female annual wellness visit						
Ability to elicit and perform a focused history and physical examination for family medicine patients across the lifespan presenting with:						
c. an acute medical diagnosis						
d. a chronic medical diagnosis						
Ability to identify and counsel family medicine patients across the lifespan on the need for:						
e. health maintenance						
f. acute injury avoidance						
g. disease prevention						
h. specific age appropriate medical screening examinations.						
Applies the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of:						
c. illness						
d. preventative health measures						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Interprets the findings of diagnostic studies and procedures obtained in the evaluation of the family medicine patient.						
Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis for family medicine patients, based on medical data collected and interpreted.						
In the family medicine setting and in collaboration with the supervising preceptor demonstrates ability to:						
e. formulate and implement an appropriate treatment plan						
f. provide patient education						
g. define follow-up recommendations						
h. utilize evidence-based medicine						
Ability to outline considerations in caring for patients with conditions seen in the family medicine practice with regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. informed consent						
Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice.						
Demonstrates critical thinking and medical decision-making skills.						
Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
Interacts with physicians, healthcare personnel, and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
Ability to orally present clinical cases in a clear and concise manner.						
Demonstrates:						
h. intellectual honesty						
i. professional appearance, demeanor and conduct						
AHU PA student's competency in the evaluation and management of family medicine patients during the clinical rotation in the following types of encounters:						
a. Preventative						
b. Emergent						
c. Acute						
d. Chronic						
AHU PA student's competency in the evaluation and management of family medicine patients across the lifespan in the following:						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
a. Infants (0-12 months old)						
b. Children (1-10 years old)						
c. Adolescents (11-17 years old)						
d. Adults (18-64 years old)						
e. Older Adult/Elderly (≥65 years old)						
Demonstrates competency in:						
a. Performing a nasopharyngeal specimen collection						
b. Performing a breast examination						
Total for Each Column:						

Total Points Received: _____ Total Points Possible: _____ **Final Grade:** _____

Clinical Director's Signature: _____ Date: _____

The final Clinical Performance grade is assigned by the program. This grade is based on student performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

CLINICAL-APPENDIX AH: Clinical Performance Grading Rubric, General Surgery

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19, B3.03, B3.04 (a-d), B3.05, B3.06(d), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Ability to elicit and perform an accurate, surgically focused history and physical examination in an organized and systematic fashion for general surgery patients across the adult lifespan evaluated:						
e. pre-operatively						
f. post-operatively						
g. in the outpatient surgical clinic						
h. in the inpatient hospital setting						
Ability to elicit and perform a surgically focused history and physical examination for general surgery patients across the adult lifespan presenting with:						
c. an acute medical diagnosis						
d. a chronic medical diagnosis						
Demonstrates familiarity with conditions addressed in the general surgery setting regarding:						
e. clinical manifestation						
f. anatomy						
g. physiology						
h. pathophysiology						
Ability to recommend appropriate lab studies and diagnostic studies/findings indicated in the general surgery setting for the evaluation of:						
d. pre-operative patients						
e. intraoperative patients						
f. post-operative patients						
Ability to evaluate the components of a pre-operative clearance evaluation/authorization.						
Demonstrates competency in the performance of:						
a. Sterile technique						
b. Surgical wound management						
c. Assisting in surgery						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
d. Urinary bladder catheter insertion						
e. Appropriate surgical suturing technique						
Ability to interpret diagnostic studies and assimilate their relevance to care for surgical patients evaluated across the adult lifespan.						
Ability to construct initial differential diagnoses and formulate a definitive diagnosis based on the history and physical examination and available laboratory and diagnostic imaging data for general surgery patients across the adult lifespan.						
Ability to document medical/ surgical information using acceptable abbreviations and appropriate formats (for example: H&P, SOAP, pre/post-operative notes).						
Recognize indications and conditions warranting emergent intervention by a general surgery service.						
Ability to (in collaboration with the supervising preceptor) develop and implement post-operative treatment plans for general surgery patients to include:						
h. infection prevention						
i. pharmacotherapy						
j. wound care						
k. lifestyle modifications						
l. non-pharmaceutical therapies						
m. specialty referrals						
n. follow-up recommendations						
Ability to outline considerations in caring for patients with conditions seen in the general surgery practice with regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. informed consent						
Demonstrate critical thinking in a methodical and surgical approach in medical decision making to obtain an accurate diagnosis.						
Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
Ability to orally present clinical cases in a clear and concise manner.						
Demonstrates:						
c. intellectual honesty						
d. professional appearance, demeanor and conduct						
AHU PA student's competency in providing medical care to the surgical patient during the clinical rotation in the following types of encounters:						
a. Preventative						
b. Emergent						
c. Acute						
d. Chronic						
e. Pre-operative						
f. Intra-operative						
g. Post-operative						
AHU PA student's competency in providing medical care to general surgery patients across the adult lifespan:						
a. Adults (18-64 years old)						
b. Older Adult/Elderly (≥65 years old)						
Total for Each Column:						

Total Points Received: _____ Total Points Possible: _____ **Final Grade:** _____

Clinical Director's Signature: _____ Date: _____

The final Clinical Performance grade is assigned by the program. This grade is based on student performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

CLINICAL-APPENDIX AI: Clinical Performance Grading Rubric, Internal Medicine

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19 (a-c), B3.03, B3.04 (b and c), B3.05, B3.06(c), B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Demonstrate familiarity with the internal medicine patient evaluation across the adult lifespan including the following:						
e. changes related to normal aging						
a. clinical manifestations as associated with the following:						
i. anatomy – associated with medical conditions						
ii. physiology – associated with medical conditions						
iii. natural history associated with medical conditions						
f. morbidity across the adult lifespan						
g. mortality across the adult lifespan						
Ability to elicit and performs a comprehensive initial history and physical exam for internal medicine patient encounters over the course of the adult lifespan to include:						
c. a preventative health screening						
d. male/female annual wellness visit						
Ability to elicit and perform a focused history and physical examination for an internal medicine patient over the course of an adult lifespan presenting with:						
c. acute medical diagnosis						
d. chronic medical diagnosis						
Ability to identify and counsel adult and elderly internal medicine patients on the need for preventative health maintenance.						
Ability to evaluate the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of internal medicine patients across the lifespan with:						
d. acute medical conditions						
e. chronic medical conditions						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
f. preventative health measures						
Ability to interpret the findings of diagnostic studies and procedures utilized in the evaluation of the internal medicine patient.						
Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on medical data collected and interpreted.						
In the internal medicine setting and in collaboration with the supervising preceptor, demonstrates ability to:						
e. formulate and implement an appropriate treatment plan						
f. provide patient education						
g. define follow-up recommendations						
h. utilize evidence-based medicine						
Ability to outline considerations in caring for patients with conditions seen in the internal medicine practice with regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. informed consent						
Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and the internal medicine practice.						
Demonstrates critical thinking and medical decision-making skills.						
Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
Ability to orally present clinical cases in a clear and concise manner.						
Demonstrates:						
c. intellectual honesty						
d. professional appearance, demeanor and conduct						
AHU PA student's competency in providing medical care to the internal medicine patient during the clinical rotation in the following types of encounters:						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
a. Preventative						
b. Emergent						
c. Acute						
d. Chronic:						
AHU PA student's competency in evaluation and management of care for internal medicine patients over the course of an adult lifespan:						
a. Adult (18-64 years old)						
b. Older Adult/Elderly (≥65 years old)						
Demonstrates competency in performing a 12 Lead EKG						
Total for Each Column:						

Total Points Received: _____ Total Points Possible: _____ **Final Grade:** _____

Clinical Director's Signature: _____ Date: _____

The final Clinical Performance grade is assigned by the program. This grade is based on student performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

CLINICAL-APPENDIX AJ: Clinical Performance Grading Rubric, Pediatrics

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19 (a-c), B3.03, B3.04 (b and c), B3.05, B3.06(e), B4.01

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Elicits the appropriate history and identifies the characteristic symptoms associated with:						
c. acute diagnoses in the pediatric population						
d. chronic diagnoses in the pediatric population						
Demonstrates an understanding of the newborn evaluation, including recommendations and rationale for:						
d. newborn immunizations						
e. newborn screening tests						
f. newborn prophylactic treatments.						
Ability to identify the distinctive challenges in the physical assessment of the pediatric population and demonstrate a successful approach to the acquisition and documentation of a thorough physical examination, with care in altering examination technique tailored to the uniqueness of the pediatric examination.						
Demonstrates an understanding of the special concerns related to the adolescent patient with respect to:						
f. growth						
g. puberty/human sexuality						
h. cognitive/psychological health						
i. peer pressure and adolescent/parent relationships						
j. familiarity of the available community referral resources unique to this patient population.						
In the care of pediatric patients seen across the pediatric lifespan, the student demonstrates knowledge of the following:						
e. normal vital signs						
f. developmental milestones						
g. normal human growth and development						
h. recognizing and differentiating normal from abnormal physical examination findings						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Elicits and performs a comprehensive initial history and physical examination for pediatric patient encounters across the pediatric lifespan for:						
c. a preventative health screening and/or						
d. male/female annual wellness visit						
Elicits and performs a focused history and physical examination for pediatric patient across the pediatric lifespan with:						
c. an acute medical diagnosis						
d. a chronic medical diagnosis						
Ability to identify and counsel pediatric patients across the pediatric lifespan on the need for:						
b. health promotion/routine prevenative health						
c. acute injury avoidance						
e. disease prevention						
f. age appropriate medical screening examinations						
Applies the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in pediatric patient care across the pediatric lifespan in the evaluation of:						
c. illness						
d. preventative health measures						
Ability to interpret the findings of diagnostic studies and procedures utilized in the assessment of the pediatric patient.						
Ability to differentiate normal developmental milestones and normal aging changes from abnormal findings in the care of pediatric patients across the pediatric lifespan.						
Ability to develop an initial comprehensive differential diagnosis and subsequently formulate a definitive diagnosis in the pediatric setting, based on the history and physical examination and available laboratory and diagnostic imaging data.						
In the pediatric setting and in collaboration with the supervising preceptor:						
e. formulate and implement an appropriate treatment plan						
f. provide patient education						
g. define follow-up recommendations						
h. utilize evidence-based medicine						
Ability to outline considerations in caring for patients with conditions seen in the pediatric practice with regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. informed consent						
Ability to accurately select, calculate and prescribe medication doses and schedules for the pediatric patient.						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Demonstrates critical thinking and medical decision-making skills.						
Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
Ability to orally present clinical cases in a clear and concise manner.						
Demonstrates:						
c. intellectual honesty						
d. professional appearance, demeanor and conduct						
AHU PA student's competency in providing medical care to the pediatric patient during the clinical rotation in the following types of encounters:						
a. Preventative						
b. Emergent (if applicable to clinical site)						
c. Acute						
d. Chronic						
AHU PA student's competency in the evaluation and management of patients across the pediatric lifespan:						
a. Newborn (0 - 3 months old)						
b. Infant (3 – 12 months old)						
c. Child (1 – 10 years old)						
d. Adolescent (11-17 years old)						
Demonstrates competency in:						
a. performing an IM injection						
b. performing a pediatric developmental screening						
Total for Each Column:						

Total Points Received: _____ Total Points Possible: _____ **Final Grade:** _____

Clinical Director's Signature: _____ Date: _____

The final Clinical Performance grade is assigned by the program. This grade is based on student performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

CLINICAL-APPENDIX AK: Clinical Performance Grading Rubric, Women's Health

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19, B3.03 B3.04 (a-d), B3.05, B3.06 (f), B4.01

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Dates: _____

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Demonstrate familiarity with the clinical manifestations associated with the women's health patient evaluation across the lifespan including the following:						
d. anatomy						
e. physiology						
f. natural history of medical conditions commonly seen in women's health						
Ability to elicit and perform a comprehensive initial history and physical examination for women's health patient encounters across the lifespan for:						
c. female annual wellness visit						
d. women's preventative health screening						
Ability to elicit and perform a focused history and physical examination for a women's health patient across the lifespan presenting with:						
f. an acute women's health medical diagnosis						
g. chronic women's health medical diagnosis						
h. emergent women's health medical conditions (if applicable to rotation)						
i. gynecologic medical conditions						
j. obstetric/prenatal medical conditions						
Ability to identify and counsel women's health patients across the lifespan on the need for:						
e. health maintenance						
f. disease prevention						
g. immunizations based on CDC and ACIP recommendations						
h. age appropriate medical screening examinations						

Apply the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of:

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
d. gynecologic medical conditions						
e. obstetric/prenatal medical conditions						
f. preventative women's health measures						
Demonstrates competency in the performance of:						
a. Perform female pelvic examination						
b. Assess intrauterine growth and development						
c. Assist with live birth						
Ability to interpret the findings of diagnostic studies and procedures obtained in the evaluation of the women's health patient across the lifespan.						
Ability to develop initial comprehensive differential diagnoses for presenting symptoms seen in a women's health setting and formulate a definitive diagnosis based on medical data collected and interpreted.						
In the women's health setting and in collaboration with the supervising preceptor, demonstrates ability to:						
e. formulate and implement an appropriate treatment plan						
f. provide anticipatory guidance/patient education						
g. define follow-up recommendations						
h. utilize evidence-based medicine						
Ability to outline considerations in caring for patients with conditions seen in the women's health practice with regard to:						
a. public health concerns						
b. legal rights						
c. ethical issues						
d. informed consent						
Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and the general women's health practice.						
Demonstrates critical thinking and medical decision making skills.						
Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Ability to gather accurate and clinically relevant patient information to formulate succinct and thorough patient documentation.						
Ability to orally present clinical cases in a clear and concise manner.						
Demonstrates:						
c. intellectual honesty						
e. professional appearance, demeanor and conduct						
AHU PA student's competency in providing medical care to the women's health patient in the following types of encounters:						
a. Preventative:						
b. Emergent (if applicable to clinical site):						
c. Acute:						
d. Chronic:						
AHU PA student's overall competency in evaluation and management of women's health patients across the lifespan:						
a. Adolescent (11-17 years old)						
b. Adult (18-64 years old)						
c. Older Adult/Elderly (≥65 years old)						
AHU PA student's overall competency in evaluation and management of women's health patients seeking the following types of care:						
a. Obstetric/Prenatal						
b. Gynecologic						
c. Pre-operative						
d. Intra-operative						
e. Post-operative						
Total for Each Column:						

Total Points Received: _____ Total Points Possible: _____ **Final Grade:** _____

Clinical Director's Signature: _____ Date: _____

The final Clinical Performance grade is assigned by the program. This grade is based on student performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

CLINICAL-APPENDIX AL: Clinical Performance Grading Rubric, Elective

ARC-PA 6th Edition Standards: A3.01, B1.03(e,h,i), B2.19, B3.03, B3.04(c), B3.05, B4.01

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Dates: _____

	Likert Scale Score	Adjusted Score	Percentage Grade
Exceeds Expectations	5	5.00	100%
Meets Expectations	4	4.35	87%
Approaching Expectations	3	3.75	75%
Below Expectations	2	3.50	70%
Unacceptable	1	3.00	60%

Passing Score for Preceptor Evaluation = total score ≥ 75% of the total possible points (may vary depending on the # of N/O (not observed) responses)

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Demonstrates familiarity with patient evaluation across the lifespan including the following:						
e. clinical manifestations as associated with the following:						
i. anatomy – associated with medical conditions						
ii. physiology – associated with medical conditions						
iii. natural history associated with medical conditions						
Student ability to elicit and perform a focused history and physical examination for a patient presenting with:						
h. acute medical diagnoses						
i. chronic medical diagnoses						
j. emergent medical conditions (if applicable to rotation)						
Apply the indications, limitations and costs of various laboratory tests, diagnostic studies and procedures used in the evaluation of patients.						
Interprets the findings of diagnostic studies and procedures utilized in the assessment of patients.						
Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on medical data collected and interpreted.						
In collaboration with the supervising preceptor demonstrates ability to:						
a. formulate and implement an appropriate treatment plan						
b. provide patient education						
c. define follow-up recommendations						
d. utilize evidence based medicine						
Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice.						

	Exceeds Expectations 5.00 pts	Meets Expectations 4.35 pts	Approaching Expectations 3.75 pts	Below Expectations 3.50 pts	Unacceptable 3.00 pts	N/O
Demonstrates critical thinking and medical decision making.						
Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.						
Interacts with physicians, healthcare personnel and patients tactfully facilitating open and effective communication while demonstrating empathy and cultural sensitivity.						
Ability to orally present clinical cases in a clear and concise manner.						
Demonstrates:						
a. intellectual honesty						
b. professionalism appearance, demeanor, and conduct						
AHU PA student's competency in the evaluation and management of patients during the clinical rotation in the following types of encounters:						
a. Preventative (if applicable to clinical site)						
b. Emergent (if applicable to clinical site)						
c. Acute (if applicable to clinical site)						
d. Chronic (if applicable to clinical site)						
AHU PA student's competency in the evaluation and management of patients across the lifespan in the following:						
a. Infants 0-12 months (if applicable to clinical site)						
b. Children 1-10 years old (if applicable to clinical site)						
c. Adolescents 11-17 years old (if applicable to clinical site)						
d. Adults 18-64 years old (if applicable to clinical site)						
e. Older Adults/Elderly ≥65 years old (if applicable to clinical site)						
Total for Each Column:						

Total Points Received: _____ Total Points Possible: _____ **Final Grade:** _____

Clinical Director's Signature: _____ Date: _____

The final Clinical Performance grade is assigned by the program. This grade is based on student performance at the clinical site, feedback during program site visits, and any additional faculty/preceptor communication regarding student performance during the clinical rotation.

CLINICAL-APPENDIX AM: Documentation Grading Rubric for Clinical Rotations

ARC-PA 6th Edition Standards: B4.01(a&b)

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Specialty: _____ Rotation Dates: _____

Students may not furnish, or attempt to furnish, fabricated, forged, or misleading information to university officials on university records or on records of agencies in which students are fulfilling academic assignments (including clinical sites). Failure to comply with this policy and/or will be reviewed by the clinical director and/or program director and may be deemed grounds for remediation and/or failure of the clinical rotation, up to and including dismissal from the program.

Timeliness in the submission of:	Submission Details:	Points Received	Total Points
Rotation Schedule	The rotation schedule and clinical site safety forms are submitted into Canvas within 48 hours of starting the rotation. If the student's rotation start date is delayed, the student must email notify the clinical team of their start date.		10
Typhon Patient logs	All entries are made within 3 days of patient encounter. No information is missing. All clinical patient cases (observed/assist/performed) are completed in entirety with no missing or incomplete data. The MR and EOR patient case reports are exported into a PDF file and submitted into Canvas by the due date.		10
Typhon Time Logs	Time logs match the submitted clinical rotation/preceptor schedule. Time is entered on the same day and used like a time clock. If a student is late for their shift, LATE is checked in Typhon with details under the time log note. Changes to start or end time ≥30 minutes have been added to Typhon time log notes, including the reason for the change. All time logs must be entered accurately. The EOR time log is exported into an excel file and submitted into Canvas by the due date.		10
Changes to Schedule	Schedule changes must be identified in Typhon under Time Log Notes with an explanation for the change. If the shift is canceled or an emergent situation occurs, the student must send a written notification to the program before the shift date (if possible) or immediately after the change occurs. All emergent issues in which a student will be tardy, absent, or leaving the shift early are communicated by text/call to the clinical team as soon as possible/safe.		10
Assignments: Write-Up & Aquifer	Assignments are complete and uploaded as directed into Canvas by the due date.		10
Assignments: Blueprint Prep Mock EOR Examination,	The Blueprint PA mock EOR examination is complete, and results are submitted into Canvas as a PDF within 24 hours of exam completion.		10
Mid-Rotation Student Self-Evaluation	Completed in entirety using the provided hardcopy evaluation by the program. Evaluation is signed and/or co-signed by an approved preceptor and submitted into Canvas as a PDF by the due date.		10
EOR Student Evaluation of Clinical Rotation	Completed in entirety in Typhon, exported as a PDF, and submitted in Canvas by the due date.		10
EOR Preceptor Evaluation of Student	Completed in entirety using the provided hardcopy evaluation by the program in the approved envelope. Evaluation is signed and/or co-signed by an approved preceptor. The approved preceptor signs the envelope. The evaluation is delivered to the clinical manager or clinical director by the due date.		10
EOR Supplemental Learning Assignment	Complete in entirety and submitted as a PDF in Canvas by the due date.		10
TOTAL:			100

This grade accounts for 10% of the overall course grade

CLINICAL-APPENDIX AN: Clinical Site Student Incident Report

ARC-PA 6th Edition Standards: A1.02(e), A3.01, A3.05(a-b), A3.06

Clinical Site: _____ Student: _____
Preceptor: _____ Rotation Number: _____
Rotation Specialty: _____ Date: _____

In the event you are injured, your highest priority is prompt treatment. Do not delay seeking appropriate treatment to fill out paperwork or make notifications. Students should comply with all accident/injury protocols in place at the clinical site. In the absence of a protocol, seek treatment in the nearest emergency department. The PA program’s principal faculty, the program director and the medical director must not participate as health care providers for students in the program, except in an emergency situation. Students are required to obtain and maintain personal healthcare insurance throughout the duration of the program. Students may seek both routine and emergent healthcare services at a provider of their choice. All medical expenses incurred during the program are the sole financial responsibility of the student.

Nature of Incident

Date of Incident: _____ Approximate Time of Incident: _____
Did the incident involve possible exposure to blood borne pathogens? (YES) (NO)
Description of Incident: _____

Actions/First Aid Taken Following Incident

Description of Actions: _____

Blood Borne Pathogen Exposure

Students who are potentially exposed to blood borne pathogens should seek prompt evaluation. Evidence suggests that prophylactic medications are more likely to be effective when taken soon after an exposure. Students should also consider contacting the National Clinicians’ Post Exposure Prophylaxis Hotline: 888-448-4911.

Notifications

Clinical Preceptor Date & Time Notified: _____

Onsite Health Services, Employee Health, Occupational Health, or Emergency Department:

Clinical or Program Director: _____

Additional Notes:

Student Signature

Date

Clinical Director Signature

Date

Program Director Signature

Date

CLINICAL-APPENDIX AO: Clinical Site Potential Hazards Table

ARC-PA 6th Edition Standards: A1.02(e), A3.01, A3.05(a-b)

ROTATION	ATTIRE	POTENTIAL HAZARDS	ACTIONS
Family Practice	Business Professional	-Needles and other sharps including but not limited to, scalpels, glass vials, blood tubes, finger stick equipment for blood glucose monitoring, and/or pathology slides) -Blood, other bodily fluids -Site specific cleaning and disinfecting supplies -Liquid Nitrogen -Laser equipment	<p><u>In the event of an injury at the clinical site:</u></p> <ul style="list-style-type: none"> • the clinical preceptor should be notified immediately, and the student must follow that site’s protocol for dealing with injuries. • the student may need to seek treatment in the employee health department, the occupational medicine department, or the emergency department. • If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. <p><u>In the event of an exposure at the clinical site:</u></p> <ul style="list-style-type: none"> • Follow universal precautions (May need to receive post-exposure prophylactic treatment) <p>Contact the National PEP hotline: 888-448-4911 if indicated</p> <ul style="list-style-type: none"> • Follow first aid directions per the MSDS <ul style="list-style-type: none"> • Do not attempt to move an injured person unless they are in danger • Get prompt medical attention and decontamination instructions by calling: 911 800-222-1222 (Nationwide number to the poison control center)
Internal Medicine	Business Professional	- Needles and other sharps including but not limited to, scalpels, glass vials, blood tubes, finger stick equipment for blood glucose monitoring, and/or pathology slides) -Blood, other bodily fluids -Site specific cleaning and disinfecting supplies	<p><u>In the event of an injury at the clinical site:</u></p> <ul style="list-style-type: none"> • the clinical preceptor should be notified immediately, and the student must follow that site’s protocol for dealing with injuries. • the student may need to seek treatment in the employee health department, the occupational medicine department, or the emergency department. • If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. <p><u>In the event of an exposure at the clinical site:</u></p> <ul style="list-style-type: none"> • Follow universal precautions (May need to receive post-exposure prophylactic treatment) <p>Contact the National PEP hotline: 888-448-4911 if indicated</p> <ul style="list-style-type: none"> • Follow first aid directions per the MSDS <ul style="list-style-type: none"> • Do not attempt to move an injured person unless they are in danger • Get prompt medical attention and decontamination instructions by calling

			<p>911 800-222-1222 (Nationwide number to the poison control center)</p>
Pediatrics	Business Professional	<p>- Needles and other sharps including but not limited to, scalpels, glass vials, blood tubes, finger stick equipment for blood glucose monitoring, and/or pathology slides) -Blood, other bodily fluids -Site specific cleaning and disinfecting supplies</p>	<p><u>In the event of an injury at the clinical site:</u></p> <ul style="list-style-type: none"> • the clinical preceptor should be notified immediately, and the student must follow that site’s protocol for dealing with injuries. • the student may need to seek treatment in the employee health department, the occupational medicine department, or the emergency department. • If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. <p><u>In the event of an exposure at the clinical site:</u></p> <ul style="list-style-type: none"> • Follow universal precautions (May need to receive post-exposure prophylactic treatment) Contact the National PEP hotline: 888-448-4911 if indicated • Follow first aid directions per the MSDS <ul style="list-style-type: none"> • Do not attempt to move an injured person unless they are in danger • Get prompt medical attention and decontamination instructions by calling 911 800-222-1222 (Nationwide number to the poison control center)
Behavioral Health	Business Professional	<p>-Blood, other bodily fluids -Site specific cleaning and disinfecting supplies</p>	<p><u>In the event of an injury at the clinical site:</u></p> <ul style="list-style-type: none"> • the clinical preceptor should be notified immediately, and the student must follow that site’s protocol for dealing with injuries. • the student may need to seek treatment in the employee health department, the occupational medicine department, or the emergency department. • If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. <p><u>In the event of an exposure at the clinical site:</u></p> <ul style="list-style-type: none"> • Follow universal precautions (May need to receive post-exposure prophylactic treatment) Contact the National PEP hotline: 888-448-4911 if indicated • Follow first aid directions per the MSDS <ul style="list-style-type: none"> • Do not attempt to move an injured person unless they are in danger • Get prompt medical attention and decontamination instructions by calling

			<p>911 800-222-1222 (Nationwide number to the poison control center)</p>
Women's Health	Business Professional*	<p>- Needles and other sharps including but not limited to, scalpels, glass vials, blood tubes, finger stick equipment for blood glucose monitoring, and/or pathology slides) -Blood, other bodily fluids -Site specific cleaning and disinfecting supplies -Site specific instruments</p>	<p><u>In the event of an injury at the clinical site:</u></p> <ul style="list-style-type: none"> • the clinical preceptor should be notified immediately, and the student must follow that site's protocol for dealing with injuries. <ul style="list-style-type: none"> • the student may need to seek treatment in the employee health department, the occupational medicine department, or the emergency department. • If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. <p><u>In the event of an exposure at the clinical site:</u></p> <ul style="list-style-type: none"> • Follow universal precautions (May need to receive post-exposure prophylactic treatment) Contact the National PEP hotline: 888-448-4911 if indicated <ul style="list-style-type: none"> • Follow first aid directions per the MSDS • Do not attempt to move an injured person unless they are in danger • Get prompt medical attention and decontamination instructions by calling 911 800-222-1222 (Nationwide number to the poison control center)
Emergency Room	Scrubs	<p>- Needles and other sharps including but not limited to, scalpels, glass vials, blood tubes, finger stick equipment for blood glucose monitoring, suture material and/or pathology slides) -Blood, other bodily fluids -Site specific cleaning and disinfecting supplies -Site specific instruments for procedures</p>	<p><u>In the event of an injury at the clinical site:</u></p> <ul style="list-style-type: none"> • the clinical preceptor should be notified immediately, and the student must follow that site's protocol for dealing with injuries. <ul style="list-style-type: none"> • the student may need to seek treatment in the employee health department, the occupational medicine department, or the emergency department. • If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. <p><u>In the event of an exposure at the clinical site:</u></p> <ul style="list-style-type: none"> • Follow universal precautions (May need to receive post-exposure prophylactic treatment) Contact the National PEP hotline: 888-448-4911 if indicated <ul style="list-style-type: none"> • Follow first aid directions per the MSDS

			<ul style="list-style-type: none"> • Do not attempt to move an injured person unless they are in danger • Get prompt medical attention and decontamination instructions by calling 911 800-222-1222 (Nationwide number to the poison control center)
Surgery	Scrubs	<ul style="list-style-type: none"> - Needles and other sharps including but not limited to, scalpels, glass vials, blood tubes, finger stick equipment for blood glucose monitoring, suture material and/or pathology slides) -Blood and other bodily fluids -Site specific cleaning and disinfecting supplies -Surgical instruments -Sedation equipment and medications 	<p><u>In the event of an injury at the clinical site:</u></p> <ul style="list-style-type: none"> • the clinical preceptor should be notified immediately, and the student must follow that site’s protocol for dealing with injuries. <ul style="list-style-type: none"> • the student may need to seek treatment in the employee health department, the occupational medicine department, or the emergency department. • If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. <p><u>In the event of an exposure at the clinical site:</u></p> <ul style="list-style-type: none"> • Follow universal precautions (May need to receive post-exposure prophylactic treatment) <p>Contact the National PEP hotline: 888-448-4911 if indicated</p> <ul style="list-style-type: none"> • Follow first aid directions per the MSDS <ul style="list-style-type: none"> • Do not attempt to move an injured person unless they are in danger • Get prompt medical attention and decontamination instructions by calling 911 800-222-1222 (Nationwide number to the poison control center)
Electives	Site Specific	Site specific	<p><u>In the event of an injury at the clinical site:</u></p> <ul style="list-style-type: none"> • the clinical preceptor should be notified immediately, and the student must follow that site’s protocol for dealing with injuries. <ul style="list-style-type: none"> • the student may need to seek treatment in the employee health department, the occupational medicine department, or the emergency department. • If the clinical site lacks these resources, treatment should be sought in the nearest emergency department. <p><u>In the event of an exposure at the clinical site:</u></p> <ul style="list-style-type: none"> • Follow universal precautions (May need to receive post-exposure prophylactic treatment) <p>Contact the National PEP hotline: 888-448-4911 if indicated</p> <ul style="list-style-type: none"> • Follow first aid directions per the MSDS

			<ul style="list-style-type: none">• Do not attempt to move an injured person unless they are in danger• Get prompt medical attention and decontamination instructions by calling 911 800-222-1222 (Nationwide number to the poison control center)
*May require both business professional and scrubs			

CLINICAL-APPENDIX AP: PA Clinical Rotation Student Application

ARC-PA 6th Edition Standards: A3.01



Submit Documentation to:
 Jenicca Brown, Clinical Manager
 671 Winyah Drive, Orlando, FL 32803
 Email: Jenicca.Brown@ahu.edu
 Phone: 407-303-7747 ex 110-7991

PHYSICIAN ASSISTANT CLINICAL ROTATION STUDENT APPLICATION

The AHU PA program assigns all students to their respective clinical rotations with consideration of the requirements of each clinical site. Rotation assignment and order of focus or specialty is predicated on preceptor and/or clinical site availability. Students are responsible for making their own living and travel arrangements along with any associated fees. Some sites may be reached by public transportation, but most students will require a car for reliable transportation.

APPLICANT INFORMATION	
Last Name:	First Name:
Mobile Phone:	School E-mail Address:
Street Address:	City/State/Zip:

STUDENT HEALTH RECORDS (completed by the program)	
<input type="checkbox"/> Personal Health Insurance	<input type="checkbox"/> BLS
<input type="checkbox"/> Annual Physical Examination	<input type="checkbox"/> MMR Vaccination or positive titer
<input type="checkbox"/> Clear Level 2 Background Check	<input type="checkbox"/> Hepatitis B Vaccination or positive titer
<input type="checkbox"/> Clear OIG/GSA/Sexual Offender Screening	<input type="checkbox"/> Varicella Vaccination or positive titer
<input type="checkbox"/> 10-Panel Drug Screen	<input type="checkbox"/> Tetanus/Diphtheria/Pertussis (Tdap) Vaccination or Waiver
<input type="checkbox"/> Mask Fit Test	<input type="checkbox"/> Negative Tuberculosis (TB) Skin or Serum Test (PPD)
<input type="checkbox"/> PALS	<input type="checkbox"/> Flu Vaccination or Waiver (October – May)
<input type="checkbox"/> ACLS	<input type="checkbox"/> COVID-19 Vaccination or Waiver

Check all locations outside of Central Florida you'd like to attend (does not guarantee placement):	
<input type="checkbox"/> Daytona Beach	<input type="checkbox"/> Mount Dora/Tavares
<input type="checkbox"/> Deland	<input type="checkbox"/> Palm Coast
<input type="checkbox"/> Crystal River	<input type="checkbox"/> Wesley Chapel
<input type="checkbox"/> Jupiter	<input type="checkbox"/> Zephyrhills/Dade City
<input type="checkbox"/> Lady Lake/Ocala	<input type="checkbox"/> Jacksonville / St. Augustine

Additional Information
Hospital preference for emergency medicine rotation, label first (1) and second (2) preference (does not guarantee placement):
TeamHealth: ___ Orlando ___ Winter Park ___ Altamonte Springs ___ Celebration ___ Waterford Lakes ___ Lake Mary ___ Pediatric
Emergency Medicine Professionals: ___ DeLand ___ Daytona Beach ___ New Smyrna ___ Palm Coast ___ Fish Memorial
US Acute Care Solutions: ___ Zephyrhills/Dade City ___ Wesley Chapel ___ Tampa

I'm interested in clinical training and/or working within these specialties (does not guarantee placement): <div style="text-align: center; padding: 10px 0;"> Colorectal Surgery or Thoracic Surgery </div>
List the top two medical specialties that you're most interested in and why:
Special circumstances regarding placement for clinical rotations (ex. Ramadan observed March 2026):
List prior clinical experiences (shadowing & work):

Check ALL foreign language skills and level of proficiency:

- Spanish: [] Read; [] Write; [] Speak; [] Understand Conversational; [] Understand Medical
- Chinese: [] Read; [] Write; [] Speak; [] Understand Conversational; [] Understand Medical
- French: [] Read; [] Write; [] Speak; [] Understand Conversational; [] Understand Medical
- German: [] Read; [] Write; [] Speak; [] Understand Conversational; [] Understand Medical
- Other _____: [] Read; [] Write; [] Speak; [] Understand Conversational; [] Understand Medical

Check one:

- I have applied or am planning to apply for the AHMG Sponsor Program.
- I have not applied and do not plan to apply for the AHMG Sponsor Program.

Student Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

PROGRAM NOTES:



Submit Documentation to:
Jenicca Brown, Clinical Manager
671 Winyah Drive, Orlando, FL 32803
Email: Jenicca.Brown@ahu.edu
Phone: 407-303-7747 ex 110-7991

Student Consent to Release Information for Clinicals

I hereby give my permission for any or all the following personal information to be shared by AdventHealth University with all pertinent clinical sites to be processed at those locations.

- Immunization Information (Measles/mumps/rubella (MMR), Chicken pox (varicella), Hepatitis B, Tetanus/Diphtheria/Pertussis (Tdap), PPD status for Tuberculosis (TB), influenza vaccine (or declination), COVID vaccine (or declination), others)
- Background check (Level determined by your program of study)
- Finger printing (As determined by your program of study)
- Drug Screening Results (As required by your program of study)
- BLS, ACLS, and PALS certification (As required by your program of study)
- Mask Fit Test
- Flu Vaccination or Declination
- COVID-19 Vaccination or Declination
- Web-Based Learning Certificates
- Past radiation exposure records if applicable
- Name
- Social Security Number
- Date of Birth
- Phone Number (home, cell phone, etc.)
- Email (home and or school)
- Student ID
- If you have been or are a current employee at AdventHealth (for AdventHealth Sites only)
- Any other pertinent student’s record required by the credentialing department of the clinical site

I hereby authorize AdventHealth University to release this information to any facility that requests verification prior to my participation in a clinical experience at the facility. I consent to the release of this personal information for these specific purposes. I understand that I have the right to revoke this Consent at any time in writing. I understand that revocation of this Consent will only apply to future uses and disclosures. In addition, if I revoke Consent, this may prevent me from going to a clinical experience, which will affect my progression in the program.

Name (please print)

Signature

Program

Date

CLINICAL-APPENDIX AS: Clinical Year Excused Absence Request Form

ARC-PA 6th Edition Standards: A3.01



Submit Documentation to:

Whitney Dailey, PA-C, Clinical Director
671 Winyah Drive, Orlando, FL 32803
Email: Whitney.Dailey.PA-C@ahu.edu
Phone: 407-303-7747

Clinical Year Excused Absence Request Form

In order for your absence to be considered excused, the Clinical Year Excused Absence Request Form must be completed as soon as the absence is anticipated or occurs. Students may submit one request form for multiple days if it includes the same event. During the clinical phase students are afforded up to five (5) excused absences for the purpose of job interviews, sick days, religious observances, or emergent matters. Any non-emergent requests will only be considered with a minimum of 21 days advance notice prior to the start of the affected clinical rotation so that the site can be notified of the approved absence in the letter of good standing sent prior to the start of each rotation. All clinical rotation hours missed due to an excused absence must be made up utilizing supplemental learning assigned by the clinical director. If the excused absence request is approved, the requested day(s) will be deducted from the students five (5) allotted clinical excused absences regardless of cancelation.

Student Information	
Last Name:	First Name:
Mobile Phone:	University E-mail Address:
Absence Request Date(s):	Number of Days Requested:
Please provide details for the request:	
List the clinical rotation(s) in which the absence will occur:	

Student Signature: _____ Date: _____

PA Program Use Only
Number of excused absences used prior to this request: _____
Anticipated number of clinical hours during the rotation affected: _____
Supplemental virtual case hours required: _____
<input type="checkbox"/> APPROVED Excused Absence Request <input type="checkbox"/> DENIED Excused Absence Request
Reason: _____
Clinical Director Signature: _____ Date: _____

Indicate the date for plan re-evaluation: Click or tap to enter a date.

Additional Comments/Concerns:

Faculty Advisor

Student

Print

Print

Signature

Signature

Date

Date

Subsequent Academic Performance & Re-Evaluation

Faculty advisor should document below the ongoing re-evaluation of the student's progress toward meeting the previously defined actionable items and learning objectives.

1. **Date of Follow-Up:**Click or tap to enter a date.
Click or tap here to enter text.

2. **Date of Follow-Up:**Click or tap to enter a date.
Click or tap here to enter text.

ADDITIONAL RESOURCES

ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT, INC. (ARC-PA)

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

The ARC-PA encourages excellence in PA education through its accreditation process, by establishing and maintaining minimum standards of quality for educational programs. It awards accreditation to programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education. The accreditation process is designed to encourage sound educational experimentation and innovation and to stimulate continuous self-study and improvement.

For further information please visit their website: www.arc-pa.org

AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS (AAPA)

The AAPA is the national professional organization of physician assistants. Its membership includes graduate and student physician assistants as well as affiliate membership for physicians and physician assistant educators. The Academy provides a wide range of services for its members, including representation before federal and state governments and health related organizations, public education, pamphlets and brochures, insurance and financial programs, and employment assistance.

As an AAPA member, you also receive multiple publications and are entitled to a membership discount for the annual spring conference. Student Physician Assistant Societies are an integral part of the AAPA and make up a body referred to as the Student Academy of the American Academy of Physician Assistants (SAAAPA). The Student Academy meets yearly at the national spring conference to elect officers and representatives. Release time to attend the national conference held in May of each year can be requested from the Program and will be allowed on a case-by-case basis.

The national organization represents you and as such deserves your support during your student years and as a graduate Physician Assistant. Support for membership in professional organizations is another benefit also routinely covered by employers.

For further information please visit their website: www.aapa.org

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA)

All graduates of Physician Assistant Programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are eligible to sit for the national certifying examination (PANCE) offered by the NCCPA.

Registration applications are completed during the senior year of the Physician Assistant Program. Most states require graduates to take and successfully pass the national boards to continue employment. Please refer to the link below for examination scheduling requirements.

Once certified through the NCCPA, each graduate must obtain and report 100 hours of accredited CME every two years. Recertification examinations are also required every ten years, in addition to the CME requirement.

For further information please visit their website: www.nccpa.net

FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS (FAPA)

The Florida Academy of Physician Assistants (FAPA) was founded in 1974 and is a state constituent chapter of the American Academy of Physician Assistants (AAPA). FAPA is the premier professional organization representing Physician Assistant practice and legislation in the State of Florida.

For further information please visit their website: [Florida Academy of PAs \(fapaonline.org\)](http://fapaonline.org)