



PHYSICIAN ASSISTANT DEPARTMENT PROGRAM POLICY MANUAL

Master of Science in Physician Assistant Studies

**Academic Year
(2023-2024)**

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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 [AHU 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 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 12/2023

INTRODUCTION

Welcome to the Department of Physician Assistant Studies 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 2023-24 Academic Catalog. It will provide students with important information as they progress through their studies.

Scholars,

Congratulations on your acceptance to AdventHealth University's (AHU) Physician Assistant (PA) 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 PA 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 PA 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 Department of Physician Assistant Studies Faculty and Staff

PROGRAM ACCREDITATION

***STANDARD A3.02** The program must define, publish, make readily available and consistently apply its policies and practices to all students.*

ARC-PA ACCREDITATION

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/>.

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.

PROGRAM SPONSORSHIP AND PHILOSOPHY

AdventHealth University accepted the first class of PA students in the MSPAS program in May of 2015. The mission statement of the MSPAS program was developed in January 2014 to reflect program outcomes and the developing curriculum. As part of 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.

PHYSICIAN ASSISTANT PROGRAM MISSION STATEMENT

The AdventHealth University Physician Assistant Program's 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 [2023-24 Student Catalog - Learning Outcomes](#).

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.

DEPARTMENT FACULTY AND STAFF

***STANDARD A1.03** The sponsoring institution must provide sufficient release time and financial resources in support of the program director and principal faculty (as applicable to the job description) for: a) maintenance of certification and licensure and b) continuing professional development specific to PA education.*

***STANDARD A2.01** All program faculty must possess the educational and experiential qualifications to perform their assigned duties.*

***STANDARD A2.13** Instructional faculty must be: a) qualified through academic preparation and/or experience to teach assigned subjects and b) knowledgeable in course content and effective in teaching assigned subjects.*

***STANDARD A2.14** In addition to the principal faculty, there must be sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession.*

The faculty and staff of the PA Program at AdventHealth University welcome you. It is our collective intent to provide each student with a well-rounded, quality education. The faculty has been selected specifically for their experience and expertise in their respective fields. We are dedicated to your success and look forward to the opportunity to interact with each of you throughout your educational journey.

DEPARTMENT CHAIR / PROGRAM DIRECTOR

April Gardner, MSBS, PA-C



The department chair/program director is responsible for the oversight and operation of the PA program. The chair/director participates in the development of the didactic and clinical aspects of the program as well as being responsible for the faculty and staff. The position also encompasses participation in management-level committees within the University.

Professor April Gardner joined AdventHealth University in October 2022 as an associate professor and chair, and program director in the Department of Physician Assistant Studies. She earned a Bachelor of Science in Education from Bowling Green State University in 1986 and a Master of Science in Biomedical Science and Physician Assistant Studies from the Medical College of Ohio in 2001. She has been a full-time PA educator since 2006 and served as principal faculty in two PA programs prior to joining AdventHealth University. Professor Gardner taught pathophysiology and clinical medicine subspecialties in addition to serving in administrative PA program roles of academic coordinator, associate program director, and program director. She has extensive experience as a program director, leading a PA program from loss of accreditation to full continued-accreditation status.

Early in her career, Professor Gardner practiced clinically in the fields of family medicine, cardiothoracic surgery, and urology. Since 2012, she has practiced clinically in both emergency medicine and family medicine. In March 2020, she and her emergency medicine PA colleagues volunteered to practice in the COVID

ICU as the COVID-19 pandemic evolved. After the development of COVID-19 vaccines, she additionally supervised COVID-19 vaccine clinics to ensure the community had immediate access to vaccines.

Professor Gardner has a long history of professional and community service and scholarship. She has presented at national and state conferences and has served for many years on the Board of the Ohio Association of Physician Assistants. She has published peer-reviewed articles and book chapters, has written grants, and served as a test item writer for the PAEA PACKRAT. She has been a longstanding preceptor at an interprofessional student-led free healthcare clinic and participated as a preceptor on an interprofessional student-led medical mission trip to

Panama. She served for many years on the medical team at a large church and as a director of community running events.

MEDICAL DIRECTOR

Ann Marie LeVine, M.D.



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.

Dr. Ann Marie LeVine is a 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

Cory Edgar, DMSc, PA-C



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.

Dr. Cory Edgar received his undergraduate training at the University of Florida, Master in Physician Assistant Studies (MPAS) from the University of Texas Southwestern (UTSW) Medical Center, and his Doctor of Medical Science (DMSc) in Medical Education from the University of Lynchburg.

Since graduating as a PA, he has practiced clinically in the field of malignant hematology, blood and marrow transplant, and cancer survivorship/long-term follow up. He has served in various academic appointments in PA education since 2015. His research interests include simulation in PA education, hematologic malignancies, cancer survivorship, and APP utilization in oncology specialties. He serves on advisory boards and speaker bureaus for several oncology pharmaceutical and research companies. He is a consultant for multiple APP education initiatives, supporting pre-licensure and transition to practice education. He has previously served as Lead APP within the AdventHealth Cancer Institute and continues to have committee responsibilities surrounding APP utilization, chemotherapy administration, quality improvement/assessment and cost of care.

CLINICAL DIRECTOR / PRINCIPAL FACULTY

Whitney Balmert, MMS, PA-C



The clinical director is responsible for oversight of the clinical curriculum, developing and maintaining clinical sites, visiting and evaluation of 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 their clinical phase.

Professor Whitney Balmert graduated from the University of Central Florida Burnett Honors College with a Bachelor of Science degree in Health Service Administration. In 2010, she received a Master of Medical Science degree in Physician Assistant studies at Nova Southeastern University. Since graduation she has been practicing clinically in the field of pediatrics with experience in outpatient, inpatient and urgent care pediatric settings.

In practice, she has served as the lead training provider and has also served as a preceptor to both medical and PA students from several universities. She also served on an advisory board for an electronic medical records (EMR) company, assisting with healthcare provider-friendly

development and training. In addition to her clinical experience, she served as adjunct faculty at both AdventHealth University (AHU) and Nova Southeastern University (NSU) Physician Assistant Programs. In recognition of her achievements, Professor Balmert was inducted into the Pi Alpha National Honor Society for Physician Assistants. In 2018, Professor Balmert joined the faculty at AHU as an assistant professor. While continuing to practice pediatrics clinically, her primary responsibility at AHU is as the clinical director, overseeing students through their clinical phase of training. Professor Balmert also supports the didactic phase PA students and is involved in student teaching and clinical training.

DIRECTOR OF PROGRAM ASSESSMENT / PRINCIPAL FACULTY

Matthew Allman, MPAS, PA-C



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 student, 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.

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.

DIRECTOR OF PROGRAM ADMISSIONS / PRINCIPAL FACULTY

Bradley Lasley, MMS, PA-C



The director of program admissions is responsible for supporting the development and implementation of marketing and admissions strategies to ensure admissions levels and cohort demographics meet program goals.

Professor Bradley Lasley is a licensed and certified physician assistant with clinical experience specializing in infectious diseases, gastroenterology, advanced hepatology, hepatobiliary surgery, intensive care, and abdominal transplant. He serves as a fellow member of the American Association for the Study of Liver Disease and is a Medical Advisory Board member for the American Liver Foundation. His research experience includes liver failure, hepatic malignancy, infectious liver disease, NAFLD/NASH, and integrative multidisciplinary care. He has served on advisory boards and speaker bureaus for multiple pharmaceutical and scientific research companies. He has served as the lead physician assistant in a multisystem transplant ICU and has played an active role in the physician assistant task force for medicine and surgery.

PROGRAM JEDI OFFICER/PRINCIPAL FACULTY

Lesly Ortiz, DMSc, PA-C



The program Justice, Equity, Diversity, and Inclusion (JEDI) officer provides programmatic oversight of JEDI initiatives, collaborating with program leadership and the university diversity, equity, and inclusion chair to create, implement, and monitor program strategies to ensure fair and equitable treatment of students, faculty, and staff.

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, 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

Nicolas Constantino, MPAS, PA-C



Professor Nicholas Constantino is a licensed and certified physician assistant. He is originally from Omaha, NE and graduated from Creighton University in 2000 with a Bachelor of Science in Business Administration. In 2015, he graduated from the University of Nebraska Medical Center with a Masters of Physician Assistant Studies. Since then, he has worked in outpatient medicine specializing in pediatrics and has served as a clinical preceptor for physician assistant students since 2016. In addition to his work in medicine and education, Professor Constantino

served on the Quality Improvement Committee at AdventHealth for two years prior to joining the faculty at AHU.

Danielle Key, MMS, PA-C



Professor Danielle Key received her undergraduate training at the University of Central Florida and a Master's in Physician Assistant Studies from Nova Southeastern University in Fort Lauderdale, Florida. She is a licensed and certified physician assistant with years of clinical experience in family medicine, endocrinology, cardiology, and functional medicine. Her passion comes from the knowledge that disease is multifactorial and treating a patient includes understanding the root cause, lifestyle, community, and spirituality. At AdventHealth University she has helped restructure the complimentary medicine component to support the functional medicine approach and enhance the university's mission of whole person care.

PROGRAM CLINICAL MANAGER

Jenicca Brown, AA



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

Mrs. Brown worked in medical simulation for AdventHealth prior to joining the University as a simulation operations specialist.

PROGRAM ACADEMIC and ADMISSIONS MANAGER

Shawnie McGahey, MS



The program academic manager 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.

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.

EXECUTIVE ASSISTANT

Kambria Hull, BS



The executive assistant is responsible for logistics, customer service, and other administrative services within the program.

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.

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:

Michael Coyle, MMS, PA-C
Michael Cronyn, MPAS, PA-C
Clifford Denney, MD
Melissa Hall, MPAS, PA-C
Rose Helm, MPAS, PA-C
Kaleena Francois Henry, MCMSc, PA-C
Adam Wood, PharmD

CLINICAL PRECEPTORS

Clinical preceptors are also considered to be part of the AHU Physician Assistant program team. You will be assigned to a clinical preceptor at each of your clinical sites while on rotation during the second year (clinical phase) of the program. Your clinical site will set your schedule and guide you through the daily routine of each rotation.

DEPARTMENT OF PHYSICIAN ASSISTANT CONTACT LIST

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|--|---|
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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 [Physician Assistant Website](#) for your reference.

The AdventHealth University Master of Science in Physician Assistant Studies (MSPAS) program is committed to the education of all qualified individuals, including persons 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 his/her/their prospect for academic and clinical success. General standards for the MSPAS program are followed by standards that apply to the professional discipline to which you 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 that you read each standard carefully. Each student is given the opportunity to read and acknowledge his/her understanding of the standards prior to beginning the program.

TECHNICAL STANDARDS, MSPAS

A candidate for the AdventHealth University 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 persons 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 Master of Science in Physician Assistant Studies program, candidates must demonstrate to the program 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 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 the 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 PHYSICIAN ASSISTANT PROGRAM

In addition to the general standards above, students applying to the physician assistant program must consider that they will be required to:

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

MSPAS COMPETENCIES

The following competencies were developed by the American Academy of Physician Assistants, the Physician Assistant Education Association, the Accreditation Review Commission on Education for Physician Assistants, and the National Commission on Certification of Physician Assistants. The AdventHealth University Master of Science in Physician Assistant Studies program uses these competencies to assess each student's readiness for graduation and becoming a certified physician assistant.

Medical Knowledge 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:

- 1) Understand etiologies, risk factors, underlying pathologic processes, and epidemiology for medical conditions.
- 2) Identify signs and symptoms of medical and surgical conditions.
- 3) Select and interpret appropriate diagnostic or laboratory studies.
- 4) Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities.
- 5) Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission.
- 6) Identify appropriate interventions for the prevention of pathophysiologic conditions.
- 7) Identify the appropriate methods to detect pathophysiologic conditions in an asymptomatic individual.
- 8) Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data.
- 9) Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis.
- 10) Provide appropriate care to patients with chronic pathophysiologic conditions.
- 11) Practice evidence-based medicine.

Interpersonal and Communication Skills 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:

- 1) Create and sustain a therapeutic and ethically sound relationship with patients.
- 2) Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information.
- 3) Appropriately adapt communication style and messages to the context of the individual patient interaction.
- 4) Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group.
- 5) Apply an understanding of human behavior.
- 6) Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety.
- 7) Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

Patient Care 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:

- 1) Work effectively with physicians and other health care professionals to provide patient-centered care.
- 2) Demonstrate caring and respectful behaviors when interacting with patients and their families.
- 3) Gather essential and accurate information about their patients.
- 4) Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- 5) Develop and carry out patient management plans.
- 6) Counsel and educate patients and their families.
- 7) Competently perform medical and surgical procedures considered essential in the area of practice.
- 8) Provide health care services and education aimed at preventing health problems or maintaining health.

Professionalism 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:

- 1) Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant.
- 2) Professional relationships with physician supervisors and other health care providers.
- 3) Respect, compassion, and integrity.
- 4) Responsiveness to the needs of patients and society.
- 5) Develop and carry out patient management plans.
- 6) Accountability to patients, society, and the profession.
- 7) Commitment to excellence and ongoing professional development.
- 8) Commitment to ethical principles pertaining to the provision or withholding of clinical care, the confidentiality of patient information, informed consent, and business practices.
- 9) Sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- 10) Self-reflection, critical curiosity, and initiative.

Practice-Based Learning and Improvement 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:

- 1) Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team.
- 2) Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems.
- 3) Obtain and apply information about their own population of patients and the larger population from which their patients are drawn.
- 4) Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- 5) Apply information technology to manage information, access online medical information, and support their own education.
- 6) Facilitate the learning of students and/or other health care professionals.
- 7) Recognize and appropriately address gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; and physical limitations in themselves and others.

Systems-Based Practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of, and responsiveness to, the larger system of health care to provide patient care that is of optimal value. Physician assistants should work to improve the larger healthcare system of which their practices are a part. Physician assistants are expected to:

- 1) Use information technology to support patient care decisions and patient education.
- 2) Effectively interact with different types of medical practice and delivery systems.
- 3) Understand the funding sources and payment systems that provide coverage for patient care.

- 4) Practice cost-effective health care and resource allocation that does not compromise the quality of care.
- 5) Advocate for quality patient care and assist patients in dealing with system complexities.
- 6) Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
- 7) Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care.
- 8) Apply medical information and clinical data systems to provide more effective, efficient patient care.
- 9) Use the systems responsible for the appropriate payment of services.

PROFESSIONALISM

STANDARD B2.19 *The curriculum must include instruction in: c) professional conduct.*

STANDARD B4.03 *The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including: e) professional behaviors.*

“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 his/her/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 the Master of Science in Physician Assistant Studies program and the University; 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.

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.

HONESTY AND TRUSTWORTHINESS

Physician assistant students shall be honest and truthful in all respects. Students shall not intentionally mislead others.

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 MSPAS 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.

CONCERN FOR THE PATIENT

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.

PROFESSIONAL APPEARANCE

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

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.

MAINTAINING COMPOSURE

Physician assistant students must always maintain a professional and calm demeanor, even in emergencies and other highly stressful situations.

DRUGS AND ALCOHOL

Physician assistant students must comply with the University's Drug and Alcohol Policy, which may be found in the [AHU Student Handbook](#), and all other applicable policies and procedures concerning the use of drugs and alcohol, whether on campus or at clinical sites. All students must successfully complete a drug screen examination prior to entering the didactic phase of the program. Additional drug screenings may be requested by the program throughout its duration. A clinical site may request additional drug screens prior to entering their site or during the rotation. Students must comply with this request or risk failure of that clinical rotation. Students are prohibited from appearing in class or at any clinical site while under the influence of alcohol or any drug; medication, or substance that may affect performance or judgment. Drug screens are conducted at the student's expense. A complete policy can be located at: [Drug and Alcohol Policy | AdventHealth University | AHU](#).

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.

NETIQUETTE

It is important to recognize that the online classroom is, in fact, a learning environment and certain behaviors are expected when you communicate with both your peers and your instructors. These guidelines for online behavior and interaction are known as netiquette.

Security

- Remember that your password is the only thing protecting you 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 your password with anyone.
- Change your password if you think someone else might know it.
- Always log out when you are finished using the system.
- Logging on and allowing others to access course materials is considered an academic violation.

General Guidelines

When communicating online, you should always:

- Treat your instructor and classmates with respect in email or any other communication.
- Always use your professors' proper title: Dr. or Prof., or if in doubt use Mr. or Ms.
- Unless specifically invited, do not refer to your instructor by first name.
- Use clear and concise language.
- Remember that all college-level communication should have correct spelling and grammar (this includes discussion boards).
- Avoid slang terms such as "wassup?" and texting abbreviations such as "u" instead of "you."
- Convey a positive tone through word choice, syntax, punctuation, letter case, sentence length, opening, and closing. Written tone affects the reader just as the tone of one's voice.
- 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 is sometimes lost in an email or discussion post and your message might be taken seriously or sound offensive.
- Be careful with personal information (both yours and others).
- Do not send confidential information via e-mail.
- Check your email daily.

Email Netiquette

When you send an email to your instructor, teaching assistant, or classmates, you should:

- Use a descriptive subject line.
- Use a salutation when writing a message "Hello, good morning, etc."
- Be brief.
- Avoid attachments unless you are sure your recipients can open them.
- Sign your message with your name, course name, and best contact/e-mail address if it differs from the platform you are using.
- Think before you send the e-mail to more than one person. Does everyone really need to see your message?
- Be sure you REALLY want everyone to receive your response when you click "reply all."
- Be sure that the message author intended for the information to be passed along before you click the "forward" button.
- Double check the accuracy of the email address and email recipient before you click "send."

Message Board Netiquette and Guidelines

When posting on the Discussion Board in your online class, you should:

- Make posts that are on topic and within the scope of the course material.
- Take your posts seriously and review and edit your 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.
- Do not repeat someone else's post without adding something of your own to it.
- Avoid short, generic replies such as, "I agree." You should include why you agree or add to the previous point.
- Always be respectful of other's opinions, even when they differ from your own.
- When you disagree with someone, you should express your differing opinion in a respectful, non-critical way.
- Do not make personal or insulting remarks.
- Be open-minded.

Virtual Presence Guidelines

When participating synchronously in a virtual class session, you should:

- Have your video on whenever it is possible. If you experience internet issues (e.g., low bandwidth), please communicate with your instructor in a timely manner.
- For video conferences, place your device on a flat surface and avoid moving around.
- Keep your microphone muted unless instructed otherwise by your instructor.
- Check your browsers and documents before sharing your screen to avoid sharing content that is inappropriate for class.
- Use virtual backgrounds to protect your privacy. Ensure backgrounds are not distracting or inappropriate.
- Dress appropriately as you would in a face-to-face class. This includes both tops and bottoms. Student behavior and dress should mimic that of a traditional classroom or professional setting.
- Smartphone and cell phones must be switched off during class sessions. This includes both lectures and laboratories.
- If students have questions, they should ask them at appropriate times and should avoid talking or participating in other conversations during class.
- Web surfing, e-mail, 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 FACILITIES

Students enrolled in the 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 program and facility policies; 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.

CRIMINAL BACKGROUND CHECKS

Candidates for admission must satisfy a Level 2 criminal background check, in addition to a GSA/OIG/sexual offender background check, before being accepted to the program. This information will be maintained and stored by the Office of Student Services. It should be noted that some clinical sites may require updating the criminal background check prior to beginning a clinical rotation at that site. Policies of the clinical site supersede program policies while the student is engaged in clinical training at that site. 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.

Criminal convictions of any nature may create difficulty in placing the student in clinical rotations, as well as potentially resulting in ineligibility for the national board examination and licensing in many states. It is the student's responsibility to address any such issues and

determine the continued viability of their program candidacy. Please refer to [NCCPA](#) and the [Florida Board of Medicine](#) for further information.

PROGRAM PROFESSIONALISM ASSESSMENT

The professional and ethical conduct of physician assistant students is evaluated on an ongoing basis throughout the didactic and clinical phases of the program. Violations of standards of conduct are subject to disciplinary actions administered by the University, and by the program. As a PA student, you are expected to achieve the highest level of professionalism. The Professional Development Assessment Tools (PDAT) (see [Didactic-Appendix C](#)) is an example of an assessment tool that will be used to determine if you have achieved professional competency to graduate and practice as a physician assistant.

During the didactic phase, students are expected to always look and act professional. A PDAT form is completed at the end of each trimester by your faculty advisor and upon completion of the summative phase of the program. The PDAT form is 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 PA 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 C](#)). 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 PA 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, your advisor, the academic director, and/or the clinical director, and/or the program director will request a meeting with you to discuss specific concerns. The PDAT will be used to document such behaviors and will permanently remain in the student's electronic file. Students receiving ≥ 4 Professional Behavior assessment scores indicating "below expectations" on an end-of-trimester PDAT evaluation will be placed on a Student Academic Success Plan Level 2 (SASP L2) Professionalism Remediation Plan. Once initiated, the SASP L2 will be in effect until the end of the following trimester. For any student with a SASP L2, at the end of the trimester, their advisor will make a recommendation to the Academic Progress Committee (APC) of whether their advisee is ready to come off the SASP L2 Professionalism Remediation Plan or if it should be carried over into the next trimester. The APC will consider the advisor's recommendation, the student's performance throughout the trimester, and assess SASP L2 compliance. Based on their overall performance/compliance, the APC will then determine if the student is able to come off the SASP L2 vs. continue the SASP L2 through the next trimester. If the behavior does not improve, the student will be subject to reprimand, disciplinary action, and/or dismissal.

CONCLUSION

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 INTEGRITY

A career in medicine requires integrity. It is expected that all students will act in recognition of, and respect for, this requirement. Medical education is stressful, and sometimes otherwise well-intentioned people are tempted to make poor decisions. If you experience such difficulty, please contact your course instructor or faculty advisor for guidance. This section contains information regarding the program and the University's expectations for academic integrity.

POLICY ON ACADEMIC HONESTY AND INTEGRITY

STANDARD B2.19 *The curriculum must include instruction in: a) intellectual honesty, b) academic integrity, and c) professional conduct.*

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 MSPAS 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.

The University's policies and procedures from the [AHU Academic Catalog](#) states the following:

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 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](#).

PA PROGRAM ACADEMIC MISCONDUCT POLICY

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. In the case of academic misconduct or a breach in professionalism, the faculty/preceptor/staff will report the situation to the student's academic advisor as well as the academic or clinical director (depending on the phase of the student's education).
2. 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 must respond within five (5) business days from the date of the meeting request, or the information about the allegation/incident will be forwarded to the next step in the process without the student's input, voice, or representation. 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.
3. In the case of a repeated violation and/or a violation deemed by the program as egregious enough for review by the program director, the student may be required to write a summary of their account of the allegation in follow-up to the exploration meeting. This summary must be submitted to the student's academic advisor within 72 hours from the exploration meeting date.
4. If the student does not respond to the instructor to set up a meeting, the instructor will continue with the investigation and complete a report without the student's input.

5. 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.
6. If the instructor 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.
7. If the student is found to be in violation of a professionalism standard, program disciplinary policy will be implemented:
 - A. Violations deemed first-time/minor offenses will receive a Level 1 warning. Students will be notified in writing of this Level 1 warning and will be required to sign a documented account of the Level 1 warning in acknowledgment. Students receiving a Level 1 warning must complete assigned remediation assignment(s), as directed by the program, to stay in good professionalism standing.
 - B. Second time/repeated offenses will result in a Level 2 warning requiring signature acknowledgment from the student, the academic or clinical director, and the student's advisor. Students receiving a Level 2 warning must complete assigned remediation assignment(s), as directed by the program, to stay in good professionalism standing.
 - C. In the case of a third offense or a first/second offense deemed egregious enough to warrant review by the program director next steps include:
 - i. The instructor/faculty member will investigate the incident/allegation (as outlined in steps 1-5 above) and report their findings with the student documentation of the allegation to the program director for review. If there are any further questions regarding the allegation, it is at this 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.
 - ii. For Level 3 concerns/allegations, the program director may take up to 7 business days to review the incident/allegation and construct a referral outlining the issues to the ad hoc Disciplinary Action Advisory Committee. (DAAC) if they so choose. If 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. The ad hoc committee will include both department and university representatives.

- iii. The program director will review the recommendations from the DAAC and schedule a disposition meeting within five (5) business days with the following:
 - a. the student
 - b. the student's academic advisor
 - c. the academic or clinical director (depending on the student's phase of education)
 - d. student selected AHU faculty or staff member representative (upon student request)
 - iv. During this disposition meeting and/or within 48 hours of the meeting the student will be provided documentation outlining the disposition summary to include a description of the violation as well as resulting disciplinary action.
8. A 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.
 9. A student may appeal the decision of the program director through the Office of Academic Administration or the Office of Student Services. Please see [Student Academic Appeal Policies](#). University policies pertaining to violations and offenses are located under academic misconduct found here: [Policies and Procedures -Academic Misconduct](#). NOTE: grades cannot be appealed.

UNIVERSITY POLICY REGARDING ACADEMIC DISMISSAL FROM A GRADUATE PROGRAM

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 (See [Academic Integrity](#) section in the AHU Policy Manual).

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), 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.

STUDENT HARASSMENT GRIEVANCE POLICY

STANDARD A1.02 The sponsoring institution is responsible for j) defining, publishing, making readily available, and consistently applying to students, its policies, and procedures for processing student allegations of harassment.

For Student Grievance Policy please refer to the [University Student Handbook](#).

SEX DISCRIMINATION AND SEXUAL HARASSMENT

Below is a summary of the [Title IX policy and the Complaint Resolution Procedures](#). If there are any discrepancies between this summary statement and the full policy, the full policy will prevail.

HARASSMENT POLICY STATEMENT

AdventHealth University (“University”) is committed to providing a learning, working, and living environment that promotes personal integrity, civility, and mutual respect in an environment free of discrimination on the basis of sex. The University considers sex discrimination in all its forms to be a serious offense. Sex discrimination constitutes a violation of this policy, is unacceptable, and will not be tolerated.

Sexual harassment, whether verbal, physical, or visual, is always inconsistent with the mission and expectations of the University and may constitute a form of sex discrimination and is in violation of this policy. Sexual harassment also includes sexual violence/assault. Definitions and examples of specific conduct that constitutes sexual harassment and sexual violence/assault are set forth in the full [Title IX Policy and Complaint Resolution Procedures](#).

SCOPE

The Title IX Policy and Complaint Resolution Procedures apply to administrators, faculty, and other university employees; students, applicants for employment, customers, third-party contractors, and all other persons that participate in the University’s educational programs and activities; this includes third-party visitors on campus (the “University community”). The University’s prohibition on sex discrimination extends to all aspects of its educational programs and activities, including, but not limited to, admissions, employment, academics, athletics, housing, and student services.

REPORTING A VIOLATION

An inquiry or complaint shall be reported in writing to the Title IX Coordinator, Ana-Michelle Carrington, or the Deputy Title IX Coordinator, Katie Shaw (Denver Campus). The complaint should include:

1. Date(s) and time(s) of the alleged sex discrimination
2. Names of all persons involved, including possible witnesses
3. Details outlining what happened
4. Contact information for the complainant

All university employees have a duty to file a report or complaint with the Title IX Coordinator or Deputy Title IX Coordinator when they believe or receive information indicating that a

member of the University community may have been subjected to conduct that constitutes prohibited Sex discrimination. Students are encouraged to do so.

A person may also file a complaint of sex discrimination with the United States Department of Education's Office for Civil Rights regarding an alleged violation of Title IX by visiting www2.ed.gov/about/offices/list/ocr/complaintintro.html or by calling 1-800-421-3481.

INVESTIGATION, RESOLUTION, AND APPEALS

All complaints will be promptly and thoroughly investigated under the procedures outlined in the full Title IX Policy and Complaint Resolution Procedures, and the University will impose interim measures and take disciplinary and remedial action where appropriate. The University will endeavor to conclude its investigation within sixty (60) calendar days of receiving it. The complaint resolution procedures are designed for fairness to both the complainant and respondent and are implemented by university personnel who receive annual training on relevant issues. The complainant and the respondent will receive a copy of the written report after the investigation has concluded and a resolution has been reached, and both have the right to file an appeal with the University president within ten (10) days of receipt of the written report. The president's decision on the appeal is final.

ACADEMIC SERVICES

AdventHealth University (AHU) has a wide variety of academic resources available to students. This section highlights some of the resources most likely to be of value to you.

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

STUDENT ACADEMIC SUPPORT SERVICES

Student Academic Support Services (known as the 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.

EARLY ALERT

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. Students of the MSPAS program will be required to meet with Professor Joyce Anderson with 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. (see [Didactic-Appendix H](#))

AHU 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](#).

AHU WRITING CENTER

When it comes to English help or peer paper editing, students can contact the Writing Center. Students can sign up for an appointment by visiting [AHU Writing Center](#) or calling (407) 303-7747 Ext. 110-9856, or email Jeremy.Parra@adu.edu for more information.

AHU 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 its students. They believe that equal education is not limited to a physically accessible campus for its students. It also strives 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 and the Americans with Disabilities Act. See the [AHU Academic Catalog](#) for information on student rights and our confidentiality policy.

Determination of disability must be made on a case-by-case basis. Each case will be evaluated based on the documentation of the disability. The documentation must be provided by a qualified evaluator for the disability.

We want every student to be successful and we understand that an important component of success is matching individual needs to the services we provide.

Students Accommodations Procedure

To receive academic accommodations, students should contact the disabilities coordinator prior to or at the beginning of the trimester. Most requests should be submitted 2 weeks before classes start; however, the following requests should be submitted at least 4 weeks before classes start. Accommodation requests will also be accepted throughout the trimester:

- Requesting accommodations for the first time
- Alternatively, formatted textbooks
- Interpreter services

Required Documents and Forms

It is the student's responsibility to submit the following forms to complete their record in the center. The first three items, found in the initial packet, are only needed on file once. The last item must be resubmitted prior to each trimester.

- [Disabilities Forms - Initial Packet](#)
- [Trimester Accommodation Request Form](#) (completed every trimester)

The office will notify each of the student's instructors of their needs. The instructor will receive an Academic Accommodation Notification Letter explaining the accommodations necessary for that student. At any time, a student may request in writing to discontinue any information sharing related to their disability. It is the collective responsibility of the student, the Office for Students with Disabilities, and faculty member to arrange for the accommodations.

Documentation to determine that student is an "individual with a disability" must be consistent with Section 504 of the [Rehabilitation Act of 1973](#) and the [Americans with Disabilities Act of 1990](#).

Grievance Procedure

Students are strongly encouraged to inform the disabilities coordinator promptly if there is a problem with service delivery. In working to resolve the problems, the following steps are recommended:

- Discuss the problem with the person involved.
- If unresolved, contact the disabilities coordinator.
- If the issue remains unresolved, speak with the director of the center.
- If the situation is not resolved after following the above steps, contact the academic dean.

Students may expect to be treated with respect and dignity, receive a timely response, and have the issues handled in a confidential manner. The University expects the students to bring up any problems early, give clear and detailed information, and be respectful of the people involved in the situation. Changes in the service provider cannot be made without following the steps outlined above.

Stopping Accommodations

Students may request in writing to discontinue accommodations at any time.

Other Disability Resources

Many resources are available to students with disabilities outside of the University. AHU has recorded some of the outside resources in a list based on the recommendation of our students. This list is not exhaustive, and we encourage students to do their own research for any resources they may need. The list provided is only there to help get you started.

For more information contact the disabilities coordinator, Betty Varghese at 407-303-1870 or counseling@my.ahu.edu.

FINANCIAL AID

Paying for higher education can seem scary, but it does not have to be. There are a variety of scholarships, grants, and financial aid options available to make your dream of studying at AdventHealth University a reality. To apply for financial aid, students need to complete the free [Application for Federal Student Aid \(FAFSA\)](#) and the online *AdventHealth University (AHU) Financial Aid Application* which will be available at my.ahu.edu once the FAFSA is complete. Students will also need to be accepted to the University for us to award financial aid. For additional information on financial aid please visit [AHU Academic Catalog](#). AHU's financial aid department releases newsletters to all AHU students at the beginning of each trimester, students should read each newsletter for updated information.

Financial Services
Hours of Operation:
Monday – Thursday 8:00am – 4:30pm
Friday 9:00am – 3:00pm
Appointments are recommended.

Financial Services
AdventHealth University
671 Winyah Drive
Orlando, Florida 32803
Campus Center Building, Room 229
Phone: (407) 303-6963 or 1631
Fax: (407) 303-7680
Email: finaid@ahu.edu

UNIVERSITY LIBRARY

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 <https://library.ahu.edu/>. 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 Student Handbook](#).

STUDENT’S RIGHTS AND CONFIDENTIALITY OF RECORDS

The Family Educational Rights and Privacy Act (FERPA) affords eligible students certain rights with respect to their education records (An “eligible student” under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution). For details on this please go to [Student Rights and Confidentiality of Records](#).

STUDENT HEALTH

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

STANDARD A3.09 *The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director, and the medical director from participating as health care providers for students in the program, except in an emergency situation.*

As you progress through your formal education, it is important that you pay attention to your own health. A career in medicine is stressful, and medical providers are frequently guilty of setting a poor example for their patients. Proper nutrition, exercise and stress coping skills will contribute to your success as a student.

STUDENT HEALTH SERVICES

Student health services are not available on the campus of the University; however, the adjacent AdventHealth Hospital Orlando campus offers a full-service trauma level II facility with 24-hour emergency services. Should a student require emergent assistance they are encouraged to call 911. For routine health care issues, the student may visit any walk-in clinic or physician office of their choice.

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. If you have a medical problem, you should seek assistance from student health services or another provider.

The PA program faculty are not able to act as a mental health counselor for any student enrolled in the PA program. If the student has nonacademic problems that require formal counseling, they may go to Student Academic Support Services (SASS) for counseling services. Please refer to the [AHU Catalog: Student Handbook](#) for all the support services available to all students.

MENTAL HEALTH AND COUNSELING

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

The mental health and well-being of our students are of utmost importance at AHU. Recognizing and addressing mental health issues are crucial for personal well-being, as well

as for the quality of care one can provide to future patients. All students are encouraged to prioritize their mental health and seek help immediately if they are experiencing any mental health concerns.

Student Academic Support Services (SASS) is the primary source of counseling on the University campus. Confidentiality will be upheld to the fullest extent allowed by law for students seeking support for mental health issues. Students deemed to be experiencing conditions that may pose an immediate threat to themselves or others will be acutely referred, with escort, to the emergency department at AdventHealth Hospital Orlando for emergent evaluation and treatment.

HEALTH INSURANCE

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.

HEALTH AND IMMUNIZATION DOCUMENTATION

***STANDARD A3.19** Student health records are confidential and must not be accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student.*

***STANDARD A3.07** The program must define, publish, make readily available and consistently apply:*

a) a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.

STUDENT HEALTH RECORDS AND IMMUNIZATIONS

To meet the accreditation standards of the ARC-PA for the Master of Science in Physician Assistant Studies degree at AdventHealth University, the University has contracted with an external screening vendor, Complio, to supply student Level 2 background checks, drug screening, and immunization compliance management. A Level 2 criminal background check in addition to a GSA/OIG/sexual offender background check is required before matriculation into the program and before entering the clinical phase of the program. Criminal convictions of any nature may create difficulty in placing the student in clinical rotations, as well as potentially resulting in ineligibility for the national board examination and licensing in many states. The drug screening reports are stored on Complio online dashboard, which is accessible to the program. The background checks are forwarded directly to the University's student services department to be reviewed and stored. If there is an issue with a background check, a representative from student services will contact the PA program director. All the immunization and compliance documentation are stored on Complio's web-based program and

available for review by the PA program executive assistant, academic/admissions manager, and clinical program manager.

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 staying 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 executive assistant, academic/admissions manager, and clinical program manager 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.

Requirements include:

1. Proof of personal health insurance throughout the entire program (updated annually).
2. Proof of a satisfactory annual physical examination.
3. Proof of annual tuberculosis screening (PPD or negative QuantiFERON TB Gold test). Positive tuberculosis or BGC vaccine, student must submit a chest x-ray from within the last 3 years and a TB clearance letter annually.
4. Proof of Hepatitis B vaccine (3 vaccine series or positive Hepatitis B titer).
5. Proof of MMR vaccine (2 vaccine series or positive MMR titer).
6. Proof of Varicella vaccination (2 vaccine series or positive Varicella titer).
7. Proof of Tetanus/Diphtheria/Pertussis (Tdap) vaccine (booster required within 10 years).
8. Proof of Influenza vaccine (received between 8/1 – 10/31) or declination (annually).
9. Proof of COVID-19 vaccine or a declination (annually).
10. Satisfactory drug screen, completed prior to matriculation and prior to entering the clinical phase.
11. Satisfactory Level 2 criminal background check, completed prior to matriculation and prior to entering the clinical phase.
12. GSA/OIG/sexual offender screening.
13. CPR, PALS and ACLS – completed during the fourth trimester as part of didactic coursework.
14. Face mask fitting – completed during the fourth trimester during the didactic phase.

Student health records will not be released without written permission from the student. Health screening, immunizations, and/or healthcare services will not be conducted by program personnel. All costs associated with these requirements are the responsibility of the student.

Routine annual influenza vaccination for all persons aged ≥ 6 months who do not have contraindications has been recommended by CDC and CDC's Advisory Committee on Immunization Practices (ACIP) since 2010. If a student decides not to receive the influenza vaccination, they must complete a declination form. For more information on Influenza (Flu) visit <https://www.cdc.gov/flu/>.

For the most up to date AHU COVID-19 student policies regarding safe social distancing practices, exposure guidelines, vaccination policies, and reporting requirements please visit: [AHU COVID-19 Information](#). For more information on illness and exposure guidelines from the program, please review the [Didactic-Appendix B: PA Program Students with Illness and High-Risk COVID-19 Exposure Guidelines](#).

Students who decline the COVID-19 vaccination must understand that by declining the COVID-19 vaccination, they may be precluded from engaging in fieldwork/internship/clinical placement required to earn and complete their academic program and to graduate. They must also understand that facility requirements regarding COVID-19 vaccinations may change during their scheduled fieldwork/internship/clinical placement, thus impacting their status in the facility.

INJURIES & NEEDLE STICK/BLOOD/BODILY FLUIDS CONTAMINATION PROTOCOL

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

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.

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](#)).

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other persons. 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. Act as though all patients with whom you 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. Notify your clinical preceptor immediately.
2. Follow facility protocols regarding evaluation. Most facilities will require you 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 about your medical history, the source patient's history (if known) and the nature of the exposure. They may request permission to draw baseline laboratory studies. They will discuss your risk of contracting a blood borne disease and the risks and benefits of prophylactic treatment. In deciding whether to receive post-exposure prophylactic treatment, students might also wish to consult with the National Clinicians Post-Exposure Prophylaxis Hotline: 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 (see [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 (see [Didactic-Appendix D](#)) 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

STANDARD B1.01 *The curriculum must: a) be consistent with the mission and goals of the program, b) be consistent with program competencies, c) include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, and d) be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.*

STANDARD B1.02 *The curriculum design must reflect content and course sequencing that builds upon previously achieved student learning.*

STANDARD B1.03 *For each didactic and clinical course (including required and elective rotations), the program must define and publish learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies.*

DIDACTIC PHASE

The courses offered by the MSPAS program have been specifically designed and sequenced to prepare students to administer appropriate health care to patients. According to the ARC-PA 5th Edition Standards, the program curriculum should prepare students “to provide patient

centered care and collegially on collaborative medical teams in an interprofessional environment. The curriculum must establish a strong foundation in health information technology and evidence-based medicine and must emphasize the importance of remaining current with the changing nature of clinical practice.”

Further, according to the ARC-PA 5th Edition Standards, “the professional curriculum for PA education must include applied medical, behavioral and social sciences; patient assessment and clinical medicine; supervised clinical practice; and health policy and professional practice issues.”

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 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.

Year I Trimester I

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

Year I Trimester II

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

Year I Trimester III

| Course Number | Course Name | Course Credit Hours |
|---------------|-------------|---------------------|
|---------------|-------------|---------------------|

| | | |
|-----------|--------------------------------|----------------|
| MPAS 554C | Patient Assessment II | 2 credit hours |
| MPAS 536 | Clinical Medicine II | 7 credit hours |
| MPAS 529 | Patient-Centered Healthcare II | 2 credit hours |
| MPAS 558 | Pathophysiology II | 2 credit hours |
| MPAS 542 | Clinical Pharmacology II | 2 credit hours |
| MPAS 561 | Healthcare Disparities | 3 credit hours |
| MPAS 567 | Clinical Lab Medicine II | 1 credit hour |

Year I Trimester IV

| Course Number | Course Name | Course Credit Hours |
|---------------|---------------------------|---------------------|
| MPAS 546 | Behavioral Health | 3 credit hours |
| MPAS 556 | General Surgery | 2 credit hours |
| MPAS 590 | Clinical Research Methods | 2 credit hours |
| MPAS 574C | Clinical Correlations | 4 credit hours |
| MPAS 581 | Emergency Medicine | 2 credit hours |
| MPAS 585C | Medical Procedures | 3 credit hours |
| MPAS 597 | Clinical Orientation | 1 credit hour |

Please refer to the online course catalog for further details: [AHU Physician Assistant Program Course Catalog](#).

CLINIAL PHASE

STANDARDS A3.03 *The program must define, publish, make readily available and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors.*

STANDARD B3.01 *The program must secure clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences.*

STANDARD B3.03 *Supervised clinical practice experiences must enable all students to meet the program's learning outcomes: a) for preventive, emergent, acute, and chronic patient encounters, b) across the life span, to include infants, children, adolescents, adults, and the elderly, c) for women's health (to include prenatal and gynecologic care), d) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and e) for behavioral and mental health conditions.*

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

a) emergency department, b) inpatient, c) outpatient, and d) operating room.

STANDARD B3.06 Supervised clinical practice experiences should occur with: a) physicians who are specialty board certified in their area of instruction, b) NCCPA certified PAs, or c) other licensed health care providers qualified in their area of instruction.

STANDARD B3.07 Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for: a) family medicine, b) emergency medicine, c) internal medicine, d) surgery, e) pediatrics, f) women's health including prenatal and gynecologic care, and g) behavioral and mental health care.

AdventHealth University has affiliation agreements in place with physicians and healthcare institutions allowing for a complete course of clinical rotations to be set up for each student by the program. In general, rotations are assigned randomly based upon their availability. More information on these situations may be found below.

CORE ROTATIONS

Supervised clinical practice is paramount, as it becomes the primary focus of the program in the clinical phase. 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
- General Surgery, MPAS 660
- Elective Clinical Rotation, MPAS 670

In addition, students will have completed one clinical elective rotation in the medical field of their interest, appreciating numerous opportunities to care for patient populations in underserved areas. The AHU PA 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 |
|---|----------------------|---------------------|
| MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 660 | Clinical Rotation I | 4 credit hours |
| MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 660 | Clinical Rotation II | 4 credit hours |

| | | |
|---|-----------------------|----------------|
| MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 660 | Clinical Rotation III | 4 credit hours |
| MPAS 665 | Clinical Seminar I | 1 credit hours |

Year II Trimester II

| Course Number(s) | Course Name | Course Credit Hours |
|---|----------------------|---------------------|
| MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 660 | Clinical Rotation IV | 4 credit hours |
| MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 660 | Clinical Rotation V | 4 credit hours |
| MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 660 | Clinical Rotation VI | 4 credit hours |
| MPAS 675 | Clinical Seminar II | 1 credit hour |
| REL P 612 | Role Fidelity | 2 credit hours |

Year II Trimester III

| Course Number(s) | Course Name | Course Credit Hours |
|---|------------------------|---------------------|
| MPAS 600 or MPAS 610 or MPAS 620 or MPAS 630, or MPAS 640 or MPAS 650 or MPAS 660 | Clinical Rotation VII | 4 credit hours |
| MPAS 670 Elective Clinical Rotation | Clinical Rotation VIII | 4 credit hours |
| MPAS 685 | Clinical Seminar III | 3 credit hours |

Please refer to the online course catalog for further details and to archived Academic Catalogs on the AHU website for previous year's curriculum: [AHU Physician Assistant Program Course Catalog](#)

PROGRAM PERFORMANCE STANDARDS

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

Preparing for a career in the health sciences is a rigorous undertaking. Practitioners are expected to possess not only excellent cognitive and technical clinical skills, but also to practice according to the highest ethical and professional standards. Preparation for meeting these high standards begins during the student's education. Some students may occasionally experience academic difficulties. Such difficulties are best addressed early, before they grow to unmanageable proportions.

The utilization of sound judgment is a prerequisite of every successful health care provider. Students will be expected to exercise sound academic judgment and seek assistance when

necessary. Students should consult with course instructors, faculty advisors, and/or the program director as soon as a difficulty becomes apparent.

STUDENT ADVISEMENT

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 tend to be unpredictable due to clinical and research obligations. If you have a non-emergent need, it is best to make an appointment with your advisor via telephone or email. If you feel your need is emergent and your faculty advisor is not available, you may contact any PA faculty or staff member for assistance.

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

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 being successfully met. Each faculty advisor will file a Faculty Advisor Midterm Evaluation Form ([Didactic-Appendix G](#)) for each advisee each trimester. Faculty advisors may also require more frequent meetings with a student as they deem necessary to assure 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 assure that adequate academic progress is being maintained.

REMEDIATION / STRATEGY FOR ACADEMIC SUCCESS

STANDARD A3.15 The program must define, publish, consistently apply and make readily available to students upon admission: a) any required academic standards, b) requirements

and deadlines for progression in and completion of the program, and c) policies and procedures for remediation and deceleration.

STANDARD A3.17 *Student academic records kept by the sponsoring institution or program, in a paper or electronic format, must be readily accessible to authorized program personnel and must include documentation: c) of student performance while enrolled and d) of remediation efforts and outcomes.*

- All students must maintain a cumulative GPA of 3.0 or better to remain in good academic standing in the program.
- Students who fail any didactic or clinical phase course will be dismissed from the program.
- 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).
- 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 throughout the program.
- Students whose academic status is not consistent with program/course expectations will be required to meet with their faculty advisor. The student may then be referred to the APC and/or the program director for determination of the student's ability to continue in the program.
- Violation of professionalism standards and/or program or university policies, in any way, will be subject to reprimand, or more serious action, depending on the severity of the violation up to and including dismissal from the program.

DIDACTIC PHASE REMEDIATION POLICY

Students receiving < 74.5% on any written examination will be expected to meet with their course instructor and their faculty advisor. To better understand the student's errors, the student must self-analyze the examination by completing a Test Self-Analysis form (TSA) ([Didactic-Appendix E](#)) and make an appointment to meet with the course instructor no later than 48 hours after a failed examination. The student must also arrange to meet with their faculty advisor no later than 72 hours after a failed test.

Color Coded Triggers/Criteria for Individual Didactic Examination Remediation

- Green: 79.5% to 100%
- Yellow: 74.5% to 79.49%
- Red: < 74.5%

Didactic Strategy for Academic Success Plans (SASP)

SASP Level 1 ([Didactic-Appendix H](#)) is for students who have failed two (2) written examinations (red zone). Students will meet with their faculty advisor to develop a strategy for Academic Success Plan Level 1 (SASP L1). The SASP L1 will include measurable objectives developed by the faculty advisor in conjunction with the student. The SASP L1 may be discontinued when the objectives have been met.

SASP Level 2 ([Didactic-Appendix I](#)) is for students who have:

- 3 written examination scores during the same trimester in the red zone, or
- 5 written examination scores during the same trimester in the yellow or red zone, or
- received ≥ 4 Professional Behavior assessment scores indicating “below expectations” on an end of trimester PDAT evaluation.

Once initiated, the academic SASP L2 may be discontinued if the student achieves $> 80\%$ on three (3) consecutive written examinations, based on the discretion of the faculty advisor. The faculty advisor will recommend to the APC to discontinue the SASP L2 or carry it over into the next trimester. The APC will consider the faculty advisor’s recommendation, the student’s performance throughout the trimester, and assess their SASP L2 compliance. Based on their overall performance/compliance, the APC will then determine if the student is able to discontinue the SASP L2 or continue the SASP L2 through the next trimester.

Didactic Examination Retake Policy

The physician assistant 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%. No final or cumulative course examinations may be retaken.

A decision to retest must be made within 48 hours of final grade posting on Canvas. If a student decides to retest, they must declare this through the complete Test Self-Analysis (TSA) form and notify the course instructor and academic director. Timing 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.

Didactic Remediation Policy

Students receiving $< 74.5\%$ on any written examination during a trimester will be expected to complete a prescribed relearning and remediation assignment at the conclusion of the trimester.

Students must complete the remediation assignment for each course in which they earned a written examination grade of <74.5%. The assignment(s) must be completed and turned in by no later than five (5) business days after the conclusion of the trimester. Failure to complete the remediation assignment by this timeline will result in a professionalism violation.

CLINICAL PHASE REMEDIATION POLICY

Students receiving < 75% on any PAEA EOR examination will be expected to meet with the clinical director and their faculty. The student must complete a Test Self-Analysis (TSA) form ([Didactic-Appendix E](#)) and make an appointment to meet with the clinical director no later than 48 hours after a failed examination. The student must then arrange to also meet with their faculty advisor no later than 72 hours after a failed test. The student will be expected, in conjunction with their faculty advisor, to develop a Strategy for Academic Success Plan (SASP) by completing the Early Alert Academic Intervention SASP Level 1 form ([Didactic-Appendix H](#)).

Color Coded Triggers/Criteria for Individual PAEA EOR Examinations

- Green: 80% to 100%
- Yellow: 75% to 80%
- Red: < 75%

Clinical Year PAEA EOR Examination Scoring for Core Rotation Examinations

| | FM | IM | EM | GS | PED | PSY | WH |
|-----|---------|---------|---------|---------|---------|---------|---------|
| 75 | 379-389 | 384-398 | 387-407 | 385-402 | 387-398 | 384-385 | 384-392 |
| 80 | 390-408 | 399-414 | 408-424 | 403-420 | 399-415 | 386-397 | 393-410 |
| 85 | 409-428 | 415-431 | 425-443 | 421-441 | 417-436 | 398-417 | 411-431 |
| 90 | 429-456 | 432-453 | 444-469 | 442-470 | 437-464 | 418-445 | 432-458 |
| 95 | 457-495 | 454-495 | 470-495 | 471-495 | 465-495 | 446-495 | 459-495 |
| 100 | 496-500 | 496-500 | 496-500 | 496-500 | 496-500 | 496-500 | 496-500 |

Clinical Strategy for Academic Success Plans (SASP)

Students who have scored <75% on a PAEA EOR examination (exam failure) will be required to complete a Test Self Analysis (TSA) form ([Didactic-Appendix E](#)) and meet with the course instructor and their advisor to implement an SASP Level 2 ([Didactic-Appendix I](#)).

If the student scores a 75% or less on three PAEA EOR examinations, an SASP Level 2 ([Didactic-Appendix I](#)) will be implemented.

Clinical Examination Retest Policy

Students who fail their PAEA EOR examination are allowed to retest one (1) week after the initial PAEA EOR examination failure and in the same discipline, but a different version of the examination. If the student passes the second PAEA EOR examination, the maximum grade of 75% for the examination portion of the course will be assigned for this grade. Students who fail the second PAEA EOR examination will have an intense Student Academic Success Plan (SASP) constructed by clinical faculty and approved by the program director and will receive an incomplete grade for the rotation. The SASP will be presented to the academic progress committee (APC) and, upon approval, will be implemented. The SASP will address the student's deficiencies and weaknesses and will include an additional two-week didactic remediation training to occur during the first two weeks of the student's elective rotation. As part of this PAEA EOR examination failure remediation plan, students will no longer be afforded the opportunity to select a specialty for their elective rotation, but rather will be assigned an elective rotation that the faculty deems supportive of student's academic remediation. At the end of the first two weeks of the EOR examination remediation process, a third and final examination will be conducted. Failure of this new, content-specific, third and final EOR examination will **result in dismissal from the program**. Passing of this examination will result in passing the failed rotation with a maximum grade of 75% for the examination portion and the incomplete grade will be removed. Upon passing, the student may then continue their remaining four weeks of the rotation, at their previously scheduled elective site (selected by the faculty). The option of taking a third examination for examination remediation may only be offered once throughout the clinical phase. In other words, failure of the EOR examination **and** the second attempt on an **additional core rotation** will result in dismissal from the program. In this scenario if a student fails an additional EOR examination and the passing of the remediation examination determines his/her/their progression in the program, the student will be afforded the opportunity to forgo clinical duties for the week leading up to the remediation examination to dedicate time to studying.

If a student fails three or more initial PAEA EOR examinations in three core specialties, the student will forfeit their selection of an elective rotation and will be placed in an elective rotation designated by the program. The clinical director and the student's academic advisor will identify a clinical elective rotation to help build a stronger fund of knowledge in areas of deficit.

Preceptor Evaluation of the Student Remediation

All preceptor evaluation scores are reviewed by the clinical director at the end of each rotation. Any evaluation measure in which a student receives a score of < 3 out of 5 on the Likert scale or who receive a N/A, will be reviewed, and assessed. Some outcomes are assessed on more than one clinical rotation. If the outcome has already been successfully completed on another rotation, these outcomes may not be considered mandatory for the specific rotation. If, however, upon review it is deemed that a student has not achieved a specific outcome or outcomes for a rotation, a student will receive remediation to ensure that they have met the unachieved outcome(s) successfully. This remediation may include completion of a virtual

learning case(s) that meets the specific incomplete outcome(s) and/or may require that a student remediate clinical experiences to ensure all program defined outcomes have been met (to be made up during the student's elective rotation).

Students who fail the preceptor evaluation will meet with the clinical team and receive detailed information on the preceptor's report. After the student has given their feedback, the clinical team will meet with the preceptor to discuss the issues related to the evaluation. A remediation plan will be put in place by the clinical director based on the assessment of clinical faculty and upon approval from the academic progress committee. If it is deemed necessary to remediate the core rotation, this will occur after the eighth (elective) rotation. The student will remediate the **failed core specialty** at a different facility if the student fails the preceptor evaluation a second time, it will be grounds for dismissal from the program. If, during another rotation (occurring in the time between failing one preceptor evaluation and repeating that same core rotation at the end of the clinical phase) the student fails an additional preceptor evaluation, it is grounds for dismissal from the program. Students are not permitted to repeat more than one core rotation resulting in failure from a preceptor evaluation.

Clinical Written Assignment Remediation

Students who fail a written assignment will be required to turn in a remedial written assignment (on a different patient case) within seven (7) days and will receive a maximum grade of 75% for each remedial written assignment.

Failure of Clinical Remediation

Failure of any assigned remediation resulting in an overall final rotation grade less than 75% will be grounds for dismissal from the program. Failure to turn in a completed remediation assignment on time is deemed grounds for disciplinary action up to and including dismissal from the program.

ADDITIONAL REMEDIATION/STRATEGY FOR SUCCESS TRIGGERS:

- post didactic phase PACKRAT score <130
- didactic comprehensive examination score <75%
- post clinical phase PACKRAT score <160
- PAEA End of Curriculum Examination score <1450*

A student who has exceeded one or more of these remediation triggers, will be required to meet with their faculty advisor to review identified deficits and develop a remediation 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 ($\geq 80\%$). 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 remediation/SASP triggers, individual course instructors may impose course specific remediation/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.

SUMMATIVE REMEDIATION POLICY:

Students who do not achieve the program-defined minimum passing score (≥ 1450) on the PAEA EOC Examination will be required to complete a prescribed remediation plan as directed by the department faculty and leadership. The remediation plan will consist of focused relearning followed by retesting and last up to 6 weeks in length. Students will receive a grade of Incomplete (I) in Clinical Seminar III until they have successfully completed the remediation plan.

STUDENT ACADEMIC SUCCESS 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.
4. A cumulative grade point average (GPA) of ≥ 3.0 is expected throughout the program. The cumulative GPA will be assessed at the end of each trimester. The following conditions will result in program dismissal:
 - a) A cumulative GPA of < 3.0
 - b) A course failure

**Refer to the [Professional Development Assessment Tool \(PDAT\)](#) for professionalism remediation affecting academic progression.*

ACADEMIC PROBATION

A student with a trimester GPA of <3.0 will be placed on academic probation. 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.

LIFE EVENT

Occasionally, for medical, personal, or other reasons, a student may need or desire to withdraw from the program until the event has been resolved.

If a student has been maintaining satisfactory academic progress and/or experiences significant academic deterioration secondary to an unavoidable life event, the student must notify the program director. The program director reserves the right to evaluate these instances on a case-by-case basis.

DIDACTIC PHASE LIFE EVENT

If an unavoidable life event occurs at any point during a didactic trimester, the student may be offered the opportunity of a noncompetitive program reentry at the beginning of the following didactic phase as a new student. This noncompetitive program reentry opportunity will only be extended to the following didactic phase. The individual will matriculate as a new student. If the student who leaves the program for a life event but does not matriculate in the following didactic phase they will be required to reapply to the program as a competitive candidate.

CLINICAL PHASE LIFE EVENT

If an unavoidable life event occurs at any point during the clinical phase, the below listed guidelines will be followed:

1. Absence from a clinical rotation up to 1 week will be considered permissible. The student will be deemed able to successfully complete the rotation and retain eligibility for the end of rotation examination for that clinical rotation, providing all rotation specific outcomes and competencies have been met.
2. An excused life event absence exceeding 1 calendar week but ≤ 2 calendar weeks, in a given rotation, will require student completion of additional clinical supplemental learning assignments and may deem grounds for additional required clinical hours to meet the objectives and outcomes for the course. An absence exceeding 2 calendar weeks will result in an incomplete for the course.
3. Any student who receives an incomplete for a clinical rotation or fails a preceptor evaluation due to a life event during a core rotation will have the opportunity to complete a remediation of the clinical rotation during the summer trimester during

designated clinical rotation eight (8). The elective rotation (which typically occurs during clinical rotation 8) will subsequently be delayed until after the close of the final summer trimester, extending the student's time in the program.

4. A life event absence of greater than 6 weeks during clinical rotations will result in a review of the situation by the clinical director and/or the program director to determine if the situation is excusable and when the student may return to clinical rotation work. This delay may result in the student decelerating in the program up to and including repeating the clinical phase, withdrawal or dismissal from the program depending on the underlying cause of the situation.

We recognize that no two situations are the same which is why the program reserves the right to amend this policy if deemed necessary for a student's successful completion of the program.

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 it 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 cap it 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 PA 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.

PROGRAM PROGRESSION REQUIREMENTS

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

- A. Cumulative GPA of ≥ 3.0 (please refer to Program Remediation/Student Academic Success Plan)
 - B. Must meet expectations of professionalism competencies assessed using the Professionalism Assessment Development Tool (PDAT) [[Didactic-Appendix C](#)] and remain in good professionalism standing.
 - C. Completion of all didactic phase academic requirements.
2. The progression requirements for advancement from the clinical phase to the summative phase:
 - A. Cumulative GPA of ≥ 3.0 (please refer to Program Remediation/Student Academic Success Plan)
 - B. Must meet expectations of professionalism competencies assessed using the Professionalism Assessment Development Tool (PDAT) [[Didactic-Appendix C](#)] and remain in good professionalism standing.
 - C. Completion of all academic requirements of core rotations
3. The progression requirements for advancement from the summative phase to completion:
 - A. Cumulative GPA of ≥ 3.0 (please refer to Program Remediation/Student Academic Success Plan)
 - B. Must meet expectations of professionalism competencies assessed using the Professionalism Assessment Development Tool (PDAT) [[Didactic-Appendix C](#)] and remain in good professionalism standing.
 - C. Completion of End of Curriculum examination (EOC) with a score ≥ 1450
 - D. Completion of all summative assessments demonstrating all MSPAS Program Graduation Competencies have been met.

All the above progression requirements for advancement will be reviewed by the academic director or clinical director for completion and signed by the program director. Failure to complete the requirements will result in delayed advancement and dismissal from the program.

COMPLETION

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.

PROGRAM WITHDRAWAL

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 cumulative GPA of ≤ 3.1 two weeks before the withdrawal deadline of the trimester will meet with the program director.

A student may withdraw from the program by written request to the program director. Please see AHU's Drop/Withdrawal policy: [AHU Withdrawal Policies](#).

PROGRAM DISMISSAL

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

1. Failure to achieve and maintain academic progression standards. Please refer to [Remediation/Student Academic Success Plan](#) section.
2. A cumulative grade point average (GPA) of ≥ 3.0 is expected throughout the program. The cumulative GPA will be assessed at the end of each trimester. The following conditions will result in program dismissal:
 - a) A cumulative GPA of < 3.0
 - b) A course failure
3. Lapses in professionalism. Students are subject to the policies found under Professionalism section found in this manual.
4. Academic misconduct.
5. Failure to demonstrate proficiency in each of the graduate competencies during the summative examination phase of the program.

If a student chooses to appeal a dismissal (Student Academic Appeal Policy), they may request permission from the program director to continue attending didactic courses until a final university decision is reached. In the event an appeal is upheld, it is the responsibility of the student to make up any missed clinical hours or coursework. During the clinical phase, students dismissed for academic, or professionalism issues will be immediately suspended from clinical duties, and Typhon and hospital privileges will be revoked.

LEAVE OF ABSENCE

The University does not recognize leaves of absence from graduate academic programs.

UNIVERSITY ACADEMIC APPEAL POLICY

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 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. You will find this information at: [Academic Appeal Policy](#).

STUDENT CONCERN AND GRIEVANCE POLICY

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.

AHU COMMUNICABLE DISEASE POLICY

It is the policy of AdventHealth University (AHU) to identify and notify in a timely manner, individuals who may have been exposed to a communicable disease at AHU, AdventHealth hospital campuses, affiliated clinical sites. An 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 COVID-19, chicken pox, H1N1 virus, tuberculosis etc. For further information on screening and exposure procedures, please go to: [Communicable Disease Policy](#).

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.

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. Follow-up written notification must be emailed to the course instructor and director within 24-hours after the missed day(s). 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. If the emergent absence is due to COVID-19, the program will follow the current COVID-19 policies, procedures and/or guidelines published by the University [COVID-19 Information](#). 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 member, 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).

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 receive written clearance by their faculty advisor to use an excused absence. 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 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 PA 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.

Emergent Excused Absences: If the student experiences an unanticipated/emergency 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). 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, with the exception of mandated absence due to COVID-19. If the emergent absence is due to COVID-19, the program will follow the current COVID-19 policies, procedures and/or guidelines published by the University [COVID-19 Information](#). 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).

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 30 days advance notice and at least two (2) weeks 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 190-hour requirement during their six-week 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 190-hour requirement for a six-week 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 are to be turned in before the start of the first day of the next 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 PA Program Academic Misconduct Policy.

CRISIS POLICY

In the event of an unforeseeable crisis, students on clinical rotations will be allowed to complete clinical supplemental learning experiences assigned by the program in place of in-clinic time. To meet the current outcomes and competencies of the clinical phase, a minimum of 4 weeks (110 hours) of in-clinic hours is required, this will allow the potential for 2 weeks (80 hours) of supplement learning experiences for each clinical rotation should this become necessary. Circumstances in which a student misses additional time from their remaining in-clinic learning due to a life event will be assessed on a case-by-case basis.

ABSENCE OF INSTRUCTOR

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

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

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 your 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. Makeup examinations may be offered at the discretion of the course director with the approval of the Academic Progress Committee on a case-by-case basis and may be given in an alternate format. Mental health days cannot be used on examination or lab days.

Under no circumstances will students be permitted to take an examination before the regularly scheduled examination. In other words, there will be no "make-up" examination administered prior to the official examination date and time.

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, once you have approval from the program you may ask your clinical preceptor for the same time off. Holidays can be a difficult time for staffing a healthcare institution. Please be as flexible as possible.

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.

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.

JURY DUTY

In recognition of the responsibilities of employees as citizens, this program will release you 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.

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 PA Program Academic Misconduct Policy.

COMMUNICATION

CELLULAR PHONES

Out of respect for your classmates and lecturers, please turn your cellular telephone **off** (not vibrate) and stowed away (not on the desk) prior to class. In the event that there is an illness or an expected potential phone call, this must be discussed with the professor prior to 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

Utilization of internet resources and social networking applications are a common and frequent means of communication. However, we expect students to maintain program expectations of professionalism and high ethical standards in their use of these resources and applications.

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, you may not present the personal health information of other individuals. Removal of an individual's name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment, or medical photograph may still allow the reader to recognize the identity of a specific individual.
3. **Academic Information:** You may not report any academic information of another student or trainee. This includes, but is not limited to, grades, evaluations, examination scores, adverse actions.
4. **Self-Identification:** In posting information on a social networking site or website, you may not present yourself as an official representative or spokesperson for any department, program, or the University. Also, you may not represent yourself as another person. When posting information on social networking sites you are strongly encouraged to use a personal e-mail address, rather than your university address as your primary means of identification.
5. **Professionalism:** It is recommended to maintain a professional presence online. Be conscious of what you post, as you will leave a long-lasting impression on many audiences. Do not post or link anything that you would not want friend, peers, parents, teachers, or future employers to access. What you present online represents who you are. Unprofessional behavior includes but is not limited to the following: the use of vulgar language, text or photographs that imply disrespect to other individuals, and photographs of yourself, or others 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 XI: Student Handbook](#) 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.

You are advised that no privatization measure is perfect and that undesigned persons may still gain access to your site. Future employers often review networking sites when considering potential candidates for employment. You are also encouraged to keep your password secure. If someone tampers with your account, you could still be held accountable. Therefore, think carefully before you post any information on a website or application. Always be modest, respectful, and professional in your actions.

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 PA 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).

DIRECTOR'S TOWN HALL MEETINGS

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

MISCELLANEOUS POLICIES

EMPLOYMENT DURING THE PROGRAM

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

STANDARD A3.05 The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as: a) instructional faculty and b) clinical or administrative staff.

Students who have an expertise in a skill may assist in the classroom/lab as additional help. They may not participate in any assessment or grading. The students must first be assessed by the faculty to determine the scope of their abilities. Primary instruction/assessment/grading will be only performed by the faculty. Any student deemed to be experiencing academic difficulties secondary to their participation as a classroom/lab assistant will be required to immediately discontinue this activity.

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 Exam Management/Driver.
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 AHU PA 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 reported 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.

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).

EXAMINATION SECURITY

It is the intent of the MSPAS 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 the 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 PA 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 Physician Assistant program. Program service-learning is a requirement for graduation from the PA 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 AHU PA 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 evidenced-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 J](#)) 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 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 into your advisor with the signed service-learning log upon completion.

Examples of journaling topics include the following: How did this experience influence what type of provider you strive to be? What did the experience teach you about yourself? Did this experience help navigate you towards a specific specialty of 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, submit the completed form to [Kendra Presley-VanHouten@ahu.edu](mailto:Kendra.Presley-VanHouten@ahu.edu), and use the “Service-Learning Hour Recording Procedures” found in the class Canvas shell to enter their service hours into MARS (Sonis). Students should use the [Service-Learning Reflective Journaling](#) online form to submit their journal assignment to the Office of Community Engagement. Time logs and journal entries can be submitted to the student advisor according to program policy.

Communication to/from the Office of Community Engagement: A representative from the Office of Community Engagement will ensure that student service hours are entered into MARS properly. Once verified, the Office of Community Engagement will forward the submission report to the program to disseminate to student advisors. Time logs and journal entries can be submitted to the advisor according to program policy. Kendra Presley-Van Houten will meet with students individually or in small groups to discuss service options.



CLINICAL PHASE

During the second phase of the PA program, students complete 8 clinical rotations, 3 seminar courses and 1 religion course. The clinical experiences are composed of seven required, six-week core rotations and one elective rotations. 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 second phase to participate in call back days and evaluation exercises. Students will complete 39 course credits for 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

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

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

In addition to always displaying an appropriate identification badge (ARC-PA 5th Edition Standard A 3.06), 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

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

STANDARD B3.03 *Supervised clinical practice experiences must enable all students to meet the program's learning outcomes: a) for preventive, emergent, acute, and chronic patient encounters, b) across the life span, to include infants, children, adolescents, adults, and the elderly, c) for women's health (to include prenatal and gynecologic care), d) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and e) for behavioral and mental health conditions.*

STANDARD B3.04 *Supervised clinical practice experiences must occur in the following settings: a) emergency department, b) inpatient, c) outpatient, and d) operating room.*

STANDARD B3.07 *Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for: a) family medicine, b) emergency medicine, c) internal medicine, d) surgery, e) pediatrics, f) women's health including prenatal and gynecologic care, and g) behavioral and mental health care.*

Students in the MSPAS program will rotate in 7 mandatory core specialties of medicine including family medicine, internal medicine, pediatrics, emergency medicine, general surgery, women's health, and behavioral health/psychiatry. These clinical rotations will occur in outpatient, inpatient, emergency department, and operating room settings. The rotations will offer students the opportunity to be exposed to a variety of illness and injury states as well as offer exposure to various patient populations across the life span to include infants, children, adolescents, adults, and the elderly. All core specialty rotations must be located within a 200-mile radius of AdventHealth University and within the state of Florida to allow proper oversight by program faculty.

Attendance at clinical sites is mandatory and is an essential component of a student's education. Students are required to attain a minimum of 190 hours, not to exceed 360 hours, during each six-week 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 will also experience one clinical elective rotation. The clinical elective rotation must be located within a 200-mile radius of AdventHealth University and within the state of Florida. This experience may be undertaken in a variety of medical specialties or, a student may elect to repeat a specialty rotation which they have previously been involved in but wish to continue their experience. If a student has identified a medical practice or preceptor, they wish to rotate with who is not currently a part of the PA program, this information should be brought to the attention of the clinical director and/or clinical manager for further follow up and affiliation.

ROTATION SCHEDULE

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 rotation's students may be required to take overnight call 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 and is an essential component of a student's education. Students are required to attain a minimum of 190 hours, not to exceed 360 hours, during each six-week 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 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 PA 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.

The PA 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 PA 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 direct violation of the AHU academic misconduct policy. Failure to comply with this policy will be deemed a breach in professionalism subject to the PA Program Academic Misconduct Policy.

STUDENT SCOPE OF PRACTICE

STANDARD A3.05 *The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as: b) clinical or administrative staff.*

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 not limited to the following: clinical site orientation sessions, parking, and site-specific orientation. If questions regarding these policies arise, please consult with your clinical preceptor or clinical director.

TRAVEL TO CLINICAL SITES

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

***STANDARD C2.01** The program must define and maintain effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to:*

a) physical facilities, b) patient populations, and c) supervision.

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

A faculty member will be performing all clinical site visits, the purpose of the site visit is two-fold. First, as per the ARC-PA standards, clinical sites must be assessed continually to make sure that the site is student-ready and is an appropriate and quality teaching environment. AHU PA program's policy is that each clinical preceptor and site are visited at least once per year for evaluation, feedback, and review of any changes/updates from the program and or clinical site/preceptor. Secondly, site visits help faculty observe the progress of each student and observe the interactions between student, patient, and preceptor. Over the course of the clinical phase, each student will be visited a minimum of two times for evaluation.

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 Assessment ([Clinical-Appendix D](#))

ACADEMIC REQUIREMENTS FOR CLINICAL COURSES

DOCUMENTATION DURING THE CLINICAL PHASE

Appropriate and timely documentation is a professional expectation in clinical practice and is required of all students in the AHU PA program. Appropriate and timely submission of student attendance information and schedules, documentation of patient encounters and turning in of all assignments in each clinical rotation is evaluated in all clinical rotation courses and will represent a minimum of 5% of each clinical rotation course grades (see Documentation Grade Rubric [Clinical Appendix AM](#)). Failure to meet the expectations outlined in the Documentation Grade Rubric will be deemed a breach in professionalism subject to the PA Program Academic Misconduct Policy

TYPHON PHYSICIAN ASSISTANT STUDENT TRACKING (PAST)

The MSPAS 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.

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 before taking the end of rotation examination. The end of rotation examination is typically administered on the sixth Thursday of each 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 AR](#)) for the rotation, which may lead to a non-passing grade for the rotation. Fabrication, forgery, and/or misleading information is a direct violation of the AHU academic misconduct policy. Failure to comply with this policy will be deemed a breach in professionalism subject to the PA Program Academic Misconduct Policy.

PATIENT ENCOUNTER BENCHMARKS

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 through experiences in the various rotation disciplines across the clinical year. (e.g., a pediatric encounter may also occur in the emergency medicine or family medicine rotations). 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.
- 40 preventive encounters/student/year.
- 50 emergent encounters/student/year.
- 400 acute encounters/student/year.
- 100 chronic encounters/student/year.

| <u>Minimal Technical Benchmarks</u> | | |
|---|--|--|
| Technical Skill/Procedure | Benchmarks over the course of the clinical year | These skills may be demonstrated on any rotation; however, skill assessment is defined as a rotation outcome for: |
| 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 | 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 |
| Assist with/ perform interpretation of EKG | 2 | MPAS 640: Emergency 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 7 core clinical rotations and 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

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 should 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 encouraged to record clock in time and clock out time daily and track the total rotation hours at the end of each week. Students are responsible to notify 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 an expectation for students to include a note in their Typhon time log if they're arrival or departure time alters by 30-90 minutes from their scheduled time, this note must include explanation for the change. If the schedule change exceeds 90 minutes, the student must email notify the clinical director and clinical manager with explanation for the change and document this in the Typhon time log note. If the shift was 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 if there is a shift log the change is documented under 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. All new time logs must be entered within 3-days of shift completion and by 8:00am on the sixth Thursday of each rotation. All clinical shift hours must be completed in Typhon, exported from Typhon, and uploaded into Canvas by 8:00am before taking the end of rotation examination. The end of rotation examination is typically administered on the final Thursday of each rotation. All logs will be reviewed and if the logs are 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 () for the rotation, which may lead to a non-passing grade for the rotation. Fabrication, forgery, and/or misleading information is a direct violation of the AHU academic misconduct policy. Failure to comply with this policy will be deemed a breach in professionalism. subject to the PA Program Academic Misconduct Policy

ROTATION ASSIGNMENTS

Written Assignments

Written assignments based on actual patient contact/patient care will be required on each clinical rotation. Please refer to the PA 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 your 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 PA program. It is preferred 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 6-week 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 PA 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](#))

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. These assessments help solidify concepts with students while enabling faculty assessment however such assessments will not be included as part of the final grade for the rotation.

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 six-week rotation. Late assignments will result in a reduction in student documentation grade ([Clinical-Appendix M](#)) for the rotation, which may lead to a non-passing grade for the rotation.

Rosh Review Rotation Examinations

On the fourth Friday of the rotation, students will be assigned a discipline specific Rosh Review® Assessment Examination. This examination is to be completed by 8:00am on Monday of the fifth week of the rotation. 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 that must be reviewed with and signed by the preceptor. Students are expected to upload the 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 PA Program Academic Misconduct Policy.

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

END OF ROTATION STUDENT EVALUATION OF CLINICAL ROTATION

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, before the examination begins. Each evaluation will provide feedback on the learning objectives for family medicine, internal medicine, pediatrics, women's health, emergency medicine, general surgery, behavioral health, and the elective clinical rotations ([Clinical Appendix W, X, Y, Z, AA, AB, AC, AD](#)). 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 PA Program Academic Misconduct Policy.

END OF ROTATION PRECEPTOR EVALUATION OF STUDENT

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 family medicine, internal medicine, pediatrics, women's health, emergency medicine, general surgery, behavioral health, and the elective clinical rotation. (see [Clinical-Appendix O, P, Q, R, S, T, U, V](#))

All preceptor evaluations are reviewed by the clinical director at the end of each rotation. Any evaluation measure in which a student receives a score of < 3 on a 1-5 Likert scale or who receive a N/A, will be reviewed, and assessed. Some outcomes are assessed on more than one clinical rotation. If the outcome has already been successfully completed on another rotation, these outcomes may not be considered mandatory for the specific rotation. If, however, upon

review it is deemed that a student has not achieved a specific outcome or outcomes for a rotation, a student will receive remediation to ensure that they have met the unachieved outcome(s) successfully. This remediation may include completion of a virtual learning case(s) that meets the specific incomplete outcome(s) and/or may require that a student remediate clinical experiences to ensure all program defined outcomes have been met (to be made up during the student's elective rotation).

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 PERFORMANCE GRADE

The PA program clinical manager will utilize the end of rotation preceptor evaluation of student to calculate the clinical performance grade. This document evaluates the student's demonstration of the PA core competencies: Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning, and Systems-Based Learning. Each category on 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, AF, AG, AH, AI, AJ, AK, 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 40% of the final grade for each core rotation and 60% of the final grade for the elective 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.

END OF ROTATION EXAMINATION

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://paeaonline.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 or the program clinical manger. Routinely, the EOR examination is scheduled on the final day of the clinical rotation, which is typically the last Thursday of each core rotation.

Clinical Year EOR Examination Scoring for Core Rotation Examinations

| | FM | IM | EM | GS | PED | PSY | WH |
|-----|---------|---------|---------|---------|---------|---------|---------|
| 75 | 379-389 | 384-398 | 387-407 | 385-402 | 387-398 | 384-385 | 384-392 |
| 80 | 390-408 | 399-414 | 408-424 | 403-420 | 399-415 | 386-397 | 393-410 |
| 85 | 409-428 | 415-431 | 425-443 | 421-441 | 417-436 | 398-417 | 411-431 |
| 90 | 429-456 | 432-453 | 444-469 | 442-470 | 437-464 | 418-445 | 432-458 |
| 95 | 457-495 | 454-495 | 470-495 | 471-495 | 465-495 | 446-495 | 459-495 |
| 100 | 496-500 | 496-500 | 496-500 | 496-500 | 496-500 | 496-500 | 496-500 |

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 examination using Rosh Review®. The learning examination will be created by the student in examination mode with unlimited time. The number of questions on the examination will depend on the student's score on their Physician Assistant Education Association End of Rotation™ Examination. (Please see the rubric for EOR score to number of required Rosh Review® questions below). Students must earn $\geq 90\%$ on this examination assignment to pass this learning exercise. Students may retake the Rosh Review® examination assignment as many times as necessary until they successfully complete the assignment with a passing score of $\geq 90\%$. Supplemental learning must be completed and uploaded to Canvas by 8:00am on the Monday after the EOR examination (or 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 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 PA Program Academic Misconduct Policy. program.

Rubric for EOR examination score to number of required Rosh Review® questions:

- PAEA EOR Examination of less than 75% = 100 question Rosh Review® examination specific to topics missed on the EOR examination.
- PAEA EOR Examination of 75% = 75 question Rosh Review® examination specific to topics missed on the EOR examination.
- PAEA EOR Examination 80% = 60 question Rosh Review® examination specific to topics missed on the EOR examination.
- PAEA EOR Examination 85% = 45 question Rosh Review® examination specific to topics missed on the EOR examination.

- PAEA EOR Examination 90% = 35 question Rosh Review® examination specific to topics missed on the EOR examination.
- PAEA EOR Examination 95% = 25 question Rosh Review® examination specific to topics missed on the EOR examination.
- PAEA EOR Examination 100% = 15 question Rosh Review® examination specific to topics missed on the EOR examination.

ROTATION GOALS AND OBJECTIVES

GENERAL GOALS AND OBJECTIVES FOR ALL CLINICAL ROTATIONS

The goals within each clinical rotation are designed to help you 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 the 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 a complete medical history in a format approved by the faculty of the MSPAS 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 MSPAS program.

ANCILLARY STUDIES

Make recommendations, based on the data gathered in the history and physical examination, 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, you will have amassed a great deal of knowledge and skills. The program uses a variety of means throughout the course of your education to ensure that you have achieved the competencies expected of a graduating physician assistant student.



STANDARD B4.03 The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including: a) clinical and technical skills, b) clinical reasoning and problem-solving abilities, c) interpersonal skills, d) medical knowledge, and e) professional behaviors.

The student will complete an assessment of MSPAS Competencies through summative evaluations in the final four months of the program.

FORMATIVE EVALUATION

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: 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.
3. Trimester VII: 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.
4. Physician Assistant Competencies, A Self Evaluation Tool: The public demand for higher quality and greater accountability in health care has been growing steadily over the last several years, and various health care professions are responding in different ways. To address that issue within the PA profession, the PAEA, ARC-PA, NCCPA, and AAPA, joined together to define PA competencies, a critical starting point to identify opportunities for improvement in the development and assessment of those competencies. The four organizations involved in the development of the seminal document, [*Competencies for the Physician Assistant Profession*](#), have developed this self-evaluation tool to help individual PAs identify areas of personal strength and opportunities for personal growth, which you may use to guide future CME activities, on-the-job training, or other self-improvement activities. Students will complete this document and review it with their advisor at the end of the didactic phase and again at the end of the end of the clinical phase to show progress.

SUMMATIVE EVALUATION (Last Four Months of the Program)

Summative Evaluation in Trimester VII occurs by utilizing the following tools:

1. Trimester VII OSCE: This hands-on examination is designed specifically to test the PA student's clinical competence.
2. Trimester VII Practical Skills Examination: Hands-on skills practicum examination.
3. Trimester VII: multiple-choice comprehensive examination. The program currently uses the PAEA End of Curriculum examination for this evaluation. This examination tests the student's knowledge base for all organ systems. Students will be able to meet with their advisor and discuss a study strategy that students can pursue to prepare for the PANCE.
4. Trimester VII: Summative Professionalism Assessment: Each students' demonstration of professionalism will be assessed by the faculty utilizing the Professionalism Grading Rubric (see PDAT form, [Didactic-Appendix C](#)).

MSPAS PROGRAM GRADUATION COMPETENCIES

These competencies outline the expected outcomes for MSPAS graduates from AdventHealth University. These outcomes or program graduation competencies are endorsed by the NCCPA, AAPA, and PAEA to guide PA programs in modifying and improving their curricula. All didactic and clinical experiences contribute cumulatively to these outcomes. Upon graduation, students must successfully complete the NCCPA certifying examination in order to practice in all states. The [NCCPA Blueprint for PANCE](#) outlines the required knowledge and skills areas as well as the list of diseases and disorders to help guide the student toward successful completion of the program and the certifying examination. These competencies are taught formatively throughout the program and are tested summatively in the last four months of the program.

Any PA program can be challenging at times. During those times, the PA faculty and staff suggest that you refer to the program outcomes (provided in the course syllabi), required knowledge/skill areas, and disease and disorder list to help keep you focused on the final goal. Mastery of these areas will be gradual and will not occur with any single examination, course, or rotation. It is a process that takes time, study, and effort. There are several instruments used to measure acquisition and achievement of these competencies, including preceptor evaluations, graduate exit surveys, and employer surveys. These competencies were adopted by the faculty and staff of the AHU PA program to serve as a roadmap to enter practice as a competent physician assistant.

MEDICAL KNOWLEDGE

Medical knowledge 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:

1. Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions.
2. Identify signs and symptoms of medical conditions and surgical conditions.
3. Select and interpret appropriate diagnostic or laboratory studies.
4. Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities.
5. Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission.
6. Identify appropriate interventions for prevention of conditions.
7. Identify the appropriate methods to detect conditions in an asymptomatic individual.
8. Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data.
9. Appropriately use history and physical examination findings and diagnostic studies to formulate a differential diagnosis.
10. Provide appropriate care to patients with chronic conditions.
11. Practice evidence-based medicine.

INTERPERSONAL & COMMUNICATION SKILLS

Interpersonal and communication skills encompass verbal, nonverbal, and written exchanges of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the healthcare system. Physician assistants are expected to:

1. Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information.
2. Appropriately adapt communication style and messages to the context of the individual patient interaction.
3. Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group.
4. Apply an understanding of human behavior.
5. Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety.
6. Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

PATIENT CARE

Patient care 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:

1. Work effectively with physicians and other health care professionals to provide patient-centered care.

2. Demonstrate caring and respectful behaviors when interacting with patients and their families.
3. Gather essential and accurate information about their patients.
4. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
5. Develop and carry out patient management plans.
6. Counsel and educate patients and their families.
7. Competently perform medical and surgical procedures considered essential in the area of practice.
8. Provide health care services and education aimed at preventing health problems or maintaining health.

PROFESSIONALISM

Professionalism 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:

1. Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
2. Professional relationships with physician supervisors and other health care providers
3. Respect, compassion, and integrity
4. Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
5. Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
6. Self-reflection, critical curiosity, and initiative

PRACTICE-BASED LEARNING & IMPROVEMENT

Practice-based learning and improvement 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:

1. Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems.
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

3. Apply information technology to manage information, access online medical information, and support their own education.

SYSTEMS-BASED PRACTICE

Systems-based practice encompasses the societal, organizational, and economic environments in which healthcare is delivered. Physician assistants must demonstrate an awareness of, and responsiveness to, the larger system of health care to provide patient care that is of optimal value. Physician assistants should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

1. Use information technology to support patient care decisions and patient education.
2. Effectively interact with different types of medical practice and delivery systems.
3. Understand the funding sources and payment systems that provide coverage for patient care.
4. Advocate for quality patient care and assist patients in dealing with system complexities.
5. Apply medical information and clinical data systems to provide more effective, efficient patient care.

APPENDICES

This section contains examples of forms that you will use frequently during your time in the AdventHealth University Physician Assistant Program.

DIDACTIC-APPENDIX A: Program Manual Receipt and Acknowledgement

ARC-PA 5th Edition Standards: A3.02



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 April 2023

DIDACTIC-APPENDIX B: PA Program Students with Illness and High-Risk COVID-19 Exposure Guidelines



PA Program Students with Illness and High-Risk COVID Exposure Guideline

The following guidelines have been adopted by the PA program to help navigate illnesses, high-risk COVID-19 exposures, and return to campus. Students must adhere to the AHU PA Program Policy Manual regarding absence policies and illness reporting. Failure to comply with the AHU illness guidelines or excused absence policy is considered a breach of professionalism.

Illness Guidelines:

- Do not report to class if you feel ill (chills, sweating, muscle aches, runny nose, cough, sore throat, shortness of breath, vomiting, diarrhea) or have a fever greater than 100.4F (38° C).
- Do not return unless all symptoms have nearly resolved AND you are fever-free for 24 hours without anti-fever medication.
- The following illness absence requires a note from a healthcare provider regarding the illness:
 - Absence of two (2) or more consecutive days due to illness (other than COVID-19). Friday and Monday are considered consecutive absences.
 - Absences occurring on days with a practicum, OSCE, examination day, or a day in which an activity is not easily reproducible.

COVID-Positive and High-Risk COVID Exposure Guidelines:

- High-risk exposure is defined as:
 - Household member is confirmed positive for COVID-19
 - Student is in close contact with an infectious person for >15 minutes in a space <6 feet. An infectious person is someone with confirmed COVID-19 or someone who is within 48 hours of symptomatic onset.
- It is recommended that students with high-risk COVID-19 exposure should:
 - Wear a mask in class or attend remotely at home while monitoring for symptoms for 72 hours.
 - Test immediately if symptoms develop.
 - Test on day five after exposure.
- If a student tests **POSITIVE** for COVID-19, then the student will follow these guidelines:
 - Symptoms permitting, continue coursework remotely while quarantining at home.

- Follow AHU Illness Policy guidelines. We encourage students whose symptoms have resolved, but are still testing positive for COVID-19, to wear a mask on campus until symptoms have resolved.

Completing all coursework missed or assigned during the quarantine and/or illness period is the student's responsibility. The program will work with students on deadlines and due dates on a case-by-case basis due to the severity of the virus symptoms experienced.

DIDACTIC-APPENDIX C: Professional Development Assessment Tool (PDAT)

ARC-PA 5th Edition Standards: B2.04, B2.10c, B2.18, B2.19(a – c), B4.01(a & b), B4.03(c & e), C1.01d, C1.02a

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 |
|-----------------------------|--|----|----|----|----|----|----|----|
| Introspection | Accepts feedback without defensiveness or excuses. | | | | | | | |
| | Comments: | | | | | | | |
| Introspection | Demonstrates adaptability to change. | | | | | | | |
| | 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: | | | | | | | |
| Involvement | Precise and timely in speech and actions. | | | | | | | |
| | Comments: | | | | | | | |
| Involvement | Submits assignments on time. | | | | | | | |
| | Comments: | | | | | | | |
| Involvement | Arrives on time for class, labs, and examinations. | | | | | | | |
| | Comments: | | | | | | | |
| Involvement | Prepares appropriately for class. | | | | | | | |
| | Comments: | | | | | | | |
| Involvement | Participates in class activities and discussions. | | | | | | | |
| | 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 Level 1, 2, or 3 | Remediation Implemented (self-reflection, remediation assignment, referral, etc.) | Remediation Status (ongoing, complete, or failed to complete) |
|------------------------|------|----------------------------------|---|---|
| | | | | |
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DIDACTIC-APPENDIX D: Didactic Phase: Student Incident Report

ARC-PA 5th Edition Standards: A3.02; A3.08; A3.09; A3.18; A3.19

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 E: Test Self Analysis

ARC-PA 5th Edition Standards: A3.02, B4.01b

PA Program Test Self Analysis (5th edition ARC-PA Standards: A3.02; B.01b)

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 F: PA Student Advisement

ARC-PA 5th Edition Standards: A2.17; A3.02

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 G: Mid-Trimester Advisement Form

ARC-PA 5th Edition Standards: A2.17; A3.02, B4.01b

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

DIDACTIC-APPENDIX H: Instructor Referral for “Early Alert” Academic Intervention SASP Level 1

ARC-PA 5th Edition Standards: B4.01(a & b), C1.01d, C1.02a

Student Name: _____

Date: _____

Instructor Name: _____

Advisor: _____

Course/Rotation(s): _____

Occurrence(s): ____1st ____2nd ____3rd

Program: **Select One**

Student Placement Criteria: (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Examination score of < 74.5%: Grade: ~77.5% over first two practicum examinations | <input type="checkbox"/> Not meeting Assignments deadlines |
| <input type="checkbox"/> Late or absent from Classes/clinical | <input type="checkbox"/> Lack of organization |
| <input type="checkbox"/> Lack of writing and/or grammar skills | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Lack of engagement/easily distracted | <input type="checkbox"/> Lack of student response |
| <input type="checkbox"/> Lack of course preparation/participation | <input type="checkbox"/> Changes in: Choose an item. |

I have/have not discussed my concern with the student. Date discussed: Enter a date.

[Please make additional remarks or explanation here so that we can determine the best method for addressing the challenge(s) that the student is facing.]

Due to the reason(s) above I am referring the student to: Choose an item.

Indicate specific learning objectives for the plan:

Identify the corrective plan indicating at least 3 specific actionable items:

PLAN OF ACTION: CHECK ALL THAT APPLY

REQUIREMENTS PER ADVISOR RECOMMENDATION:

- | | |
|-------|---|
| _____ | Learning contract with advisor and/or clinical director |
| _____ | Lecturio® Study Plan |
| _____ | ROSH® Study Plan |
| _____ | Academic Progress Committee Meeting (APC) |
| _____ | Referral to Student Academic Support Services (SASS) |
| _____ | Counseling services |
| _____ | Medical services |
| _____ | ADA Referral Form/website information given |
| _____ | Homework assignments (WRITTEN/ORAL) |
| _____ | Oral presentation on selected topics |
| _____ | OTHER: _____ |

Indicate the date for plan reevaluation (date should be no more than 2 weeks from implementation of this learning contract): _____

Additional comments/concerns: [Click or tap here to enter text.](#)

Faculty Advisor:

Student:

Print

Print

Signature

Signature

Date

Date

Reevaluation

Have learning objectives been met:

Faculty Advisor Signature

Date

DIDACTIC-APPENDIX I: Student Academic Success Plan SASP Level 2

ARC-PA 5th Edition Standards: B4.01(a & b), C1.01d, C1.02a

Student Name: _____

Date: _____

Instructor Name: _____

Advisor: _____

Course/Rotation(s): _____

Occurrence(s): ____1st ____2nd ____3rd

Program: Select One

Student Placement Criteria: (Select all that apply)

☐ Exam score of 74.5% or below: **Grade:**~77.5%
over first two practicum examinations

☐ Not meeting Assignments deadlines

☐ Late or absent from Classes class/clinical

☐ Lack of organization

☐ Lack of writing and/or grammar skills

☐ Time management

☐ Lack of engagement/easily distracted

☐ Lack of student response

☐ Lack of course preparation/participation

☐ Changes in: Choose an item.

I have/have not discussed my concern with the student. Date discussed: Enter a date.

[Please make additional remarks or explanation here so that we can determine the best method for addressing the challenge(s) that the student is facing.]

Due to the reason(s) above I am referring the student to: Choose an item.

Indicate specific learning objectives for the plan:

Identify the corrective plan indicating at least 3 specific actionable items:

PLAN OF ACTION: CHECK ALL THAT APPLY

REQUIREMENTS PER ADVISOR RECOMMENDATION:

____ Learning contract with Advisor and/or Clinical Director
____ Lecturio® Study Plan
____ ROSH® Study Plan
____ Academic Progress Committee Meeting (APC)
____ Referral to Center for Academic Achievement (CAA)
____ Counseling Services
____ Medical Services
____ ADA Referral Form/Website Information given
____ Homework Assignments (WRITTEN/ORAL)
____ Oral Presentation on selected topics
____ OTHER: _____

Indicate the date for plan reevaluation (date should be no more than 2 weeks from implementation of this learning contract): _____

Additional Comments/Concerns: Click or tap here to enter text.

Faculty Advisor

Print

Signature

Date

Student

Print

Signature

Date

Reevaluation

Have learning objectives been met:

Faculty Advisor

Date

DIDACTIC-APPENDIX J: Service-Learning Time Log

Student: _____

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: _____

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: _____

CLINICAL-APPENDIX A: Oral Case Presentation Grading Rubric*ARC-PA 5th Edition Standards: B2.04, B4.01(a & b)*

| CASE TITLE: | POINTS POSSIBLE | POINTS EARNED |
|--|-----------------|---------------|
| IDENTIFYING DATA | | |
| Identifying Data of student (student name, PA-S designation, and service) | 1 | |
| Identifying Data of patient (name [made up], age, gender, race, etc.) | 1 | |
| Historian/Reliability | 1 | |
| CHIEF COMPLAINT | | |
| Chief complaint in patient's own words (includes problem and length of time) | 1 | |
| HPI | | |
| Introductory sentence | 1 | |
| Description of progression of condition (incorporates elements of PMHx, PSHx, FamHx, SoCHx, and screening tests that are relevant to the story) | 1 | |
| Completeness (OPQRST and ADLs) | 1 | |
| ROS questions pertinent to chief complaint are included in HPI (pertinent positives and negatives) | 1 | |
| MEDICATIONS | | |
| Medication and dosages (All Rx, OTC, herbal, and home remedies) | 1 | |
| ALLERGIES | | |
| Drug allergy and non-drug allergies. Must include reactions. | 1 | |
| SOCIAL HISTORY | | |
| Marital status, education, occupation, living situation, military service, diet, exercise, tobacco, ETOH, illicit drugs (only if pertinent to the history) | 3 | |
| SPIRITUAL HISTORY | | |
| Include spiritual preference if any (only if pertinent to the history) | 1 | |
| FOCUSED REVIEW OF SYSTEMS | | |
| All applicable/pertinent review of systems listed. | 4 | |
| PHYSICAL EXAMINATION | | |
| Vitals (T, P, RR, BP, Ht, Wt, BMI) Only states abnormal findings without an assessment | 1 | |
| General Description of the patient (Alert, Oriented x 3; Level of Distress) | 1 | |
| Proper Head to toe format | 1 | |
| Completeness of focused physical examination only | 1 | |
| Thoroughness and appropriate to CC (each pertinent system must be complete) | 1 | |
| Description of findings and/or special tests | 1 | |

| | | |
|---|-----------------|---------------|
| LAB STUDIES | | |
| Completeness and accuracy. Abnormal values indicated. | 3 | |
| Appropriateness of test selection | 1 | |
| DIFFERENTIAL DIAGNOSIS | | |
| Minimum of 3 listed in order of importance | 1 | |
| Appropriateness (most likely DDx listed first) | 1 | |
| SUMMARY/DISCUSSION | | |
| Includes sentence summarizing key history, PE and laboratory data. | 1 | |
| FINAL DIAGNOSIS/ASSESSMENT | | |
| Appropriateness/Completeness | 1 | |
| TREATMENT PLAN | | |
| Appropriate medical treatment/non-medical treatment/referrals/follow-up | 2 | |
| NON-VERBAL SKILLS | | |
| Eye Contact: Holds attention of audience with use of eye contact and seldom use of notes. | 2 | |
| Body language: Engaging and movements seem controlled. | 2 | |
| Posture/Poise: Student is relaxed, self-confident, makes no mistakes. | 2 | |
| VERBAL SKILLS | | |
| Elocution: Student uses a clear voice and correct, precise pronunciation of terms. | 2 | |
| Vocalized Pauses: (ah, uh, um, well etc.): No excessive vocalized pauses are noticed. | 2 | |
| 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 | |
| _____ | | |
| _____ | | |
| _____ | | |

Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX B: Initial Clinical Site Visit: Site Evaluation

ARC-PA 5th Edition Standards: A1.02(f & g), B3.02, B3.03(a – e), B3.04(a – d), B3.05, C2.01(a – c)

Clinical Site: _____ Contact: _____
 Preceptor: _____ Total # of Site Preceptors: _____
 Rotation Specialty: _____ Date: _____

| | | |
|---|---|--|
| Preceptor Documents: ___ Curriculum Vitae ___ Valid State Medical License ___ Specialty Board Certification ___ NCCPA Certification | Setting: ___ Outpatient ___ Inpatient ___ Emergency Dept. ___ Operating Room | Patient Contacts per Day: ___ 1-5 patients ___ 5-10 patients ___ 10-15 patients ___ 15 + patients |
| Special Population ___ Women's Health: Prenatal ___ Women's Health: Gynecologic ___ Mental Health/Psychiatric ___ Rural Health | Patient Population: ___ Infants: 0-12 months ___ Children: 1-10 years ___ Adolescents: 11-17 years ___ Adults: 18-64 years ___ Older Adults: ≥65 years | Type of Care: ___ Preventive ___ Acute ___ Emergent ___ Chronic Care ___ Pre-Operative ___ Intra Operative ___ Post-Operative |

| Preceptor Orientation & Essential Core Criteria | YES | NO | N/A |
|--|-----|----|-----|
| Preceptor has reviewed the program manual | | | |
| Preceptor has reviewed the 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 examination areas (insure 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 | | | |

Comments on Clinical Rotation Site: _____

Comments on Preceptor: _____

Areas where AHU can assist: _____

Final Assessment: ☐ Satisfactory ☐ Unsatisfactory

Evaluator/Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX C: Clinical Site Visit: Site Evaluation*ARC-PA 5th Edition Standards: A1.02(f & g), B3.02(a – e), B3.03(a – e), B3.04(a – d), B3.05, C2.01(a – c)*

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 Rotation Specialty: _____ Date: _____

| | | |
|--|--|---|
| Purpose for the Visit: <input type="checkbox"/> Student Initiated <input type="checkbox"/> Preceptor Initiated <input type="checkbox"/> Random Assessment <input type="checkbox"/> Performance Follow-up | Setting: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Operating Room | 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 | YES | NO | N/A |
|--|------------|-----------|------------|
| Preceptor has reviewed the program manual | | | |
| Preceptor has reviewed the 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 examination areas (insure 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 | | | |

Comments on the clinical rotation: _____

Suggestions to improve the clinical rotation: _____

Suggestion to improve student's preparation for clinical rotations: _____

Areas where AHU can assist: _____

Final Assessment: ☐ Satisfactory ☐ Unsatisfactory

Evaluator/Faculty: _____ Signature: _____ Date: _____

CLINICAL-APPENDIX D: Clinical Site Visit: Student Evaluation

ARC-PA 5th EDITION STANDARDS: A2.17, A3.06, B2.04, B2.05, B2.13(a – e), B2.15(a – d), B2.19(a – c), B4.01(a & b), C1.02 (a & b), C2.01(a – c)

Clinical Site: _____ Student: _____
 Preceptor: _____ Rotation Number: _____
 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 (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 clinical rotation? | 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? (C2.01) | | | | | |
| On average, how many patient encounters is the student experiencing during the current clinical rotation? | | | | | |
| Is the student utilizing an EHR while on the clinical rotation? If yes, which one? | | | | | |
| Per the student, was the clinical site orientation information in Typhon, correct? (A2.17) | 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? _____

If yes, did the preceptor have any issues, concerns, recommendations, or requests: _____

Is the student wearing badging that clearly distinguishes him/her/they from other health professionals (A3.06): **YES / NO**

Additional Comments:

Date of next student evaluation visit: (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 5th EDITION STANDARDS: B4.01(a & b)

| 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 | | |
| Medication, dose and 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, food, seasonal) | | |
| Drug allergy and rxn | 1 | |
| 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 drugs 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 ADVANCEMENT orders | 10 | |
| Appropriate medical treatment/consults | 2 | |
| Patient education and counseling | 2 | |
| DNR Status | 1 | |
| 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 | |
| LEVEL OF DIFFICULTY / CRITICAL THINKING | | |
| Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking applied. | 2 | |
| EVIDENCE BASED MEDICINE | | |
| References for case: APA Format, minimum of 3, discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable). | 3 | |

CLINICAL-APPENDIX F: Behavioral Health History & Physical Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

| BEHAVIORAL HEALTH HISTORY & PHYSICAL 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 (OPPQRST) | 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 three (5) differentials (from chief complaint) | 5 | |
| PMHX | | |
| Adult illnesses, major childhood illnesses, pertinent OB/GYN history (if applicable) | 1 | |
| 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 | | |
| 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 | | |
| 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) | 5 | |
| Completeness (pertinent negatives and positives, age appropriate) | 2 | |

| BEHAVIORAL HEALTH HISTORY & PHYSICAL GRADING RUBRIC | | POINTS POSSIBLE | POINTS EARNED |
|--|--|--------------------|------------------|
| Detailed history on all positives | | 2 | |
| 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.) | | 1 | |
| Behavior (eye contact, psychomotor activity, movements) | | 1 | |
| Speech (rate, rhythm, volume, content, etc.) | | 1 | |
| Observable Affect: (stability, range, affect type, etc.) | | 1 | |
| Thought Process: (flow and connection) | | 1 | |
| Thought Content: (themes that occupy the patient's thoughts: preoccupations, illusions, hallucinations, derealization) | | 1 | |
| Cognition: (attention, concentration, memory, judgement) | | 1 | |
| Orientation | | 1 | |
| 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 | | 3 | |
| Patient education and counseling | | 3 | |
| Appropriate follow-up/disposition/prognosis | | 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 | |
| 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 | |
| EVIDENCE BASED MEDICINE | | | |
| References for case: APA Format, minimum of 3. These must be scientific references (UTD, Medline, etc. are not acceptable). | | 3 | |

CLINICAL-APPENDIX G: Comprehensive History & Physical Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

**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 (OPQRST) | 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 | | |
| Medication, dose, 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 generations (age at diagnosis if premature onset)) | 2 | |
| 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 | | |

| COMPREHENSIVE HISTORY & PHYSICAL GRADING RUBRIC | | POINTS POSSIBLE | POINTS EARNED |
|--|--|-----------------|---------------|
| 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 EXAMINATION | | | |
| 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 selected | | 1 | |
| FINAL DIAGNOSIS / ASSESSMENT/ PROBLEM LIST | | | |
| 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 | | | |
| 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 | |
| EVIDENCE BASED MEDICINE | | | |
| References for case: APA Format, minimum of 3. Discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable). | | 3 | |

CLINICAL-APPENDIX H: Focused History & Physical Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

| 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): GPF PAL, 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 | |
| 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 | | |

| FOCUSED HISTORY & PHYSICAL GRADING RUBRIC | | POINTS POSSIBLE | POINTS EARNED |
|---|--|--------------------|------------------|
| 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 Examination 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 | |
| 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 | | | |
| 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 | |
| EVIDENCE BASED MEDICINE | | | |
| References for case: APA Format, min. of 3, discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable) | | 3 | |

CLINICAL-APPENDIX I: Delivery Note Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

| 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 and instructions (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 reaction (Drug and non-drug) | 2 | |
| RISK AND CONSENT | | |
| Risk Factors (individualized to 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 procedure | 2 | |
| DELIVERY REPORT | | |
| Pre-Operative 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 | | |
| Appropriate level of difficulty for the time in clinical rotation. Appropriate critical thinking applied. | 5 | |
| EVIDENCE BASED MEDICINE | | |
| References for case: APA Format, minimum of 3. These must be scientific references (UTD, Medline, etc. are not acceptable). | 3 | |

CLINICAL-APPENDIX J: Procedure / Operative Note Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

| 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, dose, 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 procedure | 2 | |
| RISK AND CONSENT | | |
| Risk Factors (individualized to 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 | |
| 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 applied. | 5 | |
| EVIDENCE BASED MEDICINE | | |
| References for case: APA Format, minimum of 3. These must be scientific references (UTD, Medline, etc. are not acceptable). | 3 | |

CLINICAL-APPENDIX K: Progress Note Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

| 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 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 (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 Examination 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 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 applied. | 2 | |
| EVIDENCE BASED MEDICINE | | |
| References for case: APA Format, minimum of 3, discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable). | 3 | |

CLINICAL-APPENDIX L: Pediatric Comprehensive History & Physical Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

**If section is deferred or not complete, be sure to include whom it was deferred by and why*

| PEDIATRIC 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 (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 | 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. Includes reference to who 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 | |
| Screening (pertinent to patient age, sex, chief complaint, health maintenance). Be sure to include newborn and pediatric screenings (vision/hearing). | 1 | |
| MEDICATIONS | | |
| Medication, dose, 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 generations (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 | 2 | |
| Age-appropriate questions/anticipatory screening questions: developmental milestones/concerns, potty training, sleeping habits, tobacco, ETOH, illicit drugs (if child is >12 yo); car seat/seatbelt use, helmet use, smoke/carbon monoxide detectors, sports/activities involvement, etc. | 2 | |
| SPIRITUAL HISTORY | | |

| PEDIATRIC COMPREHENSIVE HISTORY & PHYSICAL GRADING RUBRIC | | POINTS POSSIBLE | POINTS EARNED |
|--|--|----------------------------|--------------------------|
| 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 is applicable (menarche/LMP/STD hx). | | 19 | |
| Detailed history on all positives | | 1 | |
| PHYSICAL EXAMINATION | | | |
| 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 selected | | 1 | |
| FINAL DIAGNOSIS / ASSESSMENT/ PROBLEM LIST | | | |
| Final diagnosis/assessment: Comprehensive and 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 | |
| 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 | |
| EVIDENCE BASED MEDICINE | | | |
| References for case: APA Format, minimum of 3. Discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable). | | 3 | |

CLINICAL-APPENDIX M: Pediatric Focused History & Physical Grading Rubric

ARC-PA 5th EDITION STANDARDS: B4.01(a & b)

| 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 who 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, APCAR scores) | 0 / 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 screening (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)) | 3 | |
| 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 (if child is >12 yo); car seat/seatbelt use, helmet use, smoke/carbon monoxide detectors, sports/activities involvement, etc. | 2 | |

| PEDIATRIC FOCUSED HISTORY & PHYSICAL GRADING RUBRIC | | POINTS POSSIBLE | POINTS EARNED |
|---|--|-----------------|---------------|
| SPIRITUAL HISTORY | | | |
| Family and/or patient spiritual preference | | 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. Include percentiles. | | 1 | |
| General Description of the patient | | 1 | |
| Physical Examination 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/disposition | | 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 | | | |
| 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 | |

| PEDIATRIC FOCUSED HISTORY & PHYSICAL GRADING RUBRIC | | | POINTS POSSIBLE | POINTS EARNED |
|--|--|--|--------------------|------------------|
| EVIDENCE BASED MEDICINE | | | | |
| References for case: APA Format, min. of 3, discussion of how reference is applicable. These must be scientific references (UTD, Medline, etc. are not acceptable) | | | 3 | |

CLINICAL-APPENDIX N: Mid-Rotation Student Self-Evaluation

ARC-PA 5th Edition Standards: B1.03, B2.19(a – c), B4.01(a & b)

Clinical Site: _____

Preceptor: _____

Rotation Specialty: _____

Student: _____

Rotation & Course Number: _____

Rotation Dates: _____

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/O |
|--|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| 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 examination 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 medical data collected and interpreted. | | | | | | |
| Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice. | | | | | | |

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/O

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 active role in own education | | | | | | |

high

low

I feel I was adequately prepared for this rotation?

| | | | | |
|---|---|---|---|---|
| 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 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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03e, B3.04(b & c), B3.05, B3.06(a – c), B3.07g, B4.01(a & b)

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 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 | | | | | | |

| 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 |
|--|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| 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. | | | | | | |
| 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 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 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. | | | | | | |
| 13. Demonstrates: | | | | | | |
| a. intellectual honesty | | | | | | |
| b. professional appearance, demeanor and conduct | | | | | | |
| 14. AHU PA student's competency in providing care to the psychiatric/behavioral health patient during the clinical rotation in the following types of encounters: | | | | | | |

| 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 |
|--|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| a. Preventative/Screening | | | | | | |
| b. Emergent | | | | | | |
| c. Acute | | | | | | |
| d. Chronic | | | | | | |
| 15. 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) | | | | | | |

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 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: B1.03, B2.19, B3.01, B3.03(a - e), B3.04a, B3.05, B3.06(a - c), B3.07b, B4.01(a & b)

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 \geq 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 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 | | | | | | |

| 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. | 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 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 | | | | | | |

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

| 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) | | | | | | |

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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a, b, c, & e), B3.04c, B3.05, B3.06(a – c), B3.07a, B4.01(a & b)

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 \geq 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 examination 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: | | | | | | |

| 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 |
|---|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| a. illness | | | | | | |
| b. preventative health measures | | | | | | |
| 6. Interprets the findings of diagnostic studies and procedures obtained 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 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: | | | | | | |
| a. public health concerns | | | | | | |
| b. legal rights | | | | | | |
| c. ethical issues | | | | | | |
| d. informed consent | | | | | | |
| 10. Ability to identify and initiate the appropriate referral for problems beyond the scope of the PA provider and 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 | | | | | | |

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

| 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 in the following: | | | | | | |
| 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) | | | | | | |

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 R: End of Rotation Preceptor Evaluation of Student, General Surgery

ARC-PA 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03 (a, b, & d), B3.04 (b, c, & d), B3.05, B3.06, B3.07d, B4.01(a & b)

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 \geq 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 | | | | | | |
| d. | Urinary bladder catheter insertion | | | | | | |

| 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 |
|---|---|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| 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 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. | | | | | | |
| 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 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: | | | | | | | |
| a. | public health concerns | | | | | | |
| b. | legal rights | | | | | | |
| c. | ethical issues | | | | | | |
| d. | informed consent | | | | | | |
| 13. | Demonstrate 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: | | | | | | | |

| 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 |
|---|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| 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 | | | | | | |
| f. Intra-operative | | | | | | |
| g. Post-operative | | | | | | |
| 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 Adult/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 S: End of Rotation Preceptor Evaluation of Student, Internal Medicine

ARC-PA 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a, b, & e), B3.04b, B3.05, B3.06(a – c), B3.07c, B4.01(a & b)

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 | | | | | | |

| 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 |
|---|--|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| b. | chronic medical conditions | | | | | | |
| c. | preventative health measures | | | | | | |
| 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: | | | | | | | |
| a. | public health concerns | | | | | | |
| b. | legal rights | | | | | | |
| c. | ethical issues | | | | | | |
| d. | 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: | | | | | | | |

| 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 |
|--|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| 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 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) | | | | | | |

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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a, b, & e), B3.04(b & c), B3.05, B3.06(a – c), B3.07e, B4.01(a&b)

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 to 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. | | | | | | |

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. In the care of pediatric patients seen across the pediatric lifespan, the student demonstrates knowledge of the following: | | | | | | |
| a. normal vital signs | | | | | | |
| b. developmental milestones | | | | | | |
| c. normal human growth and development | | | | | | |
| d. recognizing and differentiating normal from abnormal physical examination findings | | | | | | |
| 6. Elicits and performs a comprehensive initial history and physical examination for pediatric patient encounters across the pediatric lifespan for: | | | | | | |
| a. a preventative health screening and/or | | | | | | |
| b. male/female annual wellness visit | | | | | | |
| 7. Elicits and performs a focused history and physical examination for pediatric patient across the pediatric lifespan 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 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. | | | | | | |

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

| | Exceeds Expectations | Meets Expectations | Approaching Expectations | Below Expectations | Unacceptable | N/O |
|--|-------------------------|-----------------------|-----------------------------|-----------------------|--------------|-----|
| 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 | | | | | | |
| 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 | | | | | | |

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

23. 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) | | | | | | |

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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a – e), B3.04(a – d), B3.05, B3.06(a – c), B3.07f, B4.01(a & b)

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 \geq 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 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 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. | | | | | | |

| 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 |
|--|----------------------|--------------------|--------------------------|--------------------|--------------|-----|
| 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 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 | | | | | | |

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 5th Edition Standards: A3.01, A3.06, B1.01 (a-c), B1.03, B2.19 (a-c), B3.01, B3.03 (a, b, c, d and/or e), B3.04 (a, b, c and/or d), B3.05, B3.06

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 \geq 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: | | | | | | |
| 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 | | | | | | |
| 2. Student ability to elicit and perform a focused history and physical examination for a patient presenting with: | | | | | | |
| a. acute medical diagnoses | | | | | | |
| b. chronic medical diagnoses | | | | | | |
| c. 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: | | | | | | |

| 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 |
|--|---------------------|--------------------|--------------------------|--------------------|--------------|-----|
| 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. | | | | | | |
| 8. Demonstrates critical thinking and medical decision making. | | | | | | |
| 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 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/A when not applicable.

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

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 W: End of Rotation Student Evaluation of Clinical Site, Behavioral Health

ARC-PA 5th Edition Standards: A1.02g, A3.05b, B2.04, B2.07(a -f), B2.08(a - e), B2.09, B2.10(a - c), B2.11(a-g), B2.12(a - c), B2.14(a & b), B3.07g, B4.01(a & b), C1.01(a - g), C2.01(a - c)

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 | 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. (A3.05b) | | | | | |
| The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (C2.01a) | | | | | |
| 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. (C2.01b) | | | | | |
| There were a sufficient number of patients to provide an optimal learning experience. (B3.03) | | | | | |

Comments on the Clinical Rotation:

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| There was sufficient supervision on this rotation (C2.01 c) | | | | | |
| I had the opportunity to communicate with patients and their families. (B2.04) | | | | | |

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | 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-g)) | | | | | |
| I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d, B2.08 (a-d)) | | | | | |
| 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(e&f), B2.08 (a-d), B2.09, B2.12(a-c)) | | | | | |
| I has 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. (B3.01) | | | | | |
| I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19) | | | | | |
| I was provided feedback about my ability to care for and communicate with patients. (B2.04) | | | | | |

Comments on the Preceptor(s):

Student Signature: _____ **Date:** _____

CLINICAL-APPENDIX X: End of Rotation Student Evaluation of Clinical Site, Emergency Medicine

ARC-PA 5th Edition Standards: A1.02g, A3.05b, B2.04, B2.07(a, b, d, e & f), B2.08(a – e), B2.09, B2.10(a – c), B2.11(a – g), B2.12(a – c), B2.14(a & b), B3.07b, B4.01(a & b), C1.01(a – g), C2.01(a – c)

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 | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| I felt 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. (A1.02g) | | | | | |
| I was not expected to work as administrative staff or perform personal tasks/errands. (A3.05b) | | | | | |
| The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (C2.01a) | | | | | |
| I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, and/or case reviews. (B2.10 (a-c)) | | | | | |
| I was exposed to various patient populations during this rotation. (C2.01b) | | | | | |
| There were a sufficient number of patients to provide an optimal learning experience. (B3.03) | | | | | |

Comments on the Clinical Rotation:

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| There was sufficient supervision on this rotation (C2.01 c) | | | | | |
| 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 emergency medicine setting. (B2.04, B2.07 (a,b), B2.08 (a,b,d), B2.11 (a-g)) | | | | | |

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d, B2.08 (a-d)) | | | | | |
| 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(e&f), B2.08 (a-d), B2.09, B2.12(a-c)) | | | | | |
| 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. (B3.01) | | | | | |
| I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19) | | | | | |
| I was provided 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 5th Edition Standards: A1.02g, A3.05b, B2.04, B2.07(a, b, d, e & f), B2.08(a, b, d, & e), B2.09, B2.10(a – c), B2.11(a – g), B2.12(a – c), B2.14(a & b), B3.07a, B4.01(a & b), C1.01(a – g), C2.01(a – c)

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 | 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. (B2.10a – c) | | | | | |
| I felt safe at my family medicine clinical site. (A1.02g) | | | | | |
| I was not expected to work as administrative staff or perform personal tasks/errands. (A3.05b) | | | | | |
| The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (C2.01a) | | | | | |
| I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures, and/or case reviews. (B2.10 (a-c)) | | | | | |
| I was exposed to various patient populations during this rotation. (C2.01b) | | | | | |
| There were a sufficient number of patients to provide an optimal learning experience. (B3.03) | | | | | |

Comments on the Clinical Rotation:

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| There was sufficient supervision on this rotation (C2.01 c) | | | | | |
| 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-g)) | | | | | |

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d, B2.08 (a-d)) | | | | | |
| 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(e&f), B2.08 (a-d), B2.09, B2.12(a-c)) | | | | | |
| 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. (B3.01) | | | | | |
| I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19) | | | | | |
| I was provided feedback about my ability to care for and communicate with patients. (B2.04) | | | | | |

Comments on the Preceptor(s):

Student Signature: _____ **Date:** _____

CLINICAL-APPENDIX Z: End of Rotation Student Evaluation of Clinical Site, General Surgery

ARC-PA 5th Edition Standards: A1.02g, A3.05b, B2.04, B2.07(a, b, d, e, & f), B2.08(a, b, & c), B2.09, B2.10(a – c), B2.11(a – g), B2.12(a – c), B2.14(a & b), B3.07d, B4.01(a & b), C1.01(a – g), C2.01(a – c)

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 Rotation | Strongly Agree | Agree | Average | 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. (A1.02g) | | | | | |
| I was not expected to work as administrative staff or perform personal tasks/errands. (A3.05b) | | | | | |
| The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (C2.01a) | | | | | |
| I had the opportunity to participate in preceptor directed learning opportunities, such as conferences, meetings, lectures and/or case reviews. (B2.10 (a-c)) | | | | | |
| I was exposed to various patient populations during this rotation. (C2.01b) | | | | | |
| There were a sufficient number of patients to provide an optimal learning experience. (B3.03) | | | | | |

Comments on the Clinical Rotation:

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| There was sufficient supervision on this rotation (C2.01 c) | | | | | |
| 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 general surgery setting. (B2.04, B2.07 (a,b), B2.08 (a,b,d), B2.11 (a-g)) | | | | | |

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d, B2.08 (a-d)) | | | | | |
| 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(e&f), B2.08 (a-d), B2.09, B2.12(a-c)) | | | | | |
| I has 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. (B3.01) | | | | | |
| I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19) | | | | | |
| I was provided feedback about my ability to care for and communicate with patients. (B2.04) | | | | | |

Comments on the Preceptor(s):

Student Signature: _____ **Date:** _____

CLINICAL-APPENDIX AA: End of Rotation Student Evaluation of Clinical Site, Internal Medicine

ARC-PA 5th Edition Standards: A1.02g, A3.05b, B2.04, B2.07(a, b, d, e, & f), B2.08(a - e), B2.09, B2.10(a - c), B2.11(a - g), B2.12(a - c), B2.14(a & b), B3.07c, B4.01(a & B), C1.01(a - g), C2.01(a - c)

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 | 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. (A1.02g) | | | | | |
| I was not expected to work as administrative staff or perform personal tasks/errands. (A3.05b) | | | | | |
| The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (C2.01a) | | | | | |
| I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures and/or case reviews. (B2.10 (a-c)) | | | | | |
| I was exposed to various patient populations during this rotation. (C2.01b) | | | | | |
| There were a sufficient number of patients to provide an optimal learning experience. (B3.03) | | | | | |

Comments on the Clinical Rotation:

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| There was sufficient supervision on this rotation (C2.01 c) | | | | | |
| I had the opportunity to communicate with patients and their families. (B2.04) | | | | | |

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | 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-g)) | | | | | |
| 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(e&f), B2.08 (a-d), B2.09, B2.12(a-c)) | | | | | |
| 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. (B3.01) | | | | | |
| I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19) | | | | | |
| I was provided feedback about my ability to care for and communicate with patients. (B2.04) | | | | | |

Comments on the Preceptor(s):

Student Signature: _____ **Date:** _____

CLINICAL-APPENDIX AB: End of Rotation Student Evaluation of Clinical Site, Pediatrics

ARC-PA 5th Edition Standards: A1.02g, A3.05b, B2.04, B2.07(a, b, d, e, & f), B2.08(a, b, & d), B2.09, B2.10(a – c), B2.11(b, c, d, f, & g), B2.12(a – c), B2.14(a & b), B3.07e, B4.01(a & b), C1.01(a – g), C2.01(a – c)

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 | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| I felt the program adequately prepared for me 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. (A1.02g) | | | | | |
| I was not expected to work as administrative staff or perform personal tasks/errands. (A3.05b) | | | | | |
| The clinical site granted me appropriate access to facilities to meet the learning outcomes and competencies of the rotation. (C2.01a) | | | | | |
| I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures and/or case reviews. (B2.10 (a-c)) | | | | | |
| I was exposed to various patient populations during this rotation. (C2.01b) | | | | | |
| There were a sufficient number of patients to provide an optimal learning experience. (B3.03) | | | | | |

Comments on the Clinical Rotation:

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| There was sufficient supervision on this rotation (C2.01 c) | | | | | |
| 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-g)) | | | | | |

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d, B2.08 (a-d)) | | | | | |
| 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(e&f), B2.08 (a-d), B2.09, B2.12(a-c)) | | | | | |
| 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. (B3.01) | | | | | |
| I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19) | | | | | |
| I was provided feedback about my ability to care for and communicate with patients. (B2.04) | | | | | |

Comments on the Preceptor(s):

Student Signature: _____ **Date:** _____

CLINICAL-APPENDIX AC: End of Rotation Student Evaluation of Clinical Site, Women's Health

ARC-PA 5th Edition Standards: A1.02g, A3.05b, B2.04, B2.07(a, b, d, e, & f), B2.08(a – e), B2.09, B2.10(a – c), B2.11(a – g), B2.12(a – c), B2.14(a & b), B3.07f, B4.01(a & b), C1.01(a – g), C2.01(a – c)

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 | 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. (A1.02g) | | | | | |
| I was not expected to work as administrative staff or perform personal tasks/errands. (A3.05b) | | | | | |
| The clinical site granted me appropriate access to facilities to meet learning outcomes and competencies of the rotation. (C2.01a) | | | | | |
| I had the opportunity to participate in preceptor directed learning opportunities such as conferences, meetings, lectures and/or case reviews. (B2.10 (a-c)) | | | | | |
| I was exposed to various patient populations during this rotation. (C2.01b) | | | | | |
| There were a sufficient number of patients to provide an optimal learning experience. (B3.03) | | | | | |

Comments on the Clinical Rotation:

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| There was sufficient supervision on this rotation (C2.01 c) | | | | | |
| 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,d), B2.11 (a-g)) | | | | | |

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d, B2.08 (a-d)) | | | | | |
| 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(e&f), B2.08 (a-d), B2.09, B2.12(a-c)) | | | | | |
| 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. (B3.01) | | | | | |
| I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19) | | | | | |
| I was provided feedback about my ability to care for and communicate with patients. (B2.04) | | | | | |

Comments on the Preceptor(s):

Student Signature: _____ **Date:** _____

CLINICAL-APPENDIX AD: End of Rotation Student Evaluation of Clinical Site, Elective

ARC-PA 5th Edition Standards: A1.02g, A3.05b, B2.04, B2.07(a, b, d, e, & f), B2.08(a – e), B2.09, B2.10(a – c), B2.11(a – g), B2.12(a – c), B2.14(a & b), B3.07f, B4.01(a & b), C1.01(a – g), C2.01(a – c)

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 | 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. (A1.02g) | | | | | |
| I was not expected to work as administrative staff or perform personal tasks/errands. (A3.05b) | | | | | |
| The clinical site granted me appropriate access to facilities to meet learning outcomes and competencies of the rotation. (C2.01a) | | | | | |
| I had the opportunity to participate in [preceptor directed learning opportunities such as conferences, meetings. Lectures and/or case reviews. (B2.10 (a-c)) | | | | | |
| I was exposed to various patient populations during this rotation. (C2.01b) | | | | | |
| There were a sufficient number of patients to provide an optimal learning experience. (B3.03) | | | | | |

Comments on the Clinical Rotation:

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| There was sufficient supervision on this rotation (C2.01 c) | | | | | |
| 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,b,d), B2.11 (a-g)) | | | | | |

| Experience with Preceptor(s) | Strongly Agree | Agree | Average | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| I had the opportunity to interpret appropriate lab and diagnostic studies/findings. (B2.04, B2.07d, B2.08 (a-d)) | | | | | |
| 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(e&f), B2.08 (a-d), B2.09, B2.12(a-c)) | | | | | |
| 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. (B3.01) | | | | | |
| I had the opportunity to observe and engage in ethical and professional medical care. (B2.18, B2.19) | | | | | |
| I was provided feedback about my ability to care for and communicate with patients. (B2.04) | | | | | |

Comments on the Preceptor(s):

Student Signature: _____ **Date:** _____

CLINICAL-APPENDIX AE: Clinical Performance Grading Rubric, Behavioral Health

ARC-PA 5th Edition Standards: B1.03, B2.19(a–c), B3.01, B3.03(a, b, & e), B3.04(b&c), B3.05, B3.06(a–c), B3.07g, B4.01(a&b)

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 |
|--|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| Demonstrate familiarity with the psychiatric/behavioral health patient evaluation across the adult lifespan including the following: | | | | | | |
| a. changes related to normal aging | | | | | | |
| c. 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. | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 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: | | | | | | |
| a. formulate and implement an appropriate treatment plan | | | | | | |
| b. recommend pharmaceutical therapeutics | | | | | | |

| | 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 |
|--|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| c. recommend non-pharmaceutical therapeutics | | | | | | |
| d. provide patient education | | | | | | |
| e. define follow-up recommendations | | | | | | |
| f. utilize-evidence based medicine | | | | | | |
| Ability to outline considerations in caring for patients with psychiatric and/or behavioral health conditions regard to: | | | | | | |
| a. public health concerns | | | | | | |
| b. legal rights | | | | | | |
| c. ethical issues | | | | | | |
| d. 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: | | | | | | |
| a. intellectual honesty | | | | | | |
| b. 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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a, b, & e), B3.04a, B3.05, B3.06(a – c), B3.07b, B4.01(a & b)

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 |
|---|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| 2. 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: | | | | | | |
| d. emergent medical conditions | | | | | | |
| e. acute medical conditions | | | | | | |
| f. acute exacerbations of chronic medical conditions | | | | | | |
| 3. Perform a physical examination in the evaluation of patients over the course of a lifespan presenting in the emergency medicine setting. | | | | | | |
| 4. 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: | | | | | | |
| c. initial rapid assessment | | | | | | |
| d. secondary assessment | | | | | | |
| 5. Ability to describe common conditions evaluated in the the emergency medicine setting including the: | | | | | | |
| d. pathophysiology | | | | | | |
| e. differential diagnoses | | | | | | |
| f. criteria for establishing a diagnosis | | | | | | |
| 6. 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. | | | | | | |
| 7. Demonstrates competency in the performance of: | | | | | | |
| e. Casting/splinting | | | | | | |
| f. Laceration repair | | | | | | |
| g. Incision and drainage of abscess | | | | | | |
| h. Interpretation of an EKG | | | | | | |
| 8. Ability to interpret the findings of diagnostic studies and procedures utilized in the assessment of the emergency medicine patients across the lifespan. | | | | | | |

| | 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 |
|--|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| 9. Ability to develop initial comprehensive differential diagnoses and subsequently formulate a definitive diagnosis, based on medical data collected and interpreted. | | | | | | |
| 10. For patients in the emergency medicine practice setting and in collaboration with supervising preceptor, ability to: | | | | | | |
| e. formulate and implement an appropriate treatment plan | | | | | | |
| f. provide patient education | | | | | | |
| g. define follow-up recommendations | | | | | | |
| h. utilize evidence-based medicine | | | | | | |
| 11. Ability to outline considerations in caring for patients with conditions seen in the emergency medicine practice with regard to: | | | | | | |
| e. public health concerns | | | | | | |
| f. legal rights | | | | | | |
| g. ethical issues | | | | | | |
| h. informed consent | | | | | | |
| 16. Ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation. | | | | | | |
| 17. Demonstrates critical thinking and medical decision making skills. | | | | | | |
| 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. | | | | | | |
| 17. Demonstrates: | | | | | | |
| c. intellectual honesty | | | | | | |
| d. professional appearance, demeanor and conduct | | | | | | |
| 19. AHU PA student's competency in providing medical care to the emergency medicine patient during the clinical rotation in the following types of encounters: | | | | | | |
| c. Emergent | | | | | | |
| d. Acute | | | | | | |
| 20. AHU PA student's competency in the evaluation and management of care for emergency medical patients across the lifespan: | | | | | | |
| f. Infants (0-12 months old) | | | | | | |
| g. Children (1-10 years old) | | | | | | |
| h. Adolescents (11-17 years old) | | | | | | |

| | 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 |
|---|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| i. Adults (18-64 years old) | | | | | | |
| j. 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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a, b, c & e), B3.04c, B3.05, B3.06(a – c), B3.07a, B4.01(a & b)

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: | | | | | | |
| b. developmental milestones related to normal aging changes | | | | | | |
| 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 | | | | | | |
| Ability to elicit and perform a comprehensive initial history and physical examination for family medicine patient encounters across the lifespan for: | | | | | | |
| d. a preventative health screening and/or | | | | | | |
| e. 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: | | | | | | |
| a. an acute medical diagnosis | | | | | | |
| b. a chronic medical diagnosis | | | | | | |
| 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. | | | | | | |
| 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 | | | | | | |

| | 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: | | | | | | |
| a. formulate and implement an appropriate treatment plan | | | | | | |
| b. provide patient education | | | | | | |
| c. define follow-up recommendations | | | | | | |
| d. 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: | | | | | | |
| a. intellectual honesty | | | | | | |
| b. 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 | | | | | | |

| | 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. Chronic | | | | | | |
| AHU PA student's competency in the evaluation and management of family medicine patients across the lifespan in the following: | | | | | | |
| 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) | | | | | | |
| 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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03d, B3.04d, B3.05, B3.06(a – c), B3.07d B4.01(a & b),

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 |
|---|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| 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 | | | | | | |
| 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 | | | | | | |
| Demonstrates familiarity with conditions addressed in the general surgery setting regarding: | | | | | | |
| a. clinical manifestation | | | | | | |
| b. anatomy | | | | | | |
| c. physiology | | | | | | |
| d. pathophysiology | | | | | | |
| 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 | | | | | | |
| 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: | | | | | | |
| a. infection prevention | | | | | | |
| b. pharmacotherapy | | | | | | |
| c. wound care | | | | | | |
| d. lifestyle modifications | | | | | | |
| e. non-pharmaceutical therapies | | | | | | |
| f. specialty referrals | | | | | | |
| g. 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. | | | | | | |

| | 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 |
|--|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| 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: | | | | | | |
| a. intellectual honesty | | | | | | |
| b. 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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a, b, & e), B3.04b, B3.05, B3.06(a – c), B3.07c, B4.01(a & b)

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 |
|---|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| Demonstrate familiarity with the internal medicine patient evaluation across the adult lifespan including the following: | | | | | | |
| a. changes related to normal aging | | | | | | |
| 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 | | | | | | |
| b. morbidity across the adult lifespan | | | | | | |
| c. 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: | | | | | | |
| a. a preventative health screening | | | | | | |
| b. 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: | | | | | | |
| a. acute medical diagnosis | | | | | | |
| b. 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: | | | | | | |
| a. acute medical conditions | | | | | | |
| b. 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 |
|--|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| c. 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: | | | | | | |
| a. formulate and implement an appropriate treatment plan | | | | | | |
| b. provide patient education | | | | | | |
| c. define follow-up recommendations | | | | | | |
| d. 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: | | | | | | |
| a. intellectual honesty | | | | | | |
| b. professional appearance, demeanor and conduct | | | | | | |

| | 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 |
|---|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| 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: | | | | | | |
| 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) | | | | | | |
| 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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a, b, & e), B3.04(b & c), B3.05, B3.06(a – c), B3.07e, B4.01(a & b)

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: | | | | | | |
| a. acute diagnoses in the pediatric population | | | | | | |
| b. chronic diagnoses in the pediatric population | | | | | | |
| Demonstrates an understanding of the newborn evaluation, including recommendations and rationale for: | | | | | | |
| a. newborn immunizations | | | | | | |
| b. newborn screening tests | | | | | | |
| c. 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: | | | | | | |
| 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. | | | | | | |
| In the care of pediatric patients seen across the pediatric lifespan, the student demonstrates knowledge of the following: | | | | | | |
| a. normal vital signs | | | | | | |
| b. developmental milestones | | | | | | |
| c. normal human growth and development | | | | | | |

| | 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. recognizing and differentiating normal from abnormal physical examination findings | | | | | | |
| Elicits and performs a comprehensive initial history and physical examination for pediatric patient encounters across the pediatric lifespan for: | | | | | | |
| a. a preventative health screening and/or | | | | | | |
| b. male/female annual wellness visit | | | | | | |
| Elicits and performs a focused history and physical examination for pediatric patient across the pediatric lifespan with: | | | | | | |
| a. an acute medical diagnosis | | | | | | |
| b. a chronic medical diagnosis | | | | | | |
| Ability to identify and counsel pediatric patients across the pediatric lifespan on the need for: | | | | | | |
| a. health promotion/routine prevenative health | | | | | | |
| b. acute injury avoidance | | | | | | |
| c. disease prevention | | | | | | |
| d. 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: | | | | | | |
| a. illness | | | | | | |
| b. 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: | | | | | | |
| a. formulate and implement an appropriate treatment plan | | | | | | |
| b. provide patient education | | | | | | |
| c. define follow-up recommendations | | | | | | |
| d. 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 | | | | | | |

| | 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. informed consent | | | | | | |
| Ability to accurately select, calculate and prescribe medication doses and schedules for the pediatric patient. | | | | | | |
| 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: | | | | | | |
| a. intellectual honesty | | | | | | |
| b. 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) | | | | | | |
| 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 5th Edition Standards: B1.03, B2.19(a – c), B3.01, B3.03(a – e), B3.04(a – d), B3.05, B3.06(a – c), B3.07f, B4.01(a & b)

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 |
|--|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| 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 | | | | | | |
| Ability to elicit and perform a comprehensive initial history and physical examination for women's health patient encounters across the lifespan for: | | | | | | |
| a. female annual wellness visit | | | | | | |
| b. 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: | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |

| | 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 |
|--|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| 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 | | | | | | |
| 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: | | | | | | |
| a. formulate and implement an appropriate treatment plan | | | | | | |
| b. provide anticipatory guidance/patient education | | | | | | |
| c. define follow-up recommendations | | | | | | |
| d. 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. | | | | | | |

| | 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 |
|--|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------|-----|
| 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: | | | | | | |
| a. intellectual honesty | | | | | | |
| c. 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 5th Edition Standards: A3.01, A3.06, B1.01 (a-c), B1.03, B2.19 (a-c), B3.01, B3.03 (a, b, c, d and/or e), B3.04 (a, b, c and/or d), B3.05, B3.06

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 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 | | | | | | |
| Student ability to elicit and perform a focused history and physical examination for a patient presenting with: | | | | | | |
| f. acute medical diagnoses | | | | | | |
| g. chronic medical diagnoses | | | | | | |
| h. 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 | | | | | | |

| | 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 identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice. | | | | | | |
| 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 5th Edition Standards: B4.01(a & b)

Clinical Site: _____ Student: _____

Preceptor: _____ Rotation Number: _____

Rotation Specialty: _____ Date: _____

| Timeliness in the submission of: | Submission Details: | Points Received | Total Points |
|--|--|-----------------|--------------|
| Rotation Schedule | Rotation schedule and clinical site safety forms are submitted into Canvas within 48 hours of starting the rotation. If the student rotation start date is delayed, 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 complete in entirety with no missing or incomplete data. The MR & EOR patient case reports are exported as 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 within 3 days of experience. If a student is late for their shift, LATE is checked in Typhon with details under time log note. Changes to start or end time ≥30 minutes have been added to Typhon time log notes including 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 explanation for the change. If the shift was cancelled or an emergent situation occurs, the student must send 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 is 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: Rosh Review® Mock EOR Examination, | The Rosh Review® mock EOR examination is complete, and results are submitted into Canvas as a PDF by the due date. | | 10 |
| Mid-Rotation Student Self-Evaluation | Complete 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 | Complete in entirety in Typhon, exported as a PDF, and submitted in Canvas by the due date. | | 10 |
| EOR Preceptor Evaluation of Student | Complete in entirety using the provided hardcopy evaluation by the program in approved envelope. Evaluation is signed and/or co-signed by an approved preceptor. The envelope is signed by the approved preceptor. 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 into Canvas by the due date. | | 10 |
| TOTAL: | | | 100 |

This grade accounts for 5% of the overall course grade

CLINICAL-APPENDIX AN: Clinical Site Student Incident Report

ARC-PA 5th Edition Standards: A1.02(f & g), A3.02; A3.08(a – c), A3.09, A3.18, A3.19

Clinical Site: _____ Student: _____
Preceptor: _____ Rotation Number: _____
Rotation Specialty: _____ Rotation Dates: _____

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.

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

| ROTATION | ATTIRE | POTENTIAL HAZARDS | ACTIONS |
|-------------------|-----------------------|--|---|
| Family Practice | 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)</p> <p>-Blood, other bodily fluids</p> <p>-Site specific cleaning and disinfecting supplies</p> <p>-Liquid Nitrogen</p> <p>-Laser equipment</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) <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 Do not attempt to move an injured person unless they are in danger <ul style="list-style-type: none"> Get prompt medical attention and decontamination instructions by calling: 911 <p>800-222-1222 (Nationwide number to the poison control center)</p> |
| Internal Medicine | 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)</p> <p>-Blood, other bodily fluids</p> <p>-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) <p>Contact the National PEP hotline: 888-448-4911 if</p> |

| | | | |
|-------------------|-----------------------|---|--|
| | | | <p>indicated</p> <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 <ul style="list-style-type: none"> • Get prompt medical attention and decontamination instructions by calling 911 <p>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)</p> <p>-Blood, other bodily fluids</p> <p>-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) <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 • Do not attempt to move an injured person unless they are in danger <ul style="list-style-type: none"> • Get prompt medical attention and decontamination instructions by calling 911 <p>800-222-1222 (Nationwide number to the poison control center)</p> |
| Behavioral Health | Business Professional | <p>-Blood, other bodily fluids</p> <p>-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 |

| | | | |
|----------------|------------------------|---|---|
| | | | <p>should be sought in the nearest emergency department.</p> <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 • Do not attempt to move an injured person unless they are in danger <ul style="list-style-type: none"> • Get prompt medical attention and decontamination instructions by calling 911 <p>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)</p> <p>-Blood, other bodily fluids</p> <p>-Site specific cleaning and disinfecting supplies</p> <p>-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. • 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 • Do not attempt to move an injured person unless they are in danger <ul style="list-style-type: none"> • Get prompt medical attention and decontamination instructions by calling 911 |

| | | | |
|----------------|--------|---|--|
| | | | 800-222-1222 (Nationwide number to the poison control center) |
| Emergency Room | 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, other bodily fluids -Site specific cleaning and disinfecting supplies -Site specific instruments for procedures | <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 • Do not attempt to move an injured person unless they are in danger <ul style="list-style-type: none"> • Get prompt medical attention and decontamination instructions by calling 911 <p>800-222-1222 (Nationwide number to the poison control center)</p> |
| 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. • 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 • Do not attempt to move an injured person unless they are in danger <ul style="list-style-type: none"> • Get prompt medical attention and decontamination instructions by calling 911 <p>800-222-1222 (Nationwide number to the poison control center)</p> |
| 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. • 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 • Do not attempt to move an injured person unless they are in danger <ul style="list-style-type: none"> • Get prompt medical attention and decontamination instructions by calling 911 <p>800-222-1222 (Nationwide number to the poison control center)</p> |
| *May require both business professional and scrubs | | | |

CLINICAL-APPENDIX AP: PA Clinical Rotation Student Application



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. 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: |
| Foreign Language Skills & Level: (must identify with read, write, speak) | |

Student health records will not be released without written permission from the student. PA students are required to store, monitor, and maintain confidential student health records with Complio.

Routine annual influenza vaccination for all persons aged ≥ 6 months who do not have contraindications has been recommended by CDC and CDC's Advisory Committee on Immunization Practices (ACIP) since 2010. If a student decides not to receive the influenza vaccination, they must complete a declination form and wear a mask in **ALL** patient areas while on clinical rotations.

Students who decline the COVID-19 vaccination must understand that by declining the COVID-19 vaccination, they may be precluded from engaging in fieldwork/internship/clinical placement required to earn and complete their academic program and to graduate. They must also understand that facility requirements regarding COVID-19 vaccinations may change during their scheduled fieldwork/internship/clinical placement, thus impacting their status in the facility.

All required compliance documents must be submitted & approved by Complio by July 31, to allow time for processing.

| REQUIRED DOCUMENTATION (checked by clinical team) | |
|--|---|
| <input type="checkbox"/> Personal Health Insurance (Tri 4) | <input type="checkbox"/> BLS |
| <input type="checkbox"/> Physical Examination | <input type="checkbox"/> MMR Vaccination or positive titer |
| <input type="checkbox"/> Clear Level 2 Background Check (Tri 4) | <input type="checkbox"/> Hepatitis B Vaccination or positive titer |
| <input type="checkbox"/> Clear OIG/GSA/Sexual Offender Screening (Tri 4) | <input type="checkbox"/> Varicella Vaccination or positive titer |
| <input type="checkbox"/> 5-Panel Drug Screen (Tri 4) | <input type="checkbox"/> Tetanus/Diphtheria/Pertussis (Tdap) Vaccination (booster required within 10 years) |
| <input type="checkbox"/> Mask Fit Test (Tri 4) | <input type="checkbox"/> Negative Tuberculosis (TB) Skin or Serum Test (PPD) |
| <input type="checkbox"/> PALS | <input type="checkbox"/> Flu Vaccination or Declination (8/1-10/31) |
| <input type="checkbox"/> ACLS | <input type="checkbox"/> COVID-19 Vaccination or Declination |

| Check all rotations outside of Central Florida you'd like to attend, this does not guarantee placement: | |
|---|---|
| <input type="checkbox"/> Daytona Beach, Pediatrics | <input type="checkbox"/> Zephyrhills, General Surgery |
| <input type="checkbox"/> Melbourne, Internal Medicine | <input type="checkbox"/> Zephyrhills, Women's Health |

| | |
|---|---|
| <input type="checkbox"/> Jupiter (all core specialties) | <input type="checkbox"/> Zephyrhills/Wesley Chapel, Internal Medicine |
| <input type="checkbox"/> Lady Lake/Ocala, Internal Medicine | <input type="checkbox"/> Zephyrhills/Wesley Chapel, General Surgery |
| <input type="checkbox"/> Crystal River, Family Medicine | |

| | |
|---|--|
| Additional Information (optional) | |
| Hospital preference for emergency medicine rotation, label first (1) and second (2) preference (does not guarantee placement): | |
| <input type="checkbox"/> Orlando <input type="checkbox"/> Winter Park <input type="checkbox"/> Altamonte Springs <input type="checkbox"/> Celebration <input type="checkbox"/> Waterford Lakes <input type="checkbox"/> DeLand <input type="checkbox"/> Lake Mary <input type="checkbox"/> Daytona Beach <input type="checkbox"/> New Smyrna <input type="checkbox"/> Palm Coast | |
| I'm interested in clinical training and/or working within these specialties: | |
| <input type="checkbox"/> Breast Surgical Oncology <input type="checkbox"/> Colorectal Surgery | |
| My dream clinical rotation would be: | |
| My top two specialties I am most interested and why: | |
| Special circumstances to be considered/aware regarding placement for clinical rotations: | |
| My prior clinical experiences include: | |

Student Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

| |
|------------------------------------|
| DIRECTOR NOTES: |
| <div style="height: 150px;"></div> |



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 AR: Typhon Group PAST System: Blank Case Worksheet

Case Number: _____

Date of Service: _____

| Student Information | Patient Demographics (ignore if Group Encounter) |
|---|--|
| Period: | Age (yrs/mos/wks/days): |
| Rotation: | Pre-Term (Premie) Child? Yes / No |
| Preceptor: | Gestational Age (at birth): weeks |
| Clinical Site: | Prenatal Visit (enter fetus age): weeks |
| Setting Type: OP / ER / IP / LTC / Other | Gender: |
| Surgical Management: Pre-op / Intra-op / Post-op / Operating Room | Race: |
| Visit Other: Rural / Underserved Area or Population | Referral: |

| Clinical Information | ICD-10 Diagnosis Codes | Procedures/Skills |
|---|--|-------------------|
| Time with Patient: minutes | #1 _____ #5 _____ | _____ |
| Consult with Preceptor: minutes | #2 _____ #6 _____ | _____ |
| Type of Decision-Making: <input type="checkbox"/> Straightforward <input type="checkbox"/> Low complexity <input type="checkbox"/> Moderate Complexity <input type="checkbox"/> High Complexity | #3 _____ #7 _____ | _____ |
| Student Participation: <input type="checkbox"/> Observation <input type="checkbox"/> Less than Shared <input type="checkbox"/> Shared (50-50) <input type="checkbox"/> Primary (>50%) | #4 _____ #8 _____ | _____ |
| Student Participation: <input type="checkbox"/> Observation <input type="checkbox"/> Less than Shared <input type="checkbox"/> Shared (50-50) <input type="checkbox"/> Primary (>50%) | #5 _____ #9 _____ | _____ |
| Reason for Visit: | #6 _____ #10 _____ | _____ |
| Chief Complaint: | #7 _____ #11 _____ | _____ |
| Type of H & P: <input type="checkbox"/> Problem Focused <input type="checkbox"/> Expanded Prob. Focused <input type="checkbox"/> Detailed <input type="checkbox"/> Comprehensive | #8 _____ #12 _____ | _____ |
| Other Questions: <input type="checkbox"/> Gynecologic <input type="checkbox"/> Mental Health | Social Problems Addressed <input type="checkbox"/> Abused Child/Adult <input type="checkbox"/> Caretaking/Parenting <input type="checkbox"/> Education/Language <input type="checkbox"/> Emotional <input type="checkbox"/> Grief <input type="checkbox"/> Growth & Development <input type="checkbox"/> Housing/Residence <input type="checkbox"/> Income/Economic <input type="checkbox"/> Interpersonal Relationships <input type="checkbox"/> Issues w/ Comm. Resources <input type="checkbox"/> Legal <input type="checkbox"/> Neglected Child/Adult <input type="checkbox"/> Nutrition/Exercise <input type="checkbox"/> Palliative/End of Life Care <input type="checkbox"/> Prevention <input type="checkbox"/> Role Change <input type="checkbox"/> Safety <input type="checkbox"/> Sanitation/Hygiene <input type="checkbox"/> Sexuality <input type="checkbox"/> Social Contract/Isolation <input type="checkbox"/> Spiritual Issues <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Other: | _____ |

CLINICAL-APPENDIX AS: Clinical Year Excused Absence Request Form



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

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 30 days advance notice and at least three (3) weeks 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 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 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: _____ |

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)