# TABLE OF CONTENTS

## PART I: GENERAL POLICIES AND PROCEDURES

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>Program Accreditation</td>
<td>8</td>
</tr>
<tr>
<td>Program Sponsorship and Philosophy</td>
<td>10</td>
</tr>
<tr>
<td>Goals of the Physician Assistant Program</td>
<td>11</td>
</tr>
<tr>
<td>Department Faculty and Staff</td>
<td>12</td>
</tr>
<tr>
<td>Advisement</td>
<td>16</td>
</tr>
<tr>
<td>Program Essential Functions</td>
<td>17</td>
</tr>
<tr>
<td>Professionalism</td>
<td>20</td>
</tr>
<tr>
<td>Curriculum and Academic Policies</td>
<td>25</td>
</tr>
<tr>
<td>Academic Performance Standards</td>
<td>29</td>
</tr>
<tr>
<td>Academic Integrity</td>
<td>34</td>
</tr>
<tr>
<td>Academic Services</td>
<td></td>
</tr>
<tr>
<td>Academic Tutoring</td>
<td>40</td>
</tr>
<tr>
<td>Disability Services</td>
<td>40</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>41</td>
</tr>
<tr>
<td>University Library</td>
<td>42</td>
</tr>
<tr>
<td>Student Health</td>
<td></td>
</tr>
<tr>
<td>Student Health Services</td>
<td>42</td>
</tr>
<tr>
<td>Mental Health and Counseling</td>
<td>42</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>43</td>
</tr>
<tr>
<td>Health and Immunization Documentation</td>
<td>43</td>
</tr>
<tr>
<td>Injuries &amp; Needle stick/Exposure Protocol</td>
<td>44</td>
</tr>
<tr>
<td>Absence, Leave, and Withdrawal</td>
<td></td>
</tr>
<tr>
<td>Absence</td>
<td>46</td>
</tr>
<tr>
<td>Absence from Examination</td>
<td>47</td>
</tr>
<tr>
<td>Absence from Clinical Rotation</td>
<td>47</td>
</tr>
<tr>
<td>Weather-related Emergencies</td>
<td>47</td>
</tr>
<tr>
<td>Bereavement</td>
<td>47</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>48</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>48</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Cellular Phones</td>
<td>48</td>
</tr>
<tr>
<td>Emails</td>
<td>48</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Emergency Phone Calls</td>
<td>48</td>
</tr>
<tr>
<td>Student Representation</td>
<td>48</td>
</tr>
<tr>
<td>Director’s Town Hall Meetings</td>
<td>49</td>
</tr>
<tr>
<td>Miscellaneous Policies</td>
<td>49</td>
</tr>
<tr>
<td>Employment During the Program</td>
<td>49</td>
</tr>
<tr>
<td>Examination Security</td>
<td>49</td>
</tr>
<tr>
<td>Holidays</td>
<td>49</td>
</tr>
<tr>
<td><strong>PART II: CLINICAL YEAR</strong></td>
<td></td>
</tr>
<tr>
<td>Clinical Education</td>
<td></td>
</tr>
<tr>
<td>Student Initiated Rotations</td>
<td>56</td>
</tr>
<tr>
<td>Rotation Specific Policies</td>
<td></td>
</tr>
<tr>
<td>Assignments</td>
<td>51</td>
</tr>
<tr>
<td>Charting</td>
<td>51</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>51</td>
</tr>
<tr>
<td>Holidays</td>
<td>51</td>
</tr>
<tr>
<td>Identification</td>
<td>51</td>
</tr>
<tr>
<td>Interviews</td>
<td>52</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>52</td>
</tr>
<tr>
<td>Rotation Schedule</td>
<td>52</td>
</tr>
<tr>
<td>Student Scope of Practice</td>
<td>52</td>
</tr>
<tr>
<td>Site Specific Policies</td>
<td>53</td>
</tr>
<tr>
<td>Travel for Clinic Sites</td>
<td>53</td>
</tr>
<tr>
<td>Academic Requirements for Clinical Courses</td>
<td></td>
</tr>
<tr>
<td>Typhon PAST</td>
<td>54</td>
</tr>
<tr>
<td>Clinical Logs</td>
<td>55</td>
</tr>
<tr>
<td>Written Assignments</td>
<td>55</td>
</tr>
<tr>
<td>End-of-Rotation Preceptor Evaluations</td>
<td>55</td>
</tr>
<tr>
<td>Student Evaluation of Preceptor &amp; Clinical Site</td>
<td>55</td>
</tr>
<tr>
<td>End of Rotation Examination</td>
<td>56</td>
</tr>
<tr>
<td>Remediation Procedures</td>
<td>56</td>
</tr>
<tr>
<td>Tips for Success on Rotations</td>
<td>55</td>
</tr>
<tr>
<td>Rotation Goals and Objectives</td>
<td></td>
</tr>
<tr>
<td>General Goals and Objectives for All Clinical Rotations</td>
<td>57</td>
</tr>
<tr>
<td>Clinical Rotations</td>
<td>60</td>
</tr>
<tr>
<td>Preparing for Graduation</td>
<td></td>
</tr>
<tr>
<td>Formative Evaluation</td>
<td>61</td>
</tr>
<tr>
<td>Summative Evaluation</td>
<td>62</td>
</tr>
<tr>
<td>MPAS Program Graduation Competencies</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Competencies</td>
<td>62</td>
</tr>
</tbody>
</table>

### PART III: APPENDICES

| Appendix A: Receipt and Acknowledgement Manual | 67 |
| Appendix B: Professional Development Assessment Tool | 68 |
| Appendix C: Learning Contract                | 70 |
| Appendix D: Competencies                    | 72 |
| Appendix E: Test Self Analysis              | 76 |
| Appendix F: Mid-Trimester Advisement Form   | 77 |
| Appendix G: Oral Case Presentation Assessment Rubric | 78 |
| Appendix H: Clinical Site Visit: Site Evaluation | 79 |
| Appendix I: Clinical Site Visit: Student Assessment | 80 |
| Appendix J: History & Physical Documentation Form | 81 |
| Appendix K: History & Physical Grading Rubric | 86 |
| Appendix L: Operating Procedure Note Documentation | 88 |
| Appendix M: Operating Procedure Note Grading Rubric | 89 |
| Appendix N: Behavioral Health History & Physical Documentation Form | 91 |
| Appendix O: Behavioral Health History & Physical Grading Rubric | 94 |
| Appendix P: End of Rotation Preceptor Evaluation of Student | 96 |
| Appendix Q: End of Rotation Preceptor Evaluation Grading Rubric - Skills | 98 |
| Appendix R: End of Rotation Preceptor Evaluation Grading Rubric - Professionalism | 100 |
| Appendix S: End of Rotation Student Evaluation of Clinical Site | 101 |
| Appendix T: Clinical Site Incident Report    | 103 |

### PART IV: ADDITIONAL RESOURCES

<table>
<thead>
<tr>
<th>Resource</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Review Commission on Education for the Physician Assistant</td>
<td>105</td>
</tr>
<tr>
<td>American Academy of Physician Assistants</td>
<td>105</td>
</tr>
<tr>
<td>National Commission on Certification of Physician Assistants</td>
<td>106</td>
</tr>
<tr>
<td>Florida Academy of Physician Assistants</td>
<td>106</td>
</tr>
</tbody>
</table>
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. 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 Adventist University Student Handbook. The MSPAS program reserves the right to update this Policy Manual without prior notice. In the event of an update without prior notice, all matriculated students will be provided with a written copy of any updated policies. A student’s continuation in the MSPAS program will be contingent upon submission of a signed and dated ‘Receipt and Acknowledgement’ form for the most recent update of the Policy Manual (see Appendix A).

Version: updated 05/2018
# Department of Physician Assistant
## Contact List

### Graduate Academic Dean
- **Don Williams, PhD** 407-303-9383  
  Don.Williams@adu.edu

<table>
<thead>
<tr>
<th>Department Chair/Program Director</th>
<th>Medical Director</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mark Payne, DHSc, PA-C, DFAAPA</strong></td>
<td>Ann Marie LeVine, MD</td>
</tr>
<tr>
<td>407-303-8778</td>
<td>407-303-8778</td>
</tr>
<tr>
<td><a href="mailto:Mark.Payne@adu.edu">Mark.Payne@adu.edu</a></td>
<td><a href="mailto:Ann.Levine@adu.edu">Ann.Levine@adu.edu</a></td>
</tr>
</tbody>
</table>

### Principal Faculty

<table>
<thead>
<tr>
<th>Ingrid Pichardo-Murray, DPT, MPAS, PA-C</th>
<th>407-303-8778</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Director</td>
<td><a href="mailto:Ingrid.Murray@adu.edu">Ingrid.Murray@adu.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edgar Jimenez, MD</th>
<th>407-303-8778</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Director</td>
<td><a href="mailto:Edgar.Jimenez@adu.edu">Edgar.Jimenez@adu.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Michael Cronyn, MPAS-PA-C</th>
<th>407-303-8778</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Faculty</td>
<td><a href="mailto:Michael.Cronyn@adu.edu">Michael.Cronyn@adu.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lee Ann Wetmore, BS</strong></td>
</tr>
<tr>
<td>Program Admission Manager</td>
</tr>
</tbody>
</table>

| Nazreen Ramtahall, BA                  | 407-303-8778 |
| Executive Assistant                    | Nazreen.Ramtahall@adu.edu |

| Jenicca Brown                          | 407-303-8778 |
| Clinical Program Manager               | Jenicca.Brown@adu.edu |
PART I:
GENERAL POLICIES AND PROCEDURES

Welcome to the Department of Physician Assistant Studies at Adventist 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 such as the Student Handbook and the Adventist University Graduate Catalog. It will provide you with important information as you progress through your studies.
WELCOME

On behalf of Adventist University and the faculty and staff of the Physician Assistant program, I would like to welcome you. We want to thank you for considering us in your education and career plans and appreciate you joining us. We believe you will find this a very beneficial and rewarding experience.

You are beginning your educational journey at a momentous time in the history of the Physician Assistant profession. 2015 mark the 50th anniversary of Eugene A. Stead, Jr., M.D. and Duke University announcement of an inaugural PA program which had accepted 4 former Navy corpsmen for a unique educational and training experience. We would like to think that you, as a member of the incoming class in the PA program here at ADU, will likewise embark on a new, exciting, and unique experience.

While this program will undoubtedly prove to be very challenging, we as the faculty and staff want you to know that we are committed to your success. We will make ourselves available to you for any questions, concerns or assistance you may need. Together we will forge a path of success in your education and subsequent career as a PA and lifelong learner.

Again, welcome to ADU and to the PA program. We look forward to our journey ahead with each of you. May God bless you in your future endeavors.

Sincerely,

Mark Payne, DHSc, PA-C, DFAAPA
Department Chair/Program Director
PROGRAM ACCREDITATION

STANDARD A3.02 The program must inform students of program policies and practices.

ARC-PA Accreditation Status

At its July 2017 meeting, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) placed the Adventist University of Health Sciences Physician Assistant program, sponsored by Adventist University of Health Sciences, on Accreditation-Probation status until its next review in June 2019.

Probation is a temporary status of accreditation conferred when a program does not meet the Standards and when the capability of the program to provide an acceptable educational experience for its students is threatened.

Once placed on probation, programs that still fail to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having their accreditation withdrawn.

Specific questions regarding the Program and its plans should be directed to the Program Director at pa.info@adu.edu and/or the appropriate institutional official(s).

ADU Explanation

The Adventist University of Health Sciences (ADU) Physician Assistant program has been, and remains, accredited. ADU is also accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award Certificates, Associate's, Baccalaureate's, Master's, and a Doctoral degree. As such, the pursuit of academic excellence continues to be the primary objective of the program faculty and the University administration.

The reasons for placing ADU on accreditation probation status pertains to administrative and assessment standards. While we are disappointed with the probationary status, students will be reassured to know:

- The content and quality of the curricular instruction is not in question.
- This does not affect currently enrolled, admitted, and prospective students on their journey toward program completion.
- Students can continue to apply, matriculate, graduate, take board examinations, obtain state licensing, and practice medicine.

The program and University administration have initiated an intensive plan of action to immediately address the accreditors’ concerns. We are confident that the corrective measures being implemented will meet or exceed the accreditation standards of the ARC-PA ultimately lifting the probationary status.

Additional questions may be directed to me at pa.info@adu.edu.
This policy manual is in part based on the 4th edition Accreditation Standards for Physician Assistant Education, published in September 2013. The Standards will be referenced throughout the manual, as they inform and guide the curriculum, policies and procedures adopted by the MSPAS program. The Standards constitute the requirements to which an accredited program is held accountable and provide the basis on which the ARC-PA will confer or deny program accreditation. According to the ARC-PA, “these Standards were initially adopted in 1971 and were revised in 1978, 1985, 1990, 1997, 2000, 2005, 2010, 2013, 2014, and 2016.

ARC-PA commissioners include individuals nominated from the collaborating organizations of the ARC-PA, which include:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Physicians
- American College of Surgeons
- American Medical Association
- Physician Assistant Education Association

The collaborating organizations cooperate with the ARC-PA to establish, maintain, and promote appropriate standards of quality for entry level education of PAs and to provide recognition for educational programs that meet the requirements outlined in the Standards. These Standards are used for the development, evaluation, and self-analysis of PA programs.

Physician assistants are academically and clinically prepared to practice medicine under the direction and responsible supervision of a Doctor of Medicine or osteopathic medicine. The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high-quality health care. Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is focused on patient care and may include educational, research, and administrative activities.

“The role of the Physician Assistant demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient’s welfare are essential attributes of the graduated PA. The professional curriculum for PA education includes basic medical, behavioral, and social sciences; introduction to clinical medicine and patient assessment; supervised clinical practice; and health policy and professional practice issues.

“The Standards recognize the continuing evolution of the PA profession and practice and endorse experiential competency-based education as a fundamental tenet of PA education. While acknowledging the interests of the sponsoring institution as it works with the program to meet the Standards, the Standards reflect a determination that a commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice. The Standards allow programs to remain creative and innovative in program design and the methods of curriculum delivery and evaluation used to enable students to achieve program goals.
and student learning outcomes. Mastery of learning outcomes is key to preparing students for entry into clinical practice.”

“The PA profession has evolved over time to one requiring a high level of academic rigor. Institutions that sponsor PA programs are expected to incorporate this higher level of academic rigor into their programs and award an appropriate master’s degree. The ARC-PA acknowledges ongoing changes in the delivery of health care and in the education of health professionals.”

- Accreditation Standards for Physician Assistant Education, 4th Edition

PROGRAM SPONSORSHIP AND PHILOSOPHY

Adventist 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, the developing curriculum, and vision of the founding program director and medical director, and the Academic Dean. As demonstrated below, the program mission statement reflects the underlying university mission statement.

University Mission Statement
Adventist University of Health Sciences, 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.

Vision Statements
The 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
ADU 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
ADU 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
ADU 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
ADU will be an institution where the wise stewardship of its human, intellectual, financial, and physical resources enables the University to achieve outcomes consistent with its mission.

Program Mission Statement
The Physician Assistant program seeks to educate individuals who desire to become knowledgeable, compassionate and spiritually uplifting healthcare providers. Whether they practice locally, nationally or globally, it is the intent of this program to graduate individuals who embrace a mission of service to others.

Program Vision statement

The Physician Assistant program fully embraces the Universities concept of nurture, excellence, spirituality and stewardship. These concepts are the embodiment of our mission and goal for our program and our graduates.

GOALS OF THE PHYSICIAN ASSISTANT PROGRAM

Upon completion of the program graduates will exhibit:

1. Proficiency in obtaining a thorough medical history and performance of a complete physical examination.

2. Effective communication with fellow healthcare team members, family members and patients.

3. The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.

4. A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.

5. Appropriate utilization and interpretation of medical diagnostics.

6. The capacity and ability to apply critical thinking into the evaluation and care of patients.

7. Basic knowledge of research designs and statistical methods and apply them to critical appraisal of scientific studies to enhance the graduate’s ability to diagnose and treat patients.

8. The ability to conduct one’s self in an ethical and moral manner.

9. The capacity to address the spiritual needs of patients.

10. Responsible and understanding behavior regarding social, community and environmental mores.


12. The ability to pursue appropriate steps toward board certification, licensure and employment as a Physician Assistant.

13. Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology and health care subspecialties to synthesize appropriate treatment plans.
DEPARTMENT FACULTY & STAFF

STANDARD A1.04 The sponsoring institution must provide the opportunity for continuing professional development of the Program Director and principal faculty by supporting the development of their clinical, teaching, scholarly and administrative skills.

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

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

STANDARD A2.14 In addition to the principal faculty, there must be sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession.

The faculty and staff of the PA Program at Adventist 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.

PROGRAM DIRECTOR

Mark Payne, DHSc, PA-C, DFAAPA

The program director is responsible for the oversight and operation of the PA program. The 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.

Dr. Payne practiced Emergency Medicine for over 28 years. He began his career in healthcare as an EMT, eventually becoming a Paramedic and working in the field for 6 years. Interaction with Physician Assistants at local Emergency Departments and hospitals led to a fascination with and determination to become a PA. He graduated from the PA program at Kettering College in 1988. Dr. Payne holds a Master of Science in Physician Assistant Studies from AT Still University, a Master of Arts in Emergency and Disaster Management from American Military University and a Doctor of Health Sciences, with a concentration in Advanced Physician Assistant Studies, from AT Still University.
**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 8 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 joins the faculty of Adventist University of Health Sciences.

**PRINCIPAL FACULTY**

**ACADEMIC DIRECTOR**

Ingrid Pichardo Murray, DPT, MPAS, 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. Pichardo Murray has earned a Bachelor’s of Science in Biology with a double minor in Chemistry and Psychology. She obtained a second Bachelor’s in Physical Therapy prior to obtaining her Master’s degree in
Physician Assistant studies. She has earned her Doctoral Degree in Physical Therapy and is currently enrolled to obtain a Doctorate in Education.

In recognition of her achievements, Dr. Pichardo Murray has been inducted into the Pi Alpha National Honor Society for Physician Assistants and Alpha Eta Society for Allied Health Professionals. One of her most prized achievements was being awarded the Golden Apple Award by the Class of 2012.

Dr. Ingrid Pichardo Murray joined the faculty at Adventist University of Health Sciences (ADU) as an Associate Professor and Academic Director. She graduated with a Master’s of Physician Assistant Studies from the University of Florida College of Medicine in 2001. For 8 years she practiced in the fields of orthopedic surgery, internal medicine, emergency medicine, and pediatrics. She embarked into the field of academia in March 2009. She was an integral faculty member at Nova Southeastern University (NSU) Orlando campus since the program’s early beginnings. At NSU, Dr. Pichardo Murray was an Assistant Professor and a Clinical Director. As a professor, she had the opportunity to teach Physical Diagnosis I -III, Medical History Taking, Anatomy, Nutrition and several Clinical Medicine courses. In Clinical Medicine, she developed and taught courses such as: Ear, Nose, and Throat, Pulmonology, Orthopedics, Infectious Disease, and Pediatrics.

During her interim in academia, she has been invited to be a speaker for FAPA conferences and has spoken nationally for board review courses. She has edited several Physical Therapy books and has recently authored a chapter in a genetics book.

**CLINICAL DIRECTOR**

Edgar Jimenez, M.D.

Dr. Jimenez graduated with a Bachelor of Arts in Chemistry from Southern Missionary College in Collegedale, Tennessee. He received his Doctor of Medicine from the University of South Florida in Tampa, Florida. After a Rotating Internship in Greenville, South Carolina he practiced Emergency Medicine for two years returning to complete his Obstetrics and Gynecology residency in Greenville, South Carolina. He practiced medicine in Western North Carolina and Orlando, Florida for approximately twenty years retiring in 2006. He joined the Physician Assistant program at ADU as Clinical Director in November 2015.
Instructional Faculty Members

Michael Cronyn, MPAS, PA-C

Michael Cronyn received his Masters in Physician Assistant Studies, Internal Medicine, from University of Nebraska and his BHS in Physician Assistant Studies, with honors, from the University of Florida. He is Board Certified in Advanced Diabetes Management, maintains his Registered Nurse License, and is Nationally Certified Diabetes Educator.

DEPARTMENT ADMINISTRATIVE SUPPORT

Department Admission Manager
Lee Ann Wetmore, B.S.

Ms. Wetmore is responsible for all aspects of admissions and enrollment for the department.

Ms. Wetmore graduated from Salem State University with a Bachelor of Science in Accounting. She worked for 11 years in a large community hospital with an Emergency Medicine Physician’s Group before joining the University.
Executive Assistant
Nazreen Ramtahall, B.A.

Mrs. Ramtahall is responsible for the overall office operations within the program.

Nazreen Ramtahall graduated from Ashford University with her Bachelors in Business Administration. Prior to her coming to ADU she worked at Florida Hospital in various roles for the last 10 years. Her most recent role was in Human Resources. Altogether she has 25 years of professional office administration.

Clinical Program Manager
Jenicca Brown

Mrs. Brown is responsible for the daily monitoring and orchestration of the clinical phase of the program.

CLINICAL PRECEPTORS

You will be assigned to a clinical preceptor at each of your clinical sites while on rotation during the second year of the program. Your preceptor will set your schedule and guide you through the daily routine of each rotation.

ADVISEMENT

Faculty advisors will meet with students during the first two weeks of the first trimester to discuss academic progression goals and other issues. 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, he/she should consult with the faculty advisor. The advisor will involve the Program Director or other University administrative personnel as the situation warrants.
Your advisor is not able to act as a medical provider for you. If you have a medical problem, you should seek assistance from student health services or another provider.

Your advisor is also not able to act as a mental health counselor for you. If you have nonacademic problems that require formal counseling, you may go to the Center for Academic Achievement (CAA) for counseling services. Please refer to the ADU student handbook for all of the support services available to all students.

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.

**PROGRAM ESSENTIAL FUNCTIONS**

*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 [http://www.adu.edu/academics/physician-assistant/technical-standards](http://www.adu.edu/academics/physician-assistant/technical-standards) for your reference.*

The Adventist University 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 on the basis of the disability.

In accord with federal regulations established by the Americans With Disabilities Act, the following standards are described to assist each candidate in evaluating his/her 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 Adventist University Master of Science in Physician Assistant Studies 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 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, as long as 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 of personal or medical problems. This requires training for emergencies (e.g., CPR, infection control).

It is each student’s responsibility to attend and travel to and from classes and clinical assignments on time and possess the organizational skills and stamina for performing 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 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, which 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 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 evaluation of abilities and reasoning skills.

*Additional standards relevant to specific discipline, 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.

*DISABILITY SERVICES*

All students with a documented disability who are seeking accommodations should contact the Office for Students with Disabilities (OSD) located in the CAA at least two weeks before the beginning of the trimester or immediately following any injury or illness. This recommendation is to ensure timely implementation of accommodations.
Information on Academic Accommodations

Faculty and staff members are required to provide reasonable accommodations to all students with disabilities who have provided appropriate documentation of the disability to the Office for Students with Disabilities (OSD). Therefore, all students requesting accommodations because of a disability should be referred to the OSD. Once the request has been made, the OSD will determine eligibility for disability-related services. Students must have a documented disability as defined by the Federal Rehabilitation Act of 1973, Section 504, and/or the Americans with Disabilities Act of 1990 (ADA).

If correct documentation has been submitted and a student qualifies for accommodation, the OSD will notify each instructor by letter. The letter from the OSD explains the accommodations necessary for that student. Please keep in mind that this information is to remain confidential and discussing accommodations with a student should be done discretely. If a student talks to a class member or another faculty member, that is his or her right, but not the right of the faculty member. All students sign a Release of Information Form so that the OSD may share the information with the necessary parties.

For each trimester, it is then the student’s responsibility to notify the OSD of his or her updated class schedule, and the OSD will, in turn, notify each instructor by letter. If a faculty member feels that he or she cannot implement all the recommended accommodations, the faculty member should contact the OSD to negotiate an acceptable alternative. The alternative will then be discussed with the student by the OSD and faculty member.

Here is a statement that may be included in your syllabus:

Students seeking accommodations must first contact the Office for Students with Disabilities (OSD) located within the Center for Academic Achievement (CAA), prior to or at the beginning of the trimester.

The student must provide the OSD the requested current, official documentation related to his or her disability. That documentation will be used to determine the type and extent of accommodation that is most reasonable and effective for that student. All forms can be found online on the CAA webpage behind the student login or within the CAA department itself.

If all forms have been completed, criteria met, and accommodations granted, the OSD will then notify each of the student's instructors of the accommodations that should be provided. The processing time for these forms is approximately two weeks.

For further information regarding Academic Accommodations, please contact the CAA.

PROFESSIONALISM

STANDARD C3.02 The program must document student demonstration of defined professional behaviors.

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. Academic, clinical, and professional development are intertwined and related to each other. A student’s growth in the academic and clinical areas may be dependent on his/her 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. PA 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 at:


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, 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 in 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 and nights.

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 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 are 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

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 (the First Professional Year)

• All students will be expected to wear conservative business casual attire
• No hats (men and women)
• No shorts, 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 Gross Anatomy Laboratory only. When required to be present at clinical sites, please observe guidelines below.

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

STANDARD B3.01 PA students must be clearly identified in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates.

• Professional dress is necessary for all clinical experiences and evening classes/meetings:

  ✓ Students will wear a clean, short white “consultation jacket”
  ✓ Males should wear a collared shirt with a tie
  ✓ Hair should be worn in a neat manner – no facial hair
  ✓ 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 prominently display, at all times, their identification issued from Adventist University, which contains the student’s name and the title “PA Student” (supplied by the program).

- Any additional dress requirements imposed by a clinical site supersede those of the program.

- “Scrub” should be worn in accordance with the clinical facility policy. 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 maintain a professional and calm demeanor at all times, even in emergency 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 University 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. 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. (ADU Policy https://www.adu.edu/campus/policies-and-campus-safety/alcohol-and-drug-policy)

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. Students must return messages from program staff, faculty, clinical preceptors, and clinical sites in a timely manner (i.e., in 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.

CRIMINAL BACKGROUND CHECKS

Candidates for admission must satisfy a Level One criminal background check before being accepted to the program. This information will be maintained in each student’s Verify Student account. It should be noted that some clinical sites may require updating of 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.

**PROFESSIONAL DEVELOPMENT ASSESSMENT TOOL**

The professional conduct of physician assistant students is evaluated on an on-going basis throughout the didactic and clinical years 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 Tool (PDAT) (see Appendix B) 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. This instrument is completed at the end of each trimester by your faculty advisor and upon completion of the program.

If there are issues regarding professional behaviors that occur during a trimester, your advisor 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 remain in the student file for the remainder of the academic year. If the behavior does not improve, the student can be subject to reprimand, disciplinary action, and/or dismissal.

**STUDENT CONDUCT IN CLINICAL FACILITIES**

Students enrolled in the MSPAS program are expected to conduct themselves in a professional manner at all times. 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.

**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 health care provider and should be the ultimate goal of every student striving for success.

**DIDACTIC CURRICULUM**

*STANDARD B1.02* The curriculum must include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.

*STANDARD B1.03* The curriculum must be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.

*STANDARD B1.04* The curriculum design must reflect sequencing that enables students to develop the competencies necessary for current and evolving clinical practice.

**PROFESSIONAL PHASE CURRICULUM**
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 4th Edition Standards, the program curriculum should prepare students “to provide patient centered care and collegially work in Physician-PA teams in an inter-professional team environment. The curriculum establishes a strong foundation in health information technology and evidence-based medicine and emphasizes the importance of remaining current with the continually changing nature of clinical practice.”

Further, according to the ARC-PA 4th Edition Standards, the professional curriculum for PA education should 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**

- Introduction to the PA Profession
- History and Physical Examination Skills
- Principles of Clinical Pharmacology
- Identity and Mission in Faith-Based Healthcare
- Gross Anatomy

**Year I Trimester II**

- Patient Assessment I
- Clinical Medicine I
- Patient-Centered Healthcare I
- Pathophysiology I
- Clinical Pharmacology I
- Healthcare Disparities I

**Year I Trimester III**

- Patient Assessment II
- Clinical Medicine II
• Patient-Centered Health Care II
• Pathophysiology II
• Clinical Pharmacology II
• Healthcare Disparities I

Year I Trimester IV

• Clinical Medicine III
• Clinical Research Methods
• Clinical Correlations
• Emergency Medicine
• Medical Procedures
• Clinical Orientation

Please refer to the online course catalog for further details:
http://catalog.adu.edu/preview_program.php?catoid=30&poid=370&returnto=2123#Curriculum

**CLINICAL CURRICULUM**

**STANDARDS A3.03** Students must not be required to provide or solicit clinical sites or preceptors. The program must coordinate clinical sites and preceptors for program required rotations.

Adventist 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**

**STANDARD B3.02** Supervised clinical practice experiences must enable students to meet program expectations and acquire the competencies needed for clinical PA practice.

**STANDARD B3.03** Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking: medical care across the life span to include, infants, children, adolescents, adults, and the elderly, women’s health (to include prenatal and gynecologic care), care for conditions requiring surgical management, including preoperative, intra-operative, and postoperative care, and care for behavioral and mental health conditions.
STANDARD B3.04 Supervised clinical practice experiences must occur in the following settings: outpatient, emergency department, inpatient, and operating room.

STANDARD B3.07 Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines: family medicine, internal medicine, general surgery, pediatrics, ob/gyn, and behavioral and mental health care.

Curriculum Outline - Year II

Year II Trimester I

- Clinical Rotation 1
- Clinical Rotation 2
- Clinical Rotation 3
- Clinical Seminar I

Year II Trimester II

- Clinical Rotation 4
- Clinical Rotation 5
- Clinical Rotation 6
- Clinical Seminar II
- Role Fidelity

Year II Trimester III

- Clinical Rotation 7
- Clinical Rotation 8
- Clinical Seminar III

Clinical Rotation Descriptions

Supervised clinical practice is paramount, as it becomes the primary focus of program Year II. By the completion of the program, each student will have completed clinical rotations in family medicine, internal medicine, pediatrics, women’s health, emergency medicine, general surgery, and behavioral health/psychiatry. 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
ADU 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.

Please refer to the online course catalog for further details:
http://catalog.adu.edu/preview_program.php?catoid=30&poid=370&returnto=2123#Curriculum

### ACADEMIC PERFORMANCE STANDARDS

**STANDARD C3.03** The program must monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.

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.

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 will be required to meet with their faculty advisor each midterm and at the completion of each trimester to assure all academic progression requirements are being successfully met. Your faculty advisor will file a Faculty Advisor Midterm Evaluation Form (Appendix F) for each of their advisees. Faculty advisors may also require more frequent meetings with a student as they deem necessary to assure that adequate academic progress is being maintained.

The Progression Requirement for Advancement from Didactic to Clinical Year:

Cumulative GPA of \( \geq 3.0 \) (please refer to Academic Standards and Policies Section 7d)

1. Includes professionalism grade within each course
2. Professionalism evaluated using the Professionalism Assessment Development Tool (PADT) in Appendix B.

Failure to complete the requirement will result in dismissal from the program.

**Academic Standards and Policies**

1. All students must maintain a cumulative GPA of 3.0 or better to remain in good academic standing in the program.
2. Students who fail any didactic year course are subject to dismissal from the program.
3. Students who fail a clinical rotation will be afforded one opportunity to repeat that rotation. When possible, the student will be required to repeat the failed rotation as their next clinical rotation but at a different clinical site. The Clinical Director will determine all specifics regarding the repeated clinical rotation and
all requirements for successful completion and program progression. It should also be noted that, necessity to repeat a clinical rotation may result in the delay of the student graduating from the program with their respective cohort. Students who have repeated a clinical rotation may need to remain for an additional 6-week rotation after their cohort have completed the program to afford the student’s ability to complete all programmatic requirements for successful graduation. A student is prohibited from repeating more than one clinical rotation.

4. The academic standing of each student will be reviewed at the end of each trimester.

5. 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 program director for determination of the student’s ability to continue in the program.

6. 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.

7. Didactic Year: Students receiving grades <75% on any exam or assignment, or who are not compliant with the professionalism requirements outlined in each course syllabus, will be expected to meet with the course instructor or their faculty advisor at the “earliest possible opportunity”. The student must complete a test self-analysis form (see Appendix E) and make an appointment to meet with the course instructor no later than 48 hours after a failed test. They 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 learning contract (Appendix C).
   a. The learning contract requires the student to actively participate in the identification of the suspected causative issue, the 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.
   b. 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.
   c. 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.
   d. A trimester grade of \( \geq 3.0 \) is expected throughout. The trimester GPA may drop \( \text{ONCE} \) below a 3.0 but no less than 2.85. All subsequent trimesters, before and after, must have a trimester grade of \( \geq 3.0 \). If a trimester grade is less than 2.85 or, if a second trimester cumulative grade is less than 3.0, these are deemed grounds for dismissal from the program.
   e. Remediation: Student remediation, relative to courses and the overall program, is addressed as a rolling process on an individual basis. Routine monitoring of student progress is conducted by course instructors and program faculty on a weekly basis. Remediation is accomplished through process described throughout this section. Academic deceleration is not offered in this program therefore it is the express intent of the remediation process that all student’s progress simultaneously in an academically successful manner throughout the duration of the program.
   f. A student who has withdrawn or been dismissed from the program, may request the opportunity to participate in an external remediation process. The student will be assigned and program faculty advisor who will review the student’s performance in the program. Based on the faculty advisor’s evaluation, a series of remedial steps will be given to the student in writing. This plan will be designed with the goal of strengthening the student’s identified weaknesses to offer the best possible chance to be successful in the program. The time frame of the external remediation plan will be subject to the stipulated plan and the final approval of the Program Director. Upon satisfactory completion of the
remedial plan, the student is eligible to reapply to the program and special note will be taken in the evaluation of candidacy for admission.

8. Life Event: If a student has been maintaining satisfactory academic progress and 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.

   a. Didactic Year: If an unavoidable life event occurs at any point during a didactic trimester, the student may be offered the opportunity to return at the beginning of the following didactic year as a new student.

   b. Clinical Year: If an unavoidable life event occurs at any point during the clinical year, the following constitutes guiding parameters:

      1. Absence from a clinical rotation up to 1 calendar week will be considered permissible. The student will be deemed able to successfully complete the rotation and retain eligibility for the end of rotation exam for that clinical rotation.
      2. An absence exceeding 1 calendar week but ≤6 calendar weeks, in a given rotation, constitutes the need to immediately repeat that clinical rotation.
      3. An absence of >6 weeks from clinical rotations will result in the student restarting the clinical year, from the beginning, with the commencement of the next clinical cohort.
      4. Any student whom has not fulfilled the requirements of any of one of the seven core clinical rotations, by the program completion date, will have the opportunity to complete 1 six-week clinical rotation. The rotation must commence immediately following the close of the final summer trimester and be completed in the allotted six-week time-period.

9. Student Test Self Analysis: If a student scores below 75% on any test in the didactic year, he/she must self-analyze the test using the “Test Self-Analysis” form (Appendix E). The test will be reviewed with the faculty member teaching that class to better understand the student’s errors. The student’s faculty advisor will be notified and will be forwarded a copy of the Test Self Analysis form. The “Test Self-Analysis” form will remain in the student’s file as a legal document.

10. **STANDARD A3.05 Students must not substitute for or function as instructional faculty.**

    **ANNOTATION:** Students with specific prior knowledge, experiences and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills. Students are not to be the primary instructor or instructor of record for any component of the curriculum.

    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 suffering academic difficulties secondary to their participation as a classroom/lab assistant will be required to immediately discontinue this activity.
Completion

Adventist University of Health Sciences 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 prescribed program curriculum successfully.
3. Completed a Capstone Project that has met or exceeds the standards of the University and the program.
4. Participated in the University Colloquium as instructed by the program.

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 Academic Standards and Policies Section 7d)
2. Lapses in professionalism*
3. Academic misconduct

*Students are subject to the policies found under the heading “Professionalism” found in this manual.

Academic Appeal Policy

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 Senior Vice President for 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 Senior Vice President for 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 Senior Vice President for
   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 Senior Vice President for Academic
   Administration is final.

**Student Grievance Policy**

For Student Grievance Policy please refer to the University Student Handbook.

**Leave of Absence**

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

*STANDARD A3.11 The program must define, publish and make readily available to faculty and students the*
*acilities and procedures for processing student grievances and allegations of harassment.*

The University’s Student Handbook provides a definition and procedure for members of the university who
perceive any potential harassment:

**Sex Discrimination and Sexual Harassment**

Below is a summary of the Title IX policy and the Complaint Resolution Procedures. The full policy
 can be accessed at https://my.adu.edu/university-services/new-student-orientation-resources. If there are
any discrepancies between this summary statement and the full policy, the full policy will prevail.

**Policy Statement**

Adventist University of Health Sciences (“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, Starr Bender, or the Deputy Title IX Coordinator, Karen Ordelheide (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 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 University’s expectations for academic integrity.

**POLICY ON ACADEMIC HONESTY AND INTEGRITY**

*STANDARD B1.05 The curriculum must include instruction about intellectual honesty and appropriate academic and professional conduct.*

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 policy found on page 31 of the Student Handbook states the following:

**Academic Integrity Policy**

The commitment to high Christian principles and values expressed in ADU’s statement on ethics calls for academic integrity to be foundational to ADU in all its operations. Students are expected to adhere to the ethical and professional standards associated with their programs and academic courses. Unethical or unprofessional behavior will be treated in the same way as academic misconduct.

**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, on any type of examination or evaluation, such materials, information, notes, study aids, or other assistance not specifically authorized by the instructor.

**Clarification**

Students completing such examinations or evaluations should not look at another student’s material nor use the external aids specified above unless the instructor has specifically indicated that this will be allowed.

Students may not take examinations or evaluations in the place of another person, nor may students allow another person to take examinations or evaluations in their place. Students may not acquire unauthorized information about an examination or evaluation and may not use such information acquired by others.

**Complicity**

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

**Clarification**
Students may not allow other students to copy from their papers during any type of evaluation or examination. Students may not before a scheduled examination provide substantive information about test questions or the material to be tested unless specifically authorized by the instructor to do so. 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. 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**

Students may not steal, change, or destroy another student’s work, nor impede the work of others by the theft, defacement, or mutilation of resources to deprive others of their use.

Students may not access or use patient information in ways which violates Health Insurance Portability and Accountability Act (HIPAA) regulations.

**Computer Misuse**

Any use of computers that is disruptive, including any actions violating the ADU *Students Computer Use Policy* is prohibited.

**Clarification**

1. Students may not monitor or tamper with another person’s electronic communications.

2. Students may not use the University computer systems to engage in illegal activities including, but not limited to, accessing other computer systems, exchanging stolen information, or violating copyright agreements which involve protected materials.

**Plagiarism**

Plagiarism is intentionally or carelessly presenting the work of another as one’s own. Students should consult with their instructor in any situation in which the need for documentation is an issue. Students will be deemed to have plagiarized in any situation in which such work is not documented.

**Clarification**

Every direct quotation must be identified either by quotation marks or by appropriate indentation and must be properly acknowledged either by a parenthetical citation in the text or by a footnote or an endnote.

Material from another source paraphrased or summarized in whole or in part and in one’s own words must be properly acknowledged by a parenthetical citation in the text or by a footnote or an endnote.
Information which is gained in reading or research and which is not common professional knowledge must be properly acknowledged by a parenthetical citation in the text or by a footnote or an endnote.

**Multiple Submissions**

Multiple submissions are the presentation of the same or substantially the same work for credit in two or more courses – work submitted for academic credit at this or another institution. Multiple submissions shall not apply when prior written approval has been given by the instructor in the current course.

**Clarification**

1. Students may submit prior academic work if there is substantial new work, research, or other academic endeavor involved. Prior to the submission, the student shall disclose the use of the prior work to the instructor and receive the instructor’s permission to use it.

2. Students may submit the same or essentially the same work simultaneously in two courses with prior written permission from all faculty involved.

**Misconduct in Research Endeavors**

Misconduct in research is serious deviation from the accepted professional practices within a discipline; or in carrying out, reporting, exhibiting, or reporting creative endeavors. It does not include unintended error or honest disagreement about the interpretation of data.

**Clarification**

Students may not report data dishonestly, whether by altering data, by improperly altering data, by selectively reporting or analyzing data, or by being negligent in collecting or analyzing data. Students may not represent another person’s ideas, writing, or data as their own. Students may not conceal or otherwise fail to report 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 *ADU Student Handbook*.

**Policies and Procedures for Dealing with Academic Misconduct**

Students suspected of academic misconduct, whether acknowledging involvement or not, shall be allowed to continue in the course without prejudice, pending completion of the disciplinary process. If the instructor must submit a final course grade before the case is resolved, then the student should be given an “Incomplete,” which will not affect his or her GPA.
1. An instructor or other staff member who suspects a student of academic misconduct or receives a complaint alleging misconduct that raises suspicion may consult the Office of the Senior Vice President for Academic Administration to learn whether there is any record of prior academic misconduct. The instructor will inform the student in writing within seven (7) days of discovering the misconduct. The instructor will include in the letter that he or she desires to meet with the student to discuss the allegation. The student must respond within seven (7) days from the date of the letter.

2. The instructor reviews all evidence, interviews any witnesses, meets with the student to discuss the allegation and to hear the student’s explanation. The instructor decides regarding the allegation. The student may have an ADU faculty or staff member of choice accompany him or her to the meeting with the instructor if he or she chooses.

3. If the student does not respond to the notification within seven (7) days, the instructor continues with the investigation and report without the student’s input.

4. If the instructor determines, after meeting with the student, that he or she did not violate the policy, the student will be notified in writing within seven (7) days.

5. If the instructor determines that the student has violated the policy, the instructor completes the Academic Dishonesty Report Form (ADRF) within five (5) days of the initial meeting with the student or from the end of the student’s seven (7) day response period. The student then has five (5) business days to respond and to attend a formal meeting with the instructor.

6. If the student fails to respond, the instructor completes the Academic Dishonesty Report Form and imposes a final academic sanction which may include referring the matter to the Senior Vice President for Academic Administration.

7. If the student responds, the student is given the ADRF and is asked to initial and sign the appropriate response. The student may have an ADU faculty or staff member of his or her choice accompany him or her to this meeting with the instructor if he or she chooses.

8. A copy of the ADRF is given to the student (if he or she responds), the Senior Vice President for Academic Administration, and the Department Chair. A copy is also given to the University Disciplinary Committee, if the matter is referred to them.

9. If the instructor takes no action within (5) five days of meeting with the student, the allegations will be considered dismissed. The disciplinary authority of the Adventist University of Health Sciences is vested in the President, those asked by the President to act on his or her behalf, and in the committees and administrators of ADU for whom jurisdiction may be conferred for specific cases or specific areas of responsibility.

If violations of academic integrity 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 Senior Vice President for Academic Administration. This action may include nullification of the degree awarded. Decisions of this nature may be appealed to the President of the 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:

1. Academic action
   May include altering a grade or assigning a failing grade for the assignment, examination, or course.

2. Disciplinary report
   All academic misconduct and sanction are recorded on an Academic Dishonesty Report Form which is kept on file with the Senior Vice President for Academic Administration for the duration of the student’s attendance at the University. If academic misconduct reoccurs, the report will be taken into consideration in determining further sanctions.

3. 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.

4. Probation
   There may be specific restrictions or extra requirements placed on the student for a specified period. These may vary with each case and may include action not academically restrictive in nature, such as restriction from participation in University activities or other requirements. Disciplinary action should be consistent with the philosophy of providing constructive learning experiences as a part of the probation. A student may be required to meet periodically with designated persons. Any further misconduct on the student’s part during the period of probation may result in disciplinary suspension or dismissal.

5. 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. A student seeking to attend the University after the conclusion of his or her suspension may apply for readmission to the University.

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

ACADEMIC SERVICES

Adventist University 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 A1.05 The sponsoring institution must provide academic and student health services to PA students that are equivalent to those services provided other comparable students of the institution.
ACADEMIC TUTORING

Early Alert

The Early Alert Program is offered through the Center for Academic Achievement (CAA). 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 in the CAA 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.

Center for Academic Achievement

Please see page 17 of the University Student Handbook for a complete listing of available services.

The Center for Academic Achievement (known as the CAA) believes that students should study smarter, not harder. That's why The Center helps students in the areas of Academic Advising, Tutoring, Counseling, Coaching, and Disability Services. The CAA is also the place where students can register and sign up for various exams and tests prior to starting their studies. For detailed information on any of the areas the Center specializes in, or to reserve a spot for a test, please call 407-303-7747, ext. 110-6413.

Tutorial Assistance

Tutoring for courses within the PA program should be arranged with the instructor of the specific course or the faculty advisor. Tutoring may be facilitated by the instructor or by a designated student assistant.

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 407-303-7747, ext. 110-6074 or email counseling@employee.ADU.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@employee.ADU.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

All students with a documented disability who are seeking accommodations should contact the Office for Students with Disabilities (OSD) located in the CAA at least two weeks before the beginning of the trimester.
or immediately following any injury or illness. This recommendation is to ensure timely implementation of accommodations.

**Information on Academic Accommodations**

Faculty and staff members are required to provide reasonable accommodations to all students with disabilities who have provided appropriate documentation of the disability to the Office for Students with Disabilities (OSD). Therefore, all students requesting accommodations because of a disability should be referred to the OSD. Once the request has been made, the OSD will determine eligibility for disability-related services. Students must have a documented disability as defined by the Federal Rehabilitation Act of 1973, Section 504, and/or the Americans with Disabilities Act of 1990 (ADA).

If correct documentation has been submitted and a student qualifies for accommodation, the OSD will notify each instructor by letter. The letter from the OSD explains the accommodations necessary for that student. Please keep in mind that this information is to remain confidential and discussing accommodations with a student should be done discretely. If a student talks to a class member or another faculty member, that is his or her right, but not the right of the faculty member. All students sign a Release of Information Form so that the OSD may share the information with the necessary parties.

For each trimester, it is then the student’s responsibility to notify the OSD of his or her updated class schedule, and the OSD will, in turn, notify each instructor by letter. If a faculty member feels that he or she cannot implement all the recommended accommodations, the faculty member should contact the OSD to negotiate an acceptable alternative. The alternative will then be discussed with the student by the OSD and faculty member.

Here is the statement that will be included in your syllabus:

Students seeking accommodations must first contact the Office for Students with Disabilities (OSD) located within the Center for Academic Achievement (CAA), prior to or at the beginning of the trimester.

The student must provide the OSD the requested current, official documentation related to his or her disability. That documentation will be used to determine the type and extent of accommodation that is most reasonable and effective for that student. All forms can be found online on the CAA webpage behind the student login or within the CAA department itself.

If all forms have been completed, criteria met, and accommodations granted, the OSD will then notify each of the student's instructors of the accommodations that should be provided. The processing time for these forms is approximately two weeks.

For further information regarding Academic Accommodations, please contact the CAA.

**FINANCIAL AID**

Paying for higher education can seem scary, but it doesn’t have to be. There are a variety of scholarships, grants, and financial aid options available to make your dream of studying at Adventist University a reality. The Financial Services pages of the ADU website contain useful information including a net price calculator that can give you a rough, comparable estimate of the cost to attend Adventist University.
Financial Services

H O U R S
Monday - Thursday 8:00 a.m. - 4:30 p.m.
Friday 8:00 a.m. - 3:00 p.m.
Appointments are recommended.

A D D R E S S
Financial Services
Adventist University of Health Sciences
671 Winyah Drive
Orlando, Florida 32803
Phone: (407) 303-6963 or 1631
Fax: (407) 303-7680
Email: finaid@adu.edu

UNIVERSITY LIBRARY

The R.A. Williams Library is housed in the Health and Biological Sciences building on campus and is open Monday – Thursday 8 a.m. – 9 p.m. and Friday 8 a.m. – 4:30 p.m. Closed Saturday. Sunday 3 p.m. – 9 p.m.

For further information and online services go to www.library.adu.edu

STUDENT HEALTH

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.

STANDARD A1.05 The sponsoring institution must provide academic and student health services to PA students that are equivalent to those services provided other comparable students of the institution.
STANDARD A3.09 Principal faculty, the Program Director, and the Medical Director must not participate as health care providers for students in the program.

STUDENT HEALTH SERVICES

Student Health

Student health services are not available on the campus of the University however, the adjacent Florida 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 program’s principal faculty, Program Director, and Medical Director will not participate as health care providers for students in the program.

MENTAL HEALTH AND COUNSELING

STANDARD A3.10 The program must have written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.
Counseling Center

The Center for Academic Achievement (CAA) is the primary source of counseling on the University campus. 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 Florida 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 A3.21 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 tuberculosis screening results which may be maintained and released with written permission from the student.

STANDARD A3.07 The program must have and implement a policy on immunization of students, and such policy must be based on current Centers for Disease Control recommendations for health professionals.

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 Adventist University, the University has contracted with VERIFY STUDENT to store, monitor, and maintain confidential student health records. VERIFY STUDENT is a confidential student health record and document repository service. Students will be provided information on establishing an account with VERIFY STUDENT. All records regarding student health, immunizations, drug screens, required professional certifications and other similar documentation will be required to be stored here.

In addition to storing student health information, VERIFY STUDENT will keep the director of clinical education at Adventist University up-to-date with the status of all student immunizations.

Requirements include:

1. Proof of personal health insurance throughout the entire program
2. Proof of a satisfactory physical examination
3. Proof of TB tine test (positive results will require the student to receive a chest x-ray and further evaluation)
4. Proof of Hepatitis B vaccine and positive Hepatitis B Antibody test
5. Proof of MMR vaccine or immunity
6. Proof of Varicella history or vaccination
7. Proof of tetanus/diphtheria/pertussis vaccine
8. Satisfactory drug screen
9. Satisfactory Level One criminal background check
10. Proof of current AHA BLS certification
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.

**INJURIES & NEEDLE STICK/BLOOD/BODILY FLUIDS CONTAMINATION PROTOCOL**

**STANDARD A3.08** The program must inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk.

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, or the emergency department. 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.

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 HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body 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:**

- Act as though all patients with whom you have contact have a potentially contagious blood borne disease.
- Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions.
- Avoid injuries from all “sharps”.
- Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
- Dispose of all “sharps” promptly in the appropriate special puncture resistant containers.
- Dispose of all contaminated articles and materials in a safe manner prescribed by law.

**In practice, using Universal Precautions also requires:**

- Washing hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
- 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:
1. Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin)
2. 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.

- Students will wear protective equipment as directed by their clinical preceptor or facility protocol
- 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 to 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 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 Adventist University nor the clinical sites, payment for assessment and treatment is the responsibility of the student and their insurance carrier.

All students who experience an injury or exposure must complete an incident report (see Appendix T) and submit it to the Program Director as soon as possible. However, students should not delay prompt evaluation and treatment to complete paperwork.
ABSENCE, LEAVE AND WITHDRAWAL

ABSENCE – GENERAL

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 your control occasionally arise, but you 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. Mild upper respiratory infections may not warrant missing course work or examinations. Weddings, family vacations, or expensive airline reservations may not be considered a valid excuse for missing an examination or requesting an alternative examination date. Unexcused absences may result in a score of zero on assignments and examinations. Make-up examinations may be offered at the discretion of the course instructor on a case-by-case basis. Make-up examinations may be given in an alternate format.

During the didactic year students are allowed three sick days. If a student determines that they are too ill to attend class, they must contact the department administrative assistant by 9:00am. Failure to notify the department by 9:00am will result in a subtraction of 10 points from the next exam for each course scheduled for that day. Any absence of two consecutive days or more requires a note from a health care provider regarding the illness. Friday and Monday will be considered consecutive absence. Failure to produce an acceptable note from a health care provider will result in immediate probationary status to last the remainder of the didactic year. Absence of more than the three allotted sick days without a documented medical excuse will result in immediate probationary status for the remainder of the didactic year. Any additional absence can be grounds for immediate dismissal.

Students who anticipate an absence in excess of 5 consecutive class days should consider filing a “Life Event Withdrawal” request with the Program Director, if applicable. (Refer to page 33 “Academic Standards and Policies” section 8)

**Anticipated Absence**

Students who know in advance that they will be absent due to events such as employment interviews and religious observances not provided for on the university calendar should clear the anticipated absence at least 30 days in advance. Time off must generally be made up within one week.

<table>
<thead>
<tr>
<th>Anticipated Absence</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Professional Year</td>
<td>Contact your faculty advisor at least 30 days in advance to discuss clearance.</td>
</tr>
<tr>
<td>Second Professional Year</td>
<td>Contact the Clinical Program Manager and your clinical preceptor at least 30 days in advance to discuss clearance.</td>
</tr>
</tbody>
</table>

**Unanticipated Absence**

Occasionally, a student is unable to attend class or rotation due to an unexpected personal or family emergency. Documentation of the event may be required by the Program.
<table>
<thead>
<tr>
<th>Unanticipated Absence</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Professional Year</td>
<td>Contact your faculty advisor or program secretary as soon as possible.</td>
</tr>
<tr>
<td>Second Professional Year*</td>
<td>Contact the Clinical Program Manager and your clinical preceptor as soon as possible.</td>
</tr>
</tbody>
</table>

**ABSENCE FROM EXAMINATIONS**

*Standard C3.01* The program must conduct frequent, objective and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components.

Students are required to be present for examinations as scheduled. Students who are late for examinations forfeit the time allotted and will not be permitted to recover that examination time. In the event of serious personal illness/injury or the death of an immediate family member, students may be excused from course work or examinations as necessary. The program may 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.

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.

**ABSENCE FROM CLINICAL ROTATION**

Attendance at clinical sites is an essential component of a student’s education. Each student will be allotted 5 excused absences for the entire clinical year to use in case of illness, job interviews or personal activities. These days must be approved by the Clinical Director and the clinical preceptor.

Students must inform their clinical preceptors and the program when, for any reason, they will not be at their clinical site. Students should contact the Clinical Program Manager via phone or email; they will in turn inform the Program Director.

**WEATHER-RELATED EMERGENCIES**

In the event of severe weather, students should check with the ADU webpage or call the university. 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.

**BEREAVEMENT**

Absence from class or a rotation will be granted for the death of a first-degree relative (parent, spouse, sibling, and child) or grandparent. The faculty advisor and Program Director should be consulted so that a study plan can be put in place to allow the student adequate time for make-up work.
LEAVE OF ABSENCE

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

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 may withdraw from the program by written request to the Program Director. It may be possible for a student who is withdrawing from the program to maintain matriculation at Adventist University. Students should consult with their faculty advisor and the University Student Handbook for further information.

COMMUNICATION

CELLULAR PHONES

Out of respect for your classmates and lecturers, please turn your cellular telephone off prior to class. This does not mean the vibrate setting, it means OFF.

EMAILS

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

EMERGENCY PHONE CALLS

Please inform friends and family that they should contact the program 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.

STUDENT REPRESENTATION

Each class may elect a class representative who will bring issues that affect the entire class to the attention of the Program Director.

The Adventist University of Health Sciences Physician Assistant Student Society (ADUPASS) will represent the entire student body of the PA Program. ADUPASS 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 ADUPASS 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 semester 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.

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 exams. 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.

HOLIDAYS

During the academic year of the program, students can observe the academic calendar issued by the university by logging onto http://catalog.adu.edu/content.php?catoid=36&navoid=2810

During the clinical year of the program, students will experience an irregular schedule. No student should make travel arrangements without consulting with the Clinical Program Manager / Clinical Director and his/her clinical preceptor.
PART II: CLINICAL YEAR

AFFILIATION AGREEMENTS

STANDARD A1.02 There must be written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for students.

Adventist 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.

STUDENT-INITIATED ROTATIONS

Students may seek to develop a new rotation site. There are a variety of reasons for doing so. Some students may wish to rotate through a specialty that is not currently available through the program. Others may desire to rotate close to home to establish contacts for employment. The program is happy to attempt to accommodate these requests as long as they remain in the State of Florida. However, students should recognize that when possible, it may often take months to set up such rotations. Please observe the following:
Students should allow at least six months for the necessary paperwork to be completed.

The student is responsible for identifying the site and forwarding the physician’s/preceptor’s contact information to the Clinical Director.

The Clinical Director will investigate the site to determine if it is an appropriate placement. A student may not have a relative serve as their preceptor.

Students are prohibited from contacting any other physician assistant program to inquire about their clinical placements.

**ROTATION-SPECIFIC POLICIES**

**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) 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.

**HOLIDAYS**

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 should be cleared by both the clinical preceptor and the Clinical Director. Holidays can be a difficult time for staffing a healthcare institution. Please be as flexible as possible. Any approved absences will be deducted from the student’s 5 personal days allotted for the clinical year.

**IDENTIFICATION**

In addition to displaying an appropriate identification badge prominently, 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 for time off for interviews should be cleared with the Clinical Director and the clinical preceptor. These approved absences will be deducted from the student’s 5 excused absences allotted for the clinical year.

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 proficient.

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. Your schedule will vary widely among specialties and clinical sites. On some rotations students may be required to take overnight call or cover weekend or overnight shifts. Sites will appreciate flexibility on your behalf, and some of the best learning opportunities occur “after hours.”

STUDENT SCOPE OF PRACTICE

STANDARD A3.06 Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.

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 to orientation sessions, parking, identification, etc. 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). Some sites may be reached by public transportation, but most students will require a car for reliable transportation.

SITE VISITS

STANDARD C4.01 The program must define, maintain and document effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures.

STANDARD C4.02 The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

A faculty member (usually the Clinical Director) will be performing on-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. Second, site visits help
faculty observe the progress of each student and observe the interactions between student, patient, and preceptor.

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 one or more patients during a site visit. (Appendix G). Students will be asked to be prepared to present a patient in any, and potentially in all, of these 3 formats:

- **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.
- **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.
- **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 and may be unannounced.

Clinical Site Visit – Site Evaluation (see Appendix H)
Clinical Site Visit – Student Assessment (see Appendix I)

**ACADEMIC REQUIREMENTS FOR CLINICAL COURSES**

**Typhon Physician Assistant Student Tracking (PAST)**

The MSPAS program uses an Internet-based system to assist with collecting documentation. The system is called PAST. Orientation regarding the operation of this system will be provided to students prior to beginning clinical rotations.
CLINICAL LOGS

Clinical logs are designed to help the program track the student’s experiences through clinical rotations. Filling out logs thoroughly and accurately will help to ensure that students are receiving a quality clinical education. Documentation for diagnoses seen and procedures performed will be submitted through the PAST system. These logs must be completed prior to progression to the following rotation. A cumulative profile will be generated at the end of the clinical year in order to assist the student in obtaining a professional position.

WRITTEN ASSIGNMENTS

Written assignments based on actual patient contact/patient care will be required on each clinical rotation. Please refer to the PA Program Learning Objectives for required written assignments, as these vary depending on the rotation being performed. These written assignments may include comprehensive history and physicals, focused history and physicals admission notes with HPI, procedure notes, progress notes and/or delivery notes from your clinical experience. All assignments must be sanitized, i.e., no site names, physician names, or patient identifiers shall appear in these written assignments.

History & Physical Documentation Form (Appendix J)
History & Physical Grading Rubric (Appendix K)
Operation Procedure Note Documentation Form (Appendix L)
Operation Procedure Note Grading Rubric (Appendix M)
Behavioral Health H&P Documentation Form (Appendix N)
Behavioral Health H&P Grading Rubric (Appendix O)

END-OF-ROTATION PRECEPTOR EVALUATION

The program has adopted a standard grading rubric for clinical preceptors. Clinical preceptors will submit an End-of-Rotation Preceptor Evaluation form (see Appendix P). Students will be evaluated by each clinical preceptor on the basis of their general medical background, knowledge, and ability to obtain a medical history and perform an appropriate physical examination (see Appendix Q). Included in the evaluation will be the student’s interpersonal skills/communication skills, student’s rapport with patients and co-workers, and the student’s professional appearance and demeanor (see Appendix R).

Students are giving the evaluation during their third call-back day along with an unsealed university envelope. Students are encouraged to set up an “exit interview” during the last week of their rotation to discuss their performance during the rotation. 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 Clinical Program 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. This evaluation represents 40% of the final rotation grade.

STUDENT EVALUATION OF PRECEPTOR & CLINICAL SITE

The student evaluation is designed to provide the program with student feedback regarding each preceptor and clinical site. It is used to evaluate and improve the site and in turn the student’s clinical experience. This
process is important for continued quality control and feedback. Students are expected to fill out this evaluation online before taking the EOR exam (see Appendix S).

**END OF ROTATION EXAMINATION**

The Physician Assistant Education Association End of Rotation™ Examination (PAEA EOR Exam) is given after each core rotation, typically on the last Friday of each core rotation. PAEA End of Rotation™ Exams focus on assessing the relevant medical knowledge gained during specific clinical practice experiences gained in seven core clinical areas. The exam 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 exam can better assess students’ capacity for problem solving and critical thinking.

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. If a student scores below the minimum benchmark on an EOR exam, they will be required to remediate and retest (as directed by the Clinical Director or the Program Director). Students are not allowed to discuss the EOR exams, remediation assignments or retesting exams at any time with other students. If a student does not complete the remediation assignment in full, he/she may not be allowed to remediate in the future.

Please refer to the PAEA website for further details on content topics identified in the blueprints, [http://www.endofrotation.org/exams/sample-exam/](http://www.endofrotation.org/exams/sample-exam/)

**REMEDICATION PROCEDURES**

*STANDARD C3.03: The program must monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.*

Remediation is an adjunctive learning strategy that must be performed to address knowledge deficits. Students who score less than the minimum benchmark on their original PAEA EOR Exam will have an opportunity to remediate and retest. All students must utilize two methods of remediation; the standardized remediation instruments including: 1) supplemental learning exercises using Med Challenger, and 2) taking an EOR remediation examination. Further details on the remediation process please refer to the core rotation learning objectives.

**TIPS FOR SUCCESS ON ROTATIONS**

**Know the Clinical Site**

- You must contact most preceptors 1-2 weeks prior to starting a new clinical rotation. Inquire about parking, IDs, etc.
- Every effort has been made to maintain and update appropriate contact information for clinical sites. Nevertheless, minor problems may occur. It is necessary to maintain professionalism and flexibility when faced with such changes. First, try to resolve any discrepancies on your own. Call the Clinical Program Manager if this is not possible. Please notify the Clinical Program Manager if you were supplied errored instructions so corrections can be made.
- Inquire about, or confirm, what available conferences you might attend (grand rounds, daily/weekly conferences, CME presentations, etc.).
Things to Discuss with Your Preceptor

- Confirm your time scheduled and specific duties (when to report to your rotation, on-call schedule, rounds, weekend hours, etc.).
- Work with your preceptor or office manager on a 6-week schedule and submit back to the Clinical Program Manager.
- Identify special interests, whether it is procedures or particular cases relevant to the rotation.
- Ask what is expected of you. Where you are to be and at what time?

Additional Considerations

- What you gain from the clinical rotation is equal to the effort you put forth.
- In general, preceptors will give students as much hands-on experience as the preceptor feels that the students are capable of handling.
- Be courteous and pleasant to everyone.
- Develop and maintain a professional attitude.
- Be helpful to the preceptor and staff.
- Read about the disease processes you encounter each day.
- Take initiative.
- You may encounter harsh criticisms at times. Try to learn from the feedback. Do not be argumentative or disrespectful. Humility is usually very helpful and effective.
- Be prepared to discuss and answer questions about any disease or procedure encountered during your rotation.
- Be prepared to study and read at least two hours per day.
- You may not always be permitted to write on charts. If this is the case at your site, practice writing notes on separate sheets and have preceptors critique them.
- While on rotations, actively look for work that you can do to help improve patient care.
- Report early, stay late, volunteer for call.

If any concerns arise during rotations, please notify the Clinical Director or Clinical Program Manager as soon as possible. 407-303-8778

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, proficiency, 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

- Approach a patient in any clinical setting and establish appropriate rapport with the patient and the patient's family.
- 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.
- Determine the best (most appropriate) source of historical data when the patient is unable to provide the information.
- Elicit a complete medical history that should include:
  - Determination of the chief complaint.
  - 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.
  - Review of the course since onset of primary symptom: incidence, progress, and effect of therapy.
  - 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.
  - Organization of a complete past history that includes childhood medical history, adult medical history, history of previous surgery, history of previous hospitalizations, history of injuries, allergies, and immunizations.
  - 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.
  - 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.
  - 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.
- Provide written documentation of a complete medical history in a format approved by the faculty of the MSPAS program.

PHYSICAL EXAMINATION

- 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.
- Perform an appropriate physical examination and recognize normal and abnormal findings.
- Perform the physical examination while maintaining an awareness of, and responding to, the patient's discomfort and/or apprehension.
- Perform the physical examination utilizing all diagnostic equipment properly (e.g., sphygmomanometer, stethoscope, otoscope, ophthalmoscope, tuning fork, percussion hammer, etc.).
- Perform the physical examination using proper techniques of physical examination (e.g., technique of percussion, palpation, auscultation, and inspection, as well as special maneuvers such as straight leg raise or testing for meningeal or peritoneal irritation).
- 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 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:
  - Develop a problem list
  - Formulate a differential diagnosis (assessment)

THERAPEUTIC ANALYSIS:

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

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

GENERAL SKILLS AND PROCEDURES

Perform and become proficient in the following procedures:

A. Venipuncture
B. Initiation of intravenous infusions
C. Placement of nasogastric tubes
D. Administration of intradermal tests
E. Administration of medications - i.e., topical, oral, IM, and IV
F. Obtain and interpret electrocardiograms
G. Aseptic technique
H. Isolation technique
I. Perform CBC, urinalysis and other office laboratory procedures as indicated including
gram stains, acid-fast stain, stool guaiac, etc.

J. Collect specimens for blood cultures, urine cultures, and stool cultures
K. Draw arterial blood
L. Prepare and interpret cultures
M. Obtain Papanicolaou cytosemears
N. Perform CPR and defibrillation
O. Assisted respiration - i.e., familiarity with respirators
P. Insertion of urinary bladder catheters
Q. Anoscopy and Proctoscopy
R. Wound care and dressing changes
S. Suturing and suture removal
T. Insert central venous lines
U. Perform endotracheal intubation and aspiration
V. Insert chest tubes
W. Perform thoracentesis
X. Perform paracentesis
Y. Learn principles of use and interpretation of fundamental radiographs (X-rays)
Z. Learn principles of use and interpretation of basic clinical ultrasonography

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 the students' supervising physician. The students will also be available, when time permits, to assist in other procedures involving patients other than their own.

**CLINICAL ROTATIONS**

**B3.03 Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking:**

a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly,

b) women’s health (to include prenatal and gynecologic care),

c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care and

d) care for behavioral and mental health conditions.

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

a) outpatient,

b) emergency department,

c) inpatient and
Students in the MSPAS program will rotate in 7 mandatory specialties including Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, General Surgery, Women’s Health and Behavioral Health/Psychiatry. These clinical rotations will offer students the opportunity to be exposed to a variety of illness and injury states as well as being exposed to various patient populations.

Students will also experience one clinical elective rotation. The clinical elective rotation 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 for further follow up and affiliation.

**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.

**FORMATIVE AND SUMMATIVE EVALUATIONS**

*STANDARD C3.04 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 is prepared to enter clinical practice.*

**FORMATIVE EVALUATION**

Formative Evaluation of students is a multi-step process which begins at the mid-point of the 2nd year:

1. **SUMM I**: 360 multiple-choice questions, 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 year. Students will be able to discuss with their
advisors a study strategy that they can pursue over the break to prepare for the second year and the PANCE evaluation.

2. Spring Trimester, 2nd Year: PACKRAT (Physician Assistant Clinical Knowledge Rating and Assessment Tool) examination is a self-assessment tool administered at the end of the clinical year 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. Cost of the examination is the responsibility of the student.

3. Physician Assistant Competencies: A Self Evaluation Tool (see Appendix D): 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 1st year and again at the end of the 2nd year to show progress.

SUMMATIVE EVALUATION

Summative Evaluation in the 2nd year occurs by utilizing three tools:

1. Summer Trimester, 2nd Year OSCE: This hands-on examination is designed specifically to test the PA student’s clinical competence.

2. Summer Trimester, 2nd Year: SUMM II is 700 question multiple-choice examinations given over 2 days. 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.

3. Summer Trimester, 2nd Year: Physician Assistant Competencies: Self Evaluation will be completed and reviewed by students with their advisor at the end of the clinical year.

MSPAS PROGRAM GRADUATION COMPETENCIES

These competencies outline the expected outcomes for MSPAS graduates from Adventist 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 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.

Any PA program can be challenging at times. During those times, the PA faculty and staff suggest that you refer to the program outcomes, 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 ADU 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:

- Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or laboratory studies
- 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
- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data
- Appropriately use history and physical examination findings and diagnostic studies to formulate a differential diagnosis
• Provide appropriate care to patients with chronic conditions

*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:

• Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information

• Appropriately adapt communication style and messages to the context of the individual patient interaction

• Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group

• Apply an understanding of human behavior

• Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety

• 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:

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

• Demonstrate caring and respectful behaviors when interacting with patients and their families

• Gather essential and accurate information about their patients
• Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment

• Develop and carry out patient management plans

• Counsel and educate patients and their families

• Competently perform medical and surgical procedures considered essential in the area of practice

• 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 PAs 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:

• Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant

• Professional relationships with physician supervisors and other health care providers

• Respect, compassion, and integrity

• Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices

• Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

• 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:

- Locate, appraise, and integrate evidence from scientific studies related to their patients’ health problems
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- 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. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

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

PART IV: APPENDICES

This section contains examples of forms that you will use frequently during your time with us.
APPENDIX A

Receipt and Acknowledgement of Program 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 Adventist University of Health Sciences. I have also been advised that I am subject to the institutional policies and procedures contained within the 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 Adventist University of Health Sciences. 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.

______________________________
Print name

______________________________
Sign name

______________________________
Date

NOTE: Please print a copy of this form, sign, date and return to the Physician Assistant office at your earliest convenience.
## APPENDIX B

### Professional Development Assessment Tool

<table>
<thead>
<tr>
<th>Assessment Category</th>
<th>Always</th>
<th>Usually</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student exhibit a positive and professional attitude?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student exhibit emotional stability, maturity, empathy, and physical and mental stamina?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student maintain current immunizations, CPR, and background checks?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student act appropriately in stressful situations?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the student report any physical handicap or health issues that may affect his/her ability to provide safe, effective medical care?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Professional</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student show respect for other students and faculty members?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student comply with dress codes on campus and/or clinical sites?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Is the student and on time for classes and clinical rotations?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student exhibit unprofessional behavior (including unnecessary conversations in class during lectures or laboratory sessions)?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Is the student able to work cooperatively, promoting and preserving relationships with peers and other members of the health care team?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student demonstrate ability to learn and function in a wide variety of didactic and clinical settings? This includes demonstrating cognitive abilities necessary to master relevant content in basic science and clinical courses to provide the standard of care.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Is there evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling, and vocabulary?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student exhibit academic integrity?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student demonstrate adaptability relative to changing situations, environments, and new information?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Clinical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student protect the patient’s safety and promote the patient’s well-being?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student uphold ethical standards for health care?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student provide competent medical care and extend to each patient the full measure of professional ability as a dedicated, empathetic student healthcare provider during clinical rotations?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student provide competent medical care under the supervision of an assigned preceptor?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student demonstrate the ability to learn and function in a wide variety of clinical settings?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Comments**
Learning Contract

1. Issue leading to the implementation of this learning contract: i.e. unsatisfactory academic progress, professionalism or other.

2. Identify the most likely causative factor(s) of this issue:
   a.
   b.
   c.

3. Identify the corrective plan indicating at least 3 specific actionable items:
4. Indicate specific objectives for the plan


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

Faculty Advisor

__________________________________

Print

__________________________________

Signature

______________

Date

Reevaluation

1. Have learning objectives been met?  Yes___  No___

2. Will another learning contract be required?  Yes___  No___

3. Has student met requirements for satisfactory academic progression?  Yes___ No___

__________________________________  ____________

Faculty Advisor                                                Date
APPENDIX D

Competencies

Student Name: ________________________________________________ Date:_________

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.

Physician Assistant Competencies: A Self-Evaluation Tool

Rate your strength in each of the competencies using the following scale:
1 = Needs Improvement 2 = Adequate 3 = Strong 4 = Very Strong

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:

<table>
<thead>
<tr>
<th>Competency</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify signs and symptoms of medical conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select and interpret appropriate diagnostic or laboratory studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify appropriate interventions for the prevention of pathophysiologic conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the appropriate methods to detect pathophysiologic conditions in an asymptomatic individual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide appropriate care to patients with chronic pathophysiologic conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interpersonal and Communication Skills
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 patients’ families, physicians, professional associates, and the health care system. Physician assistants are expected to:

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

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:

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

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 PAs 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:

<table>
<thead>
<tr>
<th>Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional relationships with physician supervisors and other health care providers</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Respect, compassion, and integrity</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Responsiveness to the needs of patients and society</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Develop and carry out patient management plans</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Accountability to patients, society, and the profession</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Commitment to excellence and on-going professional development</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Self-reflection, critical curiosity, and initiative</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Practice-Based Learning and 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:

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

**System-Based Practice**

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. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

<table>
<thead>
<tr>
<th>Task</th>
<th>Priority</th>
<th>Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use information technology to support patient care decisions and patient education</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Effectively interact with different types of medical practice and delivery systems</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Understand the funding sources and payment systems that provide coverage for patient care</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Practice cost-effective health care and resource allocation that does not compromise quality of care</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Advocate for quality patient care and assist patients in dealing with system complexities</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>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</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Apply medical information and clinical data systems to provide more effective, efficient patient care</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Use the systems responsible for the appropriate payment of services</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
APPENDIX E

Adventist University
PA Program
Test Self Analysis

____________________________
Student name

1. How much time did you spend studying for this exam?_______

2. In what areas did you concentrate your studies, by percentage?
   a. textbook reading _____
   b. reviewing related homework assignments/projects _____
   c. reviewing your notes _____
   d. studying with fellow classmates _____
   e. other study sources _____
      specify ____________________________________________

3. After reviewing your exam, where were your weaknesses?
   ______________________________________________________
   ______________________________________________________

4. Based on your responses to the above questions, develop a plan of action to improve your outcome on the next exam 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. _________________________________________________

Note: This analysis and plan of action must be approved by your course instructor or your faculty advisor.

____________________________  ______________________________
Student Signature                           Instructor/Faculty Advisor signature
## Mid-Trimester Advisement Form

**General Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you feel about your performance in the program so far?</td>
<td></td>
</tr>
<tr>
<td>What courses are you least concerned about?</td>
<td></td>
</tr>
<tr>
<td>What courses are you most concerned about?</td>
<td></td>
</tr>
<tr>
<td>What factors, outside school, do you feel are having a positive or negative effect on your progress?</td>
<td></td>
</tr>
<tr>
<td>What factors, in school, do you feel are having a positive or negative effect on your progress?</td>
<td></td>
</tr>
<tr>
<td>What do you feel would be most helpful, at this point, to your achievement of success?</td>
<td></td>
</tr>
</tbody>
</table>

---

**Signature**

---

**Faculty Notes/Follow Up:**
Student’s Name: ________________________________
Core Rotation: ___________ Date: ______________
Case: __________________

Please score the student’s performance in each of the categories using a scale of 1-5.

1. The expectation was not met and/or unclear.
2. The expectation was addressed but lacked clarity and accuracy.
3. The expectation was met with clarity and accuracy. It had 3 or 4 minor errors.
4. The expectation was met with clarity and accuracy. It had 1 or 2 minor errors.
5. The expectation was developed and presented without error.

<table>
<thead>
<tr>
<th>Was the case report organized and logical?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the assessment consistent with subjective and objective findings?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the plan appropriate for the assessment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the student able to appropriately answer questions, including discussing standard of care?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the case report concise (see table below)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Case report) | Yes | No |
---|---|---|
Chief Complaint |   |   |
HPI |   |   |
PMHx |   |   |
FHx |   |   |
SHx |   |   |
ROS |   |   |
Descriptive Phrase |   |   |
Vital Signs |   |   |
PE |   |   |
Assessment |   |   |
Plan |   |   |

Total Score _____/25

Faculty: __________________ Signature: ____________________

Comments:
### APPENDIX H

#### Clinical Site Visit: Site Evaluation

<table>
<thead>
<tr>
<th>Clinical Site:</th>
<th>Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor:</td>
<td>Rotation:</td>
</tr>
<tr>
<td>Type of Clerkship:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose of Visit</th>
<th>Setting</th>
<th>Type of Care</th>
<th>Patient Contacts per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Student Initiated</td>
<td>___Outpatient</td>
<td>___Preventive</td>
<td>___1-5 patients</td>
</tr>
<tr>
<td>___Preceptor Initiated</td>
<td>___Inpatient</td>
<td>___Acute</td>
<td>___5-10 patients</td>
</tr>
<tr>
<td>___Random Assessment</td>
<td>___Emergency Dept.</td>
<td>___Emergent</td>
<td>___10-15 patients</td>
</tr>
<tr>
<td>___Performance Follow-up</td>
<td>___Operating Room</td>
<td>___Chronic Care</td>
<td>___15-20 patients</td>
</tr>
</tbody>
</table>

### Preceptor Orientation & Essential Core Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor has program manual and is aware of resources</td>
<td>___yes</td>
<td>___no</td>
</tr>
<tr>
<td>Preceptor has reviewed objectives</td>
<td>___yes</td>
<td>___no</td>
</tr>
<tr>
<td>Preceptor provides student with orientation to site &amp; access to the facility</td>
<td>___yes</td>
<td>___no</td>
</tr>
<tr>
<td>Preceptor provides student with adequate opportunity to see patients &amp; perform skills</td>
<td>___yes</td>
<td>___no</td>
</tr>
<tr>
<td>Preceptor provides student feedback</td>
<td>___yes</td>
<td>___no</td>
</tr>
<tr>
<td>Preceptor has evaluation forms</td>
<td>___yes</td>
<td>___no</td>
</tr>
<tr>
<td>Preceptor is aware of grading criteria</td>
<td>___yes</td>
<td>___no</td>
</tr>
<tr>
<td>Students are counted as providers or administrative staff</td>
<td>___yes</td>
<td>___no</td>
</tr>
<tr>
<td>Safety concerns</td>
<td>___yes</td>
<td>___no</td>
</tr>
</tbody>
</table>

### Faculty Evaluation Based on Interview…

| Comments on preceptor performance: |
| Comments on clinical site: |
| Suggestions to improve preparation for site: |
| Suggestions to improve clinical facility: |
| Areas where ADU can assist: |

### Final Assessment:

- [ ] Satisfactory
- [ ] Unsatisfactory

Faculty: _____________________________

Signature: ___________________________
APPENDIX I

# Clinical Site Visit: Student Assessment

<table>
<thead>
<tr>
<th>Clinical Site:</th>
<th>Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor:</td>
<td>Rotation:</td>
</tr>
<tr>
<td>Type of Clerkship:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Purpose of Visit: (circle one)
- Student Initiated
- Preceptor Initiated
- Performance Follow-up
- Random Assessment

### Preceptor Evaluation of Student

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunity to meet clinical objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge Base</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequately prepared to begin rotation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student as compared to peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance/Conduct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient interactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff interactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety/Conduct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(under supervision)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comments:

Final Assessment: [ ] Satisfactory [ ] Unsatisfactory

Preceptor Signature: ___________________________ Faculty Signature: ___________________________
APPENDIX J

History and Physical Documentation

Date: __________________

Provider: ____________________________

Setting: __________________________________________________________________________________________
________________________________________________________________________________________

Patient Information: (Age & Date of Birth, NO Patient Name)
________________________________________________________________________________________
________________________________________________________________________________________

Allergies: (Reactions)
________________________________________________________________________________________
________________________________________________________________________________________

Chief Complaint:
________________________________________________________________________________________
________________________________________________________________________________________

History of Present Illness:
________________________________________________________________________________________
________________________________________________________________________________________

Past Medical History: (Childhood & Adult Illness)
________________________________________________________________________________________
________________________________________________________________________________________

Past Surgical History:
________________________________________________________________________________________

OB/GYN History: (Last Menstrual Period, Pregnancies, Birth Control, STD’s, etc.)
________________________________________________________________________________________
________________________________________________________________________________________

Psychiatric History:
________________________________________________________________________________________

Hospitalizations/ER Visits:
________________________________________________________________________________________
Health Maintenance: (Immunizations/Screening Tests/ Lifestyle Issues/Home Safety)

__________________________________________________________________________________________

Screenings: (Mammograms, PSA, Colonoscopy, etc.)

__________________________________________________________________________________________

Medications:

__________________________________________________________________________________________

Family History: (Pertinent +/- & Family Genealogical Diagram)

__________________________________________________________________________________________

Personal & Social History: (Tobacco/Alcohol/Drug use, Occupation, Family Situation, Employment, Recent Travel, etc.).

__________________________________________________________________________________________

Spiritual History:

__________________________________________________________________________________________

**Review of Systems**

General/Constitutional:

__________________________________________________________________________________________

Skin:

__________________________________________________________________________________________

Head:

__________________________________________________________________________________________

Eyes:

__________________________________________________________________________________________

Ears:

__________________________________________________________________________________________

Nose:

__________________________________________________________________________________________
Hematologic:
__________________________________________________________________________________________
__________________________________________________________________________________________

Endocrine:
__________________________________________________________________________________________
__________________________________________________________________________________________

Allergy/Immunologic:
__________________________________________________________________________________________
__________________________________________________________________________________________

**Physical Examination**

General:  (Alert, Distress Level, *mild/moderate/severe*, Anxious, Agitated, Sedation)
__________________________________________________________________________________________
__________________________________________________________________________________________

Vital Signs:
__________________________________________________________________________________________
__________________________________________________________________________________________

Skin/Hair/Nails:
__________________________________________________________________________________________
__________________________________________________________________________________________

Head:
__________________________________________________________________________________________
__________________________________________________________________________________________

Eyes:
__________________________________________________________________________________________
__________________________________________________________________________________________

Ears:
__________________________________________________________________________________________
__________________________________________________________________________________________

Nose:
__________________________________________________________________________________________
__________________________________________________________________________________________

Throat/Mouth:  (Include dental/gingival)
__________________________________________________________________________________________
__________________________________________________________________________________________

Neck:
__________________________________________________________________________________________
__________________________________________________________________________________________
Chest/Lungs:
__________________________________________________________________________________________
__________________________________________________________________________________________

Breasts/Axillae:
__________________________________________________________________________________________
__________________________________________________________________________________________

Cardiovascular:
__________________________________________________________________________________________
__________________________________________________________________________________________

Abdomen:
__________________________________________________________________________________________
__________________________________________________________________________________________

Genitalia:
__________________________________________________________________________________________
__________________________________________________________________________________________

Peripheral Vascular:
__________________________________________________________________________________________
__________________________________________________________________________________________

Musculoskeletal/Extremities:
__________________________________________________________________________________________
__________________________________________________________________________________________

Neurologic: (mental status, cranial nerves, motor, sensory, reflexes)
__________________________________________________________________________________________
__________________________________________________________________________________________

Student name: (print and sign) _____________________________________________________________

Date: _____________________________
## APPENDIX K

History & Physical Grading Rubric  
Student: _______________________________ Date: _______________

<table>
<thead>
<tr>
<th>CONTENT ISSUE ½ point</th>
<th>LEGIBLE ½ point</th>
<th>PROPER ABBREVIATION ½ point</th>
<th>PROPER SEQUENCE ½ point</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL INFORMATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying Data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral/Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUBJECTIVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C/C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMHx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB/GYN Hx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies/Side Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pedigree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soc Hx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual Hx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ROS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat/Mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breasts/Axilla</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin, Hair, Nails</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat/Mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breasts/Axilla</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thorax/Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anus/Rectum/Prostate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral Vascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranial Nerves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflexes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differential Diagnosis (min 5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>References (min 3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

**TOTAL SCORE:** /

Faculty/Adjunct: ___________________________ Signature: ___________________________ Date: ____________
APPENDIX L

Operating Procedure Note Documentation

Students Name: ____________________________________________________ Date: __________________________

Patient Name: ___________________________ Date of Birth: ________________ Age: _____
Date: __________________ Time: ___________

Indications for Surgery
Indications

Risk and Consent
Risk factors
ASA Surgical Status
Informed Consent

Preparations
Anesthesia
Position
Surgical field
Draping
Pre-medication

Operative Report
Operations performed
Surgeon
Assistants
Anesthesiologist
Pre-Operative Diagnosis
Post-Operative Diagnosis

Operative Findings
Operative findings
Procedural complications
Estimated blood loss (EBL)
Post-procedure/Sedation plan of care
APPENDIX M

Operating Procedure Note Grading Rubric  
Physician Assistant Program

Student: _______________________________ Date: _______________

<table>
<thead>
<tr>
<th>CONTENT ISSUE</th>
<th>LEGIBLE</th>
<th>PROPER ABBREVIATION</th>
<th>PROPER SEQUENCE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>½ point</td>
<td></td>
<td>½ point</td>
<td></td>
</tr>
<tr>
<td>GENERAL INFORMATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying Data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURGERY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RISK &amp; CONSENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASA Surgical Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informed Consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREPARATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Field</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIVE REPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operations Performed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Operative Diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Operative Diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIVE FINDINGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operative Findings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural Complications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated Blood Loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-procedure/Sedation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan of Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Indications for Surgery**
- Indications for surgery are clearly stated.

**Risk and Consent**
- Risk factors, ASA surgical status, and informed consent are clearly stated.

**Preparations**
- Preparations clearly delineate the anesthesia, position, surgical field, draping and pre-medication parameters.

**Operative Report**
- The operative report thoroughly and accurately includes all components.

**Operative Findings**
- Operative findings explain in detail findings, estimated blood loss and post procedure care.
Behavioral Health H&P Documentation

Date: __________________
Provider: ____________________________
Setting: __________________________________________________________________________
____________________________________________________________________________________

Patient Information: (Age & Date of Birth, NO Patient Name)
____________________________________________________________________________________
____________________________________________________________________________________

Allergies: (Reactions)
____________________________________________________________________________________
____________________________________________________________________________________

Chief Complaint:
____________________________________________________________________________________
____________________________________________________________________________________

History of Present Illness:
____________________________________________________________________________________
____________________________________________________________________________________

Review of Systems:
____________________________________________________________________________________
____________________________________________________________________________________

Developmental History:
____________________________________________________________________________________
____________________________________________________________________________________

Past Medical History:
____________________________________________________________________________________
____________________________________________________________________________________

Past Psychiatric History:
____________________________________________________________________________________
____________________________________________________________________________________

Past Psychiatric Treatment:
____________________________________________________________________________________
____________________________________________________________________________________

Past Suicide Attempts:
____________________________________________________________________________________
____________________________________________________________________________________
Physical Examination: __________________________________________________________________________________________

Psychiatric Evaluation/Mental Status Exam: __________________________________________________________________________________________

Imaging/Labs: __________________________________________________________________________________________

Differential Diagnosis: (minimum 5) __________________________________________________________________________________________

Final Assessment: __________________________________________________________________________________________

Summary: __________________________________________________________________________________________

Plan: __________________________________________________________________________________________

Patient Education: __________________________________________________________________________________________

References: (minimum 3) __________________________________________________________________________________________

Student name: (print and sign) __________________________________________________________________________________________

Date: __________________________________________________________________________________________
APPENDIX O

Behavioral Health H&P Grading Rubric

Student: ________________________________________________        Date: __________________________

<table>
<thead>
<tr>
<th>CONTENT ISSUE</th>
<th>LEGIBLE</th>
<th>PROPER ABBREVIATION</th>
<th>PROPER SEQUENCE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>½ point</td>
<td>½ point</td>
<td>½ point</td>
<td>½ point</td>
<td></td>
</tr>
</tbody>
</table>

GENERAL INFORMATION
- Visit Date
- Provider
- Setting
- Identifying Data

SUBJECTIVE
- C/C
- HPI
- ROS
- Allergies

PMHx
- Developmental Hx
- Past Psychiatric Hx/Tx
- Past Family Psychiatric Hx/Tx
- Past Suicide Attempts
- Hospitalizations
- Current Medications

SOC Hx
- Spiritual Hx
- Marriage Hx
- Education
- Employment
- Legal Issues

OBJECTIVE
- Vital Signs
- PE
- MSE
- Imaging/Labs

Differential Diagnosis (min 5)

Assessment

Summary

Plan

References (min 3)
### COMMENTS:

<table>
<thead>
<tr>
<th>Faculty/Adjunct:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

| TOTAL SCORE: | / |

<table>
<thead>
<tr>
<th>Review of Systems</th>
<th>Constitutional, Eyes, Ears/Nose/Mouth/Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Muscular, Integumentary, Neurological, Endocrine, Hematologic/Lymphatic, Allergies/Immune</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance and Manner</td>
<td>Healthy, Unkempt, Interested, Well Groomed, Anxious, Guarded, Angry, Attentive, Cooperative, Defensive, paranoid, Hostile, Depressed, Appropriate, Eye Contact, Relaxed, Hyperactive, Rigid, Tense, Apathetic, Impulsive, Agitation, Retardation, Tics</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Normal, Cogwheel/Rigidity, Increased Psychometric Activity, Spastic, Abnormal Involuntary Movements, Atrophy</td>
</tr>
<tr>
<td>Speech (check if abnormal)</td>
<td>Rate, Volume, Articulation, Coherence, Spontaneity, Short Answers, Unresponsive, Slurred, Paucity of Language, Pressured, Slow, Monotonous, Loud, Abnormal Rhythm, Articulation Disorder, Perseveration, Hesitant</td>
</tr>
<tr>
<td>Mood and Affect</td>
<td>Normal, Anxious, Hypomanic, Manic, Irritable, Euphoric, Depressed, Angry, Dysphoric, Appropriate, Modulated, Labile, Constricted, Flat, Expansive, Intensity, Congruent, Euthymic, Dysthymic</td>
</tr>
<tr>
<td>Thought Processes (check if abnormal)</td>
<td>Associations, Processes, Abstraction, Computation</td>
</tr>
<tr>
<td>Description of Associations</td>
<td>Linear, Goal Oriented, Flight of Ideas, Rambling, Loose Associations, Tangential, Circumstantial, Neologism, Intact</td>
</tr>
<tr>
<td>Thought Content</td>
<td>Intact, Hallucinations, Delusions, Preoccupation with Violence, Suicidal Ideation, Obsessive Thinking, Homicidally</td>
</tr>
<tr>
<td>Orientation</td>
<td>Oriented in all Spheres, Alert, Disoriented, Sedated</td>
</tr>
<tr>
<td>Memory (check if abnormal)</td>
<td>Immediate, Short Term, Long Term</td>
</tr>
<tr>
<td>Attention/Concentration</td>
<td>No Impairments, Impaired, Distractibility</td>
</tr>
<tr>
<td>Fund of Knowledge</td>
<td>Intact, Inadequate</td>
</tr>
<tr>
<td>Description of Patient’s Judgement and Insight</td>
<td>Adequate, Limited, Poor</td>
</tr>
<tr>
<td>Eating</td>
<td>How many times each day do you eat? Do you feel that your diet is healthy? Do you have adequate access to food? Are you able to prepare food for yourself?</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>What is your daily physical activity? How far do you walk during the day? Are you actively exercising? Do you lift objects? Can you walk without assistance?</td>
</tr>
<tr>
<td>Access to Primary Care Services</td>
<td>Do you have a primary care provider? When is the last time you visited a primary care provider? Are you able to obtain your medications?</td>
</tr>
<tr>
<td>Plan</td>
<td>Medications (dose, admin routine, frequency), Tests/Studies, Therapeutic Interventions, Safety Issues, Health Screening Maintenance (PE, screening, immunizations), Follow-up Appointment/Directions, Referrals (PT, OT, Specialists)</td>
</tr>
<tr>
<td>References</td>
<td>Includes (3) APA style reference to evidence-based information</td>
</tr>
</tbody>
</table>
## End-of-Rotation Preceptor Evaluation of Student

**Clinical Site:** __________________________  **Student:** __________________________

**Preceptor:** __________________________  **Rotation:** __________________________

**Type of Clerkship:** __________________________  **Date:** __________________________

### Grading Scale:
- **Does Not Meet Expectation** – Unable to perform tasks or consistently has difficulty performing tasks.
- **Rarely Meets Expectation** – Occasionally struggles or often needs assistance performing tasks.
- **Meets Expectations** – Able to perform tasks correctly more than 75% of the time.
- **Often Exceeds Expectations** – Able to perform tasks correctly more than 80% of the time.
- **Exceeds Expectations** – Able to perform tasks correctly more than 90% of the time.

### Skills

<table>
<thead>
<tr>
<th>Skills</th>
<th>Does Not Meet Expectation</th>
<th>Rarely Meets Expectation</th>
<th>Meets Expectation</th>
<th>Often Exceeds Expectation</th>
<th>Exceeds Expectation</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to perform an appropriate and accurate history</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to perform an appropriate and accurate physical exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to recall and apply basic medical information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to synthesize clinical data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to formulate a differential diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to order and interpret diagnostic tests and studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to perform clinical procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to formulate and implement and appropriate treatment plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to provide patient education and health promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General medical judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written documentation skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral presentation skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism &amp; Conduct</td>
<td>Does Not Meet Expectation</td>
<td>Rarely Meets Expectation</td>
<td>Meets Expectation</td>
<td>Often Exceeds Expectation</td>
<td>Exceeds Expectation</td>
<td>N/A</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------</td>
<td>--------------------------</td>
<td>------------------</td>
<td>---------------------------</td>
<td>-------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Professional demeanor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedside manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect for patient’s dignity and rights</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ethical behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes own limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes active role in own education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts constructive criticism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal skills &amp; communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance &amp; punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes tasks as directed in a timely manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submits assignments on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The student is/requires: [ ] unsafe [ ] close supervision [ ] moderate supervision [ ] limited supervision

Preceptor’s Comments and Recommendations:
(Please describe student’s skills or conduct that were either above or below Meets Expectations)

[Blank lines]

Was the student adequately prepared for this rotation? [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Would you like to speak to the Clinical Coordinator concerning this student? [ ] yes [ ] no

Preceptor’s Signature: ___________________________ Date: ___________________________
<table>
<thead>
<tr>
<th>Skills</th>
<th>(1) Does Not Meet Expectations</th>
<th>(2) Sometimes Does Not Meet Expectations</th>
<th>(3) Meets Expectations</th>
<th>(4) Often Exceeds Expectations</th>
<th>(5) Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to perform an appropriate and accurate history</td>
<td>Unable to consistently perform a history and omits pertinent information. Needs direction to complete a basic history.</td>
<td>Able to perform a basic history but either needs direction and/or omits pertinent information</td>
<td>Performs an appropriate history 75% of the time but will omit a few pertinent items</td>
<td>Performs a thorough and appropriate History. Rarely omits pertinent information.</td>
<td>Performs a thorough and appropriate History.</td>
</tr>
<tr>
<td>Ability to perform an appropriate and accurate Physical Exam</td>
<td>Unable to consistently perform a physical exam and omits pertinent components. Needs direction to complete a basic physical.</td>
<td>Able to perform a basic physical exam but either needs direction and/or omits pertinent components.</td>
<td>Performs an appropriate physical exam 75% of the time but will omit a few components.</td>
<td>Performs a thorough and appropriate Physical Exam. Rarely omits pertinent components.</td>
<td>Performs a thorough and appropriate Physical Exam.</td>
</tr>
<tr>
<td>Ability to recall and apply basic medical information</td>
<td>Consistently has difficulty recalling basic medical information and/or applying it in the clinical arena.</td>
<td>Occasionally struggles to recall basic medical information and/or apply it to the clinical arena.</td>
<td>Recalls basic medical information and can apply it in the clinical area.</td>
<td>Easily recalls basic medical information and can readily apply it in the clinical arena including some challenging situations.</td>
<td>Easily recalls basic medical information and can readily apply it in the clinical arena, even in more challenging situations.</td>
</tr>
<tr>
<td>Ability to synthesize clinical data</td>
<td>Consistently has difficulty interpreting clinical data and/or applying the information.</td>
<td>Occasionally struggles to interpret clinical data and/or apply the information.</td>
<td>Able to interpret clinical data and apply the information</td>
<td>Easily interprets clinical data and can apply the information, including some challenging situations.</td>
<td>Easily interprets clinical data and can apply the information, even in more challenging situations.</td>
</tr>
<tr>
<td>Ability to formulate a differential diagnosis</td>
<td>Unable to consistently formulate a differential diagnosis or the possibilities are not appropriate.</td>
<td>Able to formulate a Differential diagnosis to include 2-3 possibilities may or may not be appropriate.</td>
<td>Able to formulate a Differential diagnosis to include 3 reasonable possibilities.</td>
<td>Easily formulates a differential diagnosis to include 3-4 reasonable possibilities.</td>
<td>Easily formulates a differential diagnosis to include 4-5 reasonable possibilities.</td>
</tr>
<tr>
<td>Ability to order and interpret diagnostic tests and studies</td>
<td>Unable to consistently order and interpret basic but necessary diagnostic tests without coaching and/or orders inappropriate studies.</td>
<td>Often needs coaching to order and interpret basic but necessary Diagnostic tests.</td>
<td>Able to order and interpret basic but necessary diagnostic tests.</td>
<td>Able to consistently order and interpret necessary diagnostic tests, including some challenging situations.</td>
<td>Able to consistently order and interpret necessary diagnostic tests, even in more challenging situations.</td>
</tr>
<tr>
<td>Skills</td>
<td>(1) Does Not Meet Expectations</td>
<td>(2) Sometimes Does Not Meet Expectations</td>
<td>(3) Meets Expectations</td>
<td>(4) Often Exceeds Expectations</td>
<td>(5) Exceeds Expectations</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>----------------------------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Ability to perform clinical procedures</td>
<td>Unable to consistently perform basic but necessary clinical procedures without coaching.</td>
<td>May need coaching to Perform basic but necessary clinical procedures.</td>
<td>Able to perform basic but necessary clinical procedures.</td>
<td>Able to consistently perform clinical procedures, including some</td>
<td>Able to consistently perform clinical procedures, even in more challenging situations.</td>
</tr>
<tr>
<td>Ability to formulate and implement an appropriate treatment plan</td>
<td>Unable to consistently formulate and implement a treatment plan without coaching. Otherwise the actions would not be appropriate.</td>
<td>Able to formulate and implement a treatment plan to include 2-3 reasonable actions that may or may not be appropriate.</td>
<td>Able to formulate and implement a treatment plan to include 3 reasonable actions.</td>
<td>Easily formulates and implements a treatment plan to include 3-4 reasonable actions.</td>
<td>Easily formulates and implements a treatment plan to include 4-5 reasonable actions.</td>
</tr>
<tr>
<td>Ability to provide patient education and health promotion</td>
<td>Unable to consistently provide patient education and health promotion and omits pertinent information. Needs direction to provide patient education.</td>
<td>Able to provide appropriate patient education and health promotion but either needs direction and/or omits pertinent information.</td>
<td>Provides appropriate patient education and health promotion 75% of the time but will omit some pertinent information.</td>
<td>Provides thorough and appropriate patient education and health promotion. Rarely omits pertinent information.</td>
<td>Provides thorough and appropriate patient education and health promotion.</td>
</tr>
<tr>
<td>General medical judgement</td>
<td>Consistently lacks medical judgement and puts patients’ health and well-being at risk.</td>
<td>Has limited medical judgement. Lacks insight and may put patients’ health and well-being at risk.</td>
<td>Has adequate medical judgement. Needs assistance to protect the health and well-being of patients.</td>
<td>Has sound medical judgement and able to protect the health and well-being of patients. Knows own limitations.</td>
<td>Has sound medical judgement and able to protect the health and well-being of patients. Knows own limitations.</td>
</tr>
<tr>
<td>Written documentation skill</td>
<td>Written notes consistently do no follow sequence and lacks pertinent information. Notes contain irrelevant information and/or rambles. OR written notes consistently are not legible and may cause errors.</td>
<td>Written notes often lack sequence and pertinent information. Notes may contain irrelevant information and/or rambles.</td>
<td>Written notes follow basic but may either omit pertinent information or need further editing and direction.</td>
<td>Written notes are usually organized, thorough and concise.</td>
<td>Written notes are organized, thorough and concise.</td>
</tr>
<tr>
<td>Oral Presentation Skills</td>
<td>Oral case presentations consistently do not follow sequence and lacks pertinent information. They contain irrelevant information and/or rambles. OR oral presentation skills consistently are not understandable and may cause errors.</td>
<td>Oral case presentations often lack sequence and pertinent information. May contain irrelevant information and/or rambles.</td>
<td>Oral case presentations follow basic sequence but may either omit pertinent information or need further direction.</td>
<td>Oral case presentations are usually organized, thorough and concise.</td>
<td>Oral case presentations and organized, thorough and concise.</td>
</tr>
</tbody>
</table>
## Professionalism & Conduct

<table>
<thead>
<tr>
<th>Professional appearance &amp; demeanor</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students is honest, trustworthy, polite and respectful towards others and their property. The student can be trusted with confidential information. Takes responsibility for his/her own behaviors and not wrongly blame others. All must occur at least 90% of the time. Student follows the Dress Code outlined in the clinical manual at least 90% of the time.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respect for patient’s dignity &amp; rights</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student maintains patients’ dignity and respects their privacy, culture and ethnicity as well as their personal choices. Student is an advocate for the patient. All should occur at least 90% of the time.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recognizes own limitations &amp; is teachable</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student knows his/her own abilities and knows who and when to call for assistance to ensure patient’s safety and well-being at least 90% of the time. Student demonstrates a willingness and eagerness to learn at least 90% of the time.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accepts constructive criticism</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is able to politely receive helpful feedback/suggestions and make appropriate changes 90% of the time.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Takes active role in own education</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students demonstrates self-directed learning through reading, pursuing clinical educational opportunities and actively participating in discussions at least 90% of the time.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal skills &amp; communication</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students utilizes a polite, non-judgmental tone when speaking and employs appropriate body-language when interacting with others. Students utilizes respectful written communication skills. Both should be accomplished at least 90% of the time.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attendance &amp; Punctuality</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students is either early or on-time for all clinical activities. The student should not be late for any clinical activity (ten minutes or more) more than once or have any unexcused absences. The student is expected to make-up all excused absences by the conclusion of the clerkship and inform preceptor and program of lateness/absence.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completes tasks as directed in a timely manner</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students completes clinical tasks and homework in a timely manner. Makes deadline at least 90% of the time.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX S

End-of-Rotation Student Evaluation of Clinical Site

Clinical Site: __________________________  Student: __________________________
Preceptor: ____________________________  Rotation: __________________________
Type of Clerkship: ______________________  Date: __________________________

Grading Scale:
**Excellent**: outstanding, exceptional
**Very Good**: completely satisfactory & precise
**Good**: has qualities required for the role
**Fair**: adequate, room for improvement
**Poor**: worse than usual, expected or desired

<table>
<thead>
<tr>
<th>Clinical Site Experience</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The overall quality of the site for learning about</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The variety of patients seen.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability to interact with other health professionals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For learning about clinical medicine, the number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of patients I saw was.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation of Site**

| The preceptor provides me with feedback on my interview and examination skills. |      |      |      |           |           |     |
| The preceptor uses opportunities to ask questions and instruct.                  |      |      |      |           |           |     |
| I feel free to ask questions.                                                    |      |      |      |           |           |     |
| The preceptor allows me to express my own ideas.                                  |      |      |      |           |           |     |
| The environment is safe.                                                          |      |      |      |           |           |     |
| I have opportunities to work independently.                                      |      |      |      |           |           |     |
| I have opportunities to practice skills.                                          |      |      |      |           |           |     |

What did you enjoy most about this clinical site?
What didn’t you enjoy about this clinical site?

What changes would you like to see?

Were you adequately prepared for this rotation?

Would you like to speak to the Clinical Program Manager concerning this rotation?  ____yes  ____no

Student’s Signature: ___________________________  Date: ___________________________
Clinical Site Incident Report

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.

Student Name: ____________________________________________ Date: ________________

Rotation: ______________________________________________________________________

Nature of Incident

Date of Incident: ________________ Approximate Time of Incident: ________________

Did Incident Involve Possible Exposure to Blood borne Pathogen? □ No □ Yes (see below)

Description of Incident: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Actions/First Aid Taken Immediately Following Incident: _______________________________
______________________________________________________________________________
______________________________________________________________________________

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.
<table>
<thead>
<tr>
<th>Notifications</th>
<th>Date and Time Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Preceptor</td>
<td></td>
</tr>
<tr>
<td>Onsite Health Services / Employee Health/Occupational Health or Emergency Department</td>
<td></td>
</tr>
<tr>
<td>Clinical Director or Program Director</td>
<td></td>
</tr>
</tbody>
</table>

______________________________________________________________________________________

Student Signature                      Date

Submit this form to the Clinical Director – fax: 407-303-0870

**For Program Use:**

<table>
<thead>
<tr>
<th>Additional notes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART III: 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.

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.

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 exam 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.

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:

www.fapaonline.org