



**University of Mount Saint Vincent Physician Assistant Studies Program
Master's in Physician Assistant (MPA)**

CLINICAL YEAR HANDBOOK

The ARC-PA has granted Accreditation-Provisional status to the University of Mount Saint Vincent Master of Science Physician Assistant Program sponsored by University of Mount Saint Vincent.

Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA Standards or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

The University of Mount Saint Vincent Physician Assistant Clinical Year Handbook

This student handbook has been developed by the faculty and administration of the University of Mount Saint Vincent Physician Assistant Program to provide the student with specific guidelines, rights, and responsibilities regarding the Physician Assistant Program. This handbook is designed to supplement rather than supplant existing University of Mount Saint Vincent Handbook, University of Mount Saint Vincent (UMSV) policies and procedures, including those set forth in the UMSV graduate catalog and student handbook. We encourage every student to become familiar with and refer to those and other UMSV publications for further information. Students are responsible for knowing and complying with all applicable policies and procedures of The University of Mount Saint Vincent Physician Assistant Program.

The University of Mount Saint Vincent Physician Assistant handbooks can be found on Canvas for the didactic year and EXXAT® for the clinical year. All changes will be posted to Canvas/ EXXAT® . Students are solely responsible for reviewing all changes to the handbook. Any questions regarding policies contained within this student handbook should be directed to the Director of the Physician Assistant Program. Although every effort has been made to make this handbook as complete and up-to-date as possible, it should be recognized that circumstances will occur which the handbook does not cover. The handbook may also be altered due to changes in the program policy. New policies approved after publication of this student handbook may add to or supersede those contained herein.

When the handbook does not cover a specific circumstance, or the interpretation of a policy is ambiguous, the Director of the Physician Assistant Program will make the necessary final decision regarding interpretation. If students have questions regarding a situation, they should discuss them with the Director of the Physician Assistant Program.

*The PA Program Clinical Year Handbook Attestation form **must be signed and turned in by each student within one week of receiving the handbook.** The faculty will go over the handbook during clinical year orientation but it is the student's responsibility to read the handbook in depth. Updates and revisions to the Physician Assistant Student Handbook are done on an as needed basis. When revisions are published, a copy of the revisions will be made available on Canvas in the didactic year and EXXAT® in the clinical year to all PA students. The PA Program will not be held responsible if a student fails to open, print or read the revised versions of the handbook.*

***Please note that if there is any conflict between the specific policies and procedures set forth in this handbook and general University policies and procedures, both graduate and undergraduate, the policies and procedures in this handbook shall be controlling.** We hope you find this handbook helpful and wish you success in your studies.*

University of Mount Saint Vincent Physician Assistant Students are encouraged to carefully review the Policies and Procedure Manual supplied along with the student handbook for an in-depth clarification of all policies and procedures

Clinical Year 2024
University of Mount Saint Vincent
Physician Assistant Program
Introduction to the Clinical Year

Congratulations on your promotion to clinical year! You should all be extremely proud of yourselves as you have just completed an extremely vigorous didactic course load.

The clinical year is the critical link between the student and graduate physician assistant. Your preceptors, as well as other instructors, will provide a number of opportunities for you to apply your newly acquired knowledge and skills to actual patient activities. Seize this opportunity to enhance your education to its fullest by committing 100% to this experience. Take advantage of each and every opportunity available. Making the most of clinical rotations depends primarily on you and how much effort, work and dedication you are willing to put in. All clerkships will not be perfect but remember that learning experiences can and do exist under all circumstances. This year will provide you with tremendous growth, both personally and professionally. Never doubt your abilities, nothing in life is unachievable if you have the heart and dedication to complete the task at hand for then you will succeed. *The only thing in life that is impossible is what you never attempt to accomplish*

This handbook was designed to provide students with most of the information necessary to keep you on track in completing your requirement for clerkship assignments. Please keep this information where it will be easily accessible. If you have a question please refer to the information in this handbook, then contact the program for assistance.

Please know that the faculty and staff are available to support and to help guide you through this most exciting period. You will be representing our program and the PA Profession while out on clinical rotations. Continue to conduct yourself in a professional manner. We are all very proud of you and wish you the very best as you begin this most important component of your clinical education

Upon your graduation you will continue this proud legacy, but more importantly, as the initial graduating class, you will form the trunk of a very strong tree with branches reaching out in all directions that will have a positive and long-remembered impact within our profession. We hope that you will give back to the Program and the profession and become preceptors in the future.

Anthony J. Garofalo

Dr. Anthony J. Garofalo DPM, FABPM, PA-C
Director-Physician Assistant Program
University of Mount Saint Vincent

Accreditation Status

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted Accreditation-Provisional status to the University of Mount Saint Vincent-Physician Assistant Program.

Accreditation – Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

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Accreditation-provisional remains in effect until the program achieves accreditation-continued after its third review, closes, or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the Standards.

As part of the licensing process in most states, including New York, both successful completion of an accredited program and passage of the Physician Assistant National Certifying Examination (PANCE) are required to practice. Specific information regarding the licensing process can be obtained by contacting the licensing authority in the state in which you intend to practice.

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Section-I
General Information

I. Guidelines for Ethical Conduct for the PA Profession

(Adopted 2000, reaffirmed 2013, amended 2004, 2006, 2007, 2008, 2018)

<https://www.aapa.org/download/56983/>

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied is constantly changing. Economic pressures, social pressures of church and state on the healthcare system, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. This policy, as written, reflects a point in time and should be reviewed through that lens. It is a living document to be continually reviewed and updated to reflect the changing times, be they related to societal evolutions or the advancement of medical science.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations. Context and/or casuistry (extracting reasoning from case study), often play key roles in decision making.

Four main bioethical principles broadly guided the development of these guidelines: patient autonomy, beneficence, nonmaleficence, and justice.

Patient Autonomy strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

PAs are expected to behave both legally and morally. They should know and understand the local, state and federal laws governing their practice. Likewise, they should understand the ethical responsibilities of being a healthcare professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

Statement of Values of the Physician Assistant Profession

- *Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.*
- *Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.*
- *Physician assistants recognize and promote the value of diversity.*
- *Physician assistants treat equally all persons who seek their care.*
- *Physician assistants hold in confidence the information shared in the course of practicing medicine.*
- *Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.*
- *Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.*
- *Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.*
- *Physician assistants use their knowledge and experience to contribute to an improved community.*
- *Physician assistants respect their professional relationship with physicians.*
- *Physician assistants share and expand knowledge within the profession.*

Outline of Physician Assistant Roles and Responsibilities

- Non-discrimination of Patients and Families
- Initiation and Discontinuation of Care
- Informed Consent
- Confidentiality
- Patient and the Medical Record
- Disclosure of Medical Errors
- Care of Family Members and Co-workers
- Genetic Testing
- Reproductive Decision Making
- End of Life

The above guidelines, statements and outlines are reviewed here to give the PA-Student a general format of their duties and responsibilities.

It is the focus for every student to review this entire document for a complete and clearer picture revolving around ethical conduct.

Complete document can be reviewed at:

<https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf>

II. Competencies for the Physician Assistant

1. Patient-Centered Practice Knowledge

- a. Gather clinical information, formulate differential diagnoses, order interpret laboratory and imaging, perform necessary core duty procedures, diagnose, prevent, treat, and manage illness among acute, chronic, and emerging disease states.
- b. Integrate into practice appropriate literature to make evidence-based decisions on patient care.

2. Society and Population Health

- a. Integrate into practice the cultural norms, needs, influences, and socioeconomic, environmental, physiological, and other population-level determinants affecting the health of the individual and community being served.
- b. Integrate into practice the interventions that diminish health disparities involving race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location involving individual patient and the community being served.
- c. Integrate into practice basic principles of public health including epidemiology, disease prevention, surveillance, reporting and intervention. Provide appropriate referrals involving the public health system to ensure patient advocacy and in the maintenance of population health.

3. Health Literacy and Communication

- a. Communicate effectively and respectfully with patients, families, and other health care professionals.

4. Interprofessional Collaborative Practice and Leadership

- a. Coordinate care to optimize the health of patients and populations.

5. Professional and Legal Aspects of Health Care

- a. Provide standard of care practice while demonstrating respect for the dignity and privacy of patients.
- b. Incorporate a personal wellness plan to prevent impairment and burnout.
- c. Demonstrate professional accountability.

6. Health Care Finance and Systems

- a. Differentiate the types of health care systems and health insurance coverage, including Medicare, Medicaid, and the Children's Health Insurance Program.
- b. Practice health care informed by an understanding of the financial implications to patients, organizations, and society.
- c. Recognize personal limitations and incorporate a quality improvement process designed to maximize patient safety, prevention of medical errors, and incorporate risk management.

Section-II
Program Information

I. Program Faculty and Administration

The University of Mount Saint Vincent Physician Assistant Studies Program is administered by the faculty and staff listed below. Communication between students and faculty is essential to professional development and intellectual growth. Whenever a problem arises, you should contact the program office as soon as possible. Students must immediately inform the program of any change in address and/or telephone number in order to maintain proper channels of communication.

<p>Chair/Program Director Anthony J. Garofalo DPM, FABPM, PA-C Associate Professor The University of Mount Saint Vincent Riverdale Campus 6301 Riverdale Avenue Riverdale, NY 10471 Office: (718) 405-3730 Fax: (718) 405-3764 Anthony.garofalo@moundsaintvincent.edu</p>	<p>Medical Director David Lichtenstein MD Associate Professor The University of Mount Saint Vincent Riverdale Campus 6301 Riverdale Avenue Riverdale, NY 10471 (718) 718-405-3739 David.lichtenstein@moundsaintvincent.edu</p>
<p>Director of Medical Education Anthony D'Antoni Assistant Professor The University of Mount Saint Vincent Riverdale Campus 6301 Riverdale Avenue Riverdale, NY 10471 (718) 405-3739 Email: Anthony.dantoni@moundsaintvincent.edu</p>	<p>Associate Program Director/Director of Clinical Education Gail Lavin-Murphy MPAS, PA-C Assistant Professor The University of Mount Saint Vincent Riverdale Campus 6301 Riverdale Avenue Riverdale, NY 10471 (718) 405-3717 Email: gail.lavinmurphy@moundsaintvincent.edu</p>
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Student Health Insurance

All full-time matriculated University of Mount Saint Vincent students are required to maintain adequate health insurance coverage. All students will have the Student Health Insurance premium on their bill pending the decision to enroll or waive out.

If you wish to use your personal or family health insurance, you must waive the University-sponsored plan to avoid being charged. Please visit <https://www.gallagherstudent.com/students/student-home.php?idField=1361> to fill out the waiver form. You will receive an email once you have successfully submitted your petition. Your plan will be reviewed to ensure that it is a comparable plan. You will then receive a second email approving or denying your petition.

If you wish to enroll in the University-sponsored plan, please visit this link, <https://www.gallagherstudent.com/students/student-home.php?idField=1361> , to fill out the enrollment form.

a. *Health Clearance Policy and Immunizations-UMSV PA Program*

Please refer to the University of Mount Saint Vincent-PA Program ***“Policies and Procedure Manual” UMSV 321-Health Clearance Policy and Immunizations*** for a complete guide to all insurance and immunization questions.

II. *Health Attestation/Medical Clearance*

In order to ensure the safety of students, staff, clinical agency personnel, and patients, and to comply with clinical agency contract mandates, no students will be permitted to participate in clinical rotations **unless they have been medically cleared**. This may include but is not limited to facility mandated drug screening, background check, PPD testing, color blindness testing, physical exam, respirator mask fit testing, student interview, or facility orientation. It is the physician assistant students’ responsibility to ensure all requirements are met. Failure to satisfy these requirements may result in student removal from the rotation site, rotation reassignment and a subsequent delay in graduation. Students must bring copies of all completed health clearance documents with them to every clerkship. Students must keep a

copy of the completed health clearance documents for their own records. Health Attestation/Medical Clearance must be updated annually.

The student must complete an annual Health Attestation form including a physical exam. The Health Attestation form will be uploaded to EXXAT by the student. **DO NOT UPLOAD YOUR PHYSICAL EXAM OR ANY OTHER DOCUMENTS THAT CONTAIN YOUR MEDICAL HISTORY OTHER THAN THOSE REQUESTED BY the UMSV PA Program.** Your site may ask you for a copy of your physical examination, which you can provide to them. Please make sure to retain a copy of your actual physical exam form, as that is not uploaded to EXXAT, but will be required to participate and rotate at all hospital locations.

III. Immunizations

The University of Mount Saint Vincent requires students to provide proof of immunizations which are in accordance with the current recommendations for healthcare professionals by the Center for disease Control and the New York state Department of Health.

New York State Proof of Immunization Requirement

In accordance with New York State law, students born on or after January 1, 1957 must demonstrate proof of immunization to measles, mumps, and rubella. Students must submit acceptable medical proof of immunization. Forms are available with registration materials during the admission process. Students who fail to provide the required proof of immunization will not be permitted to register or attend classes until a properly completed form has been submitted to the Office of the Registrar.

To comply with New York State regulations, you must complete the following Measles, Mumps, and Rubella (MMR) and Meningitis Immunization Form found at <https://mountsaintvincent.edu/campus-life/campus-services/health-resources/health-services-forms/>

IMPORTANT ADDENDUM TO SARS CoV-2 IMMUNIZATIONS:

During the didactic year the UMSV PA Program will be instituting selected clinical site visits in conjunction with certain didactic course material being offered (i.e. Clinical Correlations). As such affiliated clinical sites will require, in many instances, that all students rotating in any manner through their facility be fully vaccinated against SARS CoV-2 (Covid-19). This is a requirement of the affiliated clinical site and thus is a mandatory requirement prior to a clinical site visit. Failure to obtain the necessary vaccination will preclude the student from participating in this aspect of the program.

It is fully understood that a student may have a medical necessity for refusal of the Covid-19 vaccination and in that instance the following protocol must be noted:

- a. The student must notify their academic advisor prior to the start of any didactic course work*
- b. Any contraindication to the SARS CoV-2 Vaccination must be accompanied with a letter from your primary care physician stipulating this medically documented contraindication.*
 - Students who present a letter from their primary care physician stipulating the medically documented contraindication will be given additional course work, and projects in-lieu of the clinical site visit, which will be graded accordingly.*
 - The documentation from the primary care physician stipulating the medically contraindication **DOES NOT** preclude the student from the SARS-CoV-2 PCR testing requirement.*

Additional Immunizations/Laboratory Tests Required by the UMSV-PA Program

All requirements for the Physician Assistant program should be emailed to physicianassistant@mountsaintvincent.edu by the defined date in your acceptance packet

- a. SARS-Covid-19 Vaccinations are **MANDATORY** for all students upon admission to the UMSV PA program. (SEE ADDENDUM ABOVE FOR CLEARIFICATION)
 - All admitted PA Students must supply the proof of SARS-Covid-19 Vaccination
 - Both the front and back of the vaccination card must be clearly legible and show both doses and dates.
- b. SARS-Covid-19 negative PCR within one week of the start of classes. **NO EXCEPTIONS**
- c. Annual influenza vaccine
 - Can be updated when available during the fall semester.
 - **NOTE: All students are required to have a yearly, documented flu vaccine. This includes both didactic and clinical year students. Any contraindication to the FluVac must be accompanied with a letter from your primary care physician stipulating this medically documented contraindication.**
 - Influenza Vaccination documentation are a requirement by many of our clinical affiliates prior to the rotation
 1. Failure to receive an Influenza Vaccination will delay your entry into the clinical year unless proper documentation is on file (see above)
- d. Clinical rotation sites, hospital and clinic areas require further immunization status to be identified. Due to this requirement and to ensure no student is denied participation within a clinical site the following additional immunization and additional testing is required. These include:
 - Laboratory test results:
 1. 2-step PPD Mantoux within one year of entrance to the program.
 - I. If PPD is positive, chest x-ray or QuantiFERON –Gold and record of results, place and date of examination are required.
 - Tetanus/diphtheria 1-time dose (Tdap) Toxoid within the past ten (10) years
 - Measles, Mumps, Rubella, Hepatitis-B, and Varicella **vaccine and titer indicating immunity (titers for Clinical Year)**
 - Influenza Vaccination documentation are a requirement by many of our clinical affiliates prior to the rotation as noted above
 1. Failure to receive an Influenza Vaccination will delay your entry into the clinical year unless proper documentation is on file (see above)
 - SARS Covid-19 negative PCR Test may be required by all clinical sites prior to the start of any clinical rotation.
 1. Please be aware of this stipulation and arrange to receive a PCR test at least 1-week prior to the start of **all clinical rotations**.

NOTE: If Hep-B Titer shows lack of immunity student must supply proof of immunization

Meningococcal Meningitis Vaccine

<https://mountsaintvincent.edu/campus-life/campus-services/health-resources/health-services-forms/>

New York State Public Health Law requires all University and university students to either receive the vaccination against Meningococcal meningitis or acknowledge that they have been made aware of the risks and have chosen not to be vaccinated. **All residential housing students are required to receive the vaccination; they may not sign the waiver.**

Clinical Site Requirements

Prior to entry into the Clinical Phase of the PA Program some Clinical sites may require additional tests to be performed. These may include:

- a. Stool for enteric pathogens may be required prior to clinical training in a newborn nursery.
- b. Urine toxicology test (Drug Screen)
- c. Fingerprinting
- d. Background Check
- e. 2-Step PPD
- f. Hepatitis laboratory titer results for: Hepatitis B Surface Antibody (HbsAB), Hepatitis B Core Antibody (HbcAB) AND Hepatitis B Surface Antigen (HbsAG).
- g. Annual influenza vaccination
- h. SARS- Covid-19 vaccination and/or testing prior to rotation

Please check with the Clinical Coordinator or Clinical Administrative Assistant at least two (2) weeks prior to the start of your clinical rotation to ensure you have all the required immunizations and lab tests necessary to proceed with the clinical site training. This is the responsibility of the student. Failure to comply may result in delaying of the start of your clinical site rotation.

Addendum to Immunizations

General Information

Our healthcare (Clinical) affiliate partners have immunization requirements that are unique for each facility. Some are more comprehensive than others, thus in light of this fact, we have below a set of standards that will encompass all clinical site affiliates and place all students in “compliance”.

As guests in their facilities our program’s participants must comply with all healthcare screening and other requirements imposed as a condition of the healthcare affiliation agreement.

Measles, Mumps and Rubella (MMR) One Time

Students must have antibody titers for Measles, Mumps and Rubella with ‘Immune’ or ‘Positive’ laboratory ranges. In addition, dates of two (2) MMR vaccinations are also required. If any titer is ‘Non-Immune’, the student must then have two (2) boosters for the disease(s), which must be at least one (1) month apart for compliance.

One month following the second (2nd) Booster vaccination, the student will then need to re-titer for the non-immune diseases. Please enter the dates of your vaccinations and titers into the Immunization Form found on the Campus-Life Web-site <https://mountsaintvincent.edu/campus-life/campus-services/health-resources/> Please have the primary healthcare provider fill in all the requested items. Please submit the completed form, AND the lab work printouts for all titers, to American DataBank* (Castle Branch) for processing.

Varicella (One Time)

Students must have an antibody titer for Varicella with an ‘Immune’ or ‘Positive’ laboratory result. If the titer shows to be ‘Non-Immune’, the student must then have two (2) boosters for the disease, which must be at least one (1) month apart for compliance. Please enter the dates of your vaccinations and titer into immunization form found on the Campus-Life web site <https://mountsaintvincent.edu/campus-life/campus-services/health->

[resources/](#). Please have the primary healthcare provider fill in all the requested items. Please submit the completed form, AND the lab work printouts for all titers, to American DataBank* (Castle Branch) for processing.

Hepatitis-B (HeptaVac)

One-time three (3) injections Hepatitis B immunization series. The dates of three (3) Hepatitis B vaccinations are required. In addition, students must have 3 titers: Hepatitis B Surface Antibody (HbsAB), Hepatitis B Core Antibody (HbcAB) AND Hepatitis B Surface Antigen (HbsAG) with a laboratory result.

If the HbsAB titer is 'Non-Immune' after 2-separate 3 shot series, the student must then have an additional immunization for Hepatitis B to become 'Immune' and re-titer for HbsAB ONLY. If after fourth (4) Hep B shot and 2nd of the series HbsAB titer, student is still 'non-immune', submit all 4 dates of shots along with above required titers.

Students with "negative" titers after completion of the above series of Hep-B Vaccinations the student will be declared "vaccine failures" and no further immunization series will be necessary.

In lieu of providing documentation of the Hepatitis B shot series, students declining the series must submit a Hep B Declination Form AND all three (3) laboratory Hep B titers stated previously.

Please enter the dates of your vaccinations and titer, and of the Declination (if needed), and have your healthcare provider complete, sign and date the attached form. Please submit the completed form, AND the lab work printouts for all titers, to American DataBank* (Castle Branch) for processing.

Tetanus Diphtheria and Acellular Pertussis (TDaP): Every Ten Years

Students must have a Tetanus Diphtheria and Acellular Pertussis (TDaP) vaccination, which must be within the last 10 years for compliance. No other type of Tetanus vaccination (TD) is acceptable in lieu of the TDaP.

Please enter the date of your vaccination, and have your healthcare provider complete, sign and date the attached form. Please submit the completed form, AND the lab work printouts for all titers, to American DataBank* (Castle Branch) for processing.

Tuberculosis - PPD (TB Test) or Chest X-Ray: Annual - Students must have an initial 2-step PPD for compliance.

- a. The following 2-step PPD guidelines must be followed:
 - Have 2-step PPD placed.
 - Results must be read by a licensed medical provider within 48-72 hrs to be accepted.
 - If initial PPD is negative, then in 1-3 weeks repeat PPD placement process as stated above.
- b. If student has a history of Positive PPD or tests positive above (new conversion), it is required that they get:
 - A confirmatory TB Quantiferon Gold Test (one time).
 - i. If test positive on Quantiferon Gold Test the student must provide documentation as to plan of treatment which can be either:
 - 1) Antibiotic Therapy (6-9months) OR
 - 2) Chest X-Ray (CXR) is required (every 3 years) with negative results
 - If there is a history of the BCG vaccination, a QFT-B Test (one time) is required. **No Exceptions**

Please submit the completed form, AND the lab work printouts for all titers, to American DataBank* (Castle Branch) for processing.

IV. Adverse Weather Conditions and Closure

As a result of adverse weather, or other emergency situations, which would impede the smooth and efficient operation of the University, classes may be cancelled. The cancellation of classes does not necessarily constitute a general campus closing. Classes may be cancelled while University offices remain open. A decision to close the University will be published on the University's website, and incorporated in the greeting on the University's main telephone number. The University also utilizes an automated notification system called Send Word Now. Those who have registered with this system will receive notification of emergency closings automatically.

<https://mountsaintvincent.edu/campus-life/campus-services/human-resources/employment-practices-and-procedures/employee-manual/general-protocols-and-procedures/4-18-adverse-weatheremergency-closings>

Clinical rotations schedules may differ from the UMSV schedule. In the event of adverse weather conditions, please check your email for updates. You may also reach out to the facility/preceptor, as well as the clinical coordinator.

V. EMERGENCY RESPONSE/SHELTER IN-PLACE

Please refer to UMSV-331 for a complete and detailed description of this policy. It is imperative you review this policy and procedure in its entirety and commit it to memory.

Your clinical site will provide you with additional information regarding the site's emergency response protocol.

VI. Off Campus Safety

Off-Campus Clinical Site Rotations and Events

Students at all times must be aware of their surroundings while attending off-site clinical rotations or outside events. Students and faculty must have an awareness of their surroundings and develop a sense of developing trouble. Below are some useful "tips" for all students to adopt when attending outside clinical site rotations and events:

1. Prior to reporting to your assigned clinical site rotation all students will be updated on the security protocol for that specific site.
2. While at a clinical site you have the right, if you are driving, to be escorted from your vehicle into the clinical facility to begin your assigned rotation and from the facility to your vehicle and the end of your workday. If a request for escort was either ignored or refused the student **MUST** report this immediately to their assigned preceptor AND the program clinical coordinator and program director.

Commuting utilizing mass transit

1. At all times have your means of travel and your route planned out well in advance.
 - This does not only apply to clinical site rotations but also to off-campus activities you may be attending
2. If utilizing the NYC subway system consider the following recommendations:
 - Prior to entering the subway take note of your surroundings and suspicious individuals that may be standing near or by the entrance

- While on a subway platform stand near a group of other individuals if possible (safety in numbers)
- Stand in the center of the subway platform.
- Do not enter a darkened station at any cost
- If concerned you are being harassed dial “911” immediately and speak in a clear voice give your location and wait for NYPD assistance preferably in a crowded area. DO NOT hesitate to utilize the “911” system.

Uber and Lyft Car Services

When utilizing ride-share services make sure the vehicle you are entering has same license plate number as the ride-share you requested. NEVER ENTER a strange vehicle. If this should occur take note of the vehicle plate number and report this incursion to either campus security or the NYPD Immediately

VII. FIRE-SAFETY

Please refer to UMSV-332 for a complete and detailed description of this policy. It is imperative you review this policy and procedure in its entirety and commit it to memory.

Your clinical site will provide you with additional information regarding the site’s fire-safety protocol.

Section-III

General Student Guidelines

All of the Policies and Procedure discussed in the following sections can also be located within the UMSV Policies and Procedure Handbook distributed within UMSV PA

Program student handbook. Please refer the UMSV-Policies and Procedure Handbook for a more detailed clarification.

I. University of Mount Saint Vincent PA Program-Technical Standards

The University of Mount Saint Vincent complies with the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as well as state and local laws which prohibit institutions of higher education from discriminating against students with disabilities. Although all applicants and students are held to the same technical and academic standards, reasonable accommodations are provided to qualified individuals with a disability. In order to request a reasonable accommodation, applicants and students should read Information for Students with Disabilities and then contact the coordinator of Disability Services for their campus.

The ability to meet the technical standards and educational objectives established by the program is essential for the fulfillment of the requirements for the Master of Science in Physician Assistant Studies degree. The academic and technical standards established by the faculty require that all students accepted by the University of Mount Saint Vincent Physician Assistant Program possess the physical, cognitive, and behavioral abilities that insure that they will be able to complete all aspects of the curriculum. Students admitted to the Physician Assistant (PA) program must have the intellectual, emotional, and physical abilities to acquire the knowledge, behaviors, and clinical skills needed to successfully complete the entire curriculum and practice medicine as a physician assistant.

The technical standards outlined below (“Technical Standards”), in conjunction with established academic standards, are followed by the Admissions Committee to select students who possess the intelligence, integrity, physical, and personal, as well as emotional, characteristics that are necessary to become an effective physician assistant. The program and sponsoring institution must maintain the integrity of the curriculum and preserve those elements deemed essential to the education of a physician assistant

Specific Technical Standards required by the UMSV-PA Program

These functions, expressed as technical standards, fall into several broad categories, including:

a. Observation

- Candidate must acquire information as presented through demonstrations and experiences in lectures and laboratories.
- Candidates must be able to evaluate patients accurately and assess their relevant health, behavioral, and medical information.
- Candidates must be able to obtain and interpret information through a comprehensive assessment of patients, correctly interpret clinical data, accurately evaluate patients' conditions and responses, as well as develop a diagnostic and treatment plan.
- Observation of gross and microscopic structures necessitates the functional use of the senses of vision and touch and is enhanced by the functional sense of smell
- Candidates must also be able to directly and accurately observe a patient's demeanor, see a patient's physical condition, and obtain a medical history and perform a physical examination correctly on the patient in order to integrate the information derived from these observations in order to develop an accurate diagnostic and treatment plan.
- At the conclusion of the didactic phase, the student should demonstrate proficiency in the skills described above

b. Communication

- Candidates must exhibit interpersonal skills to enable effective caregiving of patients, including the ability to communicate effectively and sensitively in English, with all members of a multidisciplinary health care team, patients, and those supporting patients, in person and in writing.
- Candidates must be able to clearly and accurately record information and accurately interpret verbal and nonverbal communications in order to obtain a medical history in a timely fashion from a wide variety of patients, and to communicate effectively, efficiently and sensitively with all members of the health care team, other professionals, patients and their families.
- Candidate must be able to comprehend written material sufficiently well to understand accurately common medical records, laboratory reports, and pharmacological prescriptions.
- Candidates must also be able to communicate effectively with other members of the healthcare team in oral, written, and electronic form, and provide accurate information in patient care settings in which decisions based upon those communications must be made rapidly.

c. Motor/Sensory

- Candidates must have sufficient visual and auditory ability to observe in lecture-learner, laboratory and patient care settings.
- Candidates must have sufficient Sensory skills required in the performance of complete physical examinations utilizing inspection, percussion, palpation and auscultation include adequate vision, hearing, smell and tactile sensation
- Candidates must have sufficient sense awareness to observe a patient's condition and elicit information through history and physical examination.
- Candidates must be able to move in the clinical setting so as to act quickly in emergencies.
- Candidates must be capable of performing basic laboratory tests, using a calculator, computer, EKG or ultrasound equipment
- Candidates must be capable and have the proper coordination of gross and fine muscle movements, equilibrium, and sensation.
- Candidates must be able to execute the appropriate motor movements required to provide general care as well as emergency treatment to patients.

d. Conceptual, Integrative, and Quantitative

- Candidates must have sufficient cognitive (mental) capacities to assimilate the technically detailed and complex information presented in formal lectures, small group discussions, medical literature and individual teaching settings and in clinical settings.
- Candidates must be able to learn through a variety of modalities, including, but not limited to, classroom instruction, small group activities, individual study, preparation and presentation of reports, and use of computer technology
- Candidates must also be able to comprehend spatial relationships and three-dimensional models.
- Candidates must be able to measure, calculate, reason, analyze and synthesize information across different modalities

e. Behavioral and Social.

- Candidates must understand the legal and ethical aspects of the practice of medicine and function within the guidelines established by the law and by the ethical standards of the PA profession
- Candidates must possess the emotional health, maturity and self-discipline required for full use of one's intellectual and judgmental ability and for successful participation in, and completion of, the course of study leading to the MPAS degree
- Candidates must place the welfare of their patients above all else.
- Candidates must demonstrate honesty, integrity, dedication, compassion, conscientiousness and nondiscrimination in the care of their patients.
- Candidates must be able to adapt to changing environments and situations in a mature and non-confrontational manner
- Candidates must display and practice professional responsibility to their patients
- Candidates must
- Candidates must be able to tolerate physically taxing workloads and to function effectively under stress.

II. Academic Integrity Policy

Refer also to Policies and Procedure Manual UMSV-308-Academic Integrity for a complete description.

III. Standards for Ethical Conduct and Behavior

Professional Behavior

University of Mount Saint Vincent-Physician Assistant Students, in keeping with the mission and goals of the Physician Assistant program are expected to conduct themselves in a professional and ethical manner that is consistent and aligns with the function of an institution of higher education.

All students will reflect on their own behavior and ethical actions and strive to abide by the highest standards of academic honesty, professional and personal ethics, and professional behavior.

Students are expected to demonstrate the legal, moral, and ethical standards required of all health care professionals either within the classroom environment or the clinical setting.

Professional behavioral guidelines listed below are not meant to be all encompassing. Included below are the minimal acts of professional behavior that if followed will lead to a better understanding of what is expected of each student and in turn will allow professional growth and maturity as you progress throughout your professional careers.

- a. Listens attentively and maintains eye contact when communicating with faculty, staff, and other medical professionals.
- b. Contribute to professional knowledge by demonstrating motivation and a positive attitude toward learning.

- c. Develop time and stress management behaviors that will demonstrates promptness in meeting course associated deadlines assigned to each student.
- d. Understand and have respect for your instructors by:
 - being on time for class
 - asking relevant questions that will enhance the educational advancement of the topic in discussion and at all times
 - refrain from being disruptive in class or clinic. *(See a more detailed description below)*
- e. Show respect for all instructors by addressing them utilizing their preferred title, i.e. Doctor, Professor etc.
 - At no time is a student allowed to address a faculty member by the use of their first name or nicknames such as “Doc” or “Prof”.
- f. Show respect and consideration to your fellow classmates by allowing them to express their concerns and questions and refrain from making judgements, or voicing opinions based upon personal biases.
- g. Recognizes the effects of tone of voice and body language when interacting with others and strive to speak in a clear and thoughtful manner allowing for time for the other party to comprehend your question and respond.
- h. Value the opinion of your peers and refrain from making value judgements
- i. Show compassion and understanding toward every individual whom you are privileged to be treating. Respect is a two-way street.
- j. React in a positive manner to questions, suggestions and/or constructive criticism.
- k. Recognizes that once a negotiated decision has been reached, further discussion or actions may be non-productive.
- l. Demonstrate nondiscrimination practices towards peers, faculty, staff and patients.

Timeliness and Lateness

Attendance and timeliness are important aspects of professional behavior. Students must report to all classes, labs, 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, patients, and clinical sites in a timely manner (i.e., in less than 36 hours). Students must submit all required assignments and forms on or before the designated date and/or time they are due.

Proper Identification

Role and title confusion are common problems encountered in dealing with patients. Students should be aware of this problem and avoid misrepresentation by politely explaining their role and position and by wearing their id badges/nameplates at all times. Students should use the designation “PA Student” following all notations in the charts or on medical forms. The abbreviation PA-S is less familiar and should be avoided to prevent title confusion.

Honesty and Trustworthiness

Physician assistant students at all times during their professional didactic and clinical training shall be honest and truthful in all respects. This refers to not only your peers but also faculty and ancillary staff, associated with University of Mount Saint Vincent in all departments. This shall also include clinical preceptors, hospital, and clinic employees you come into contact with during your training. Students shall not intentionally mislead others.

Professional Demeanor

Physician assistant students by extension are representatives of the University of Mount Saint Vincent-PA Program and must dress in professional, neat, and conservative attire. Nametags or badges are required to be worn at all times. Good personal hygiene is always required (More detailed information on the dress code applicable to physician assistant students may be found in this handbook under Student Policies/Dress Code-UMSV-202).

University of Mount Saint Vincent Physician Assistant Student Responsibilities

Unethical behavior is never appropriate. UMSV-PA students are responsible for identifying and reporting unprofessional, unethical and/or illegal behavior witnessed by other health care professionals, fellow students, faculty, and staff of the UMSV-Physician Assistant 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 academic/clinical coordinator, as may be appropriate under the circumstances.

UMSV-Physician Assistant students at clinical sites must always work under the supervision of a preceptor and are strictly prohibited from assuming primary-care responsibility for a patient's medical treatment.

UMSV-PA students shall not treat or discharge a patient without prior consultation and approval of a clinical preceptor or physician supervisor.

Patient Treatment Orders

Under no circumstances should a student initiate orders for any patient while on a clinical rotation without immediate physician/physician assistant consultation and countersignature. Under no circumstances should a student sign or call in prescriptions. The only name that should appear on a prescription is that of the supervising physician or physician assistant

Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the classroom or clinical site and/or face disciplinary action.

Patient Confidentiality

Students' will interact with patients, families, and a variety of healthcare professionals during their education and future professional career. Physician Assistant Students are expected to maintain patient confidentiality, safety, and dignity, as set forth in the American Academy of Physician Assistants' Guidelines for Ethical Conduct for the Physician Assistant Profession
<https://www.aapa.org/download/56983/>

Students are strongly advised to never discuss a patient's medical records. This includes but is not limited to any situation or clinical setting that would reveal any information about a particular patient or his/her confidential records to person or persons not involved in the patient's immediate healthcare. Any information obtained regarding the patient and their illness or their social condition, including all items within a patient's medical history, is to be regarded as privileged information.

No patient information is to be removed from the hospital or clinical setting. If photocopies of work are to be submitted to the PA program for evaluation, then all specific references to the patient (i.e. name, address, id number) must be physically removed as per HIPAA regulations.

Concern for the Patient

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

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

Health and Safety

Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the classroom or clinical site and/or face disciplinary action.

Maintaining Composure

It is noted that at times either in the classroom or clinical setting a physician assistant student may find themselves in a highly stressful personal or clinical emergency setting. It is at these specific times that the physician assistant student must maintain a professional and calm demeanor regardless of the situation presented.

Drugs and Alcohol

Students shall not appear at the University or clinical sites under the influence of alcohol or drugs (See Drug and Alcohol Policy UMSV-601). Should this occur, the student will immediately be removed from the rotation/class and referred to the Professional Conduct and Review Committee for disciplinary action.

Please Note: UMSV PA Program has a Zero Tolerance Level for illicit drug and alcohol use (UMSV-601) Professional Ethics

The following is an excerpt from the American Academy of Physician Assistants "Guideline for Ethical conduct for the PA Profession" (Adopted 2000, reaffirmed 2013, amended 2004, 2006, 2007, 2008, 2018)
<https://www.aapa.org/download/56983/>

"The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied is constantly changing. Economic pressures, social pressures of church and state on the healthcare system, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. This policy, as written, reflects a point in time and should be reviewed through that lens. It is a living document to be continually reviewed and updated to reflect the changing times, be they related to societal evolutions or the advancement of medical science". <https://www.aapa.org/download/56983/>

All University of Mount Saint Vincent-Physician Assistant Program Students are expected to familiarize themselves with this important and vital document. This document will act as a template to guide the

professional physician assistant student as he or she navigates their way through their professional career.

The professional conduct of physician assistant students is evaluated on an on-going basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the University of Mount Saint Vincent and by the Physician Assistant Program.

IV. Email/Canvas

E-mail is the preferred mode of communication between the Program Faculty/Staff and students. ALL STUDENTS MUST notify the Program of their current e-mail addresses, including both the personal account and the University of Mount Saint Vincent (UMSV) account. Emails will be sent to each student's UMSV email address. Students must check their e-mail accounts daily for posts from Program Faculty or Staff. Additionally, students should empty mailboxes to allow for regular email from Program staff and faculty. *"Not checking an account" is not an allowable excuse for missing a Program event or notification.*

Most course materials including online narrated and in-seat course work will be accessible through Canvas. To log on, you will need your UMSV username & password. If you have any questions regarding the above stated policy please speak with either your advisor or the program director directly.

V. Student Employment Protocol

General Policy Statement

The policy of The University of Mount Saint Vincent Physician Assistant Program advises all students within their initial didactic and senior clinical years of study to not seek or continue employment. The dynamics of the program curriculum and clinical courses of study will make it very difficult to effectively concentrate on academic and clinical studies while also employed at the same time.

Graduate Assistants

The UMSV-PA Program may utilize graduate assistants (GAs), during the day to day operation of the PA Program. GAs utilized by the PA Program cannot be PA students.

Employment Protocol

The UMSV-Physician Assistant Program **will not require** PA students to perform work for the program. Stronger students may have opportunity volunteer to be paid tutor for their peers but will not be required to perform this service.

Enrolled PA students may assist the UMSV-PA Program during the admissions process on scheduled interview days, as long as the scheduled interview days do not interfere with a student's scheduled academic or clinical duties. This will be strictly on a voluntary basis and requires the approval of the Program Director as well as the Academic or Clinical Coordinator.

Students will not be utilized as instructors or faculty for delivery of any component of the curriculum. Students do learn from one another during small group experiences or clinical skills practice, but do not function in a faculty/instructional role.

Reference to Specific Clinical Interactions

During supervised clinical practical experiences (SCPE's), enrolled UMSV PA Students will not be assigned to a healthcare affiliate clinical site for which they are direct employees. Students who have been

identified as employees or staff of affiliated clinical sites of the Program site will be required to attend a different clinical site.

If a student is advised, or encouraged, to function as clinical or administrative staff during a supervised clinical practical experience (SCPE), the student is required to report this incident immediately to the Program Director, Academic or Clinical Coordinator.

If student feels, or is encouraged, to substitute or function as clinical site instructional faculty the student should report this incident immediately to the Program Director, Academic or Clinical Coordinator. The Program Director, Academic and Clinical Coordinator will verify at the beginning of every term that the course director or instructor of record for any component of the curriculum is not a student of the UMSV PA program.

Student exit survey, completed at end of clinical year, will require of the student an affirmation that neither substituted or functioned as instructional faculty for any aspect of the UMSV PA Program.

Information about students, employees, and internal relationships in the University may only be released to outside parties by designated University personnel, within limits set by University policy and in compliance with Federal State regulations.

Any faculty member and administrative staff failing to comply with this policy may be subject to disciplinary action, up to and including, dismissal.

<https://mountsaintvincent.edu/campus-life/campus-services/human-resources/employment-practices-and-procedures/employee-manual/general-protocols-and-procedures/4-6-confidentiality/>

VI. Dress Code

As representatives of a Professional Graduate Program here at the University of Mount Saint, the image that you project must be a professional one. It is important to note that presenting yourself as a professional in all manners of appearance, conversation, reaction to criticism, respect for authority and compassion for all patients and families you come into contact with will project not only upon yourselves but also upon the reputation of the University of Mount Saint Vincent-Physician Assistant Program.

Clinical Year Attire

- In some clinical locations certain surgical attire (scrubs) may be required, in this instance the student will follow the protocol of the clinical rotation.
- Men should wear conservative slacks (no jeans) and shirts.
- Women should wear slacks/skirts with shirts/blouses (skirts should be of a conservative length).
- No sneakers or open toed shoes are permitted, shoes must be worn with socks or stockings; heel height should be conservative (2-inch).
- Jewelry, make-up and cologne are best if conservative and subtle.
- Hair for both men and women should be worn in a neat, conservative style.
- Half-length white lab coats with Program patches and Program ID tags clearly identifying the wearer as a University of Mount Saint Vincent-Physician Assistant Student are required unless otherwise directed by the clinical preceptor.

Clinical supervisors, preceptors or PA Program faculty reserve the right to remove any student from a clinical site/experience who is not appropriately dressed. If a student is sent home due to inappropriate attire, the student will not be permitted to make-up any clinical work, assignments, or experiences for the missed day. Any such episodes will be documented in the student's file.

Identification

Physician assistant students should be identified by a clearly marked program identification badge while on clinical experiences at other institutions. At minimum, students will introduce themselves as physician assistant students and sign all documentation with their legible full signature followed by 'PA-S' or 'PA student'. Students should clearly display their current UMSV identification while on campus.

At no time should a student, either by virtue of his or her skills or knowledge attained while progressing through the program, misrepresent him or herself as being other than a physician assistant student. While in the program, students may not use previously earned titles (i.e. RN, MD, DC, DPM, DDS, PhD, etc.) Failure to identify oneself appropriately or misrepresenting oneself will result in either academic probation or possible dismissal from the Program.

VII. Drug Testing

All students of the University of Mount Saint Vincent-Physician Assistant Program are required to submit to mandatory routine drug testing as a condition of continuation in the UMSV-PA Program.

This drug screening process will be repeated at the end of the didactic phase of the program prior to the start of the clinical clerkships. Additionally, a particular clerkship may require, as a part of their acceptance policy, a recent drug screening as a condition of performing within that clerkship.

Students who test "**positive**" during the period between the didactic and clinical year, as well as during their clinical clerkship period, will be referred to the "Professional Conduct Review Committee" where a determination on progression within the program will be decided.

Students will be notified of the requirement and the process for completion of the drug screening process by both the PA-Program's Senior Staff Associate and by the program's vendor Castle Branch.

Cost of the drug screening will be the responsibility of the student, or their responsible party.

All results will remain strictly confidential

Please refer to UMSV 205 for further details of the drug testing policy

VIII. Drug and Alcohol

<https://mountsaintvincent.edu/campus-life/campus-services/campus-security-and-safety/security-report/alcohol-drug-policy/>

The University of Mount Saint Vincent seeks to uphold all local, state and federal statutes regarding the use, sale, service or manufacturer of alcohol. Students under the age of 21 are not permitted to possess, purchase, or sell, nor are they at any time permitted to consume, alcoholic beverages on University of Mount Saint Vincent property or at University of Mount Saint Vincent sponsored events. Students 21

years of age and older are legally permitted to purchase alcohol and to consume alcohol in areas designated for this use. Use of alcoholic beverages and possession of open containers of alcohol are prohibited in all public areas of campus buildings and campus grounds unless expressly approved by a professional member of the Student Activities staff in conjunction with the Dean of Students, or the senior administrator of a respective division of the University.

Standard of Conduct

No alcohol is permitted inside the residence halls where the majority of the residents are under the age of 21.

Resident Students and Alcohol Policy

Resident students 21 years of age and over are permitted to possess and consume alcohol in the privacy of their rooms as long as no one under 21 is present in the room. Kegs and beer balls are not permitted in residence halls. Visitors to campus who, in the judgment of University Security or administrative staff, appear to be under the influence of alcohol or drugs and exhibit behavior that represents a threat to the safety or well-being of the University community, may be banned from the campus or any facility thereof.

Drug Policy

Standard of Conduct

<https://mountsaintvincent.edu/campus-life/campus-services/campus-security-and-safety/security-report/alcohol-drug-policy/>

Any possession, use, sale, manufacturer, or distribution of illegal or controlled substances on University of Mount Saint Vincent property is considered to be a violation of this policy. Likewise, students who are knowingly present where illegal substances are kept or deposited or who are in the company of any person, knowing said person is in possession of illegal or controlled substances or drug paraphernalia are also in violation of this policy.

The University maintains an interest in the off-campus behavior of its students, to the extent that the behavior reflects upon the reputation and safety of the institution itself. The University, therefore, reserves the right to institute disciplinary action whenever a matriculated student off campus behavior results in an arrest and/or conviction for an alleged violation of criminal law regarding illegal drug usage, sale or manufacture of illegal drugs.

Legal Implications

The University seeks to uphold all local, state, and federal laws regarding illegal substances.

University of Mount Saint Vincent Physician Assistant Program Specific Disciplinary Standards for Students Possessing, Using, Distributing and/or Selling Drugs and Controlled Substances

The University of Mount Saint Vincent-Physician Assistant Program has adopted a “ZERO TOLERANCE” level regarding the use of any controlled substance. This includes but is not limited to marijuana, heroin, cocaine, amphetamines (unless prescribed for documented medical conditions ie. ADHD), and Benzodiazepines.

Students must be aware that there is a significant difference in “decriminalization vs legalization”. Many of our affiliate clinical sites have adopted a similar approach and zero tolerance policy. It is the policy of the UMSV-PA program to mirror that requirement. Any student who takes a “Drug Screening” examination and tests “POSITIVE” will be subject to disciplinary action by the Professional Conduct Review Committee with possible dismissal from the UMSV-PA program.

Note:

- a. A positive drug conviction will preclude you from receiving your medical license upon graduation.
- b. A DWI (Driving while Intoxicated) conviction may preclude you from receiving your medical license upon graduation or find it difficult to achieve approval by a hospital medical board for privileges to practice
- c. A DUI (Driving under the Influence) conviction may preclude you from receiving your medical license upon graduation or find it difficult to achieve approval by a hospital medical board for privileges to practice

Note: An important aspect of Professionalism is to report to either class or a clinical clerkship prepared to enthusiastically participate in either didactic or clinical duties. If under the influence of drugs or alcohol this standard will be difficult to meet and may result in possible disciplinary actions being enforced.

IX. Background Check

The Criminal Background Check procedure must also be initiated prior to the start of the clinical rotation phase of the PA Program. There are various laws, standards, and employer designated policies that require all employees, volunteers and students assigned to a “clinical site” to undergo a criminal background check. Consequently, except for a few clinical sites to which these laws, standards and policies may not apply, the clinical affiliates of the University of Mount Saint Vincent-Physician Assistant Program require that a criminal background check be conducted on each PA Program student assigned to the specific clinical site before the student will be permitted to begin the clinical assignment. It is important that a criminal background check be completed as soon as quickly possible because failure to institute this criminal background check in a timely manner may seriously delay or cancel your assigned clinical assignment.

Incoming and presently enrolled students in the UMSV-PA Program who are having difficulty with this process are encouraged to contact the UMSV-PA Program Senior Administrator.

Important Note

Students should be aware that based on certain criminal convictions clinical affiliates may not accept a student for a clinical assignment or may rescind a previous acceptance. The reasons for rescinding a previous acceptance to a clinical site due to information obtained within a background check are varied and may differ from clinical institution to clinical institution. If such an event were to materialize and dependent upon on the circumstances, the student may be unable to complete a required clinical experience and consequently the PA Program curriculum requirements. Students who are unable to complete the PA Program curriculum requirements are subject to dismissal from the PA Program.

In addition, there are certain criminal convictions which may or will result in the denial of the credentials needed to practice as a Physician Assistant. It is a mandatory requirement that all students who

complete a New York State Physician Assistant Program be deemed able to be licensed within the jurisdiction of New York State. Thus, any reporting with regard to a criminal background check that will inhibit the obtaining of a New York State License will be deemed grounds for rescinding of acceptance to the UMSV-PA Program or dismissal from the program in event of an occurrence that happens prior to graduation.

X. Social Media Policy

Social Media Policy-General Policy Considerations University of Mount Saint Vincent

<https://mountsaintvincent.edu/campus-life/campus-services/human-resources/employment-practices-and-procedures/employee-manual/general-protocols-and-procedures/4-10-social-media-policy/>

Social media are powerful communications tools that have a significant impact on organizational and professional reputations. Because they blur the lines between personal voice and institutional voice, the University of Mount Saint Vincent has adopted the following policy to help clarify how best to enhance and protect personal and professional reputations when participating in social media.

Social media are defined as media designed to be disseminated through social interaction, created using highly accessible and scalable publishing techniques. Examples include but are not limited to blogs, Wikis, LinkedIn, Twitter, Facebook, YouTube, and Myspace, as well as photograph sharing sites such as Flickr.

Both in professional and institutional roles, employees need to follow the same behavioral standards online as they would in real life. The same laws, professional expectations, and guidelines for interacting with students, parents, alumni, donors, media, and other University constituents apply online as in the real world. Students may be held or are liable for anything they post to social media sites.

While this document will provide more specific guidelines to help navigate particular interactions, all these spring from a set of basic principles:

Don't post anything you would not say.

Assume anything you post is public, regardless of privacy settings.

Assume anything you post is permanent.

All UMSV-PA students will become uniquely aware of all the guidelines and policies associated with UMSV-602. Please pay particular attention to the following sub-paragraphs outlined within the link provided. <https://mountsaintvincent.edu/campus-life/campus-services/human-resources/employment-practices-and-procedures/employee-manual/general-protocols-and-procedures/4-10-social-media-policy/>

- a. 4.10.1 FERPA
- b. 4.10.2 Policies for all Social Media Sites, Including Personal Sites
- c. 4.10.3 Institutional Social Media

Social Media Policy dealing specifically with the University of Mount Saint Vincent-PA Program

- a. It is strictly prohibited to take photographs of patients, including in the operating room, even if the patient is not identified.
- b. The accessing of diagnostic images or any form of patient data for the purpose of transmission on a social media platform such You Tube, Face Book, iTunes, LinkedIn, Twitter and Blogs is strictly prohibited.

- c. Violation of this policy will result in being called before the Academic Performance Committee and possible dismissal from the program.
- d. Witnessing any violation of this policy should be immediately reported to the academic or clinical coordinator and the program director.

XI. Communication

The PA program staff is invested in each student's educational success. To this end, program staff and students both have a responsibility to communicate regularly with each other. Whenever a problem arises for a student, they should contact a staff member as soon as possible. The program will communicate with the students using their University of Mount Saint Vincent-Email.

Students must immediately inform the program of any change in address and/or telephone number in order to maintain proper channels of communication. It is a good idea, and allows for peace of mind if the student gives the main number of the program to a close family member. All urgent messages will be relayed to students in class.

In the event of a natural disaster (i.e.: hurricane, snowstorm), students will be alerted through the University of Mount Saint Vincent Emergency System (via text, phone call and email) for information and instructions regarding cancellations, delays and other pertinent information.

University of Mount Saint Vincent-Physician Assistant Program
6301 Riverdale Avenue
Riverdale, NY 10471
718-405-3730

XII. Exposure/Needle Stick

On-Campus Incident- Exposure/Needlesticks/Blood Borne Pathogens/Injury

Exposure incidents can occur for a variety of reason. The main concern regarding any exposure incident is the prompt and immediate care and treatment initiated.

In response to an incident which takes place within the confines of the University of Mount Saint Vincent Campus including, needlesticks, exposure to blood borne pathogens or bodily fluids (urine, feces, sputum etc.) or any bodily injury sustained the student is obligated to apply with all accident and injury protocols established by the UMSV-Physician Assistant Program. Protocols are as follows:

- a. Notification must made to either the UMSV-Program Director, Director of Medical Education/Academic Coordinator or Director of Clinical Education/Clinical Coordinator or any Principal Faculty member immediately, or as quickly as time allows, but not later than 48-hours.
- b. Notification must be made to UMSV-Campus Security Office and an incident report initiated.
- c. Go directly to either your primary care physician, UMSV-preferred healthcare provider (if open) or the nearest Emergency Department to receive medical evaluation and treatment
- d. A copy of your discharge information sheet with date and time of treatment rendered clearly stated.
- e. Notification to either the Program Director, Academic or Clinical Coordinator if student will be needing time away from academic or clinical duties as per treatment plan
- f. If the incident occurred in the University's Clinical Education Laboratory/Simulation Lab (CEL), the principal faculty member in attendance must also be notified.

Off-Campus Incident- Exposure/Needlesticks/Blood Borne Pathogens/Injury

If the injury occurs as a result of a school related accident including needle-stick injuries, the student must comply with all accident and injury protocols established by the institution/clinical setting.

- a. If you have a needle-stick injury, or other related injury, go directly to the affiliate organization's emergency room/department (if available), the nearest emergency room or private health care provider to receive medical evaluation, treatment, and follow-up care.
 - The student has the right to refuse medical evaluation and treatment.
- b. It may also be required that students follow up with the Risk Management Department of the healthcare affiliate organization as well as any other offices as required by the UMSV clinical affiliate agreement or as deemed appropriate by the clinical preceptor.
 - The student has the right to refuse recommended medical treatment at the clinical site.
- c. All injuries and occupational exposures must be reported to the Program no later than 48 hours following the incident to either the Academic/Clinical Coordinator, Senior Staff Associate and Program Director as well as the Director of UMSV Campus Security.
 - A copy of your discharge documentation from the treating medical provider or institution must be submitted with the Incident Report.

All students are required to maintain health insurance while enrolled in the Program. Students are responsible for their own health care while in school. All expenses related to the injury or exposure are the responsibility of the student

XIII. Student Wellness

University of Mount Saint Vincent-PA Program policy does not allow faculty members to medically evaluate, treat or advise students in regard to personal medical situations.

The program adheres to the Institutional policy for timely access and/or referral of students to services addressing personal issues that may impact their progress.

Student health and wellness are important for academic success. Please review UMSV-500 and CMSAV-501 detailing "Counseling Center" and "Crisis Intervention" policy and procedures

Section-IV
Course of Study

Clinical Year

Curriculum

CLINICAL PHASE JAN 2024 -DEC 2024							
UMSV	701	Behavioral Medicine and Healthcare	6	UMSV	707	Women's Health/OB-GYN	6
UMSV	702	Emergency Medicine	6	UMSV	708	Clinical Elective	6
UMSV	703	Family Medicine	6	UMSV	709	Seminar Capstone	1
UMSV	704	Internal Medicine	6	UMSV	710	Advanced Clinical Assessment	1
UMSV	705	Pediatrics	6				
UMSV	706	Surgery	6				
Credits - 50							

Section-V

Clinical Policies and Procedures

Clinical Course Descriptions

I. Clinical Year Policy Overview

Students will be assigned to clinical rotation sites with licensed healthcare preceptors provided by the PA program. Clinical site placement is determined by a variety of factors including, but not limited to, availability, geographical proximity and student strengths and weaknesses.

Students will be requested to submit preferred site locations to the Clinical Coordinator for consideration during the didactic year. This preferred site request is used to gauge the student's interests in certain medical disciplines and locations and does not guarantee placement at that site.

The decision for clinical site assignments is ultimately up to the discretion of the clinical site coordinators. There will be no changes in the clinical rotation schedule unless approved by the Clinical Coordinators.

A listing of all current sites utilized by the program is available on EXXAT®. ***During clinical clerkships, students are not to be utilized as substitutes for clinical or administrative staff as per ARC-PA Standards.*** The maintenance of good relationships with many clinical affiliates requires regular assignments of students. Therefore, students may be assigned to any site, including those requiring travel over toll bridges/roads.

Students are not required to provide clinical rotation sites.

- a. However, a student may express interest in a new clinical location that has not been previously utilized by the PA Program. Students may request the opportunity to attend new rotation sites.
- b. The proposed new rotation site must meet the program expectations.

Clinical Coordinators must vet the site to ensure that it meets program standards and must be approved by the Program Director.

All Out of Town (OOT) rotation paperwork must be discussed with the Clinical Coordinators before any paperwork is submitted to allow vetting, approval and processing of the proposed rotation site.

II. Clinical Year Rotation Procedures

Before clinical rotations begin, the Clinical Coordinators and Clinical Administrative Assistants follow a step-by-step procedure to assist students who are entering the Clinical year. This step-by-step process is as follows:

- a. Before the clinical year begins a "Senior Talk" is given by the Clinical Coordinator
- b. Students will visit EXXAT® to receive specific information in regard to rotation sites, preceptor lists and required paperwork.
- c. Students are required to fill out and submit all required paperwork to their prospective rotations in a timely manner.
- d. Failure to complete required paperwork for a clinical site may result in rejection of the student at the clinical site and a withdrawal from the rotation.
- e. If no substitute affiliation is readily available, the student will be responsible to complete that rotation at the end of the clinical track.
- f. If student fails to submit required paperwork or fails to fulfil requirements of site in a timely manner, student may delay their graduation date if no other site is available.
- g. Students may be responsible for any bursarial charges that may incur.

III. Clinical Site Reporting

Standard Reporting Procedure for ALL Students

- a. On the first day of rotation all students are to report to their respective Preceptor or his/her designee.
- b. All students are to follow the proper security clearance as directed by the policies and procedures of the rotation site.
- c. If the rotation site deems it necessary that students submit paperwork prior to the start of the rotation, it is incumbent upon the student to allow sufficient time for the processing of all paperwork.
 - The student is responsible for facilitating their own paperwork to the clinical sites.
- d. Students may be asked to report to a particular site before the start of the rotation for processing.
 - In such cases the student will be required to make up any missed time from the current rotation he/she is attending.

IV. Students as Professionals

While on rotation, students are representatives of the PA program and the University of Mount Saint Vincent and are expected to maintain a level of professionalism that is associated with the Physician Assistant profession and act in accordance with Program policies. Supervised Clinical Practice Experiences (SCPEs) must be attended on a regular and punctual basis.

V. Clinical Site (SCPE's) Attendance Requirements

Attendance

Attendance on clinical rotations is MANDATORY. Clinical rotations begin on Monday, unless otherwise stated by the program or Holiday schedule.

If a student is absent, the **Clinical Coordinators, the Clinical Administrative Assistant AND the Clinical Site must be notified.**

The following attendance guidelines must be followed:

- a. Documentation from a health care provider must be provided for absences resulting from a medical condition. Medical diagnosis does not have to be included within the note. The note should include a statement that the student is capable of returning to full duty at rotation site.
- b. Excessive absences may result in disciplinary action.
- c. Failure to notify the school and the rotation site/preceptor of an absence will result in disciplinary action and referral to the Professional Conduct Review Committee.
 - All time away from clinical rotations must be made up to the satisfaction of the Clinical Preceptor and Clinical Coordinator.
- d. Failure to notify the Program and/or preceptor of absences or failure to make up the missed time may result in a deduction in the professionalism grade for the rotation.
 - Continuation of such behavior may result in disciplinary action and referral to the Professional Conduct Review Committee.
 - Time may be made up during vacations and weekends or at the end of the clinical year with Clinical Coordinator approval.
 - i. Missed time must be completed before a certificate of completion or a degree will be awarded.

- ii. Students must provide written documentation of the time made up signed by the preceptor.
- e. A preceptor is required to be present while a student is on a rotation, therefore in the event that a student misses time from a rotation due to preceptor absence, the student must notify the Clinical Coordinators to discuss the situation and ensure the required contact hours are met particularly if there should be a protracted absence.

Unanticipated Absences

- a. Unanticipated Absences
 - Unanticipated absences due to illness, accident or other unexpected events may be considered excused only if reported to the supervising physician/preceptors as early as possible and to the PA Program staff by 9:00AM on day of absence.
 - Unanticipated absences require written explanation within 48 hours regarding the circumstances of the absence to the Program Director

Absences

- a. Medical Necessity
 - Appropriate documentation should be submitted to the Clinical Coordinator when the student returns to school.
 - Absences requested for medical appointments for students or dependents will be considered excused only if a request is made in writing in advance of the appointment.
 - Students absent from a rotation for medical appointments must present a note from the medical provider confirming the appointment.
- b. Due to the intense nature of the curriculum, students are strongly encouraged to schedule appointments for evenings or weekend hours to avoid class conflicts

Unexcused Absences

- a. Any discovered or reported absence which does not fall into the above categories will be considered unexcused and will be recorded in the student's file.
- b. Any unexcused absence requires written explanation within 48 hours regarding the circumstances of the absence to the Program Director.
- c. A single absence may result in a referral to the Professional Conduct Review Committee who may issue either a Professional Warning or a Professional Probation.
- d. Two unexcused absences will result in a Professional Conduct Review Committee meeting to determine all possible sanctions and will result in Professional Probation or dismissal.
 - Continued unexcused absences may be grounds for dismissal from the program.
- e. Absences on the first or last day of a rotation, the day of a scheduled exam, the day before a scheduled exam or the day before or after a scheduled break, vacation, or weekend are considered unexcused unless prior written approval has been granted.
 - If such an absence is the result of a sudden unavoidable circumstance the Clinical Coordinator should be notified as soon as possible and provided with a written explanation for the absence.
 - *If the student is unable to provide documentation to excuse their absence the day/class before a scheduled exam the exam taken will be considered a make-up exam and the highest grade achieved will be a 70 (C-).*
 -

Lateness

Students are expected to leave the rotation when released by the preceptor. Students are not permitted to leave the rotation based on a bus/train schedule.

It is disruptive and disrespectful to arrive late or leave early from rotation.

- a. Excessive lateness or unexcused early departures may result in reduction of the professional component of the rotation grade or may be grounds for sanctions such as being placed on Professional Probation and eventual dismissal.

Each rotation requires students be present a minimum of 40 hours per week.

- a. If you are released early due to a request made to your clinical preceptor/attending be advised that you must make up the hours to the satisfaction of the preceptor.
- b. Requesting time off to study or requesting off or requesting day(s) off to study for the End of Rotation Exam will be considered unexcused absences

VI. *Dress Code and Identification*

We expect our students to dress professionally while at your clinical site. Clinical supervisors, preceptors or PA Program faculty reserve the right to remove any student from a clinical site/experience who is not appropriately dressed. If a student is sent home due to inappropriate attire, the student will not be permitted to make-up any clinical work, assignments, or experiences for the missed day. Any such episodes will be documented in the student's file.

Clinical Year Attire

- a. In some clinical locations certain surgical attire (scrubs) may be required, in this instance the student will follow the protocol of the clinical rotation.
- b. Men should wear conservative slacks (no jeans) and shirts with a tie.
- c. Women should wear slacks/skirts with shirts/blouses (skirts should be of a conservative length).
- d. No sneakers or open toed shoes are permitted, shoes must be worn with socks or stockings; heel height should be conservative (2-inch).
- e. Jewelry, make-up and cologne are best if conservative and subtle.
- f. Hair for both men and women should be worn in a neat, conservative style.
- g. Half-length white lab coats with Program patches and Program ID tags clearly identifying the wearer as a University of Mount Saint Vincent-Physician Assistant Student are required unless otherwise directed by the clinical preceptor.

Clinical supervisors, preceptors or PA Program faculty reserve the right to remove any student from a clinical site/experience who is not appropriately dressed. If a student is sent home due to inappropriate attire, the student will be required to make-up any clinical work, assignments or experiences for the missed day. Any such episodes will be documented in the student's file. Under no circumstances should students wear a long white coat.

Identification

Physician assistant students should be identified by a clearly marked program identification badge while on clinical experiences at other institutions. At minimum, students will introduce themselves as physician assistant students and sign all documentation with their legible full signature followed by 'PA student'. Students should clearly display their current UMSV identification while on campus.

At no time should a student, either by virtue of his or her skills or knowledge attained while progressing through the program, misrepresent him or herself as being other than a physician assistant student. While in the program, students may not use previously earned titles (i.e. RN, MD, DC, DPM, DDS, PhD,

etc.) Failure to identify oneself appropriately or misrepresenting oneself will result in either academic probation or possible dismissal from the Program.

VII. Professional Conduct

Students are professional trainees and representatives of University of Mount Saint Vincent. They come in contact with patients, families and variety of health professionals during their education. The faculty monitors the professional development of all students as well as their academic development. In addition, students are expected to conform to the American Academy of Physician Assistant Code of Ethics to maintain patient confidentiality, safety, and dignity.

Patients' Rights and Confidentiality of Medical Record and Protected Health Information

All Students received training and written reference materials regarding HIPAA compliance as applicable to their clinical work and other training while at all clinical sites, including hospitals and medical/surgical offices.

All data gathered about the patient and his/her illness, including all items within a patients' medical history, is privileged information.

Students' should not discuss a patient's record in a manner or situation, which would reveal any information about that patient his/her records to persons not involved in his/her health care.

Charts or contents, e.g., lab reports, etc., are not to be removed from the hospital or clinical setting. If photocopies of work are to be submitted to the Program for evaluation, all specific references to the patient (i.e., name, address, and ID#) must be deleted. The use of correction fluid or crossing out the identifying information is prohibited.

Reference, at any time to patients in a dehumanizing or insensitive manner is not professional and will not be tolerated. Such an infraction will be reviewed by the Program Director and the Academic Progress Committee (APC), and is justification for recommendation of placement on professional probation and could result in dismissal from the Program.

VIII. Patient Records, Preceptor Review and Countersignature

On each clinical rotation, it is the student's responsibility to ensure that his/her patients are also seen by the Supervising Physician or Preceptor. The Supervising Physician or Preceptor should also review all student notes written in medical records and countersign these documents.

Under no circumstance should student initial orders for any patient on any rotation without immediate physician consultation and countersignature.

Under no circumstance should a student sign prescriptions. The only signature, which should appear on a prescription, is that of the licensed preceptor.

IX. Title, Identification and Representation

Role and title confusion are common problems encountered in dealing with patients, e.g., some patients identify all those wearing short white coats as physicians. Students have been instructed to avoid misrepresentation by politely explaining their role and position.

In professional interactions with patients and others, a student should introduce him/herself as a “PA student” and your first or last name.

Students should use the designation, PA student, following all notations in charts, records and other medical forms. The abbreviation “PA-S” is less familiar and should be avoided to prevent title confusion.

In all professional communications, a student should introduce themselves as a PA student. No student should casually accept the “page” of a doctor.

X. *Standards of Professional Conduct for the PA Student*

In addition to knowing and complying with the principles and standards promulgated by the American Academy of Physician Assistants, The National Commission on Certification of Physician Assistants, physician assistant students are required to know and comply with the policies, procedures and rules of the Physician Assistant Program and the University of Mount Saint Vincent. 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, health care workers, and fellow students with dignity and respect. For example:

- Physician assistant students must recognize and embrace their role as a member 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 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 changes in the schedule. For example, instructors who are also practicing clinicians may not have a regular schedule and accordingly flexibility is required of physician assistant students. Lectures or clinical sessions may, at times, need to be rescheduled with short notice. In addition, clinical sites create the student schedules for the clinical year and such schedules may require physician assistant students to work evenings, weekends, nights, and holidays.

Academic Integrity

Physician assistant students are expected to comply with the University’s Academic Honesty and Student Conduct (<https://mountsaintvincent.edu/academics/resources/registrar/undergraduate-academic-policies/academic-honesty-and-student-conduct/>). In addition, physician assistant students must know and comply with the academic integrity policy of the Physician Assistant Program which includes, but is not limited to, the following:

- Students are not permitted to use notes or other materials during examinations unless expressly authorized in advance to do so by the instructor.
- Students are required to do their own work and, without prior approval of the instructor, may not submit work created by others (including such things as term papers purchased from commercial enterprises) as their own work.
- Students are required to sit for examinations that are submitted to fulfill their own academic obligations; students may not have another student or person take an examination for them.
- The same academic work may not be submitted more than once for credit, honors or to fulfill the requirements of an academic exercise.
- Obtaining a copy of an examination or graded assignment (*e.g.*, case presentation, patient education project) used in a previous year, previous rotation, or completed by another person is prohibited.
- Prior to taking an examination or completing an assignment, students are not permitted to review prior related examination questions or answers and/or graded assignments completed by another person.
- A student may not knowingly allow another student to copy or use his or her work.
- A student must give proper attribution when using the words or ideas of another person, whether in a written or oral academic exercise. This includes, among other things, proper citation of quoted and paraphrased material.
- Knowingly presenting false information to Program faculty and staff, supervisors, patients and clinical preceptors is prohibited.
- Falsifying any information including, but not limited to, laboratory data and patient information, is prohibited.
- Falsifying any document is prohibited.
- Forging another's name or signature is prohibited.
- Misrepresenting oneself as a graduate of the Program or one's physician assistant student status as, for example, a physician assistant, nurse practitioner, medical resident, and the like, is prohibited.
- Using someone's computer sign on and password.

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 completing 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 health care professionals and students, faculty and staff of the Physician Assistant 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 clinical coordinator, 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 the patient. Concern for the patient is manifested in many ways including, but not limited to, the following:
 - Physician assistant students must treat patients and their families with dignity and respect.
 - At all times the physical and emotional comfort of the patient is of paramount importance.
 - Students must use appropriate verbal and non-verbal communication to convey concern, pleasantness and professionalism to the patient.
 - The patient's modesty should be considered at all times.
 - Students shall deliver health care services to patients without regard to their race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, creed, disability, medical condition, socioeconomic status or political beliefs, or any status protected by law.
 - Students may not accept gifts or gratuities from patients or their families.
 - Sexual and romantic relationships with patients are prohibited and will not be tolerated.

Professional Demeanor

Physician assistant students must dress in professional, neat and conservative attire. Nametags or badges are required to be worn at all times. Good personal hygiene is always required. (More detailed information on the dress code applicable to physician assistant students may be found in the Dress Code Policy UMSV 202.).

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 Program's Drug and Alcohol Policy UMSV 601 and all other applicable policies and procedures concerning the use of drugs and alcohol at University of Mount Saint Vincent clinical sites. Students are prohibited from appearing at any clinical site while under the influence of alcohol or any drug that may affect performance or judgment. Clinical sites may require additional drug/alcohol testing before your rotation. The student is responsible for the cost.

Background Check

All physician assistant students will have a background check completed at beginning of their beginning of their clinical year. Some sites may require a background check prior to the start of a rotation. If a physician assistant student does not pass their background check, they are at risk of delaying or prohibiting graduation from the program. (Policy UMSV 205) The student is responsible for the cost.

Timeliness and Lateness

Attendance and timeliness are important aspects of professional behavior. Students must report to all events and rotations as scheduled and on time. Timely return from designated breaks is required. Students must return messages from Program staff, faculty, clinical preceptors, patients 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 they are due.

The professional conduct of physician assistant students is evaluated on an on-going basis throughout your time in the Program. Violations of standards of conduct are subject to disciplinary actions administered by the University and by the Physician Assistant Program.

XI. *Scheduling for Clinical Sites*

During the didactic year, the clinical team will meet with you to discuss clinical rotations. You will be given an information sheet to complete with your preference for your elective rotation. Elective rotations are filled on a first come, first served basis and the PA Program reserves the right to assign a student to a clinical elective based upon availability of sites. Students may request to repeat one of the mandatory rotations, which will be honored based upon availability.

As stated in the handbook, if a student is not deemed ready for clinical rotations, they will have a six-week remediation period in place of their elective rotation, which will replace the first rotation. Under the recommendation Academic Performance Committee, a student can be placed held from fifth clinical rotation for six-week period of remediation. If a student requires more than one remediation period in the clinical year, their graduation will be delayed. After the six-week remediation period, a student will be scheduled, based upon site availability. If the necessary site(s) are not available for that student, their graduation time may be delayed. The PA Program will make every effort to schedule students, but it is dependent upon site availability.

Students are not permitted to find their own clinical sites. If a student knows a place they would like to do a rotation, they can forward the information to the PA Program. The PA Program can investigate the site to see if it is suitable, and obtain a contract and perform the necessary vetting procedures.

Students are not permitted to contact the University's clinical sites to set up rotations. Students are not permitted to switch rotations with other students. All schedule issues should be discussed directly with the clinical coordinator. Students are not permitted to switch sites between students. If a student does not follow the policies or information in the handbook, they can lose professionalism points and appear before the Professional Conduct Review Committee.

XII. *Transportation*

Throughout the professional phase of the Physician Assistant Program students are required to attend clinical rotations and participate in clinical experiences in a variety of community medical settings throughout the Tri-State area, including but not limited to NY, NJ, and CT.

Students are required to provide their own transportation to hospital and clinical sites during the professional phase. Transportation to various hospitals, clinical experiences and other events will be the student's responsibility. Clinical year students are responsible for transportation to all clinical rotation sites and to the Program on call back days. Students may not request sites based upon transportation issues.

XIII. *Malpractice Insurance*

Students are required to maintain malpractice liability University in order to be on site at any of our clinical affiliates. Failure to maintain malpractice insurance requires removal of the student from the clinical site. This will lead to delayed graduation or inability to finish the Program resulting in dismissal.

XIV. *Simulation Lab Code of Conduct*

The University's simulation training facility contains simulation centers, laboratories, and classrooms for inter-professional collaboration and to permit students to hone their clinical skills in an environment focusing on patient safety and quality.

The Clinical Education Labs are to be treated like a REAL clinical environment. The simulation lab provides a safe learning environment, and all simulations are for learning purposes only. Student performance during a simulation is not to be discussed outside of the course. As a healthcare professional, you are to treat the simulator like your patient.

XV. *EXXAT*

Students will log encounters and procedures associated with those patient encounters in EXXAT. Students will be responsible for keeping their logs up to date. Failure to keep logs up to date and meet the minimum requirements will result in loss of points for logging.

XVI. *Successful Completion of a Clinical Course*

In order to successfully complete Courses 701 through 708, students must obtain a passing grade on BOTH the final preceptor evaluation and the end of rotation exam. If a student fails an end of rotation exam, they may take a second exam. No matter the grade on the second exam, the minimum achievable grade will be the minimum passing grade for an end of rotation exam.

XVII. *Clinical Year Academic Evaluations*

The University of Mount Saint Vincent-Physician Assistant students will be evaluated utilizing various processes to ensure they meet or exceed the standards put forward by the "ARC-PA Accreditation Standards for Physician Assistant Education-5th Edition".

The processes are listed below:

- a. PAEA developed End of Rotation Examinations (EORE)
- b. Clinical Year Summative examinations
- c. History and Physical write-ups, SOAP notes
- d. Call-back classroom participation
- e. Faculty advisory reviews
- f. Clinical preceptor evaluations mid and final
- g. Observations by faculty of student involvement in classroom activity, small group projects and discussion-oriented groups such as:
 - i. Journal Club
 - ii. Poster Development
- h. Objective Structured Clinical Examinations (OSCE's) and Objective Structured Long Examination Record (OSLER's)
- i. Performance of clinical procedures via preceptor evaluation
- j. Oral patient presentations seen during clinical rotations
- k. P-DAT (Professional Development Assessment Tool)

XVIII. Clinical Year Clerkship Schedule

Clerkship 1 (spring 2024)	January 2 – February 11, 2024	Call Back: Feb 9 th
Clerkship 2 (spring 2024)	February 12 – March 24, 2024	Call Back: Mar 22 th
Clerkship 3 (spring 2024)	March 25 – May 5, 2024	Call Back: May 3 rd
	*Vacation May 6 – May 12, 2024	
Clerkship 4 (summer 2024)	May 13 – June 23, 2024	Call Back: June 21 st
Clerkship 5 (summer 2024)	June 24 – August 4, 2024	Call Back: August 2 nd
	*Vacation August 5 – August 11, 2024	
Clerkship 6 (fall 2024)	August 12 – September 22, 2024	Call Back: September 20 th
Clerkship 7 (fall 2024)	September 23 – November 3, 2024	Call Back: November 1 st
Summative Evaluations	November 4 – November 8, 2024	
Clerkship 8 (fall 2024)	November 11 – December 22, 2024	Call Back: December 20 th

***Vacation time is scheduled only as noted above. All Call Back Dates and Capstone dates are subject to change as needed.**

****ALL Call Back Dates are Mandatory*****

XIX. Overview of Clinical Courses

Each student will complete rotation in the seven core rotations Behavioral Medicine and Healthcare, Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, Surgery, Women's Health/OB-Gyn and one elective rotation. Each rotation is six weeks in length. Students are expected to work a minimum of 40 hours per week, some rotations may be 60 hours per week with time scheduled on evenings, weekends, overnights, and holidays. The schedule is set by the preceptor, who may consult with the PA Program.

There are two additional courses in the clinical year to prepare students for progression through the clinical year and clinical practice. The Seminar Capstone and Advanced Clinical Assessment courses run throughout the clinical year. The Seminar Capstone course allows students to explore research culminating in the production of an article suitable for publication or a poster for presentation at a state or national conference. Advanced Clinical Assessment prepares students for the end of curriculum and NCCPA board exams through activities on call back days including lectures, seminars, student presentations and simulation. Attendance at **ALL** call back sessions is mandatory.

XX. Clinical Year Course Descriptions

CLERKSHIP IN BEHAVIORAL MEDICINE AND HEALTHCARE (UMSV 701)

During this six-week clinical clerkship the student will be exposed to and actively participate as a member of the behavioral health team and function under the direct supervision of the assigned clinical preceptor, supervision of attending physicians, house staff, physician assistants or other credentialed providers for the specialty. The goal of clinical clerkship is to provide the student with practical clinical exposure to patients, including common behavioral health conditions, diagnostic procedures, interviewing and counseling techniques and treatments and technologies that are common for the behavioral health specialty addressing patients across the life span. Preceptors will guide the students learning activities to assist them in achieving the course learning objectives. It is likely that not all clinical conditions required for the mastery of this content area will be encountered during the clerkship. Student self-directed learning activities, and clinical clerkship support materials will complement the preceptor directed activities.

CLERKSHIP IN EMERGENCY MEDICINE (UMSV 702)

During this six-week clinical clerkship the student will be exposed to and actively participate as a member of the facility's emergency healthcare team and function under the direct supervision of the assigned clinical preceptor, supervision of attending physicians, house staff and physician assistants. The goal of this clinical clerkship is to provide the student with practical clinical exposure to patients with emergent or urgent medical conditions, diagnostic procedures, treatments and technologies that are specific to the emergency medicine specialty addressing patients across the life span. Preceptors will guide the students learning activities to assist them in achieving the course learning objectives. It is likely that not all clinical conditions required for the mastery of this content area will be encountered during the clerkship. Student self-directed learning activities and clinical clerkship support materials will complement the preceptor directed activities.

CLERKSHIP IN FAMILY MEDICINE (UMSV 703)

During this six-week clinical clerkship the student will be exposed to and actively participate as a member of a facility's family medicine healthcare team and function under the direct supervision of the assigned clinical preceptor, attending physicians, supporting medical staff and physician assistants. The

family medicine clinical clerkship will provide the student with practical clinical exposure to primary care patients, including common medical conditions, diagnostic procedures, treatments and technologies common to the family medicine healthcare environment. Preceptors will guide student learning activities to assist them in achieving course goals, learning outcomes and objectives. It is likely that not all clinical conditions required for the mastery of this content area will be encountered during the clerkship. Student self-directed learning activities and clinical clerkship support materials will enhance the learning experience of this course and complement the preceptor directed activities.

CLERKSHIP IN INTERNAL MEDICINE (UMSV 704)

During this six-week clinical clerkship the student will be exposed to and actively participate as a member of the facility's internal medicine healthcare team and function under the direct supervision of the assigned clinical preceptor, supervision of attending physicians, house staff and physician assistants. The goal of clinical clerkship is to provide the student with practical clinical exposure to patients, including common medical conditions, diagnostic procedures, treatments and technologies that are common for the healthcare environment specific to the internal medicine specialty. Preceptors will guide the students learning activities to assist them in achieving the course learning objectives. Student will be provided an education module regarding the management of patients with end-of-life conditions, addressing issues and concerns of patients, family and the multidisciplinary team involved in the palliative care planning and care of the terminally ill patient. It is likely that not all clinical conditions required for the mastery of this content area will be encountered during the clerkship. Student self-directed learning activities and clinical clerkship support materials will complement the preceptor directed activities.

CLERKSHIP IN PEDIATRICS (UMSV 705)

During this six-week clinical clerkship the student will be exposed to and actively participate as a member of the facility's pediatric healthcare team and function under the direct supervision of the assigned clinical preceptor, supervision of attending physicians, house staff and physician assistants. The goal of clinical clerkship is to provide the student with practical clinical exposure to pediatric patients, including common medical conditions, diagnostic procedures, treatments, and technologies common for the healthcare environment specific to the pediatrics specialty. The student will be exposed to not only the ill child, but also to the well child development and growth within the family unit and in peer interactions. Preceptors will guide the students learning activities to assist them in achieving the course learning objectives. It is likely that not all clinical conditions required for the mastery of this content area will be encountered during the clerkship. Student self-directed learning activities and clinical clerkship support materials will complement the preceptor directed activities.

CLERKSHIP IN SURGERY (UMSV 706)

During this six-week clinical clerkship the student will be exposed to and actively participate as a member of the facility's general surgery healthcare team and function under the direct supervision of the assigned clinical preceptor, supervision of attending physicians, house staff and physician assistants. The goal of clinical clerkship is to teach the student to perform a thorough rapid and methodical assessment, evaluate acutely and potentially ill surgical patients. The student will work as a member of the medical team providing immediate pre-and post-op-care as well as gaining hands-on experience in the operating room setting, including the common diagnostic procedures, treatments and technologies common for the general surgery specialty. Preceptors will guide the students learning activities to assist them in achieving the course learning objectives. It is likely that not all clinical conditions required for the mastery of this content area will be encountered during the clerkship. Student self-directed learning activities and clinical clerkship support materials will complement the preceptor directed activities.

CLERKSHIP IN WOMEN'S HEALTH-OB/GYN (UMSV 707)

During this six-week clinical clerkship the student will be exposed to and actively participate as a member of the facility's women's healthcare team and function under the direct supervision of the assigned clinical preceptor, supervision of attending physicians, house staff and physician assistants. The goal of clinical clerkship is to provide the student with practical clinical and participate in the care of a variety of patients with obstetric or gynecological complaints. The student will become proficient in accurate assessment of the obstetric patient with emphasis on pre- and post- natal care. The student will also become involved with the practice of "preventive" obstetrics and gynecology as well as common gynecologic disorders. Preceptors will guide the students learning activities to assist them in achieving the course learning objectives. It is likely that not all clinical conditions required for the mastery of this content area will be encountered during the clerkship. Student self-directed learning activities and clinical clerkship support materials will complement the preceptor directed activities.

CLERKSHIP - ELECTIVE (UMSV 708)

Students may choose to seek specialty clinical clerkship to augment their clinical experience or choose to perform additional time to build a great foundation of one of the core clinical clerkship. During this six-week clinical clerkship, the student will be exposed to and actively participate as a member of the healthcare team of the elective clerkship and function under the direct supervision of the assigned clinical preceptor, supervision of attending physicians, house staff and physician assistants. The goal of elective clinical clerkship is to provide students either an experience in a new clinical area or additional exposure to patients, including common medical conditions, diagnostic procedures, treatments and technologies that are common for the healthcare environment specific to the clerkship or elective specialty. Preceptors will guide student learning activities to assist them in achieving the course learning objectives. It is likely that not all clinical conditions required for the mastery of this content area will be encountered during the clerkship. Student self-directed learning activities and clinical clerkship support materials will complement the preceptor directed activities.

CLINICAL YEAR SEMINAR CAPSTONE COURSE (UMSV 709)

Although the UMSV is a non-thesis Master degree it is expected that the student will research and write a final paper or prepare poster presentation suitable for display at state or national PA conference that will be thoroughly researched. The final project will include writing a clinical review article suitable for publication in JAAPA or similar publication or poster presentation at PA state or national organization.

ADVANCED CLINICAL ASSESSMENT (UMSV 710)

This course is designed to assist the PA student to be successful in clinical clerkships and transition into common professional workplace environments. This course is presented in a seminar style that will also include self-directed learning modules. Topics will include inter-professional education (communication and PA healthcare team relations); reimbursement, billing and coding; electronic medical record, information technology for patient/health education and preventive care; systems-based practice; insurance systems and prior authorization; patient safety and quality improvement, include preparing for employment (licensing, credentialing and finding employment); workplace stress and provider burnout; medico-legal and risk management; and current issues, professional and current events in medicine and trends facing the PA Profession. In addition to scheduled topics, students will be responsible for reviewing assigned topic related readings, researching topic related items and/or presenting case or topic related materials

This seminar course will provide students with an orientation to clinical practice including preparation for the National Commission of the Certification of Physician Assistants examination and information

requirements for licensure. The course requires attendance and participation at **ALL** call back days and other scheduled learning days throughout the clinical year. Formative examinations will be administered to assess medical knowledge basic and skill sets acquired prior graduation and entering the clinical practice of medicine. Written summative examinations, a practical (Objective Structured Clinical Experience- OSCE/ Objective Structured Long Examination Record – OSLER) examination, and a Professional Assessment Evaluation Tool (P-DAT) will be administered to ensure the student has integrated the course content and demonstrates readiness for entry into clinical practice. Students will have the opportunity to further develop and foster the physician assistant student’s ability to think critically through patient simulation experiences, which will help prepare the student for the summative culminate in a formal OSCE/OSLER examination required to pass the course. Student must successfully pass both the end of curriculum exam and the OSCE/OSLER exam in order to pass this course

Section VI
Clinical Year Textbooks

I. **Clinical Year Textbooks**

All text books from didactic year.

Levine, B. J., MD, FACEP (Ed.). (n.d.). *EMRA Antibiotic Guide* (19th ed.).
ISBN-13-978-1929854554

Maxwell, R. W. (2012). *Maxwell quick medical reference*. Place of publication not identified: Maxwell Pub.
ISBN-13: 978-0964519152
ISBN-10: 0964519151

Gilbert, D. N., Chambers, H. F., Eliopoulos, G. M., & Saag, M. S. (n.d.). *The Sanford guide to antimicrobial therapy 2021* (51st ed.).
ISBN-13: 978-1930808782
ISBN-10: 193080878X

Gomella, L. G., & Haist, S. A. (2007). *Clinician's pocket reference* (11th ed.). New York: McGraw- Hill.
ISBN-13: 978-0071454285
ISBN-10: 0071454284
Also on Access Medicine

Hamilton, R. J., MD (Ed.). (2020). *Tarascon Pocket Pharmacopeia 2016 Shirt-Pocket Edition* (30th ed.). Jones & Bartlett.
ISBN-13: 978-128419160
ISBN-10: 12841916X

Access Medicine
<https://accessmedicine.mhmedical.com/>

Section VII
***Program Academic Policies and
Standards***

I. Clinical Year Academic Evaluations

The University of Mount Saint Vincent-Physician Assistant students will be evaluated utilizing various processes to ensure they meet or exceed the standards out forward by the “ARC-PA Accreditation Standards for Physician Assistant Education-5th Edition”.

The processes are listed below:

- a. PAEA Generated End of Rotation Examinations (EORE)
- b. Clinical Year Summative examination
- c. History and Physical write-ups
- d. Call-back classroom participation
- e. Faculty advisory reviews
- f. Clinical preceptor evaluations-Clinical
- g. Clinical preceptor evaluations-Professional (*See Clarification Below)
- h. Observations by faculty of student involvement in classroom activity, small group projects and discussion-oriented groups such as:
 - iii. Journal Club
 - iv. Poster Development
- i. Observed, Structured, Clinical Examinations (OSCE’s)
- j. Objective Structured Long Examination Record (OSLER)
- k. Performance of clinical Procedures via preceptor evaluation
- l. Oral patient presentations seen during clinical rotations
- m. PACKRAT-II (This will be utilized as an evaluation tool only and will not be utilized for the purpose of determining any student letter or numerical grade)
- n. PDAT (Professional Development Assessment Tool)

II. Professional Evaluations

From the initial day of a student’s orientation into the UMSV-PA Program it is stressed to students the importance of maintaining a professional demeanor at All times. This relates to not only how they interact with faculty and staff but also how they interact with their peers on a daily basis. Respect for one’s peers is an important aspect of building a professional appearance. Manner of dress and hygiene is also stressed (*See Dress Code in Student Handbook*) Other areas include conversational tone, acceptance of criticism, anger management, respect for varying cultures and attitudes and more importantly treating all patients and fellow colleagues as they themselves wish to be treated.

Violations of these standards are taken very seriously within the UMSV-PA Program. Students shown to be in violation of Professional Standards will be immediately referred to the Professional Conduct Review Committee. Violations of standards of conduct, including but not limited to, the areas discussed above will be the subject of disciplinary actions which may result in:

- a. Professional Warning
- b. Professional Probation (which will remain on the student’s permanent record and can be accessed by employers and other educational institutions)
- c. Dismissal from the UMSV-PA Program

III. Professional Conduct Review Committee (PRC)

Please refer to Student Handbook.

IV. Academic Performance Committee (APC)

Please refer to Student Handbook

V. **Standards of Progression-UMSV Physician Assistant Program**

All University of Mount Saint Vincent Physician Assistant Students are required to maintain a cumulative GPA of 3.00 or higher.

Students must maintain a minimum grade of C- (70%) in all UMSV designated courses as well as a “P” in all UMSV pass/fail courses.

Students must also complete all of the requirements designated for every UMSV specific courses

Promotion through the University of Mount Saint Vincent Physician Assistant Program-General Outline

- a. All University of Mount Saint Vincent Physician Assistant Students must comply with the following criteria:
 - Standards of Principles of Conduct for the Physician Assistant set forth in the UMSV-PA Student Handbook and by the National Commission on Certification of Physician Assistant (*Revised 2019*)
 - <https://www.nccpa.net/code-of-conduct>
 - Guidelines for Ethical Conduct for the PA Profession set forth by the American Academy of Physician Assistants (AAPA), *Adopted 2000 Reaffirmed 2013, amended 2004, 2006, 2007, 2008, 2018* <https://www.aapa.org/download/56983/>
 - Adhere to the policies of the University of Mount Saint Vincent-Physician Assistant Program
- b. All written, physical, or combination examinations must be successfully completed.
- c. A satisfactory rating from the Academic Performance Committee must be obtained through meeting all academic and professional standards as outlined above
- d. Students must demonstrate that they possess the clinical skills that will be needed for clinical practice as determined by the University of Mount Saint Vincent-Physician Assistant Program

Progression through the Program-Successful Completion of the Clinical Year

- a. Follow all policies (rules) and regulations published by the UMSV-Physician Assistant Program
- b. Maintain professional behavior within the UMSV-PA Program at all times and showing respect toward all faculty members and administrative staff of the UMSV-PA Program
- c. Successfully Pass the Clinical Year Summative examination
- d. Successfully pass all End-of-Rotation-Examinations (EORE)
 - *Note: Only 2-Make-up examinations of a failed EORE are permitted during the clinical year of study with successful remediation of the EORE (Make-up Exam)*
 - i. Any student who fails an EORE will have to appear in front of the APC for academic review and possible sanctions which may include:
 - ✚ Placement on Academic Warning/Probation
 - ✚ Clinical Remediation
 - ii. Failure of the EORE **make-up examination** will result in student failing the entire clinical clerkship thus necessitating a repeat of the clinical clerkship and appearance before the APC.
 - ✚ *As noted below (section-d) only 1-Clinical clerkship failure is allowable during the clinical year of study.*
 - iii. No make-up examination will be allowed following a Failure of a third EORE within the clinical year.

- ✚ Student will be automatically be dismissed from the UMSV PA program.
- e. Successfully pass all Clinical Rotations and preceptor evaluations
 - *Note: Failure of One (1) Clinical Clerkship will result in the following actions*
 - i. Student will have to repeat the failed clinical clerkship along with the EORE
 - ✚ Repeating of the clinical clerkship may result in loss of an elective rotation along with placement in the clinical remediation program thus delaying graduation
 - ii. Student will appear in front of the APC for a review of the clinical rotation difficulties and possible remediation
 - **Any student who fails a clinical clerkship will be required to repeat the clinical clerkship at a different facility, NO EXCEPTIONS**
 - **Failure of a second clinical clerkship will result in the student being dismissed from the UMSV-PA Program**
- a. At the end of the clinical year (2-months prior to graduation) all students will be evaluated via the use of a *“Professional Performance Evaluation Form*.
 - The *Professional Performance Evaluation Form* grades a student based on “Outstanding”, “Satisfactory”, “Needs Improvement” and “Unsatisfactory”. Students **must achieve** a rating of “Needs Improvement” or better in **ALL** categories.
 - i. Failure to satisfactorily pass the Professional Performance Evaluation review will result in the student being placed within the clinical remediation program where the deficiencies note on the Professional Performance Evaluation Form will be addressed.
 - ✚ Upon successful completion of the above clinical remediation the student to will be allowed to graduate the program.
 - ✚ If the student progress as evaluated within the clinical remediation program shows no improvement in outlined deficiencies that student will not be given clearance to graduate the program.

VI. Academic Warning

A more detail explanation can be found within the UMSV Policy and Procedure Manual specifically UMSV 311-Academic Warning-Academic Probation

VII. Academic Probation

This is a designation assigned to students who through their academic performance failed to maintain a cumulative GPA of 3.00 by the end of a didactic semester. Affected student’s will be given 1-semester to strengthen their cumulative GPA to 3.00

VIII. Cumulative Grade Point Average (GPA) below a 3.00

If a student’s cumulative GPA falls below the required 3.00 that student will appear in front of an Academic Performance Committee and be placed on Academic Probation. At the conclusion of the probationary semester the student must have a 3.00 or higher cumulative GPA

- a. The student will have 1-full semester to bring his cumulative GPA to a level of 3.00 or greater.
- b. If, by virtue of past academic performance, a student cannot mathematically achieve the required 3.00 GPA within the 1-semester timeframe that student will be dismissed from the UMSV-PA Program

Section VIII

UMSV PA Program Grading and Examination Policies and Standards

I. **Grading System**

Grading System

A letter grade is awarded as a measure of student performance only by the faculty member assigned to teach a particular course and section. The following describes the letter grading system and its descriptive and quantitative (percentage) equivalents. These equivalents are shown only as guidelines for faculty. Specific grading policies should be announced by the instructor in a given course.

Minimal passing grade within the UMSV-PA Program is a C- (70%). Anything below a C- is considered a failure.

Grading Scale

Grading range for letter grades:

A = 93-100 (4.0)	B+ = 87-89 (3.33)	C+ = 77-79 (2.33)
A- = 90-92 (3.67)	B = 83-86 (3.0)	C = 73-76 (2.0)
	B- = 80-82 (2.67)	C- = 70-72 (1.67)
		F=<69.5% (0)

NOTE:

A final average of at least 70% (>69.5 which is rounded to 70%) is required to pass this course. Final grades less than 70% are considered failing and will be recorded as an "F". A grade of 70% equates to a GPA of 1.67.

Students must maintain a cumulative GPA of 3.0 (grade range 83-86)

- a. A grade of "Incomplete" is used when, for reasons satisfactory to the instructor, certain course assignments remain outstanding. **Refer to UMSV-314 for a complete description**
- b. *Work must be completed by the end of the present semester or the grade of "Incomplete" becomes an "F" on the transcript.*
- c. Extensions of time for completion, based on compelling reasons, may be granted by the UMSV-PA Program Director following consultation from the Principal Faculty member assigned as course instructor.
- d. In-Progress (IP grade) may be used only for completion of an acceptable master's project or thesis.
 - The criteria for applying for an IP grade are available from the UMSV-PA Program Director.

Please note: Students enrolled in the University of Mount Saint Vincent Physician Assistant Program are expected to maintain a minimum index of 3.0 (B). Students who receive a grade below C- (70%) will refer to UMSV 311, 312, 313 for a complete explanation of the grading criteria and evaluation of academic performance.

Important Delineation:

As is clearly observed a UMSV-PA student can successfully pass all of the required didactic course work with the minimally acceptable grade of B- (80%). Please note that even though this is "passing" the cumulative GPA will only amount to a 2.667 which is BELOW the standard set for advancement within the UMSV-PA Program.

Grade Reports

At the end of each session, students are able to access their course grades and view their academic records online by using their University of Mount Saint Vincent ID number. However, grades can be viewed online only by those students whose financial accounts have been settled. Students can print copies of the grade reports.

II. Examination Policy

Can also be found in your policies and procedure handbook UMSV-324

Examination Policy-Guidelines

Examinations will be given in either a computer based or written format. Proctors will be present for every examination and will review the specific examination procedure and protocol, including length of exam and seating arrangements prior to the start of every examination. Students will be advised, prior to the start of the examination, of the exact time-length allowed for the examination. The time-length of the examination may vary and is dependent on the number and type of questions being put forward.

During examinations, assigned seating may be used at the discretion of the proctor. Students are not permitted to leave their seats during the exam, other than to turn in their exam/paper or validate completion on their laptop device. Students are required, on all lap-top based examinations, to keep their screens flat to the desk surface to minimize other students from reviewing their lap-top screen.

Once an exam begins, no student is permitted to exit and re-enter the exam room under any circumstances until the exam is completed. Students who finish before the end of the testing period should not remain directly outside the testing room but congregate away from the testing site.

Examination Room Policy-General

Only writing tools and standard calculators (when required) are permitted on the desk. No notebooks/notes/cell phones/smartphones/textbooks/PDA's/ google glasses/I-Watch/laptops/hand-held computers/bags/coats/and personal items will be allowed.

- a. Any student found in violation of this directive will forfeit the examination and receive a grade of "zero" which will be factored into their final grade as well as appear in front of the Professional Review Committee for possible Professional sanctions.

Examination Room Policy-Cell Phones

All cell phones will be turned off and placed within the proper storage area located in the rear of the room in specially numbered bins assigned to each student. If your cellular phone goes off during an exam, your exam will be taken from you and you will be graded on the number of questions completed to that point. So, it is advised that every student turn-off their cellular device and not just silence the phone prior to the start of the examination.

Examination Policy-Violation of Academic Honesty-Cheating

Cheating on an examination is strictly prohibited and will result in your appearance before the Professional Review Committee and dismissal from the PA Program.

Further guidelines to consider:

- a. Retaining, copying, possessing an exam, in whole or in part, is considered theft of intellectual property.
- b. Reconstructing an exam in writing, in whole or in part, through memorization is considered unethical and unprofessional.
- c. Distributing and accepting such reconstructed exams constitutes academic dishonesty.

- d. Ethical and professional behavior is mandatory during testing and students should refrain from dressing or acting in a manner that can arouse suspicion, i.e., overcoats and brimmed hats, looking around during the exam.
- e. A proctor who observes a student cheating has the right to confiscate the exam and refer the student to the Program Director for referral to the Professional Review Committee with resultant sanctions to be considered.
- f. If it is discovered, following the completion of an examination, that students had an advanced copy of the examination, the entire examination will be discarded, and a new examination put in its place.

Examination Policy-Make-up Exams

Specific guidelines regarding this policy:

- a. No make-up examinations will be offered in the event of a failure of an individual exam except under the following circumstances:
 - Failure of a OSCE practical examination:
 - i. A student may make-up one (1) OSCE, grade <80%, per semester.
 - ii. A 2nd failure within the same semester will result in the student being referred to the Academic Performance Committee for possible dismissal from the program
- b. The make-up examination must be taken within a one-week timeframe
- c. Missed examinations are taken very seriously by the UMSV-PA Program and a decision on allowing a make-up examination is dependent on the following guidelines:
 - The student in question must provide written documentation, addressed to the course instructor and academic or clinical coordinators as to the reason for missing the examination.
 - It is left to the discretion of the course instructor along with the academic and clinical coordinators as to whether or not a make-up exam will be given after reviewing the students written documentation.
 - i. If the Academic and/or Clinical Coordinator rule a student can take the make-up examination then the highest grade achievable will be a C- (70%) and 80% for practical exams.
 - ii. If the Academic and/or Clinical Coordinator deny the student the permission to take the make-up examination the student can appeal to the Academic Performance Committee who will review the matter and render a determination which can include:
 - ✚ Allowing the student to take the make-up examination with the highest grade achievable being a C- (70%) or 80% for PD and placing the student on Academic Warning and any future missed exams will be grounds for dismissal from the program.
 - ✚ Confirming the denial of the make-up examination and the student will receive a “zero” for that examination.
 - The format of the make-up examination will be at the discretion of the program faculty but will not mirror the original examination that was missed.
- d. The UMSV-PA Program has the right to refuse to offer a make-up exam to any student who is absent or late for an exam, when the exam is scheduled on either of the following:
 - The last day of class before a vacation, scheduled break or weekend.
 - The day classes resume after a vacation, scheduled break or weekend.

Examination Policy-Review of Examinations

The following guidelines will be followed with regard to examination review:

- a. ***A review of an examination is only available to students who achieved a grade below B- (80%)***
- b. Students must request a meeting with Academic or Clinical administrative assistant who will go over the review process with the student and assign the student a time for the meeting.
 - If a student fails to report for the meeting they will forfeit their opportunity to review the examination and the grade will remain unchanged.
- c. Students, who meet the criteria in “a” and wish to review their grades must adhere to the following protocol:
 - Students will only be to be allowed to review the questions they got wrong.
 - Students will be allotted 15 minutes review time per exam.
 - Students may not remove an exam questions from the main office during review.
 - Students may not be in possession of cell phones, electronic devices of any kind or any form of writing implement.
 - An exam question contestation form needs to be completed in order to contest a question
- d. PAEA provides keyword analysis only and does not allow for review of exam questions, even by program faculty.

Examination Policy-Exam Revision

To ensure the validity of all examinations and to enhance the educational advancement of the PA students **ALL** examinations offered at the UMSV-PA program are subject to post-examination faculty review.

- a. The faculty will analyze exam question performance and those questions deemed invalid, for any reason, will be dropped from the examination and student grades will be recalibrated.
- b. If it has been determined that one question had two possible answers, both answers will be accepted and the grades re-calibrated
 - Students who received credit initially for the correct choice will not receive extra credit upon grade recalibration.
 - If more than two answers are deemed correct the question will be deemed invalid and dropped and the score will be recalibrated
- c. The faculty does not have access to exam questions for PAEA EOR exams or PACKRAT exams.

Examination Policy-Curving of Grades

No curving of any examination grades is allowable.

Examination Policy-Examination Security following an Evacuation

If in the event of a fire-alarm activation or emergency building evacuation the following protocol will go into effect:

- a. The assigned proctor will stop the examination and make note of the time remaining.
- b. Students will proceed to follow the instructions of the proctor as to the egress from the building
- c. Students will not be allowed to converse with each during the evacuation and will be on the honor-system.
- d. They will not be allowed access to their electronic devices
- e. Upon egress from the building students will line up with the proctor who will monitor the students for compliance in order to maintain examination integrity

- f. Upon termination of the fire-drill or evacuation process students will return to the classroom to their assigned seat and await further instructions.
- g. Depending on the amount of time remaining for the exam, and on the amount of time of evacuation of the building, and on the subsequent availability of the classroom, the instructor and/or faculty member in attendance will determine:
 - If the exam will resume immediately upon re-entry, to be completed in the time remaining from the originally allocated time;
 - If the interrupted exam will be disqualified, and a new exam will be given at a later date;
 - If the interrupted exam can be scored as is, but on a pro-rated basis.
- h. If the instructor and/or faculty member determines the examination integrity has been compromised the examination will be cancelled and the academic/clinical coordinator will schedule a second examination within 1-weeks' timeframe and inform students of decision within a 24-hour period.

Any student found in violation of the Academic Honesty Policy during exam evaluation proceeding will be subject to disciplinary action by the Professional Review Committee.

PAEA Exam Honor Code

Before each PAEA Exam (End of Rotation Exam, PACKRAT) student must attest to the following:

I am aware that the content of PAEA PACKRAT and End of Rotation exams is confidential and that this content is being disclosed to me today in a limited context to permit me to test and for no other purpose. I have been informed that the exams and exam questions are copyrighted and protected by US and international copyright and trade secret laws.

I agree that in the interest of honoring the legal rights of PAEA and the integrity of this testing process, I will not discuss or disclose PAEA Assessment exam content orally, in writing, on the internet, or through any other medium. I agree that I will not copy, reproduce, adapt, disclose, or transmit exams or exam questions, in whole or in part, or assist anyone else in doing the same, for any reason. I further agree that I will not reconstruct exam content from memory, by dictation, or by any other means, for the purpose of sharing that information with any other individual or entity.

I understand that prohibited acts include, but are not limited to: describing questions, passages, or graphics from the exam; identifying terms or concepts contained in exam questions; sharing answers to questions; referring others to information I saw on the exam; reconstructing a list of topics on the test; and discussing exam questions, answers, passages, graphics, or topics on internet chat rooms, message boards, forums, or through other means.

Furthermore, I agree to abide by all rules set forth by the proctors to ensure proper administration of the exam. This includes:

- All papers, preparation materials, and personal effects (including, but not limited to: notes, textbooks, electronic devices, phones, calculators, purses, and translation devices) must be powered down and stowed away now. No items, other than those provided to you, are allowed to be used for any purpose during the exam.

- All other computer programs, applications, and web browsers must be closed before and during the exam. The ExamDriver system will notify proctors with an alert if you access other material. PAEA

RESPONSIBILITIES PAEA ASSESSMENT: EXAM POLICIES 17

- Do not take photos or screen captures of the exam, per your student exam agreement. The ExamDriver system will notify the proctor with an alert if you do so.
- Talking is not permitted during the testing process.
- No assistance may be provided to you regarding any exam content. Please raise your hand if you are experiencing an issue with the exam portal or your computer.

If a violation of this honor code is suspected or reported, I agree to cooperate with any investigation, and I understand that the violation will be reported to my institution and that my exam score will be withheld until investigation of the violation is completed and PAEA has made a determination, in its discretion, whether a violation was committed.

AT THE END OF THE EXAM

As part of the student honor code that you assented to before beginning this exam, you agreed that, in the interest of honoring the legal rights of PAEA and the integrity of this testing process, you will not discuss or disclose PAEA exam content orally, in writing, on the internet, or through any other medium. You agreed that you will not copy, reproduce, adapt, disclose, or transmit exams or exam questions, in whole or in part, or assist anyone else in doing the same. You further agreed not to reconstruct exam content from memory, by dictation, or by any other means, for the purpose of sharing that information with any other individual or entity. If a violation of this honor code is suspected or reported, you agreed to cooperate with any investigation and understand that the violation will be reported to your institution, and your exam score will be withheld until investigation of the violation is completed and PAEA has made a determination, at its discretion, whether a violation was committed.

Section-IX
***Remediation of Academic and
Clinical Difficulties***

I. Remediation

General Statement

Remediation is an on-going process that was developed to assist the UMSV-Physician Assistant Student in overcoming academic difficulties that may be encountered during their didactic and clinical phases of study. Remediation within the UMSV-PA program is broad-based in design to meet the specific needs of the PA student by focusing on academic or professional deficiencies specific to a particular student. These deficiencies may include, but are not limited to, deficiencies of global medical knowledge, professionalism, interprofessional and communication skills, patient care and system-based practices.

Remediation may also take the form of remediating didactic assignments, examinations (both didactic and clinical), as well as assisting students to overcome time management and organizational difficulties, and deficiencies in study skills along with clinical reasoning and judgement.

Pre-Clinical Remediation (End of didactic Year)

This is a process that is instituted at the conclusion of the didactic phase of study. The student is mandated to participate in a six-week remediation program. This remediation will take place at the beginning of their clinical phase of study (first-clinical rotation). If the student designated for pre-clinical remediation does not satisfy the successful completion of this process they will be either dismissed or decelerated from the program.

Pre-Clinical Remediation Syllabi is available on Canvas.

The Academic Performance Committee (APC) in consultation with the assigned remediation faculty will make the final determination as to which student will enter the pre-clinical remediation process.

The following criteria will be considered by the APC as to which student(s) enter the Pre-Clinical Remediation Program:

- a. Course grades with a "C-"
- b. Multiple exam or quiz failures over different courses
- c. Any semester GPA below 3.00
- d. Failure of UMSV-PA didactic year course with successful passing of comprehensive make-up, course project or assignment.
- e. Failure or poor performance (determined by the APC) on the End of Didactic Year Exam (EDYE)
- f. Leave of Absence
- g. Faculty Recommendation

Clinical Year Remediation

This is a process that is instituted at the mid-point (4th-5th clinical rotation) of the clinical phase of study. The student is mandated to participate in a six-week (same length as the clinical rotation) remediation program. No student will be allowed to progress to their continued clinical phase of study until the remediation team is satisfied the student has progressed to the point that successful completion of the clinical year, and passage of PANCE can be reasonably assured.

The following criteria will be considered by the APC as to which student(s) enter the Clinical Year Remediation Program

- a. Failure of an End of Rotation Examination (EORE)
- b. Poor Preceptor Clinical Evaluations
- c. Failure of an assigned clinical rotation
- d. Poor preceptor professional evaluations
- e. Poor performance of assigned clinical rotation projects include but not limited to:
 - Journal club
 - History and Physical write-ups
 - SOAP Notes
 - Presentations
- f. Excessive absences to clinical rotations
- g. Excessive lateness to clinical rotations

Important Note:

Being placed within either Pre-Clinical or Clinical Year Remediation may result in:

- a. Loss of an assigned Elective Clinical Rotation***
- b. Delay of Graduation***

II. Tuition Costs for Failed Courses

All students should be aware of the financial consequences when remediating course material.

If a student fails the remediation requirements and is decelerated into the following cohort, than any courses the student is required to repeat based on the recommendations of the APC may incur a per/credit charge for the repeated course material.

Section X
University of Mount Saint Vincent
Physician Assistant Program
Clinical Year Forms



UNIVERSITY OF MOUNT SAINT VINCENT

UNIVERSITY OF MOUNT SAINT VINCENT PHYSICIAN ASSISTANT PROGRAM ROTATION ORIENTATON CHECKLIST

Student Name: _____ Rotation Number: _____

Preceptor Name: _____ Site: _____

This form will serve as a guide for items to review on the first day of the rotation. The student and preceptor will review and the student will return to the Program.

- ___ Hospital badge/site specific identification
- ___ Computer password/EMR training as applicable ((or referral to appropriate person)
- ___ Schedule expected to a minimum of 40 hours per week including overnights, weekends and on call schedule where applicable
- ___ Rotation Time Sheet (completed by student and verified by Preceptor)
- ___ Clinical Procedure Checklist
- ___ Learning objectives from syllabi
- ___ Participation in rounds and conferences if applicable
- ___ Student dress code (please review preceptor and student handbook) Preceptor may discuss any variations to dress code based upon particular site
- ___ Expectations for clinical care, patient interaction and procedures
- ___ Oral presentations
- ___ Written documentation
- ___ Assignments
- ___ Patient write-ups
- ___ Use of EMR (or referral to appropriate person/policy)
- ___ Best mode of communication between student and preceptor
- ___ Introduction to office/hospital staff
- ___ Interactions with office and professional staff
- ___ Review of clinical site safety procedures, security, fire plan, occupational health reporting, incident reporting process, etc. (or referral to appropriate person/policy)
- ___ Parking (or referral to appropriate person/policy)
- ___ Student space for personal items
- ___ Last Friday of the rotation is call back and student will be required to be on campus for the day
- ___ Students may not request time off from rotations. If student has emergency, they must contact preceptor/site and PA Program. Students should not request time off to student for end of rotation exam
- ___ Discuss evaluations on EXXAT®: Preceptor mid-rotation evaluation, student mid-rotation self-evaluation, preceptor final evaluation



UNIVERSITY OF MOUNT SAINT VINCENT

ROTATION TIME SHEET

NAME: _____ ROTATION NUMBER: _____ TYPE: _____

SITE: _____ PRECEPTOR: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Preceptor Signature and Total Hours for Week
WEEK 1							
WEEK 2							
WEEK 3							
WEEK 4							
WEEK 5							
WEEK 6				CALL BACK DAY			

Students should fill in start and end times and total hours for the day and the week.

Students are not permitted to take days off to study

All days missed on rotation should be reported to the Program.

You will be assigned a date/time for you to return to campus for your OSCE

Student will fax or email to Program weekly and return original to the Program



UNIVERSITY OF MOUNT SAINT VINCENT

Clinical Skills and Procedures Form

Student Name: _____

Class of 20_____

Preceptor evaluation of student

Directions: Please check procedures/skills completed by the student during the rotation. Only indicate that the student has completed a procedure/skill if they have demonstrated minimal competency completing the procedure. It is understood that some procedures/skills may not be accomplished on this rotation. If the student is not able to perform the procedures/skills due to regulations, please discuss the applications of these procedures/skills to diagnose and treat specific disease states. Validation of student skills are reviewed by the PA Program after every clerkship. If the student is unable to meet perform the procedure/skill during the clinical year, alternate assignments or remediation procedures will be completed at the University.

Competency is defined as student's ability to successfully accomplish the skill with supervision and minimal guidance.

Preceptor evaluation of student

9. Clinical Procedures— Student ability to perform or assist in procedures appropriate to the setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3).

Clinical and Technical Skills

Learning Outcome B3

With direct preceptor supervision, students will perform and/or assist in the performance of common medical procedures in this setting. (Evaluation: PES Question 9. Clinical Procedures)

Procedure/Skill	Date and Signature
Proper/appropriate PPE	
NG Tube Placement	
Rectal Exam & FOBT	
Bladder Catheterization	
Casting /Splinting	
Suturing	
Incision & Drainage	
Surgical Knot Tying	
Sterile Technique	
Suture Removal	
Staple Removal	
IM Injection	
SC Injection	
ID Injection	
Venipuncture	
Intravenous Line	
Arterial Blood Gas	

Glucose Testing	
Wound Dressing	
Cerumen Removal	
Prenatal Evaluation and workup	
Breast Examination - Gynecology	

Pelvic Examination- Gynecology	
Pre-operative Care	
Intra-operative Care	
Post-operative Care	
Well baby exam	
Newborn Assessment	
Peak Flow/Spirometry	
Hearing and vision Screening (may observe	
Slit lamp exam and fluorescein stain	
Observe vaginal delivery	
Foreign body removal (eye, ear or nose)	
Throat Culture	
Influenza/Covid Swab	

Student Name: _____



UNIVERSITY OF MOUNT SAINT VINCENT

Mid-Rotation Preceptor Evaluation of Student

PRECEPTOR-STUDENT EVALUATION	(5.0) <i>Excellent</i>	(4.0) <i>Above Average</i>	(3.0) <i>Average</i>	(2.0) <i>Below Average</i>	(1.0) <i>Unsatisfactory</i>	<i>Not Observed N/A</i>
Patient Encounters						
Medical Interview Skills						
Students ability to perform a complete physical examination						
Students ability to adequately prepare an Assessment/Differential Diagnosis List						
Oral Case Presentation Ability						
Ability to Form a patient Treatment/Management Plan						
Ability to order appropriate lab tests on patients						
Ability to order appropriate diagnostic imaging						
Ability to properly educate patients as to severity of disease or illness						
Chart/EMR documentation knowledge skills						
Professionalism	(5.0) <i>Excellent</i>	(4.0) <i>Above Average</i>	(3.0) <i>Average</i>	(2.0) <i>Below Average</i>	(1.0) <i>Unsatisfactory</i>	<i>Not Observed N/A</i>
Student was professionally attired daily						
Student was on-time for all daily activities						
Student exhibited Professional Behavior at all times						
Acceptance of supervision and constructive feedback						
Patient Care	(5.0) <i>Excellent</i>	(4.0) <i>Above Average</i>	(3.0) <i>Average</i>	(2.0) <i>Below Average</i>	(1.0) <i>Unsatisfactory</i>	<i>Not Observed N/A</i>
Works effectively with physicians and other health care professionals to provide patient-centered care						
Demonstrates decision making skills involving diagnostic and therapeutic interventions based on						

patient information and preferences, current scientific evidence, and informed clinical judgments						
Effectively implements patient care management plans						
Medical Knowledge	(5.0) Excellent	(4.0) Above Average	(3.0) Average	(2.0) Below Average	(1.0) Unsatisfactory	Not Observed N/A
Understands etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions encountered during the clinical rotation						
Understands the diagnostic signs and symptoms of medical and surgical conditions encountered during the clinical rotation						
Ability to properly interpret appropriate diagnostic studies that were ordered and relate these to the medical condition encountered						
Has shown the ability to effectively manage general medical and surgical conditions to include pharmacologic and other treatment modalities						
Effectively correlates medical history obtained and physical findings with development of an initial differential diagnosis						

Additional Comments:

Preceptor Name _____

Student Name _____

Institution _____

Preceptor Signature _____

Date _____



UNIVERSITY OF MOUNT SAINT VINCENT

Mid-Rotation STUDENT EVALUATION OF SELF To Be Discussed with Preceptor

PRECEPTOR-STUDENT EVALUATION	(5.0) <i>Excellent</i>	(4.0) <i>Above Average</i>	(3.0) <i>Average</i>	(2.0) <i>Below Average</i>	(1.0) <i>Unsatisfactory</i>	<i>Not Observed N/A</i>
Patient Encounters						
Medical Interview Skills						
Ability to perform a complete physical examination						
Ability to adequately prepare an Assessment/Differential Diagnosis List						
Oral Case Presentation Ability						
Ability to Form a patient Treatment/Management Plan						
Ability to order appropriate lab tests on patients						
Ability to order appropriate diagnostic imaging						
Ability to properly educate patients as to severity of disease or illness						
Chart/EMR documentation knowledge skills						
Medical Knowledge	(5.0) <i>Excellent</i>	(4.0) <i>Above Average</i>	(3.0) <i>Average</i>	(2.0) <i>Below Average</i>	(1.0) <i>Unsatisfactory</i>	<i>Not Observed N/A</i>
Understands etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions encountered during the clinical rotation						
Understands the diagnostic signs and symptoms of medical and surgical conditions encountered during the clinical rotation						
Ability to properly interpret appropriate diagnostic studies that were ordered and relate these to the medical condition encountered						
Has shown the ability to effectively manage general medical and surgical conditions to include pharmacologic and other treatment modalities						
Effectively correlates medical history obtained and physical findings with development of an initial differential diagnosis						

Additional Comments:

Preceptor Name_____

Student Name_____

Institution_____

Discussed with Preceptor Y or N



UNIVERSITY OF MOUNT SAINT VINCENT

UMSV 701 Behavioral Medicine and Healthcare (SCPE)

Preceptor Evaluation of the Student (PES)

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

SITE:

ROTATION NUMBER:

START DATE:

END DATE:

Please rate the student on each of the following elements using the following Likert scale:

- 0- Unable to evaluate - Not observed
- 1- Poor - Poor knowledge and/or skills; failing to improve
- 2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving
- 3- Average - Adequate knowledge and skills; meets expectations and improving
- 4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations
- 5- Outstanding - Excellent and consistent application of knowledge with superb skills

1. Student maintained HIPAA compliance at all times

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

2. Acceptance of supervision and criticism

0	1	2	3	4	5
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3. Student enthusiastic about accepting new challenges and responsibilities

0	1	2	3	4	5
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4. During the Behavioral Health rotation, the student experienced patient encounters in the following settings. (Check all that apply)

Outpatient	Inpatient	Emergency Department

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients across the lifespan with behavioral and mental health conditions. (Learning Outcome A1)

	0	1	2	3	4	5
Child						
Adolescent						
Adult						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in psychiatry and behavioral health. (Learning Outcome A2)

1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history from patients with behavioral and mental health conditions (Learning Outcome B1)

1	2	3	4	5
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8. Physical Examination- Student’s ability to perform an accurate, focused assessment of patients with behavioral and mental health conditions, recognizing normal and abnormal findings (Learning Outcome B 2)

0	1	2	3	4	5
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9. Clinical Procedures– Student ability to utilize appropriate screening tools and diagnostic tests to assess patients with behavioral and mental health conditions. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
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Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients with behavioral and mental health conditions presenting for the following types of care. (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						
Emergent						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients with behavioral and mental health conditions presenting for the following types of care. (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						
Emergent						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						
Emergent						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients and their families if appropriate. (Learning Outcome D3)

0	1	2	3	4	5
---	---	---	---	---	---

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
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18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
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19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
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20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and

acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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21. Knowledge of Interprofessional Team – Student displays general understanding of the roles of healthcare providers in behavioral health setting (Learning Outcome F1)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

22. During the Psychiatry rotation, the student demonstrated competency at providing care to patients in the following age groups.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

23. During the Psychiatry rotation, the student demonstrated competency at providing care in the following types of encounters.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

24. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

Thank you for allowing our student to work with you.

University of Mount Saint Vincent PA Program

Gail Murphy

Gail.lavinmurphy@mountsaintvincent.edu

718-405-3717



UNIVERSITY OF MOUNT SAINT VINCENT

UMSV 702 Emergency Medicine (SCPE)

Emergency Medicine Preceptor Evaluation of Student (PES)

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

SITE:

ROTATION NUMBER:

START DATE:

END DATE:

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

1. Student maintained HIPAA compliance at all times

0	1	2	3	4	5
---	---	---	---	---	---

2. Acceptance of supervision and criticism

0	1	2	3	4	5
---	---	---	---	---	---

3. Student enthusiastic about accepting new challenges and responsibilities

0	1	2	3	4	5
---	---	---	---	---	---

4. During Emergency Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply)

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:**Infant:** 0-2 years old**Child:** 2-12 years old**Adolescents:** 13-18 years old**Adult:** 19-65 years old**Elderly:** >65 years old**Encounter Types:****Acute:** symptoms or conditions for <6mos**Chronic:** symptoms or condition for >6mos**Preventive:** wellness visits or for preventative treatment**Emergent:** life threatening condition or likely to become life threatening**Knowledge, Clinical and Technical Skills**

5. Medical Knowledge- Student's ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups in emergency medicine. (Learning Outcome A1)

	0	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

6. Evidence-Based Medicine- Student's ability to demonstrate an understanding of medical research and evidenced based medicine and apply it to clinical practice in emergency medicine. (Learning Outcome A2)

1	2	3	4	5

7. Medical Interview- Student's ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups (Learning Outcome B1)

	0	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

8. Physical Examination- Student's ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings (Learning Outcome B 2)

	0	1	2	3	4	5
Infant						
Child						

Adolescent						
Adult						
Elderly						

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the emergency medicine setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
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Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in emergency medicine. (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						
Emergent						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in emergency medicine. (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						
Emergent						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						
Emergent						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

1	2	3	4	5
---	---	---	---	---

15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients in the following age groups, and their families if appropriate. (Learning Outcome D3)

	0	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
---	---	---	---	---	---

18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
---	---	---	---	---	---

19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
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20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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21. Knowledge of the Interprofessional Team – Student displays general understanding of the roles of the healthcare providers in emergency medicine setting (Learning Outcome F1)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

22. During the Emergency Medicine rotation, the student demonstrated competency at providing care to patients in the following age groups.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

23. During the Emergency Medicine rotation, the student demonstrated competency at providing care in the following types of encounters.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

24. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

Yes	No
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Thank you for allowing our student to work with you.

University of Mount Saint Vincent PA Program

Gail Murphy

Gail.lavinmurphy@mountsaintvincent.edu

718-405-3717

UMSV 702 Family Medicine (SCPE)

Family Medicine Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

SITE:

ROTATION NUMBER:

START DATE:

END DATE:

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

1. Student maintained HIPAA compliance at all times

0	1	2	3	4	5
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2. Acceptance of supervision and criticism

0	1	2	3	4	5
---	---	---	---	---	---

3. Student enthusiastic about accepting new challenges and responsibilities

0	1	2	3	4	5
---	---	---	---	---	---

4. During the Family Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply)

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

- Infant: 0-2 years old
- Child: 2-12 years old
- Adolescents: 13-18 years old
- Adult: 19-65 years old
- Elderly: >65 years old

Encounter Types:

- Acute:** symptoms or conditions for <6mos
- Chronic:** symptoms or condition for >6mos
- Preventive:** wellness visits or for preventative treatment
- Emergent:** life threatening condition or likely to become life threatening

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. (Learning Outcome A1). **Please answer for as many age groups as possible.**

	Not Observed	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in family medicine. (Learning Outcome A2)

1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups (Learning Outcome B1). **Please answer for as many age groups as possible.**

	Not Observed	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						

Elderly						
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8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings (Learning Outcome B 2). **Please answer for as many age groups as possible.**

	Not Observed	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the family medicine setting and level of training, indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
---	---	---	---	---	---

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in family medicine. (Learning Outcome C1). **Please answer for as many areas as possible.**

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						
Emergent						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in family medicine. (Learning Outcome C2). **Please answer for as many areas as possible**

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						

Emergent						
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12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. (Learning Outcome C3). **Please answer for as many areas as possible.**

	0	1	2	3	4	5
Acute						
Chronic						
Preventative						
Emergent						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients in the following age groups and their families if appropriate. (Learning Outcome D3)
Please answer for as many age groups as possible.

	Not Observed	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
---	---	---	---	---	---

18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

1	2	3	4	5
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19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
---	---	---	---	---	---

20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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21. Knowledge of the Interprofessional Team – Student displays general understanding of the roles of the healthcare providers in family practice setting (Learning Outcome F1)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

22. During the Family Medicine rotation, the student demonstrated competency at providing care to patients in the following age groups.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

23. During the Family Medicine rotation, the student demonstrated competency at providing care in the following types of encounters.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

24. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

25. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

26. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

27. Overall Impression:

Do you feel that the student should pass this rotation?

Yes	No
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Comments:



UMSV 704 Internal Medicine (SCPE)

Internal Medicine Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

SITE:

ROTATION NUMBER:

START DATE:

END DATE:

Please rate the student on each of the following elements using the following Likert scale:

- 0- Unable to evaluate - Not observed
- 1- Poor - Poor knowledge and/or skills; failing to improve
- 2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving
- 3- Average - Adequate knowledge and skills; meets expectations and improving
- 4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations
- 5- Outstanding - Excellent and consistent application of knowledge with superb skills

1. Student maintained HIPAA compliance at all times

0	1	2	3	4	5
---	---	---	---	---	---

2. Acceptance of supervision and criticism

0	1	2	3	4	5
---	---	---	---	---	---

3. Student enthusiastic about accepting new challenges and responsibilities

0	1	2	3	4	5
---	---	---	---	---	---

4. During the Internal Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply)

Outpatient	Inpatient	Emergency Department

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

- Infant:** 0-2 years old
- Child:** 2-12 years old
- Adolescents:** 13-18 years old
- Adult:** 19-65 years old
- Elderly:** >65 years old

Encounter Types:

- Acute:** symptoms or conditions for <6mos
- Chronic:** symptoms or condition for >6mos
- Preventive:** wellness visits or for preventative treatment
- Emergent:** life threatening condition or likely to become life threatening

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. (Learning Outcome A1)

	1	2	3	4	5
Adults					
Elderly					

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in internal medicine. (Learning Outcome A2)

1	2	3	4	5
---	---	---	---	---

7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups (Learning Outcome B1)

	1	2	3	4	5
Adults					
Elderly					

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings (Learning Outcome B 2)

	1	2	3	4	5
Adults					
Elderly					

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the internal

medicine setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
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Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in internal medicine. (Learning Outcome C1) **Please answer for as many areas as possible.**

	Not Observed	1	2	3	4	5
Acute						
Chronic						
Preventive						
Emergent						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in internal medicine. (Learning Outcome C2). **Please answer for as many areas as possible.**

	Not Observed	1	2	3	4	5
Acute						
Chronic						
Preventive						
Emergent						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. (Learning Outcome C3). **Please answer for as many areas as possible.**

	Not Observed	1	2	3	4	5
Acute						
Chronic						
Preventive						
Emergent						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients in the following age groups and their families if appropriate. (Learning Outcome D3). **Please answer for at least one age group.**

	Not Observed	1	2	3	4	5
Adults						
Elderly						

19. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

1	2	3	4	5
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18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

1	2	3	4	5
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19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

1	2	3	4	5
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20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

1	2	3	4	5
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21. Knowledge of the Interprofessional Team – Student displays general understanding of the roles of the healthcare providers in internal medicine setting (Learning Outcome F1)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

22. During the Internal Medicine rotation, the student demonstrated competency at providing care to patients in the following age groups.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Adults				
Elderly				

23. During the Internal Medicine rotation, the student demonstrated competency at providing care in the following types of encounters.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

24. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

Yes	No
-----	----

Thank you for allowing our student to work with you.

University of Mount Saint Vincent PA Program

Gail Murphy

Gail.lavinmurphy@mountsaintvincent.edu

718-405-3717



UMSV 705 Pediatrics (SCPE)

Pediatric Medicine Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

SITE:

ROTATION NUMBER:

START DATE:

END DATE:

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

1. Student maintained HIPAA compliance at all times

0	1	2	3	4	5
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2. Acceptance of supervision and criticism

0	1	2	3	4	5
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3. Student enthusiastic about accepting new challenges and responsibilities

0	1	2	3	4	5
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4. During Pediatric Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply)

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

- Infant:** 0-2 years old
- Child:** 2-12 years old
- Adolescents:** 13-18 years old
- Adult:** 19-65 years old
- Elderly:** >65 years old

Encounter Types:

- Acute:** symptoms or conditions for <6mos
- Chronic:** symptoms or condition for >6mos
- Preventive:** wellness visits or for preventative treatment
- Emergent:** life threatening condition or likely to become life threatening

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. (Learning Outcome A1)

	0	1	2	3	4	5
Infants						
Children						
Adolescents						
Adults						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in pediatric medicine. (Learning Outcome A2)

1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients, or their family members, in the following age groups (Learning Outcome B1)

	0	1	2	3	4	5
Infants						
Children						
Adolescents						
Adults						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings (Learning Outcome B 2)

	0	1	2	3	4	5
Infants						

Children						
Adolescents						
Adults						

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the pediatric medicine setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
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Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in pediatric medicine. (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Emergent						
Preventative						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in pediatric medicine. (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						
Emergent						
Preventative						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						
Emergent						
Preventative						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

1	2	3	4	5
---	---	---	---	---

15. Patient Education- Student’s ability to provide appropriate health education and counseling to the family member of a patient in the following age groups and to the patient, if age appropriate. (Learning Outcome D3)

	0	1	2	3	4	5
Infants						
Children						
Adolescents						
Adults						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
---	---	---	---	---	---

18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
---	---	---	---	---	---

19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
---	---	---	---	---	---

20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and

acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
---	---	---	---	---	---

21. Knowledge of the Interprofessional Team – Student displays general understanding of the roles of the healthcare providers in pediatric setting (Learning Outcome F1)

0	1	2	3	4	5
---	---	---	---	---	---

Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

22. During the Pediatrics rotation, the student demonstrated competency at providing care to patients in the following age groups.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

23. During the Pediatrics rotation, the student demonstrated competency at providing care in the following types of encounters.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

24. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

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30. Have you discussed these findings with the student?

Yes	No
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Thank you for allowing our student to work with you.

University of Mount Saint Vincent PA Program

Gail Murphy

Gail.lavinmurphy@mountsaintvincent.edu

718-405-3717



UNIVERSITY OF MOUNT SAINT VINCENT

PAS 706 Surgery (SCPE)

Surgery Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis

STUDENT NAME:

SITE:

ROTATION NUMBER:

START DATE:

END DATE:

Please rate the student on each of the following elements using the following Likert scale:

- 0- Unable to evaluate - Not observed
- 1- Poor - Poor knowledge and/or skills; failing to improve
- 2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving
- 3- Average - Adequate knowledge and skills; meets expectations and improving
- 4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations
- 5- Outstanding - Excellent and consistent application of knowledge with superb skills

1. Student maintained HIPAA compliance at all times

0	1	2	3	4	5
---	---	---	---	---	---

2. Acceptance of supervision and criticism

0	1	2	3	4	5
---	---	---	---	---	---

3. Student enthusiastic about accepting new challenges and responsibilities

0	1	2	3	4	5
---	---	---	---	---	---

4. During the Surgery rotation, the student experienced patient encounters in the following settings. (Check all that apply)

Outpatient	Inpatient	Emergency Department	Operating Room
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Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening conditions or likely to become life threatening.

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of the patients presenting with conditions requiring surgical management in the following age groups. (Learning Outcome A1)

	0	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to the care of a patient presenting with a condition requiring surgical management. (Learning Outcome A2)

1	2	3	4	5

7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from a patient presenting with a condition requiring surgical management in the following age groups. (Learning Outcome B1)

	0	1	2	3	4	5
Infant						
Child						
Adolescent						

Adult						
Elderly						

8. Physical Examination- Student’s ability to perform a focused physical examination on a patient with a condition requiring surgical management in the following setting, recognizing normal and abnormal findings (Learning Outcome B 2)

	0	1	2	3	4	5
Pre-operative						
Intra-operative						
Post-operative						
Acute						
Chronic						
Preventative						
Emergent						

9. Clinical Procedures– Student ability to perform or assist in the performance of common procedures during the care of the patient with a condition requiring surgical care in the following settings. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

	Pass	Fail	Not Observed
<u>Pre-operative</u>			
Pre-op assessment/plan			
Self-gowning & gloving			
Scrubbing			
Positioning in OR and on the operative table			
<u>Intra-operative</u>			
Sterile technique while assisting in OR			
Intraoperative knot tying			
Wound closure			
Staple insertion			
Brief operative note			
Participation in open or laparoscopic or robotic surgery			
<u>Post-operative</u>			
Perform post-op evaluation			

Providing discharge instructions to patients			
Wound care			
Documentation: Discharge summary			
Documentation: Post-op SOAP note			
Staple removal			
Suture removal			
Review patient education and discharge instructions with patient			

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment of patients presenting with a condition requiring surgical management in the following types of encounters. (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Emergent						
Preventative						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients with a condition requiring surgical management in the following settings. (Learning Outcome C2)

	0	1	2	3	4	5
Pre-operative						
Intra-operative						
Post-operative						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans that are consistent with the patient’s needs and preferences in the following surgical settings. (Learning Outcome C3)

	0	1	2	3	4	5
Pre-operative						
Intraoperative						

Post-operative						
Acute						
Chronic						
Preventative						
Emergent						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to surgical patients in the following settings. (Learning Outcome D3)

	0	1	2	3	4	5
Pre-operative						
Post-operative						
Acute						
Chronic						
Preventative						
Emergent						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
---	---	---	---	---	---

Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
---	---	---	---	---	---

18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
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19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
---	---	---	---	---	---

20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
---	---	---	---	---	---

21. Knowledge of the Interprofessional Team – Student displays general understanding of the roles of the healthcare providers in the surgical setting (Learning Outcome F1)

0	1	2	3	4	5
---	---	---	---	---	---

Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

22. During the Surgery rotation, the student demonstrated competency at providing care to patients in the following age groups.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

23. During the Surgery rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

	Not Observed	Needs Improvement	Meets Expectations for	Exceeds Expectations

			Level of Training	
Acute				
Chronic				
Preventive				
Emergent				
Pre-operative				
Intra-operative				
Post-operative				

24. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

25. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

26. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

27. Overall Impression:

Do you feel that the student should pass this rotation?

Yes	No
-----	----

Comments:

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28. Overall, how prepared was the student to participate at this clinical site?

(Please circle one)

Very prepared Adequately Prepared Underprepared
10 9 8 7 6 5 4 3 2 1 0

29. How many days was the student absent or late for this rotation?

Absent	Late

30. Have you discussed these findings with the student?

Yes	No

Thank you for allowing our student to work with you.

College of Mount Saint Vincent PA Program
Gail Murphy
Gail.lavinmurphy@mountsaintvincent.edu
718-405-3717



UNIVERSITY OF MOUNT SAINT VINCENT

UMSV 707 Women’s Health/OB-GYN (SCPE)

Women’s Health/OB-Gyn Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

SITE:

ROTATION NUMBER:

START DATE:

END DATE:

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

1. Student maintained HIPAA compliance at all times

0	1	2	3	4	5
---	---	---	---	---	---

2. Acceptance of supervision and criticism

0	1	2	3	4	5
---	---	---	---	---	---

3. Student enthusiastic about accepting new challenges and responsibilities

0	1	2	3	4	5
---	---	---	---	---	---

4. During Obstetrics and Gynecology rotation, the student experienced patient encounters in the following settings. (Check all that apply)

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type

definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients seeking women’s health in the following age groups. (Learning Outcome A1)

	0	1	2	3	4	5
Adolescents						
Adults						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in obstetrics and gynecology. (Learning Outcome A2)

1	2	3	4	5

7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients seeking women’s health in the following age groups (Learning Outcome B1)

	0	1	2	3	4	5
Adolescents						
Adults						
Elderly						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients seeking women’s health in the following age groups recognizing normal and abnormal findings (Learning Outcome B 2)

	0	1	2	3	4	5
Adolescents						
Adults						
Elderly						

9. Clinical Procedures– Student ability to perform or assist in medical and surgical procedures appropriate to the obstetrics and gynecology setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

Student ability to perform or assist in the performance of common procedures during the care of the patient with a condition requiring surgical care in the following settings. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

	0	1	2	3	4	5
Pre-operative						
Intra-operative						
Post-operative						

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients seeking women’s health presenting for the following types of care. (Learning Outcome C1)

	0	1	2	3	4	5
Gynecologic						
Acute						
Chronic						
Preventive						
Emergent						
Prenatal						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in obstetrics and gynecology. (Learning Outcome C2)

	0	1	2	3	4	5
Gynecologic						
Acute						
Chronic						
Preventive						
Emergent						
Prenatal						
Pre-						

operative						
Post-operative						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans for the patient seeking women’s health that are consistent with patient’s needs and preferences in the following types of encounters. (Learning Outcome C3)

	0	1	2	3	4	5
Gynecologic						
Acute						
Chronic						
Preventive						
Emergent						
Prenatal						
Pre-operative						
Post-operative						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
---	---	---	---	---	---

14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
---	---	---	---	---	---

15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients seeking women’s health in the following age groups and their families if appropriate. (Learning Outcome D3)

	0	1	2	3	4	5
Adolescents						
Adults						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
---	---	---	---	---	---

Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
---	---	---	---	---	---

18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
---	---	---	---	---	---

19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
---	---	---	---	---	---

20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
---	---	---	---	---	---

21. Knowledge of the Interprofessional Team – Student displays general understanding of the roles of the healthcare providers in Women’s Health/OB-GYN setting (Learning Outcome F1)

0	1	2	3	4	5
---	---	---	---	---	---

Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. (*For internal tracking only*)

22. During obstetrics and gynecology rotation, the student demonstrated competency at providing care to patients in the following age groups.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				

Adolescents				
Adults				
Elderly				

23. During the obstetrics and gynecology rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				
Prenatal				
Gynecologic				

24. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

25. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

26. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

27. Overall Impression:

Do you feel that the student should pass this rotation?

Yes	No
-----	----

Comments:

28. Overall, how prepared was the student to participate at this clinical site?

(Please circle one)

Very prepared	Adequately Prepared	Underprepared
10 9 8 7	6 5 4 3 2	1 0

29. How many days was the student absent or late for this rotation?

Absent	Late
--------	------

30. Have you discussed these findings with the student?

Yes	No
-----	----

Thank you for allowing our student to work with you.

University of Mount Saint Vincent PA Program

Gail Murphy

Gail.lavinmurphy@mountsaintvincent.edu

718-405-3717



UNIVERSITY OF MOUNT SAINT VINCENT

UMSV 708 Elective (SCPE)

Elevation Rotation Preceptor Evaluation of Student (PES)

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

SITE:

ROTATION NUMBER:

START DATE:

END DATE:

ELECTIVE ROTATION DISCIPLINE:

Please rate the student on each of the following elements using the following Likert scale:

- 0- Unable to evaluate - Not observed
- 1- Poor - Poor knowledge and/or skills; failing to improve
- 2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving
- 3- Average - Adequate knowledge and skills; meets expectations and improving
- 4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations
- 5- Outstanding - Excellent and consistent application of knowledge with superb skills

1. Student maintained HIPAA compliance at all times

0	1	2	3	4	5
---	---	---	---	---	---

2. Acceptance of supervision and criticism

0	1	2	3	4	5
---	---	---	---	---	---

3. Student enthusiastic about accepting new challenges and responsibilities

0	1	2	3	4	5
---	---	---	---	---	---

4. During the elective rotation, the student experienced patient encounters in the following settings. (Check all that apply)

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

- Infant:** 0-2 years old
- Child:** 2-12 years old
- Adolescents:** 13-18 years old
- Adult:** 19-65 years old
- Elderly:** >65 years old

Encounter Types:

- Acute:** symptoms or conditions for <6mos
- Chronic:** symptoms or condition for >6mos
- Preventive:** wellness visits or for preventative treatment
- Emergent:** life threatening condition or likely to become life threatening

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. (Learning Outcome A1). **Please answer for as many age groups as possible.**

	Not Observed	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in this rotation. (Learning Outcome A2)

1	2	3	4	5
----------	----------	----------	----------	----------

7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups (Learning Outcome B1). **Please answer for as many age groups as possible.**

	Not Observed	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings (Learning Outcome B 2). **Please answer for as many age groups as possible.**

	Not Observed	1	2	3	4	5
Infant						
Child						
Adolescent						
Adult						
Elderly						

12. Clinical Procedures– Student ability to perform or assist in procedures appropriate to this setting and level of training, indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in this rotation. (Learning Outcome C1). **Please answer for as many areas as possible.**

	Not Observed	1	2	3	4	5
Acute						
Chronic						
Emergent						
Preventative						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in this rotation. (Learning Outcome C2). **Please answer for as many areas that apply.**

	Not Observed	1	2	3	4	5
Acute						
Chronic						
Emergent						

Preventative						
Pre-operative						
Post-operative						
Prenatal						
Gynecologic						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. (Learning Outcome C3). **Please answer for as many areas that apply.**

	Not Observed	1	2	3	4	5
Acute						
Chronic						
Emergent						
Preventative						
Pre-operative						
Post-operative						
Prenatal						
Gynecologic						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

1	2	3	4	5
---	---	---	---	---

14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

1	2	3	4	5
---	---	---	---	---

15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients in the following age groups and their families if appropriate. (Learning Outcome D3)
Please answer for as many age groups as possible.

	Not Observed	1	2	3	4	5
Infant						
Child						

Adolescent						
Adult						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

1	2	3	4	5
---	---	---	---	---

Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

1	2	3	4	5
---	---	---	---	---

18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

1	2	3	4	5
---	---	---	---	---

19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

1	2	3	4	5
---	---	---	---	---

20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

1	2	3	4	5
---	---	---	---	---

21. Knowledge of the Interprofessional Team – Student displays general understanding of the roles of the healthcare providers in this setting (Learning Outcome F1)

0	1	2	3	4	5
---	---	---	---	---	---

Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

22. During this rotation, the student demonstrated competency at providing care to patients in the following age groups.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

23. During this rotation, the student demonstrated competency at providing care in the following types of encounters.

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventative				
Emergent				
Preoperative				
Intraoperative				
Postoperative				
Prenatal				
Gynecological				
Behavioral Health				

24. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

25. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.



SCPE Professionalism Evaluation for UMSV 701-708
 University of Mount Saint Vincent-Physician Assistant Program

Student: _____ Evaluation Date: _____ Evaluator: _____

4 = Outstanding	3 = Satisfactory	2 = Needs Improvement	1 = Unsatisfactory
------------------------	-------------------------	------------------------------	---------------------------

Check Rating:

4	3	2	1	
				Personal Accountability
				Completed credentialing in a timely manner
				Submitted Orientation Checklist in a timely manner
				Submitted Rotation Timesheet in a timely manner
				Submitted mid-rotation self-evaluation in a timely manner
				Student submits all required assignments on-time in a professional format
				Notifies faculty in a timely manner if unable to attend rotation
				Respectful to the Rights of Others
				Respectful to faculty
				Respectful to all other students
				Listens attentively
				Demonstrates by individual actions cultural, gender, ethnic and racial sensitivity
				Professionalism
				On Time for Call Back Day
				Participated fully in Call Back Day
				Accepts guidance from faculty with regard to professional behavior
				Committed to enhancing professional growth
				Maintains professional demeanor
				Communication Skills
				Communicated with PA Program when needed during rotation
				Uses appropriate verbal and non-verbal communication skills
				Ability to Learn Effectively and be a Positive Classroom Influence
				Contributes to the overall classroom discussion in an effective manner
				Has to the ability to assist other classmates effectively
				Is a positive influence within the classroom environment

If student receives two or more scores less than satisfactory, they will be referred to the Professionalism Conduct Review Committee

Clinical Coordinator Signature: _____ **Date:** _____

Student Signature*: _____ **Date:** _____

*Signature indicates that the professional performance evaluation has been reviewed with the student.



Student Evaluation of Clinical Site

1. Please rate the Clinical Clerkship Site according to the following scale:

5=Superior 4.=Very Good 3=Good 2=Fair 1=Poor
N/A=Non-Applicable

TOPIC	5	4	3	2	1	N/A	Comments
Adequate supervision of students							
Opportunity to perform clinical procedures							
Integration of student into part of medical team							
Quality of teaching							
Quality of the department conferences (if applicable)							
Ability of the clerkship to permit student achievement of stated objectives							

Ease of Travel to and from the facility							
Availability of on-site parking for student							
Safety of Surrounding Neighborhood							
Personal safety upon leaving clinical site							
Overall site safety (Consider safety if on-call)							
Security/safety protocol was reviewed with me							
Cleanliness of the clinical site medical facilities							

Please rate the Clinical Clerkship Site according to the following scale:

5=Superior 4.=Very Good 3=Good 2=Fair 1=Poor
 N/A=Non-Applicable

TOPIC	5	4	3	2	1	N/A	Comments
Credentialing process							
Ease of obtaining meals when on-call							
Helpfulness of ancillary medical staff							
Treated Professionally by clinical site preceptor (PA-C)							
Treated Professionally by attending medical staff (MD/DO)							
Treated Professionally by medical residents and other PA staff (if applicable)							
My concerns were addressed quickly and professionally with regard to rotation							
The clinical site was an effective environment for achieving the rotations learning outcomes							
My overall impression of this clinical site taking into account all of the above factors							

I would recommend this clinical clerkship to other Physician Assistant Students

YES _____

NO _____

Student Name _____

Institution _____

Rotation Discipline _____

Date _____



Student Evaluation of Preceptor

1. Please rate according to the following scale:

5=Superior

4.=Very Good

3=Good

2=Fair

1=Poor

N/A=Non-Applicable

TOPIC	5	4	3	2	1	N/A	Comments
Opportunity to interview and examine patients							
Opportunity to discuss diagnostic studies and treatment options							
Opportunity to formulate assessments and create management plan							
Opportunity to present patients							
Preceptor or staff provided orientation to the clinical site							
Preceptor review of student clinical documentation and offered guidance							
Preceptor helped student to identify strengths and areas of improvement							
Quality of performance feedback from preceptor							
Adequate supervision of students							
Preceptor was readily available for consultation when needed							
Preceptor helped student identify strengths and areas of improvement							
Quality of teaching							
Preceptor was available at all times when needed							

TOPIC	5	4	3	2	1	N/A	Comments
Treated Professionally by clinical site preceptor							
Given the opportunity to discuss the Mid-Rotation evaluation and given feedback							
My concerns were addressed quickly and professionally with regard to clerkship issues							
The preceptor effectively facilitated the achievement of the rotations learning outcomes							
My overall impression of this preceptor taking into account all of the above factors							

Additional Comments

Student Name _____

Date _____

Preceptor Name _____

Site _____

Rotation Discipline _____

Rotation Number _____



UNIVERSITY OF MOUNT SAINT VINCENT

Student Evaluation of UMSV Clinical Team

Please rate according to the following scale:

5=Superior

4.=Very Good

3=Good

2=Fair

1=Poor

N/A=Non-Applicable

TOPIC	5	4	3	2	1	N/A	Comments
The clinical team adequately addressed all the pre-clinical areas of importance for each rotation							
Adequately addressed all pertinent safety concerns							
Adequately addressed all transportation concerns							
Adequately addressed scheduling concerns of the student							
Was provided full contact information for preceptor, and site							
Adequately addressed hazardous waste protocol							
Treated student with respect and understanding							
Responded to concerns in a timely manner							
Adequately addressed all preceptor issues in a timely manner							
Adequately addressed all clinical site issues in a timely manner							
Adequately addressed importance for preparing for the PAEA EORE							
Worked closely as a clinical team							

Additional Comments

Student Name_____

Date_____

Site_____

Rotation Discipline_____

Rotation Number_____



UNIVERSITY OF MOUNT SAINT VINCENT

Professional Development Assessment Tool (P-DAT) University of Mount Saint Vincent-Physician Assistant Program

Student: _____ Evaluation Date: _____ Advisor/Evaluator: _____

1 = Outstanding	2 = Satisfactory	3 = Needs Improvement	4 = Unsatisfactory
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Check Rating:

1	2	3	4	
				Personal Accountability
				Participates responsibly in learning activities
				Adheres to institutional policies and procedures
				Is on-time for all learning activities
				Is well prepared for all lecture and lab activities
				Student submits all required assignments on-time in a professional format
				Notifies faculty in a timely manner if unable to attend class or complete assignments
				Maintains confidentiality standards
				Freely admits errors and assumes responsibility
				Ethical, e.g., identifies/reports unprofessional behavior, truthful
				Committed to ethical principles of the PA profession
				Is not self-promoting at another student's expense
				Adheres to the decisions of all senior faculty and administration
				Respectful to the Rights of Others
				Addresses all Faculty Professionally utilizing appropriate titles
				Respectful to faculty
				Respectful to all other students
				Listens attentively
				Respectful to UMSV Administrative staff
				Honors the choices and the rights of others
				Demonstrates respect, empathy, and compassion for patients and colleagues
				Maintains patient confidentiality adhering to all HIPPA guidelines
				Demonstrates by individual actions cultural, gender, ethnic and racial sensitivity
				Professionalism
				Able to accept and offer constructive criticism
				Maintains a professional appearance at all times
				Maintains a professional demeanor during times of stress
				Committed to enhancing professional growth
				Integrates well into the medical interprofessional team model
				Incorporates feedback to make positive behavioral changes when necessary

				Acts professional when interacting with other students
				Accepts guidance from faculty with regard to professional behavior
				Adaptable to circumstances that come up unexpectedly
				Uses appropriate language at all times
				Communication Skills
				Is able to effectively communicate position to other medical professionals
				Able to effectively relay information
				Able to effectively deliver "bad news"
				Utilizes common clear language when relaying information to patient & family
				Has the ability to be an effective listener
				Uses appropriate verbal and non-verbal communication skills
				Uses language appropriate to setting
				Shows compassion in discussions with patients and family members
				Understands the importance of utilizing a translator when necessary
				Ability to Learn Effectively and be a Positive Classroom Influence
				Has the ability to identify academic weaknesses and correct the deficiency
				Has mastered time-management skills effectively
				Has developed effective study skills
				Understands and applies critical thinking skills
				Contributes to the overall classroom discussion in an effective manner
				Has to the ability to assist other classmates effectively
				Is a positive influence within the classroom environment
				Responds to the needs of others without regard to self-interest
				Contributes to creating an atmosphere conducive to learning

Comments and when applicable a Remediation Plan offered by advisor:

Advisor Signature: _____ Date: _____

Student Signature*: _____ Date: _____

*Signature indicates that the professional performance evaluation has been reviewed with the student.



**UNIVERSITY OF
MOUNT SAINT VINCENT**

Student Clinical Handbook Attestation

Policy and Procedural Guidelines for the following:

Physician Assistant Program Clinical Year Student Handbook

These handbooks outline the school-wide and program specific policies and regulations for students in the didactic and clinical years. Students should completely familiarize themselves with them before beginning class work.

Should the student be in doubt about the intent or content of any of the material in either handbook, it is his/her responsibility to initiate a discussion with the Program Director or their faculty advisor.

Program policies must apply to all students regardless of location.

Clinical sites may have additional standards by which students must abide

I have read the policies, rules and regulations for both handbooks as noted above and agree, without reservation, to abide by their terms.

Student Name (PRINT) _____

Student Signature _____

Date _____