PHYSICIAN ASSISTANT PROGRAM

CLINICAL YEAR HANDBOOK

Elizabethtown College Physician Assistant Program
Clinical Year Handbook
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*This manual will serve as a guide to help students navigate clinical year. Changes may be made to the manual throughout the year at the discretion of the program's clinical year administration. Timely notification will be made to students within one week via email if changes to the clinical manual occur. The content published in this handbook applies to **ALL** students regardless of location. Signed clinical affiliation agreements may specify that certain program policies will be superseded by those at the clinical site. Program policies and practices are defined, published, and will be readily available through the clinical year manual for all students. Similarly, proceedings associated with the material included in this handbook **will** consistently be followed by **ALL** principal faculty and the program director, regardless of location. (A3.01, A3.02)*

VISION STATEMENT:

The vision of the Elizabethtown College Physician Assistant Program is to provide an innovative and supportive environment which elevates the standard of PA education through the utilization of an evidence-based curriculum that is continuously assessed and adapted to address emerging challenges in healthcare, while fostering a collegial environment amongst students and faculty.

MISSION STATEMENT:

University Mission Statement: Elizabethtown College provides a transformative educational experience that cultivates personal strengths and develops a passion for lifelong learning and purposeful work.

PA Program Mission: The mission of the Elizabethtown College Physician Assistant Program is to educate and matriculate motivated students who will provide high quality healthcare as skilled Physician Assistants. Through a transformative educational experience and evidence-based curriculum that emphasizes purposeful work, cultivates personal strengths, and develops a passion for lifelong learning, students will be prepared to educate for Service. Upon graduation, our students will provide individualized healthcare to diverse patient populations while simultaneously working as a member of an interdisciplinary care team.

PROGRAM ACCREDITATION (A3.12a)

The ARC-PA has granted **Accreditation - Provisional** status to the **Elizabethtown College Physician Assistant Program** sponsored by **Elizabethtown College**.

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 program's accreditation history can be viewed on the ARC-PA website at http://www.arc-pa.org/accreditation-history-elizabethtown-college/.

PROGRAM GOALS:

1. Provide an environment for all students with multicultural educational opportunities inclusive of underrepresented groups and diversity in healthcare.
2. Achieve a first time PANCE pass rate at or above the national average.
3. Obtain a job placement rate of over 80% in a variety of clinical specialties at six months following graduation.
4. Provide all students with an opportunity to perform community service while in the didactic and clinical years of the program.
5. All faculty will maintain a professional development plan that addresses teaching, scholarship, and service, as well as diversity, equity, accessibility, and justice.

CURRICULUM GOALS:

1. Prepare graduates with the core medical knowledge and skills necessary to become competent Physician Assistants, to include the integration of clinical data obtained from a medical history, physical examination, and diagnostic studies to formulate a diagnosis and treatment plan appropriate for the patient's clinical condition
2. Provide a high quality, evidence-based curriculum that allows students to secure employment in a variety of clinical specialties
3. Promote opportunities for community service and outreach for students within their communities
4. Facilitate the development of interpersonal characteristics that allow students to communicate effectively while providing patient-centered care and working as a member of an interdisciplinary care team
5. Demonstrate competent ability of a wide range of clinical procedures
6. Foster the development of awareness and sensitivity to ethical, legal, diverse and social issues that affect healthcare

PROGRAM CORE VALUES:

The Elizabethtown College Physician Assistant Program's core values include:

- Service
- Scholarship
- Professionalism
- Diversity
- Inclusion
- Accountability
- Excellence
- Integrity
- Advocacy
- Collaboration

Core Values Expanded:

- *Service—responsibility and accountability to patients, society, and profession by remaining actively involved in the community through volunteerism*
- *Scholarship—utilization of evidence-based medicine*
- *Professionalism—respect, integrity, honesty, and ethical behavior in all circumstances*
- *Diversity – members of the PA program (students, faculty, and staff) are diverse in race, ethnicity, sexual orientation, socioeconomic status, religion, ability, gender, gender identity and expression, age, and national origin*
- *Inclusion – involvement and empowerment where the inherent worth and dignity of all people are recognized*
- *Accountability—responsibility to students, patients, college and surrounding community as well as the PA profession by utilizing a continuous self-assessment and process improvement system*
- *Excellence—prepare clinically competent Physician Assistants that excel in critical thinking and problem solving to provide comprehensive patient care*
- *Integrity—adherence to professional behavior and ethical conduct providing quality health care through patient advocacy and advocacy of the PA profession*
- *Advocacy—providing quality health care through patient advocacy and advocacy of the PA profession*
- *Collaboration—fostered by learning environment that centers around the utilization of interdisciplinary healthcare teams to promote excellence in patient-centered care*

OVERVIEW OF CLINICAL EDUCATION

Elizabethtown College is dedicated to fostering student-centered learning with a focus on high quality education that will prepare graduates to apply clinical reasoning, critical thinking, problem solving, and evidence-based medicine in the delivery of comprehensive, compassionate, and cost-effective care to a diverse patient population.

Transition from didactic to clinical year takes students from the theoretical classroom setting to a hands-on and fast paced learning environment to prepare them as lifelong learners who continue to refine their skills and expand their knowledge as a practicing Physician Assistant. Clinical year students will actively participate in the delivery of medical care to patients of all ages in the ambulatory, primary care, and hospital settings while functioning as advocates for patients, their families, and the PA profession. In addition to clinical education, PA students will strengthen their community involvement with purposeful work through the completion of their capstone project.

The general goals of clinical year education include:

- application of didactic knowledge to supervised clinical practice
- enhancement of clinical problem-solving skills
- expansion of medical fund of knowledge
- excellence in concise history taking
- excellence in physical examination skills
- refinement of oral presentation
- precision in written documentation skills
- expression of understanding physician assistant role in the delivery of healthcare
- preparation for the Physician Assistant National Certifying Exam (PANCE)

- development of interpersonal and professional skills necessary for members of interdisciplinary teams

General Objectives for Supervised Clinical Experience:

- Maintain patient database with master problem list and associated ICD-10 codes.
- Perform basic clinical procedures (peripheral IV insertion, suturing/knot tying, nasogastric tube insertion, gynecologic examination, etc).
- Develop a familiarity with utilization of an electronic medical record, billing, and coding principles.
- Gain hands-on clinical experience and education in a variety of medical disciplines under the supervision of licensed clinical preceptors.
- Develop an awareness and understanding of the Physician Assistant role as a functioning member of the interdisciplinary team.
- Facilitate interpersonal and communication skills that result in effective patient education and collaboration with other health professionals.
- Integrate assessment skills with knowledge of patient assessment, preceptor presentation and formulation of differential diagnosis, ordering of diagnostic studies/tests, and formulating a treatment plan.
- Develop the capacity and ability to apply critical thinking into the evaluation and care of patients.

Successful completion of clinical year includes:

- Completion of PANCE Prep I,II,III
- Completion of Education & Research I, II
- Completion of Culminating Experience course (capstone project and summative evaluation)
- Completion of requirements for Clinical Preceptorships I through VIII
    - Student evaluations of the courses, clinical preceptors, and clinical sites
    - Completion, submission, and review of student arrival and safety forms
    - Completion, submission, and review of clinical preceptorship schedule
    - Mid-rotation evaluations
    - Student site visits (two per student required)
    - Multiple-choice quizzes during weeks 2 and 4 of preceptorships
    - Final preceptor evaluations of the student
    - Rotation specific written assignments/HIPAA compliant medical documentation sample
    - PAEA end-of-rotation examinations administered during core SCPE Senior Seminars
    - OSCE during Senior Seminars
    - Completion and submission of clinical year passport
    - Completion of 40 weeks of SCPEs, minimum of 1,440 clinical preceptorship hours, and evaluation of patient database logs to ensure students meet patient encounter benchmarks as defined in Appendix B.

CLINICAL YEAR ADMINISTRATION

Name	Position	Phone	Email
Heather Fink, MS, PA-C	Clinical Coordinator	717-361-3720	Finkh@etown.edu
Dionna Rookey, MS, MPAS, PA-C	Program Director	717.361.4766	rookeyd@etown.edu
Diana Cobb	Administrative Program Specialist	717.361.4764	cobbd@etown.edu
Lauren Fischer	Clinical Site Specialist	717.361.3725	fischerlauren@etown.edu

PHYSICIAN ASSISTANT PROGRAM CLINICAL YEAR SCHEDULE 2025-2026		
	Start Date	**End Date**
Preceptorship 1	**August 18, 2025**	**September 19, 2025**
Preceptorship 2	**September 29, 2025**	**October 31, 2025**
Preceptorship 3	**November 6, 2025**	**December 10, 2025**
Preceptorship 4	**January 5, 2026**	**February 6, 2026**
Preceptorship 5	**February 16, 2026**	**March 20, 2026**
Preceptorship 6	**March 30, 2026**	**May 1, 2026**
Preceptorship 7	**May 11, 2026**	**June 12, 2026**
Preceptorship 8	**June 29, 2026**	**July 31, 2026**
GRADUATION		**August 15, 2026**

PROFESSIONALISM

The Elizabethtown College PA Program holds an expectation of all students to display at all times, the program definition of professionalism as follows:

Demonstrate common courtesy and consideration through all form of communication (verbal, written and nonverbal). Maintain a commitment to self in motivation and active learning and work cooperatively with peers and mentors. Practice honesty, integrity, reliability, and safety at all times. Constructively process and give feedback for growth regarding academic, clinical and social behaviors.

Academic Integrity and Honesty Policy Statement

Students are expected to review and follow the Elizabethtown College "Standards of Academic Integrity" as published in the Elizabethtown College Catalog.

Academic Judicial System and Student Academic Integrity Handbook.

Policy Rationale:

Honesty must be the basis of good academic work, and promoting academic honesty requires an understanding of the definition of academic dishonesty as well as its different types and causes.

Elizabethtown College faculty and administration will take all forms of academic dishonesty as a serious offense.

Associated Definitions:

Academic Dishonesty: Academic dishonesty refers to committing or contributing to acts of dishonesty in teaching, learning, research, and other academic activities.

> *Cheating:* the unauthorized use of information, materials, devices, sources, and practices to complete academic activities.

> > Examples include but are not limited to:

> > - copying another individual's answers on an assignment
> > - using unauthorized sources for completion of an assignment
> > - engaging in behaviors prohibited in course syllabi or policies

> *Plagiarism:* the adoption of another individual's ideas, designs, art, etc as his/her own without acknowledging the source or obtaining permission from the author.

> > Examples include but are not limited to:

> > - copying material from another source without proper citation
> > - unacknowledged use of materials prepared by another individual

> *Fabrication or Falsification***:** the unauthorized alteration or creation of information required for an academic activity or document.

> > Examples include but are not limited to:

> > - artificial creation of data
> > - alteration or artificial creation of patient logging exposures or procedure completion

Sabotage: the disruption or destruction of another individual's work which may prevent them from completing the activity successfully.

Examples include but are not limited to:

- failure to contribute effectively as a team member for a project
- destroying another person's artwork, experiment, or design

Procedure for Dealing with Cases of Academic Dishonesty:

1. Initial Conference
   a. When an instructor discovers evidence of academic dishonesty, an informal conference is scheduled promptly with the student or students involved. If a face-to-face meeting is not possible, this conference can take place via e-mail. If an instructor is unable to schedule a conference before grades are due, a grade of Incomplete for the course may be assigned in the interim. If the student confirms his or her academic dishonesty in the initial conference, then the procedure continues with the written notification step that follows.

2. Second Conference
   a. If, in the informal conference, the student denies academic dishonesty, but the instructor is satisfied that there is evidence of academic dishonesty, a second conference is scheduled with the student involved. In cases involving more than one student, either individual or group conferences may be appropriate depending on the particular circumstances of the case. This conference should be conducted with the Student, Instructor, and Academic and Professional Affairs Committee (APAC). The student also has the right to have a faculty member, another student, or a member of the Center for Student Success present as an observer. Due to the nature of this second conference, it should be scheduled as a face-to-face meeting.

3. Written Notification
   a. If, following either the first or second conference, the initiating faculty member and members of APAC are satisfied that there is proof of academic dishonesty, the APAC committee will give the accused student(s) written notification specifying the infraction and the recommended penalty. Copies of this notification are sent to the Program Director and the Dean for Curriculum and Assessment. Should the Program Director not be in agreement with the faculty member, both the faculty member and the Department Chair (or equivalent) will give written notification with rationale to the Dean for Curriculum and Assessment. The Dean for Curriculum and Assessment will review the matter, recommended actions, and will inform the student in writing of their decision.

4. Reported Cases
   a. Cases of alleged academic dishonesty reported by a student or students or College staff and not resolved by the instructor, APAC committee, and Program Director may also be referred to the Dean for Curriculum and Assessment. The Dean for Curriculum and Assessment will review the matter and recommend action and will inform the student(s) in writing of the recommended action.

5. Academic Review Committee
   a. The accused student(s) will have the alternative of (1) accepting the penalty recommended by the faculty member or the Dean for Curriculum and Assessment [in the case of a difference between the faculty member and the Program Director or (2) requesting a hearing before the Academic Review Committee. The request for a hearing must be presented in writing to the Dean for Curriculum and Assessment within five

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business days of receipt of the notice of information. In no case may the Academic Review Committee impose a penalty more severe than the one imposed by the faculty member, or the Dean for Curriculum and Assessment, as the case may be.

6. Dismissal
   a. Beyond the penalty imposed for the individual course, the Dean for Curriculum and Assessment will review each case of academic dishonesty and exercise judgment as to whether a student found to be in violation of the standards of academic integrity should be recommended for dismissal from the College. If it is the Dean for Curriculum and Assessment's judgment that academic dismissal is appropriate, the Dean of Curriculum and Assessment will notify in writing both the student and the Academic Standing Committee of his or her decision and the factors that influenced that decision.

7. Academic Standing Committee
   a. In the event of dismissal, the student will have the option of (1) accepting the Dean for Curriculum and Assessment's decision, or (2) requesting a hearing before the Academic Standing Committee. The request for a hearing must be presented in writing to the Dean for Curriculum and Assessment within five business days of receipt for the Dean of Curriculum and Assessment's decision. The Academic Standing Committee's decision is final.

Behavior Expectations
Repetitive instances of inappropriate classroom, clinical rotation, and interpersonal behavior will be taken to the Academic and Professional Affairs Committee. Failure to meet behavior expectations of the program may result in dismissal of the student from the Physician Assistant Program.

Classroom Behavior. Students must perform professionally in the program's classroom and demonstrate collegiality with students, faculty, staff, and guest lectures at all time.

- Consistently complete class assignments with all required components and by the academic deadlines provided by the course instructor.
- Meet classroom attendance requirements and arrive to class on time and ready to learn.
- Respect the opinions of other students, faculty, staff, and guest lecturers at all times.
- Maintain a level of respect for all faculty, staff, and guest lectures both in and out of the classroom setting.
- Maintain professional standards both in and out of the classroom setting.
- Cell phones are to be turned off or silenced unless instructed to utilize during classroom activities.

Interpersonal Behavior. Utilization of appropriate interpersonal behaviors will facilitate a respectful and collegial environment for student learners.

- Maintain positive and constructive interpersonal relations to resolve conflict.
- Demonstrate emotional maturity and stability through challenges while forming professional work relationships with faculty, staff, preceptorship/clinical rotation personnel, and peers.
- Avoid engaging in acts that may be construed as physically or verbally abusive, relational impropriety, and/or criminal violation of personal property.
- Appropriately function as a member of the health care team.

Clinical Rotation Behavior. To promote optimal learning during Clinical Rotations, students are to maintain professional and respectful interactions with other students, preceptors, site staff, program and instructional faculty, and their colleagues.

- Comply with all program policies as outlined in the clinical year/student manual.
- Maintain required GPA expectations.
- Understand the role of the student in the learning process.
- Attend Clinical Rotations as submitted on your schedule to the clinical coordinator.
- Meet all requirements for the end of rotation examinations.
- Complete all assignments in a timely manner.
- Comply with local, state, and national laws at all times.

<u>Standards of Professional Conduct for Clinical Rotations</u>

1. Professional conduct and attitude is expected of all students and at all times during clinical rotations. Unprofessional conduct or attitude toward program faculty or staff, clinical facility staff, patients, or the public is be grounds for review by the academic and professional affairs committee.
2. Students should report to their clinical rotation site approximately 15 minutes prior to their scheduled time unless otherwise directed by clinical faculty.
3. Students should make themselves available to perform any duties in the scope of their training.
4. Students must not perform any duties beyond their scope of training or in procedures in which one has not been trained. Performing beyond one's scope of practice or without adequate training is grounds for review by the academic and professional affairs committee.
5. Students may only perform procedural skill sunder the direct supervision of a clinical faculty member or designated preceptor. Performing unsupervised procedures is grounds for review by the academic and professional affairs committee.
6. Students may only review medical records for and participate in the care of patients to whom they are assigned.
7. Students must maintain patient confidentiality and follow all HIPAA guidelines. Discussion of a patient's condition or treatment should only be held in a private location with clinical personnel responsible for the patient's care. Violation of patient confidentiality is grounds for review by the academic and professional affairs committee.
8. Questions from the patient, their family, or others regarding the patient's condition or treatment must be referred to the preceptor.
9. If a student disagrees with, or questions the care plan of a patient, this should not be done in the presence of a patient or his family. Questions should be **respectfully** directed to the preceptor at an appropriate time and place.
10. Students must not discuss or criticize the actions of physicians, nurses, technicians, support staff, or program faculty/staff. Any problems or concerns should be discussed with the Clinical Coordinator.
11. Students are not permitted to seek medical advice for themselves, family, or friends during clinical rotations.
12. Students are not permitted to bring relatives or friends to their clinical rotation sites.
13. Students should not use the hospital or facility telephones for personal calls.
14. Students should follow all hospital and clinic policies and procedures as set forth during the practice / facility orientation.

Red Flag Behaviors.

Each preceptor evaluation form contains a list of red flag behaviors that represent concerns which may become problematic for students if not corrected in a timely manner. Preceptors are encouraged to notify the program if any of these behaviors occur. Students identified with red flag behaviors will meet with the

clinical coordinator to develop an action plan for improvement to optimize their clinical education and opportunities for success in clinical practice upon graduation.

a) Doesn't know limitations: not cautious, proceeds on own without asking, overestimates abilities
b) Impractical plans and suggestions, dangers orders, off on tangents
c) Incomplete or sloppy work with unfinished carts or failure to complete assignments given
d) Unresponsive to correction when deficiencies are noted, makes same errors repeatedly, defensive
e) Does not take initiative and needs constant direction
f) Poor attitude: negativism, chronic complaining, lack of enjoyment in work
g) Student spends work time on social media
h) Student does not appreciate the role of other healthcare professionals
i) Repeated absence from activities, lateness, not available for rounds and conferences
j) Repeatedly fails to identify self as PA student
k) Appearance not appropriate for site
l) Unprofessional behavior

Health Insurance Portability and Accountability Act (HIPAA) Policy

The Health Insurance Portability and Accountability Act (HIPAA) is an essential aspect of providing healthcare and ensures that healthcare providers, health plans, healthcare clearinghouses, and business associates of HIPAA-covered entities must implement multiple safeguards to protect sensitive personal and health information.

Associated Forms: HIPAA Training Completion Form

Policy Statement:

Clinical Year Students must complete Health Insurance Portability and Accountability Act (HIPAA) training prior to entry into clinical rotations. Additionally, some clinical sites may require additional HIPAA training. Failure to complete this training will result in immediate dismissal from clinical rotations, resulting in additional clinical time required to make up missed time, causing a delay in graduation.

Social Media Policy

This policy serves to spell out what is and is not appropriate for students of the Elizabethtown College Physician Assistant Program to post on social networks during their enrollment in the program.

Associated Forms: Social Media Policy Violation Form

Policy Statement:

Students must understand that the Student Code of Conduct and other Elizabethtown College policies apply to network usage and electronic postings. While the College does not as a matter of practice monitor posts for content, the College will investigate and take appropriate action if College officials

learn of questionable content (e.g., depictions of illegal alcohol consumption, hazing, property damage, acts of violence, defamation of character, etc.). That is, students will be held responsible for the content and character of electronic postings in the public domain (e.g., Facebook, Twitter, etc.). If questionable material is brought to the attention of a college official, then an investigation will follow to determine appropriate interventions, if any. If the investigation so warrants, a student may be charged under the Student Code of Conduct and proceed to a Formal Resolution. Appropriate sanctions will be imposed if a student(s) is found in violation of the Student Code of Conduct. The College may be required to report results of its investigation to third parties, such as the Borough or State Police.

In some cases, an electronic posting may give rise to concerns about the safety and well-being of a student

or the campus community (e.g. depictions of self-injury, suicidal ideation, acute depressive state, etc.). These situations may be referred to the Campus Wellness Network or the VP for Student Life.

As an important and timely means of communication for many students, the faculty of the Physician Assistant Program recognize that social networking websites and applications, such as Facebook, Twitter, and Instagram are frequently accessed. Students who utilize these websites and other applications **must** be cautious of maintaining only trustworthy "friends," as well as being aware that the posting of certain information is illegal. Students **may not** represent oneself as another person to hide their identity and circumvent any of the following guidelines.

The following actions utilizing social networking are strictly forbidden:

- Students **may not** present the personal health information of other individuals; including an individual's name, age, gender, race, diagnosis, date of evaluation, or type of treatment including medical photographs that may allow the identity of the individual to be recognized.
- Students **may not** report private academic information of any other students or trainees; including scores/grades, adverse academic sanctions, or narrative evaluations.
- Students **may not** present oneself as an official spokesperson or representative for the PA program.
- Students **may not** utilize social networking in any manner that interferes with program and clinical commitments or utilize a hospital or clinic computer with personal matters.

Violation of administrative regulations and statutes may subject the offender to criminal and civil burdens with punishment for violations to include fines and imprisonment.

The following actions utilizing social networking are intensely dejected:

- Display of items that utilize vulgar language.
- Display of photographs or language that disrespects individuals or groups due to sexual orientation, ethnicity, race, gender, age, or disability.
- Display of personal photographs or photographs of others that may be interpreted as sexually promiscuous or illustrate irresponsible utilization of alcohol or other illicit substances.

Violations of these actions will be viewed as unprofessional and may be subject to academic consequences as severe as probation or program dismissal.

Despite the utilization of privatization measures, undesignated individuals may still access social networking sites and portray one's character in an unprofessional manner. Think carefully before posting any information online, as employers frequently visit social networking sites in the consideration of applicants for employment.

Professional Image

Adherence to standards of professional appearance including personal hygiene, dress, and safety projects competence and credibility during interactions with patients, colleagues, and members of the general public. All students are expected to follow the requested attire guidelines for each Clinical Rotation as described later in this manual (page 14ss).

Grievance Process (A3.15g).

All issues and concerns regarding preceptorships should be addressed with the Physician Assistant Program's Clinical Coordinator first. Students must not express grievances regarding a preceptorship or program coursework directly with the instructional faculty/preceptor, or a member of the clinical site. Violation of this policy will not be tolerated.

Students are encouraged to establish and maintain good communication with their preceptors. This includes requests for feedback on their performance. However, it is not appropriate for students to dispute or argue an evaluation or preceptorship grade with the instructional faculty/preceptor during or after the completion of the preceptorship. All concerns regarding preceptor evaluations or grades should be addressed with the Clinical Coordinator immediately.

Any perceived communication or professional concerns that exist between the student and precept must be relayed to the Clinical Coordinator immediately. Presentation of concerns following the completion of the preceptorship, or after grades have been submitted will not be entertained.

All grievances, student grade appeals, or other program decisions should be submitted in writing to the Clinical Coordinator utilizing the Student Grievance or Grade Appeal Form within compliance of the grievance and appeal policy.

If resolution of the student's concerns are not met during discussions with the Clinical Coordinator, student concerns should be addressed with the PA Program Director. Alteration to previously made decisions will be made at the discretion of the Program Director.

Discrimination, Harassment, Mistreatment and Bullying Policy (A1.02j, A3.15f).

Elizabethtown College is committed to maintaining a safe, respectful, and healthy work and learning environment that ensures federal and state laws, as well as College regulations prohibiting violence and discrimination are fully enforced.

> *Discrimination.* Elizabethtown College does not discriminate on the basis of gender, race, color, religion, age, disability, veteran status, national or ethnic origin, ancestry, sexual orientation, gender identity and expression, genetic information or any other characteristic protected by the applicable federal, state and local laws. Elizabethtown College's Physician Assistant Program will not tolerate any incidents of discrimination.

> *Harassment.* The College defines harassment as any behavior, verbal or physical, which creates an intimidating, hostile or offensive work, learning, or living environment, particularly if questionable behavior is repeated and/or if it continues after the offending party is informed of the objectionable and/or inappropriate nature of the behavior, and which is based on individual

characteristics including gender, race, color, religion, age, disability, veteran status, national or ethnic origin, ancestry, sexual orientation, gender identity and expression or any other legally protected status. Elizabethtown College's Physician Assistant Program will not tolerate any incidents of harassment.

Mistreatment. The Physician Assistant program defines student mistreatment as the obstruction of student learning, exploitation of vulnerability, and exclusion from the medical team. Student mistreatment of any kind is detrimental to a safe and effective learning environment. Elizabethtown College's Physician Assistant Program will not tolerate any incidents of student mistreatment.

Bullying. The College is committed to the elimination of all forms of bullying and will ensure that procedures exist to allow complaints of bullying to be dealt with and resolved without limiting any person's entitlement to pursue resolution of their complaint within the relevant statutory authority. Elizabethtown College's Physician Assistant Program will not tolerate any incidents of student bullying.

Policy Statement:

The College does not tolerate discrimination or harassment of any kind or bullying against any member of the Elizabethtown College community. Threatening, violent, discriminatory, or harassing conduct is subject to expulsion from the College or possible civil/criminal prosecution.

It is essential that individuals who have experienced bias, and witnesses, or other individuals reporting a bias-related incident provide as much information as possible about the incident. A detailed account including date, time, exact location, names of persons involved, including any witnesses, is considered necessary for an investigation by Campus Security and/or the local police. Impacted individuals and witnesses are encouraged to preserve evidence. For example, do not erase or remove graffiti, vandalism or public postings; take a photo if possible. Make a written record of any verbal assault; maintain any email record (do not alter, delete or forward the message). If the incident occurred by telephone, make note of the time and length of the call along with the phone number if possible, but do not engage with the caller.

Report of a bias-related incident will be referred to the appropriate college official for review and investigation. Individuals making a report will be given an opportunity to provide additional information, review issues of confidentiality, and discuss potential next steps. The resolution process for any reported incident will follow procedures outlined in the Student, Faculty and Employee Handbooks.

The College is required by law to issue a timely warning about hate crimes that present a continuing danger to the campus community and to disclose annual statistics about these crimes in the Annual Security and Fire Safety Report. Only general information, as opposed to personal or identifying details, will be disclosed in accordance with the *Jeanne Clery Disclosure of Campus Security Policy and Campus Crimes Statistics Act*.

Confidentiality will be maintained throughout the investigation process to the extent practical and consistent with the College's need to undertake a full and impartial investigation.

Procedure for Discrimination, Harassment, Mistreatment and Bullying:

Any student who believes he/she is the subject of conduct that violates this policy, including discrimination, harassment, or bullying is encouraged to report the situation in accordance with the College reporting procedures.

> College reporting procedures for sexual harassment can be found at
> Sexual Misconduct Policies

> College reporting procedures for harassment, intimidation, and bullying can be found at
> Harassment, Intimidation, and Bullying Policy and Procedure

Accommodations for Students with Documented Disabilities. Elizabethtown College welcomes otherwise qualified students with disabilities to participate in all of its courses, programs, services, and activities. If you have a documented disability and would like to request accommodations in order to access course material, activities, or requirements, please contact the Director of Disability Services, by phone (361-1227) or e-mail. Please note, the physician assistant program has defined technical standards to which not all disabilities may be accommodated. If your documentation meets the college's documentation guidelines, you will be given a letter from Disability Services for each of your professors. Clinical year documentation will be required according to the standardized testing organization requirements which includes official documentation from a licensed medical provider (MD, DO, NP or PA). Students experiencing certain documented temporary conditions, such as post-concussive symptoms, may also qualify for temporary academic accommodations and adjustments. As early as possible in the semester, set up an appointment to meet with me, the instructor, to discuss the academic adjustments specified in your accommodations letter as they pertain to my class.

Extracurricular Activities during Clinical Year. Participation in extracurricular activities during Clinical Year will prove challenging to students due to the advanced education and extensive training requiring in supervised clinical practice environments. Students may be required to work up to seventy hours per week dependent on preceptor expectations and preceptorship. No alterations to a student's clinical or testing schedule will be made to accommodate extracurricular activities.

Employment during Clinical Year (A3.15e). Full-time and part-time employment is strongly discouraged due to the rigorous nature of the Physician Assistant program. Students may be required to work up to seventy hours per week dependent on preceptor expectations and preceptorship. No alterations to a student's clinical or testing schedule will be made to accommodate outside employment.

Furthermore, Physician Assistant students are not required, nor permitted to work for the Physician Assistant program (A3.04).

SUPERVISED CLINICAL PRACTICE EXPERIENCE (SCPEs)

Purpose. The purpose of clinical education in Physician Assistant practice is to provide students with supervised exposure in a variety of clinical disciplines and medical settings.

- Students will gain exposure in Family Medicine, Internal Medicine, Women's Health, Pediatrics, Surgery, Behavioral Health, Emergency Medicine, and in an elective area of their own personal interest.
- Students will gain exposure to various aspects of providing healthcare across the life span, including comprehensive history taking, physical assessment, ordering and interpreting diagnostic tests, formulating a diagnosis, selecting appropriate treatment, providing patient education, and applying the principles of preventive medicine.
- Students will develop a genuine awareness of interdisciplinary and collaborative role of Physician Assistants within a healthcare team while strengthening their interpersonal communication skills.
- Students will engage in self-learning processes necessary in the development of competent healthcare providers.
- Students will gain exposure in providing care for conditions requiring surgical intervention in a pre-operative, intra-operative, and post-operative care setting, as well as participate in the active management of emergent, acute, chronic, and preventive care practices.

CLINICAL ROTATION GUIDELINES (B3.03a,b,c,d,e; B3.04a,b,c,d; B3.05, B3.06a,b,c B3.07a,b,c,d,e,f,g)

Program Instructional Faculty, Clinical Staff, and Administrative Staff

Physician Assistant students are not permitted to substitute for or function as instructional faculty, clinical staff, or administrative staff while enrolled in the program (A3.05a,b).

- Physician Assistant students may not be used to substitute for hospital or office staff, and students may not receive monetary or other compensation for their services at a clinical site.
- **Every** patient seen by a Physician Assistant student **must** be seen by a preceptor!

General Rotation Information. Throughout clinical year, the Physician Assistant student is expected to perform and behave in accordance with the highest standards expected of health care professionals.

The clinical year curriculum of the Physician Assistant Program consists of eight Clinical Rotation blocks including:

- Internal Medicine Preceptorship
- Women's Health Preceptorship
- Pediatrics Preceptorship
- Family Practice Preceptorship
- Emergency Medicine Preceptorship
- Surgery Preceptorship
- Behavioral Medicine Preceptorship
- Clinical Specialty Preceptorship

Self-directed learning is essential to the success of clinical year and in lifelong learning associated with continued education of all healthcare providers. The successful Physician Assistant student will display willingness to learn, interest in assuming responsibility, and initiative for completion of work.

During each supervised clinical practice experience, students will be informed of the principal and/or instructional faculty member designated to assess and supervise the student's progress in achieving the learning outcomes required of students and how to contact the faculty member. (A2.17)

Students should contact their preceptor/clinical site one week prior to the start of the Clinical Rotation as a courtesy. Students should inquire about start times, scheduling, directions, and additional necessary details pertinent to successful completion of the preceptorship.

On arrival to the Clinical Rotation, students should provide the office staff and/or the preceptor with a copy of the Clinical Coordinator's business card in the event that immediate contact is necessary.

RECOMMENDED TEXTBOOKS

- Atlas of Emergency Medicine
- Clinician's Pocket Reference
- Current Family Medicine
- Current Medical Diagnosis and Treatment
- Current Obstetrics and Gynecology
- Current Pediatrics
- Current Practice Guidelines in Inpatient Medicine
- Current Psychiatry
- Harrison's Principles of Internal Medicine/Harrison's Manual of Medicine
- Schwartz's Principles of Surgery

Role of the Physician Assistant Student. Physician Assistant students will be considered an extension of instructional faculty with the ability to perform tasks as delegated to them by the supervising preceptor.

The specific role of the PA student will vary from preceptorship to preceptorship, however, there are standard procedures that must be adhered to by both the PA student and preceptor.

Student Responsibilities:

- Adherence to professional conduct standards
- Attend Clinical Rotations as scheduled, in addition to grand rounds, lectures, and conferences as made available to them
- Obtain detailed histories and conduct physical examinations
- Perform and/or interpret common laboratory and diagnostic studies
- Develop a differential diagnosis
- Formulate an assessment and plan through discussion with the preceptor
- Give an accurate oral presentation
- Provide concise and accurate documentation of findings
- Educate and counsel patients on health-related concerns across the lifespan
- Demonstrate adaptability, flexibility, emotional resilience, and stability throughout the clinical year

Open lines of communication must be maintained between the clinical coordinator and the clinical year Physician Assistant students. The following points of communication between the student and clinical coordinator are required for each Clinical Rotation:

- Confirmation of arrival to clinical site
- Identification of the primary preceptor and their contact information
- Submission of preceptorship schedule by the completion of the first week of the preceptorship
- Immediate notification is students identify any areas of concern with the Clinical Rotation site or assigned preceptor

Electronic communication with any program faculty, staff, and administration **must** be performed utilizing the Elizabethtown College email account and directed to paclinical@etown.edu. To maintain privacy and student security, **no** outside accounts will be recognized for student communication.

Student Arrival to Clinical Sites

Students are required to complete the 'Student Arrival and Safety Form' in Typhon prior to Friday at 4pm on the first week of each preceptorship. This process is designed to ensure that students have arrived safely to their Clinical Rotation site and are not encountering any difficulties with clinical preceptors or sites. Students must provide the program with current and accurate contact information to include phone numbers. Failure to complete the form by the designated time will result in deduction of overall course grade.

Dress Code Policy

Dress code within the classroom promotes conducive learning for all students while instilling a sense of pride in the completion of their coursework while the dress code within the laboratory setting promotes safety and injury prevention as well as facilitation of appropriate examination techniques. Dress code for clinical year students promotes the integration of students into the clinical setting, ensures appropriate student identification, and ensures professional demeanor in regard to dress. Clinical preceptors, site supervisors, office managers, and physician assistant faculty reserve the right to dismiss students from clinical education sites for inappropriate and unprofessional attire.

Associated Forms: Dress Code Violation Form

Student Identification (A3.06)
- Elizabethtown College student ID tags must be clearly displayed.
- Students must wear a short white lab coat unless otherwise requested by instructional faculty.
- Elizabethtown College patch is to be worn on the left chest of the student's white coat
- Students must clearly identify themselves to patients and clinical staff as a physician assistant student in both verbal and written documentation
    - o Verbal: First and last name, Elizabethtown College Physician Assistant Student
    - o Written: First and last name, PA-S

<u>Student Attire for Clinical Year</u>
The following attire guidelines are required in all clinical education settings to ensure a consistent and standardized image for all students encountering patients and their families.

General Hygiene Guidelines
- Good personal hygiene, to include regular bathing, use of deodorant/antiperspirant, and regular dental hygiene
- Avoidance of perfumes and colognes
- Clean clothing in good repair that allows for adequate movement to complete necessary clinical examinations
- Strict avoidance of midriff tops, halters, translucent or transparent tops, low-cut necklines, tank tops, leggings, skirts greater than four inches above the knee, and visualization of undergarments.
- Short white lab jackets with appropriate student identification should be worn.
- Tattoos should be covered when seeing patients or navigating clinical sites.

Shoe Guidelines
- Comfortable and clean shoes in good repair
- No open-toed shoes permitted
- Clean sneakers are only acceptable when worn with scrubs

Hair Guidelines
- Neatly groomed hair, worn in compliance with clinical site/healthcare facility guidelines
- Shoulder-length hair and longer may need to be secured to avoid interference with patient care
- Neatly trimmed facial hair

Nail Guidelines
- Avoidance of artificial nails, tips, gel polish is mandatory during Clinical Rotations. Additionally, nail length may not inhibit physical examination and procedural skills during the didactic year.
- Nails may be painted

Jewelry Guidelines
- Students are permitted to wear a wrist watch, two to three rings, small and non-distracting earrings, academic pins, and maximum of two bracelets/necklaces.

Student Malpractice Insurance and Certification Requirements for Clinical Rotations

Malpractice Insurance. All Physician Assistant students are required to carry malpractice insurance while enrolled in the Physician Assistant Program. Malpractice insurance must be renewed annually. A copy of the malpractice insurance certificate will be provided to all clinical sites prior to student assignments, and students are expected to have a copy of their forms with them at each Clinical Rotation. Students are not covered by malpractice insurance during any personal volunteered activities that are not coordinated by the Physician Assistant program. Students are not permitted to see patients in an office or clinic setting without the clinical preceptor present. Additionally, the preceptor has ultimate legal responsibility for the actions of the PA student while under his/her supervision.

BLS Certification. All Physician Assistant students are required to maintain current CPR certification through the American Heart Association Basic Life Support (BLS) course. A BLS certification/recertification course will be arranged for first year students prior to Clinical Rotations. Students may be excused from participation in the BLS course if he/she is able to provide documentation of successful course completion and certification. The cost of the certification to the student is approximately $55, which is included in the program fee.
Copies of the certification cards will be kept in the students' file throughout the clinical phase of the program.

ACLS Certification. All Physician Assistant students are required to maintain certification through the American Heart Association Advanced Cardiac Life Support (ACLS) course. An ACLS

certification/recertification course will be arranged for first year students prior to Clinical Rotations. Students may be excused from participation in the ACLS course if he/she is able to provide documentation of successful course completion and certification. The cost of the certification to the student is approximately $300, which is included in the program fee.

Copies of the certification cards will be kept in the students' file throughout the clinical phase of the program.

PALS Certification. All Physician Assistant students are required to maintain certification through the American Heart Association Pediatric Advanced Life Support (PALS) course. A PALS certification/recertification course will be arranged for first year students prior to Clinical Rotations. Students may be excused from participation in the PALS course if he/she is able to provide documentation of successful course completion and certification. The cost of the certification to the student is approximately $300, which is included in the program fee.

Copies of the certification cards will be kept in the students' file throughout the clinical phase of the program.

Role of the Preceptor. Preceptors serve an integral role in Physician Assistant education as a role model for students who will assist in fine tuning their clinical skills.

Preceptors during the clinical education portion of the Physician Assistant program primarily consist of licensed and board-certified physicians and physician assistants. Occasionally, students may be assigned to a Nurse Practitioner during portions of a Clinical Rotation.

Preceptors must assist students in the completion of a tour and orientation to the practice, discussion of goals and expectations of the preceptorship, approval of the student schedule, review of preceptorship objectives, student supervision, documentation and charting on all patient encounters, evaluation of student presentation, teaching, and evaluation completion.

Preceptor Responsibilities.

- Adhere to professional and ethical conduct standards while serving as a role model for the student
- Orient students with the practice/site policies, procedures, and expectations
- Provide ongoing feedback regarding clinical performance, fund of knowledge, and critical thinking skills
- Teach, demonstrate, and supervise clinical activities to enhance clinical skills and ensure quality patient care
- Promote an appropriate level of responsibility for clinical assessment and management for student's level of experience and expertise
- Participate in the evaluation of medical knowledge and clinical skills through direct supervision and teaching in the clinical setting, direct evaluation of oral and written presentations, and through the assignment of outside readings and research to promote further learning
- Engage in open dialogue with program faculty during site visits to enhance learning and evaluate student progress
- Review clinical documentation to evaluate the student's ability to write concise progress notes, histories, physical examinations, assessments, and treatment plans
- Complete periodic reviews (weekly) of student patient notes

- Complete and return evaluation forms provided by the program in a manner that accurately reflects student knowledge and skills, as well as areas of improvement throughout the preceptorship
- Notify the program promptly if any circumstances arise that may interfere with the student's ability to complete the preceptorship
- Demonstrate cultural competency in each patient interaction

Clinical Site Assignment Policy (A1.01, A3.03).

Clinical Coordinator will individually match students with a schedule that best meets their learning needs utilizing input from each student about their elective and rotation preferences in addition to feedback from faculty and staff within the program.

Associated Forms: Rotation Placement Form, Student Request for New Clinical Site Form

Policy Statement:

The assignment of students to Clinical Rotation sites is the responsibility of the Clinical Coordinator. Elizabethtown College has affiliation agreements in place with physicians, physician assistants, and healthcare institutions that allow for the completion of Clinical Rotations for each student in the program. Students may not solicit or arrange their own clinical rotation sites. Student assignments for clinical sites will be made during the second half of the didactic year. There are many factors that influence student placement into clinical sites, including the number of Clinical Rotation sites, student interest in a particular specialty, student performance, and site/preceptor availability. Clinical Coordinator will individually match students with a schedule that best meets their learning needs utilizing input from each student about their elective and rotation preferences in addition to feedback from faculty and staff within the program.

Students are not guaranteed their first choice in any advanced Clinical Rotation specialty. The philosophy behind this preceptorship is to develop and reinforce clinical competency while providing a unique experience that fosters advanced clinical decision making and patient care skills in a focused area of clinical practice that is of interest to the student. Students are asked their preference of advanced clinical practice specialties. Every effort will be made by the clinical coordinator to place students in their preferred practice areas; however, the PA program faculty may assign advanced Clinical Rotations at their discretion.

Following finalization of the Clinical Rotation schedule, student requests for changes will be limited to emergency situations only and evaluated on a case-by-case basis. Students may not arrange their own preceptorships or trade preceptorships with other students.

Students should anticipate travel outside of the local area for a minimum of two Clinical Rotations, during which time housing and accommodations are the responsibility of the student. Additionally, students should anticipate the potential for travel between clinical sites for the completion of Clinical Rotations.

Although unlikely, unforeseeable events can occur at any time which may require a student to be moved from one preceptorship site to another with little notice before or during a preceptorship. Students are responsible for costs associated with travel and/or relocation regardless of the cause.

Student Requests for a New Clinical Site. Students will not be requested to, nor may they, develop or arrange their own clinical sites or clinical schedule, as the assignment of students to Clinical Rotation sites is the responsibility of the Clinical Coordinator. However, students will have the opportunity to request rotation assignments and recommend potential preceptors/sites through the Student Request for New Clinical Site Form. Following submission, the program will

contact the site, arrange a visit, speak to the potential preceptor, evaluate the site's suitability, and develop an affiliation agreement between Elizabethtown College and the site as appropriate.

Recommendations and requests will be accepted from students regarding new preceptors or placement sites at least 16 weeks in advance for preceptorships not yet confirmed. Students are prohibited from completing Clinical Rotations at a site in which their family, friends, or personal physicians are employed, unless otherwise agreed to in advance by the Program. Completion of the Student Request for New Clinical Site Form does not guarantee student placement in the requested site, and determination of site viability is made solely by the program. Once the process of site development for a student requested site has begun, the student will not be permitted to opt out of that site.

Housing and Transportation. Students are responsible for securing their own housing, as well as any costs incurred for such during the clinical year. Students should plan ahead to ensure housing in time for the start of a preceptorship but must be flexible if preceptorship securement changes due to unforeseen circumstances with the preceptor or site. Additionally, lack of a functioning vehicle or means of transportation is not an acceptable excuse for clinical site absence.

Failure to secure housing and reliable transportation may result in removal from the preceptorship block, which will have to be rescheduled at the end of clinical year. Rescheduling Clinical Rotations will result in a delay in graduation.

ATTENDANCE POLICY

Regular attendance is of the utmost importance for students enrolled in the Physician Assistant program for enhancement of both professional and personal growth, as well as measuring of academic achievement and proficient completion of clinical skills.

Associated Definitions:

Bereavement: Bereavement leave encompasses any absence due to a death in the family.

Excused Absence: Absence from program required event such as class, lab, training, or clinical rotation that is discussed with and approved by the course instructor prior to the event.

Unexcused Absence: Absence from program required event such as class, lab, training, or clinical rotation that is not discussed with the course instructor prior to the event, or that is not approved by the course instructor.

Tardiness: Students are expected to be present at all program required events such as class, lab, training, and clinical rotations which includes, but is not limited to, being seated, unpacked and ready to begin by the official start time. Students are also expected to stay until it ends.

Associated Forms: Inclement Weather Form and Time-Off Request Form

Policy Statement:

Attendance at all classroom, laboratory, and other program related activities is mandatory. The PA program will attempt to hold all program related material during regular hours; however due to unforeseen circumstances, the PA program reserves the right to schedule activities outside of regular hours, including evenings and weekends.

The faculty and staff of the PA program understand that life can present unavoidable and unplanned emergencies. In order to maintain the integrity of the program, any and all unplanned absences should be

reported to the PA program as soon as possible. Failure to notify the program in a timely manner will result in receiving an unexcused absence. More than two unexcused absences within each semester may result in disciplinary action including, but not limited to, a professionalism remediation plan, review by the Academic Standing Committee, course failure, or dismissal from the program.

Submission of Rotation Schedule. Students are required to submit a copy of their rotation schedule to the Clinical Coordinator by Friday at 4pm on the first week for each clinical Rotation. The preceptor must develop, review, and sign the clinical schedule prior to student submission to the program. Students must upload the schedule into Typhon. Failure to do so will result in a zero for the task and overall a deduction in the student's course grade. Once submitted, students must adhere to this schedule and report any changes in their schedule to the Clinical Coordinator immediately.
Failure to do so will result in an unexcused absence.

Clinical Rotation Attendance. Students are expected to be at their clinical rotation sites during the times scheduled by their preceptors unless prior arrangements are made at a minimum of one week in advance with the clinical coordinator and instructional faculty (preceptor). The only exceptions to the attendance policy are for sick leave, bereavement, and to accommodate a schedule change with the student's preceptor.

If an unforeseen circumstance arises and the clinical site preceptor is unable to be at their clinical site for personal reasons and a delegate cannot be assigned to supervise the student during such timeframe, the student is responsible for contacting the Program Clinical Coordinator immediately. Additional readings or other educational assignments will be provided to compensate for clinical exposure time that has been lost.

Classroom Attendance. Students are expected to be in their respective classes, labs, small groups, etc. properly dressed at the scheduled time ready to participate in classroom activities. Tardiness disrupts the entire class and will not be tolerated. Disciplinary actions will be applied at the discretion of the program faculty members or representatives responsible for the education experience.

- Senior seminar will be conducted following the completion of each clinical Rotation, and are set aside for testing, competencies, class interaction, board preparation, and continuing medical education activities. Attendance to senior seminar weeks is mandatory.
- Education and research times will be held periodically throughout the clinical year and are set aside for students to work on their capstone projects outside of clinical hours, with the benefit of having program faculty available for questions. Students may have the opportunity to utilize their education and research weeks in a location other than campus. In such circumstances, an individualized plan for completion of research form much be submitted and approved by the clinical coordinator at least one week prior to the education and research week.

Students are responsible for consulting with the Clinical Coordinator in the case of absences due to illness or other personal circumstances to develop an action plan for completion of course work. Make-up of course work, including examinations and quizzes will be permitted on a case-by-case basis, at the discretion of the Clinical Coordinator.

Bereavement Leave. Any absence due to a death in the family must be reported to the Clinical Coordinator prior to the scheduled activity the student will be missing. This should not occur after the absence has occurred unless in the case of an emergency. It is the responsibility of the student to obtain any missed work or make-up assignments or make up missed clinical time. Any

examination missed during the absence must be made up within 24 hours of return to class or as otherwise scheduled by the instructor or Program Director.

- Death in the immediate family: 3 days per occurrence
- Death in the extended family: 1 days per occurrence

Preceptor Directed Absence: Students must notify the Program Clinical Coordinator immediately upon notification from their preceptor that they have been instructed to be absent from an assigned site outside of the time submitted on the Rotation schedule. Communication should be made directly to the Program Clinical Coordinator via email.

Time Off: Clinical year students are actively preparing for transition to clinical practice upon graduation. Therefore, students will be allotted six (6) personal days to utilize during clinical year pending approval from the Program Clinical Coordinator and preceptor notification. Personal days may be utilized for sick time, interview days, appointments, etc. Students are required to notify the Physician Assistant Program Clinical Coordinator at least one hour prior to absence due to illness from any clinical year assignment, unless in the case of an emergency. Students wanting to be excused from clinical days for reasons other than acute illness or bereavement must submit a request for time off form to the Clinical Coordinator at least two (2) weeks in advance. Interview days scheduled during testing days will not be approved.

Absence of one day per rotation is the **maximum** time allotted for students without having to make up the time that is missed. Students missing two or more days during the clinical rotation must discuss a time to make up the hours missed with their clinical preceptor. If time is unable to be made up, students may be required to repeat the rotation. Students are required to obtain written documentation from their preceptor that any missed time from the rotation has been adequately made up. Submission of this documentation is to be done during senior seminar days, utilizing the Preceptor Verification of Missed Time Form and must be signed by the preceptor.

Illnesses requiring absence of three or more consecutive days will require written verification from a licensed health care provider rendering treatment to the student. Students missing more than 32 hours during a single rotation will be required to make up the time by repeating the entire clinical rotation.

Failure to notify the preceptor and the program office of absence within one hour of the start of the student's scheduled shift will be considered an unexcused absence. One unexcused absence will drop the final grade of the course by 5%. Two unexcused absences will drop the final grade of the course by 15%. Three unexcused absences will result in course failure. The accumulation of more than three unexcused absences will result in professionalism dismissal from the Physician Assistant Program.

Leave of Absence. If unforeseen circumstances arise necessitating the request for a leave of absence during the clinical year, a written request must be made to the Program Director. Each student will only be allowed one leave of absence while matriculating in the Elizabethtown College Physician Assistant Program. Within the following circumstances, a leave of absence may be granted at the discretion of the program:

- Students must be in good academic standing (minimum 3.0 program GPA).
- Leaves of absence requests may be made for personal circumstances, medical reasons, or for academic reasons (to study in an approved off-campus program).

- The leave of absence will not extend beyond the academic year in which the leave is taken.
- The student is in good academic and clinical standing.
- Re-entry to the program is not automatic and re-entry coursework will be required as described by program faculty.
- Permission to re-enter will be granted on a case-by-case basis as space is available.
- Documentation of satisfactory resolution of the problem that prompted the need for a leave of absence must be provided to the program upon return.

School Closures and Delays. In the event of school closure due to weather emergencies or other unforeseen circumstances, there will be no on-campus classes held. Any canceled or missed classes may be rescheduled and coursework made up at another time. If the clinical site or office remains open and students can arrive to their site safely, it is expected that they attend. If for any circumstance the student is unable to safely report to their clinical site, the Clinical Coordinator and Preceptor should be notified immediately, and the Inclement Weather Form should be submitted.

Holidays. Students during Clinical Year may have the following days off:

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Clinical preceptors may require the students to work an additional day or period of hours to accommodate holidays. Students are expected to meet these requests.

The College will accommodate individual religious beliefs and practices; however, it is the responsibility of the student to meet with the Clinical Coordinator in advance to request accommodations related to religious observances that may conflict with clinical year requirements and make appropriate plans to make up any missed work.

Procedures associated with cases of tardiness and absences can be found in the Policy and Procedure Manual

CLINICAL YEAR GRADING (A3.15a)

Grades are reported as A, B, C, and F with plus and minus distinctions made. Designations of I, W, WF, P, and NP are used in appropriate situations.

Grade definitions are:

A   Distinguished
B   Above Average
C   Average
F   Failure
I   Work Incomplete
W   Withdrawal from Course
WF Withdrawal Failing from Course
P   Pass
NP No pass (Failure)

Grading Scale. Clinical year grading scale utilizes a 4.00 quality point system. Quality points are assigned per semester hour of credit as follows:

Letter Grade	Percentage	Quality Points
A	94-100%	4.00
A-	90-93%	3.70
B+	87-89%	3.30
B	84-86 %	3.00
B-	80-83%	2.70
C+	77-79%	2.30
C	74-76%	2.00
F, WF	< 74%	0.00

Students in the Physician Assistant Program must obtain $\geq$ 74% in all courses for successful completion of the semester. For continuation from semester to semester in the clinical year, students may have no grades less than a C.

Clinical Rotation Grading. The final grade for each **core** Clinical Rotation will be calculated using the following percentages for each module:

End of Preceptorship Examination   55%
End of Preceptorship OSCE   15%
Preceptor Evaluation   10%
Quizzes   7.5%
Written Assignment   7.5%
Self-Reflection   2%
Submission of below docs ON TIME   3%
        Student Arrival and Safety Form   Completion required
        Preceptorship Schedule Submission   Completion required
        Mid-Preceptorship Evaluation   Completion required
        Patient Database Maintenance   Completion required
        Student Evaluation of Clinical Site   Completion required

The criterion for a failing grade for a Clinical Rotation is **any one** of the following items:

- Excessive unexcused absences from the clinical site
- Failing evaluation by the clinical preceptor
- Failure to submit written assignment to meet program standards
- Failure to successfully remediate end of preceptorship examinations
- Failure to accurately and honestly complete patient database logging
- Failure to obtain an overall grade of 74% or higher for the Clinical Rotation

The pass/no pass (P/NP) grading option may be utilized throughout the clinical year for completion of competencies and assessment skills, as well as for courses that are not included in the calculation of the student's overall grade point average. Students may be expected to complete one course per semester that is graded in this manner.

Preceptorship Assignments and Requirements (A3.15a)

Core End of Preceptorship Exams. Following the completion of each core Clinical Rotation, students will complete a written end of preceptorship examination during senior seminar week. The end of preceptorship exam focuses on the preceptorship completed by the students and will be formatted similar to exams previously provided in the program, based upon the assigned readings, learning outcomes, PANCE blueprint, and other supplemental materials as provided.

OSCEs: Objective Structured Clinical Examinations will be required at the completion of this course. During which, students will have a patient actor/actress with a script. Students will be required to obtain a history, perform a physical examination, formulate a differential diagnosis, order appropriate diagnostic tests, diagnose the patient, and provide appropriate treatment. Failure to obtain a 74% or higher will result in the need for remediation. No changes in the original grade will be made.

Any acts of "patient" harm will result in automatic failure. For example, if a student orders medications without asking allergies, or starts an invasive procedure without checking coagulation studies the student would put the patient at risk of severe injury or death.

Quizzes. Throughout each core preceptorship students will be required to complete quizzes during weeks two and four. Questions will be similar to those encountered on the end of preceptorship examinations and during the PANCE focused on task and pharmacology as opposed to organ system specific.

Patient Encounter Written Assignment. Students are required to complete a written assignment for each core Clinical Rotation by the end of week four. The type of assignment (below) is determined by the rotation type it applies to.

- Submission of complete H&P, SOAP note, or operative note on any case of interest from the Clinical Rotation.
- Laboratory interpretation from a case perspective on any case of interest from the clinical rotation.

No duplication of patient diagnoses is permitted throughout the entirety of the clinical year. Duplication of patient diagnoses will result in a zero. Failure to submit assignments on time will result in a 10% deduction in assignment grade for each day late, with a zero for notes turned in greater than five days after the due date.

Clinical Specialty Preceptorship Testing. Following completion of specialty preceptorships students will submit and present synopses that relate to a patient case seen during their preceptorship. Requirements include:

- Submission of complete H&P, SOAP note, or operative note on any case of interest from the Clinical Rotation.
- Completion of an oral case presentation on one patient encounter, observation, or other nuance from the preceptorship during seminar week. Presentations will be 20-25 minutes in duration with time for questions from peers and evaluators following the presentation. Students will be scored based on presentation details and ability to answer questions on the patient case.

The final grade for each **non-core** Clinical Rotation will be calculated using the following percentages for each module:

Preceptor Evaluation	20%
Lab/SOAP note (2)	20%
Quizzes	10%
Oral Presentation	35%
Self-Reflections (4)	12%
Submission of below docs ON TIME	3%

Student Arrival and Safety Form	Completion required
Preceptorship Schedule Submission	Completion required
Mid-Preceptorship Evaluation	Completion required
Patient Database Maintenance	Completion required
Student Evaluation of Clinical Site	Completion required

The criterion for a failing grade for a Clinical Rotation is **any one** of the following items:
- Excessive unexcused absences from the clinical site
- Failing evaluation by the clinical preceptor
- Failure to submit written assignments to meet program standards
- Failure to successfully remediate end of preceptorship examinations
- Failure to accurately and honestly complete patient database logging
- Failure to obtain an overall grade of 74% or higher for the Clinical Rotation

Maintenance of Patient Database (C4.02). Students are required to record **all** patient encounters in Typhon by the Monday of Senior Seminar week. This allows the Physician Assistant program to monitor and document that each student has met established clinical competencies. A copy of all patient encounters, diagnoses seen, and procedures will be provided to each student at the completion of clinical year to aide in the securement of professional work.

Logging of the following information is required for each entry:
- Community setting, patient population, care setting, type of patient encounter, patient condition, patient demographics, special populations, diagnosis, procedure, level of involvement

Accurate maintenance of the patient database is essential to ensuring adequate student experience in patient type, load, and depth of involvement in care. Ideally, students will achieve the benchmarks for patient encounters described in Appendix T. Continuous review of clinical patient encounters via Typhon logging software will occur by the Clinical Coordinator at the point of mid-rotation evaluations and at the completion of the clinical preceptorship. Students identified as at-risk for inability to meet any of the above clinical encounter benchmarks may undergo changes to their clinical preceptorship schedule

to ensure they have a sufficient depth and breadth of clinical experiences in each group. Changes may include movement to a different clinical site or assignment of additional core clerkships during their elective/clinical specialty preceptorship.

Incomplete database entries and/or failure to enter all patients by Monday of Senior Seminar week will result in a reduction of points from the student's documentation grade for that preceptorship. Falsification of patient logging is **not** permitted. Any student suspected of falsifying logging records will go before the program's professionalism and advancement committee which may result in placement on professionalism probation. Any additional instances of falsification will result in possible dismissal from the program for academic dishonesty and professionalism violations.

Clinical Year Passport. The clinical year passport will serve as a guide to ensure that students are exposed to and experienced in aspects of medicine that will prepare you to become a well-rounded Physician Assistant. The Clinical Year Passport should remain with you at all times. Once you complete listed requirements with proficiency, as approved and signed by your preceptor, have your preceptor initial and date each item. It is strongly recommended that you make copies of your passport as you complete items in case your passport is lost or misplaced. You are required to submit your passport to the clinical coordinator for review at the completion of each clinical rotation. In the event that you are unable to fulfill the requirements listed in the clinical passport, all efforts will be made by the program to arrange additional clinical exposures targeted towards those items to prove competence, which may include a program directed assignment for completion of your elective rotation/clinical specialty preceptorship as well as extra clinical placement during an on campus scheduled time before graduation.

CLINICAL YEAR EVALUATION GUIDELINES

Mid-Preceptorship Evaluations. Students and preceptors will complete a one page mid-preceptorship evaluation together and submit signed copy to the Clinical Coordinator by Wednesday in the third week of each preceptorship. The purpose of this evaluation is to monitor and assess the student's progress and clinical competency/performance. Completion of the mid- preceptorship evaluation allows the Clinical Coordinator to identify student strengths and provide an opportunity for mentorship in areas that need improvement.

End-of Preceptorship Preceptor Evaluation of Students. At the completion of each Clinical Rotation, one or more preceptors with whom the student has worked will complete an evaluation of the student's performance. For students with multiple preceptor submissions, preceptor evaluations will be averaged to obtain the student's grade. Student evaluations will focus on the assessment of fund of medical knowledge and its application, history taking and physical examination skills, procedural skills, clinical judgment, professionalism, formulation of differential diagnosis, utilization of diagnostic studies, development of an appropriate therapeutic plan, and presentation/interpersonal communication skills.

While the Clinical Coordinator determines all final Clinical Rotation grades, students **must** receive a passing score from their clinical preceptor to successfully pass the Clinical Rotation. The student will meet with the academic progress committee. Failure by the preceptor may result in course failure.

Student Evaluation of the Preceptor and Clinical Site. At the completion of each Clinical Rotation, students will complete an evaluation of the preceptor and the clinical site. Preceptor evaluations will focus on the orientation process, maintenance and safety at the site, appropriate clinical hours, and adherence to program policies, preceptorship content, as well as preceptor knowledge, accessibility, and teaching. A student's preceptorship grade will not be released until he or she has completed an evaluation of the preceptor and the clinical site. Failure to complete this evaluation will result in the inability of the student to progress to the next Clinical Rotation.

Student Visits (C2.01a,b,c). Each student will have a total of two student visits per clinical year, one during the first four preceptorships and one during the latter four. However, the program reserves the right to visit students at any time during the Clinical Year.

During site visits, the Clinical Coordinator will meet with the student, the preceptor, and potentially other team members to evaluate the student's performance in clinical practice as well as the clinical site.

Unsatisfactory student visits may necessitate additional student visits. No grade will be awarded for performance at student visits, however this is a time to receive one on one feedback from the PA program on your clinical performance.

Disclaimer: In the event of a pandemic (such as COVID-19 in 2020-2021) that prohibits the ability of the Clinical Coordinator to evaluate the student in person, a virtual site visit will occur between the Clinical Coordinator, student, an office staff representative, and the preceptor.

Self-Reflections. Students must complete a two-to-three-page reflection paper at the completion of each preceptorship. The purpose of this paper is for students to self-reflect during their Clinical Rotations on the topics of communication, ethics, professionalism, self-awareness, and self-care.

REFERENCE RELEASES

Reference Release Policy
In order for employers and educational institutions to obtain meaningful reference information from prior course instructors, clinical preceptors, and program administrators it is useful to have a release form which assures that individuals will not pursue litigation against the school based on the reference information provided.

Associated Definitions:

> ***Family Educational Rights and Privacy Act (FERPA):*** Federal law that protects the privacy of student education records and applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

> ***Reference****:* a person who provides information about your character and abilities.

 Associated Forms: Reference Release Form

Policy Statement:

Disclosure of a student's confidential education records requires prior written consent of the student (unless disclosure is permitted under certain exceptions to FERPA set forth in Section 99.31 of the FERPA regulations). A student's written consent must be obtained through submission of the Elizabethtown College PA Program Reference authorization/waiver prior to faculty/staff providing FERPA-protected student information to third parties.

Procedure for Dealing with Reference Requests:

Students must provide their written consent through submission of the Reference Release Form prior to faculty/staff providing a reference on their behalf which may include FERPA-protected student information to third parties.

STUDENT REMEDIATION, GRADE APPEALS, AND DECELERATION (A3.15a,c,g B4.01a,b)

Academic Remediation Policy for Clinical Year. Student progress is continually monitored and documented in a manner that will promptly identify knowledge and skill deficiencies for students in the Elizabethtown College Physician Assistant Program.

Associated Forms: *Assessment Remediation Form*
Initial Student Remediation Form
Individualized Remediation Plan for Academic Concerns
Follow-up Student Remediation Form
SCPE Remediation Form

All students must perform according to the academic standards set forth by the PA program. The following standards are regarded as the **minimum** acceptable standards for students within the clinical year in each subject area for which a grade is earned.

- End of Preceptorship Examination 74%
- Quizzes 74%
- Written Assignment 74%
- Directed Practical 74%
- Objective Structured Clinical Examination (OSCE) 74%
- Preceptor Evaluation 74%

Remediation Plan for Clinical Year. Multiple methodologies for remediation during the clinical year will be employed and monitored by student faculty advisors and the clinical coordinator. Completion of student remediation will allow the program to document that the student has met the professional, clinical, and academic expectations of the Physician Assistant Program, which is a requirement for program completion and graduation.

Soft Remediation will be required for all students who received a score on assignments ≤ 80%. Students will meet with the Clinical Coordinator either in person or via email/phone dependent on clinical rotation schedule and availability. An individualized performance improvement plan will be implemented to enhance student awareness, medical knowledge, and synthesis of clinical information.

No changes will be made to the initial grade earned and recorded in the gradebook upon completion of the remediation assignments. Students must successfully complete all required remediation assignments in order to graduate from the Physician Assistant Program.

- Failure of Written Examinations: Students with a failing score (< 74%) on written examinations must meet with the Clinical Coordinator to review areas of concern and deficiency as well as complete an individualized remedial activity/assignment. Students will have one month to submit the remediation assignment and will then schedule a reassessment to ensure competence on course materials. A passing grade must be attained on the reassessment or course failure will result. If a student fails the reassessment, then the result is requirement to repeat the rotation and reassess again. If a 3rd failing score for results, the student will be dismissed from the program. A student may only fail the first time taking an end of rotation exam two times, upon a 3rd area of study end of rotation exam failure, discussion with APAC regarding dismissal will result. A student may only fail/repeat 1 rotation to avoid dismissal from the program.

- Failure of Quizzes: Students with a failing score (< 74%) on rotation quizzes will be sent a list of deficiency areas by email from the Clinical Coordinator. Students are expected to independently review these areas and seek assistance as needed. No retest is required for quizzes.

- Failure of Written Assignment: Students with a failing score (< 74%) on written assignments related to preceptorships are submitted to their faculty advisors for evaluation. The faculty advisor will counsel the student regarding the quality of work and assist with any needed corrections. Resubmission of the assignment will be completed as directed by the Clinical Coordinator. A passing grade must be attained on the retest or course failure will result.

- Failure of Directed Practical: Students with a failing score (< 74%) on directed practical must meet with the clinical coordinator or faculty grading the practical for feedback on their performance and recommendations for improvement in practical skills. The student must repeat the directed practical and achieve a passing score. Failure to pass a directed practical after three attempts will result in failure to progress through the Physician Assistant Program.

- Failure of OSCEs: Students with a failing score (< 74%) on an OSCE must meet with the clinical coordinator or faculty grading the OSCE for feedback on their performance and recommendations for improvement in practical skills. The student must complete an activity/assignment with reassessment in a timely manner (generally by the end of seminar week).

- Failure of End of Rotation Preceptor Evaluation: Students with Likert scale evaluation score equivalent to a failing percentage (<74%), multiple red flags, and/or concern for potential patient harm must meet with the clinical coordinator and program director to discuss areas of concern. Area(s) of concern will be determined to be academic or professional and a remediation plan will be instituted accordingly. The student must complete an activity/assignment in the time period determined by the faculty. More than one failing preceptor evaluation, red flags, or patient safety concerns will result in discussion with APAC regarding course of action which may include remediation, delay of graduation, or dismissal.

- Failure of a Clinical Rotation: Students with an overall failing score (< 74%) for a Clinical Rotation must repeat the Clinical Rotation successfully at the end of clinical year, resulting in a delay of graduation. Students will **not** be permitted to repeat more than one Clinical Rotation.

- Failure of Summative Examination: Students with an overall failing score (< 74%) for any component of the program summative examination must complete a personalized remediation plan developed by the program faculty to meet student deficiencies. Students must retest and score a grade of 74% or higher to progress to graduation. Students will be dismissed from the program if unable to pass the summative examination on the second attempt. Remediation will be offered for any single component. Multiple component failures will result in discussion with APAC regarding course of action which may include remediation, delay of graduation or dismissal.

    - Additionally, the End of Curriculum exam cannot be retaken for 60 days which may delay graduation up to a few weeks. Students will still participate the graduation activities and ceremony. However, the diploma will be delayed and have a different graduation date. If a student fails the 2nd administration then the student does not graduate and a formal meeting with APAC will result.

Procedures associated with academic remediation can be found in the Policy and Procedure Manual

Grade Appeals (A3.15g) Grades are considered official at the time of submission to the Office of Registration and Records. Official grades may only be changed through appeal under the Elizabethtown College's Grade Appeal Policy or by an instructor's petition to the Dean of Faculty to correct a documented grading error.

Grade appeals must be submitted within 30 days of the official release date from the Office of Registration and Records with evidence of grading errors presented at the time of appeal. Valid basis for grade appeals according to Elizabethtown College include the following:
- A mathematical error in grade calculation
- A clerical/technical error in recording of the grade
- Harsher grading standards were applied to one student over other students in the course
- Grade assigned was not calculated using the standings stated in the syllabus

Any exceptions to the 30-day time frame of appeal must be made through formal petition to and approval from the Elizabethtown College Academic Standing Committee.

Professionalism Remediation Policy for Clinical Year. The Physician Assistant Program is dedicated to the continued monitoring and documentation of student progress in a manner that promptly identifies knowledge or skill deficiencies as a means for professionalism remediation.

> *Associated Forms: Evaluation of Professional Behaviors Form*
> *Clinical Year Professionalism Remediation Plan*
> *Initial Professionalism Remediation Form*
> *Professionalism Concern/Violation Form*
> *Professionalism Remediation Follow-Up Form*

Remediation Plan for Clinical Year: Expectations for professional behaviors required of students align with the definition of professionalism as described by the National Board of Medical Examiners and can be found in the PA program's professionalism policy statement.

In addition to professionalism evaluations that are linked directly to written and practical assignments, the professional behavior of students will be evaluated by the Academic and Professional Affairs Committee (APAC) at the completion of each didactic semester and each clinical rotation. At these time frames, an evaluation of professional behaviors form will be completed and placed in the student's file. The following criteria will be utilized: respect, flexibility, behavior, and integrity. Evaluations will be completed based on feedback received from faculty advisors, course directors, clinical coordinators, and clinical preceptors.

Professionalism concerns identified throughout the didactic and clinical phases of the program will be documented using the Professionalism Concern/Violation Form and discussed with the student. Professionalism concerns do not automatically constitute immediate adverse actions and recommendations for addressing professionalism concerns will follow the remediation and soft remediation flow sheets.

> *Professionalism Concerns include but are not limited to:* tardiness or absence without appropriate notification or approval, lack of respect in verbal communications, use of unprofessional language, utilization of potentially demeaning language towards another individual.

Professionalism violations are considered to be greater concerns that require a meeting among the APAC committee to determine recommendations for addressing professionalism violations in accordance with the remediation and soft remediation flow sheets.

Professional Violations include but are not limited to: evidence of cheating or plagiarism, intoxication from alcohol or drugs, openly discriminatory or demeaning language that may result in physical or emotional harm to another individual.

Procedures associated with professionalism remediation can be found in the Policy and Procedure Manual

Deceleration Policy (A3.15c)

Deceleration is defined by ARC-PA as "the loss of a student from the entering cohort, who remains matriculated in the physician assistant program." The Elizabethtown College Physician Assistant Program is designed to be delivered on a full-time basis to students in a cohort and therefore does **not** decelerate students for academic, professionalism, or behavioral conduct issues.

The only students who are eligible to decelerate are those who have been granted a formal leave of absence by the PA program for personal, military, or medical reasons.

Program Completion (A3.15b, A3.17f).

Students must typically complete the PA program in 26 months. If a leave of absence for personal, military, or medical reasons has been granted, the time to completion of the program should not exceed 38 months (26-month program and up to 12 months for leave of absence). Requests for leave of absence greater than one year will be considered on a case-by-case basis. While on a leave of absence, students are not allowed to enroll in any PA program courses.

STUDENT WITHDRAWAL AND DISMISSAL (A3.15d)

Withdrawal Policy. The following policy applies when a student drops a course within the PA program curriculum that they are enrolled.

   Associated Forms: Elizabethtown Course Withdrawal Form

Policy Statement: If a student finds it necessary to withdraw from the College, the Program Director must be notified in writing, and students must complete the Course Withdrawal Form found in JayWeb to initiate the process. As the Physician Assistant Program does not have a formal deceleration plan or process, students will terminate their degree candidacy upon course withdrawal.

To withdraw from the program, the Program Director must be notified in writing, and students must complete the Course Withdrawal Form found in JayWeb to initiate the process.

Using collective judgment through the Academic and Professional Affairs Committee, the Physician Assistant Program faculty reserve the right to recommend the withdrawal or dismissal of any student whose health, academic standing, clinical performance, or professional conduct make it inadvisable for the student to continue their education within the program.

Withdrawal from classes after the start of a semester may affect your academic record, tuition charge, financial aid, and/or VA benefits. To determine the financial impact that dropping or withdrawing from a course may have, please contact the Financial Aid Office at 717-361-1404.

Withdrawal policies, including tuition reimbursement/refunds through Elizabethtown College can be found at [Withdrawal and Refund Policies](#)

The effective date of calculating refunds is the date of acceptance of a written notice of voluntary withdrawal by Counseling Services. Failure to provide notice of withdrawal will result in an unofficial withdrawal.

Procedures associated with program or course withdrawal can be found in the Policy and Procedure Manual

Academic Progression and Program Dismissal Policy

This policy is designed to guide program faculty, staff, and administration in a consistent, fair, and impartial framework approach through dismissal of students from the Physician Assistant Program.

Associated Definitions:

Program Dismissal: Students who are dismissed from the Physician Assistant Program will be asked to leave the program, but not Elizabethtown College. Students are eligible to enroll in another program across campus.

Associated Forms: APAC Evaluation of Academic Performance Form
APAC Evaluation of Professional Performance Form

Policy Statement:

All decisions regarding program dismissal will be made following review by the Academic and Professional Affairs Committee (APAC), which will review the circumstances brought forward as well as the student's program file before making a recommendation to the program director.

The APAC is comprised of the program's medical director, clinical coordinator, and principal faculty for the Physician Assistant Program. For concerns related to academic or professional behaviors during a clinical rotation, the instructional faculty member (preceptor for supervised clinical practice experience) will be asked to join the committee in person or via online communication. A chair will be appointed by the program director. A quorum of three is required to make a recommendation for program dismissal to the program director.

Following receipt of recommendations from APAC, the program director will review the committee's recommendations and make a final decision regarding the student's continuation in the program. The final decision will be relayed to the student in writing by the program director.

Students will be dismissed from the PA program in the following circumstances:

- Student does not maintain a minimum 3.0 GPA throughout the PA program.

- Student does not maintain a minimum 3.0 GPA per semester.
- When a student earns more than one grade below a "B-" during clinical year
- When a student earns more than three (3) grades below a "B-" throughout didactic year
- Student fails more than two (2) blocks per term during the didactic phase of the PA program.
- Student earns a final course grade below a "C" in any course during the didactic or clinical phases of the PA program
- Student is unable to meet the minimum technical standards necessary to achieve the knowledge, skills, and competencies of an entry-level physician assistant.
- Student is unable to complete agreed upon remediation plan for any course, including summative examinations.

In the event of any of the above circumstances, The Academic and Professional Affairs Committee (APAC) will meet for review, including the student involvement, for final recommendations to the program director.

The Academic and Professional Affairs Committee (APAC) may recommend dismissal from the PA program in the following circumstances:

- Student violates professionalism standards or poses a threat to the Program and College operations, scholarship, and service.
- Student behavior poses a threat to the mental or physical safety of students, faculty, preceptors, and/or patients.
- Student violates the principles related to the Elizabethtown College Student Handbook and Code of Conduct.

Procedures associated with program dismissal can be found in the Policy and Procedure Manual

ADDITIONAL EDUCATION REQUIREMENTS DURING CLINICAL YEAR

MAT Waiver Training. In accordance with the Comprehensive Addiction and Recovery Act (CARA), physician assistants must complete 24 hours of specialized training to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. The training includes 8 hours of Medication Assisted Treatment (MAT) waiver training and an additional 16 hours of training. Students will be required to complete the training prior to entering clinical year as scheduled by the Clinical Coordinator.

SBIRT Training. Screening, Brief Intervention, and Referral to Treatment is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with and at risk of developing alcohol and other drug disorders. Students will be required to complete an online training module prior to entering Clinical Rotations at a time scheduled by the Clinical Coordinator.

There are three parts to the training program.
- Part 1 provides an overview of SBIRT, background on alcohol and other drugs of abuse, and reasons for delivering SBIRT in your clinical setting.
- Part 2 focuses on the clinical approach and requisite clinical skills for delivering SBIRT.
- Part 3 provides information and resources regarding initial implementation of SBIRT.

At the conclusion of the training program, you will take a comprehensive exam. To successfully complete the training and receive the Certificate of Completion, you must complete the exam with a passing score. The Certificate of Completion will be available for print out with successful completion of the final exam.

Child Abuse Training. All students are required to complete the Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training prior to entering Clinical Rotations at a time scheduled by the Clinical Coordinator. This course has been approved by the PA Department of Human Services and Department of State to meet mandated reporting (Act 31) license requirements

STUDENT HEALTH POLICY (A1.04, A3.07 a, b, A3.09)

This document has been constructed with the purpose of defining policies and procedures surrounding the provision of health services to students enrolled in the Elizabethtown College Physician Assistant

Program

Associated Forms: Immunization Release of Information Form
Proof of Health Insurance Information

Policy Statement:

<u>Provision of Student Health Care to Students:</u> The program director, principal program faculty, staff, medical director, and program guests *will not* participate as health care providers for students enrolled in the program and *will not* have access to any student health information provided to Student Health Services other than defined in this policy.

<u>Health Insurance:</u> Prior to matriculation into the Physician Assistant Program *all* students must provide proof of health insurance, which must remain active throughout the entire duration of the program. Students are responsible for all costs associated with the evaluation and treatment of any injuries (needle stick, bodily fluid exposure, TB testing, immunizations, etc.) or illnesses that occur while in the Physician Assistant Program.

<u>Health Screening:</u> Prior to matriculation into the Physician Assistant Program *all* students are required to submit an updated physical examination to student health services which includes a current physical examination and vision/color blindness screening.

Health screenings must be submitted to Student Health Services.

<u>Immunization Requirements:</u> Students are required to meet the immunization requirements of the College, Clinical Rotation sites, and CDC prior to engagement in any clinical activities.

Immunization Records and TB screenings must be submitted to Student Health Services and the PA Program (will be uploaded into Typhon by the students)**.**

1. Tuberculosis Screening: <u>One of the following</u> must have been completed within the past 12 months:
   - 2 step TB skin test (administered 1-3 weeks apart)
   - QuantiFERON Gold blood test (lab report required)
   - Clear chest x-ray if positive results obtained (lab/imaging reports required)

2. Hepatitis B Series: <u>One of the following</u> are required:
   - Completion of the three vaccine Hepatitis B series
     OR
   - Proof of protective titer with hepatitis B immune status (lab report required)

3. Measles, Mumps, & Rubella (MMR): <u>One of the following</u> is required:
   - Two vaccinations: (immunization record required)
     - First vaccination must be administered after the age of 1 regardless of vaccination type and must be performed following CDC recommended vaccination schedule.
       1. Vaccination may be the combined MMR vaccine or individual vaccines (2 mumps and measles, 1 rubella)
   - Positive antibody titer for all three components (lab report required)
     - If titer is negative or equivocal, students must receive a booster vaccine (administered after titer) and provide proof of immune status in 2nd titer

4. Varicella: <u>One of the following</u> is required:
    - Two step vaccination series (immunization record required) four weeks apart with repeated IgG titer
    - Positive antibody titer (lab report required)
        o If titer is negative or equivocal, vaccine series must be repeated

5. Tetanus/Diptheria/Pertussis (Tdap):
    - Tdap vaccination within the past 10 years (immunization record required)

6. Influenza:
    - Students must obtain influenza immunization annually while enrolled in the Physician Assistant Program (immunization record required)

7. Polio:
    - Immunization record with date of last dose administered per Elizabethtown College admission requirements

8. Meningitis:
    - Immunization record with date of meningitis vaccination and proof of booster if initial dose was given prior to student's 16th birthday per Elizabethtown College admission requirements

9. Covid:
    - A completed covid vaccination series is required for the Physician Assistant Program as it is required for clinical rotation sites.

CLINICAL YEAR STUDENTS: Please note that clinical sites may require additional physical examination, vaccinations, and/or documentation prior to completion of clinical rotations. Students who fail to submit these documents *will not* be permitted to begin clinical experiences, which will result in the inability to complete the clinical rotation opportunity, therefore delaying graduation. Each clinical partner determines its own process for accepting requests for exemptions. A request for an exemption is not a guarantee that it will be granted. Alternative placement sites are limited and not guaranteed. The program will not be responsible for finding additional alternative placement sites. The cost of all testing is the responsibility of the student.

Background Screenings Policy.

As part of its commitment to the safety of students, patients, guest lecturers, and employees the Physician Assistant Program at Elizabethtown College conducts FBI and Child Abuse background checks, including fingerprint screening, on all students enrolled in the program.

<u>Associated Definitions:</u>

FBI Background Check. An FBI background check includes a list of all public federal misdemeanor and felony convictions and may include information about the charge, conviction, resulting incarceration, and outstanding warrants. This background check will include fingerprinting.

Child Abuse Background Check. The Pennsylvania Child Abuse History Clearance Check will

provide information as to whether or not applicants are listed on the Pennsylvania statewide database as a perpetrator of child abuse.

Policy Statement: Continued enrollment in the Elizabethtown College Physician Assistant Program is determined upon satisfactory completion of background checks. Upon acceptance, but prior to matriculation, all Physician Assistant students must complete an FBI and Child Abuse background check, including fingerprint screening. During the clinical year, some sites may require repeat or further testing of students.

Presence of a criminal background may adversely affect a student's ability to complete the program or obtain licensure as a Physician Assistant. A criminal background may affect a student's ability to enter the program, complete the program once matriculated due to clinical site eligibility, obtain state licensure, and obtain employment upon graduation.

Information on state licensure requirements can be found on the American Academy of Physician Assistants website: http://aapa.org

The student is responsible for all costs related to these checks.

Students who question the accuracy of the report should immediately send a brief written statement regarding the area in which they believe to be incorrect to the company/site/office that has completed the background check. Re-verification will be made if the testing agency determines that reasonable grounds for false results are present. The program and student will receive a copy of any deletions or changes to the criminal background check results.

Drug and Alcohol Screening Policy.

The practice of medicine requires students and healthcare practitioners to maintain sound mind at all times while interacting with patients to reduce risk of medical error and enhance the quality of care provided.

Associated Definitions:

> **Controlled Substance:** drug or other substance that is tightly controlled by the government because it may be abused or cause addiction. This includes opioids, stimulants, depressants, hallucinogens, and anabolic steroids.

 Associated Forms: Drug and Alcohol Screening Form

Policy Statement: The practice of medicine is a clinical setting requires that students and practitioners maintain sound mind at all times while interacting with patients. For this reason, it is the policy of the Elizabethtown College Physician Assistant Program, as well as many clinical rotation sites that all individuals participating in a patient's medical care team must be free from effects of intoxicating substances.

Continued enrollment in the Elizabethtown College Physician Assistant Program is determined upon satisfactory completion of drug and alcohol screening at the following times while matriculated.
- Upon acceptance, but prior to matriculation
- Prior to the beginning of clinical year
- Random drug and alcohol screen
- At the request of clinical sites

The student is responsible for all costs related to these checks.

Students that utilize screened substances for medicinal purposes are responsible for providing reasonable proof that the substance was utilized for its intended/prescribed purpose. Documentation, including current prescription or a letter from the prescribing clinician must be provided to the Clinical Coordinator. Please note that cannabis is a Schedule I controlled substance, under federal law, therefore, marijuana for medicinal use does not fall under this section.

Procedures associated with the drug and alcohol screening policy can be found in the Policy and Procedure Manual

STUDENT SAFETY AND SECURITY (A1.02g)

Student Safety and Security. Throughout clinical year, student safety and security is essential. Routine site visits are conducted by the program to evaluate the safety of students and faculty at clinical sites.

If an incident occurs in which you feel you are in immediate danger, clearly communicate your distress in any manner possible and remove yourself to call 911.

If at any point you feel unsafe at your clinical site, contact the Clinical Coordinator **IMMEDIATELY.** Any concerns or allegations will be investigated promptly.

In an attempt to enhance personal safety and security, students should exercise the following measures at all times:

- Watch where you are going at all times and be alert to your surroundings.
- Park in well-lit areas and do not walk alone to/from parking areas at night.
- Use site provided shuttles as provided.
- Call hospital security as available for an escort if concerned.
- Notify appropriate personnel of concerning activities or persons loitering.
- Avoid carrying large amounts of money or credit cards.
- Leave laptops, iPads, and other valuables at home, unless required at a clinical site.

INFECTION CONTROL & PREVENTION (A3.08a)

OSHA. Training regarding Occupational Safety and Health Administration (OSHA) standards occurs prior to entry into Clinical Rotations during clinical year by the Physician Assistant Program as an educational method of prevention. Additionally, the facility at which the preceptorship takes place shall also provide PA students access to the facility's rules, regulations, policies, and procedures with which the PA students are expected to comply. These include, but are not limited to, the Facility's OSHA standards, personal and workplace security and personal safety policies and procedures. These policies shall address all appropriate safety measures for PA students and instructors on site.

It is the preceptor's responsibility to take reasonable steps to ensure personal safety and security of students during the preceptorship/experience. This is clearly communicated to preceptors and agreed upon in a signed Preceptor Agreement executed prior to the preceptorship/experience.

Infection Control and Prevention Policy

One of the primary concerns of the PA program is to keep students, faculty, staff, preceptors, and supervised clinical practice experience-sponsoring organizations up-to-date on program and institution

policies and procedures surrounding infection control and safety while in the training environment and providing patient care.

Associated Definitions:

> **Standard Precautions:** minimum safety and infection prevention practices that apply to all patient care, laboratory or technical skills training experiences which occur in any healthcare setting and training environment.

Associated Forms: Infection Control and Prevention Acknowledgement Form

Policy Statement: Standard precaution practices will be utilized by students, faculty, staff, and preceptors in all healthcare training situations and clinical settings in which healthcare is delivered. Standard precaution practices are designed to prevent the spread of infection and disease to others while protecting healthcare professionals from contracting infection or disease. Students will be introduced to Standard Precautions during program orientation with concepts reinforced throughout the didactic and clinical phases of the program.

Additionally, training regarding Occupational Safety and Health Administration (OSHA) standards occurs prior to entry into clinical rotations during clinical year by the Physician Assistant Program. Additionally, the facility at which the rotation takes place shall also provide PA students access to the facility's rules, regulations, policies, and procedures with which the PA students are expected to comply. These include, but are not limited to, the Facility's OSHA standards, personal and workplace security and personal safety policies and procedures. These policies shall address all appropriate safety measures for PA students and instructors on site.

Expectations:

Standard Precautions:

> Hand Hygiene. The provision of good hand hygiene practices is critical in the prevention of illness and spreading of infection. Current recommendations from the Centers for Control and Prevention recommend the use of alcohol-based hand rub for hand hygiene unless hands are visibly soiled with dirt, blood, or other bodily fluids or after providing care to patients or individuals with known or suspected infectious diarrhea at which time soap and water should be used.
>
> Students *must* perform hand hygiene in the following situations
>
> - Prior to performing aseptic tasks
> - On entering a patient's room
> - Before touching a patient
> - During patient care if moving from a contaminated body-site to a clean-body site
> - After glove removal
> - Before exiting the patient's care area after touching the patient or an item in their room
> - After contact with bodily fluids, excretions, blood, and wound dressings
>
> Safe Injection Practices. While performing injections and immediately after, students must:
>
> - Take precautions necessary to avoid recapping needles

- Utilize self-sheathing needles or needless systems if available
- Dispose of sharps in designated puncture-resistant containers immediately following use

Use of Personal Protective Equipment (PPE). Students must ensure the appropriate utilization of personal protective equipment while providing care to patients and as necessary in healthcare training environments. If necessary PPE is not available at clinical sites due to shortage, students *must* contact the Program Clinical Coordinator immediately.

- Gloves should be worn during patient contact and when handling potentially contaminated equipment
- Facial masks, protective eyewear, and/or gowns will be worn when performing/assisting in procedures with a risk of bodily fluid or other hazardous material splashes or sprays
- Utilization of N95 masks or PAPR as necessary for protection against respiratory droplet infections with FIT testing as available.

Respiratory Hygiene. Students must practice respiratory hygiene at all times, including:

- Covering of mouth/nose with coughing and/or sneezing
- Utilization and disposal of tissues
- Performance of hand hygiene after contact with respiratory secretions
- Consideration of mask utilization to prevent aerosolized spread

Safe Handling of Specimens, Equipment, and Potentially Contaminated Surfaces.

- During didactic year, students will disinfect areas in which patient care activities are performed as directed by the course instructor
- Reusable medical equipment will be cleaned and disinfected according to the instructions provided by the manufacturer.

BLOOD BORNE PATHOGEN EXPOSURE POLICY (A3.08a,b,c)

Preventing occupational exposure to and infection from blood Borne pathogens is a key component of safety in healthcare workers through immunization and awareness of health status, prevention of needle-stick injuries and other blood exposures, and the management of exposures to blood.

Associated Definitions:

Blood Borne Pathogens: microorganisms that are transmitted through the bloodstream.

Exposure: specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

Associated Forms: Clinical Exposure Form-Clinical Year and Clinical Exposure Form-Didactic Year

Policy Statement: Any needle stick or exposure to bodily fluids constitutes as a health and safety concern for the student.

Students must notify their course instructor, preceptor or supervisor **immediately** if an exposure occurs. Immediate medical care and lab work will be done at either the nearest appropriate emergency department or the clinical site. Additional care and follow-up may be completed by the student's primary care provider.

The protocols set forth by the clinical site will supersede those set forth by the College and must be followed as directed. Clinical sites are under no obligation to provide the student with free medical care and students will be held responsible for all costs related to care and treatment. Students must also notify the Clinical Coordinator within two hours of the exposure and complete the Student Exposure Form on Typhon.

Procedure:

Unless otherwise noted by the clinical site, the following procedure will be followed for blood borne pathogen exposure:

1. Clinical students must notify both their preceptor and the Program Clinical Coordinator of exposure immediately.
2. Medical evaluation and/or treatment will be completed by the College's Student Health designated provider or the provider designated by the student's clinical site.
3. Completion of the Student Exposure Form: Clinical Year within 24 hours of exposure.
4. Students will then follow-up with their PCP or the College's Student Health designated provider

Students are responsible for costs incurred for testing and treatment associated with exposure.

COMMUNICABLE DISEASE EXPOSURE POLICY (A3.08a,b,c)

The Centers for Disease Control and Prevention (CDC) identify the reporting of cases of communicable diseases as important in the planning and evaluation of disease prevention and control programs, the assurance of appropriate medical therapy, and in the detection of common-source outbreaks.

Associated Definitions:

> **Communicable Disease:** caused by an infectious agent that is spread from person to person.

Associated Forms: Clinical Exposure Form-Clinical Year and Clinical Exposure Form-Didactic Year

Communicable Disease Exposure. Any student that is exposed to a communicable disease should follow the clinical site exposure plan and report to the local Emergency Department, Student Health Office, or Health Department. Recommendations surrounding communicability of disease will be managed on a case by case basis, and in conjunction of local Department of Health recommendations.

Students must notify the clinical preceptor immediately following exposure, followed by immediate contact with the Clinical Coordinator. Exposure to certain diseases (such as tuberculosis or measles) may result in the temporary cessation of clinical rotation. In this case, students will work directly with the Clinical Coordinator to evaluate the possibility of alternate means of preceptorship completion.

The protocols set forth by the clinical site will supersede those set forth by the College and must be followed as directed. Clinical sites are under no obligation to provide the student with free medical care and students will be held responsible for all costs related to care and treatment. Students must also notify the Clinical Coordinator within two hours of the exposure and complete the Student Exposure Form on Typhon.

Procedure:

Unless otherwise noted by the clinical site, the following procedure will be followed for blood borne

pathogen exposure:

1. Clinical students must notify both their preceptor and the Program Clinical Coordinator of exposure immediately.
2. Medical evaluation and/or treatment will be completed by the College's Student Health designated provider or the provider designated by the student's clinical site.
3. Completion of the Student Exposure Form: Clinical Year within 24 hours of exposure.
4. Students will then follow-up with their PCP or the College's Student Health designated provider

Students are responsible for costs incurred for testing and treatment associated with exposure.

COVID-19 Precautions:

Associated Forms: COVID-19 Clinical Exposure Form

Utilization of Appropriate PPE:

Given current COVID-19 guidelines for PPE are continuously evolving, unless otherwise required by the healthcare facility, at a minimum: students must follow current CDC guidelines. The healthcare facility protocol supersedes other guidelines.

Students are responsible for costs incurred for testing and treatment associated with exposure.

CHEMICAL HAZARD EXPOSURE POLICY (A3.08a,b,c)

Chemical hazard and toxic substance exposure can put individuals at significant risk for health hazards such as irritation, sensitization, and carcinogenicity as well as physical hazards such as flammability, corrosion, and explosibility. The Occupational Safety and Health Administration (OSHA) devised the Hazard Communication Standard (HCS) to ensure that information about chemical and toxic substance hazards in the workplace and associated protective measures are disseminated to workers.

Associated Definitions:

Hazardous Chemicals: any chemical classified as a health hazard or simple asphyxiate in accord with the Hazard Communication Standard.

Material Safety Data Sheet (MSDS): safety document required by OSHA that contains information on the potential hazards (health, fire, reactivity, and environmental) and how to work safely with chemical products.

Associated Forms: Clinical Exposure Form-Clinical Year and Clinical Exposure Form-Didactic Year

Policy Statement**.** Students exposed to environmental or chemical hazards encountered in classroom laboratories or during Clinical Rotations must notify the clinical preceptor immediately following exposure, followed by immediate contact with the Clinical Coordinator. Material Safety Data Sheets (MSDS) must be readily available wherever chemicals are used. The student is responsible for identifying the location of the MSDS information sheets in each clinic/hospital site where they are rotating.

Post-exposure care is dictated by the type of chemical or environmental exposure. Students must notify the clinical preceptor immediately following exposure, followed by immediate contact with the Clinical Coordinator. The clinical preceptor is responsible for providing care if an emergent situation develops.

The protocols set forth by the clinical site will supersede those set forth by the College and must be followed as directed. Clinical sites are under no obligation to provide the student with free medical care and students will be held responsible for all costs related to care and treatment. Students must also notify the Clinical Coordinator within two hours of the exposure and complete the Student Exposure Form on Typhon.

Procedure:

Unless otherwise noted by the clinical site, the following procedure will be followed for blood borne pathogen exposure:

1. Clinical students must notify both their preceptor and the Program Clinical Coordinator of exposure immediately.
2. Medical evaluation and/or treatment will be completed by the College's Student Health designated provider or the provider designated by the student's clinical site.
3. Completion of the Student Exposure Form: Clinical Year within 24 hours of exposure.
4. Students will then follow-up with their PCP or the College's Student Health designated provider

Students are responsible for costs incurred for testing and treatment associated with exposure.

STUDENT SERVICES (A1.04, A3.10)

Academic Advising/Counseling.
The office of Academic Advising at Elizabethtown College is dedicated to the pursuit of academic excellence and welcomes all who stare this passion. The department assists students in the development of meaningful educational plans compatible with their life goals and support the faculty advising/counseling system with a holistic approach that addresses the students' intellectual, emotional, and physical needs. Office of Academic Advising

The primary advising/counseling tool on campus is the faculty advising system. Student and advisor responsibilities can be found in the link below. During the clinical year, students will keep their assigned faculty advisor from the didactic year. Students may contact their advisor at any point throughout the clinical year if they have questions or concerns and will have the opportunity to meet with their advisor during Senior Seminar Weeks.   Student and Advisor Responsibilities

Academic Support and Student Services.
The Center for Student Success at Elizabethtown College is committed to promoting the growth and well-being of Elizabethtown College students. Peer course tutors and peer writers are available by appointment in the Learning Zone. Contact information by phone is 717.361.1185 or 717.361.1549. Contact by email is learningZone@etown.edu   Center for Student Success

Computing Access.
Information and Technology Services at Elizabethtown College is responsible for all computing, networking, web and database services for the institution. The department's mission includes, but is not limited to offering quality consultation and training to students, faculty and staff, the purchasing, installation and support of all software and hardware, in addition to providing consistent reliability of back-end services to support the College and community.

The Help Desk is located in Nicarry Hall, room 125. The Help Desk can be reached by calling x 3333

(717-361-3333 from off-campus) or through email at helpdesk@etown.edu.

Online Help Desk Ticket Submission at https://helpdesk.etown.edu/helpdesk/WebObjects/Helpdesk.woa

Career Services.
The office of Career Services at Elizabethtown College offers many ways to help students of all class levels, including career exploration, professional development, career search, and internships. Career Services

As able, the Physician Assistant Program Office will maintain records of employment opportunities and will assist students with identification of opportunities that fit their skills and preparation. Additionally, job opportunities will be sent via email to all current clinical year students and program alumni.

Financial Aid.

Students may access the Elizabethtown College Financial Aid Student Aid Portal at https://finaidweb.etown.edu/NetPartnerStudent/Logon.aspx?ReturnUrl=%2fnetpartnerstudent%2fpghome.aspx

Library Resources.

Students may access electronic library resources from the High Library: https://www.etown.edu/library/

Specific questions related to library resources may be directed to ask@etown.libanswers.com

Student Health.

Student Health provides medical care and resources to Elizabethtown College students. The College, in collaboration with the Penn Med Lancaster General Health, provides comprehensive clinical health services for our students.

You can reach Kati Frey, RN (College Health Liaison) by calling 717-588-1059 during 8:30 am to 5:00 pm Monday through Friday office hours, emailing her at freykatherine@etown.edu, or calling the non-crisis Campus Security number (717-361-1264) during weekday office hours.

Counseling Services.
Elizabethtown College offers counseling services to all students. Students are encouraged to utilize these services to address personal issues which may impact progression in the PA program. To ensure that Students have timely access to services, access may be obtained in following ways:

- You can reach Bruce Lynch, Licensed Psychologist (Director of Counseling and Health Needs) by calling 717-361-1405 during 8:30 am to 5:00 pm Monday through Friday office hours, emailing him at lynchbg@etown.edu, or calling the Campus Security crisis number of 717-361-1111.

- Go to BSC 216 for assistance from a counselor during school hours.

- Contact Campus Security at 717.361.1111 for the on-call Counselor after school hours.

- Utilize Community 24-Hour Help Lines
  - Suicide Prevention Lifeline: 1-800-273-8255 (TALK)
  - Crisis Text Line: Text start or hello to 741-741

- Lancaster County Crisis Intervention Services: 717.394.2631
- Lancaster YWCA Sexual Assault Counseling & Prevention: 717.392.7273

Furthermore, a referral to counseling services may be made on the student's behalf through Elizabethtown College's Starfish program.

PACKRAT. Completion of the PACKRAT is required for all students in the clinical year of the PA program. Results from the PACKRAT will be utilized as a self-assessment tool for students to gauge further preparation needs for completion of the PANCE upon graduation. Although remediation opportunities will be provided and highly encouraged to students depending on their PACKRAT scores, the PACKRAT examination will not be utilized to determine successful academic progression within the PA Program.

SUMMATIVE EXPERIENCE (B4.03a,b,c,d,e)

As part of the culminating experience course (MPA 699), students will be required to complete oral, written, interpretive, and practical examinations that assess their a) clinical and technical skills, b) clinical reasoning and problem-solving abilities, c) interpersonal skills, d) medical knowledge, and e) professional behaviors. Students will not receive a passing score for this course, nor approval for national certification unless all components of the summative experience are successfully completed with a passing score. Remediation will be offered for any single component. Multiple component failures will result in discussion with APAC regarding course of action which may include remediation, delay of graduation or dismissal.

- The Summative Examination is the PAEA end-of-curriculum examination, which is modeled after the PANCE as a five-hour exam that includes 300 multiple-choice questions administered in five blocks of 60 questions with 60 minutes to complete each block. There is a total of 45 minutes allotted for breaks between blocks. Students will be responsible for managing their break time.

- The summative objective structured clinical examination (OSCE) will be a scenario-based exam with a live actor/actress that evaluates the students overall professionalism, history taking skills, physical assessment, formulation of differential diagnosis, preceptor presentation, ordering and interpretation of laboratory and diagnostic studies, critical thinking skills, treatment plan, and patient education. Interpersonal skills and professionalism will be evaluated during this part of the summative experience. Any topic listed on the NCCPA blueprint may be utilized for the summative OSCE.

- The summative clinical and technical skills examination is a practical examination in which students will be required to demonstrate the essential clinical skills for entry to clinical practice as determined by the PA program.

  - Clinical skills examinations include interpretations of imaging, EKG's and laboratory results as expected to demonstrate entry level competency into clinical practice.

  - Technical Skill Examinations include, but are not limited to, suture insertion and removal, splinting, incision and drainage of abscess, male and female pelvic exam, etc. In addition to evaluation of technical skills, interpersonal and professional behaviors will also be evaluated during this part of the summative experience.

o In addition to evaluation of technical skills, interpersonal and professional behaviors will also be evaluated during this part of the summative experience.

CLINICAL COURSE DESCRIPTIONS AND STUDENT LEARNING OUTCOMES

MPA 600: Transitions into Clinical Practice

Course Description. Students will complete a course designed to bridge the gap in experience for students completing Clinical Rotations by addressing issues relevant to everyday practice as a Physician Assistant in a variety of clinical settings. This course is designed to transition the mindset of students from student learner to clinician. The course will review pertinent information necessary to complete Clinical Rotations effectively and provide students with practical information needed by the graduate Physician Assistant. The experiences provided in this course will include lectures, demonstration, and simulations. (1 credit)

Required Student Learning Outcomes
1. Interpret OSHA, HIPAA, DEA, CDC, and CMS guidelines and recommendations associated with Physician Assistant practice responsibilities.
2. Evaluate student strengths and weaknesses prior to entry into Supervised Clinical Practice Experiences (SCPEs).
3. Differentiate between the roles and responsibilities of students and preceptors during SCPEs
4. Demonstrate successful utilization of interpersonal communication skills necessary to entry into clinical practice as a Physician Assistant student.
5. Demonstrate appropriate medical documentation, billing, and coding for patients.
6. Demonstrate ability to perform common clinical procedures encountered during SCPEs.
7. Outline common ethical/legal concerns encountered by Physician Assistant students as they enter clinical practice.

MPA 601: Education and Research I

Course Description. In the first section of a three-part series, students will learn the basics of developing their culminating experience project and will identify a community service opportunity in an area of their choosing to promote community involvement, lifelong learning, and develop a deeper understanding of accessibility to care concerns within a community. Students can complete their capstones in a diverse range of settings, including clinical or hospital environments, public policy organizations, and nonprofit organizations. Students will be encouraged to apply classroom learning concepts to the clinical setting. (2 credits)

Required Student Learning Outcomes
1. In collaboration with others, prioritize and plan for the design, development, implementation, and evaluation of strategies to improve individual and community health.
2. Demonstrate appropriate use of medical informatics sources by interpreting data and identifying appropriate reference sources.
3. Recognize system level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments.
4. Develop and communicate a shared vision for a changing future through recognition of vulnerable health populations and disparities that may impair accessibility to health care.

5. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.
6. Model ethical choices, values, and professional practices while considering the effect of choices on the community stewardship, equity, social justice, and accountability.

MPA 602: Education and Research II

Course Description. In the second section of a three-part series, students will expand on the development, implementation, and evaluation of their culminating experience project. Research and fieldwork time will be provided to students for project completion. These concepts will culminate into a fully developed capstone project. (2 credits)

Required Student Learning Outcomes
1. Validate plans for the design, development, implementation, and evaluation of strategies to improve individual and community health.
2. Demonstrate appropriate use of medical informatics sources by interpreting data and identifying appropriate reference sources.
3. Produce an intended public health outcome through interaction with members of the community.
4. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.
5. Model ethical choices, values, and professional practices while considering the effect of choices on the community stewardship, equity, social justice, and accountability.

MPA 603: PANCE Preparation I

Course Description. Attaining board certification is a requirement for all Physician Assistants intending to apply for state licensure and practice medicine upon graduation throughout the United States. This course is a comprehensive review of material presented throughout the didactic and clinical years. Topics align directly with the blueprint provided by the National Commission for Certification of Physician Assistants (NCCPA). Students will complete practice examinations designed to prepare them for the Physician Assistant National Certification Examination (PANCE) administered by the NCCPA. (0.5 credit).

Required Student Learning Outcomes
1. Prioritize the material that may be covered on the PANCE.
2. Critically analyze evidence-based medicine.
3. Assess relative strengths and weaknesses in knowledge of diseases and disorders physician assistants encounter in clinical practice.
4. Assess relative strengths and weaknesses in knowledge and skills related to tasks physician assistants perform when treating patients.
5. Modify study efforts to familiarize oneself with the type of questions encountered in the certifying examination.

MPA 604: PANCE Preparation II

Course Description. Attaining board certification is a requirement for all Physician Assistants intending to apply for state licensure and practice medicine upon graduation throughout the United States. This course is a comprehensive review of material presented throughout the didactic and clinical years. Topics align directly with the blueprint provided by the National Commission for Certification of Physician Assistants (NCCPA). Students will be required to attend a board review course selected and approved by the

Clinical Coordinator and Program Director. In addition to attending a board review course, students will complete practice examinations designed to prepare them for the Physician Assistant National Certification Examination (PANCE) administered by the NCCPA. (0.5 credit).

Required Student Learning Outcomes
1. Prioritize the material that may be covered on the PANCE.
2. Critically analyze evidence-based medicine.
3. Assess relative strengths and weaknesses in knowledge of diseases and disorders physician assistants encounter in clinical practice.
4. Assess relative strengths and weaknesses in knowledge and skills related to tasks physician assistants perform when treating patients.
5. Modify study efforts to familiarize oneself with the type of questions encountered in the certifying examination.

MPA 605: PANCE Preparation III

Course Description. Attaining board certification is a requirement for all Physician Assistants intending to apply for state licensure and practice medicine upon graduation throughout the United States. This course is a comprehensive review of material presented throughout the didactic and clinical years. Topics align directly with the blueprint provided by the National Commission for Certification of Physician Assistants (NCCPA). Students will repeat the PACKRAT, designed to assess student readiness for the Physician Assistant National Certification Examination (PANCE) administered by the NCCPA. (1 credit).

Required Student Learning Outcomes
1. Prioritize material that may be covered on the PANCE.
2. Critically analyze evidence-based medicine.
3. Assess relative strengths and weaknesses in knowledge of diseases and disorders physician assistants encounter in clinical practice.
4. Assess relative strengths and weaknesses in knowledge and skills related to tasks physician assistants perform when treating patients.
5. Modify study efforts to familiarize oneself with the type of questions encountered in the certifying examination.

MPA 611: Internal Medicine Preceptorship

Course Description. Students will complete a 5-week community based clinical rotation designed to enhance student competence in the delivery of health in the Internal Medicine Setting. Students will be placed in settings that focus on the management of acute and chronic disease in inpatient and/or outpatient settings. Emphasis will be placed on the care of the adult and geriatric patient. Students will participate in history-taking, physical examination, assessment, formulating a problem list, ordering and interpreting diagnostic tests, developing a treatment plan, and completing medical documentation appropriately. Students in this rotation will develop an increased understanding of environmental, social, and economic factors that impact patient care and the practice of preventive medicine. Students will gain further experience functioning as a part of a healthcare team through preceptor presentation and expanding on effective communication with patients, families, and healthcare providers (4 credits).

Required Student Learning Outcomes
1. Perform and record an accurate and concise, history on adult patients seeking B2.07a, B3.03a,b
   (clinical and technical skills)
   a. care for acute medical conditions

b. care for chronic medical conditions, and

c. preventive care

2. Perform and record an accurate and concise, history on elderly patients seeking B2.07a, B3.03a,b
   (clinical and technical skills)

   a. care for acute medical conditions

   b. care for chronic medical conditions, and

   c. preventive care

3. Perform and record an accurate and concise, physical examination on adult patients seeking B2.07 b B3.03a,b
   (clinical and technical skills)

   a. care for acute medical conditions

   b. care for chronic medical conditions, and

   c. preventive care

4. Perform and record an accurate and concise, physical examination on elderly patients seeking B2.07 b B3.03a,b
   (clinical and technical skills)

   a. care for acute medical conditions

   b. care for chronic medical conditions, and

   c. preventive care

5. Compose a presentation to preceptors that discusses relevant findings identified during the history
   and physical examination of patients seeking care B2.04
   (clinical and technical skills, interpersonal and communication skills)

6. Prioritize the ordering of diagnostic and laboratory studies that correlate with the patient's
   history and physical examination based on age, chronicity and evidence- based medicine. B2.07d, B3.03b
   (clinical reasoning, problem-solving abilities, and medical knowledge)

7. Correlate the results of diagnostic and laboratory studies to formulate an appropriate differential
   diagnosis for the patient's condition considering age, chronicity and presentation. B2.07 c, d, B3.03b
   (clinical reasoning, problem-solving abilities, medical knowledge)

8. Recommend age appropriate screening tests and immunizations for adults and elderly patients. B3.03b
   (medical knowledge)

9. Incorporate counseling techniques to communicate effectively with patients, family members,
   and caregivers regarding medical conditions; with an emphasis on B2.04, B2.07f
   (interpersonal and communication skills, medical knowledge)

   a. modifiable risk factors

   b. health maintenance

   c. diagnostic and laboratory study results, and

   d. primary/secondary disease prevention

10. Recommend and facilitate patient and caregiver participation through the coordination
    of care by B2.04, B2.07f *(interpersonal and communication skills, medical knowledge)*

    a. formulating and implementing treatment plans in accordance with applicable practice
       guidelines for patients with acute needs B2.07e, B3.03a,b

    b. formulating and implementing treatment plans in accordance with applicable practice
       guidelines for patients with chronic care needs B2.07e, B3.03a,b

    c. evaluating patient response/compliance to treatment/intervention

    d. engaging community resources to meet patient/caregiver needs

    e. making appropriate decisions surrounding disposition for adult patients in an Internal
       Medicine setting. B3.03a,b

f. making appropriate decisions surrounding disposition for elderly patients in an Internal Medicine setting. B3.03a,b

11. Prove technical competence related to performing specific procedures in an Internal Medicine setting as prevention or for management of health conditions. B2.09 *(clinical and technical skills)*

12. Model knowledge of relevant pharmacologic agents in patients seeking care for acute medical conditions to B2.02d, B2.07e, B3.03a *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. adult and elderly
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances
    b. elderly
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances

13. Model knowledge of relevant pharmacologic agents in patients seeking care for chronic medical conditions to B2.02d, B2.07e, B3.03a *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. adult
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances
    b. elderly
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances

14. Demonstrate appropriate medical record documentation and accurate billing/coding principles for reimbursement of B2.14a,b *(clinical and technical skills, professional behaviors)*
    a. acute care visits
    b. chronic care visits, and
    c. preventive care visits

15. Participate in the facilitation of discussions surrounding end-of life-decision making in adult and elderly patient populations. B2.08e *(interpersonal and communication skills)*

16. Model professional, ethical, and respectful behavior towards patients, family members, and members of the healthcare team. B2.19c *(professional behaviors)*

MPA 612: Women's Health Preceptorship

Course Description. Students will complete a 5-week community based clinical rotation designed to

enhance student competence in the delivery of healthcare to patients in the field of women's health. Emphasis will be placed on prenatal and gynecologic care. Supervised clinical practice experience may be gained in the inpatient, outpatient, or surgical setting during this rotation. Students will participate in history-taking, physical examination, assessment, formulating a problem list, ordering and interpreting diagnostic tests, developing a treatment plan, and completing medical documentation appropriately. Students in this rotation will develop an increased understanding of environmental, social, and economic factors that impact patient care and the practice of preventive medicine.

Students will gain further experience functioning as a part of a healthcare team through preceptor presentation and expanding on effective communication with patients, families, and healthcare providers (4 credits).

Required Student Learning Outcomes

1. Perform and record an accurate and concise, history on patients seeking B2.07a, B3.03a,b,c
   (clinical and technical skills)
   a. care for acute women's health-related concerns
   b. care for chronic women's health-related conditions, and
   c. preventive women's healthcare
2. Perform and record an accurate and concise, physical examination on patients seeking B2.07 b B3.03a,b,c
   (clinical and technical skills)
   a. care for acute medical conditions
   b. care for chronic medical conditions, and
   c. preventive women's healthcare
3. Model knowledge of relevant history and physical exam findings appropriate for
   (medical knowledge, clinical reasoning and problem-solving abilities)
   a. adolescent women's health concerns.
   b. adult women's health concerns.
   c. elderly women's health concerns.
4. Compose a presentation to preceptors that discusses relevant findings identified during the history and physical examination of patients seeking care B2.04 *(clinical and technical skills, interpersonal and communication skills)*
5. Prioritize the ordering of diagnostic and laboratory studies that correlate with the patient's history and physical examination based on age, chronicity and evidence- based medicine. B2.07d B3.03b
   (clinical reasoning and problem-solving abilities, and medical knowledge)
6. Correlate the results of diagnostic and laboratory studies to formulate an appropriate differential diagnosis for the patient's condition considering age, chronicity and presentation. B2.07 c, d B3.03b
   (clinical reasoning and problem-solving abilities, and medical knowledge)
7. Incorporate counseling techniques to communicate effectively with patients, family members, and caregivers regarding medical conditions; with an emphasis on B2.04, B2.07f
   (interpersonal and communication skills, medical knowledge)
   a. modifiable risk factors
   b. health maintenance
   c. diagnostic and laboratory study results, and
   d. primary/secondary disease prevention
8. Recommend age appropriate screening tests and immunizations to promote women's health across the reproductive lifespan per CDC recommendations. B2.07e,f *(medical knowledge)*
9. Prove technical competence related to performing specific procedures in a Women's Health setting as screening, prevention, or management of health conditions. B2.09 *(clinical and technical skills)*

10. Model knowledge of relevant pharmacologic agents in patients seeking care for acute Women's Health related medical conditions to B2.02d, B2.07e, B3.03a,b,c *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. identify medication misuse
    b. identify any monitoring, contraindications or cautions for an individual patient
    c. evaluate, treat, and report adverse drug reactions/adverse effects, and
    d. recognize appropriate indications for prescribing controlled substances
11. Model knowledge of relevant pharmacologic agents in patients seeking care for chronic Women's Health related medical conditions to B2.02d, B2.07e, B3.03a,b,c *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. select appropriate pharmacologic therapy and dosing
    b. identify medication misuse
    c. identify any monitoring, contraindications or cautions for an individual patient
    d. evaluate, treat, and report adverse drug reactions/adverse effects, and
    e. recognize appropriate indications for prescribing controlled substances
12. Incorporate evidence-based recommendations associated with providing quality prenatal care to women seeking care before and during pregnancy. B2.07 e, B3.03c *(medical knowledge)*
13. Evaluate patients for common medical and psychological complications that may occur throughout the antepartum and postpartum period. B2.11e, B2.12c *(medical knowledge, clinical reasoning and problem-solving abilities)*
14. Evaluate patients for common medical and psychological complaints that may occur throughout perimenopause and menopause. *(medical knowledge, clinical reasoning, and problem-solving abilities)*
15. Demonstrate appropriate medical record documentation and accurate billing/coding principles for reimbursement of B2.14a,b *(clinical and technical skills, professional behaviors)*
    a. acute care visits
    b. chronic care visits, and
    c. preventive care visits
16. Model professional, ethical, and respectful behavior towards patients, family members, and members of the healthcare team. B2.19c *(professional behaviors)*

MPA 613: Pediatrics Preceptorship

Course Description. Students will complete a 5-week community based clinical rotation designed to enhance student competence in the delivery of care to pediatric patients. Students will be placed in settings that focus on the management of acute, chronic, and preventive care medicine. Supervised clinical practice experience may be gained in the inpatient or outpatient setting during this rotation. Students will participate in history-taking, physical examination, assessment, formulating a problem list, ordering and interpreting diagnostic tests, developing a treatment plan, and completing medical documentation appropriately. Students in this rotation will develop an increased understanding of environmental, social, and economic factors that impact patient care and the practice of preventive medicine. Students will gain further experience functioning as a part of a healthcare team through preceptor presentation and expanding on effective communication with patients, families, and healthcare providers. (4 credits)

Required Student Learning Outcomes
1. Perform and record an accurate and concise history on patients seeking B2.07a, B3.03a,b *(clinical and technical skills)*
    a. newborn
        i. care for acute medical conditions

        ii.   care for chronic medical conditions, and

        iii. preventive care

   b. infant

        i.   care for acute medical conditions

        ii.   care for chronic medical conditions, and

        iii. preventive care

   c. child

        i.   care for acute medical conditions

        ii.   care for chronic medical conditions, and

        iii. preventive care

   d. adolescent

        i.   care for acute medical conditions

        ii.   care for chronic medical conditions, and

        iii. preventive care

2. Perform and record an accurate and concise physical examination on patients seeking B2.07 b B3.03a,b
(clinical and technical skills)
   a. newborn
      i. care for acute medical conditions
      ii. care for chronic medical conditions, and
      iii. preventive care
   b. infant
      i. care for acute medical conditions
      ii. care for chronic medical conditions, and
      iii. preventive care
   c. child
      i. care for acute medical conditions
      ii. care for chronic medical conditions, and
      iii. preventive care
   d. adolescent
      i. care for acute medical conditions
      ii. care for chronic medical conditions, and
      iii. preventive care

3. Model knowledge in the expected history, physical exam findings and patient education for B2.03b
(medical knowledge, clinical reasoning and problem-solving abilities)
   a. a newborn.
   b. an infant.
   c. a child.
   d. an adolescent.
4. Examine and evaluate expected/delayed physical, cognitive, and behavioral developmental milestones based on the age (newborn, infant, children and adolescent) and sex of the pediatric patient during a well-child examination. B2.07b *(medical knowledge, clinical reasoning and problem-solving abilities)*
5. Compose a presentation to preceptors that discusses relevant findings identified during the history and physical examination of newborn, infant, children and adolescent patients seeking care. B2.04
(clinical and technical skills, interpersonal and communication skills)
6. Prioritize the ordering of diagnostic and laboratory studies that correlate with the patient's history and physical examination based on age, chronicity and evidence- based medicine. B2.07d
(clinical reasoning and problem-solving abilities, medical knowledge)

7. Correlate the results of diagnostic and laboratory studies to formulate an appropriate differential diagnosis for the patient's condition considering age, chronicity and presentation. B2.07 c, d B3.03b *(clinical reasoning and problem-solving abilities, medical knowledge)*
8. Recommend immunizations based on the recommended and modified schedules set forth by the CDC for B2.07e,f *(medical knowledge)*
    a. newborns
    b. infants
    c. children, and
    d. adolescents
9. Write and/or re-write prescriptions for pediatric patients with demonstration of appropriate dosage and formulation considerations depending on the age and weight of the child. B2.07e *(medical knowledge, clinical and technical skills)*
10. Incorporate counseling techniques to communicate effectively with patients, family members, and caregivers regarding medical conditions; with an emphasis on B2.04, B2.07f *(interpersonal and communication skills, medical knowledge)*
    a. modifiable risk factors
    b. health maintenance
    c. diagnostic and laboratory study results, and
    d. primary/secondary disease prevention
11. Recommend and facilitate patient and caregiver participation through the coordination of care by B2.04, B2.07f *(interpersonal and communication skills, medical knowledge)*
    a. formulating and implementing treatment plans in accordance with applicable practice guidelines for patients with acute and chronic care needs B2.07e, B3.03a,b
    b. evaluating patient response/compliance to treatment/intervention
    c. engaging community resources to meet patient/caregiver needs
    d. making appropriate decisions surrounding disposition for pediatric patients
12. Prove technical competence related to performing specific procedures in a Pediatric setting as prevention or for management of health conditions. B2.09 *(clinical and technical skills)*
13. Model knowledge of relevant pharmacologic agents in patients seeking care for acute medical conditions to B2.02d, B2.07e, B3.03a,b *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. newborn
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances
    b. infant
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances
    c. child
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and

v.   recognize appropriate indications for prescribing controlled substances
            d.   adolescent
                        i.   select appropriate pharmacologic therapy and dosing
                        ii.   identify medication misuse
                        iii. identify any monitoring, contraindications or cautions for an individual patient
                        iv.   evaluate, treat, and report adverse drug reactions/adverse effects, and
                        v.   recognize appropriate indications for prescribing controlled substances
14. Model knowledge of relevant pharmacologic agents in patients seeking care for chronic medical
    conditions to B2.02d, B2.07e, B3.03a,b *(clinical reasoning and problem-solving abilities, medical knowledge)*
            a.   newborn
                        i.   select appropriate pharmacologic therapy and dosing
                        ii.   identify medication misuse
                        iii. identify any monitoring, contraindications or cautions for an individual patient
                        iv.   evaluate, treat, and report adverse drug reactions/adverse effects, and
                        v.   recognize appropriate indications for prescribing controlled substances
            b.   infant
                        i.   select appropriate pharmacologic therapy and dosing
                        ii.   identify medication misuse
                        iii. identify any monitoring, contraindications or cautions for an individual patient
                        iv.   evaluate, treat, and report adverse drug reactions/adverse effects, and
                        v.   recognize appropriate indications for prescribing controlled substances
            c.   child
                        i.   select appropriate pharmacologic therapy and dosing
                        ii.   identify medication misuse
                        iii. identify any monitoring, contraindications or cautions for an individual patient
                        iv.   evaluate, treat, and report adverse drug reactions/adverse effects, and
                        v.   recognize appropriate indications for prescribing controlled substances
            d.   adolescent
                        i.   select appropriate pharmacologic therapy and dosing
                        ii.   identify medication misuse
                        iii. identify any monitoring, contraindications or cautions for an individual patient
                        iv.   evaluate, treat, and report adverse drug reactions/adverse effects, and
                        v.   recognize appropriate indications for prescribing controlled substances
15. Demonstrate appropriate medical record documentation and accurate billing/coding principles
    for reimbursement of B2.14a,b *(clinical and technical skills, professional behaviors)*
            a.   acute care visits
            b.   chronic care visits, and
            c.   preventive care visits
16. Model professional, ethical, and respectful behavior towards patients, family members, and members
    of the healthcare team. B2.19c *(professional behaviors)*

MPA 614: Family Practice Preceptorship

Course Description. Students will complete a 5-week community based clinical rotation designed to
enhance student competence in the delivery of health in the Family Practice Setting. Students will be
placed in settings that focus on the management of acute and chronic disease in the outpatient settings.
Emphasis will be placed on the care of patients across the lifespan. Students will participate in history-
taking, physical examination, assessment, formulating a problem list, ordering and interpreting diagnostic

tests, developing a treatment plan, and completing medical documentation appropriately. Students in this rotation will develop an increased understanding of environmental, social, and economic factors that impact patient care. Students will gain further experience functioning as a part of a healthcare team through preceptor presentation and expanding on effective communication with patients, families, and healthcare providers. (4 credits)

Required Student Learning Outcomes
1. Perform and record an accurate and concise, history on B2.07a, B3.03a,b *(clinical and technical skills)*
    a. pediatric patients seeking care for acute medical conditions
    b. adult patients seeking care for acute medical conditions
    c. elderly patients seeking care for acute medical conditions
    d. pediatric patients seeking care for chronic medical conditions
    e. adult patients seeking care for chronic medical conditions
    f. elderly patients seeking care for chronic medical conditions
2. Perform and record an accurate and concise, physical examination on B2.07 b B3.03a,b *(clinical and technical skills)*
    a. pediatric patients seeking care for acute medical conditions
    b. adult patients seeking care for acute medical conditions
    c. elderly patients seeking care for acute medical conditions
    d. pediatric patients seeking care for chronic medical conditions
    e. adult patients seeking care for chronic medical conditions
    f. elderly patients seeking care for chronic medical conditions
3. Model knowledge of treatment plans and patient education for *(medical knowledge, clinical reasoning and problem-solving abilities)*
    a. Newborn patients
    b. Infant patients
    c. Child patients
    d. Adolescent patients
    e. Adult patients
    f. Elderly patients
4. Perform a well/preventive visit on *(clinical and technical skills)*
    a. Infant patients
    b. Child patients
    c. Adolescent patients
    d. Adult patients
    e. Elderly patients
5. Recommend age appropriate screening tests and immunizations for adults and elderly patients. B3.03b *(medical knowledge)*
6. Compose a presentation to preceptors that discusses relevant findings identified during the history and physical examination of patients seeking care B2.04 *(clinical and technical skills, interpersonal and communication skills)*
7. Prioritize the ordering of diagnostic and laboratory studies that correlate with the patient's history and physical examination considering age, chronicity and presentation. B2.07d B3.03b *(clinical reasoning and problem-solving abilities, medical knowledge)*
8. Correlate the results of diagnostic and laboratory studies to formulate an appropriate differential diagnosis for the patient's condition considering age, chronicity and presentation. B2.07 c, d B3.03b *(clinical reasoning and problem-solving abilities, medical knowledge)*

9. Incorporate counseling techniques to communicate effectively with patients, family members, and caregivers regarding medical conditions; with an emphasis on B2.04, B2.07f *(interpersonal and communication skills, medical knowledge)*
    a. modifiable risk factors
    b. health maintenance
    c. diagnostic and laboratory study results, and
    d. primary/secondary disease prevention
10. Recommend and facilitate patient and caregiver participation through the coordination of care by B2.04, B2.07f *(interpersonal and communication skills, medical knowledge)*
    a. formulating and implementing treatment plans in accordance with applicable practice guidelines for patients with acute and chronic care needs B2.07e, B3.03a,b
    b. evaluating patient response/compliance to treatment/intervention
    c. engaging community resources to meet patient/caregiver needs
    d. making appropriate decisions surrounding disposition for adult and elderly patients in a Family Practice setting.
11. Prove technical competence related to performing specific procedures in a Family Practice setting as prevention or for management of health conditions. B2.09 *(clinical and technical skills)*
12. Model knowledge of relevant pharmacologic agents in pediatric patients seeking care for acute medical conditions to B2.02d, B2.07e, B3.03a *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. select appropriate pharmacologic therapy and dosing
    b. identify medication misuse
    c. identify any monitoring, contraindications or cautions for an individual patient
    d. evaluate, treat, and report adverse drug reactions/adverse effects, and
    e. recognize appropriate indications for prescribing controlled substances
13. Model knowledge of relevant pharmacologic agents in patients seeking care for acute medical conditions to B2.02d, B2.07e, B3.03a *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. adult
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances
    b. elderly
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances
14. Model knowledge of relevant pharmacologic agents in pediatric patients seeking care for chronic medical conditions to B2.02d, B2.07e, B3.03a *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. select appropriate pharmacologic therapy and dosing
    b. identify medication misuse
    c. identify any monitoring, contraindications or cautions for an individual patient
    d. evaluate, treat, and report adverse drug reactions/adverse effects, and
    e. recognize appropriate indications for prescribing controlled substances

15. Model knowledge of relevant pharmacologic agents in patients seeking care for chronic medical conditions to B2.02d, B2.07e, B3.03a *(clinical reasoning and problem-solving abilities, medical knowledge)*
    a. adult
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances
    b. elderly
        i. select appropriate pharmacologic therapy and dosing
        ii. identify medication misuse
        iii. identify any monitoring, contraindications or cautions for an individual patient
        iv. evaluate, treat, and report adverse drug reactions/adverse effects, and
        v. recognize appropriate indications for prescribing controlled substances
16. Demonstrate appropriate medical record documentation and accurate billing/coding principles for reimbursement of B2.14a,b *(clinical and technical skills, professional behaviors)*
    a. acute care visits
    b. chronic care visits, and
    c. preventive care visits
17. Participate in the facilitation of discussions surrounding end-of life-decision making in adult and elderly patient populations. B2.08e *(interpersonal and communication skills)*
18. Model professional, ethical, and respectful behavior towards patients, family members, and members of the healthcare team. B2.19c *(professional behaviors)*

MPA 615: Emergency Medicine Preceptorship

Course Description. Students will complete a 5-week clinical rotation designed to enhance student competence in the delivery of healthcare across the lifespan for patients in an emergency medicine and/or acute care setting which includes exposure to, and the care of patients presenting to the Emergency Department. Emphasis will be placed on developing an increased understanding of critical vs noncritical patient presentations and methods for evaluation and stabilization in acute, life-threatening events. Students will observe and assist in clinical procedures, giving them the experience necessary to evaluate, treat, and refer patients appropriately. Students will participate in history-taking, physical examination, assessment, formulating a problem list, ordering and interpreting diagnostic tests, developing a treatment plan, and completing medical documentation appropriately. Students will gain further experience functioning as a part of a healthcare team through preceptor presentation and expanding on effective communication with patients, families, and healthcare providers. (4 credits)

Required Student Learning Outcomes
1. Perform and record an accurate and concise, history on B2.07a,b, B3.03a,b *(clinical and technical skills)*
    a. pediatric patients seeking acute care
    b. pediatric patients seeking emergent care
    c. adult patients seeking acute care
    d. adult patients seeking emergent care
    e. elderly patients seeking acute care
    f. elderly patients seeking emergent care
2. Perform and record an accurate and concise, physical examination B2.07a,b, B3.03a,b *(clinical and technical skills)*

       a. pediatric patients seeking acute care
       b. pediatric patients seeking emergent care
       c. adult patients seeking acute care
       d. adult patients seeking emergent care
       e. elderly patients seeking acute care
       f. elderly patients seeking emergent care

3. Compose a presentation to preceptors that discusses relevant findings identified during the history and physical examination with the preceptor for patients seeking acute and emergent care. B2.04 *(clinical and technical skills, interpersonal and communication skills)*

4. Model knowledge of treatment plan and patient education appropriate for *(clinical reasoning and problem-solving abilities, medical knowledge)*
       a. pediatric patients in the emergency room setting.
       b. adult patients in the emergency room setting.
       c. elderly patients in the emergency room setting.

5. Prioritize the ordering of diagnostic and laboratory studies that correlate with the patient's history and physical examination considering age, chronicity and presentation. B2.07d B3.03b *(clinical reasoning and problem-solving abilities, medical knowledge)*

6. Correlate the results of diagnostic and laboratory studies to formulate an appropriate differential diagnosis for the patient's condition considering age, chronicity, and presentation. B2.07 c, d B3.03b *(clinical reasoning and problem-solving abilities, medical knowledge)*

7. Incorporate counseling techniques to communicate effectively with patients, family members, and caregivers regarding medical conditions and diagnostic and laboratory study results in an emergency setting B2.04, B2.07f *(interpersonal and communication skills, medical knowledge)*

8. Prioritize the treatment of life-threatening conditions in patients seeking acute and emergent care. B2.05 *(clinical reasoning and problem-solving abilities, medical knowledge)*

9. Prove technical competence related to performing specific procedures associated with acute and emergent care needs. B2.09 *(clinical and technical skills)*

10. Model knowledge of relevant pharmacologic agents in patients seeking care for acute and emergent medical conditions to B2.02d, B2.07e, B3.03a *(clinical reasoning and problem-solving abilities, medical knowledge)*
       a. select appropriate pharmacologic therapy and dosing
       b. identify medication misuse
       c. identify any monitoring, contraindications or cautions for an individual patient
       d. evaluate, treat, and report adverse drug reactions/adverse effects, and
       e. recognize appropriate indications for prescribing controlled substances

11. Demonstrate appropriate medical record documentation and accurate billing/coding principles for reimbursement following acute and emergent care visits. B2.14a, b *(clinical and technical skills, professional behaviors)*

12. Integrate the process of obtaining informed consent and patient refusal of medical care into the care of patients in acute and emergent situations. B2.09, B2.14b *(clinical and technical skills, professional behaviors)*

13. Participate in the facilitation of discussions surrounding end-of life-decision making in an emergency setting. B2.08e *(interpersonal and communication skills)*

14. Model professional, ethical, and respectful behavior towards patients, family members, and members of the healthcare team. B2.19c *(professional behaviors)*

MPA 616: Surgery Preceptorship

Course Description. Students will complete a 5-week community based clinical preceptorship designed to enhance student competence in the care of the surgical patient in pre-operative, intra- operative, and post-operative settings. B3.03d, B3.07d . Students will become familiar with a variety of common surgical conditions, providing adequate patient education about his/her surgical condition, and recognizing potential complications. B3.04d Students will observe and assist in surgical procedures, giving them the experience necessary to evaluate and refer patients for surgical treatment. However, emphasis will not be placed on the meticulous details surrounding completion of any specifi c surgical procedures. (4 credits).

Required Student Learning Outcomes
1. Perform and record an accurate and concise, surgically-focused history on adult patients seeking B2.07a, B3.03a,b,d *(clinical and technical skills)*
    a.   care in the pre-operative setting
    b.   care in the post-operative setting
2. Perform and record an accurate and concise, surgically-focused history on elderly patients seeking B2.07a, B3.03a,b,d *(clinical and technical skills)*
    a.   care in the pre-operative setting
    b.   care in the post-operative setting
3. Perform and record an accurate and concise, surgically-focused physical examination on adult patients seeking B2.07 b B3.03a,b,d *(clinical and technical skills)*
    a.   care in the pre-operative setting
    b.   care in the post-operative setting
4. Perform and record an accurate and concise, surgically-focused physical examination on elderly patients seeking B2.07 b B3.03a,b,d *(clinical and technical skills)*
    a.   care in the pre-operative setting
    b.   care in the post-operative setting
5. Compose a presentation to preceptors that discusses relevant findings identified during the history and physical examination of patients seeking care for conditions requiring surgical management. B2.04 *(clinical and technical skills, interpersonal and communication skills)*
6. Prioritize the ordering of diagnostic and laboratory studies that correlate with the patient's history and physical examination for patients seeking care for conditions requiring surgical management considering age, chronicity and presentation. B2.07c,d B3.03a,b,d *(clinical reasoning and problem solving abilities, medical knowledge)*
7. Correlate the results of diagnostic and laboratory studies to formulate an appropriate differential diagnosis for patients seeking care for conditions requiring surgical management considering age, chronicity and presentation. B2.07 c, d *(clinical reasoning and problem-solving abilities, medical knowledge)*
8. Triage patients seeking care for conditions requiring surgical management in the pre-operative setting considering indications for surgical intervention. B2.05 *(clinical reasoning and problem-solving abilities, medical knowledge)*
9. Incorporate counseling techniques to communicate effectively with educating patients, family members, and caregivers regarding medical conditions and results of associated diagnostic and laboratory studies in patients seeking care for conditions requiring surgical management. B2.04, B2.07f *(interpersonal and communication skills, medical knowledge)*
10. Prove technical competence related to performing specific procedures in a surgical setting, including but not limited to gowning, gloving and scrubbing in. B2.09 *(clinical and technical skills)*

11. Demonstrate utilization of sterile technique in the intra-operative setting. B2.09 *(clinical and technical skills)*

12. Model knowledge of relevant pharmacologic agents in adult patients seeking care for acute medical conditions to B2.02d, B2.07e, B3.03a,b,d *(clinical reasoning and problem solving abilities, medical knowledge)*
    a. select appropriate pharmacologic therapy and dosing
    b. identify medication misuse
    c. identify any monitoring, contraindications or cautions for an individual patient
    d. evaluate, treat, and report adverse drug reactions/adverse effects, and
    e. recognize appropriate indications for prescribing controlled substances

13. Assess patients for common post-operative complications. B2.05 *(clinical reasoning and problem-solving abilities, medical knowledge)*

14. Demonstrate appropriate medical record documentation and accurate billing/coding principles for reimbursement of patients cared for in the pre-operative, intra-operative, and post-operative settings. B2.14a,b *(clinical and technical skills, professional behaviors)*

15. Demonstrate an understanding of the process surrounding informed consent and patient refusal of medical care in patients seeking care for conditions requiring surgical management. B2.09 *(clinical and technical skills, professional behaviors)*

16. Model professional, ethical, and respectful behavior towards patients, family members, and members of the healthcare team. B2.19c *(professional behaviors)*

MPA 617: Behavioral Medicine Preceptorship

Course Descriptions. Students will complete a 5-week clinical rotation that exposes them to the care of patients with behavioral and psychiatric conditions. Emphasis will be placed on the enhancing the student's development of skills and knowledge necessary to manage patients with behavioral and psychiatric conditions. Students may complete this rotation in an outpatient or inpatient setting. Students will be able to observe and assist in the diagnosis and management of patients, as well as develop an awareness of psychosocial problems likely to be encountered in a primary care practice. (4 credits)

Required Student Learning Outcomes
1. Perform and record an accurate and concise, history on B2.07a,b, B3.03a, b, e *(clinical and technical skills)*
    a. Pediatric patients seeking care for behavioral and mental health conditions.
    b. Adult patients seeking care for behavioral and mental health conditions.
    c. Elderly patients seeking care for behavioral and mental health conditions.
2. Perform and record an accurate and concise, physical examination on B2.07a,b, B3.03a, b, e *(clinical and technical skills)*
    a. Pediatric patients seeking care for behavioral and mental health conditions.
    b. Adult patients seeking care for behavioral and mental health conditions.
    c. Elderly patients seeking care for behavioral and mental health conditions.
3. Compose a presentation to preceptors that discusses relevant findings identified during the history and physical examination of patients seeking care for behavioral and mental health conditions. B2.04 *(clinical and technical skills, interpersonal and communication skills)*
4. Prioritize the ordering of diagnostic and laboratory studies that correlate with the patient's history and physical examination considering age, chronicity and presentation B2.07d *(clinical reasoning and problem-solving abilities, medical knowledge)*
5. Correlate the results of diagnostic and laboratory studies to formulate an appropriate differential diagnosis for common psychiatric and behavioral health conditions considering age, chronicity and presentation B2.07 c, d *(clinical reasoning and problem-solving abilities, medical knowledge)*

6. Model knowledge of relevant pharmacologic agents in patients seeking care for behavioral health medical conditions to B2.02d, B2.07e, B3.03a,b,d *(clinical reasoning and problem solving abilities, medical knowledge)*
   a. select appropriate pharmacologic therapy and dosing
   b. identify medication misuse
   c. identify any monitoring, contraindications or cautions for an individual patient
   d. evaluate, treat, and report adverse drug reactions/adverse effects, and
   e. recognize appropriate indications for prescribing controlled substances
7. Formulate a treatment plan for common psychiatric or behavioral health conditions in pediatric patients which includes *(clinical reasoning and problem-solving abilities, medical knowledge)*
   a. medications
   b. counseling
   c. indications for inpatient care
   d. lifestyle modifications
   e. follow-up care
   f. referral to specialists and community resources, and
   g. patient education. B2.07e
8. Formulate a treatment plan for common psychiatric or behavioral health conditions in adult and elderly patients which includes *(clinical reasoning and problem-solving abilities, medical knowledge)*
   a. medications
   b. counseling
   c. indications for inpatient care
   d. lifestyle modifications
   e. follow-up care
   f. referral to specialists and community resources, and
   g. patient education. B2.07e
9. Recognize and prioritize the treatment of emergent psychiatric conditions in patients seeking care B3.03a, d. *(clinical reasoning and problem-solving abilities, medical knowledge)*
10. Incorporate counseling techniques to communicate effectively with patients, family members, and caregivers regarding behavioral health conditions; with an emphasis on B2.04, B2.07f *(interpersonal and communication skills, medical knowledge)*
    a. modifiable risk factors
    b. health maintenance
    c. diagnostic and laboratory study results, and
    d. primary/secondary prevention
11. Demonstrate empathy, active listening, use of open-ended questions, and reflection while counseling patients in the behavioral or mental health setting. *(interpersonal and communication skills)*
12. Discuss the legal rights of patients with mental illness and describe ethical issues associated with patients seeking care for behavioral and mental health conditions. B2.17c,f, B2.18 *(clinical and technical skills, professional behaviors)*
13. Demonstrate appropriate medical record documentation and accurate billing/coding principles for reimbursement of care provided for patients in the behavioral and mental health setting. B2.14a, b *(clinical and technical skills, professional behaviors)*
14. Model professional, ethical, and respectful behavior towards patients, family members, and members of the healthcare team. B2.19c *(professional behaviors)*

MPA 618: Clinical Specialty Preceptorship

Course Description. Students will complete a 5-week community based clinical rotation designed to enhance student competence in the delivery of healthcare to patients in a medical specialty or subspecialty of their interest. For this rotation, the program will design an individualized curriculum to ensure a safe and positive learning experience for each student. (4 credits)

Required Student Learning Outcomes
1. Demonstrate the ability to collect an appropriate, focused history and prioritize characteristic symptoms associated with the specialty. B2.07, B3.03
2. Perform the appropriate focused physical examination and identify characteristic signs associated with conditions common to the specialty. B2.19cB2.07c,d, B3.03
3. Differentiate normal and abnormal anatomic, physiologic, and cognitive changes related to the specialty. B2.02 a,b
4. Recommend and interpret appropriate lab studies and diagnostic studies/findings. B2.07d
5. Utilize deductive reasoning to identify, diagnose, and manage ongoing monitoring for conditions associated with the specialty. B2.05, B2.07c,e
6. Integrate screening and health promotion/disease prevention counseling for preventative health and common illnesses/diagnoses associated with the specialty into patient encounters. B3.03a
7. Integrate information received during patient encounter to appropriately document in the medical record and present to a preceptor using acceptable abbreviations and appropriate formats. B2.14a,b
8. Discuss patients that are appropriate for referral based on problems identified that are beyond the scope of the PA provider and practice. B2.07f
9. Model professional behaviors characterized by reliability and dependability along with a level of confidence proportionate with level of training. B2.19c

MPA 699: Culminating Experience

Course Description. In the final section of a three-part series, this course is a culmination of the preparatory clinical preceptorships, PANCE preparation, and education and research courses completed in previous semesters. Upon completion of this course students will have utilized prior clinical experiences, the program curriculum, and specific student interests to gain greater insight into healthcare related issues while actively participating in community service. Additionally, students will have mastered knowledge and skills necessary to enter clinical practice upon graduation. Students will present their final capstone project in the form of a written paper with an accompanying poster presentation and complete the program's required summative evaluation. (3 credits)
Required Student Learning Outcomes
1. Discuss the design, development, implementation, and evaluation strategies utilized to create and communicate a shared vision for a changing future through the community-based project. B2.15
2. Demonstrate an energized commitment to obtaining project goals.
3. Discuss the organizational and community challenges faced throughout the design, implementation, and evaluation of the community-based project.
4. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities. B2.04
5. Compare system level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments.
6. Model ethical choices, values, and professional practices while considering the effect of choices on community stewardship, equity, social justice, and accountability.
7. Model clinical knowledge and technical skills necessary to integrate into clinical practice through oral, written, interpretive, and practical examinations by successful completion of the summative

evaluation.

8. Demonstrate professional behaviors necessary to integrate as a member of an interdisciplinary team upon graduation.

Appendix A: Assessment Failure Remediation

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

REMEDIATION OF ASSESSMENT FAILURE (A3.17d)

Date: _____

Student Name: _____

Faculty Name: _____

Course Name: _____

Assessment Needing Remediation: _____

Initial Grade: _____

Remediation Method:

[ ] CLINICAL ACTIVITIES

[ ] INDEPENDENT STUDY

[ ] ORGANIZED GROUP ACTIVITIES FOR DEFICIENCY

[ ] PRECEPTED EXAMINATION REVIEW

[ ] SELF REFLECTION

[ ] WRITTEN ASSIGNMENT

[ ] OTHER _____

Proficiency Demonstrated? [ ] YES   [ ] NO

[ ] WRITTEN EXAM

[ ] ORAL EXAMINATION

[ ] PRACTICAL DEMONSTRATION

Comments:

_____

_____

_____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Appendix B: Benchmarks for Patient Encounters

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

Date: _____

Student Name: _____

Benchmarks for Clinical Year Patient Encounters

Group I 3.03a	Classification of Patient Encounter Based on Acuity Level			
	Preventive	**Emergent**	**Acute**	**Chronic**
	150	75	200	150

Group II B 3.04	Classification of Patient Encounter Based on Setting			
	Outpatient	**In Patient**	**Emergency Room**	**Operating Room**
	300	50	75	20

Group III B3.03b	Classification of Patient Encounter Based on Age				
	Infants 0-2	**Children 2-12**	**Adolescents 13-17**	**Adults 18-64**	**Elderly >65**
	10	30	10	200	50

Group IV B3.07	Classification of Patient Encounter Based on Preceptorship						
	IM	**PED**	**FP**	**WH**	**BH/MH**	**SURG**	**EM**
	75	75	75	75	75	75	75

Group V B3.03d	Classification Based on Surgical Setting		
	Pre-operative	**Intra-Operative**	**Post-operative**
	20	20	20

Group VI B3.03c B3.03e	Classification Based on Specific Type of Encounter		
	Women's Health (prenatal)	**Women's Health (gynecologic)**	**Behavioral Health**
	20	30	75

The Elizabethtown College Physician Assistant Program has developed the following minimum required benchmarks for successful completion of clinical year. All students must complete 40 weeks of SCPEs and a minimum of 1,440 patient contact hours to successfully complete the program. Students must also meet the following patient encounter benchmarks during supervised clinical practice experiences (SCPEs):

IM= Internal Medicine   **PED=** Pediatrics   **EM=** Emergency Medicine   **BH/MH=** Behavioral/Mental Health
SURG= Surgery   **WH =** Women's Health   **FP=** Family Practice

Appendix C: Classroom Conduct Violation Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

CLASSROOM CONDUCT VIOLATION FORM

Date: _____

Student Name _____ _

Student ID: _____

Date of Incident: _____

Classroom Conduct Policy Violation

[ ] Disruptive behaviors   [ ] Persistent tardiness   [ ] Cell phone use

[ ] Professional standards violation [ ] Disrespects classmates [ ] Disrespects faculty

[ ] Disrespects guest lecturer

Description of Event:

_____

_____

_____

Date of Meeting with Course Instructor: _____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Repetitive Instances:

Date of Meeting with Academic and Professional Affairs Committee: _____

o   Students may choose a representative to be present at the meeting as support, however, this request must be made to the APAC committee prior to the meeting. Representatives may only give advice to the student and may not speak directly to committee members.
o   Meetings will not be rescheduled to accommodate student requests or availability of student representatives.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Appendix D: Clinical Exposure Form: Clinical Year

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT EXPOSURE FORM: CLINICAL YEAR (A3.08b, A3.08c)

Exposure Date/Time: _____

Student Name: _____

Rotation Number: 1   2   3   4   5   6   7   8

Clinical Rotation Site: _____

Clinical Rotation Type: _____

Please provide a brief description of the incident, including how the exposure occurred and the location that the exposure occurred on your person.

_____
_____
_____
_____
_____

Name of Person Notified at the Site: _____

Date and Time of Notification: _____

Name of Person Notified at the PA Program: _____

Date and Time of Notification: _____

Did you receive medical evaluation and/or treatment? YES NO

Did you schedule recommended follow-up with your PCP or student health?   YES NO

Student Signature: _____   **Date:** _____

Preceptor Signature: _____   **Date:** _____

Clinical Coordinator: _____   **Date:** _____

Program Director: _____   **Date:** _____

Clinical sites are under no obligation to provide the student with free medical care and students will be held responsible for all costs related to care and treatment.

Appendix E: COVID-19 Exposure Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

COVID-19 CLINICAL EXPOSURE FORM

Date Reported: _____

Student ID: _____

Student Name: _____

Clinical Site: _____

Preceptor: _____

Please provide information regarding who notified you of the potential exposure (no patient identifiers):

[ ] I am self-identifying

[ ] Other: Clinical Site _____ Floor/Unit _____

First/Last Name _____ Title _____

Email Address _____ Phone Number _____

Date of presumed exposure _____ to _____

Please indicate what Personal Protective Equipment (PPE) was being used at the time of potential exposure?

[ ] No PPE was used   [ ] Procedural/Surgical Mask [ ] N95 Mask

[ ] Goggles/Eye protection [ ] Cloth or Paper Mask   [ ] Face Shield

[ ] I have notified the Clinical Coordinator of my exposure

[ ] I have notified my preceptor of my exposure

[ ] I have contacted Student Health Services for quarantine and COVID-19 testing requirements

[ ] I will abide by quarantine and testing guidelines

[ ] I will notify Student Health Services if I develop symptoms of COVID-19

Student Signature: _____**Date:** _____

Appendix F: Dress Code Policy Violation Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

DRESS CODE POLICY VIOLATION FORM

Date: _____

Student Name _____

Student ID: _____

Date of Incident: _____

Dress Code Policy Violation

[ ] Student Identification   [ ] Shoe Guidelines

[ ] General Hygiene Guidelines   [ ] Hair Guidelines

[ ] Nail Guidelines   [ ] Jewelry Guidelines

Description of Event:

_____

_____

_____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Repetitive Instances:

Date of Meeting with Academic and Professional Affairs Committee: _____

- o Students may choose a representative to be present at the meeting as support, however, this request must be made to the APAC committee prior to the meeting. Representatives may only give advice to the student and may not speak directly to committee members.
- o Meetings will not be rescheduled to accommodate student requests or availability of student representatives.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Appendix G: Drug and Alcohol Screening Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

DRUG AND ALCOHOL SCREENING FORM

The practice of medicine is a clinical setting requires that students and practitioners maintain sound mind at all times while interacting with patients. For this reason, it is the policy of the Elizabethtown College Physician Assistant Program, as well as many clinical rotation sites that all individuals participating in a patient's medical care team must be free from effects of intoxicating substances.

Continued enrollment in the Elizabethtown College Physician Assistant Program is determined upon satisfactory completion of drug and alcohol screening at the following times while matriculated.

- Upon acceptance, but prior to matriculation
- Prior to the beginning of clinical year
- Random drug and alcohol screen
- At the request of clinical sites

[ ] I consent to drug and alcohol screening in compliance with program policies and procedures as described above

　　Time of Screening:
　　[ ] prior to matriculation　　[ ] prior to beginning clinical year
　　[ ] random drug screen　　　[ ] at the request of the clinical site

[ ] I understand that I am responsible for all costs related to this drug and alcohol screen

Student Signature: _____　**Date:** _____

Student Name: _____

Students that utilize screened substances for medicinal purposes are responsible for providing reasonable proof that the substance was utilized for its intended/prescribed purpose. Documentation, including current prescription or a letter from the prescribing clinician must be provided to the Clinical Coordinator. Please note that cannabis is a Schedule I controlled substance, therefore, marijuana for medicinal use does not fall under this section

Elizabethtown College--CIC Course Withdrawal Form

Students withdraw from classes through the Office of Registration and Records. Course withdrawals (i.e. drops) do not appear on the permanent record if the student withdrew (i.e. dropped) on or before the end of the 4th week of the semester. From this time to the end of the 11th week, a student can exercise a course withdrawal. **Students submitting a course withdrawal form after the end of the 11th week of the semester receive a grade of WF, which is calculated into the student's grade point average as though it were an F**.

Name: _____ Phone: _____

Student ID: _____

Course ID (e.g.AC 101):_____

Course Title:_____

Student Statement: I wish to (drop, withdraw) from the course listed above for the following reason:

_____

_____

_____

    Last Date of Attendance: _____

    Student Signature: _____ *Date*: _____

Council of Independent Colleges Consortium Coordinator: I believe this (is, is not) advisable because:

_____

_____

    Coordinator Signature: _____ *Date*: _____

(AFTER LAST DAY TO DROP) Instructor Statement: I believe this (is, is not) advisable because:

_____

_____

    Last Date of Attendance: _____

    Instructor Signature: _____ *Date*: _____

The United States Department of Education considers students to have "earned" failing grades if they participated in class beyond the 60% point of the course's schedule meeting time. For regular semesters, the 60% point is the end of the ninth week of classes. If a student stops attending prior to the 60% point and they do not officially withdraw from the course, the resulting failing grades are considered "unearned."

To aid in compliance, Elizabethtown College will require faculty to enter a best-estimate "last date of attendance" for any grade of "F" they enter during the grade entry submission process at the end of each semester. This date allows the college to compute the portion of each student's financial aid that must be returned to the federal government. Return of aid is required for any student who stopped attending prior to the 60% point of the semester. These students are considered to be "unofficially withdrawn" from the course.

FOR REGISTRAR'S OFFICE USE ONLY -- DO NOT WRITE BELOW THE LINE

DATE /TIME RECEIVED: _____

 NOTIFICATIONS SENT: Professor _____ (date)

Home Institution (date)

CIC Coordinator (date)

Appendix I: Evaluation of Clinical Coordinator

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT EVALUATION OF CLINICAL COORDINATOR (C1.01f)

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1	The Clinical Coordinator provided clear and consistent expectations surrounding the roles and responsibilities of students and preceptors in the clinical year.	5	4	3	2	1
2	The Clinical Coordinator strives to ensure that all clinical experiences are educational and appropriate for the clinical setting in which they are enrolled.	5	4	3	2	1
3	The Clinical Coordinator provided an orientation to clinical year that enhanced my ability to complete clinical rotations.	5	4	3	2	1
4	The Clinical Coordinator responds to my questions and/or concerns in a timely manner.	5	4	3	2	1
5	The Clinical Coordinator monitored my progress during rotations and recognized early when I was struggling.	5	4	3	2	1
6	The Clinical Coordinator was available to provide assistance outside of class/senior seminar days.	5	4	3	2	1
7	The Clinical Coordinator is available during senior seminar days to review my progress and areas in need of improvement during clinical year.	5	4	3	2	1
8	The Clinical Coordinator provides effective communication regarding changes made to the clinical schedule.	5	4	3	2	1
9	The Clinical Coordinator is organized and clear in the delivery of information including rotation schedules, preceptor contact information, required assignments, and grading policies.	5	4	3	2	1
10	The Clinical Coordinator visited me at my clinical site and provided helpful feedback during clinical year.	5	4	3	2	1
11	The Clinical Coordinator returns assignments and grades in a timely manner.	5	4	3	2	1
12	The Clinical Coordinator treated me with respect.	5	4	3	2	1
13	The Clinical Coordinator worked closely with me to understand my preferences for clinical year.	5	4	3	2	1
14	The Clinical Coordinator provided special topics lectures that were beneficial to my integration into Clinical Practice as a Physician Assistant	5	4	3	2	1
15	The Clinical Coordinator is effective in his/her role.	5	4	3	2	1

List at least one strength of the Clinical Coordinator.

List at least one way the Clinical Coordinator can improve Clinical Year.

Additional Comments:

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT EVALUATION OF CLINICAL SITE/PRECEPTOR (C2.01)

Date: _____

Student: _____   Preceptor: _____

Rotation Site: _____   Rotation #: 1   2   3   4   5   6   7   8

	Facility Evaluation	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1	The facility was clean and well-maintained.	5	4	3	2	1
2	There was access to technology and reference materials.	5	4	3	2	1
3	There was adequate space for studying in downtime.	5	4	3	2	1
4	There was adequate space for changing if required.	5	4	3	2	1
5	I felt safe at the rotation site.	5	4	3	2	1
6	Clinical hours were appropriate; not > 60 hours/week.	5	4	3	2	1
7	Program policies and procedures were enforced and clearly communicated to staff.	5	4	3	2	1
	Rotation Content Evaluation	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1	I was able to meet rotation objectives at this site.	5	4	3	2	1
2	Adequate opportunity was provided to enhance my clinical skills and knowledge.	5	4	3	2	1
3	I was able to participate in the care of diverse populations	5	4	3	2	1
4	Adequate opportunity was provided to strengthen my communication skills with other members of the healthcare team.	5	4	3	2	1
5	I was able to actively participate in the care of patients.	5	4	3	2	1
	Preceptor Evaluation	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1	Adequate orientation to the facility was provided.	5	4	3	2	1
2	The preceptor was adequately prepared for a PA student.	5	4	3	2	1
3	The preceptor was knowledgeable in their field of practice.	5	4	3	2	1
4	The preceptor was able to teach effectively in their field.	5	4	3	2	1
5	Consistent and constructive feedback of my clinical performance was provided.	5	4	3	2	1
6	The preceptor acted in a professional and ethical manner.	5	4	3	2	1
7	I was treated with respect during my clinical rotation.	5	4	3	2	1
8	The preceptor provided appropriate supervision.	5	4	3	2	1
9	The preceptor was available for questions or concerns.	5	4	3	2	1
10	The preceptor challenged me to think critically.	5	4	3	2	1

1. **What were the strengths of the preceptor?**
    _____
    _____

2. **Are there any areas that the preceptor could improve?**
    _____
    _____

3. **What were the strengths of the clinical site?**
    _____
    _____

4. **Were there any areas of the clinical site that could be improved?**
    _____
    _____

5. **What did you like most about your experience at the clinical site?**
    _____
    _____

6. **What did you like least about your experience at the clinical site?**
    _____
    _____

7. **Was there housing provided?**
    _____
    _____

8. **What would be the most important pearl to pass onto another student going to this site?**
    _____
    _____

9. **Do you feel that your evaluation accurately reflects the strengths and weaknesses you displayed during this rotation?**   YESNO
    _____
    _____

    Student Signature: _____   **Date:** _____

Appendix K: Exit Survey: Clinical Year

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT EVALUATION: CLINICAL YEAR EXIT SURVEY (C2.01)

Date: _____

Student: _____

	Transition into Clinical Practice	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Didactic year prepared me for the transition to clinical year.	5	4	3	2	1
2	Adequate orientation to clinical year was provided.	5	4	3	2	1
3	Roles and responsibilities for students were clearly defined.	5	4	3	2	1
4	Roles and responsibilities for preceptors were clearly defined.	5	4	3	2	1
5	I feel prepared to enter clinical practice upon graduation.	5	4	3	2	1
	Clinical Year Evaluation	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1	I was exposed to patients across the lifespan (birth to elderly).	5	4	3	2	1
2	I was exposed to inpatient and outpatient care settings.	5	4	3	2	1
3	I was able to participate in the care of diverse populations.	5	4	3	2	1
4	I felt safe while at my clinical rotations.	5	4	3	2	1
5	I was exposed to care of patients in the Emergency Room.	5	4	3	2	1
6	I was exposed to the care of patients in the Operating Room.	5	4	3	2	1
7	I gained clinical skills I did not previously have.	5	4	3	2	1
8	I was able to actively participate in the care of patients.	5	4	3	2	1
9	I was satisfied with the quality of my clinical rotations.	5	4	3	2	1
	Clinical Year Assessment	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1	Content of exams were consistent with course content.	5	4	3	2	1
2	Content of OSCEs were consistent with course content.	5	4	3	2	1
3	Exams were beneficial to identifying strengths/weaknesses.	5	4	3	2	1
4	The summative evaluation assessed material consistent with the NCCPA blueprint.	5	4	3	2	1
	Clinical Coordinator Evaluation	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1	Clinical coordinator reviewed rotation preferences with me.	5	4	3	2	1
2	Modifications to clinical year schedule were clearly communicated.	5	4	3	2	1
3	Clinical coordinator monitored my progress on rotations.	5	4	3	2	1
4	Clinical coordinator provided timely responses to emails/calls.	5	4	3	2	1
5	Continuous feedback on my clinical performance was provided.	5	4	3	2	1
6	Special Topics lectures provided were beneficial to my education.	5	4	3	2	1
7	Clinical coordinator listened to my concerns during clinical year.	5	4	3	2	1
8	I felt comfortable presenting my concerns to the clinical coordinator.	5	4	3	2	1

1. **Explain any 'disagree' or 'strongly disagree' answers below.**

    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____

2. **What were the strengths of the Clinical Year?**

    _____
    _____

3. **Are there any areas that the Clinical Year could improve?**

    _____
    _____

4. **What were the strengths of the Clinical Coordinator?**

    _____
    _____

5. **Are there any areas that the Clinical Coordinator could improve?**

    _____
    _____

    Student Signature: _____ **Date:** _____

Appendix L: FERPA Forms

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) FORM

Date: _____

Student Name: _____

Student ID: _____

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, the PA program must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties/potential employers. For additional information regarding FERPA, please visit the Elizabethtown College FERPA page or the U.S. Department of Education website.

FERPA Forms are located in JayWeb

- Authorization to Disclose Educational Record Information
- Request for Non-Disclosure of Directory Information
- Request to Revoke a Previous Authorization

Appendix M: Follow-Up Student Remediation Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

FOLLOW-UP STUDENT REMEDIATION MEETING FORM (A3.17)

Date (Term): _____

Student Name: _____

Course Name: _____

Initial Grade: _____

Progress since Last Meeting:

_____

_____

Student Impression of Their Progress:

_____

_____

Faculty Impression of Their Progress:

_____

_____

Disposition: [ ] Normal Progression   [ ] Probation [ ] Dismissal
[ ] Other _____

Date	Actions To Be Taken By Student:	Actions To Be Taken By Faculty:

Comments:

_____

_____

Student Signature: _____   Date: _____

Faculty Signature: _____   Date: _____

Appendix N: Grade Appeal Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

INITIAL GRADE APPEAL FORM (A3.15g)

Date: _____

Student Name: _____ **Student ID:** _____

Students who believe that a course grade is unfair and unjustified must first appeal his/her grade to the course or clinical director, in writing, according to the Elizabethtown College Policy on Grade Appeals. A grade appeal must have a valid basis in order to be brought forward, such as the following:

1. Mathematical error in grade calculation.
2. Clerical or technical error in recording the grade (inconsistencies in Canvas and Jayweb).
3. Harsher grading standards applied to one student over other students in the course.
4. Assigned grade was not calculated using the standards stated in the syllabus.

Course: _____ **Semester:** _____ **Course Instructor:** _____

_____

Course Grade or Assignment Appealed: _____

Grade Received: _____ **Date Grade Received:** _____

Basis for Grade Appeal: _____
_____
_____
_____

This meeting may occur face-to-face, over the phone, or virtually. If the instructor determines the need to change the grade, a Change of Grade Form will be filed. The student will be notified of the course instructor's decision within 5 days of this meeting. If student remains unsatisfied with the result of grade appeal discussion with course instructor, he/she should follow the Elizabethtown College Policy surrounding the grade appeal process.

Instructor Comments

Result of Appeal: ____ **Granted** ____ **Not Granted**

Explanation: _____
_____
_____

Student Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____

Appendix O: Grievance Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT GRIEVANCE FORM (A3.15g)

Date: _____

Student Name: _____   **Student ID:** _____

Students have the right to grieve matters related to, but not exclusive to, the following: student-mentor conflicts, student-faculty conflicts, discrimination, grading polices, curriculum complaints, program policies, clinical site concerns, and laboratory safety concerns. Students may *not* grieve assigned grades or disciplinary actions unless unreasonable procedures are alleged. Issues regarding grades are addressed by the specific course instructor, or clinical coordinator. Disciplinary issues are addressed through the Academic and Professional Affairs Committee (APAC). A grievance involving discrimination based on disability is referred to the College policy Grievance Procedure

Process for Grievance Resolution.

1. Informal procedure completed without resolution reached between parties.
2. Submission of grievance form to program director within 5 business days of unresolved meeting.
3. Receipt and review of grievance form by Program Director with resolution to student within 10 business days.

Persons involved in Grievance: _____
_____

Nature of Grievance: _____
_____
_____
_____

Circumstances under which the Grievance took place: _____
_____
_____
_____

Previous efforts made to resolve the problem: _____
_____
_____
_____

Nature of correction Grievant is seeking: _____
_____
_____
_____

Student Signature _____   **Date:** _____

Appendix P: HIPAA Acknowledgement Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

HIPAA TRAINING COMPLETION AND ACKNOWLEDGEMENT FORM

I acknowledge that I have completed the Health Insurance Portability and Accountability Act (HIPAA) training as required by the Elizabethtown College Physician Assistant Program on _____, 20__.

I recognize that it is my responsibility to ensure that protected health information I have access to is kept private and confidential.

Furthermore, I understand that I must comply with HIPAA requirements at all times and that failure to abide by HIPAA policies and procedures may result in corrective actions from both the clinical rotation site and Elizabethtown College, including clinical rotation and/or program dismissal

Student Signature: _____ **Date:** _____

Student Name: _____

Appendix Q: Immunization/Background Release of Information Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

IMMUNIZATION/BACKGROUND RELEASE OF INFORMATION FORM

Date: _____

Student Name: _____

Student ID: _____

I, _____, request and authorize _____ to release my Protected Health Information to:

[ ] _____ Initial_____ Date _____

[ ] _____ Initial_____ Date _____

[ ] _____ Initial_____ Date _____

[ ] _____ Initial_____ Date _____

[ ] _____ Initial_____ Date _____

[ ] _____ Initial_____ Date _____

[ ] _____ Initial_____ Date _____

[ ] _____ Initial_____ Date _____

Information is to be released by [ ] mail   [ ] fax   [ ] email

Information to be released:

[ ] Tuberculosis Screening

[ ] Hepatitis B Series Immunization Documentation or Titers

[ ] Measles, Mumps, Rubella Immunization Documentation or Titers

[ ] Varicella Immunization Documentation or Titers

[ ] Tetanus/Diptheria/Pertussis (Tdap) Immunization Documentation

[ ] Influenza Immunization Documentation

[ ] Polio Immunization Documentation

[ ] Meningitis Immunization Documentation

[ ] Drug and Alcohol Screen Results

[ ] Child Abuse Clearances

[ ] Background Checks

Student Signature _____ **Date:** _____

Appendix R: Inclement Weather Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

INCLEMENT WEATHER FORM

Date: _____

Student Name: _____

Scheduled Rotation: _____

Rotation Location: _____

Process for Notification to School of Inclement Weather Absence:

1. Notification of Preceptor regarding absence.
2. Submission of inclement weather form to Clinical Coordinator.

Policy. In the event of school closure due to weather emergencies or other unforeseen circumstances, there will be no on-campus classes held. Any canceled or missed classes may be rescheduled and coursework made up at another time. If the clinical site or office remains open and students can arrive to their site safely, it is expected that they attend. If for any circumstance the student is unable to safely report to their clinical site, the Clinical Coordinator and Preceptor should be notified immediately, and the Inclement Weather Form should be submitted.

Please complete the following information surrounding Inclement Weather

1. Absence: FULL DAY MORNING AFTERNOON MODIFIED HOURS

2. Inclement Weather: RAIN FLOODING SNOW ICE TORNADO HURRICANE
   OTHER: _____

3. Elizabethtown College Closure: YES NO

4. Elizabethtown College Delay: YES NO

5. Rotation Site Closure: YES NO MODIFIED HOURS

6. Commute to Rotation Site: On-site housing <10 minutes 10-30 minutes
   30-60 minutes > 60 minutes

7. Preceptor Notification of Absence: YES NO

8. Preceptor Directed Absence: YES NO

9. Preceptor Attendance Despite Weather: YES NO

Student Signature: _____ **Date:** _____

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

Action Taken: _____ Excused _____ Unexcused ____ Further Evaluation Needed

Appendix S: Individualized Plan for Completion of Research

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

INDIVIDUALIZED PLAN FOR COMPLETION OF RESEARCH

Student Name: _____

Throughout the clinical year, students will be given time to work independently towards the completion of their research and community service project. Prior to receiving approval to work off campus or in a remote location during these days, students must complete the individualized plan for completion of research form and receive confirmation of approval from their Master's Project Advisor.

Project Topic: _____

Community Service Component: _____

Supervisor: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
LUNCH/BREAK						
PM	PM	PM	PM	PM	PM	PM

Student Directed Research Objectives for the Week:

1.
2.
3.

Measures to Evaluate Progress: _____

_____

_____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

_____ Plan approved

_____ Plan approved with modifications: _____

_____ Plan denied

Appendix T: Individualized Remediation Plan-Academic

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

CONTRACT FOR CLINICAL YEAR STUDENT

INDIVIDUALIZED REMEDIATION PLAN—ACADEMIC (A3.17)

Date: _____

Dear ***,

This letter serves to convey the findings and recommendations of the Elizabethtown College Physician Assistant Academic and Professional Affairs Committee (APAC). You were referred to APAC due to Academic Performance concerns as detailed below:

***

The APAC has met and developed an individualizes remediation plan that we believe will enhance your academic performance and success as a Physician Assistant student at Elizabethtown College

Recommendations for academic remediation include:

[ ] individual review of deficiencies

[ ] critical evaluation of learning objectives

[ ] completion of research assignment

[ ] completion of literature review

[ ] topic review with academic advisor or course instructor

[ ] self-reflection

[ ] successfully obtain a passing score on written assignment within one additional attempt

[ ] successfully obtain a passing score on written retest within one additional attempt

[ ] successfully obtain a passing score on OSCE retest within two additional attempts

[ ] successfully obtain a passing score on directed practical retest within two additional attempts

[ ] repeat clinical rotation

[ ] other _____

Sincerely,

***

This letter will be held in your program file, however, it will not appear on your official transcripts in any manner. Your signature below indicates your acceptance of these terms.

Student Signature _____ **Date** _____

Appendix U: Individualized Remediation Plan-Professionalism

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

CONTRACT FOR CLINICAL YEAR STUDENT

INDIVIDUALIZED REMEDIATION PLAN—PROFESSIONALISM (A3.17)

Date: _____

Dear ***,

This letter serves to convey the findings and recommendations of the Elizabethtown College Physician Assistant Program Academic and Professional Affairs Committee (APAC). You were referred to the APAC for violation of the Physician Assistant Program *** Policy as detailed below:

***

The actions taken of *** constitutes not only an egregious violation of the *** policy of the Physician Assistant Program but is also a violation of professional medical norms and potentially a violation of state and/or federal laws.

The APAC has met and decided that, while dismissal from the Physician Assistant program is a potential response to such an egregious violation and supported by the Program's policy, a less severe consequence is warranted given that this is the first such violation. It **must** be noted that **any** additional violations of program polices, professional norms or HIPAA will result in **immediate dismissal from the PA Program.**

The consequences for the current violation include:

[ ] failure of the rotation on which the violation occurred

[ ] delay in graduation due to necessity to make up clinical time missed surrounding incident

[ ] written assignment _____

[ ] review of HIPAA and privacy policies

[ ] written letter of apology

[ ] presentation of professionalism expectations and norms in medical practice to APAC on ____

at ____ followed by questions/observations from the committee

This letter will be held in your student file indefinitely and referenced in the event future employers ask specifically about disciplinary actions which occurred while you were in PA school.

Sincerely,

***

Your signature below indicates your acceptance of these terms. **Additional violations of program policies, professional norms, or HIPAA violations will result in immediate dismissal from the PA program.**

Student Signature _____ **Date** _____

Appendix V: Infection Control and Prevention Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

INFECTION CONTROL & PREVENTION ACKNOWLEDGEMENT FORM

I acknowledge that I have received and reviewed the infection control and prevention policy for the Elizabethtown College PA Program.

[ ] Hand hygiene

[ ] Safe injection practices

[ ] Use of personal protective equipment (PPE)

[ ] Respiratory hygiene

[ ] Safe handling of specimens, equipment, and potentially contaminated surfaces

[ ] OSHA training

[ ] Blood-borne pathogen exposure training

[ ] Communicable disease exposure training

[ ] COVID-19 exposure training

[ ] Chemical hazard exposure training

I have completed the above trainings as required by the Elizabethtown College Physician Assistant Program on _____, 20__.

I recognize that it is my responsibility to ensure that proper infection control and prevention strategies are applied during all patient encounters.

Furthermore, I understand that I must comply with the above Infection Control & Prevention practice requirements at all times and that failure to abide by HIPAA policies and procedures may result in corrective actions from both the clinical rotation site and Elizabethtown College, including clinical rotation and/or program dismissal

Student Signature: _____ **Date:** _____

Student Name: _____**Date:**_____

Appendix W: Initial Academic Student Remediation Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

INITIAL STUDENT REMEDIATION MEETING FORM (A3.15c, A3.17d)

Date (Term): _____

Student Name: _____

Course Name: _____

Initial Grade: _____

Reason for Remediation:
_____
_____

Student Impression of Cause of Performance:
_____
_____

Faculty Impression of Cause of Performance:
_____
_____

Disposition: [ ] Academic Support   [ ] Counseling Services   [ ] Tutor
    [ ] Other _____

Date	Actions To Be Taken By Student:	Actions To Be Taken By Faculty:

Comments: Follow-up Date: _____

_____
_____

Student Signature: _____   **Date**: _____

Faculty Signature: _____   **Date**: _____

Appendix X: Initial Professionalism Concern Remediation Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

PROFESSIONALISM REMEDIATION INITIAL MEETING FORM

(A3.15c, A3.17d)

Date (Term): _____

Student Name: _____

Course Name: _____

Reason for Remediation:

_____
_____

Student Impression of Cause of Their Performance:

_____
_____

Faculty Impression of Cause of Their Performance:

_____
_____

Disposition: [ ] Academic Support   [ ] Counseling Services   [ ] Conduct Board
   [ ] Other _____

Date	Actions To Be Taken By Student:	Actions To Be Taken By Faculty:

Comments: Follow-Up Date: _____

_____
_____

Student Signature: _____   **Date**: _____

Faculty Signature: _____   **Date:** _____

Appendix Y: Medical Information Disclosure Authorization

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM (A3.19)

Student Name: _____   **Date of Birth:** _____

As a student enrolled in the Elizabethtown College Physician Assistant Program required to complete supervised clinical practice experiences in various healthcare settings, I hereby grant permission to and authorize Elizabethtown College, through its Physician Assistant Program faculty and staff, to maintain and provide copies of the following to clinical placement facilities at which I will, or may, be placed:

_____ Drug Screens

_____ Immunizations

_____ TB Screening

I authorize the above information to be released for purposes related to my studies and academic progression at Elizabethtown College. This authorization is valid until my graduation date. This form may be photocopied and validated as the original.

My signature below indicates that I have read, understand fully, and agree to all terms noted above.

Student Signature: _____
Printed Name: _____
Date Signed: _____

Appendix Z: Professionalism Assessment: Clinical Year

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

PROFESSIONALISM ASSESSMENT: CLINICAL YEAR

Date: _____

Student Name: _____

Content: This assessment of student professionalism is designed to assist students in their development as they progress towards their goal of becoming a Physician Assistant. Please evaluate the form below and check the most appropriate box linked to positive or negative behavior that best correlates to the student's performance. If a negative behavior is chosen at any time, include comments below.

Academic Term: SPRING   SUMMER   FALL

Appearance and Attire		
Positive Behaviors	*Meets Expectations*	*Does Not Meet Expectations*
Wears attire consistent with established office/clinic protocol.		
Wears Elizabethtown College ID and/or site ID tag when in clinical setting.		
Demonstrates appropriate personal hygiene and grooming.		
Unless prohibited, no more than two pair of stud earrings permitted. No nose, lip, eyebrow, or tongue piercings.		

Comments of <u>any</u> negative behaviors chosen:

_____
_____
_____

Communication and Collaboration		
Positive Behaviors	*Meets Expectations*	*Does Not Meet Expectations*
Communicates professionally in written communications.		
Listens effectively to patients, clinicians, and medical staff.		
Demonstrates appropriate non-verbal communication in the clinical setting.		
Communicates professionally in verbal communications with others at the clinical site.		

Comments of <u>any</u> negative behaviors chosen:

_____
_____
_____

Commitment to Self-Guided Learning and Self-Reflected

Positive Behaviors	Meets Expectations	Does Not Meet Expectations
Demonstrates self-directed, active learning.		
Actively participates in clinical site activities.		
Follows the rules and protocols of the clinical site.		
Works cooperatively with others at the clinical site.		
Attentive to instruction offered by clinical site personnel.		
Takes constructive criticism well and makes necessary improvements.		
Does not negatively impact teaching, learning, or patient care environment at the clinical site.		
Utilizes appropriate verbal and no-verbal communication when addressing and interacting with others at the clinical site.		

Comments of <u>any</u> negative behaviors chosen:

_____
_____
_____
_____

Honesty and Integrity

Positive Behaviors	Meets Expectations	Does Not Meet Expectations
Does not lie.		
Does not cheat or plagiarize.		
Does not provide fraudulent information.		
Maintains confidentiality of patient health information.		
Demonstrates behaviors that reflect personal integrity.		
Demonstrates behaviors that reflect ethical decision making.		
Reports witnessed professionalism violations, if applicable.		

Comments of <u>any</u> negative behaviors chosen:

_____
_____
_____
_____

Humanistic Traits

Positive Behaviors	Meets Expectations	Does Not Meet Expectations
Respects appropriate boundaries including space and hierarchy.		
Shows up on time for rotation activities: rounds, lectures, meetings.		
Addresses others by appropriate title and surname, unless otherwise instructed.		
Is not disruptive to rotation activities or patient care areas.		
Demonstrates appropriate empathy for others.		
Demonstrates compassion towards others.		
Demonstrates appropriate respect for clinicians, medical staff, patients, and others.		
Demonstrates sensitivity/able to effectively interact with persons of different religious and spiritual beliefs.		
Demonstrates sensitivity/able to effectively interact with persons of different race and ethnicity.		
Demonstrates sensitivity/able to effectively interact with persons of different genders, gender identity, and sexual orientation.		
Demonstrates sensitivity/able to effectively interact with persons of different age and generation.		
Demonstrates sensitivity/able to effectively interact with persons of socioeconomic status and background.		

Comments of <u>any</u> negative behaviors chosen:

_____

_____

_____

Reliability and Accountability

Positive Behaviors	Meets Expectations	Does Not Meet Expectations
Brings all necessary medical equipment to the clinical site.		
Medical equipment is in good working order.		
Comes appropriately prepared for end of rotation meetings.		
Comes appropriately prepared for clinical site duties.		
Attentive at clinical sites: does not dose off, abuse social media, etc.		

Comments of <u>any</u> negative behaviors chosen:

_____

_____

_____

Safety and Non-maleficence		
Positive Behaviors	*Meets Expectations*	*Does Not Meet Expectations*
Does not intentionally create unsafe or potentially harmful situations for him/herself at the clinical site.		
Does not unintentionally create unsafe or potentially harmful situations for him/herself at the clinical site.		
Does not intentionally create unsafe or potentially harmful situations for others at the clinical site.		
Does not unintentionally create unsafe or potentially harmful situations for others at the clinical site.		

Comments of <u>any</u> negative behaviors chosen:

_____
_____
_____

Faculty Comments on Action Plan (If applicable):

_____
_____
_____
_____

Student Comments:

_____
_____
_____
_____

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

PROFESSIONALISM ASSESSMENT: PRE-CLINICAL YEAR

Date: _____

Student Name: _____

Content: This assessment of student professionalism is designed to assist students in their development as they progress towards their goal of becoming a Physician Assistant. Please evaluate the form below and check the most appropriate box linked to positive or negative behavior that best correlates to the student's performance. If a negative behavior is chosen at any time, include comments below.

Academic Term: PRE-CLINICAL

Appearance and Attire		
Positive Behaviors	*Meets Expectations*	*Does Not Meet Expectations*
Wears attire consistent with Elizabethtown College PA Program dress code policy.		
Wears Elizabethtown College ID when participating in community service activities.		
Demonstrates appropriate personal hygiene and grooming.		

Comments of <u>any</u> negative behaviors chosen:

_____
_____
_____

Communication and Collaboration		
Positive Behaviors	*Meets Expectations*	*Does Not Meet Expectations*
Communicates professionally in written communications.		
Communicates professionally in verbal communications.		

Comments of <u>any</u> negative behaviors chosen:

_____
_____
_____

Commitment to Self-Guided Learning and Self-Reflected		
Positive Behaviors	*Meets Expectations*	*Does Not Meet Expectations*
Demonstrates self-directed, active learning.		
Actively participates in classroom and laboratory activities.		
Follows the rules and protocols of the classroom and laboratory.		
Works cooperatively with other students and faculty.		
Utilizes appropriate verbal tone when addressing faculty and staff.		
Takes constructive criticism well and makes necessary improvements.		
Does not negatively impact the learning environment in any way by his/her behavior.		
Utilizes appropriate verbal and non-verbal communication when addressing and interacting with others in the classroom.		

Comments of <u>any</u> negative behaviors chosen:

_____

_____

_____

_____

Honesty and Integrity		
Positive Behaviors	*Meets Expectations*	*Does Not Meet Expectations*
Does not lie.		
Does not cheat or plagiarize.		
Does not provide fraudulent information.		
Demonstrates behaviors that reflect personal integrity.		
Demonstrates behaviors that reflect ethical decision making.		
Reports witnessed professionalism violations, if applicable.		

Comments of <u>any</u> negative behaviors chosen:

_____

_____

_____

_____

Humanistic Traits

Positive Behaviors	Meets Expectations	Does Not Meet Expectations
Attends and shows up on time for class.		
Addresses others by appropriate title and surname, unless otherwise instructed.		
Is not disruptive to classroom activities or to quiet study areas.		
Respects appropriate boundaries of space and hierarchy.		
Demonstrates appropriate empathy for others, when indicated.		
Demonstrates appropriate compassion for others, when indicated.		
Demonstrates appropriate respect when interacting when faculty, staff, and fellow students.		
Does not ridicule or harass others.		

Comments of <u>any</u> negative behaviors chosen:

_____

_____

_____

Reliability and Accountability

Positive Behaviors	Meets Expectations	Does Not Meet Expectations
Brings all necessary medical equipment to class.		
Medical equipment is in good working order.		
Submits assignments on time.		
Attentive in class: does not dose off, abuse social media, etc.		

Comments of <u>any</u> negative behaviors chosen:

_____

_____

_____

Safety and Non-maleficence

Positive Behaviors	Meets Expectations	Does Not Meet Expectations
Does not intentionally create unsafe or potentially harmful situations for him/herself at the clinical site.		
Does not unintentionally create unsafe or potentially harmful situations for him/herself at the clinical site.		
Does not intentionally create unsafe or potentially harmful situations for others at the clinical site.		
Does not unintentionally create unsafe or potentially harmful situations for others at the clinical site.		

Comments of <u>any</u> negative behaviors chosen:

_____
_____
_____

Faculty Comments on Action Plan (If applicable):

_____
_____
_____
_____

Student Comments:

_____
_____
_____
_____

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Appendix BB: Professionalism Self-Assessment: Clinical Year

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

PROFESSIONALISM SELF-ASSESSMENT: CLINICAL YEAR

Date: _____

Student Name: _____

Self-reflection professionalism assessment completed by the student prior to clinical year rotations and then each semester during clinical year.

Academic Term: CLINICAL SPRING   CLINICAL SUMMER   CLINICAL FALL

	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations
Reliability and accountability				
Commitment to self-guided learning				
Communication skills				
Honesty and integrity				
Respect and attitude towards others				
Respect and attitude towards college policies				
Self-confidence				
Self-reflection				
Able to accept feedback without defensiveness				
Able to provide effective feedback to others				
Timely: punctual and meets deadlines				
Empathetic to others				
Compassionate towards others				
Takes initiative				
Makes decisions / participates as a team member				

Comments of <u>any</u> below expectations behaviors chosen:

_____

_____

_____

Student Signature: _____   Date: _____

Faculty Signature: _____   Date: _____

Appendix CC: Professionalism Self-Assessment: Pre-Clinical Year

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

PROFESSIONALISM SELF-ASSESSMENT: PRE-CLINICAL YEAR

Date: _____

Student Name: _____

Self-reflection professionalism assessment completed by the student prior to clinical year rotations and then each semester during clinical year.

Academic Term: PRE-CLINICAL

	Exceeds Expectations	Meets Expectations	Approaching Expectations	Below Expectations
Reliability and accountability				
Commitment to self-guided learning				
Communication skills				
Honesty and integrity				
Respect and attitude towards others				
Respect and attitude towards college policies				
Self-confidence				
Self-reflection				
Able to accept feedback without defensiveness				
Able to provide effective feedback to others				
Timely: punctual and meets deadlines				
Empathetic to others				
Compassionate towards others				
Takes initiative				
Makes decisions / participates as a team member				

Comments of <u>any</u> below expectations behaviors chosen:

_____

_____

_____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Appendix DD: Professionalism Violation Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

PROFESSIONALISM VIOLATION FORM

Date: _____

Student Name _____

Student ID: _____

Date of Incident: _____

Professionalism Policy Violation

[ ] Academic dishonesty   [ ] Classroom behavior

   [ ] Interpersonal behavior [ ] Clinical rotation behavior

Description of Event:

_____

_____

_____

Date of Meeting with Course Instructor: _____

Student Signature: _____ **Date**: _____

Faculty Signature: _____ Date: _____

Repetitive Instances:

   Date of Meeting with Academic and Professional Affairs Committee: _____

- o Students may choose a representative to be present at the meeting as support, however, this request must be made to the APAC committee prior to the meeting. Representatives may only give advice to the student and may not speak directly to committee members.
- o Meetings will not be rescheduled to accommodate student requests or availability of student representatives.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Appendix EE: Proof of Health Insurance Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

PROOF OF HEALTH INSURANCE FORM

Front of Card   Back of Card

Primary Insurance Holder _____

[ ] I confirm that I have health insurance coverage.

[ ] I will notify the program of any changes to my health insurance coverage.

Student Signature: _____ **Date:** _____

Student Name: _____

Appendix FF: Reference Release Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

RECOMMENDATION/EVALUATION AUTHORIZATION FORM

Date: _____

Student Name: _____ **Student ID:** _____

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, the PA program must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties/potential employers. For additional information regarding FERPA, please visit the Elizabethtown College FERPA page or the U.S. Department of Education website.

Process for Submission:

1. The form must be fully completed and signed by the student.
2. Records and references will not be completed if any section of the form is not completed in entirety.
3. Completed forms should be maintained by the program secretary in the student's file.

Section A. Elizabethtown College PA Program Faculty/Staff Making Recommendation/Evaluation.

Name: _____

Section B. Type of Disclosure.

____ Letter of Recommendation ____ Evaluation Form Completion
____ Verbal Recommendation/Evaluation ____ Other: _____

Section C. Identify the Persons whom Education Records may be provided to.

____ All Potential Employers ____ Any Educational Institution
____ Clinical Sites ____ Only to: _____

Section D. Purpose of the Release of Information.

____ Employment ____ Admission to Educational Institution ____ Other: _____

Section E. Waiver of Access.

____ I waive the right to review the requested recommendation(s)/evaluation(s).
____ I DO NOT waive the right to review the requested recommendation(s)/evaluation(s).

By signing below, I authorize the Elizabethtown College PA Program faculty/staff named in Section A above to consult my education records and disclose education records as considered appropriate in accordance with the above-state purpose(s). I understand that I have the right to revoke this authorization/waiver at any time by delivering a written revocation to the Elizabethtown College PA Program faculty/staff named in Section A. Such revocation will not affect any waiver or access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this authorization may be sent with the recommendation(s)/evaluation(s).

Student Signature _____ **Date:** _____

Appendix GG: Request for New Clinical Site Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT REQUEST FOR NEW CLINICAL SITE FORM

Date: _____

Student Name: _____

Note: Submission for new clinical site establishment via this form does NOT guarantee arrangement of affiliation agreement or placement in that field or specialty for Clinical Rotations. Placement will be made at the discretion of the clinical coordinator.

Clinical Site Name: _____ **Specialty:** _____

Address: _____
    Street   City   State   Zip

Preceptor Name: _____ **Credentials:** _____

Phone: _____ **Fax:**_____ **Email:** _____

Site Contact Person: _____ **Title:** _____

Phone: _____ **Fax:**_____ **Email:** _____

Setting(s) in which the student will be involved (check all that apply):

___Outpatient___Inpatient ___ Operating Room ___ ER _____ Other (specify): _____

___Acute ___Chronic ___ Preventive Care ___ Emergent Care

___ Infants ___ Children ___ Adolescents ___ Adults ___ Elderly

___ Women's Health_____ Behavioral/Mental Health

___ Hospital (specify name, location, and contact person): _____

Associated Clinical Rotation:

___ Internal Medicine _____ Women's Health _____ Pediatrics

___ Family Practice __ Surgery _____ Emergency Medicine

___ Behavioral Medicine ___ Clinical Specialty Preceptorship

Are you related to the preceptor? _____ Yes____ No If yes, explain: _____

Has this site worked with students before? _____ Yes _____ No

Is this site interested in precepting students other than you? _____ Yes _____ No

Is there any other pertinent information you feel we should know about this site? _____
_____
_____

For Clinical Coordinator Use Only

Date Received: _____ Date Reviewed: _____

Approved: _____ Rejected: _____ Reason: _____

Reviewed By: _____ Signature: _____

Appendix HH: Rotation Placement Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

ROTATION PLACEMENT PREFERENCE FORM

Date: _____

Student Name: _____

Note: Preferences and selections made by students on this form do NOT guarantee placement in that field or specialty for Clinical Rotations. Placement will be made at the discretion of the clinical coordinator. Students are NOT required to complete this form or disclose any information they are uncomfortable sharing.

Factors Associated with Placement:

Marital Status:	Single	Married	Divorced	Widowed
Responsibilities:	Children	Ailing Relative	Pets	
Housing:	Rental	Homeowner	Family	

Language Fluency: English   Spanish   Other: _____

Additional Factors Considered in Student Placement:

Prior Healthcare Experience:

_____
_____
_____

What is happening in your life in the next 15 months?

_____
_____
_____

What are your employment goals in terms of specialty?

_____
_____
_____

What are your employment goals in terms of location?

_____
_____
_____

Please provide your "wish list" for your elective rotation: (select top three)

____ Urgent Care	____ Family Practice	____ Internal Medicine
____ Pediatrics	____ Women's Health	____ Cardiology
____ Gastroenterology	____ Endocrinology	____ Hematology/Oncology
____ Ophthalmology	____ Dermatology	____ Infectious Disease
____ Orthopedics	____ Pulmonology	____ Urology
____ Otolaryngology	____ Geriatrics	____ Occupational Medicine
____ Pain Medicine	____ Rheumatology	____ Sports Medicine
____ Nephrology	____ Anesthesia	____ Reproductive Endocrinology
____ Telemedicine	____ Bariatrics	____ Transplant Surgery
____ Coroner	____ Critical Care	____ Concierge Medicine
____ CT Surgery	____ Genetics	____ Interventional Radiology
____ Neonatology	____ Neurology	____ Maternal Fetal Medicine
____ Neurosurgery	____ Sleep Medicine	____ Palliative Medicine
____ Burn		

____ Other: _____

____ Other: _____

Please provide your "wish list" for your clinical rotation locations: (housing within one hour)

Locations within Pennsylvania: _____

_____

Locations in the North West U.S.: (Oregon, Washington, Idaho, Montana, Wyoming)

_____

_____

Locations in the North East U.S.: (Maine, New York, New Jersey, Vermont, Massachusetts, Rhode Island, Connecticut, New Hampshire, Pennsylvania, Delaware, Maryland, D.C.)

_____

_____

Locations in the South West U.S.: (Arizona, New Mexico, California, Nevada, Utah)

_____

_____

Locations in the South East U.S.: (Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Kentucky, Tennessee, Virginia, West Virginia, Puerto Rico, U.S. Virgin Islands)

_____

_____

Locations in the North Central U.S.: (North Dakota, South Dakota, Minnesota, Iowa, Nebraska, Illinois, Indian, Wisconsin, Michigan, Ohio)

_____

_____

Locations in the South-Central U.S.: (Colorado, Kansas, Missouri, New Mexico, Texas, Oklahoma, Arkansas)

_____

_____

Appendix II: SCPE Failure Remediation Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

REMEDIATION OF SCPE FAILURE (A3.15c, A3.17d)

Date (Term): _____

Student Name: _____

Preceptor Name: _____

Site Name: _____

Course Name: _____

Initial Grade: _____

Reason for Remediation:

_____

_____

Preceptor Explanation for Remediation:

_____

_____

Disposition: [ ] Uphold Failure   [ ] Reverse Failure   [ ] Discontinue affiliation
[ ] Repeat SCPE   [ ] Probation   [ ] Program Dismissal

Date	Actions To Be Taken:	Actions Taken By:

Comments:

_____

_____

_____

Student Signature: _____   Date: _____

Faculty Signature: _____   Date: _____

Appendix JJ: Social Media Violation Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

SOCIAL MEDIA VIOLATION FORM

Date: _____

Student Name _____

Student ID: _____

Date of Incident: _____

Social Media Policy Violation

[ ] Disclosure of PHI   [ ] Posting of patient photographs

[ ] Sharing of private academic information[ ] Display of items that utilize vulgar language

[ ] Misrepresentation of self as a spokesperson or representative of the PA program

[ ] Utilization of social networking on hospital or clinic computers

[ ] Display of personal photographs (sexually promiscuous, irresponsible use of alcohol or drugs)

[ ] Display of photographs or language that disrespects individuals or groups due to sexual
        orientation, ethnicity, race, gender, age, or disability

Description of Event:

_____
_____
_____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Repetitive Instances:

    Date of Meeting with Academic and Professional Affairs Committee: _____

- o   Students may choose a representative to be present at the meeting as support, however, this request must be made to the APAC committee prior to the meeting. Representatives may only give advice to the student and may not speak directly to committee members.
- o   Meetings will not be rescheduled to accommodate student requests or availability of student representatives.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Appendix KK: Student Arrival and Safety Form
ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM
STUDENT ARRIVAL AND SAFETY FORM

Date: _____

Student Name: _____

ALL students must "check in" with the Clinical Coordinator at the start of each preceptorship using this form. This allows the program to continue to evaluate the rotation site and ensure that it is meeting the needs of our students, to include allowing student access to physical facilities and providing appropriate supervision necessary to fulfill the requirements of the preceptorship (C4.02)

Clinical Rotation: _____

Site Name: _____

Clinical Preceptor(s): _____

How many shifts have you completed prior to submitting this form? _____

Do you have any concerns about the preceptor(s)/clinical site/environment? YES   NO

    If yes, please document specific concerns here. _____

    _____

    _____

What is your current level of involvement in patient care (select all)? OBSERVATION DIRECT CARE

  Other. _____

Are you receiving appropriate supervision?   YES NO

    If no, please explain here. _____

    _____

    _____

Do you notice any concerns in the office environment in which you are working that are unusual or that you would like to report? _____

_____

_____

Do you anticipate any days off during this rotation? YES NO

    If yes, list dates here. _____

    _____

    _____

    Have the above dates been approved by the Clinical Coordinator?   YES   NO

Do you want to talk about anything else specifically? Briefly describe and indicate if you prefer to talk about this in private instead of documenting here. If so, what day and time is best to contact you?

_____

_____

_____

Appendix LL: Student Clinical Schedule Template

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT CLINICAL SCHEDULE

Date: _____

Student Name: _____

Clinical Preceptor: _____

Instructions: In the block below, please write the times you are scheduled to be at the preceptorship locations. Upload the schedule to Canvas no later than 4pm on the first Friday of the clinical rotation. This schedule **MUST** be reviewed, approved, and signed by the clinical preceptor prior to submitting the schedule to Canvas.

		Mon	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Week 1	**Inpatient**							
	Outpatient							
	Other:							
Week 2	**Inpatient**							
	Outpatient							
	Other:							
Week 3	**Inpatient**							
	Outpatient							
	Other:							
Week 4	**Inpatient**							
	Outpatient							
	Other:							
Week 5	**Inpatient**							
	Outpatient							
	Other:							

Student Signature: _____ **Date:** _____

Preceptor Signature: _____ **Date:** _____

Appendix MM: Student Passport for Graduation

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT PROFILE FOR GRADUATION

Student Name: _____   **Student ID#**_____

____ Photo Identification	____ Resume	____ Health Insurance
____ Student Profile Form	____ Immunization Records	____ TB Screening
____ Pre-requisites/Transcripts	____ Health Screening Form	____ Malpractice Insur
____ Healthcare Exposure Hours	____ FBI Background check	____ Health Screen Form
____ Background Checks	____ Drug Screening	____ Child Abu Clearance
____ BLS Certification	____ ACLS Certification	____ PALS Certifications
____ Remediation Efforts and Outcomes	____ Head Shot	____ MAT Waiver
____ Advisor Meeting Notes	____ SBIRT training	____ Child Abuse Training
____ Academic Disciplinary Actions	____ OSHA/HIPAA Certification	____ PATCH Bkgd check
____ Professional Disciplinary Actions		

___Successful completion of didactic courses with grade:

MPA 500___   MPA 504___   MPA 505___

MPA 501___   MPA 511___   MPA 521___   MPA 531___   MPA 541___   MPA 551___

MPA 502___   MPA 512___   MPA 522___   MPA 532___   MPA 542___   MPA 552___

MPA 503___   MPA 513   MPA 523___   MPA 533___   MPA 543___   MPA 600___

___ Successful completion of didactic summative examinations
___ Successful completion of didactic exit survey
____Acceptable performance identified in pre-clinical professionalism evaluation
____Completion of PACKRAT 1

____Successful completion of clinical courses with grade:
MPA 601___   MPA 602___   MPA 699___
MPA 603___   MPA 604___   MPA 605___
MPA 611___   MPA 612___   MPA 613___   MPA 614___   MPA 615___
MPA 616___   MPA 617___   MPA 618___

___Supervised clinical experience with patients seeking care for acute medical conditions
___ Supervised clinical experience with patients seeking preventive care
___ Supervised clinical experience with patients seeking care for chronic medical conditions
___ Supervised clinical experience with patients seeking care for emergent conditions
___ Supervised clinical experience with infant patients
___ Supervised clinical experience with children patients
___ Supervised clinical experience with adolescent patients
___ Supervised clinical experience with adult patients
___ Supervised clinical experience with elderly patients
___ Supervised clinical experience with exposure to prenatal and gynecologic women's healthcare
___ Supervised clinical experience with exposure to pre-operative
___ Supervised clinical experience with exposure to intra-operative

___ Supervised clinical experience with exposure to post-operative care
___ Supervised clinical experience with patients seeking care for behavioral/mental health conditions
___ Supervised clinical experience with exposure to outpatient setting
___ Supervised clinical experience with exposure to inpatient setting
___ Supervised clinical experience with exposure to emergency department
___ Supervised clinical experience with exposure to operating room
___ Supervised clinical experience with board certified preceptors in Family Practice
___ Supervised clinical experience with board certified preceptors in Emergency Medicine
___ Supervised clinical experience with board certified preceptors in Internal Medicine
___ Supervised clinical experience with board certified preceptors in General Surgery
___ Supervised clinical experience with board certified preceptors in Psychiatry
___ Supervised clinical experience with board certified preceptors in Pediatrics
___ Supervised clinical experience with board certified preceptors in Obstetrics/Gynecology
___ Successful completion of Culminating Experience project completion and presentation
___ Completion of PACKRAT 2
___ Achieved passing score on all components of program summative experience

___ Clinical and technical Skill Examination
___ Summative OSCE
___ Summative Professionalism Evaluation
___ Summative Written Examination
___ Summative Interpretations

___ Completion of the program in good academic standing:
___ Reviewed and approved by PAFC

____ Semester Performance/GPA
Didactic Summer ____   Didactic Fall____   Didactic Spring ____
Didactic Summer ____   Clinical Fall ____   Clinical Spring ____
Clinical Summer ____

Program Director Signature: _____   **Date:**

Comments/Explanations:

Appendix NN: Student Signature Sheet

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

STUDENT SIGNATURE SHEET

I confirm that I received, read, fully understand, and agree to comply with <u>all</u> policies and procedures set forth within the Elizabethtown College Physician Assistant Clinical Year Student Manual.

I understand the policies and procedures surrounding the following:

1. Following HIPAA regulations is essential, and these protocols <u>must</u> be adhered to at all times.

2. The program maintains the right to replace a student's elective rotation with a program determined core rotation or need to fulfill a gap in clinical education exposure.

3. Body fluid exposure/Needle stick injuries will follow appropriate program and clinical site protocols. The preceptor will be notified immediately, and the clinical coordinator will be notified within 2 hours of exposure. A student exposure form will be completed and submitted to the clinical coordinator within 24 hours of exposure.

4. Students are responsible for tracking patient data for every rotation.

5. All time off from Clinical Rotations must be recorded using a Time off Request Form approved by the Clinical Coordinator.

6. All end of rotation evaluations and clinical year surveys must be completed in order for rotation grades to be posted.

7. Students must complete the summative experience with satisfactory scores prior to graduation.

8. Student may not solicit or arrange their own Clinical Rotation sites.

9. Employment during the Physician Assistant Program is strongly discouraged and exceptions for assignments/completion requirements will <u>not</u> be made for outside employment schedules.

Student Signature: _____ **Date:** _____

Student Name: _____**Date:**_____

Appendix OO: Time off Request Form

ELIZABETHTOWN COLLEGE PHYSICIAN ASSISTANT PROGRAM

TIME OFF REQUEST FORM

Date: _____

Student Name: _____

Scheduled Rotation: _____

Requested Time Off: _____

Process for Requesting Time Off:

1. Submission of request for time off form to Clinical Coordinator.
2. Review of request for time off form by Clinical faculty with written notification to student of decision.

Policy. Clinical year students are allotted eight (8) personal days to utilize during clinical year pending approval from the Program Clinical Coordinator and Preceptor Notification. Personal days may be utilized for sick time, interview days, appointments, etc. Students are required to notify the Physician Assistant Program Clinical Coordinator at least one hour prior to absence due to illness from any clinical year assignment, unless in the case of an emergency. Students requesting time off from clinical days for reasons other than acute illness or bereavement must submit a request for time off form to the Clinical Coordinator at least two (2) weeks in advance. Approval for requested time off is at the discretion of the Clinical Coordinator. Submission of this form does <u>not</u> guarantee approval. Interview days scheduled during senior seminar testing days will NOT be approved. The maximum time allotted for absence is one day without having to make up missed time. Students missing two or more days during the Clinical Rotation must discuss a time to make up the hours missed with their clinical preceptor. Students missing more than 32 hours during a single preceptorship will be required to make up the time by repeating the entire Clinical Rotation. Three unexcused absences will result in preceptorship failure, with more than three unexcused absences resulting in professionalism dismissal from the Physician Assistant Program.

Student Illness: _____

Student Emergency: _____

Interview Request: _____

Bereavement Request: _____

Non-Urgent Personal Request: _____

Plan to Make-Up Time Missed: _____

Student Signature: _____ **Date:** _____

Preceptor Signature: _____ **Date:** _____

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

Action Taken: _____ **Denied** _____ **Approved**