

Pfeiffer University



MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES

CLINICAL PHASE HANDBOOK

Academic Year 2019-2020

Table of Contents

Welcome	1
Purpose of the Clinical Phase Handbook (A3.02)	2
Accreditation Statement (A3.14a)	3
Accreditation Standards	3
Directory	4
Overview of the Clinical Phase of the Program (A3.14d, A3.14e)	6
Clinical Phase Readiness Evaluation	6
Remediation of the Clinical Phase Readiness Evaluation (A3.17f)	6
Description	6
Technical Standards (A3.15e)	7
Learning Outcomes and Expected Competencies	9
Medical Knowledge (MK)	9
Interpersonal & Communications Skills (ICS)	10
Patient Care (PC)	10
Professionalism (P)	10
Practice-based Learning & Improvement (PBLI)	11
System-based Practice (SBP)	11
Leadership in Health Advocacy and Social Justice (LASJ)	11
Diagnostic and Therapeutic Skills	12
Optional Diagnostic and Therapeutic Skills	16
Summative Evaluation	17
PACKRAT Exam	17
Clinical Phase Calendar (Clinical Seminar-SCPE)	18
Professional Practice Issues Topics Schedule	20
Graduate Research Project	21
Professionalism (C3.02)	22
Definition	22
Expected Behaviors	22
Unacceptable Behaviors	22
Assessment of Professional Behaviors	22
Clinical Rotations with Clinical Preceptors who are Friends and/or Relatives	24
Personal Relationships with Clinical Preceptors or SCPE Site Personnel	24
Communication	24
Requirement to Report Criminal Incident	24
Criminal Background Checks/Drug Screening	24
Medical Records and Patient Confidentiality	25
Dress Code	25
Social Media and the Medical Professional	29
Program-Specific Social Media Expectations	30
Academic Standards (A3.17a)	31
Assessments (C3.01)	31
Grading A3.17a)	33
Clinical Phase Remediation (A3.17f)	34

<u>Summative Evaluation (C3.04)</u>	36
<u>Academic and Professional Performance Review Committee</u>	37
<u>Composition</u>	37
<u>Continuity</u>	38
<u>Requirements for Quorum and Adoptive Action for the Committee</u>	38
<u>Confidentiality</u>	38
<u>Evaluation Process</u>	38
<u>Hearings and Appeals</u>	40
<u>Student Grievances and Allegations of Harassment (A3.17g)</u>	43
<u>Incident Policy Report</u>	43
<u>Attendance</u>	44
<u>Pfeiffer University MS PAS Program Student Hours in Clinical Phase</u>	45
<u>Student Employment (A3.04, A3.05, A3.14h)</u>	46
<u>Health Requirements (A3.07, A3.19, A3.21)</u>	47
<u>Consent for Release of Confidential Health Information</u>	50
<u>Guidelines for Exposure to Infectious and Environmental Hazards (A3.08)</u>	51
<u>Clinical Phase Program, Preceptor and Student Responsibilities</u>	53
<u>Clinical Site Affiliation Agreements (A1.02, A3.03, C4.01, C4.02, D1.07)</u>	55
<u>Student Identification (B3.01)</u>	56
<u>Closing of Campus</u>	57

Appendices

<u>Appendix 1</u> Commitment Statement	58
<u>Appendix 2</u> Rotation Site Form	60
<u>Appendix 3</u> Student Incident Report Form	61
<u>Appendix 4</u> Acknowledgement Statement	62
<u>Appendix 5</u> Individualized Plan of Remediation	63

WELCOME!

First, welcome to the clinical phase of your studies. I respect and admire you for your interest and commitment to the PA profession. You have worked hard and come a long way since your inception here at Pfeiffer. Making it this far is no small feat and it's time to pause for a brief celebration and reflection.

Now it is time to transition into the clinical phase of your studies. This is where you will learn to apply what you learned in the didactic phase of your studies into real world medicine. I care deeply about each of you and you have my commitment to helping you become successful. Just know, the rigor of the program will intensify during the clinical phase and for success, will require long hours and dedication. I challenge you to learn as much as you possibly can and not be shy taking on tasks your preceptor offers you. This is where you will learn the most.

I am here for you as a resource and look forward to working with each of you. Please feel free to reach out to me via email for any issues that may arise. My goal is to assist you in becoming the best PA possible and watching you grow in your chosen profession.

Blessings,

Dr. Tom Earnhardt, DMS, MHA, PA-C
Director of Clinical Education

Purpose of this handbook (A3.02)

The Pfeiffer University MS PAS Program Clinical Phase Handbook is designed to provide the student with the policies, procedures, and pertinent information regarding the academic work required of the following courses:

Clinical Phase	
Semester V Summer, Semester VI Fall, Semester VII Spring	
Course Number	Course Name
PAS 700	Graduate Research Project
PAS 701	Behavioral and Mental Health
PAS 702	Emergency Medicine
PAS 703	Family Medicine
PAS 704	General Surgery
PAS 705	Internal Medicine
PAS 706	Pediatrics
PAS 707	Women's Health
PAS 708	Orthopedics
PAS 709	Elective

The MS PAS program policies align with the Pfeiffer University's institutional policies; and apply to all enrolled students, principal faculty, and the program director throughout all phases of the program regardless of location. If discrepancies between program policies and those established at supervised clinical practice experience (SCPE) sites should arise; the SCPE site policies will supersede the program's policies.

This handbook is in addition to, and not a substitution for, the Pfeiffer University MS PAS Program Student Handbook. It is important to remember that while students completing the clinical phase of the program are seldom on campus, they are still Pfeiffer University MS PAS students and are expected to abide by the policies set forth in this Clinical Phase Handbook as well as the Pfeiffer University MS PAS Program Student Handbook.

Although not specifically stated after each section, failure to comply with and/or conform to the guidelines, academic requirements, rules and regulations of this handbook will result in disciplinary action, up to and including referral to the Academic and Professional Performance Review Committee (APPRC) and dismissal from the program.

It is the student's responsibility to read this handbook. All students must sign a declaration of understanding prior to beginning the clinical phase stating they have read, understand, and agree to abide by the contents of this handbook.

Accreditation Statement (A3.14a)

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

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 cohort.

Accreditation Standards for Physician Assistant Education

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has established Accreditation Standards to maintain and promote appropriate benchmarks of quality in the education process of Physician Assistants. These Accreditation Standards are used as guidelines in the development, evaluation, and self-analysis of Physician Assistant programs. The ARC-PA provides recognition for educational programs that are in compliance with standards of quality for Physician Assistant education.

The standards are posted online at:

<http://www.arc-pa.org/wp-content/uploads/2016/10/Standards-4th-Ed-March-2016.pdf>

The policies and procedures stated in this Student Handbook align and are in compliance with these standards.

Pfeiffer University MS PAS Program Directory

Institutional Leadership



Tracy Espy, PhD

Vice President of Academic Affairs/Provost

tracy.espy@pfeiffer.com



Vernease H. Miller MHA, JD

Division of Applied Health Science-Dean

Master of Health Administration-Director

vernease.miller@pfeiffer.edu

MS PAS Program-Faculty



Brenda Diaz MS, PA-C

Program Director

brenda.diaz@pfeiffer.edu



Cynthia Jamison, MD

Medical Director

cynthia.jamison@pfeiffer.edu



Tom Earnhardt MHA, PA-C
Director of Clinical Education
tom.earnhardt@pfeiffer.edu



Jimmy Dale Patterson MPAS, PA-C
Principal Faculty
dale.patterson@pfeiffer.edu



Katie B. Dore MHS, PA-C
Principal Faculty
katie.dore@pfeiffer.edu

MS PAS Program Staff



Liz Jolly
Executive Administrative Assistant
liz.jolly@pfeiffer.edu



Deidra Harwood
Admissions Support Coordinator
deidra.harwood@pfeiffer.edu

Overview of the Clinical Phase of the Program (A3.14d, A3.14e)

Progression from the Didactic Phase to the Clinical Phase of the Program (A3.17c)

Clinical Phase Readiness Evaluation

In order to progress to the clinical phase of the program, the student must pass each element of the Clinical Phase Readiness Evaluation (CPRE) with a 74.5%. The CPRE is a program designed assessment that will be administered two weeks before the end of the didactic phase of the program, and will consist of the following:

- 120 question multiple choice question examination which follows the PANCE topic and task blueprint
- Perform one complete history and physical examination with written submission
- Perform one focused OSCE with written SOAP note
 - Focused History
 - Focused Physical Examination
 - Order and interpret diagnostic studies
 - Differential Diagnosis
 - Treatment plan
 - Follow-up and or referral

Remediation of the Clinical Phase Readiness Evaluation (A3.17f)

If a student fails to score a 74.5% in any element of the CPRE:

- The student will meet with their faculty advisor to review areas of weakness and deficiency
- An individualized remediation plan will be formulated
- The student will be re-evaluated one week after the original CPRE was administered

Failure to score a 74.5% in the second CPRE the student will be referred to the APPRC to determine an individualized remediation plan, which may include a five (5) week deceleration with a prescribed plan of study. This may result in a delay in the student's completion of the program and graduation.

Description

The didactic phase of education provides a broad base of knowledge, which will be further refined, challenged, and solidified through hands on clinical training during the clinical phase of the program.

The clinical phase is a 12-month period where students participate in nine supervised clinical practice experiences (each 5 weeks in length) with preceptors who are board certified and licensed (in their area of instruction): Family Medicine, Internal Medicine, General Surgery, Pediatrics, Women's Health (OB/GYN), Behavioral and Mental Health Care, Emergency Medicine, Orthopedics and one elective rotation. These experiences offer kinds of patient encounter (acute/chronic, emergent and preventative) essential in the preparation of students for meeting program expectations and acquiring

the competencies needed for entry into clinical practice. The types of settings will include: inpatient, outpatient, surgical (operating room) and emergency department. Each clinical setting is unique, serving communities of diverse cultural and economic backgrounds.

Technical Standards (A3.15e)

The Pfeiffer University Master of Science in Physician Assistant Studies (MS-PAS) Program is committed to comply with Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the Americans with Disabilities Act (ADA), and also ascertains that the following minimum technical standards must be present in the prospective candidates.

The Pfeiffer University MS-PAS Program has determined technical standards that are essential for successful progression and completion of all aspects of the curriculum, as well as entry into the profession. These Technical Standards are required for admission and must be maintained throughout the student's enrollment in the Pfeiffer University MS-PAS Program. In the event a student is unable to fulfill these Technical Standards, with or without reasonable accommodation, the student will be subject to dismissal.

Candidates must have somatic sensation and the functional use of the senses of vision and hearing. Candidates' and students' diagnostic skills will also be lessened without the functional use of the senses of equilibrium, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, and vibratory) and sufficient motor function to permit them to carry out the activities described in the section above. They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

Technological compensation can be made for some disabilities in these areas, but a candidate should be able to perform them in a reasonably independent manner. The use of a trained intermediary would mean that a student's judgment must be mediated by someone else's power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements in the five skill areas specified below. Reasonable accommodations can be made for documented disabilities.

- **Observation**
 - Candidates and students must be able to observe a patient accurately at a distance and close at hand.
 - Observation necessitates the functional use of the sense of vision, hearing, smell, and somatic sensation.

- **Communication**
 - Candidates and students must be able to speak, hear and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications.
 - Candidates and students must be able to communicate effectively and sensitively with patients.
 - Candidates and students must be able to communicate (verbal, nonverbal, and written) effectively and efficiently in oral and written form with all members of the healthcare team.
 - Candidates and students must possess reading skills at a level to be able to independently accomplish curricular requirements and provide clinical care for patients.

- **Motor Coordination and Function**
 - Candidates and students should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.
 - Candidates and students should be able to do basic laboratory tests, carry out diagnostic procedures and read EKGs and X-rays.
 - Candidates and students should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients.
 - Examples of emergency treatment reasonably required of Physician Assistants are cardiopulmonary resuscitation, the administration of intravenous medication, application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds and the performance of simple obstetrical maneuvers.
 - Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

- **Intellectual, Conceptual, Integrative, and Quantitative Abilities**
 - Candidates and students must exhibit the following intellectual abilities:
 - Measurement
 - Calculation
 - Reasoning
 - Analysis
 - Synthesis
 - Comprehend three-dimensional and spatial relationships
 - The above listed abilities are necessary skills in order to perform problem solving tasks quickly and efficiently.

- **Behavioral and Social Attributes**
 - Candidates and students must possess the behavioral emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.
 - Candidates and students must be able to tolerate physically taxing workloads and to function effectively when under stress.

- Candidates and students must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.
- Candidates and students must demonstrate empathy, integrity, concern for others, interpersonal skills, interest, motivation, and the ability to interact with people at all levels in a culturally diverse society.

Learning Outcomes & Expected Competencies

The Pfeiffer University of Master Science in Physician Assistant Studies is committed to providing students with a learner centered educational environment where they will receive the requisite knowledge to provide compassionate, culturally sensitive, patient-centered, evidence-based healthcare in an inter-professional healthcare team.

Student success in achieving the program learning outcomes and expectations will be evaluated through a variety of assessment tools such as: multiple choice examinations, inter-professional collaborative group projects, objective structured clinical examinations (OSCEs), reflection journals, clinical performance evaluations and a graduate research project.

The Pfeiffer University of Master Science in Physician Assistant Studies learning outcomes and expectations are based on the Competencies for the Physician Assistant Profession as developed jointly by the National Commission on Accreditation of Physician Assistant (NCCPA), the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the Physician Assistant Education Association (PAEA), and the American Academy of Physician Assistant (AAPA)¹.

Upon completion of the Pfeiffer University of Master Science in Physician Assistant Studies graduates will demonstrate entry-level proficiency as Physicians Assistants in the following domains:

Medical Knowledge

The core competencies of Medical Knowledge seek to ensure that the Physician Assistant student continually investigates, questions, and pursues new knowledge.

Competency		Outcomes Domain
MK1	Demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care	KNWG
MK2	Demonstrate an investigative and analytic thinking approach to clinical situations	KNWG

¹ <https://www.nccpa.net/Uploads/docs/PACompetencies.pdf>

MK3	Correlate, integrate and apply the following to common emergent and non-emergent medical, surgical, and behavioral scenarios across the lifespan: <ul style="list-style-type: none"> • History and physical findings and diagnostic studies to formulate differential diagnoses • Management of general medical and surgical conditions to include pharmacologic and non-pharmacologic treatment modalities • Interventions for surveillance geared to prevention of disease and health promotion/maintenance 	KNWG CRP
------------	--	---------------------

Interpersonal and Communication Skills

The Interpersonal and Communication Skills core competencies enables the Physician Assistant student to successfully receive and share information; establishing and maintaining a foundation of trust with all parties so that the environment is open and encouraging for honest dialogue.

Competency		Outcomes Domain
ICS1	Demonstrate interpersonal and communication (verbal, nonverbal, written, and electronic) skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system	IS
ICS2	Accurately and adequately document information regarding care for medical, legal, quality, and financial purposes	IS

Patient Care

The core competencies of Patient Care seek to ensure that the Physician Assistant Student develops the ability to actively listen and attain medical histories, diagnose, properly inform and educate, and prescribe and perform necessary procedures in a way that maximizes patient comfort.

Competency		Outcomes Domain
PC1	Obtain an accurate history and perform a comprehensive physical exam	CTS
PC2	Accurately diagnose and formulate appropriate pharmacologic and non-pharmacologic treatment plans	CRP
PC3	Appropriately select and perform medical and surgical procedures common to primary care	CTS CRP
PC4	Provide health care services and education aimed at disease prevention and health maintenance	CTS

Professionalism

The Professionalism core competencies enables the Physician Assistant student to treat all people with respect, compassion, and dignity.

Competency		Outcomes Domain
-------------------	--	------------------------

PSM1	Demonstrate a high level of responsibility, ethical practice, and adherence to legal and regulatory requirements	PFLM
PSM2	Demonstrate sensitivity to a diverse patient population by identifying the socio-cultural, familial, psychological, economic, environmental, and spiritual factors impacting health care and health care delivery; and responding to these factors by planning and advocating the appropriate course of action at both the individual and the community level	PFLM

Practice-based Learning & Improvement

The core competencies in Practice-Based Learning and Improvement seeks to ensure that the Physician Assistant student becomes a life-long learner, develops the skills necessary to evaluate medical research and its appropriate application to the practice of medicine.

Competency		Outcomes Domain
PBL11	Critically appraise the medical literature in order to use current practice guidelines and apply the principles of evidence-based medicine to patient care	KNWG CRP

Systems-based Practice

The Systems-based Practice core competencies focus on the Physician Assistant student's ability to effectively perform their role as clinicians in diverse healthcare systems.

Competency		Outcomes Domain
SBP1	Provide advocacy and support geared to assist patients in obtaining quality care as they navigate the complexities of health care delivery systems	PFLM
SBP2	Demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient	PFLM

Leadership in Health Advocacy and Social Justice

Social accountability is an integral aspect of Physician Assistant practice; it has been part of the genetic make-up of our profession from its very beginning. Leadership in health advocacy and social justice encompasses involvement in legislative and community advocacy aimed at reducing health disparities and social injustice.

Competency		Outcomes Domain
LASJ1	Develop an interdisciplinary plan of advocacy for effective health policy changes that will facilitate health and social equity.	PFLM
LASJ2	Participate in the design and implementation of longitudinal projects that will promote the health of underserved populations.	PFLM
LASJ3	Apply valid, reliable research in advocacy to their current practice	PFLM
LASJ4	Educate community and professional organization leaders regarding existing health disparities and effective strategies to eliminate health inequities.	PFLM

*Key for Outcome Domains: Knowledge (KNWG), Clinical Reasoning Problem Solving (CRP), Interpersonal Skills (IS), Clinical and Technical Skills (CTS), Professionalism (PFLM)

Diagnostic and Therapeutic Skills	PEDS							
	FM	IM	Adolescent	WH	SURG	EM	BMH	ORTHO
Screening Tests								
PHQ 2	*	*	*	*		*	*	
PHQ 9	*	*	*	*		*	*	
ADD/ADHD screening	*		*				*	
Visual Screening	*		*					
Auditory Screening	*		*					
Vascular Access and General Skills								
Venipuncture	*	*				*		
Arterial puncture		*				*		
Peripheral IV catheterization	*	*	*			*		
Intramuscular, subcutaneous, intradermal and intravenous injections	*		*			*		
FAST U/S						*		
Vital signs (Temperature, Blood pressure, Pulse, Respiration, Pulse oximetry)	*	*	*	*	*	*	*	*
Specimen collection (i.e. blood, urine, cervical, vaginal, urethral, sputum, wound, etc.) for laboratory testing (i.e. culture and sensitivity, antigen testing, dipstick, guaiac, etc.)	*	*	*	*	*	*		*
Ordering and Interpretation of Laboratory Studies								
CBC with differential and indices	*	*	*	*	*	*		
Pregnancy test	*	*	*	*	*	*		
Chemistry profiles	*	*	*	*	*	*		
Rapid strep test	*	*	*			*		
PT/PTT	*	*			*	*		
Cultures and sensitivities	*	*	*	*	*	*		*
Urinalysis	*	*	*	*	*	*		

Diagnostic and Therapeutic Skills	PEDS							
	FM	IM	Adolescent	WH	SURG	EM	BMH	ORTHO
Cardiac enzymes	*	*				*		
Arterial blood gases		*				*		
Glycosolated hemoglobin	*	*						
Lipid profiles	*	*						
HIV antibody testing	*	*	*	*	*	*		
Wet preps	*			*				
Hepatitis profiles	*	*	*					

Diagnostic and Therapeutic Skills	PEDS							BMH	ORTHO
	FM	IM	Adolescent	WH	SURG	EM			
Ordering and Interpretation of Diagnostic Imaging Skills									
Echocardiogram	*	*	*	*	*	*		*	*
Plain X-rays	*	*	*		*	*			*
CT Scan	*	*	*		*	*			*
MRI	*	*	*		*	*			*
Ultrasound	*	*	*	*	*	*			*
EENT Skills									
Wood's lamp corneal examination (w/fluorescein staining)	*		*				*		
Cardiovascular Skills									
Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG)	*	*	*				*		
Identify the following heart sounds: S1, S2, gallops, and murmurs	*	*	*		*		*		
Respiratory Skills									
Pulmonary function testing (spirometry)	*	*	*				*		
Endotracheal intubation		*			*		*		
Laryngeal mask airway (LMA) placement		*					*		
GI/GU Skills									
Urinary bladder catheterization		*			*		*		
Naso-/oro- gastric intubation		*			*		*		
Orthopedic Skills									
Splinting and casting	*		*				*		*
Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip)	*						*		*
Bursa/joint aspirations and injections	*						*		*

Diagnostic and Therapeutic Skills	FM	IM	PEDS					BMH	ORTHO
			Adolescent	WH	SURG	EM			
Reproductive Health Skills									
Vaginal newborn delivery				*			*		
Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing	*	*		*			*		
Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination	*	*		*					
Clinical breast exam	*			*	*				
Surgical Skills									
Aseptic technique	*	*	*		*		*		
Administration of local anesthesia	*	*	*		*		*		
Wound closure with sutures, liquid skin adhesive, steri-strips and staples	*	*	*		*		*		*
Life Support Skills									
Basic life support (BLS) procedures		*			*		*		
Advance cardiac life support (ACLS) procedures		*			*		*		
Pediatric advanced life support (PALS) procedures					*		*		

Optional-Diagnostic and Therapeutic Skills	PEDS							
	FM	IM	Adolescent	WH	SURG	EM	BMH	ORTHO
Anterior nasal packing	*	*	*		*	*		
Doppler assessment of peripheral or prenatal fetal pulses add US	*	*		*	*	*		
Needle decompression of a pneumothorax					*	*		
Thoracentesis and chest tube placement		*			*	*		
Anoscopy	*	*				*		
Lumbar puncture		*						
Superficial wound incision and drainage and packing	*		*		*	*		
Wound care, debridement, and dressing	*	*			*	*		
Skin punch, excisional and shave biopsy procedures	*	*			*			
Toenail removal/wedge resection	*				*	*		
Chemical and electrical cauterization	*				*	*		
Cryotherapy of skin lesions	*		*		*			
Electrodessication of skin lesions	*		*		*			
Subungual hematoma trephination	*		*			*		
Ventilator Management		*						
Central Line (insertion and management)		*				*		
Intraosseous Line (insertion and management)						*		
Bladder catheterization	*	*	*	*		*		

Summative Evaluation

The Pfeiffer University MS PAS program conducts a summative evaluation of each student within the final four months of the program. Please see the [Summative Evaluation](#) section for more details.

PACKRAT

The PACKRAT™ exam is an objective, comprehensive self-assessment tool for students. All students will be given the opportunity to complete this examination during the clinical phase of the program. This examination is for self-evaluation **ONLY**.

Clinical Phase Calendar

SCPE	First Day	Last Day	EOR
1	May 3 rd , 2021	June 4 th , 2021	June 2 nd ,
2	June 7 th , 2021	July 9 th , 2021	July 7 th ,
3	July 12 th , 2021	August 13 th , 2021	August 11 th
4	August 16 th , 2021	September 17 th , 2021	September 1
5	September 20 th , 2021	October 22 nd , 2021	October 20 th
6	October 25 th , 2021	December 3 rd , 2021	December 3
IPE Clinical Simulation Seminar		December 6 th - 10 th , 2021	
Summative Evaluation		December 13 th -17 th , 2021	
7	January 3 rd , 2022	February 4 th , 2022	February 2
8	February 7 th , 2022	March 11 th , 2022	March 9 th ,
9	March 14 th , 2022	April 15 th , 2022	April 13 th ,
Graduate Research Project Presentations and Board Review		April 18 th , 2022	May 6

Clinical Seminar

At the end of each supervised clinical practice experience the students return to the main campus for a three day Clinical Seminar. Clinical Seminar schedule is as follows:

End of Rotation Days Schedule	
Wednesday	
8:00 AM - 10:00 PM	End of Rotation Exam
10:00 AM - 10:15 AM	Break
10:15 AM – 11:00 AM	Director’s Hour
11:00 AM – 12:00 Noon	Professional Issues Seminar*
12:00 Noon -1:00 PM	Lunch
1:00 PM – 3:00 PM	Board Review
3:00 PM – 5:00 PM	Board Review
Thursday	
8:00 AM - 11:00 AM	OSCEs and Review Stations
11:00 AM – 12:00 Noon	Professional Issues Seminar*
12:00 Noon – 1:00 PM	Lunch
1:00:00 PM – 3:00 PM	Board Review
3:00 PM – 5:00 PM	Board Review
Friday	
8:00 AM – 12:00 Noon	Graduate Research Project Development
12:00 Noon – 1:00 PM	Lunch
1:00 – 3:00 PM	Academic Resources Available Upon Request

Professional Practice Issues Topic Schedule

Topic	Method of Delivery	Possible Presenter(s)	Resources
EOR-1			
Welcome	Lecture/PowerPoint/cases	Tom Earnhardt, PA-C	
Clinical Rotation Pearls	Lecture/PowerPoint	Tom Earnhardt, PA-C	
Health care policy for PA	Lecture/PowerPoint	PA faculty	https://www.aapa.org/advocacy-central/
Health care trends/PA reimbursement/fraud reduction	Lecture/PowerPoint	AAPA representative	https://www.appa.org
EOR-2			
Malpractice/liability insurance	Lecture/PowerPoint	Local insurance/risk management company representative, PA faculty	https://www.rmfi.harvard.edu
EOR-3			
National/state/local organization involvement		PA faculty	
Certification maintenance/CM E process	Lecture/PowerPoint	PA faculty	http://www.nccpa.net/contact-us.aspx
EOR-4			
Advanced coding/billing	Lecture/PowerPoint/cases	Local hospital/practice billing specialist	https://www.aapa.org/reimbursement/
EOR-5			
PANCE preparation/process	Lecture/PowerPoint	NCCPA representative; PA faculty	http://www.nccpa.net/contact-us.aspx
EOR-6			
Post-graduate residency program introductions	Q&A panel or lecture/PowerPoint	Clinical educator to organize/facilitate; may include alumni that have done fellowships and/or those who run the programs	http://appap.org

Career coaching		Brenda Diaz, PA-C	
<u>EOR-7</u>			
Interviews/mocks	Lecture/PowerPoint/ role play	Career coach; HR representative; university career center employee; faculty and adjuncts; alumni	https://www.aapa.org/career/interviewing-and-contracts/ http://www.pacareercoach.net/ http://mattcaseycoaching.com/
Physician/PA collaboration		PA faculty	
Contract negotiations		PA faculty	
<u>EOR-8</u>			
PA-S to PA-C checklist	Lecture/PowerPoint/ hand-out or checklist	Clinical educator, alumni, NCCPA representative, PA preceptor, local hospital medical staff director	http://www.nccpa.net/contact-us.aspx
Job search strategies	Lecture/PowerPoint/ handouts	Career coach; HR representative; university career center employee	https://www.aapa.org/career-central/ http://www.pacareercoach.net/
State licensing/risk management	Lecture/PowerPoint	State PA association board representatives	N/A
<u>EOR-9</u>			
Reflection	Student essays, class discussions	Students, faculty as facilitators	
Cover letter		PA faculty	
CV development		PA faculty	
Debt Management; loan repayment opportunities		Pfeiffer University Office of Student Affairs	

Graduate Research Project

The Graduate Research Project (GRP) is a requirement for graduation. Students may choose one of two options for the graduate research project. The first option is a three part individual graduate research project which entails: a written case report, a literature review related to the case report, and an oral presentation of the case and key findings of the literature review. The second option is a collaborative graduate research project where a small group of students (three students maximum) identify a health disparity in a specific community; conduct a literature review on the subject matter, design, and implement a community health initiative. The report (written and oral presentation) includes a literature review, a description of the project and its outcomes.

Please read the GRP syllabus carefully, paying attention to dates for mandatory meetings with the GRP advisor and due dates.

Professionalism (C3.02)

Definition

Medical Professionalism is defined as the daily expression of the desire to serve people and society as a whole by providing quality health care to those in need; this definition aligns with the principle of servant leadership². As stated by Robert Greenleaf, “The servant leader is servant first... It begins with the natural feeling that one wants to serve, to serve first.”³ Servant leadership characterized by the highest ethical standards is a foundational principle for all faculty, staff and students of Pfeiffer University.

Expected Behaviors

All currently enrolled students of the Pfeiffer University Master of Science in Physician Assistant Program are expected to demonstrate at all times behaviors consistent with the:

- *Guidelines for Ethical Conduct for the Physician Assistant*, published by the American Academy of Physician Assistants. (Appendix) <https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf>
- Established learning outcomes and expected competencies regarding Professionalism and Leadership in Health Advocacy and Social Justice. (Appendix) <http://www.pfeiffer.edu/academics/programs/physician-assistant-ms-pas/5474/learning-outcomes>

Unacceptable Behaviors

Examples of unprofessional behaviors that **will** result in **prompt** referral to the Academic and Professional Performance Committee (APPRC) and **dismissal** from the program:

- Violation of principles related to academic integrity (i.e. evidence of cheating on an assignment or test) and plagiarism as outlined by the Pfeiffer University Honor Code
- Student intoxication or presumed intoxication from alcohol, prescription, or other drugs
- Student communication or interaction that is openly discriminatory, demeaning, or could reasonably be perceived as mentally or physically harmful to others, including but not limited to faculty, students, patients, patient’s family or caregivers, and healthcare providers.

*The program reserves the right to determine the degree of egregiousness of the behavior.

Assessment of Professional Behaviors

Professional behaviors are assessed on a continual basis during the student’s tenure with the program through a variety of strategies and evaluation tools. Assessments may be required more frequently, and

² <http://abimfoundation.org/what-we-do/medical-professionalism> (03_02_2018)

³ <https://www.greenleaf.org/what-is-servant-leadership/> (03_-2_2018)

at any given time if areas of concern have been identified. Formal scheduled assessments of professional behaviors by the program are as follows:

- Self-Assessment

Self-assessment offers an opportunity for the student to evaluate his/her personal and professional qualities, identifying strengths and areas in need of improvement. Self-Assessment will take place at the end of semester 2 and 4 of the Didactic Phase and (Appendix) Clinical Rotation 6 of the Clinical Phase (Appendix).

If there are areas of concern the student, with feedback from their academic advisor will formulate an individualized plan of action geared toward positive behavior modification. Plans of action may include but are not limited to referral to appropriate external resources. The student will meet with the academic advisor, the Director of Didactic and/or Clinical Education, and the Program Director to review the plan of action and monitoring strategies. The APPRC will be notified that the student has entered into an individualized plan of action regarding professional behavior.

If behavior (s) persist or worsen the student will be referred to the APPRC for a formal review which may result in the student's dismissal from the program.

- Academic Advisor Assessment

At the end of semester 2 and 4 of the Didactic Phase and Clinical Rotation 6 of the Clinical Phase of the program, each student's professional behavior will be evaluated by their assigned academic advisor (Appendix). The advisor will take in consideration any concerns reported by instructors or course directors. The advisors will meet with each student and review the academic advisor professionalism review form. If there are areas of concern the student, with feedback from their academic advisor will formulate an individualized plan of action geared toward positive behavior modification. Plans of action may include but are not limited to referral to appropriate external resources. The student will meet with the academic advisor, the Director of Didactic and/or Clinical Education, and the Program Director to review the plan of action and monitoring strategies. The Academic and Professional Performance Committee (APPRC) will be notified that the student has entered into an individualized plan of action regarding professional behavior.

If behavior (s) persist or worsen the student will be referred to the APPRC for a formal review which may result in the student's dismissal from the program.

- Academic and Professional Performance Review Committee Assessment

The Academic and Professional Performance Review Committee (APPRC) will evaluate each student's professional behavior at the completion of the Didactic Phase of the program (Appendix), and Clinical Rotation 6 (Appendix). If there are areas of concern the student will be placed on Professionalism Probation. With feedback from their academic advisor, the student will formulate an individualized plan of action geared toward positive behavior modification. Plans of action may include but are not limited to referral to appropriate external resources. The student will meet with the academic advisor, the Director of Didactic and/or Clinical Education,

and the Program Director to review the plan of action and monitoring strategies. Professionalism Probation status will be removed once the student demonstrates the desired behavior modification.

If behavior (s) persist or worsen the APPRC will reconvene and review of all related documentation. This review may result in the student's dismissal from the program.

Assessment of Professional Behaviors in the Clinical Phase

During the clinical phase, professional behaviors are assessed via preceptor evaluations and direct observation by faculty on clinical site visits (Preceptor Evaluation of Student Form).

Clinical Rotations with Clinical Preceptors who are Friends and/or Relatives

Occasionally students request to serve a clinical rotation with a friend or relative (who is also a health care provider) that will serve as the preceptor. Personal relationships can potentially interfere with the clinical evaluation process, which is both objective and subjective in nature, therefore, such clinical rotation arrangements are prohibited.

Personal Relationships with Clinical Preceptors or SCPE Site Personnel

Students may find themselves attracted to a preceptor (or vice versa) or other personnel at the site(s) at which they are rotating. Pursuit of amorous or sexual relationships between students and clinical rotation personnel during the rotation period compromises the integrity of the education and evaluation processes and should be avoided by students.

Communication

All students are assigned a Pfeiffer University email account at the time of admission to the program. It is mandatory that students check their Pfeiffer University e-mail account daily (including weekends). The Pfeiffer University e-mail is considered the official University email and the only account that the MS PAS Program uses to communicate with currently enrolled students. Likewise, students should only use their Pfeiffer University e-mail account for email correspondence with the program as this prevents identification problems related to outside email. Faculty and staff will not respond to students who utilize outside email addresses. The MS PAS program faculty and staff use e-mail as an important means for distributing information. The MS PAS program is not responsible if a student has inaccurate or missed information due to failure to routinely check, read and clear his/her e-mail account.

Requirement to Report Criminal Incident

Students are required to inform their Faculty Advisor and/or the Program Director of any interaction with the police resulting in an arrest or being brought before the criminal justice system within fifteen (15) days of the incident. This requirement is independent of whether or not there is a conviction involved. Failure to report any incident will result in a referral to the Academic and Professional Performance Review Committee (APPRC) for unprofessional behavior. Disciplinary actions may include dismissal from the MS PAS Program.

Criminal Background Checks/ Drug Screening

If a felony conviction occurs between the date of submission of the CASPA application and matriculation into the PA Program, the specific details including: (1) date of charge(s), (2) type of offense, and (3) disposition of the case, must be reported to the Program Director's office immediately.

Any felony convictions that occur subsequent to matriculation or at any time during your enrollment in the program must also be reported immediately providing the aforementioned information.

Failure to comply will be grounds for dismissal from the MS PAS Program.

During the clinical phase of the program, students will be required to undergo one or more national criminal background checks, which may include fingerprinting. Supervised clinical practice experience (SCPE) sites may require additional background checks, fingerprinting, and/or drug screening for students who are assigned at those institutions. Students are responsible for all expenses related to meeting additional drug screening, and background documentation required by the SCPE site. A criminal record or failure to pass a drug screen will result in a referral to the APPRC, and may result in the student's dismissal from the program; if this occurs, tuition and fees will not be refunded.

By accepting admission to the program, a student agrees to submit to national criminal background checks, as well as drug screening: and pay any associated expenses.

Medical Records and Patient Confidentiality

Patient confidentiality is a cornerstone in Physician Assistant practice and essential for establishing and maintaining the patient-provider relationship built on trust.

MS PAS students are privileged to learn information that patients share only with healthcare professionals and be present in very personal moments of patients' lives. Patients, in turn, trust that MS PAS students will preserve their confidentiality; as a key component of medical professionalism, MS PAS students must honor this trust.

Students are not to discuss a patient in any manner or situation that would reveal any information about that patient to any person not directly involved in the patient's health care. Students must refrain from discussing patients in public places, (i.e. cafeterias, elevators, etc.) where conversations may be overheard. Students should remind those who may be inappropriately discussing patient information, about patient confidentiality.

Students will adhere to ethical principles and use practical reasoning when dealing with patients at all times. No student should medically treat other MS PAS students, friends, or family members while a student is in the MS PAS Program.

All students will receive formal instruction on, and must follow the Health Insurance and Portability and Accountability Act (HIPAA) rules when participating in clinical activities at affiliated hospitals and clinics; HIPAA compliance includes maintaining confidentiality of paper and electronic health records.

When violations of HIPAA by a student are identified by a hospital, clinic, physician's office, etc., the violation will be reviewed by the APPRC. Disciplinary actions may which include remediation and/or sanctions, including the possibility of dismissal from the program.

Dress Code

Student professional dress and conduct should, at all times, reflect the dignity and standards of the medical profession. It is important that physician assistant students dress in a manner that is respectful to their professors, classmates, patients, interprofessional and administrative colleagues. The MS-PAS program has the authority to determine dress code requirements for students admitted to the program.

The dress code at various clinical sites may be more or less rigorous than the guidelines outlined below. If the culture of a particular clinical setting supports a dress code that is inconsistent with the policy outlined below, the student should discuss this with the clinical preceptor and the Director of Clinical Education to determine proper dress behavior for the student.

- Classroom Setting (classroom attire can be most appropriately described as “business casual”)
 - **Men**

All shirts must have collars. 3-button polo shirts, partial zipper shirts with collars are acceptable. Shirts with other than designer logos (e.g. corporate, political, personal statement, etc.) are not permitted. T-shirts are not permitted. Shirts should be tucked in unless the style specifically prohibits this (e.g. sweater-style). All buttons except the top button should be fastened. Acceptable pant styles are khakis, dress pants, trousers and corduroy pants. Jeans regardless of style and shorts are not permitted. Acceptable shoe styles include oxfords, lace-ups, and loafers. Sneakers, tennis shoes, sandals, flip-flops or other open-toed shoes are not permitted. Socks should be worn at all times.
 - **Women**

Skirts and dresses should have hemlines no more than two inches above the knees. Avoid low-cut dresses or those with high slits. Pants such as khakis, corduroy pants, linen pants or dress pants are all acceptable. Jeans regardless of style and shorts are not permitted. For the upper body, blouses, sweaters, turtlenecks, vests, and sleeveless shirts are all acceptable. No T-shirts, exposed midriffs, halter-tops or tank tops. Avoid any skin-tight clothing on both upper and lower body. Acceptable footwear choices include leather shoes, moderate heels and tasteful open-toed shoes (unless lab/patient care activities are scheduled for that day). Flip-flops and sneakers are not permitted.

Specific modifications to this dress code (e.g. for labs, clinical skills courses) are at the discretion of the course director. Students should keep appropriate changes of clothes in their lockers.

In both clinical and non-clinical settings all students should use discretion with fragrances, as patients, classmates and instructors may have allergies or sensitivities (see “Fragrance” below).

Jewelry and other adornments such as body piercing should be in good taste and consistent with policies established in clinical settings.

No clothing should be unprofessionally revealing regardless of student gender. Please consult your Faculty Advisor if you are unsure about this.

Whether in class or on your personal time, your personal appearance will reflect on Pfeiffer University and your chosen profession as a Physician Assistant.

- Clinical Setting
 - **Identification in the Clinical Setting**

Proper identification must be clearly displayed identifying that the student is a Pfeiffer University MS-PAS student. Pfeiffer University MS-PAS student ID badges must be worn

at all times. The ID badge must be worn so that it is easily readable by patients and hospital/clinic personnel. ID badges must not be obscured or altered in any manner except as determined by clinical necessity, (e.g. special stickers for newborn nursery access).

- **White Coats**

Student-style white coats are required for clinical settings and during certain laboratory sessions, simulation exercises, competency evaluations and any other times as designated by the Course Director; they must be clean and neat. They will possess the Pfeiffer University MS-PAS patch. Exceptions to this rule are at the discretion of the clinical preceptor and must be approved by the Director of Clinical Education. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

- **Scrubs**

In general, scrubs should not be worn outside of the hospital or clinic. Scrubs are expected to be clean when worn in a public area and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual departmental/clinical policy.

- **Shoes**

Footwear must be clean, in good condition, and appropriate. For safety reasons, open-toed shoes and sandals are not allowed in patient care areas or designated laboratory components of didactic courses.

- **Style**

No sweatshirts or shirts with messages, lettering or logos (except the Pfeiffer University Falcon). No shorts, cut-offs, etc. Jeans are not to be worn even if it is clinic policy to allow providers to wear jeans. A tie is recommended for men, unless described as optional in specific policy for that clinical setting.

- **Fragrance**

No wearing of colognes, perfumes or scented lotions in clinical settings as patients may be sensitive to fragrances.

- **Hands**

Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Artificial nails and decorative nail designs are prohibited. Some clinics/hospital settings do not permit any colored polish.

- **Hygiene**

Daily hygiene must include personal cleanliness, including use of deodorant. Clothing should be clean, pressed, and in good condition, including the white coat.

- **Hair**

Mustaches, hair longer than chin length, and beards must be clean and well-trimmed. Students with long hair who participate in patient care should wear hair tied back to

avoid interfering with performance of procedures or having hair come into contact with patients.

- **Jewelry**

Jewelry should not be functionally restrictive or excessive. Students should avoid wearing long or dangling earrings for their own and for patient safety. There should be no visible jewelry in body piercings with the exception of earrings. In the case of religious requirement, certain piercings may be acceptable. Please consult the Program Director or the Program Director's designee if you have a religious requirement for piercings. No other facial jewelry (e.g., tongue, eyebrow piercings, etc.) is allowed.

- **Tattoos**

Tattoos shall be appropriately covered when possible.

Students in violation of any of the above dress codes may be asked to change into appropriate attire. Repeated violations will result in referral of the student to the APPRC for disciplinary action.

Social Media and the Medical Professional

The Pfeiffer University Master of Science in Physician Assistant Studies supports the American Medical Association's (AMA) Code of Medical Ethics Opinion 2.3.2 titled "Professionalism in the Use of Social Media". The opinion has been quoted below with modifications to align with physician assistant education and practice. The original opinion is available at: <https://www.ama-assn.org/delivering-care/professionalism-use-social-media>

The Internet has created the ability for physician assistant (PA) students and PAs to easily communicate and share information with millions of people. Participating in social networking and other similar Internet opportunities can support a PAs personal expression, enable individual PAs to have a professional presence online, foster collegiality and camaraderie within the profession, and provide opportunity to widely disseminate public health messages and other health communications. Social networks, blogs, and other forms of communication online also create new challenges to the patient-provider relationship. PAs should weigh a number of considerations when maintaining a presence online:

- PAs should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- When using the Internet for social networking, PAs should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, PAs should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- If they interact with patients on the Internet, PAs must maintain appropriate boundaries of the patient-provider relationship in accordance with professional ethical guidelines just, as they would in any other context.
- To maintain appropriate professional boundaries PAs should separate personal and professional content online.
- When PAs see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the PA should report the matter to appropriate authorities.
- PAs must recognize that actions online and posted content may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for PA students), and can undermine public trust in the medical profession.

Program-Specific Social Media Expectations

Pfeiffer University PA students and faculty should understand and adhere to the following guidelines and professional considerations when engaging in social media networking:

- Pfeiffer University PA Faculty and Staff members are not permitted to extend or accept “friend requests” to/from students.
- Classroom and clinical site training commitments should be respected. Students should not engage in social networking during in-class and on-site clinical time.
- The integrity of the coursework of the Pfeiffer University PA program, student, and classroom should be protected. Students should not share questions or answers to assignments, exams, or quizzes via social media.
- Patient privacy must be protected. Students should not share any identifiable patient or clinical information via social media. HIPAA laws apply to all social networking sites.
- Students should ensure accuracy regarding statements made about the Pfeiffer University PA program and its community members. Students should not provide false, intentionally inaccurate, or inflammatory comments.
- All laws governing copyright and fair use of copyrighted material must be followed.
- Students should recognize that one’s professional reputation can be affected through social networking and therefore be judicious when posting content.

Academic Standards (A3.17a)

Assessments (C3.01)

Throughout the clinical phase of the program, students will be evaluated and expected to meet the highest standards of achievement in the established learning outcomes and expected competencies.

In each of the clinical rotations (Internal Medicine, Family Medicine, Pediatrics, Women's Health, Surgery, Emergency Medicine, Geriatrics, Behavioral and Mental Health, Orthopedics, and an Elective) the student will be evaluated by the Director of Clinical Education, Clinical Preceptor(s) and Faculty Advisor (s) utilizing a variety of assessment tools, as follows:

- **Written case presentation and Critical Appraisal of Article**
 - This written presentation will include a complete history, complete physical examination, differential diagnosis, treatment plan (including health maintenance and prevention), and follow-up plan.
 - The student must write a PICO question and critically appraise an article related to the presenting problem using the appropriate work sheet.
 - This assignment will be due at 11:59 AM (EST) on the last Monday of the clinical rotation
 - This assignment will be submitted through the clinical rotation site on BlackBoard™

- **Reflection paper**
 - This is a short (250 words) essay reflecting on the completed at the end of the clinical rotation. The student should share how this experience improved the student's understanding of the link between effective communication and quality of care, culture and diversity in health care and/or the impact of social justice issues on population health.
 - This assignment will be submitted through the clinical rotation site on BlackBoard™, and it is due at 11:59 PM (EST) t on the last Monday of the clinical rotation

- **End of rotation examination**
 - Will be administered at 8:00AM on End of Rotation Day 1
 - Is comprised of 120 PANCE style, multiple choice questions based on the learning objectives of the clinical rotation completed.
 - Must be completed in 120 minutes.
 - Will follow the PAEA End of Rotation Exam topic list and blueprint
 - Exam results will be available on the morning of End of Rotation Day 2

- **Objective structured clinical evaluations (OSCEs)**
 - On End of Rotation Day 2, at the assigned time, the students will report to the Center of Advanced Clinical Learning for a focused, clinical rotation specific OSCE utilizing standardized patients.
 - The assessment will be proctored by MS PAS principal and adjunct faculty
 - The result of the assessment will be given to the student upon completion of the exercise

- **Preceptor evaluation of the student**
 - Mid-rotation evaluation

- This evaluation MUST be submitted via E-medley by the clinical preceptor by the end of week 3 of the clinical rotation.
- **Preceptor evaluation of the student**
 - End of rotation evaluation
 - This evaluation MUST be submitted via E-medley by the clinical preceptor no later than the end of the last day of the clinical rotation.
- **Director of Clinical Education evaluation of the student**
 - Mid-rotation evaluation
 - This evaluation MUST be submitted via E-medley by the Director of Clinical Education by the end of week 3 of the clinical rotation.
- **Clinical procedure log on E-medley**
 - This log MUST be submitted via E-medley by the student no later than the end of the last day of the clinical rotation
- **Patient profile log on E-medley**
 - This log MUST be submitted via E*value by the student no later than the end of the last day of the clinical rotation
- **Student site evaluation**
 - This evaluation MUST be submitted via E-medley by the student no later than the end of the last day of the clinical rotation

All assessments become a part of the student's permanent record.

Grading (A3.17a)

Grading Scale

	Course
Honors Pass	89.5-100
Pass	74.5-89.49
Fail	<74.5

Final Grade Calculation

- The student MUST achieve a grade of 74.5% (EOR test PASS) in all of the following clinical rotation performance assessments in order to pass the clinical rotation:
 - Written Case Presentation
 - Critical Appraisal of an article related to the written case
 - End of rotation examination (PASS)
 - OSCE
 - Preceptor evaluation
- **Failure to achieve a passing grade (74.5%) in any of the following assessments: Written Case Presentation, Critical Appraisal of an article related to the written case, End of rotation examination (PASS), OSCE, and Preceptor evaluations will result in the failure of the clinical rotation, regardless of the final composite grade.**

Assessments and Remediation

Clinical Phase Remediation (A3.17f)

End of Rotation Examination

- This exam is a standardized assessment intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences.
- A score greater than one and a half standard deviation below the mean is required to pass the end of rotation exam.
- If a student scores below the benchmark, the student will meet with the Director of Clinical Education (DCE) and their Academic Adviser to discuss areas of deficiency.
- The DCE and the student's Academic Adviser will formulate an individualized plan of remediation to address the deficiency.
- Upon successful completion of the remediation plan, the program will reassess the student by administering another end of rotation exam before their next rotation.
- Failure to pass the reassessment will lead to a referral to the Academic and Professional Performance Review Committee.
- This may result in deceleration or dismissal from the program.

Objective Structured Clinical Examination

- OSCE examinations are useful in the assessment of medical knowledge, interpersonal skills, clinical and technical skills and professionalism.
- A score greater than equal or greater than 75% is required to pass the rotation specific OSCE.
- If a student scores below the benchmark, the student will meet with the DCE and their Academic Adviser to discuss areas of deficiency.
- The DCE and the student's Academic Adviser will formulate an individualized plan of remediation to address the deficiency.
- Upon successful completion of the remediation plan, the program will reassess the student by administering another OSCE before their next rotation.
- Failure to pass the reassessment will lead to a referral to the Academic and Professional Performance Review Committee.
- This may result in deceleration or dismissal from the program.

Rotation-Specific Written Clinical Presentation

- This exercise allows the program to assess learning outcomes regarding the student's ability to document a thorough medical history, physical examination, pertinent diagnostic test results, differential diagnosis, treatment and follow-up plans
- A score greater than equal or greater than 75% is required to pass the written case presentation.
- If a student scores below the benchmark, the student will meet with the DCE and their Academic Adviser to discuss areas of deficiency.
- The DCE and the student's Academic Adviser will formulate an individualized plan of remediation to address the deficiency.

- Upon successful completion of the remediation plan, the student must submit a second written examination before their next rotation.
- Failure to pass the reassessment will lead to a referral to the Academic and Professional Performance Review Committee.
- This may result in deceleration or dismissal from the program.

Reflection Paper

- The reflection is aimed to measure learning outcomes pertaining to professionalism.
- Students must score equal to or greater than 75% on this assessment in order to pass.
- If a student scores below the benchmark, the student will meet with the DCE and their Academic Adviser the Director to discuss areas of deficiency.
- The DCE and the student's Academic Adviser will formulate an individualized plan of remediation to address the deficiency.
- Upon successful completion of the remediation plan, the program will closely monitor progress in professionalism in subsequent clinical rotations.
- Failure to pass the reassessment will lead to a referral to the Academic and Professional Performance Review Committee.
- This may result in deceleration or dismissal from the program.

Clinical Preceptor Evaluation

- Students are expected to score 3 or higher in each learning outcome on the clinical evaluation form.
- If a student is found deficient in any of the expected learning outcomes for a clinical rotation on the clinical preceptor evaluation form (e.g. score equal or less than 2), the Director of Clinical Education (DCE) and their Academic Adviser will discuss the area of deficiency with the student.
- The DCE and the student's Academic Adviser will formulate an individualized plan of remediation to address the deficiency.
- Upon successful completion of the remediation plan, the program will reassess the student prior to the next rotation.
- If there are multiple deficiencies the student will be referred to the Academic and Professional Performance Review Committee.
- This may result in intensive remediation, deceleration, or dismissal from the program.
- In the event that a clinical preceptor is not able to assess a specific required skill, the program will seek to provide a clinical experience where assessment of the student's competence in the required learning can be determined.

Summary

- If a student is found deficient in any of the expected learning outcomes for a clinical rotation (e.g. score equal or less than 2 on any learning outcome on the clinical preceptor evaluation form) the Director of Clinical Education (DCE) will discuss this with the student.
- The DCE and the student's Academic Adviser will formulate an individualized plan of remediation to address the deficiency.
- Upon successful completion of the remediation plan, the program will reassess the student before the next rotation.

- If there are multiple deficiencies or the student fails to pass any reassessment and/or demonstrate improvement in professionalism, a referral to the Academic and Professional Performance Review Committee will be issued.
- This may result in deceleration or dismissal from the program.

Failure of two SCPEs

- Review areas of weakness
- Individualized remediation plan of study
- Student will be re-assessed on the following Monday after Clinical Seminar Days
 - If the student passes the repeat examination then he/she may move onto the next rotation
 - If the student fails:
 - Will result in a referral to the MS-PAS Academic and Professional Performance Review Committee for consideration of Academic Dismissal Standing

Summative Evaluation (C3.04)

The Pfeiffer University MS PAS program conducts a summative evaluation of each student within the final four months of the program. The purpose of the summative evaluation is to verify and validate that each student has successfully achieved the **Learning Outcomes and Expected Competencies** established by the program; and are necessary to enter clinical practice. The assessments composing the summative evaluation correlate with all didactic and clinical curricular components of the program. The elements of the summative evaluation are as follows:

- 120 Multiple Choice Examination
- Performance of a Complete Physical Examination
- Documentation of a Complete History and Physical
- Successful completion of three (3) OSCEs
- Documentation of a SOAP note of one of the OSCE scenarios
- Formulation of a research question on the chosen scenario, using the PICO format; and Critical Appraisal of one article related to the research question
- Formulation of a performance improvement plan at the end of SCPE #5
- 500 word reflection essay on their role as a Physician Assistant regarding one of the following topics:
 - Health Disparities
 - Social Justice in Medicine
 - Community Health Advocacy

Students must score a minimum of 74.5% on each of the highlighted assessments. If a student fails to achieve this benchmark:

- The student will meet with their academic advisor to review areas of weakness and deficiency
- An individualized remediation plan will be formulated
- The student will be re-evaluated on Friday afternoon of the following Clinical Seminar

Failure to achieve the established benchmark on the re-assessment will result in a referral to the APPRC, which may recommend deceleration or dismissal from the program.

Academic and Professional Performance Review Committee (APPRC)

Academic and Professional Performance Review Committee

The Pfeiffer University Master of Science in Physician Assistant Studies has established a fair and formal process for taking any action that may affect the status of any physician assistant student who does not meet the established standards of academic and professionalism performance. The process is generally positive in approach and committed to supporting students in the successful completion of the course study required by the program. Elements essential to the effectiveness of the process include but are not limited to: timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the physician assistant student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

The Academic Performance and Professionalism Review Committee (APPRC) is charged with the responsibility of systematically reviewing the academic performance (didactic and clinical phases) and professional behaviors of each physician assistant student, in order to make appropriate recommendations to the Program Director regarding graduation, progression, deceleration, remediation, academic probation, dismissal and readmission. The committee, in consultation with course directors, will also participate directly in the placement of students on probation and in the design remediation for deficiencies.

Additionally, the APPRC serves to ensure that the policies outlined in all program policy manuals (including this document) are applied in a fair and equitable manner to all students. However, claims of discrimination, including retaliation, and sexual harassment should be submitted to the Pfeiffer University Office of Academic Affairs by the student.

Composition

The APPRC will be comprised of the following:

Voting Members (by appointment)

- Medical Director of the MS-PAS program
- Two Principal Faculty of the MS-PAS program
- One Instructional Faculty (didactic phase)
- One Clinical Preceptor (clinical phase)

Ex-officio (Non-voting) Members (by invitation)

- Institutional representatives that may provide support and insight as to the student's performance and intentional or unintentional results of committee actions (i.e. course directors, registrar, financial aid, university legal counsel)

All members are appointed by the Program Director. The Medical Director will serve as chair of the committee at all times.

Continuity

The MS-PAS program has an appointed APPRC for each cohort of students. The committee is identified by the anticipated graduation year of the entering cohort (i.e. APPRC Class of 2022). This provides the committee greater insight into the abilities of the students as they progress through the prescribed course of study.

Requirements for Quorum and Adoptive Action for the Committee

- A quorum for any regular or called meeting of the committee shall be defined as more than half of the voting members.
- All actions of the committee require a simple majority vote of those voting members in attendance.
- In extenuating circumstances only, a voting member who is unable to attend an APPRC meeting or who must recuse themselves from voting may delegate a proxy from among the non-voting members. If the committee chair is unable to attend, he/she will designate an acting chair for that meeting only.

Confidentiality

All deliberations and proceedings of the APPRC are confidential. Except as specified in this policy, the meetings are closed to persons other than individuals specifically authorized by the Program Director. Faculty must be apprised of the confidential nature of the information.

Evaluation Process

Ongoing Review

- End of Semester
 - The APPRC will meet following the completion of each semester to review the academic progress of each student. The committee will verify and validate that students are achieving the learning outcomes and expected competencies and will move on to the next semester based on Student Progression Reports prepared by the Directors of Didactic and Clinical Education. The committee, in consultation with the Directors of Didactic and Clinical Education, will review recommended action plans for students whose academic or professionalism performance warrants intervention.

- Progression from Didactic to Clinical Phase
 - The APPRC will meet following the completion of the didactic phase to review the academic progress of each student and determine progression to the clinical phase. The committee will verify and validate that students have demonstrated the learning outcomes and expected competencies based on Student Progression Reports prepared by the Directors of Didactic and Clinical Education. The committee, in consultation with the Directors of Didactic and Clinical Education, will review recommended action plans for students whose academic or professionalism performance warrants intervention.

- Graduation
 - The APPRC will meet following the completion of the clinical phase and the summative evaluation to verify and validate successful completion of all components of the program and recommend student for graduation. The committee will confirm that students have demonstrated the learning outcomes and expected competencies based on Student Progression Reports prepared by the Directors of Didactic and Clinical Education. The committee, in consultation with the Directors of Didactic and Clinical Education, will review recommended action plans for students whose academic or professionalism performance warrants intervention.

Episodic Review

- The program has developed a policy for progression, remediation and deceleration to provide appropriate guidance and feedback to those students who struggle to meet established instructional objectives and expected competencies. This policy guides administrative decisions and procedures regarding student progress, remediation and deceleration. All academic plans concerning student progress, remediation and deceleration will be individualized and implemented when deficiencies are identified.

- The APPRC will utilize the Student Academic Progress Report with recommendations submitted by the Directors of Didactic and Clinical Education (see Appendix B). Students who may have a potential impending committee action are to be notified in writing (e-mail) by the APPRC. Students will be given the opportunity to provide additional information either prior to the meeting or meet with the APPRC at the scheduled meeting. APPRC meetings are scheduled 5 to 15 business days following the notification to students facing action, in order to provide adequate time for the student to prepare for the meeting, while also ensuring that recommendations are made in a timely manner.

Evaluation Process

- The APPRC will use the following process for evaluation:
- Each student is considered individually with emphasis upon quality of performance
- The APPRC shall review the academic performance (didactic and clinical phases) and professionalism of each physician assistant student facing potential committee action, recommendations made by the Directors of Didactic or Clinical Education, and any additional information provided by other parties (i.e. course directors, administrative support staff or students).
- The APPRC shall make recommendations regarding advancement, graduation, monitoring status, probation, dismissal, remediation, leaves of absence, and re-enrollment.
- The committee will review the performance of students in academic difficulty, those students demonstrating a potential for being in academic difficulty, and those students who have exhibited unprofessional behavior or non-compliance with other standards of performance, as identified by the program faculty.
- The APPRC may recommend an improvement plan, may develop more comprehensive longer-term remedial plans for those students having difficulty, or implement appropriate disciplinary action, possibly including dismissal from the educational program.
- Special meetings of the APPRC may be called when reports of unprofessional behavior or other serious concerns regarding a student's academic performance. After review, a student will receive written notification of the complaint/incident and that it has been referred to the APPRC. The APPRC may recommend an improvement plan, may develop more comprehensive longer-term remedial plans for those students having difficulty, or implement appropriate disciplinary action, possibly including dismissal from the educational program.
- The committee chair will notify the program director of the committee's recommendation regarding potential action plans for ratification.
- The committee chair will notify each student of the committee's recommendation regarding potential actions and provide the student with an opportunity to appeal that recommendation if they desire.
- The dean has final authority regarding an appropriate course of action for each student.

Hearings and Appeals

Hearing Procedure

Information Gathering

In the event that a matter is referred to the APPRC for evaluation and recommendation, the APPRC has the authority to gather information concerning the matter to assist with its deliberation and evaluation of the matter in the context of the student's academic performance and overall professionalism. The APPRC may convene meetings for any purpose including assisting with preparation for the APPRC hearing.

Meeting with Student and Confidentiality

All student meetings are conducted in private. During the meeting with the student, the student is advised of the information that forms the basis of the inquiry or allegation; the student then has an opportunity to respond to the information presented. The student may have an individual present to provide support and advice; however, that individual may only advise the student and may not address the APPRC member(s) directly or examine or cross-examine witnesses. The student does not have the right to be represented by an attorney, and no attorney shall be permitted to attend the meeting on the student's behalf or in any other capacity. The APPRC allows witnesses to the incident, if any, to present pertinent information at the meeting with the student. The chair has the authority to exclude witnesses who provide redundant or duplicative information. Character witnesses shall not be permitted to testify at hearings. If witnesses make presentations at any hearing, the student shall be entitled to pose relevant questions to such witnesses. The APPRC considers the information it has gathered and any additional information provided by the student and makes written findings of fact and recommendations based upon its assessment of the information presented. Such findings and recommendations shall be provided to the program director within 10 business days of the conclusion of the hearing.

Quorum and Voting

A quorum consists of at least three voting members of the APPRC. A recommendation is adopted when approved by a simple majority of the members present. A recommendation to expel a student from the MS PAS program must be approved by three-fifths of the entire APPRC.

Record of Hearing

Written decisions serve as the official records of a hearing.

MS PAS Student Evaluation and Promotion Committee Recommendations.

The APPRC makes one or more of the following recommendations regarding the disposition of a matter of professional fitness considered by the Committee:

- Find that the matter does not warrant action;
- Issue a written reprimand or warning;
- Allow the student to repeat or otherwise remediate academic deficiencies;
- Allow the student to continue on a modified academic schedule;
- Refer the student for counseling or psychological evaluation;
- Place the student on probation with such conditions as deemed appropriate;
- Suspend the student or place the student on leave of absence for a specified time or until specific conditions are met;
- Suspend the student for a period of time;
- Expel the student.

The APPRC may recommend to the program director removal of a student's probation once the student has fulfilled the conditions of probation.

Responsibilities of the Program Director

The APPRC's recommended action steps are reviewed by the program director for, among other things, logistical viability (faculty workload, support services, etc.). The program director either accepts, amends, or rejects the plan. The APPRC findings and recommendations with modifications, if any, are sent to the affected student within 5 business days of the program director's receipt of the APPRC's written report notifying the student of the proposed findings and recommendations. A student may schedule an appointment with the program director to discuss the proposed findings and recommendations prior to the program director making them final. The appointment must be requested in writing and received by the program director no more than 3 business days after the student receives written notification of the proposed findings and recommendations by the APPRC. If a meeting is requested, it will take place promptly. Within 5 days of the meeting between the program director and the affected student or within 8 days of notice to the student if no meeting is requested, the program director finalizes the written findings and recommendations and provides notice to the student of the same and forwards the written findings and recommendations to the Dean of the Division of Applied Health Sciences for review. The Dean reviews the findings and recommendations and affirms or amends the findings and recommendations. Once the Dean has affirmed or amended the program director's findings and recommendations, the student is notified by the program director.

Student Appeals

A decision of the Dean of the Division of Applied Health Sciences may be appealed for the following reasons:

- There has been a violation of the student's due process rights as outlined in the hearing procedures above;
- The severity of the sanction is not justified by the nature of the misconduct;
- New, relevant information not available during the earlier proceedings is made available, and the new information could have substantially affected the outcome of the hearing.

The appeal must be in writing, specify in detail the alleged procedural impropriety, and must be filed in the Office of the Provost within 14 calendar days of the date of receipt of the Dean's decision. The provost, or a designee, shall review the appeal and the record of the formal hearing and issue a decision. The decision of the Office of the Provost is final agency action.

Student Grievances and Allegations of Harassment (A3.17g)

In compliance with federal and state laws, it is the policy of Pfeiffer University to prohibit unlawful harassment and sexual misconduct by any person and in any form.

For more information regarding the Pfeiffer University's Student Grievance and Allegations of Harassment Policy

Title IX <http://www.pfeiffer.edu/pfeiffer-university-title-ix-policy>

Policy In compliance with federal and state laws, it is the policy of Pfeiffer University to prohibit unlawful harassment and sexual misconduct by any person and in any form. TITLE IX Pfeiffer University is committed to providing equal access to its educational programs, activities, and facilities to all otherwise qualified students without discrimination on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or any other category protected by applicable state or federal law. An equal opportunity employer, Pfeiffer affirms its commitment to nondiscrimination in its employment policies and practices. In compliance with Title IX (20 U.S.C Sec. 1681 et seq.) Pfeiffer University prohibits sex discrimination, including sexual harassment. For student-related disability discrimination concerns, contact the disability services coordinator, 704-463-3366. For all other concerns, including any arising under Title IX, contact the director of human resources, who is also Pfeiffer's Title IX Coordinator, 704-463-3067.

For more information regarding the Pfeiffer University's Student Grievance (Complaint) Policy, please see:

<http://www.pfeiffer.edu/pfeiffer-policies>

Incident Report Policy

Policy

Incidents involving students may occur on or off campus while fulfilling requirements of the physician assistant program. These incidents must be documented for protection and safety of all students, faculty, staff, members of the healthcare team, patients and or patient's caregivers. In the event of any incident where any student (didactic or clinical phase) is harmed in any way, the student must immediately notify the Pfeiffer University MS-PAS program.

If the incident is following the exposure of a student to a blood born pathogen the student should contact the Pfeiffer University MS-PAS Program immediately and adhere to the program's Policy and Guidelines for Exposure to Infectious and Environmental Hazards.

If a student is at a supervised clinical practice experience (SCPE) site they should immediately inform the clinical preceptor and follow the SCPE site protocols for incident reporting. The student must also immediately inform the Pfeiffer University MS-PAS program Director of Clinical Education.

All students must complete the Pfeiffer University MS-PAS Program Student Incident Report (Appendix A) in the event of any incident.

Attendance

ATTENDANCE IS MANDATORY

It is a demonstration of professional attitude and behavior. This behavior impacts all members of the healthcare team, including fellow students and patients. Any absence from the clinical rotation may have a direct impact on student performance, the broad-spectrum clinical experience, evaluation of professionalism, overall grade, and the successful completion of the clinical rotation.

Consideration will be given for activities such as elected student representation to various committees and/or organizations. The Pfeiffer University MS PAS program Director of Clinical Education will respond to the student's request in writing with a copy to the Program Director. The student must provide any supporting documentation requested addressing absenteeism. Students who miss scheduled hours are expected to acquire the same level of competency as other students involved in the clinical rotation. Lectures, reading assignments and work load will not be re-created or offset to accommodate any absences.

The work schedule will be determined by your preceptor and students are required to work full time following the same schedule as their preceptors. Students will be required to take on call, nights, and weekends as designated by the preceptor. Holidays or university breaks do not apply to the clinical phase.

Students are expected to attend all scheduled clinical rotation didactic conferences, lectures, workshops, and daily patient rounds. Mandatory sessions and participation requirements in the clinical phase are determined by the individual clinical rotation. Recognizing that situations arise that require students to miss time from their lectures/clinical responsibilities, the procedures presented below will be followed when an unplanned absence is necessary.

- In the event of an illness or emergency necessitating absence from the clinical rotation, students must notify both the Pfeiffer University MS PAS program Director of Clinical Education (DCE) and the clinical preceptor by 9:00am on the day of the absence. Students should make every effort to reach the clinical preceptor and DCE rather than utilizing voicemail or email. Students are required to submit appropriate documentation supporting the reason for any unplanned absence(s).
- Failure to report an absence the student will be required to make up the time missed from the clinical rotation and a 5 point deduction on the Clinical Preceptor End of Rotation Clinical Performance Evaluation.
- Students are required to submit a written request for approval of any anticipated absence, to the DCE, prior to the absence. The DCE will communicate with the student regarding details of the anticipated absence, preceptor notification and preceptor approval. Students should not seek approval from the preceptor without prior approval by the DCE lest this be considered an unexcused absence.
- If a student misses up to five (5) days on any rotation, he/she must discuss with the preceptor ways to make-up the missed time. If there is no opportunity for the student to make up the missed days at that clinical site, the student must discuss make-up time at another clinical site with the DCE. If there are no available clinical rotation site contiguous with the current cycle, the student will receive an Incomplete-grade until the hours have been made up.

- In the event that a student misses more than five (5) days on any rotation for an excused absence, they will be required to repeat the rotation.
- Students may be required by some clinical sites to engage in clinical or educational activities during the evenings and/or weekends.
- If the preceptor or his/her designee is unavailable to work with the student for 2 or more scheduled clinical days (e.g. vacation, scheduled days off, etc.), the student is required to notify the DCE so that an alternate assignment may be made.
- Absence from a clinical site during a PA educational conference (e.g., AAPA, FAPA) for the purpose of conference attendance may be permitted with the permission of the DCE. The student is still responsible for ensuring that any rotation benchmarks are not compromised by conference attendance.
- Students are required to return to campus at the completion of each rotation for academic and professional activities such as case presentations, End-of-Rotation Exams, OSCEs, and other designated program endeavors.
- Tardiness
 - If a student arrives to the clinical site 30 minutes late or leaves the clinical site 30 minutes early, he/she is required to notify the Clinical Preceptor and the DCE immediately.
 - If a student accumulates lateness hours totaling 5 hours this constitutes 1 unexcused absence. The procedure and policy for unexcused absences will then be applied.
- Second and fourth Fridays
 - All students are required to complete an online virtual Board Review Exam via BlackBoard™ by 11:59 PM on the second and fourth Friday of the clinical rotation. Failure to complete this exercise will result in a 5 point deduction on the Clinical Preceptor End of Rotation Clinical Performance Evaluation.
 - If the student fails to score a minimum 74.5% on the virtual Board Review Exam, the DCE will contact them to discuss areas of weakness and deficiency. The student will be reassessed one week after the initial exam.

Pfeiffer University MS PAS Program Student Hours in Clinical Phase

Pfeiffer University MS PAS program students are held to the following clinical-hours guidelines:

- Students are limited to a maximum of 60 duty hours per week including in-house call, averaged over four weeks.
- Students must be given one day out of seven free from all clinical and educational responsibilities, averaged over four weeks.
- Students cannot be scheduled for in-house call more than once every three nights, averaged over four weeks.
- Students may not work more than 24 consecutive hours.
- Students should be given at least ten hours for rest and personal activities between daily duty periods and after in-house call.

Any violation of these guidelines must be reported to the DCE and/or the Program Director immediately.

Student Employment (A3.04, A3.05, A3.14h)

The Pfeiffer University MS-PAS program does not require enrolled students to be employed and strongly discourages from being employed during their tenure with the program.

There will be no exceptions or accommodations granted to didactic or clinical course work, scheduling of classes, labs, exams, special assignments, community service work, or supervised clinical practice experience (SCPE) assignments due to employment.

Employment of any kind (paid/volunteer) during the program will not be accepted to excuse absence from scheduled learning activities, justify poor performance, or be considered as extenuating circumstances when assessing the students' academic and professional progress.

The Pfeiffer University MS-PAS program does not permit matriculated students to substitute for or function as instructional faculty; nor are they allowed to work (paid or voluntary) for the program in any capacity.

During SCPEs, students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised. The student must contact the Director of Clinical Education or the Program Director immediately if asked to function as a clinical instructor and/or administrative staff. Students must not accept compensation for any services provided during supervised clinical experiences.

Any violations to any component of this policy will result in referral to the Academic and Professional Performance Review Committee.

Health Requirements (A3.07, A3.19, A3.21)

The Pfeiffer University Master of Science in Physician Assistant Studies (MS-PAS) program considers the health, safety and welfare of its faculty, student body, staff and the community we serve of utmost importance. Therefore, based on the [Centers for Disease Control Recommended Vaccines for Healthcare Workers](#) most recent guidelines; the program has developed the following policy in order to safeguard the wellbeing of all.

Required Drug Screen

- All students who have been offered conditional acceptance must successfully pass an initial chain of custody drug screen.
- All matriculated students must complete and successfully pass a second chain of custody drug screen upon completion of the didactic phase prior to entering the clinical phase of the program.
- Additional chain of custody drug screens and "for cause" testing for any student suspected of being under the influence of unlawful drugs or alcohol during their course of study remains at the discretion of affiliated hospitals or clinics and/or the PU MS-PAS program.
- A student may be prevented from progressing in the program's didactic phase, being promoted to the clinical phase of the program, or being recommended for graduation if the student fails a chain of custody drug screen. Therefore, the PU MS-PAS program reserves the right to withdraw offers of conditional acceptance if the candidate fails the initial chain of custody drug screen.

Required Physical Examination

- A comprehensive physical examination by a licensed medical provider (DO, MD, PA or NP) must be completed indicating that the conditionally accepted applicant is free of infectious disease and has been medically cleared for admission.
- The Student Health Packet includes instructions and the following forms:
 - Medical History
 - Physical Examination
 - Immunization Verification*
 - Health Attestation Form
 - Chain of Custody Drug screen
 - All students must have a second physical examination conducted by licensed medical provider (DO, MD, PA, or NP) prior to starting the clinical phase of the program indicating that the conditionally accepted applicant is free of infectious disease and has been medically cleared for admission.

Immunizations

Immunization requirements based on the most current standards set by the Center for Disease Control (CDC).

All students must complete the following requirements prior to matriculation:

- **Tuberculosis (TB) Screening:**
 - The student must submit documentation of ONE of the following:
 - Results of NEGATIVE "Two-Step" TB Skin Testing (TST/PPD)

- This screening requires 2 separate TB skin tests administered at least one week apart but within 12 months of each other.
 - The last TST must be within 6 months of your start date.
 - Lab Copy showing a “NEGATIVE” Interferon Gamma Release Assay (IGRA) blood test (QFT or T-Spot) within 6 months of start date (accepted in lieu of the “Two-Step” TST).
 - Individuals with a history of a POSITIVE TB skin test or IGRA blood test must submit both of the following:
 - Verification of a NEGATIVE Chest X-ray within 12 months of start date and
 - A current NEGATIVE Screening Questionnaire
- **Rubella (German Measles):**
 - Serologic documentation of a positive Rubella immune titer OR immunization with at least one dose of live Rubella or MMR vaccine after 12 months of age.
- **Measles (Rubeola):**
 - Serologic documentation of a positive Rubeola immune titer OR immunization with two doses of live Rubeola or MMR vaccine administered after 12 months of age and separated by 28 days or more
- **Mumps:**
 - Serologic documentation of a positive Mumps immune titer OR immunization with at least two doses of live Mumps or MMR vaccine after 12 month of age.
- **Varicella (Chicken Pox):**
 - Serologic documentation of a positive Varicella titer OR two Varicella immunizations (given 4 to 8 weeks apart).
 - This requirement is satisfied only by a positive titer or the vaccine series.
- **Hepatitis B “Positive” Quantitative Surface Antibody Titer (Blood Test):**
 - Serologic documentation of a Positive (QUANTITATIVE) Hepatitis B surface antibody titer that verifies IMMUNITY to the Hepatitis B Virus.
 - The TITER is required in addition to completion of the vaccination series.
 - The results should be reported as “POSITIVE” or as a number.
 - “REACTIVE” results will NOT be accepted.
- **Adacel™ Or Boostrix® Vaccine Booster:**
 - Documentation of an Adult TETANUS/diphtheria/acellular pertussis (Tdap) vaccine booster is required.
 - Tdap was licensed in June, 2005 for use as a single dose booster vaccination (i.e. not for subsequent booster doses).
 - The current CDC recommendation states “Healthcare personnel, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose”.

- **Meningococcal Vaccination:**

- Documentation of immunization with one dose of Meningococcal vaccine after 16th birthday

All matriculated students MUST present evidence of the following on an annual basis during their tenure with the program:

- **TB screening**
- **Influenza vaccine**

Students are financially responsible for the cost of all health care services they may require while enrolled in the program, including any health care services required as a result of their participation in scheduled program activities (e.g. TB testing, immunizations, treatment of injuries, pathogen exposure evaluation and treatment). Students are also required to sign a Health Screening and Immunization Information Release Form.

Noncompliance with any component of this policy will result in withholding the student from progressing in the program, withdrawal from classes without credit and a referral to the Academic and Professionalism Performance Review Committee.

No one from the MS PAS program has access to the student's health record. These are maintained by the university in a secured electronic depository.

The MS PAS program will maintain the health attestation form confirming that the student has met institution and program health screening requirements, immunization records, and tuberculosis screening of all matriculated students through a HIPPA compliant, secure cloud based management system. These records will be reviewed by the Director Clinical Education and the Admissions Support Coordinator upon acceptance into the program and annually thereafter throughout the student's tenure with program. The Director of Clinical Education will also continuously review the Centers for Disease Control Recommended Vaccines for Healthcare Workers guidelines and recommendations for updates.

CONSENT FOR RELEASE OF CONFIDENTIAL HEALTH INFORMATION

Student Name (PRINT)

Year/Class

Date

All of the clinical sites utilized by the Physician Assistant Program require documentation of medical status of the students that will be performing experiential learning activities at those sites. In order for the Physician Assistant Program staff to provide the required information to the sites, student permission is needed to permit the Physician Assistant Program to release the necessary information to the clinical sites.

I, _____, authorize the Pfeiffer University Master of Science in Physician Assistant Studies Program staff to release my medical health form checklist to the clinical sites I will be rotating through during the Didactic and Clinical Phase. I understand that information will be sent only to those facilities requiring documentation of my medical status.

Student Name (Signature)

Date

Student Name (PRINT)

Witness Name (Signature)

Relationship

Witness Name (PRINT)

Date

Guidelines for Exposure to Infectious and Environmental Hazards (A3.08)

Infectious/Communicable Disease Training and Post-Exposure

In order to minimize the risk of contracting any infection in the course of their clinical practice activities students must follow the Universal Blood and Body Fluid Precautions developed by the Centers for Disease Control (CDC). Instruction regarding environmental hazards and infectious exposures is provided during the didactic phase of the program and reviewed prior to entering the clinical phase of the program. Upon completion of the module students are expected to consistently and appropriately implement Universal Precautions and other appropriate safety measures thereafter. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in the clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

Guidelines for Student Exposure to Infectious and Environmental Hazards Blood and body fluid exposure (HIV, Hepatitis B, Hepatitis C)

An "exposure incident" refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a student's clinical duties. Should a patient's blood or body fluid come into contact with a student or if a patient comes in contact with the blood or body fluid of a student, the student should seek medical treatment IMMEDIATELY and follow the procedure outlined below:

1. Decontamination of exposed site – vigorous flushing of mucous membranes, eyes, and/or thorough hand washing.
2. Immediately report incident to appropriate clinical site personnel, including your preceptor, and follow established protocol for the site.
3. If there is no established protocol, seek treatment at the nearest Emergency Department.
4. Seek medical attention to ensure appropriate medical care relating to the exposure is provided.
 - a. This should occur within 2 hours for a known HIV infected source and 4-6 hours for all other exposures.
 - b. The appropriate initial site to seek medical attention varies based on the clinical site where the incident occurred. It could be an Occupational Health or Emergency Department at the institution or you may need to find the nearest Emergency Department. Students should review site-specific exposure protocol.
 - c. Management may include confidential testing of the patient and the student for hepatitis B, hepatitis C, HIV and other infectious agents.
 - d. In the event that additional follow-up medical care is necessary, students will need to refer to site specific protocol to discover whether this will continue to be provided by the initial site or if the student should arrange follow-up with their own health care provider.
5. Report the event via e-mail to the Director of Clinical Education or the Program Director within 24 hours of the event.

6. Please refer to the *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis*
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Other Exposures, Illness, or Injury

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of contagious diseases may need to avoid contact with patients. In such cases, or in the event of an injury, the student should be evaluated by a health care provider in order to determine need for therapy and clearance for patient care. Students must notify and work with the site preceptor to determine whether the situation requires the student to be evaluated by the site occupational health provider or their own health care provider. Students must report via email such instances to the Director of Clinical Education or the Program Director within 24 hours of the event.

Medical Follow-up and Clearance to Return to Clinical Activities

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student's exposure incident/illness/injury will be determined by the student's health care provider (in collaboration with the student) and other appropriate health care professionals. The student must obtain a medical attestation form from their healthcare provider clearing the student for participation in patient care.

Financial Responsibility

All students are required to carry medical insurance to cover the expense of such unlikely event and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student.

Effects of Exposure/Illness/Injury on Student Learning Activities

Students may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of clinical exposure to infectious and environmental agents. In such case the Academic and Professional Performance Review Committee will review the case and make recommendations regarding the student's academic standing.

Students should refer to the remediation, deceleration and progression policies regarding criteria for academic separation.

Clinical Phase Program, Preceptor and Student Responsibilities

Program Responsibilities

The Pfeiffer University MS PAS program is committed to:

- The continuous development of clinical sites that provide clinical experiences requisite for Physician Assistant education
- Providing sufficient clinical sites for the Pfeiffer University MS PAS program required clinical practice experiences
- Monitoring and updating affiliation agreements, clinical preceptor licenses, certifications, resumes and any other documentation related to the clinical phase
- Providing clinical preceptors and sites a thorough orientation on Physician Assistant education, clearly delineating what are the Pfeiffer University MS PAS program's goals and expectations.
- Providing students a thorough orientation to the clinical phase of the program, clearly delineating the Pfeiffer University MS PAS program's goals and expectations.
- Providing students and clinical preceptors clinical rotation specific syllabi with clear learning objectives and goals.
- Being available to students and clinical preceptors to answer any question regarding policy and procedure or intervene should any problem arise
- Monitoring and assessing the student's progress and achievement of the goals and objectives at the mid-point and the end of each clinical rotation.
- Monitoring and assessing that each clinical preceptor provides a high quality clinical experience
- Provide remediation and support for those students who are not achieving the goals and objectives of the clinical rotation
- Abide by the policies and procedures set forth in this handbook.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the DCE by submitting mid-rotation and end-of-rotation evaluations
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Direct evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- Audit and co-sign charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
- Complete the student's electronic Clinical Performance Evaluation via E-medley no later than

- the last day of the clinical rotation
- Promptly notify the Pfeiffer University MS PAS program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
 - Maintain an ethical approach to the care of patients by serving as a role model for the student
 - Demonstrate cultural competency through interactions with patients
 - Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship
 - Provide timely feedback to the student and the program regarding student performance

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in this handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostics
- Educate and counsel patients across the lifespan regarding health-related issues
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year

Clinical Site Affiliation Agreements (A1.02, A3.03, C4.01, C4.02, D1.07)

The Pfeiffer University MS PAS Program is committed to the continuous development of effective clinical sites. The review, evaluation and approval of a supervised clinical practical experience (SCPE) site and preceptor is a rigorous process, this is to ensure that the SCPE site provides sufficient clinical experience to facilitate the achievement of the clinical rotation's learning objectives and expected competencies. The program requires a current and fully executed written and signed affiliation agreements between all SCPE sites and Pfeiffer University. These agreements are legal documents that address academic, physical, clinical, and liability issues. The process of attaining SCPE sites is solely the responsibility of the program and facilitated by the Pfeiffer University legal counsel.

The evaluation process to determine if the prospective SCPE site is suitable for educational purposes and meets all academic, physical, and clinical standards will be conducted by the DCE and approved by the Program Director. Students or their agents are not allowed to solicit or negotiate an affiliation with a SCPE site. If a student becomes aware of a potential clinical site; a SCPE Request Form must be submitted to the Director of Clinical Education (DCE) via E-medley (See Appendix 2). A violation of this policy will result in an immediate referral to the APPRC for disciplinary action.

Student Identification (B3.01)

Pfeiffer University identification badges are issued to all students upon matriculation. These identification badges as well as a short white lab coat with the Pfeiffer University MS-PAS program seal patch on the left sleeve and the student's name embroidered on the left chest, above the pocket, must be worn at all times while on campus and during clinical experiences. This is to clearly distinguish them from physicians, medical students and other health profession students and graduates.

Students may be required to wear an additional site specific security identification badge at clinical sites. The clinical site(s) will make arrangements for the student to attain an identification badge during orientation prior to beginning the clerkship. This badge is to be worn in addition to the Pfeiffer University MS-PAS program identification badge.

Physician Assistant students must always and only identify themselves as "physician assistant students" to faculty, patients, clinical site staff, and never present themselves as physicians, residents, medical students, or graduate physician assistants. While enrolled the Pfeiffer University MS-PAS program, students may not use previously earned titles (i.e. RN, MD, DO, EMT, Ph.D., Dr. etc.) for identification purposes.

Closing of Campus (including Inclement Weather)

The President shall determine whether the condition is such a nature as to require cancellation of classes and/or closure of the University.

Example of events which may prompt such a decision include severe weather, natural disasters, act of terrorism, workplace violence, or significant utility outages.

Didactic Phase and Clinical Phase Students Rotating within 60 miles of the Center for the Health Sciences.

If the President determine that classes are to be cancelled and/or the University closed due to inclement weather, the following steps shall be implemented for courses and rotations by the program:

- If the Misenheimer campus has closed, there will be no course activities that day at the Center for the Health Sciences. This includes regularly scheduled lectures, laboratories and learning activities.
- Clinical activities will also be suspended in the following way:
 - If notification occurs by 5:30 a.m. using the LifeSafe System students are excused from clinical duties. Students must notify the preceptor at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.
 - If notification occurs during the day or before 3:00 p.m. for evening events and classes, the Center for the Health Sciences will communicate an announcement from the Dean's office to faculty and staff when this has occurred. Specific information regarding the weather status at the Center for the Health Sciences will be placed on the Pfeiffer University website.
 - Students should be excused immediately from clinical duties in order to return home safely.
 - The program will also make efforts to communicate to faculty and to students on their rotation by email when clinical duties are suspended.
 - Students must notify the preceptor at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.

Clinical Phase Students Rotating > 60 miles from the Center for the Health Sciences

Students are not expected to put themselves in dangerous situations. If a student feels as though road conditions are too dangerous for driving, then he/she should report the absence to the Director of Clinical Education. If a clinical preceptor cancels a clinic day due to inclement weather, it is does not need to be made up, but should be reported to the Director of Clinical Education. Students should strive to still meet the minimum required hours for the rotation. If this is not possible, the student should contact the Director of Clinical Education immediately to discuss options.

Non-inclement weather closure of campus

Should campus be closed for a reason other than inclement weather, clinical phase students are expected to attend clinicals for the day. Should the campus closure be of such a nature that students may be negatively affected in some way (emotionally, physically, etc.), the program will alert students to not attend clinicals.

APPENDIX 1

COMMITMENT STATEMENT

A. Working with Diverse Groups

I understand that as part of the educational experience in the MPAS Program, I will work with individuals representing a variety of cultural, religious, ethnic, racial, sexual orientation and socio-economic backgrounds. I agree to participate in such educational experiences with individuals regardless of their background.

B. Health Status

I have reviewed the MPAS Program Technical Standards and, to the best of my knowledge, I do not have any condition which will compromise my ability to perform the duties expected of me as a student in this program. Further, I agree to fulfill any associated health testing or intervention necessary for me to participate fully in assigned SCPEs. I will submit any necessary documentation regarding my health status (e.g., records of immunization) as required by the program or the clinical site, and I will not be permitted to start a SCPE if the documentation has not been completed.

C. BLS & ACLS Certification

I understand that current BLS and ACLS - certifications are required prior to beginning the clinical phase of the MPAS Program and that it is my responsibility to maintain certification and immunizations during the entire clinical curriculum and to provide the appropriate documentation.

D. SCPE Agreement

I understand that the MPAS Program assigns all SCPEs and that there is no guarantee I will be assigned to a specific location or preceptor. I also understand that SCPE sites are subject to change, sometimes without advanced warning. During the clinical curriculum, PA students may have to relocate for periods of time due to availability of clinical sites. Students are expected to provide their own transportation and housing.

E. Communications

I understand that my PU email is the primary means of communication for the MPAS Program. I will check my PU email account on a daily basis and respond in a timely manner. Furthermore, I understand that I may be subject to disciplinary action for failure to respond to faculty or staff communications in a timely manner.

F. Statement of Confidentiality

I acknowledge my responsibility under applicable federal law and the Affiliation Agreement between a clinical training facility and PU to keep confidential any information regarding facility patients, as well as all confidential information of the facility.

G. PA Program Clinical & Professional Phases Handbook

As a Master of Physician Assistant Studies Student at Pfeiffer University, I have read, understand and accept, and agree to be bound by all the rules, policies and procedures of the Clinical & Professional Phases Handbook.

Student Name (Please Print)

Date

Student Signature

This acknowledgement is to be signed and returned to the Course Director by the end of the Preparation for Clinical Education course.

Note: If students do not sign and return the form, they will still be held to the standards outlined in the handbook.

APPENDIX 2

NEW Rotation Site Form

Corporate Name of Practice: _____

Discipline: _____

Doctor of Record (Full Name): _____ **MD/DO (Circle One)**

Mailing Address: _____

City, State, Zip: _____

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

Contact Person: _____ **Phone/Extension:** _____

Appendix 3

Student Incident Report Form	
Today's Date:	
Student Name:	
Semester:	
Year:	
Course/Rotation:	
Course Director:	
Instructor:	
Preceptor:	
Student's Academic Advisor:	
Date of Incident:	
Location (address) of Incident:	
Time of Incident:	
Student's Account of Incident:	
Student Signature:	
Date:	
Course Director/Instructor/Preceptor Comments:	
Course Director/Instructor/Preceptor Signature:	
Date:	
Received by:	
Signature:	
Date:	

Appendix 4
Acknowledgement Statement
Academic Advisement/Remediation

Date:

I, _____, acknowledge that I have met with my academic advisor,
Name of Student

_____, regarding a failing grade in an assessment in
Name of Academic Advisor

_____. I also acknowledge that I have received an individualized
Course Number and Title

plan of remediation for this assessment as determined by the course director. Lastly, I understand that the individualized plan of remediation must be completed to the satisfaction of the course director in the stated time frame.

Student Signature: _____ Date _____

Academic Advisor Signature: _____ Date _____

Course Director Signature: _____ Date _____

Appendix 5

Individualized Plan of Remediation

Date:
Student Name:
Course Number and Title:
Course Director:
Assessment:
Remediation Attempt: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Cause for Remediation
Areas of Deficits
Individualized Plan of Remediation
Student Signature
Date
Course Director Signature
Date
Academic Advisor
Date
By signing this document all parties agree to adhere to the program's Remediation and Deceleration Policy