



**MISERICORDIA
UNIVERSITY**

PROGRAM POLICY MANUAL

Master of Science in Physician Assistant Studies

Class of 2017

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Notice: POLICY MANUAL UPDATES

This Program Policy Manual for the Master of Science in Physician Assistant Studies (MSPAS) contains policies and procedures unique to the MSPAS program and is distributed initially to students as they begin the first professional year. Updated versions of this Policy Manual may be provided during a student's enrollment in the program, and the most recent Policy Manual will supersede all previously distributed versions. Where no specific MSPAS program policy exists, students are to consult the general guidelines of the Misericordia University Student Handbook. The MSPAS program reserves the right to update this Policy Manual without prior notice. In the event of an update without prior notice, all matriculated students will be provided with a written copy of any updated policies. A student's continuation in the MSPAS program will be contingent upon submission of a signed and dated 'Receipt and Acknowledgement' form (see Appendix A) for the most recent update of the Policy Manual.

Version: Fall 2015

PART I:

GENERAL POLICIES AND PROCEDURES

**Welcome to the Department of Physician Assistant Studies at
Misericordia University!**

We are pleased that you have chosen to join us for your education and we look forward to working with you to help achieve your professional goals.

This manual is designed to serve as a supplement to other University publications such as the Student Handbook and the Misericordia University Catalog. It will provide you with important information as you progress through your studies.



INTRODUCTION

The Misericordia University Master of Science in Physician Assistant Studies Program Policy Manual is designed to provide students with general information regarding the MSPAS program. It is an adjunct to the Misericordia University academic catalog and the Misericordia University Student Handbook. Please keep this manual in a convenient location so you that can refer to it throughout your physician assistant training. This manual provides vital information about the MSPAS program and the PA profession. As a beginning MSPAS student, you are entering into the professional world. You will be afforded respect and honor as a PA. With this respect comes a great deal of responsibility. Most PAs look back at their student experience as one of the most challenging and rewarding times in their lives. We are confident that you will regard becoming a physician assistant as one of the most significant milestones in your life. Our faculty and staff are dedicated to your success, and we wish each of you a bright future as a competent, safe, effective, and compassionate healthcare provider.

PROGRAM ACCREDITATION

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

The Misericordia University Master of Science in Physician Assistant Studies (MSPAS) program has been granted provisional accreditation by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

This handbook is in part based on the 4th edition *Accreditation Standards for Physician Assistant Education*, published in March 2010. The *Standards* will be referenced throughout the manual, as they inform and guide the curriculum, policies, and procedures adopted by the MSPAS program. The *Standards* constitute the requirements to which an accredited program is held accountable and provide the basis on which the ARC-PA will confer or deny program accreditation. According to the ARC-PA, “these *Standards* were initially adopted in 1971 and were revised in 1978, 1985, 1990, 1997, 2000, 2005 and 2010.

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

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

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

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

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

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

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

- *Accreditation Standards for Physician Assistant Education, 4th Edition*

PROGRAM SPONSORSHIP AND PHILOSOPHY

Misericordia University accepted the first class of PA students in the MSPAS program in the fall semester of the 2012-13 academic year.

The mission statement of the MSPAS Program was developed in January 2011 and updated in 2014 to reflect program outcomes, the developing curriculum, and vision of the founding program director and medical director, and the Dean of the College of Arts and Sciences. As

demonstrated below, the program mission statement reflects the underlying university mission statement.

University Mission Statement

Misericordia University is a Catholic, liberal arts-based, co-educational university. It was founded in 1924 and it is sponsored by the Religious Sisters of Mercy. The university offers both undergraduate and graduate programs. In 1978, the Board of Trustees approved a mission statement that describes the nature and purpose of the university (formerly College Misericordia), and in 1994 it was revised as follows:

Misericordia University, a co-educational Catholic university sponsored by the Institute of the Sisters of Mercy of the Americas, is committed to providing quality education to its students and to shaping its educational programs and policies to express the founding Sisters' values and attitudes of mercy, service, justice, and hospitality. The university welcomes individuals of all faiths.

The academic development of each student at the undergraduate level is ensured by the university's commitment to provide a learning experience which cultivates higher-order thinking skills through the integration of liberal arts and professional studies. To emphasize academic excellence and to develop critical thinking, all undergraduate curricula provide a common liberal arts base, the objectives of which are further developed in the students' major areas of study. The students' educational programs prepare them for productive careers and continued personal and professional growth.

Graduate programs at Misericordia University emphasize intellectual discourse and focused academic growth. The cornerstone of each program is instruction and practice in methods of critical thinking which promote research and enhanced professional expertise.

Program Mission Statement

Mission

The mission of the Misericordia University Physician Assistant program is to provide opportunities for exceptional students to acquire the highest quality cognitive education and training experience in an atmosphere of academic excellence. Graduates will achieve their maximum potential as able, caring, compassionate, competent, idealistic professionals. The program's educational environment will promote an ethos of service, responsibility, morals and ethics, a quest for excellence, and an avid desire for self-directed lifelong learning in a spiritually enriched environment, while preparing students to apply evidence-based knowledge.

Vision statement:

- Program graduates will exhibit honesty, communication skills, dedication, self-discipline, initiative, resourcefulness, and judgment as collaborating clinical practitioners.
- Program graduates will be dedicated to their patients and communities, showing respect for the dignity, worth, and rights of others.
- Program graduates will serve with integrity, accountability, and trust as leaders in an evolving profession.

- Program graduates will serve as advocates and innovators dedicated to augmenting, complementing, and advancing the quality, accessibility, and transformation of the healthcare system.
- Program graduates will develop skills in scientific inquiry and aspire to diverse roles such as PA education, leadership, and research.

GOALS OF THE PHYSICIAN ASSISTANT PROGRAM

The following are program goals for graduates of the Master of Science in Physician Assistant Studies (MSPAS) curriculum:

Goal 1: Prepare students to be successful health care providers, providing them with the skills to be culturally competent, compassionate, and caring providers of high quality comprehensive medical care.

Goal 2: Prepare graduates to communicate and work in inter-professional teams and to understand the roles of other team members in providing optimal patient care

Goal 3: Prepare graduates to make a significant contribution to the community they serve, advancement of the PA profession, and enhance their own professional development

Goal 4: Prepare graduates for a lifelong career of continuous self-directed learning and self-assessment

Goal 5: To continue to support faculty development through PAEA programs and university workshops in order to maintain and advance teaching excellence.

DEPARTMENT FACULTY & STAFF

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

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

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

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

The faculty and staff of the Department of Physician Assistant Studies are dedicated professionals who are focused on preparing you to become physician assistants. Both principal (full-time) and instructional (adjunct) faculty are carefully selected to teach courses based in their academic

preparation and professional experience. Misericordia takes great care in selecting qualified faculty and investing in their continued education and professional growth. Thus, faculty members attend and present at local and national workshops and conferences throughout the year. All faculty members continue to practice clinically. Thus, when you need to meet with a faculty member about issues related to your education, it is suggested that you make an appointment to meet with the appropriate individual to address your concerns.

If you cannot reach your MSPAS faculty advisor, or if there is a true emergency, you may contact the Program Director, Darci Brown, PA-C, and your issue will be promptly addressed.

PROGRAM DIRECTOR

The Program Director is Professor Darci Brown MSPAS, PA-C, a board-certified physician assistant with 20 years of clinical practice, laboratory testing, and management experience. She has a Bachelor Degree in Forensic Chemistry from Buffalo State College, having graduated Magna Cum Laude in 2000. After finishing her undergraduate degree, she worked in a forensic laboratory prior to attending graduate school at Arcadia University, where she earned her Master of Science in Physician Assistant Studies degree. Professor Brown has been with Misericordia University's PA program since its development stages. Professor Brown has also been a representative for the Pennsylvania Society of Physician Assistants for the past nine years and continues to practice clinically, with experience in family medicine, orthopedics and plastic surgery. On the national level, Professor Brown was elected as a member of the PAEA Finance Committee (2013-2017).

MEDICAL DIRECTOR

Recently named a "Hero of Surgery," Medical Director Stanley J. Dudrick, MD, FACS, is responsible for ensuring that classroom instruction and clinical experiences provide an appropriate level of instruction for students in the MSPAS program.

Dr. Dudrick, who holds the Robert S. Anderson, MD, Endowed Chair at Misericordia, is recognized throughout the world for his pioneering research in basic investigative development and subsequent successful clinical application of total parenteral nutrition (TPN), a central venous feeding technique that has been acknowledged as one of the four most significant accomplishments in the history of modern surgery, together with the discovery and development of asepsis and antisepsis, antibiotic therapy, and anesthesia. Dr. Dudrick brings to the program a 40-year-plus history in medical education and research, including leading appointments in the Yale School of Medicine, the University of Texas Medical School at Houston, the University of Pennsylvania Medical School, and the Pennsylvania Hospital. He is Professor Emeritus of Surgery in the Yale University School of Medicine, and he is Director Emeritus of the Program in Surgery and Graduate Medical Education, and Chairman Emeritus of the Department of Surgery, at Saint Mary's Hospital, in Waterbury, CT. In 2013, he also joined the faculty of The Commonwealth Medical College as Professor of Surgery part time. Dr. Dudrick's list of published works numbers over 700, and his record of including students in research and publication are well-known.

Dr. Dudrick completed his medical training at the University of Pennsylvania School Of Medicine; his internship at the Hospital of the University of Pennsylvania; and his surgery residency and research fellowship at the Hospital of the University of Pennsylvania. Certified by the American Board of Surgery, Dr. Dudrick served this distinguished organization continuously for 26 years as an Examiner, Director of the Board, and a Senior Board Member. He is a Fellow of the American College of Surgeons. He is also a Fellow of the American College of Nutrition and served as a member of their 21st Century Board. He has served on more than 15 editorial boards, including the *Annals of Surgery*. He is a member of more than 100 academic, honorary, professional, and scientific societies, and he has been awarded more than 100 other honors, including the American College of Surgeons Jacobson Innovation Award; and the American Surgical Association Medallion for Scientific Achievement for Distinguished Service to Surgery. In 2014 he received the Distinguished Lifetime Service Award of the Society of Surgical Oncology.

PRINCIPAL FACULTY

The Director of Didactic Education is Jennifer Arnold, MHS, PA-C, a board certified physician assistant with over sixteen years' experience. Professor Arnold serves as Assistant Professor for the didactic year of the program and teaches in Clinical Medicine, Patient Assessment, Special Populations, Medical Procedures/ Surgery, and Emergency Medicine. Professor Arnold graduated from Arcadia University in 1992 with a Bachelor of Science and from Hahnemann University in 1997 with a Bachelor of Science in Physician Assistant Studies. She graduated went on to earn her Master of Health Science degree from Drexel University in 2003. She practiced clinically as a cardiothoracic surgery PA for 12 years in hospital systems that include University of Pennsylvania, Main-line Healthcare, and Einstein Medical Center. Throughout her time working clinically, she has precepted PA students from various programs throughout the Philadelphia area. She is a clinical trainer for endoscopic vessel harvesting and also proficient in the mini surgical maze procedure for atrial fibrillation. She is also a study coordinator at Einstein Medical Center for the right sided ventricular assist device trial. Professor Arnold has co-authored journal articles as well as written two chapters in a physician assistant board review book. She serves on the test writing committee at the NCCPA for the CAQ exam for pa's in CT surgery.

Lindsey Vigilante, MPAS, PA-C is a board certified Physician Assistant with over 5 years of clinical experience. Professor Vigilante serves as Clinical Coordinator. Graduating in 2009 from Marywood University, she earned a Bachelor of Science degree in Health and Human Services and a Master of Science degree in Physician Assistant Studies. Since graduation, her focus has been in Emergency Medicine. Her clinical experience consists of working in a Level Two trauma center, as well as pediatric and OBGYN emergencies. She has served as a preceptor in the emergency department for many local PA programs. She has also taught clinical skills. Professor Vigilante became an adjunct faculty member for Misericordia University PA program in 2012. Professor Vigilante continues to work clinically in the Emergency Room.

Dr. Gerard Maritato, MD, is an assistant professor for the didactic year of the program. Dr. Maritato graduated from Emory University School of Medicine. He then completed a residency in family medicine at the University of Texas' John Peter Smith Hospital. Dr. Maritato has divided his medical career between family medicine and emergency medicine, currently maintaining em-

ployment at Moses Taylor Hospital Emergency Room in Scranton, PA. Dr. Maritato has worked in a variety of locations, including working for both the U.S. Army and the U.S. Air Force as well as varying medical missions. Dr. Maritato teaches in clinical medicine and emergency medicine, patient assessment, as well medical procedures and surgery.

You will be assigned a faculty member from among these faculty members as an advisor who will serve as your primary point of contact while you are in the program.

INSTRUCTIONAL FACULTY

The program is fortunate having access to highly qualified instructional faculty to assist in teaching some of our non-clinical curriculum. Basic science coursework in the MSPAS program is conducted by university faculty with expertise in their appropriate fields. A number of physicians, physician assistants, and other healthcare providers on the faculty will also teach courses or lecture to you during your time in the program.

Anthony A. Serino, Ph.D., is Associate Professor of Biology at Misericordia University. Dr. Serino received his BS in Biology and his MS in Biochemistry from the University of Scranton in 1984 and 1987, respectively. In 1991, he earned his Ph.D. in Physiology from The Pennsylvania State University. During his graduate tenure, Dr. Serino was awarded a pre-doctoral fellowship from the National Institutes of Aging. Dr. Serino's teaching responsibilities include anatomy and physiology, general physiology, comparative anatomy, histology, gross anatomy and general biology. He teaches the gross anatomy course for the PA program. He has also received the Judge Max and Tillie Rosenn Endowed Excellence in Teaching Award at Misericordia University in 2005.

Angela Asirvatham, Ph.D., is an Associate Professor of Biology and Biology Department Chair at Misericordia University. She received her B.V.Sc., (Bachelor of Veterinary Sciences) from Tamilnadu Veterinary and Animal Sciences University, in Chennai, India; her M.S. in Reproductive Biology from University of Wyoming; and her Ph.D. in Physiology from Kent State University. Dr. Asirvatham's postdoctoral work includes Pulmonary Physiology at the University of California and signal transduction in T-lymphocytes at Oregon Health Sciences University. Her research interests focus on signal transduction in Schwann cells. Dr. Asirvatham teaches Immunology, General Physiology, and Endocrinology. She teaches Pathophysiology I and II for the PA program. Dr. Asirvatham received the Judge Max and Tillie Rosenn Endowed Excellence in Teaching Award at Misericordia University in 2012.

Frank DiPino, Jr., PhD, is Professor of Biology at Misericordia University. Dr. DiPino received his PhD in Biology from Marquette University. His research area is in DNA interactions. He has worked in clinical human cytogenetics at State University of New York Upstate Medical Center and Valley Children's Hospital, in Fresno, California. He is a previous Chair of the Biology Department and the Division of Mathematical and Natural Sciences at Misericordia University. He teaches courses in Molecular Cell Biology, Developmental Biology, and Human Genetics. For the PA program, he teaches Molecular Genetics.

Dr. Christopher DeFrancesco, PharmD, received his Bachelor's degree in Pharmacy in 1994 from The Philadelphia College of Pharmacy and Science and his Doctorate in 2011 from Shenandoah University. He maintains a practice site at Rite Aid Pharmacy in Wilkes-Barre, Pennsylvania, with a focus on wellness, including adult immunizations. Dr. De Francesco also serves as an adjunct faculty member at Wilkes University's Nesbitt School of Pharmacy and Nursing. He teaches the Pharmacology sequence for the PA program.

DEPARTMENT ADMINISTRATIVE SUPPORT

Program support staff includes Mrs. Kathy Michael, Administrative Assistant to the Department of Physician Assistant Studies, and Rita Molino, Secretary to the Dean of the College of Arts and Sciences, the Humanities Faculty, and the Department of Physician Assistant Studies.

CLINICAL PRECEPTORS

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

ADVISEMENT

Faculty advisors will meet with students during the semester to discuss academic progress and other issues. Students must take responsibility for their own learning and will be asked to self-evaluate their progress by filling out the Mid-Semester Advisement Sheet (see Appendix C) prior to meeting with their advisor. Mid-semester evaluations will be placed in student files. Students with academic concerns should address the issue first with the course instructor. Should a student require further assistance, he/she should consult with the faculty advisor. The advisor will involve the Program Director or other university administrative personnel as the situation warrants.

Your advisor will assist you in identifying areas of strength and weakness to help you focus your studies. When problems arise, your advisor will discuss them with you in an attempt to clarify your options and devise a plan of action.

Your advisor is not able to act as a medical provider for you. If you have a medical problem, you should seek assistance from student health services or another provider.

Your advisor is also not able to act as a mental health counselor for you. If you have non-academic problems that require formal counseling, your advisor will be happy to help you access mental health services available at Misericordia.

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

PROGRAM ESSENTIAL FUNCTIONS

Working as a medical professional is often physically, mentally, and emotionally demanding. All students receive a copy of the Program Technical Standards prior to matriculation. A copy of these Standards may be found in this section for future reference.

The Misericordia University MSPAS program is committed to the education of all qualified individuals, including persons with disabilities who, with or without reasonable accommodation, are capable of performing the essential functions of the educational program in which they are enrolled and the profession that they pursue.

It is the policy of the program to comply with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding students and applicants with disabilities. Under these laws, no otherwise qualified and competent individual with a disability shall be denied access to or participation in services, programs, and activities solely on the basis of the disability.

In accord with federal regulations established by the Americans With Disabilities Act, the following standards are described to assist each candidate in evaluating his/her prospect for academic and clinical success. General standards for the MSPAS program are followed by standards that apply to the professional discipline to which you have applied (see additional standards below). When a student's ability to perform is compromised, the student must demonstrate alternative means and/or abilities to perform the essential functions described.

It is important that you read each standard carefully. Each student is given the opportunity to read and acknowledge his/her understanding of the standards prior to beginning the program.

TECHNICAL STANDARDS, MSPAS

A candidate for the Misericordia University Master of Science in Physician Assistant Studies program must have, at a minimum, demonstrably acceptable skills in observation, communication, motor, intellect and behavior/socialization. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but candidates must be able to perform in an independent manner.

To qualify for admission to the Master of Science in Physician Assistant Studies program, candidates must demonstrate to program principal faculty the ability to meet the following technical standards in timed settings and under stressful conditions:

- Sufficient capacity for observation in academic, clinical, and other medical settings; functional vision, hearing, and tactile sensation sufficient to observe a patient's condition and perform procedures regularly required during a physical examination
- Sufficient skills to communicate verbally and in writing in academic and healthcare settings

- Sufficient motor function to carry out movements necessary for patient diagnosis and care; for free movement in patient care and between facilities and buildings in academic and healthcare environments; physical stamina to complete didactic and clinical coursework
- Sufficient intellectual ability to measure, calculate, reason, analyze, and synthesize; in the context of medical problem-solving and patient care
- Sufficient emotional health and stability required for exercising good judgment and promptly completing all academic and patient care responsibilities

Professional Responsibility: Students must exhibit the ability to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This requires training for emergencies (e.g., CPR, infection control).

It is each student's responsibility to attend and be able to travel to and from classes and clinical assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames. This involves frequent oral, written, and practical examinations or demonstrations. The student must have the ability to perform problem-solving tasks in a timely manner.

Students will exhibit adherence to policies of the university, their program, and clinical sites. This includes matters ranging from professional grooming, dress, and behavior, to attending to their program's academic schedule, which may differ from the University's academic calendar and be subject to change at any time.

Students must demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment. Students will take initiative to direct their own learning. They need to work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of abilities and reasoning skills.

Additional standards relevant to specific discipline, Physician Assistant Program: In addition to the general standards above, students applying to the Physician Assistant Program must consider that they will be required to:

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

DISABILITY SERVICES

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, students with documented disabilities may seek academic accommodations for their disability free of charge. These academic accommodations include extended time on tests, use of a note sharer, and tape-recording of lectures. If you are a student who requires academic accommodations due to a disability, please contact Carol Llewellyn in the Student Success Center/Office for Students with Disabilities (OSD) at cllewell@misericordia.edu or (570) 674-6408

PROFESSIONALISM

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

The MSPAS Technical Standards consider the physical, cognitive, and behavioral abilities required for satisfactory completion of the physician assistant curriculum. The essential required abilities for a physician assistant student include motor, sensory, communicative, intellectual, behavioral, and social aspects. Academic, clinical, and professional development are intertwined and related to each other. A student's growth in the academic and clinical areas may be dependent on his/her growth as a professional.

Physician assistant students must recognize themselves as clinicians providing services to both the physician supervisor as well as to the patient. PA students must be aware that, even as students, they are viewed by both patients and medical providers as part of the larger medical community. It is critical, therefore, that professional development be assessed, just as academic and clinical skills are measured, during a student's growth.

As healthcare practitioners, physician assistants are required to conform to the highest standards of ethical and professional conduct. Physician assistant students also are expected to adhere to the same high ethical and professional standards required of physician assistants.

The American Academy of Physician Assistants (AAPA) has identified four primary bioethical principles – autonomy, beneficence, non-maleficence, and justice – that form the foundation of the Statement of Values of The Physician Assistant Profession. The Statement of Values provides a guideline for ethical conduct by physician assistants. (A complete discussion of the ethical conduct required of physician assistants can be found at the American Academy of Physician Assistant website, www.aapa.org). In addition to the AAPA's guidelines, The National Commission on Certification of Physician Assistants (NCCPA) recently adopted a code of conduct for certified and certifying physician assistants. The NCCPA's code of conduct "outlines principles that all certified or certifying physician assistants are expected to uphold." A complete discussion can be found at http://www.nccpa.net/CER_process_codeofconduct.aspx.

In addition to understanding and complying with the principles and standards promulgated by the AAPA, the NCCPA, and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), physician assistant students are required to know and comply with the poli-

cies, procedures, and rules of the Master of Science in Physician Assistant Studies program and the university (including, without limitation, the Guiding Principles of Conduct that may be found in the Misericordia University Student Handbook); and the policies, procedures, and rules of each clinical site to which the student is assigned. Further, physician assistant students are required to conduct themselves in a manner that complies with the following principles and standards:

RESPECT

Physician assistant students are expected to treat all patients, faculty, staff, clinical preceptors, healthcare workers, and fellow students with dignity and respect. For example:

- Physician assistant students must recognize and embrace their roles as members of a team and interact with others on the team in a cooperative and considerate manner.
- Physician assistant students train closely with other students, including in physical examinations of fellow students and discussion groups that may reveal personal information. Students must maintain and exhibit respect for the privacy and confidentiality of fellow students.
- Students should offer criticism or suggestions in a thoughtful and reasoned manner that fosters respect and trust.
- When confronted with conduct by another member of the team that may be deemed inappropriate, students are not to respond angrily; rather, they must remain calm and respectful, and respond in accordance with the standards of professional conduct required of physician assistant students.

FLEXIBILITY

Although every effort is made to provide training activities at times and places scheduled in advance, physician assistant students often will be required to be flexible because of unavoidable changes in the schedule. For example, instructors who are also practicing clinicians may not have a regular schedule, and lectures or clinical sessions may, at times, need to be rescheduled with short notice. In addition, clinical sites create the student schedules for each rotation, and such schedules may require physician assistant students to work on weekends and nights.

HONESTY AND TRUSTWORTHINESS

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

STUDENT ROLE AND ACCOUNTABILITY

Physician assistant students have a unique role in health care delivery. In that role, students are accountable for such things as:

- Students shall perform only those procedures authorized by the program, clinical site, supervisor, and/or preceptor.
- Physician assistant students at clinical sites must always work under the supervision of a preceptor, and are prohibited from assuming primary responsibility for a patient's care. For example, students shall not treat or discharge a patient without prior consultation with, and approval of, a clinical preceptor or supervisor.
- Students are responsible for timely completion of all assignments and duties effectively and to the best of their ability.
- Students are responsible for identifying and reporting unprofessional, unethical, and/or illegal behavior by healthcare professionals and students, faculty, and staff of the MSPAS program. If a physician assistant student has a reasonable belief that such conduct has occurred, he or she should report it to the Program Director, preceptor, supervisor, or faculty advisor, as may be appropriate under the circumstances.
- Physician assistant students are expected to accept and apply constructive feedback. Physician assistant students are always required to exercise sound judgment.

CONCERN FOR THE PATIENT

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

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

PROFESSIONAL APPEARANCE

Professional appearance demonstrates respect for patients and helps to build their confidence and trust. Physician assistant students must dress in professional, neat, and conservative attire. Good personal hygiene is always required and expected.

Guidelines for all Program Related Experiences (the First Professional Year)

- All students will be expected to wear conservative business casual attire
- No hats (men and women)
- No shorts, sweats or cutoff pant legs
- No midriff, or halter tops
- No body jewelry/piercing that interferes with class function, especially during laboratory sessions
- No visible tattoos
- No open-toed shoes during laboratory sessions in which sharps are handled
- Men should be clean shaven
- Must have nametag/ID worn visibly and clearly identifying individual as a PA student for any off campus activities

Dress requirements for physical examination laboratory sessions may be found in the appropriate course syllabus. Scrubs may be worn for Gross Anatomy Laboratory and where required within course syllabus. When required to be present at clinical sites, please observe guidelines below.

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

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

- Professional dress is necessary for all clinical experiences and classes/meetings:
 - ✓ Students will wear a clean, short white “consultation jacket”
 - ✓ Males should wear a collared shirt with a tie
 - ✓ Hair should be worn in a neat manner – no facial hair
 - ✓ All attire will be clean and pressed
 - ✓ Jeans, shorts and cutoffs are prohibited
 - ✓ Open toed shoes are prohibited; sneakers are allowed when wearing scrubs only
 - ✓ Must have nametag/ID worn visibly and clearly identifying individual as a PA student
- Students must display prominently at all times their nameplate issued from Misericordia University, which contains the student’s name and the title “Physician Assistant Student” (supplied by the program).
- Any additional dress requirements imposed by a clinical site supersede those of the program.

- “Scrubs” should be worn in accordance with facility policy. In general, they should not be worn outside of the operating or delivery room. Soiled scrubs should be left appropriately at the facility for laundering at the end of the assigned shift. Scrubs are not permitted on campus except as previously noted.

Students who appear in class or at a clinical site with inappropriate attire or hygiene may be directed to leave, and will not be permitted to make up missed assignments.

MAINTAINING COMPOSURE

Physician assistant students must maintain a professional and calm demeanor at all times, even in emergency and other highly stressful situations.

DRUGS AND ALCOHOL

Physician assistant students must comply with the university’s Drug and Alcohol Policy and all other applicable policies and procedures concerning the use of drugs and alcohol at clinical sites. All students must successfully complete a drug screen examination with negative result prior to entering the didactic phase of the program as well as a repeat examination prior to entering the clinical phase of the program. A clinical site may request additional drug screens prior to entering their site or during the rotation. Students must comply with this request or risk failure of that clinical rotation. Students are prohibited from appearing at any clinical site while under the influence of alcohol or any drug; medication, or substance that may affect performance or judgment. Drug screens are conducted at the student’s expense.

At any time during the program, faculty reserves the right to require random drug and/or alcohol screens of any student. Failure to comply with submission of the test and/or positive result will result suspension.

TIMELINESS AND ATTENDANCE

Attendance and timeliness are important aspects of professional behavior. Students must report to all classes, laboratories, seminars, call-back days, clinical sites, and other scheduled activities on time. Timely return from designated breaks is required. Students must return messages from program staff, faculty, clinical preceptors, and clinical sites in a timely manner (i.e., in less than 24 hours). Students must submit all required assignments and forms on or before the designated date, and/or time, that they are due. In formal classroom and clinical situations, students should address faculty and lecturers using the appropriate form of address (Professor/Doctor). Under no circumstances are children allowed in the classrooms during formal lectures. Any problems with timeliness or attendance will be reflected in the professionalism assessment.

CRIMINAL BACKGROUND CHECKS

Candidates for admission must satisfy a Level One criminal background check before being accepted to the program and must have this clearance updated prior to entering the clinical phase. This background check is carried out at the prospective student’s expense.

PROFESSIONAL DEVELOPMENT ASSESSMENT TOOL

The professional conduct of physician assistant students is evaluated on an on-going basis throughout the didactic and clinical years of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university, and by the program.

As a PA student, you are expected to achieve the highest level of professionalism. The Professional Development Assessment Tool (PDAT) (see Appendix D) is an example of an assessment tool that will be used to determine if you have achieved professional competency to graduate and practice as a physician assistant. This instrument is completed at the end of each semester by your faculty advisor and also upon completion of the program.

If there are issues in professional behaviors that occur during the course of a semester, your advisor and/or the Program Director will request a meeting with you to discuss any concerning behavior. The PDAT will be used to document such behaviors and will remain in the student file for the remainder of the program. If the behavior does not improve, the student can be subject to reprimand, disciplinary probation, and/or dismissal.

STUDENT CONDUCT IN CLINICAL FACILITIES

Students enrolled in the MSPAS program are expected to conduct themselves in a professional manner at all times. The criteria for evaluating professional performance include, but are not limited to, demonstrating professional competencies and skills; adhering to program and facility policies; displaying sensitivity to patients' and community needs; demonstrating an ability to relate appropriately to peers and other members of the health care team; displaying a positive attitude; maintaining regular and punctual attendance; and maintaining acceptable physical appearance.

CONCLUSION

The requirements for professional performance have been established to protect the rights of patients and communities and to foster the team concept in the delivery of health care. More detailed information may be found later in this manual.

CURRICULUM AND ACADEMIC POLICIES

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

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

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

PROFESSIONAL PHASE CURRICULUM

The courses offered by the MSPAS program have been specifically designed and sequenced to prepare students to administer appropriate health care to patients. According to the ARC-PA 4th Edition Standards, the program curriculum should prepare students “to provide patient centered care and collegially work in physician-PA teams in an inter-professional team environment. The curriculum establishes a strong foundation in health information technology and evidence-based medicine and emphasizes the importance of remaining current with the continually changing nature of clinical practice.”

Further, according to the ARC-PA 4th Edition Standards, the professional curriculum for PA education should include, “applied medical, behavioral and social sciences; patient assessment and clinical medicine; supervised clinical practice; and health policy and professional practice issues.”

In accordance with the ARC-PA Standards and with the desire to graduate competent healthcare practitioners who are capable of delivering high quality health care, rigorous academic standards have been established for continued matriculation in the MSPAS program. Students are expected to complete all course assignments as outlined in the individual course syllabus and to meet the university’s academic standards as outlined in this manual. Students will be given updates to these standards as changes or revisions occur.

Class of 2017 Curriculum Outline - Year I

Fall Semester

PA 526	Introduction to the Profession	1 credit
PA 530	Clinical Medicine I	5 credits
PA 538	Patient Assessment I	4 credits
PA 544	Gross Clinical Anatomy	3 credits
PA 541	Pharmacology I	2 credits
PA 546	Pathophysiology I	2 credits
Total		17 credits

Spring Semester

PA 527	Health Care Issues I	2 credits
PA 531	Clinical Medicine II	6 credits
PA 539	Patient Assessment II	4 credits
PA 542	Pharmacology II	3 credits
PA 547	Pathophysiology II	2 credits
PA 560	Clinical Genetics	1 credit
Total		18 credits

Summer Semester

PA 528	Health Care Issues II	1 credit
PA 532	Clinical Medicine III	3 credits
PA 543	Pharmacology III	2 credits
PA 550	Emergency Medicine	2 credits
PA 552	Medical Procedures & Surgery	2 credits
PA 554	Special Populations	5 credits
PA 570	Research, Epidemiology and Statistics	2 credits
Total		17 credits

All course descriptions may be found on our Web site and in the university's catalog for the academic year.

Curriculum Outline - Year II

Professional Year II clinical rotations include rotations in:

PA 601	Ambulatory Medicine	5 weeks	5 credits
PA 603	Internal Medicine	10 weeks	5 credits
PA 604	Pediatrics	5 weeks	5 credits
PA 605	Psychiatry	5 weeks	5 credits
PA 606	Surgery	5 weeks	5 credits
PA 607	Women's Health	5 weeks	5 credits
PA 608	Emergency Medicine	5 weeks	5 credits
PA 609	General Elective Rotation 1	5 weeks	5 credits
PA 609	General Elective Rotation 2	5 weeks	5 credits

Clinical Clerkships	45 credits
PA 631 Professional Development	1 credit
PA 632 PANCE Preparation	2 credits
PA 633 Summative Evaluation	1 credit
Total	49 credits

Commencement is held in December following Year II. The MSPAS degree is granted after completion of the summer semester concluding Year II.

ACADEMIC PERFORMANCE STANDARDS

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

difficulties. Such difficulties are best addressed early, before they grow to unmanageable proportions.

As practitioners, students will be expected to exercise sound clinical judgment. As students, it is also important to exercise sound academic judgment and seek academic assistance when necessary. Students should consult with course instructors, academic advisors, and/or the Program Director as soon as a difficulty becomes apparent.

Progression Requirements for Advancement from Didactic Year to Clinical Year:

- 1) Satisfactory completion of update on Level 1 background check
- 2) Satisfactory drug screen with negative results
- 3) Satisfactory physical examination demonstrating good health
- 4) Update of all immunizations as needed
- 5) Satisfactory score on professionalism assessment
- 6) Students must also pass complete the complete history and physical at The Commonwealth Medical College

All of these components must be satisfied in order for a didactic year PA student to progress to the clinical phase of the program. Failure of any component will result in dismissal from the program.

Academic Standards and Policies

1. All students must maintain a cumulative GPA of 3.0 or better to remain in good academic standing in the program.
2. Students must receive a minimum grade of C in all MSPAS courses during the **didactic year**. If the student earns a course grade below C, this will result in suspension of the student. If the student earns less than a C in more than one course at any point in the didactic year, the student will be dismissed permanently. Students wishing to repeat a course must petition the Program Director. Permission is at the discretion of the Program Director, and this decision is final. If permission to repeat a course is granted, the course will be taken the following academic year.
3. If the student earns a grade below C in a **clinical rotation**, he/she must petition the Program Director and repeat the rotation at the end of the scheduled program, delaying graduation. If a student earns a grade below C in more than one clinical rotation, this will result in the student being permanently dismissed from the program. Permission to repeat a rotation is at the discretion of the Program Director, and this decision is final.
4. The academic standing of each student will be reviewed at the end of each academic semester.
5. For students whose academic status is not consistent with program/course expectations, faculty members will submit mid-semester warning in accordance with university-designated dates and procedures.
6. Violation of the Honor Code, Code of Ethics and/or Program or University Policies in any way may be subject to reprimand, or more serious action, depending on the severity of the violation.
7. Students whose academic status is not consistent with program/course expectations at the end of a semester may be subject to the following:

Sanctions

Students who fail to meet the academic standards outlined may be subject to academic sanctions including academic probation, suspension, establishment of a learning contract, and/or dismissal.

Program Probation

Grounds for being placed on academic probation include, but are not limited to:

- Failure to maintain a cumulative GPA above 3.0 calculated at the end of each semester
- Clinical Rotation Failure
- Lapses in professionalism

Academic Probation

A student with a cumulative GPA below 3.0 will be placed on academic probation and receive a letter from the Program Director confirming such status. This written notice of probationary status will also include a notice that failure to reach the required 3.0 cumulative GPA by the end of the following academic semester will result in his/her dismissal from the program.

If a student's cumulative GPA is below 3.0 at the end of the didactic year, his/her clinical year will be delayed by one rotation, which will cause a delay in graduation, as this rotation will be completed at the end of the clinical year. This time will be used for remediation in any topics deemed necessary by the Director of Didactic Education. At the end of this time frame, a remediation exam will be given in all appropriate topics and must be passed by 80%.

If the exam score is below 80%, the student is immediately placed on suspension. If the exam score is 80% or above, the student will remain on probation but allowed to progress to the clinical year, starting with rotation two. By the end of rotation four, the student's cumulative GPA must be 3.0 or higher to be taken off of probation. If the cumulative GPA is less than 3.0 by the end rotation four, the student is dismissed.

A student may only be on probation for a GPA below 3.0 one time throughout the entire program. A second term resulting in a cumulative GPA below 3.0 will result in automatic permanent dismissal from the program. This decision is final and not subject to appeal.

Each student on probation is required to meet with the Program Director and academic advisor by the end of the second week of the probationary semester to develop and agree to, in writing, an Academic Improvement Plan (AIP). The AIP may include mandatory study/advising sessions, or other stipulations aimed at encouraging and supporting student success. A copy of a student's AIP will be maintained in his/her advising folder, and a copy will also be forwarded to the office of the Dean of the College of Arts and Sciences.

Learning Contract

A learning contract is a document employed by the program in cases in which a student's performance fails to meet required standards. The contract describes how a student's performance

has been deficient and outlines steps that should be taken to remediate a deficiency or improve performance. The student's advisor can implement a learning contract at any point during the didactic year. The stipulations and recommendations for the student's academic improvement will be described in this document, and a copy of this document will be signed by the student and faculty member. This contract will remain in the student's file until graduation. During the clinical year, a learning contract will be initiated if the student does not achieve required numerical benchmarks in the formative and summative examinations which are part of the PANCE preparation system. Learning contracts may be established independently of or in addition to one of the above sanctions. Failure to comply with the conditions established in a learning contract constitutes grounds for further disciplinary action, including dismissal.

Academic Suspension

A student may be placed on Academic Suspension for:

- Receiving a grade of less than C in any class
- A breach of professionalism
- A violation of the Code of Ethics
- A breach in Academic Integrity
- A violation of the Student Code of Conduct as defined by the University
- Failing to receive a grade of 80% on a remediation exam as defined in probation policy
- Failing three first attempt End of Rotation Exams

Students, who have been suspended from the program for any reason, including violation of professionalism or academic policy, must apply in writing for readmission to the Program Director prior to the spring semester before the academic year they wish to repeat courses. Students may be required to audit courses, repeat coursework, or pass written and/or practical examinations to demonstrate competence before returning to the program. Readmission is at the discretion of the Program Director and this decision is final and not subject to appeal.

Program Dismissal

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

- Failure to raise the cumulative GPA to 3.0 or above at the completion of the semester of probation (this includes the summer session)
- Achieving grade less than C in more than one didactic course
- Achieving grade less than C in more than one clinical rotation
- Failure to meet conditions established in a learning contract
- Lapses in professionalism*

*Students are subject to the university's Student Code of Conduct found in the Student Handbook

*Per Misericordia University policy any student dismissed from a graduate program may never be readmitted to the same graduate program at this university.

Student Grievance Policy

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

Clinical Evaluations

- 1) Student Evaluation of Clerkship: During the clinical year students are required to evaluate themselves at the mid-point of each clerkship as well as each preceptor and clinical site at the end of each clerkship. (see Appendix L & N). The information from these evaluations will be used to update the data on each clinical site, correct deficiencies if present, and as a resource for placing future students in that site. These data will be entered on EClas. These evaluations are part of the clinical rotation grade. Failure to submit each evaluation in its entirety on EClas by the due date will negate progression to the next rotation.
- 2) Preceptor Mid-Rotation and Final Evaluation of Student Performance: The student is to remind and encourage the preceptor to perform a mid-rotation evaluation to point out strengths and weaknesses that the student has demonstrated during the first-half of the rotation (see Appendix L). In this way, students are able to work on those areas of weakness for the remainder of the rotation. The preceptor is responsible for evaluating student performance during the clerkship as well as at the end of the clerkship and is encouraged (but not required) to discuss this evaluation with the student prior to the completion of the rotation. Students are evaluated on their basic medical knowledge and ability to obtain a medical history and to perform an appropriate physical examination. In addition, students are evaluated on interpersonal and communication skills, professionalism, practice-based learning, and systems-based learning. The final preceptor evaluation comprises 30% of the rotation grade for core rotations and 60% of the rotation grade for elective rotations.

Students must demonstrate competency in all categories on their final evaluation from the preceptor. ***If the student receives less than a (2) average on any one of the following competency domains, the Clinical Coordinator will investigate this result, which may include discussions with the preceptor and the student.*** The program director has the authority to modify a grade received from a preceptor based upon the Clinical Coordinator's investigation. **If a student fails to demonstrate minimum competency in any of the following areas on their final evaluation, that student must repeat that rotation. (see Academic Policy regarding failed rotations, pg. 25) The evaluation system is presented below (see also Appendix M):**

For each of the following sections, please indicate the degree to which each of the statements is reflective of student performance. Please use the following scale in your evaluation:	
5	Consistently exceeds expectations; outstanding performance
4	Occasionally exceeds expectations; above average performance
3	Meets expectations; average performance
2	Occasionally meets expectations; below average performance
1	Does not meet expectations; poor performance
N/A	Not applicable to this clinical experience

The above evaluation system is applied to the following categories:

Medical Knowledge
Patient Care
Interpersonal and Communication Skills
Professionalism

All required clinical rotations must be satisfactorily completed as judged by the Program Director before the student can be recommended for graduation from the program.

If the student is not performing at an acceptable clinical and professional level at the rotation site prior to the end of the rotation due to poor performance or unprofessional behavior, an investigatory process will be completed by the Clinical Coordinator. If it is determined that the student earned a less than satisfactory grade (less than “C”) for that rotation, that student will be required to repeat the rotation in its entirety. Once again, depending on the status of the student’s academic standing, he/she may be subject to dismissal from the program. (see Academic Policy regarding failure of clinical rotations, pg. 25)

Students are subject to *dismissal from the program* if any of the following occur:

- a. Student fails to obtain a “C” or greater in a repeated rotation
- b. Student fails to obtain a “C” or better in two (2) required rotations
- c. Student is found to be deficient in professional competencies
- d. Student is unable to maintain an overall minimum GPA of 3.0

Students will be closely monitored throughout the clinical year. Preceptors are required to notify the Clinical Coordinator immediately upon having concerns about a student in order that necessary remedial work can begin as soon as possible.

- 3) End of Rotation Examination: Students will take End of Rotation Examinations (EORE) held at the university. End of Rotation Examinations will be primarily multiple-choice, to simulate the National Certification Examination (PANCE). The minimum passing grade on all EOREs is 65%. Scoring less than 65% will require remediation and repetition of the EORE. If the repeated EORE is not passed with 65% or higher, the student fails the rotation. A student may only repeat two EOREs. Failing a third EORE on the first attempt will result in immediate suspension from the program.

Distance EORE and Call Back Policy: Students on clinical rotations who are completing two sequential rotations at a greater than 500 mile distance from the campus *may* be allowed to complete their EOREs and professional development lectures and/or activities via distance learning methods. In these cases:

- An adequate exam Proctor must be available and approved by the Director of Clinical Education or the Program Director.
- Distance learning methods must be available to both student and faculty in order to be able to deliver the professional development lectures and materials adequately.

- EOREs and call backs may never be completed at a distance directly following an international rotation, or take place when PACKRAT, Summative I, OSCE, or Summative II examinations are taking place.
 - The program director must approve any distance EORE or call back situations
 - The student may complete only one call back at a distance site
- 4) Professional Seminar: Students are required to attend mandatory two-day seminars at a designated sites, as scheduled. Absence from any Professional Seminar requires a documented and approved excuse. Dates for these seminars will be given to the students prior to the beginning of their clinical year (but are subject to change). Students are expected to present orally one case of a patient they have followed during the Pediatric, Internal Medicine, and Ambulatory Medicine rotations and are evaluated on the presentation. The presentation will be evaluated as Pass/Fail. If the student does not receive a grade of “Pass,” a grade of “Incomplete” will be assigned for that rotation until the student achieves competency. A maximum of two attempts will be allowed for the presentation. If the student does not pass the presentation after the second attempt, the rotation will be failed and must be repeated at the end of the program, thus delaying graduation. All electronic entries are due by the day preceding Professional Seminar for that rotation.
- 5) Summative Evaluation: These exams provide a summative evaluation tool to measure cognitive, motor, and affective domains at a point near students’ completion of the program. Students perform an objective standardized clinical examination (OSCE) in order to demonstrate competency in interpersonal skills, comprehensive physical examination skills, and professional bearing. Students complete an end-of-course written examination providing proof of medical knowledge and clinical competence.
- 6) Professional Development: Course topics include résumé development, employment strategies, completing of state applications for practice, medical malpractice, reimbursement issues, and financial planning.
- 7) PANCE Preparation: This course prepares students for successful completion of the Physician Assistant National Certifying Examination (PANCE), necessary for entering medical practice. Students learn strategies for successful study and successful completion of board-style examinations. This course integrates study on clerkships and comprehensive review of all topics on the National Commission on Certification of Physician Assistant (NCCPA) blueprint.

Leave of Absence

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

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

Page 14 of the University’s Student Handbook provides a definition and procedure for members of the university who perceive any potential harassment:

All employees and students have the right to work, learn, and study in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive. Accordingly, it is the policy of the University that no member of the campus community may engage in conduct that is abusive to others. This includes any discriminatory, hostile, or hateful act toward another person's personal, educational, or professional interests based on the individual's race, color, gender, age, sexual orientation, marital status, religion, national origin, political affiliation, disability, or Vietnam or disabled veteran status. The university has special procedures for handling harassment or discrimination complaints. Students who believe they have been a victim of harassment should contact the Dean of Students. The Office of the Dean of Students is located in the Banks Center and can be contacted at extension 6304.

PHYSICIAN ASSISTANT PROGRAM SPECIFIC GUIDELINES

Grade-point-average calculation will be based only on courses taken in the PA program – Professional Phase. Thus, in the first year of the program, GPA will be based on grades in PA courses.

Remediation

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

The MSPAS program curriculum is a rigorous process that requires full commitment from both the students and the faculty. Thus, the program uses an “Early Alert System” to recognize students who may be experiencing academic or clinical difficulties and to offer help at the earliest possible time in the semester and in the curriculum. As described earlier, each student is assigned a faculty advisor. During regular faculty meetings, faculty members are informed of all student grades across the curriculum. Faculty also share reports on the performance and progression of their advisees throughout the curriculum.

To facilitate the development of effective study skills, a series of study skills seminars will be conducted by the Program Director and the faculty during several sessions scheduled in the recitation slots during the first few weeks of the program. Students will be required to complete assignments such as learning style indicators. These sessions are mandatory and are paramount for improving the student's likelihood of success in the PA program

Students who are identified as having academic difficulty will be contacted by their advisor, who will meet with them to identify problems and offer solutions. Further, faculty will complete a Student Academic Mentoring Form (see Appendix F) with the student detailing any remediation efforts that have been suggested, and will follow the student's progress closely thereafter.

Student Test Self Analysis

If a student scores below 75% on any test in the didactic year, he/she must meet with the faculty member teaching that class in order to review topics that were unclear.

Practical Exams during Didactic Year

Remediation of Practical Exams follows rules outlined in the course syllabus. All practical exams must be passed in order to pass the Patient Assessment courses.

Progression to Clinical Year

Any student failing to achieve a cumulative GPA of 3.0 or higher at the end of the didactic year will be placed on remediation for the term of the first clinical rotation. During this remediation time, the Director of Didactic Education will create a self-study process tailed to that student's needs. Remediation exams will be given at the end of this time frame and must be passed with an 80% in order to progress to the clinical year.

EORE Remediation during Clinical Rotations

Any student failing to score at least 65% on an EORE must remediate and repeat the exam, achieving a minimum of 65% on the repeated EORE. Failing to achieve a 65% on the repeated exam will result in failure of the rotation. The day of the repeated exam **will count as a PTO day**.

Students may be referred to one or more of the following services as needed:

- Referred to tutoring services
- Referred to Disability Services
- Referred to course coordinator/instructor
- Referred to mental health counseling services

ACADEMIC INTEGRITY

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

POLICY ON ACADEMIC HONESTY AND INTEGRITY

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

In order to ensure that the MSPAS program graduates are competent and ethical practitioners, the faculty of the program has developed the following information regarding academic honesty and integrity. This information will be reviewed with all students entering the program during orientation. Students will be given a short quiz to demonstrate their understanding of policies related to academic integrity. It is the responsibility of the student to visit these policies regularly to refresh their understanding of them and to reinforce their compliance with them.

The University's academic integrity policy, found on page 24 of the Student Handbook, states the following:

Student Code of Conduct

Misericordia University is a Catholic institution sponsored by the Religious Sisters of Mercy. The Core Values of Mercy, Service, Justice and Hospitality permeate the university community. In an effort to promote individual and collective responsibility among its members, the University has adopted certain regulations which act as guiding norms in the governance of student conduct. Students are required to engage in responsible social conduct grounded in the core values that reflect positively upon the university community, and to model good citizenship in any community. All students attending this institution are responsible for adhering to University policies as highlighted in this publication, the academic catalog, and other relevant University publications. The student code shall apply to a student's conduct even if the student withdraws from the school while a disciplinary matter is pending. The Dean of Students shall decide at his/her discretion, whether the student code shall be applied to conduct occurring off campus on a case by case basis.

Definitions of Academic Dishonesty

Academic Integrity

Any form of cheating or dishonesty, including plagiarism, is a fundamental violation of the nature and purpose of Misericordia University. Such behavior will not be tolerated and will result in at least lowered grades, possibly failure in a class, program dismissal, and, in the most serious cases, dismissal from the University. Plagiarism is using someone else's ideas or words and claiming them as one's own. Students who use another person's words must copy them accurately, enclose them in quotation marks, and identify the source clearly. If another person's ideas are used in a student paper, the source must still be identified and the author of the ideas given credit. Students are responsible to make sure that they are using sources properly and documenting them properly.

The responsibility for maintaining personal integrity and honor in academic activities rests with the student. Each faculty member will provide information on academic integrity to students in the course outline at the beginning of the semester, including any necessary explanation of violations, possible infractions of academic integrity, and the scope of sanctions, e.g., warning, lowering of the grade on the assignment or course, course failure, or dismissal from the program or university.

Should a violation of academic integrity occur; the faculty member must inform the student of the violation before imposing any sanction. Should the violation be considered serious enough to merit any grade of a "D" or lower on any major assignment, or a more serious penalty, such as course failure or dismissal from the program, the faculty member must notify the Vice President of Academic Affairs (VPAA) and supply any supporting evidence. In the case of multiple violations, the VPAA will discuss this issue with the student and may impose additional sanctions up to and including dismissal from the university. In a case in which dismissal from the university is contemplated, the VPAA will consult with the faculty member, student's advisor, department chair, and college dean.

In cases in which the student contests the accusations of academic dishonesty, the student may file a grievance under the undergraduate or graduate grievance procedure, whichever one is applicable.

Ways to Avoid Involvement in Cheating:

1. Do not lend your work to anyone. If you wish to help a friend, go over the work together and do not leave any copies in her/his possession.
2. Do not leave your work in any public place. Put your papers in an envelope and leave them in the faculty member's mailbox. Give them to the department administrative assistants if you cannot locate your faculty member.
3. When using campus computers, disguise file names or keep files only on personal drives. Be aware that print commands will result in printed copies, even hours later. Be sure to pick up all printed copies of your work, or delete any extra print commands when you are finished.

Ways to Avoid Plagiarism:

1. Acknowledge any ideas, facts, or language taken from another source. Use citations appropriately and include a reference list (see the most recent editions of the Publication Manual of the American Psychological Association or American Medical Association Manual of Style for specific information).
2. Quote—any language taken from your original source, even key words or short phrases, must be within quotation marks and quoted accurately. Reorganizing a sentence, substituting a synonym, or altering a word or two does not make it your own work!
3. Paraphrase—this means summarizing the source in your own words. Remember: paraphrased ideas must still be acknowledged. To paraphrase well, you must read carefully enough to digest ideas and make them your own.

“A final note on plagiarism: When you put your name on academic work and submit it, you are claiming ownership of the work. If through carelessness or design you've blurred the lines between what's yours and what you've taken from others, you are stealing intellectual property. Don't do it. Plagiarism is risky and counterproductive. It harms your intellectual and moral development. It leaves a permanent paper trail that can have devastating consequences, even years down the line. And, most of all, it's wrong” (Harvey, 2002)

All forms of dishonesty, whether by act or omission, including, but not limited to, cheating, plagiarism, and knowingly furnishing false information to the University, are prohibited. Intentional disruption or obstruction of teaching, research, or administrative proceedings is prohibited. University sanctions may extend to suspension and dismissal.

Work submitted in courses must be the product of the efforts of the student presenting it, and contributions of others to the finished work must be appropriately acknowledged. The presenta-

tion of another's work as one's own is a serious violation of the academic process, and it is penalized accordingly. The decision on the appropriate penalty is in the first instance the professor's, and it may extend to a failing grade for the course.

Physician assistant students are expected to comply with the university's academic integrity policies. In addition, physician assistant students must know and comply with the academic integrity policy of the Master of Science in Physician Assistant Studies program which includes, but is not limited to, the following:

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

- Misrepresenting oneself as a graduate of the program or of one's physician assistant student status as, for example, a physician assistant, nurse practitioner, medical resident, and the like, is prohibited.

Breaches of integrity are regarded as very serious offenses and will be conscientiously considered on a case-by-case basis.

Any breach of integrity may serve as grounds for dismissal, *even on a first offense.*

Breaches in integrity will be reported to licensing agencies as required by law.

ACADEMIC SERVICES

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

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

ACADEMIC TUTORING

Early Alert

The Early Alert Program is a referral process used to enhance the retention of students at Misericordia University. Faculty, staff, or parents who are concerned about a student may submit referrals to the Retention Specialist for intervention assessments. After the initial assessment, the student will be directed to the appropriate services (i.e., academic support, tutoring, personal counseling, Insalaco Center for Career Development, Writing Center, minority mentoring, etc.).

Student Success Center

The Student Success Center (SSC) offers services to students who wish to improve the quality of their learning. The center offers comprehensive support services through the following programs: peer and professional tutoring, study skill support, ESL support, writing support, and workshops. Individual assessment and intervention services regarding study skills and learning strategies are also offered, as well as developmental intervention programs for students on academic probation or for those who are not satisfied with their level of performance. The SSC is located in the lower level of Alumnae Hall. All services are free of charge.

Tutorial Assistance

Misericordia University offers a variety of tutorial options to assist students in achieving academic goals. Individual and group tutoring is provided in most core curriculum courses and some professional courses. Professional staff is available to assist those students who wish to improve

their study skills. Tutorial services are provided by the Student Success Center, which is located in the lower level of Alumnae Hall. All tutorial services are free of charge.

CAREER CENTER

Insalaco Center for Career Development

Preparing for a successful future demands more than just obtaining a quality education. Truly successful students begin to develop career planning competency as first-year students and build upon this foundation throughout their academic and professional lives.

The Insalaco Center for Career Development provides the resources and assistance necessary to turn academic achievement into career opportunity. Recognizing that the world of work requires life-long learning, the Insalaco Center promotes the development of short-range goals as part of long-range career plans. This approach helps ensure that students build flexibility into their career plans. The Center serves all university students and alumni with its state-of-the-art career resource library and team of professional staff. The mission of the Center is to prepare students for employment, graduate school or professional school, and to manage their careers throughout their working lives.

COMPUTER LABORATORIES

The University has 136 computer workstations or units available for student use. Computer laboratories are located in the following facilities:

- Bevevino Library Second Floor Research Lab- 25 Windows XP computers
- Hafey-McCormick Science Building Room 205- 15 Windows 7 computers
- Insalaco Hall Open Computer Lab- 16 Windows 7 computers
- John J. Passan Hall -3 Windows 7 computers
- Mercy Hall Room 335- 16 Windows 7 computers
Room 349- 20 Windows 7 computers

Computer Lab Hours (except Library Labs)

Fall or Spring every day: 8:00 AM - 11:00 PM

Summer every day: 8:00 AM - 8:00 PM

DISABILITY SERVICES

Office for Students with Disabilities

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, students with documented disabilities may seek academic accommodations for their disability free of charge. These academic accommodations include extended time on tests, use of a note sharer, and tape recording of lectures.

Alternative Learners Project

The Alternative Learners Project (ALP) is a fee-based program of services offered in addition to the services Misericordia University is required to provide to students with disabilities under a

Section 504 plan. ALP services include an eight-week course in Learning Strategies and an individualized Program of Accommodations (POA). The POA may include writing support instruction, access to a dedicated study room, and time management skills. Each student meets individually with a Program Coordinator on a weekly basis.

FINANCIAL AID

Student Financial Services

Administrative Regulation and Payment of Tuition and Fees

Misericordia University students are expected to pay their bills in a timely manner.

The Office of Student Financial Services assists students in meeting their obligations and will discuss reasonable payment schedules in extraordinary cases. In order to assure the collection of funds due to the University, students with an unpaid balance for tuition, fees, bookstore charges, library fines, parking fines or any other Misericordia University approved fee or fine will be denied the following privileges or services:

- Class registration
- Participation in graduation ceremonies and the awarding of diplomas; also, seniors may be denied final examinations
- Transcript issue

Definition of Academic Year

Misericordia University defines its academic year normally as the period of at least 30 weeks of instructional time which begins on the first day of classes in the fall semester and ends on the last day of examinations in the spring semester. The MSPAS program does not completely align with this calendar. During the didactic year, students' classes will extend throughout the entire summer term. During the clinical year, students will not be on the same timeframe as the university-defined calendar. These deviations are necessary to ensure that students receive sufficient clinical training during the program. In addition, this more rigorous schedule will help to prepare the students for actual professional roles and responsibilities as physician assistants.

The Student Financial Services staff is available from 8:30 a.m. to 4:30 p.m. on business days to discuss individual problems and to advise students in matters regarding financial aid.

Institutional Refund Procedure Relating to Withdrawals

When a student withdraws, he or she must begin the withdrawal process with the Retention Specialist located in the Student Success Center. The percentage of refund is determined by the date the withdrawal process is completed by the student (see Withdrawal from University). Please refer to the university's academic catalog for a complete description of the refund policies of the university.

UNIVERSITY LIBRARY

The Mary Kintz Bevevino Library, named in honor of an alumna who graduated in the class of 1987, is located at the heart of the campus between Mercy Hall and the McHale and Gildea residence halls.

The library's mission is to provide quality services with diverse resources for intellectual growth and development. Library staff members are available and ready to assist students with all their research needs consistent with the Misericordia objectives of providing quality academics, professional preparation, and service leadership. Whether patrons are seeking research assistance, available computer workstations, group study areas, or just a quiet place to read and reflect, the library facilities are designed to meet your needs.

STUDENT HEALTH

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

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

STANDARD A3.09 Principal faculty, the Program Director, and the Medical Director must not participate as health care providers for students in the program.

STUDENT HEALTH SERVICES

Student Health Center

The Student Health Center, located on the lower level of the Anderson Sports/Health Center, is directed by a registered nurse with a master's degree. A nurse practitioner and a part-time registered nurse are also on staff and function under the guidance of the university's medical physician. Health care providers have regularly scheduled clinic hours on campus. Health care providers are also available by telephone for advice and referrals during the week. The Health Center is open Monday through Friday, 9:00 a.m. to 5:00 p.m. If medical services for resident students are needed after hours, the student should contact their respective resident advisor (RA) who will, if necessary, contact and inform the Director of the Health Center of the student's healthcare issue. The program's principal faculty, the Program Director, and the Medical Director will not participate as health care providers for students in the program.

MENTAL HEALTH AND COUNSELING

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

Counseling Center

The services offered by the Counseling Center are available to all full-time and part-time undergraduate and graduate students. Services include individual counseling, group counseling, consultation services, referral services, and crisis intervention.

Misericordia also offers programs on a variety of personal development topics and issues throughout the academic year. All services are free of charge and all counseling contacts are confidential. Records of counseling contacts are maintained separately from a student's medical or academic records.

HEALTH INSURANCE

Insurance is required for all students. Students not covered by their parents' insurance are eligible to purchase a student group health insurance selected by the University. Student insurance forms are available in the Office of the Dean of Students. Copies of current insurance cards must be uploaded annually to CERTIPHI.

If a student is covered by a parent's plan, a Xeroxed copy of the insurance card must be provided to the Health Center and updated on a yearly basis.

HEALTH AND IMMUNIZATION DOCUMENTATION

STANDARD A3.21 Student health records are confidential and must not be accessible to, or reviewed by, program, principal or instructional faculty, or staff except for immunization and tuberculosis screening results which may be maintained and released with written permission from the student.

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

Student Health Records and Immunizations

In order to meet the accreditation standards of the ARC-PA for the Master of Science in Physician Assistant Studies degree at Misericordia University, the university has contracted with CERTIPHI to store, monitor, and maintain confidential student health records. CERTIPHI is a confidential student health record service. CERTIPHI will mail to all students the health forms that are required and must be completed. Upon receipt of your health forms, CERTIPHI will provide you with a membership card which will enable you to have all of the necessary contact information as well as their CERTIPHI account number.

Additionally, you will receive a letter from CERTIPHI indicating compliance with University requirements. It is imperative that you complete all required health records and immunizations forms prior to matriculation in August. Failure to provide complete health records may delay entry or the ability to participate in required clinical rotations.

In addition to storing student health information, CERTIPHI will keep the program's Director of Clinical Education up-to-date on the status of all student immunizations. Student health records will not be released without written permission from the student. Health screening, immunizations, and/or healthcare services will not be conducted by program personnel.

Health packages include:

- Student Health History and Information form
- Physical Examination form
- Immunization Verification form
- Specific health screening and immunization requirements are based on current Centers for Disease Control Recommendations for health professionals.

Requirements include:

1. Proof of personal health insurance throughout the entire program
2. Proof of a satisfactory physical examination demonstrating good health
3. Proof of negative TB PPD test (positive results will require the student to receive further evaluation)
4. Proof of Hepatitis B vaccine and positive Hepatitis B Antibody test
5. Proof of MMR vaccine or immunity
6. Proof of Varicella history or vaccination
7. Proof of tetanus/diphtheria/pertussis vaccine
8. Satisfactory drug screen
9. Satisfactory Level One criminal background check
10. Flu shot when available for the fall season

Prior to entering the clinical phase of the program, students must again update their immunization record and provide proof of the following:

1. Proof of current BLS/ACLS certification
2. Proof of updated annual TB PPD
3. Proof of blood-borne pathogen orientation course
4. Proof of current personal health insurance, throughout the clinical year
5. Satisfactory Level One criminal background check
6. Satisfactory physical examination demonstrating good health
7. Satisfactory drug screen
8. Flu shot when available

Misericordia University student health records are confidential and will not be maintained by, or accessible to, the physician assistant program faculty or staff except for immunizations and tuberculosis screening results.

Student health records will not be released without written permission from the student. Health screening, immunizations, and/or healthcare services will not be conducted by program personnel.

INJURIES & NEEDLE STICK/BLOOD/BODILY FLUIDS CONTAMINATION PROTOCOL

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

Accidents will occasionally occur in the laboratory or in the clinical setting. If a student is injured in a laboratory or classroom setting, the instructor should be notified immediately after cleaning the wound. If a student is injured at a clinical site, the wound should be cleansed immediately, then the clinical preceptor should be notified and the student must follow that site's protocol for dealing with injuries. In many facilities, this will require students to seek treatment in the employee health department, the occupational medicine department, or the emergency department. If the clinical site lacks these resources, treatment should be sought in the nearest emergency department.

Exposure to blood borne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk during orientation. Individual clinical sites may also provide orientation sessions regarding blood borne pathogens. Observing universal precautions is one method to reduce risk.

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other persons. Of particular concern are the primarily blood-borne pathogens HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body fluids other than blood, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites' specific policies regarding universal precautions.

Universal Precautions Guidelines:

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

In practice, using Universal Precautions also requires:

- Washing hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.

- Depending on job duties and risk of exposure, using appropriate barriers, including gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, and equipment such as resuscitation devices.

These barriers are to be used to protect:

- A. Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin)
- B. Mucous membranes, especially eyes, nose, and mouth

NOTE: *These items of protective apparel, including gloves are removed after each use and are properly disposed. The same pairs of gloves, etc. are NOT to be worn from one patient or activity to another.*

- Students will wear protective equipment as directed by their clinical preceptor or facility protocol
- All patient specimens are bagged per facility protocol before transport to the laboratory

In the event a student is injured by a contaminated “sharp” or is exposed in any manner to blood or potentially infectious bodily fluids in the course of their assigned clinical work, the following steps should to be followed for proper treatment and follow-up for the student.

Upon possible exposure to a blood borne pathogen:

1. For skin and wounds, wash the affected area with soap and water. Eyes and mucous membranes should be copiously flushed with water. Notify your clinical preceptor immediately.
2. Follow facility protocols regarding evaluation. Most facilities will require you to report immediately to employee health or the emergency department following exposure. Failure to follow up properly may make it difficult or impossible to obtain source patient blood in facilities in cases in which this may be possible.
3. In sites without employee health or emergency departments, or if the site protocol is unclear, proceed immediately to the nearest emergency department for assessment. In cases in which prophylactic medical treatment is indicated, it is believed to be most effective when administered as quickly as possible.
4. The treating healthcare professional will request information about your medical history, the source patient’s history (if known) and the nature of the exposure. They may request permission to draw baseline laboratory studies. They will discuss your risk of contracting a blood borne disease and the risks and benefits of prophylactic treatment. In deciding whether to receive post-exposure prophylactic treatment, students might also wish to consult with the National Clinicians Post-Exposure Prophylaxis Hotline: 888-448-4911.
5. Students should follow up as directed by their treating healthcare provider. Ongoing follow-up may take place at the initial treating facility or the student may be referred to a healthcare provider with expertise in infectious disease. The program may be able to assist the student in finding an infectious disease specialist as requested or required.

6. Since students are neither employees of Misericordia University nor the clinical sites, payment for assessment and treatment is the responsibility of the student and their insurance carrier.

All students who experience an injury or exposure must complete an incident report and submit it to the Program Director as soon as possible. However, students should not delay prompt evaluation and treatment in order to complete paperwork.

ABSENCE, LEAVE AND WITHDRAWAL

ABSENCE – GENERAL

Physician assistant education is intensive. There is a mandatory attendance policy for all required learning experiences throughout the program. It is recognized that situations beyond your control occasionally arise, but you must make every attempt to attend all scheduled sessions.

Students must exercise sound judgment skills when making decisions regarding missing course lectures, assignments, examinations, or clinical rotations. Mild upper respiratory infections may not warrant missing course work or examinations. Weddings, family vacations, or expensive airline reservations may not be considered a valid excuse for missing an examination or requesting an alternative examination date. Unexcused absences may result in a score of zero on assignments and examinations. Make-up examinations may be offered at the discretion of the course instructor on a case-by-case basis. Make-up examinations may be given in an alternate format.

If a student determines that she/he is too ill to attend class, she/he must contact the Director of Didactic Education, Professor Jennifer Arnold, in writing by email by 7:00 a.m. Failure to notify the department by 7:00 a.m. will result in a subtraction of 10 points from the next exam for *each* course scheduled for that day. Any absence of two consecutive days or more requires a note from a healthcare provider regarding the illness. Friday and Monday will be considered consecutive absences. Failure to produce an acceptable note from a health care provider will result in immediate probationary status to last the remainder of the didactic year. Absence of more than the three allotted sick days without a documented medical excuse will result in immediate probationary status for the remainder of the didactic year. Any additional absence can be grounds for immediate dismissal. Any second absence within a 30 period (even nonconsecutive dates) will require a note from a healthcare provider.

Unanticipated Absence

Occasionally, a student is unable to attend class or rotation due to an unexpected personal or family emergency. Documentation of the emergency is required by the program.

ABSENCE FROM EXAMINATIONS

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

Students are required to be present for examinations as scheduled. Students who are late for examinations forfeit the time allotted and will not be permitted to recover that examination time. In the event of serious personal illness/injury or the death of an immediate family member, students may be excused from course work or examinations as determined by the instructor for that course. The program may require a written statement from a licensed physician or health care provider explaining your illness or injury. A copy of the immediate family member's death certificate may be requested by the program as proof of the student's absence.

Under no circumstances will students be permitted to take an examination before its officially scheduled date and time.

ABSENCE FROM CLINICAL ROTATION

Attendance at clinical sites is an absolutely essential component of a student's education. Students must inform their clinical preceptors and the program when, **for any reason**, they will not be at their clinical site. Students should contact the **program administrative assistant and the Clinical Coordinator** via phone or email; they will in turn inform the Program Director.

As graduation approaches, it is expected that students will need to schedule employment interviews. As with any other absence, these must be cleared with the clinical preceptor and the Clinical Coordinator.

WEATHER-RELATED EMERGENCIES

In the event of severe weather, students should check with the MU webpage or call the university. Students are expected to use their best judgment in deciding to travel. Students on rotation sites not affected by the adverse weather conditions are required to attend their rotation even if the university is closed. Conversely, students at a clinical site with significant adverse weather conditions must use their best judgment in consultation with their preceptors in determining their attendance at the site, regardless of the university's status. Students must notify the program of non-attendance as noted above. Every attempt must be made to make up the missed time during clinical rotations.

BEREAVEMENT

Absence from class or a rotation will be granted for the death of a first-degree relative (parent, sibling, and child) or grandparent. The student will normally be allowed two (2) business days for in-state services and three (3) days for out-of-state services. The faculty advisor and Program Director should be consulted so that a study plan can be put in place to allow the student adequate time for make-up work.

LEAVE OF ABSENCE

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

WITHDRAWAL

It is not unusual for students to experience stress in adjusting to the rigors of physician assistant education. Students considering a withdrawal from the program should consult with their faculty advisor and/or the Program Director before initiating the withdrawal process.

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

COMMUNICATION

CELLULAR PHONES

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

EMAILS

While enrolled as a student in the program, **the email address of record** shall be the university email address assigned upon admission to the program. It is strongly encouraged that students check their university email account as well as any Blackboard course announcements at least once every 24 hours.

EMERGENCY PHONE CALLS

Please inform friends and family that they should contact Mrs. Kathy Michael, a program administrative assistant, at 570.674.6716 if an emergency should arise while class is in session. A message will be delivered to the student, as cellular telephones must be switched off while in class.

STUDENT REPRESENTATION

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

The Physician Assistant Student Society of Misericordia University (MISPASS) will represent the entire student body of the PA Program. MISPASS will elect officers and hold class meetings as needed to determine the consensus of the entire student body regarding any issues affecting the entire class. A faculty advisor will be assigned to MISPASS to aid in the use of resources and will coordinate activities of the student body within the Student Academy of the American Academy of Physician Assistants (SAAAPA).

DIRECTOR'S HOUR

Every semester the Program Director will meet with each class as a whole to discuss any outstanding issues and to answer any questions. Students may request a Director's Hour at any time via the class representative. For issues affecting individual students, however, students are encouraged to make individual appointments with the Program Director at any time.

MISCELLANEOUS POLICIES

EMPLOYMENT DURING THE PROGRAM

In order to enhance student learning and assure student success in the physician assistant program, it is recommended that students minimize the hours worked outside of the program. If a student chooses to work during the academic year, the work schedule must not interfere with class performance or clinical rotation schedules.

EXAMINATION SECURITY

To maintain security during examinations, examination proctors reserve the right to inspect anything that a student brings into an examination room.

HOLIDAYS

During the first year of the program, students will observe the usual academic calendar issued by the university.

While on rotation during the second year of the program, students will experience an irregular schedule. No student should make travel arrangements without consulting with the Clinical Coordinator and his/her clinical preceptor.

Students are not required to attend their rotations on holidays designated at the discretion of the clinical sites. Students may request time off for bona fide religious observances, but patient needs take priority, and there is no guarantee that such requests will be honored by a clinical site.

PART II: POLICIES, PROCEDURES AND OBJECTIVES RELATED TO CLINICAL ROTATIONS



CLINICAL ROTATIONS & AFFILIATION AGREEMENTS

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

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

Most physician assistant students eagerly look forward to beginning clinical rotations. Each clinical environment presents different challenges and different rewards and serves as the starting point in your transition from student to clinician.

Misericordia University has affiliation agreements in place with physicians and healthcare institutions allowing for a complete course of clinical rotations to be set up for each student by the program. In general, rotations are assigned randomly based upon their availability. Students will be afforded the opportunity to select an elective rotation, and it is also occasionally possible for a student to set up a rotation outside of the program's presently-established clinical sites. More information on these situations may be found below.

CORE ROTATIONS

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

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

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

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

Curriculum Outline - Year II

Professional Year II clinical rotations include rotations in:

PA 601	Ambulatory Medicine	5 weeks	5 credits
PA 603	Internal Medicine	10 weeks	5 credits
PA 604	Pediatrics	5 weeks	5 credits
PA 605	Psychiatry	5 weeks	5 credits
PA 606	Surgery	5 weeks	5 credits
PA 607	Women's Health	5 weeks	5 credits
PA 608	Emergency Medicine	5 weeks	5 credits
PA 609	General Elective Rotation	5 weeks	5 credits
PA 609	General Elective Rotation	5 weeks	5 credits
Clinical Clerkships			45 credits
PA 631	Professional Development	1 credit	
PA 632	PANCE Preparation	2 credits	
PA 633	Summative Evaluation	1 credit	
Total			49 credits

ELECTIVE ROTATIONS

Students will have the opportunity to select two elective rotations from several specialties. The specialties available may vary from year to year depending upon site availability. Any international rotation will count as an elective.

STUDENT-INITIATED ROTATIONS

Students may seek to develop a new rotation site. There are a variety of reasons for doing so. Some students may wish to rotate through a specialty that is not currently available through the program; others may desire to rotate close to home to establish contacts for employment. The program is happy to attempt to accommodate these requests. However, students should recognize that when possible, it may often take months to set up such rotations. Please observe the following:

- Students should allow at least *six months* for the necessary paperwork to be completed – the Clinical Coordinator will set the deadline for new requests.
- The student is responsible for identifying the site and forwarding the physician's/preceptor's contact information to the Clinical Coordinator.
- The Clinical Coordinator will investigate the site to determine if it is an appropriate placement. A student may not have a relative serve as their preceptor.
- Students are prohibited from contacting any other physician assistant program to inquire about their clinical placements

MEDICAL MISSIONS

At this time the MSPAS program does offer international rotations/experiences in Belize and Ghana. Students may also have the opportunity to participate in short (7-10 days) international medical missions during the didactic year. Such experiences are best scheduled during breaks in the assigned schedule. In keeping with the program's mission statement, which specifies that "The program's educational environment will promote an ethos of service, responsibility, morals and ethics," the program will develop further international clerkships in the future.

ROTATION-SPECIFIC POLICIES

ASSIGNMENTS

In addition to assignments required by the program, some rotation sites may have specific assignments that they require of students rotating with them. Such assignments may include (but are not limited to) papers, examinations, presentations, or attendance at lectures. Students should regard these assignments as requirements for successful completion of the rotation.

CHARTING

Some rotations may allow a student to record information in the medical record. It should be remembered that such entries into the chart serve as a permanent part of the patient's legal medical

record. Any time a student makes an entry into the chart, the entry will be signed by the student. The student will indicate that she/he is a physician assistant student by writing “PA-S” following his/her signature. Students must ensure that their chart entries are countersigned by their preceptor as soon as possible or as required by facility policy.

Learning to document properly is an essential medical skill. On rotations where students are not permitted to record information in the chart, they are encouraged to practice documentation separately and have it reviewed by their preceptor or faculty advisor.

CONFIDENTIALITY

As noted previously, all patient information must be held in strict confidence. The sharing of medical information is to be limited to that needed for patient care or legitimate medical education purposes. An intentional breach of patient confidentiality will be regarded as a serious offense.

IDENTIFICATION

In addition to displaying an appropriate identification badge prominently, students shall state truthfully and accurately their professional status in all transactions with patients, health professionals, and other individuals for whom, or to whom, they are responsible. While in the program, students may not use previously earned titles (i.e., RN, MD, DC, Ph.D.). Students will sign all documentation with their full name followed by “PA-S.”

INTERVIEWS

As graduation approaches, it is expected that students will need time to interview for employment. Requests for time off for interviews should be cleared with the Clinical Coordinator and the clinical preceptor and will be allowed only within the provision of PTO days.

PATIENT SAFETY

A student’s primary concern should be the health and safety of the patient. Students are expected to exercise good judgment and immediately notify their preceptor of any circumstances which may lead to patient harm. The student shall have ongoing consultation with the supervising physician as required to safeguard and enhance the care of the patient and to ensure the development of clinical skills. Students will perform only procedures authorized by the preceptor, and all procedures should be performed under the supervision of a preceptor until the student and preceptor are comfortable and in agreement that the student is proficient.

ROTATION SCHEDULE

While on rotation, physician assistant students function as part of a healthcare team. As such, it is frequently necessary to put the needs of the team ahead of personal interest. Your schedule will vary widely among specialties and clinical sites. On some rotations students may be required

to take overnight call or cover weekend or overnight shifts. Sites will appreciate flexibility on your behalf, and some of the best learning opportunities occur “after hours.”

STUDENT SCOPE OF PRACTICE

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

The student is not considered an employee of any clinical affiliate and should not be a substitute for, or take on any responsibilities of, regular staff. If a student has a concern about the responsibilities assigned by the clinical site, the Clinical Coordinator should be contacted immediately.

The following are some guidelines regarding what a PA student may be permitted to do by the preceptor. Please note that these are guidelines only. The judgment of the preceptor regarding how much responsibility a student is ready to assume should be the guideline for determining which tasks are assigned and how much supervision is needed. ***Please note that EVERY patient MUST be seen by the preceptor, without exception!**

Students come to the program with a variety of life experiences, which may affect their comfort level with certain tasks. All students should exhibit a baseline of medical knowledge and clinical skills. Typical tasks assigned to PA students include:

1. Taking histories and performing physical examinations;
2. Assessing common medical problems and recommending appropriate management;
3. Performing and assisting in diagnostic and therapeutic procedures;
4. Assisting the preceptor in hospital/nursing home rounds, recording progress notes, transcribing specific orders of the preceptor – **as allowed by the facility**;
5. Following protocols or standing orders of the preceptor.
6. Presenting patient cases orally and in a written problem-oriented format.
7. Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation.
8. Completing assigned readings and preparing presentations as requested by clinical preceptors and/or program faculty.
9. Attending all teaching rounds and conferences.
10. Following the assigned on-call schedule.

Students will deliver needed care to patients without regard to race, age, gender, creed, socioeconomic status, political persuasion, sexual preference, or national origin.

SITE SPECIFIC POLICIES

Most rotation sites will have their own policies and procedures that cannot be described comprehensively herein. Such policies may relate to orientation sessions, parking, identification, etc. If questions regarding these policies arise, please consult with your clinical preceptor or clinical coordinator

TRAVEL TO AND HOUSING AT CLINICAL SITES

Students are responsible for arranging travel to all clinical sites and any associated fees (i.e., parking). Students are also responsible for arranging housing at clinical sites, although the program may have information on available rental locations for some sites. Some sites may be reached by public transportation, but most students will require a car for reliable transportation. Travel from clinical sites within a 250 mile radius will be conducted after work on the day prior to call backs. Travel from clinical sites 250 miles or greater may use the entire day prior to call backs. If weather requires additional travel time, this must be cleared with the Clinical Coordinator.

SITE VISITS

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

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

A faculty member (usually the Clinical Coordinator) will be performing on-site visits. The purpose of the site visit is two-fold. First, as per the ARC-PA standards, clinical sites must be assessed continually to make sure that the site is student ready and is an appropriate and quality teaching environment. Second, site visits help faculty observe the progress of each student and observe the interactions between student, patient, and preceptor.

During a site visit, a faculty member will meet with each student and discuss the overall rotation. In an effort to improve presentation skills, students will usually be asked to present one or more patients during a site visit. Students will be asked to be prepared to present a patient in any, and potentially in all, of these three formats:

- **Comprehensive:** Complete HPI, PMH, FH, SocHx, ROS, PE, laboratory studies, assessment, including differential diagnosis, and plan, not to exceed 7 minutes speaking at an understandable pace.
- **Detailed:** Relevant features of all elements of presentation, but able to use terms such as "non-contributory," "unremarkable" for categories. Acceptable to state that laboratory studies are normal and PE is normal except for [specified condition]. The intention is to highlight pertinent positives and negatives, but not specifically to mention irrelevant information. The presentation should not exceed 3 minutes.
- **Brief:** HPI and PMH should be limited to one sentence; physical examination and laboratory studies should be limited to one sentence; and differential diagnosis, assessment, and plan should be limited to one sentence. The presentation should not exceed 30 seconds, and it should not total more than 6 sentences.

The purpose of this exercise is to provide a student with individual feedback in a safe, protected environment that will improve communication skills.

During the site visit, the faculty member may ask to observe the student interacting with a patient including obtaining a medical history, performing an appropriate physical examination, collecting pertinent data specific to the case, and presenting the case to the clinical preceptor. The faculty member may also ask to inspect any documentation recorded by the student.

Site visits for all rotations may be arranged randomly at the discretion of the program. Site visits may occur during any rotation and may be unannounced. A Site Visit Evaluation form (see Appendix I) or an online equivalent will be completed by faculty after each site visit and will be placed in the student's file.

ACADEMIC REQUIREMENTS FOR CLINICAL COURSES

ECLAS

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

CLINICAL LOGS

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

WRITTEN ASSIGNMENTS

For each clinical rotation, students will submit one written assignment. Most commonly, students will be assigned to complete and document an appropriate history and physical examination (H&P) (see Appendix J) for a patient under their care.

History and Physical Examination Write-Up

On all rotations, students will complete a *legible handwritten* history and physical examination write-up. Written H&P requirements may be altered by a faculty advisor, depending upon the quality of previous work. The written H&P must be submitted prior to completing the post-rotation examination and legible.

Grading of Written History and Physical Examination Write Ups

Learning proper medical documentation is an essential skill. Building upon the knowledge gained during the first year of the program, students will record an appropriate history and physical examination (H&P) for each rotation unless other arrangements are made with their faculty advisor.

Grading of H&Ps will be performed according to a rubric established by the program and published as the Clinical Rotation Written History and Physical Examination form (see Appendix J). Unless previous arrangements are made with a faculty advisor, late submission will result in grade reduction by one letter grade.

Topic Papers

For elective rotations for which an EORE is not available, students will submit an 8 to 10 page ***legible handwritten*** case study/ topic paper in addition to a separate written H&P on or before the last day of the rotation. The topic for this paper must be approved by the Clinical Coordinator and conform to *American Medical Association Manual of Style* guidelines. Additionally, the paper must have a minimum of three major source references published within the past five years.

Grading of topic papers will be performed according to a rubric established by the program and published as the Evaluation of Topic Paper form (see Appendix K). Unless previous arrangements are made with the Clinical Coordinator, late submission will result in grade reduction by one letter grade. The Topic Paper must be passed with at least a 3.0 on a scale of 5.0 in order to pass the rotation. If a student fails this assignment, it must be completed with a passing grade within a week of receiving the grade on the assignment.

MID-ROTATION EVALUATIONS

Mid-rotation evaluations (see Appendix L) are designed to give the preceptor an opportunity to provide feedback to students on their performances during each clinical rotation. Students should take this information and opportunity to strengthen their skills. A portion of the mid-rotation evaluation is designed for you to self-reflect on your clinical experience and to identify areas of improvement as well as strengths. Students must complete this portion of the evaluation in its entirety before submission on EClas. One mid-rotation evaluation must be submitted to the program for each rotation.

The mid-rotation evaluation helps to avoid surprises related to your grade at the end of the semester. If any academic or clinically related problems arise from this interaction that are of concern, it is in your best interest to discuss this with your faculty advisor. Your signature indicates your review of the evaluation: do not sign the mid-clerkship evaluation until your preceptor has completed the evaluation form. Only the assigned preceptor should fill out the evaluation.

END-OF-ROTATION PRECEPTOR EVALUATION

The program has adopted a standard grading rubric for clinical preceptors. Grading may be completed online through the EClas system, or clinical preceptors may choose to submit a paper

evaluation (see Appendix M). Students will be evaluated by each clinical preceptor on the basis of their general medical background, knowledge, and ability to obtain a medical history and perform an appropriate physical examination. Included in the evaluation will be the student's ability to organize a database, propose a management plan, present cases, and demonstrate rapport with patients and co-workers. Dependability, attitude toward learning, and work habits are also part of the evaluation.

Students are encouraged to discuss the evaluations with their preceptors. Students are responsible for ensuring that an evaluation is completed for each clinical rotation. They must make every reasonable effort to follow-up with the site to ensure that the evaluation is completed in a timely fashion. Some sites choose to mail their evaluations to the program. In this case, students should check with their faculty advisor to ensure that the form has been received. Failure to receive evaluations in a timely fashion may result in a student receiving a grade of "incomplete" (I). In some instances, a resident or another attending physician may complete a preceptor evaluation form in addition to the clinical preceptor of record. In those cases, a maximum of two evaluations will be averaged to comprise this portion of the rotation grade. This evaluation represents 30% of the final core rotation grade or 60% of elective rotation grade.

POST-ROTATION EXAMINATIONS

An End of Rotation Examination (EORE) is given after each core rotation and is based on a specific topic list for that rotation (listed in each syllabus).

The program attempts to emulate the national certifying examination by using the NCCPA Content Blueprint as a guide for reading topics. Also like the national certifying examination, the program reserves the right to re-administer an examination at a later date if technical difficulties occur on the scheduled examination date. If a student scores below 65% on an EORE, she/he will be required to complete a self-analysis based upon specific competency areas (as directed by the Clinical Coordinator or the Program Director) within seven days of the examination date. The student must also take a second EORE for this rotation within five days of the original examination and score a minimum of 65%. Failure to meet these deadlines will result in a zero score for that EORE. Failure to pass the EORE on the second attempt will result in failing the rotation.

The majority of EOREs are given on call-back days or the Friday of the last week of the scheduled rotation and represent 50% of the final rotation grade.

STUDENT EVALUATION OF PRECEPTOR & CLINICAL SITE

The student evaluation is designed to provide the program with student feedback regarding each preceptor and clinical site. It is used to evaluate and improve the site and in turn the student's clinical experience. This process is important for continued quality control and feedback. A student's rotation grade will not be released until he or she has completed an evaluation of the preceptor and the clinical site. Evaluations will be completed online using the EClas system (for a sample of this evaluation form, see Appendix N). Failure to complete both of these evaluations will result in the student not being allowed to progress to the next rotation.

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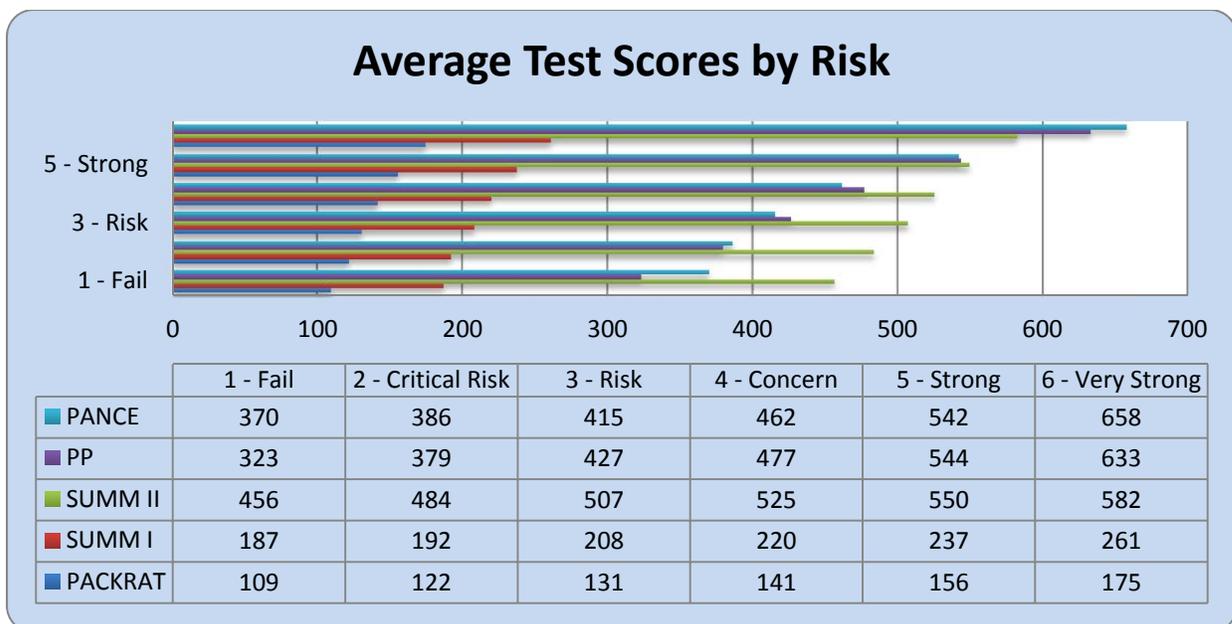
All students in the clinical phase of the program are required to attend end of rotation seminars. These seminars are integral to the clinical phase of the MSPAS program, and are generally used to prepare for the Physician Assistant National Certifying Examination (PANCE). Attendance is mandatory, and grades will be dependent on active participation. Specific information relating to the seminar schedule will be sent to the students by the faculty member facilitating the seminar.

INSTRUCTIONAL STRATEGIES

PANCE simulation examinations SUMM I, PACKRAT, and comprehensive examination SUMM II scores will be used to give each student a predicted score that will guide the final study process in the last three months prior to graduation.

The following assessment techniques will be employed during the clinical year to measure student's acquisition of knowledge:

- Completion of assigned PanceMaster questions/practice tests
- Completion of the PANCE formative examination called PACKRAT and SUMM I, and a cognitive summative examination called SUMM II, which is used to identify individual student's strengths and weaknesses in preparation for the PANCE taken after graduation from the program.
- To receive passing grades in PA 631/632/633, students must complete all elements of the courses, including satisfactory completion of required remediation and study contracts based upon performance on the SUMM I, PACKRAT, SUMM II, and also based upon the average test scores by risk stratification as depicted below:



- Any student who achieves a score within a risk or fail category will be required to participate in a learning contract during the clinical year. If the student shows sufficient improvement during subsequent formative or summative examinations, he/she may be released from the supervised study contract. The faculty advisor can determine if the student has not satisfied the required remediation which can result in a grade of incomplete in PA 631/632/633. Failure to satisfy the required remediation as defined by the study contract can result in a delay in program completion. A copy of this contract is provided in Appendix R.

ORAL PRESENTATIONS

The oral presentation is based on an actual patient case in which the student has taken an active role. The faculty and fellow students will attend the oral presentation. All present can participate in a discussion of the presentation, but only the faculty members will grade the student presenting. The program will determine the dates that these will be scheduled.

The objectives for the oral presentation are:

- To present concisely pertinent medical history and physical examination findings to other health care professionals
- To formulate and discuss problem lists, assessments, and probable differential diagnoses
- To review treatment plans and the indications for laboratory tests and imaging studies
- To describe disease entities in an informed and professional manner appropriate to the level of education
- To discuss the clinical course and outcomes of the treatment plan

The topic of the presentation must be submitted to the clinical coordinator at least two weeks before the scheduled presentation.

Oral presentations will be graded according to a rubric created by the program (see Appendix O).

CLINICAL EVALUATION

ROTATION GRADING

A grade for each clinical rotation is derived as follows:

Rotation grades will be determined from the list below. If the student's grand rounds-type presentation is given at the end of this rotation, it will be graded as Pass/Fail. If a passing grade is not given, the student will receive an "Incomplete" until competency is achieved.

The final grade for this course will be calculated using the following percentages for each module:

	Core	Elective
Final Evaluation from Preceptor	30%	60%
End-of-Rotation Examination	50%	
Written H&P and/or Topic Paper	15%	35%
Required Electronic Entries	5%	5%
<i>Includes weekly reports, study bank questions, student evaluation of clinical sites & preceptors, and logging of patient encounters</i>		
Total		100%

The criterion for a failing grade for a rotation is **any one** of the following:

1. Failure to submit written assignments which meet program standards
2. Failing evaluation by the clinical preceptor
3. Excessive or unexcused absences from the rotation site
4. Overall rotation grade below 2.0 in any of the main competency areas
 - a. Medical Knowledge
 - b. Patient Care
 - c. Interpersonal and Communication Skills
 - d. Professionalism

REMEDICATION PROCEDURES

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

Written Assignments

All required written assignments related to rotations are submitted by all students for evaluation. The Clinical Coordinator will counsel the student regarding the quality of the work and assist with any needed corrections.

A failing grade (less than 3.0 on a 5.0 scale) on a written assignment results in repetition of the assignment as directed by the clinical coordinator. A failing grade on the repeated assignment will cause the loss of one letter grade on the entire rotation. (i.e. A becomes B, or B+ becomes C+)

Preceptor Evaluations

A failing grade on a preceptor evaluation will cause a student to fail the associated rotation. If a student fails a rotation, he or she will be required to repeat the rotation successfully at the end of the clinical year, thereby delaying graduation. The program director has the authority to overrule a preceptor's assessment.

If a student receives low, but passing, grade on a preceptor evaluation, the Clinical Coordinator will arrange a meeting to discuss the cause and suggest a solution.

TIPS FOR SUCCESS ON ROTATIONS

Know the Clinical Site

- You must contact most preceptors at least 2-3 weeks prior to starting a new clerkship. Inquire about parking, IDs, etc.
- Every effort has been made to maintain and update appropriate contact information for clinical sites. Nevertheless, minor problems may occur. It is necessary to maintain professionalism and flexibility when faced with such changes. First, try to resolve any discrepancies on your own. Call the Clinical Coordinator or Program Director if this is not possible. Notify the Clinical Coordinator of any errors in supplied instructions so that corrections can be made.
- Inquire about, or confirm, what available conferences you might attend (grand rounds, daily/weekly conferences, CME presentations, etc.).

Things to Discuss with Your Preceptor

- Confirm your time schedule and specific duties (when to report to your clerkship, on-call schedule, rounds, weekend hours, etc.).
- Identify special interests, whether these are procedures or particular cases relevant to the clerkship.
- Talk to preceptors about remaining mandatory technical procedures required and your eagerness to complete them.
- Ask what is expected of you. Where you are to be and at what time?

Additional Considerations

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

- Report early, stay late, volunteer for call

If any concerns arise during rotations, please notify the clinical coordinator as soon as possible. If unable to contact the clinical coordinator, please contact program director.

ROTATION SUMMARY

The table below summarizes assignments associated with clinical rotations:

Assignment	Responsibility	Format	Due
Review of Goals and Objectives	Student and Preceptor	Paper/Verbal	First week of each rotation
Mid-rotation Review	Preceptor Student	Paper or Online Online	Midpoint of each rotation
End of Rotation Evaluation	Preceptor	Paper or online	Last day of each rotation
Student Evaluation of Clinical Site	Student	Online	Last day of each rotation
Written Materials (i.e., H&P and/or Topic Paper)	Student	Paper - Hand-written	Last day of each rotation
EORE (if applicable)	Student	Online	First day of callbacks
Oral Presentation (if applicable)	Student	Presentation	As scheduled by program
Patient logs & PanceMaster questions	Student	Online	Last day of each rotation

*The last day of the rotation is considered to be the day BEFORE callbacks.

ROTATION GOALS AND OBJECTIVES

GENERAL GOALS AND OBJECTIVES FOR ALL CLINICAL ROTATIONS

The goals within each clinical rotation are designed to help you achieve the knowledge, proficiency, and expertise cited below. This is a guide, however, and not an all-inclusive list. Each service should make available a full range of experiences that will provide the student with exposure to each discipline's special procedures, techniques, and problems. The following general goals and objectives are expected of all students while on clinical rotations.

MEDICAL HISTORY

- Approach a patient in any clinical setting and establish appropriate rapport with the patient and the patient's family.
- Determine the appropriate format of historical data collection, which may include a complete history, a directed outpatient history, or a directed inpatient follow-up history.

- Determine the best (most appropriate) source of historical data when the patient is unable to provide the information.
- Elicit a complete medical history that should include:
 - Determination of the chief complaint
 - Analysis of the primary symptomatology: onset and duration; precipitating and predisposing factors; characteristics of symptoms from onset to present including quality, location, radiation, and intensity or severity; temporal character; aggravating and relieving factors; and associated symptoms
 - Review of the course since onset of primary symptom: incidence, progress, and effect of therapy
 - Organization of a clear and concise history of present illness that carefully outlines the chief complaint in addition to the pertinent past medical history, family history, social/occupational history, allergies, and appropriate review of systems
 - Organization of a complete past history that includes childhood medical history, adult medical history, history of previous surgery, history of previous hospitalizations, history of injuries, allergies, and immunizations
 - Organization of a complete family history that includes a review of the health status of all members of the immediate family as well as a history of familial disease
 - Organization of a complete social history that includes social habits (including use of alcohol, medications, substances), nutritional history, military history, occupational history, marital history, educational history, sexual history, environmental conditions, and social support systems
 - Organization of a complete review of symptoms that includes all of the positive and negative symptomatology that the patient may have experienced in the recent past.
- Provide written documentation of a complete medical history in a format approved by the faculty of the MSPAS program.

PHYSICAL EXAMINATION

- Determine the appropriate parts of the physical examination that should be performed in a variety of clinical settings, including inpatient, outpatient, emergency, and long term care facilities.
- Perform an appropriate physical examination and recognize normal and abnormal findings.

- Perform the physical examination while maintaining an awareness of, and responding to, the patient's discomfort and/or apprehension.
- Perform the physical examination utilizing all diagnostic equipment properly (e.g. sphygmomanometer, stethoscope, otoscope, ophthalmoscope, tuning fork, percussion hammer, etc.).
- Perform the physical examination using proper techniques of physical examination (e.g., technique of percussion, palpation, auscultation, and inspection, as well as special maneuvers such as straight leg raise or testing for meningeal or peritoneal irritation).
- Provide written documentation of the findings of the physical examination in a clear and concise manner using a format approved by the faculty of the MSPAS program.

ANCILLARY STUDIES

- Make recommendations, based on the data gathered in the history and physical examination, for ancillary studies that should be ordered to evaluate further the patient's problem. This may include radiologic studies, blood, urine or sputum analysis, and any other special studies that may be of value, and preferably, in order of priority.

DIAGNOSTIC ANALYSIS

- Analyze the data gathered in the history, physical examination, and ancillary studies in order to:
 - Develop a problem list
 - Formulate a differential diagnosis (assessment)

THERAPEUTIC ANALYSIS:

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

GENERAL SKILLS AND PROCEDURES

- Perform and become proficient in the following procedures:
 - A. Venipuncture
 - B. Initiation of intravenous infusions
 - C. Placement of nasogastric tubes
 - D. Administration of intradermal tests
 - E. Administration of medications - i.e., topical, oral, IM, and IV
 - F. Obtain and interpret electrocardiograms
 - G. Aseptic technique
 - H. Isolation technique
 - I. Perform CBC, urinalysis and other office laboratory procedures as indicated including gram stains, acid-fast stain, stool guaiac, etc.
 - J. Collect specimens for blood cultures, urine cultures, and stool cultures
 - K. Draw arterial blood
 - L. Prepare and interpret cultures
 - M. Obtain Papanicolaou cytosmears
 - N. Perform CPR and defibrillation
 - O. Assisted respiration - i.e., familiarity with respirators
 - P. Insertion of urinary bladder catheters
 - Q. Anoscopy and Proctoscopy
 - R. Wound care and dressing changes
 - S. Suturing and suture removal
 - T. Insert central venous lines
 - U. Perform endotracheal intubation and aspiration
 - V. Insert chest tubes
 - W. Perform thoracentesis
 - X. Perform paracentesis
 - Y. Learn principles of use and interpretation of fundamental radiographs (X-rays)
 - Z. Learn principles of use and interpretation of basic clinical ultrasonography

The students will, under direct or indirect supervision, observe, assist in, or perform all appropriate procedures relative to the patients they are following at the discretion of the students' supervising physician. The students will also be available, when time permits, to assist in other procedures involving patients other than their own.

GOALS AND OBJECTIVES FOR SPECIFIC ROTATIONS

Throughout all clinical rotations, the student will continue to refine the knowledge and skills outlined above as general goals and objectives. The goals and objectives in the rotation syllabi are designed to provide more information for specific rotations.

port may be utilized in formulating study plans for success in the PANCE examination. The examination report also allows the program to compare student performance with national scores. Cost of the examination is the responsibility of the student.

3. **Physician Assistant Competencies: A Self Evaluation Tool** (see Appendix P): The public demand for higher quality and greater accountability in health care has been growing steadily over the last several years, and various health care professions are responding in different ways. To address that issue within the PA profession, the PAEA, ARC-PA, NCCPA, and AAPA, joined together to define PA competencies, a critical starting point to identify opportunities for improvement in the development and assessment of those competencies. The four organizations involved in the development of the seminal document, [*Competencies for the Physician Assistant Profession*](#), have developed this self-evaluation tool to help individual PAs identify areas of personal strength and opportunities for personal growth, which you may use to guide future CME activities, on-the-job training, or other self-improvement activities. Students will complete this document and review it with their advisor at the end of the 1st year and again at the end of the 2nd year to show progress.

SUMMATIVE EVALUATION

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

1. Summer Semester, 2nd Year OSCE: This hands-on examination is designed specifically to test the PA student's clinical competence.
2. Summer Semester, 2nd Year: SUMM II is 700 question multiple-choice examinations given over two days. This examination tests the student's knowledge base for all organ systems. Students will be able to meet with their advisor and discuss a study strategy that students can pursue to prepare for the PANCE.
3. Summer Semester, 2nd Year: Physician Assistant Competencies: Self Evaluation will be completed and reviewed by students with their advisor at the end of the clinical year.
4. Summer Semester, 2nd Year: Summative Professionalism Assessment Tool (see Appendix Q). Evaluation of professionalism is an on-going process throughout the program. Prior to graduation, students and their advisor will complete the summative tool and discuss their strengths and weakness in this area.
5. To receive passing grades in PA 631/632/633, students must complete all elements of the courses, SUMM I, PACKRAT, and SUMM II. The grade in these courses is not based upon the numerical score achieved in these formative and summative examinations. The scores as defined in the graphic below which is entitled "average test scores by risk" is used to determine whether students require additional remediation and mentoring during the clinical year. Students with the highest level of risk will be required to complete more extensive remediation assignments defined in the study contract.

No student will be eligible for graduation until he or she has completed the remediation study program, if one is assigned.

MSPAS PROGRAM GRADUATION COMPETENCIES

These competencies outline the expected outcomes for MSPAS graduates from Misericordia University. These outcomes or program graduation competencies are endorsed by the NCCPA, AAPA, and PAEA to guide PA programs in modifying and improving their curricula. All didactic and clinical experiences contribute cumulatively to these outcomes. Upon graduation, students must successfully complete the NCCPA certifying examination in order to practice in all states. The NCCPA blueprint outlines the required knowledge and skills areas as well as the list of diseases and disorders to help guide the student toward successful completion of the program and the certifying examination.

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

Medical Knowledge

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

- Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or laboratory studies
- Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities

- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data
- Appropriately use history and physical examination findings and diagnostic studies to formulate a differential diagnosis
- Provide appropriate care to patients with chronic conditions

Interpersonal & Communication Skills

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

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

Patient Care

Patient care includes age-appropriate assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

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

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

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

Practice-Based Learning & Improvement

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices.

Physician assistants are expected to:

- Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access online medical information, and support their own education

Systems-Based Practice

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

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

PREPARING FOR THE PANACE

The clinical phase of training comes at the end of the MSPAS program, as does studying for the PANACE. It is difficult to study for the PANACE during rotations, because parallel processes are occurring: you are acquiring new clinical skills and studying specific topics for the end of rotation examination, while trying to prepare broadly for the PANACE by studying many other diseases perhaps unrelated to your rotation. For this reason, the program has attempted to integrate the process to minimize duplication of study and create synergy. As a result, if you study all the top-

ics listed for each rotation, by the time you finish your rotations, you will have studied all of the topics on the *NCCPA Content Blueprint for PANCE* (see Appendix E) and will be thoroughly prepared for the PANCE.

Many questions on the certification (PANCE) examination are drawn from the *NCCPA Content Blueprint*. The *Content Blueprint* contains two helpful documents: the “Content Blueprint Sample Disease/Disorders by Organ System,” and the “Content Blueprint Physician Assistant Practice Task Areas.” Both students and faculty use these documents to know which topics are important and the depth and breadth to which they should be covered.

The organ-system blueprint is a comprehensive list of diseases and disorders commonly encountered in clinical practice and thus on the certification examinations. The list is arranged by organ system and also indicates the approximate percentage of questions per organ system that you may expect on the PANCE (See Appendix E, Table 1). This information is important to consider when deciding the depth and breadth of study. Because cardiovascular, pulmonary, gastrointestinal/nutritional, and musculoskeletal topics comprise a large portion of the examination (about 48 percent of the questions), faculty and students spend more time on them. Students who have a poor knowledge base in these four organ systems generally receive poor grades on the PANCE.

The task-areas blueprint is a list of seven main PA knowledge areas that have been identified as important to clinical practice. It details the cognitive skills and knowledge in each area that students must attain for competence. Many of these task areas are covered on the PANCE. Since it is impossible to study everything about every item in the *Content Blueprint*, this document helps you determine what is most important to know.

The task-areas blueprint also indicates the approximate percentage of questions per task you may expect on the PANCE (See Appendix E, Table 2). This is helpful as you begin studying, so that you can focus your efforts on task areas more commonly seen on the exams. The organ systems and task areas that are more heavily weighted by the NCCPA receive more in-depth treatment on the NCCPA examination.

The formulation of a comprehensive and effective study plan requires consideration of many factors. Haphazard, non-strategic studying that does not take into account the *NCCPA Content Blueprint*, the weighting of task areas and organ systems, and your own strengths and weaknesses can lead to disaster. This Rotation Study Program was developed by taking each item on the “Content Blueprint Sample Disease/Disorders by Organ System” and placing it in the appropriate discipline. For example, it makes sense to include cardiovascular system conduction disorders such as atrial and ventricular blocks in the emergency medicine rotation. Emergency-oriented eye disorders such as glaucoma also may be found there. You will discover a large number of organ-system blueprint items in the outpatient medicine and inpatient medicine rotations. This is because there is greater depth and breadth of disorders seen in internal medicine than in family practice. In the general surgery rotation, items were chosen from the respective system areas that are most likely to be treated surgically. For example, valvular insufficiencies, malignancies of the pulmonary system and gastrointestinal system, gallbladder disease, and appendicitis all may be found in the general surgery chapter.

Because many diseases and disorders can be treated in multiple settings, items repeat across different rotations. While the result is not perfect, considerable effort has been expended to match the “Content Blueprint Sample Disease/Disorders by Organ System” items to the most appropriate discipline. In addition to testing-specific blueprint topics, there will also be some case-based questions that are not specifically linked to a blueprint topic, but are discipline related, and will test knowledge and skills gained at the rotation site.

PA students typically are overwhelmed by the amount of time they must spend at the clinical site during a rotation, and how little time is left for actual study. Therefore, it is important to set short-term (daily), intermediate (weekly), and long-term (end-of-rotation) study goals. For example, you should calculate how many topics you must cover daily to be ready. As the student, you must take charge of your learning by determining how you will manage your schedule so that you are able to complete and study the required topics within the timeframe you have set. You should also dedicate a few extra days before any testing cycle for review and reinforcement of materials learned. Because you know how you best learn, taking the time thoughtfully to set a study schedule is critical.

PART IV: ADDITIONAL RESOURCES



ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT, INC. (ARC-PA)

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

The ARC-PA encourages excellence in PA education through its accreditation process, by establishing and maintaining minimum standards of quality for educational programs. It awards accreditation to programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education. The accreditation process is designed to encourage sound educational experimentation and innovation and to stimulate continuous self-study and improvement.

www.arc-pa.org

AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS (AAPA)

The AAPA is the national professional organization of physician assistants. Its membership includes graduate and student physician assistants as well as affiliate membership for physicians and physician assistant educators. The Academy provides a wide range of services for its members, including representation before federal and state governments and health related organizations, public education, pamphlets and brochures, insurance and financial programs, and employment assistance.

As an AAPA member, you also receive multiple publications and are entitled to a membership discount for the annual spring conference. Student Physician Assistant Societies are an integral part of the AAPA and make up a body referred to as the Student Academy of the American Academy of Physician Assistants (SAAAPA). The Student Academy meets yearly at the national spring conference to elect officers and representatives. Release time to attend the national conference held in May of each year can be requested from the Program and will be allowed on a case-by-case basis.

The national organization represents you and as such deserves your support during your student years and as a graduate Physician Assistant. Support for membership in professional organizations is another benefit also routinely covered by employers.

www.aapa.org

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA)

All graduates of Physician Assistant Programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are eligible to sit for the national certifying examination (PANCE) offered by the NCCPA.

Registration applications are completed during the senior year of the Physician Assistant Program. Most states require graduates to take and successfully pass the national boards to continue employment. Please refer to the link below for exam scheduling requirements.

Once certified through the NCCPA, each graduate must obtain and report 100 hours of accredited CME every two years. Recertification examinations are also required every six years, in addition to the CME requirement.

www.nccpa.net

PENNSYLVANIA SOCIETY OF PHYSICIAN ASSISTANTS (PSPA)

The Pennsylvania Society of Physician Assistants (PSPA) was established in 1976. As a growing nonprofit organization, the PSPA strives to be representative of all physician assistants within the Commonwealth of Pennsylvania.

The goals and objectives of the Society are to enhance quality medical care to the people of Pennsylvania through a process of continuing medical education, both to the membership and to the public; to provide loyal and honest service to the public and to the medical profession; to promote professionalism among its membership; and to promote understanding of the PA profession.

The PSPA is a constituent chapter of the American Academy of Physician Assistants (AAPA). The Society sends delegates to the AAPA House of Delegates which meets annually to perform policy making activities under the Academy's bylaws.

www.pspa.net

PART V: APPENDICES

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



APPENDIX A**STUDENT HANDBOOK AND POLICY MANUAL
RECEIPT AND ACKNOWLEDGMENT**

I acknowledge that I have received and read the Class of 2017 Physician Assistant Program Policy Manual. I have had an opportunity to have any questions answered with regard to its content. I agree to abide by the policies and procedures contained therein.

I have been made aware that, as a student enrolled in a Misericordia University program, I am required to comply with the University's policies on Health and Immunization and Student Health Insurance.

I have also been made aware that I am bound by policies and procedures contained in the Misericordia University Student Handbook and University Catalogue.

Print Name

Signature

Date

APPENDIX B

Department of Physician Assistant Contact List

Dean, School of Arts and Sciences	
Russ Pottle, Ph.D.; MER 329; ext. 1484	rpottle@misericordia.edu
Program Chair/Director	Medical Director
Darci Brown, MSPAS, PA-C, dbrown@misericordia.edu SCI 119, ext. 3061	Dr. Stan Dudrick, MD Sdudrick@misericordia.edu Sci 117A, ext. 3064
Principal Faculty	
Jennifer Arnold, MHS, PA-C Director of Didactic Education	jarnold@misericordia.edu SCI 116A ext. 8181
Lindsey Vigilante, MSPAS,PA-C Clinical Coordinator	lvigilan@misericordia.edu SCI 121 ext 6733
Gerard Maritato, MD Didactic Professor	gmaritat@misericordia.edu SCI 125, ext. 3047
Department Administrative Assistants	
Kathryn Michael	kmichael@misericordia.edu SCI 112; ext 6716 Fax 570-674-3068
Rita Molino; MER 314; ext. 8184	
Clinical Site Visitors	

APPENDIX C

Mid-Semester Advisement Sheet

Student: _____ Date: _____

General Information

How do you feel about your performance in the program so far?

What do you feel has been your greatest strength?

What has been your greatest weakness?

Coursework		
Course	Projected Grade	Comments

How your stress is level related to school?

How is your stress level apart from school?

Describe your study habits.

How many hours per day do you usually study?

How happy are you with your study habits?

Is there anything else that is important to you that your faculty advisor should know?

Signature

Date

Faculty Notes/Follow Up:

APPENDIX D

Professional Development Assessment Tool

Assessment Category	Always	Most Times	Intermittently	Rarely	Never	Not Applicable
General						
Does the student exhibit a positive and professional attitude?	5	4	3	2	1	N/A
Does the student exhibit emotional stability, maturity, empathy, and physical and mental stamina?	5	4	3	2	1	N/A
Does the student maintain current immunizations, CPR, and background checks?	5	4	3	2	1	N/A
Does the student act appropriately in stressful situations?	5	4	3	2	1	N/A
Did the student report any physical handicap or health issues that may affect his/her ability to provide safe, effective medical care?	5	4	3	2	1	N/A

Professional						
Does the student show respect for other students and faculty members?	5	4	3	2	1	N/A
Does the student comply with dress codes on campus and/or clinical sites?	5	4	3	2	1	N/A
Is the student and on time for classes and clinical rotations?	5	4	3	2	1	N/A
Does the student exhibit unprofessional behavior (including unnecessary conversations in class during lectures or laboratory sessions)?	5	4	3	2	1	N/A
Is the student able to work cooperatively, promoting and preserving relationships with peers and other members of the health care team?	5	4	3	2	1	N/A

Academic						
Does the student demonstrate ability to learn and function in a wide variety of didactic and clinical settings? This includes demonstrating cognitive abilities necessary to master relevant content in basic science and clinical courses to provide the standard of care.	5	4	3	2	1	N/A
Is there evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling, and vocabulary?	5	4	3	2	1	N/A

Does the student exhibit academic integrity?	5	4	3	2	1	N/A
Does the student demonstrate adaptability relative to changing situations, environments, and new information?	5	4	3	2	1	N/A

Clinical						
Does the student protect the patient's safety and promote the patient's well-being?	5	4	3	2	1	N/A
Does the student uphold ethical standards for health care?	5	4	3	2	1	N/A
Does the student provide competent medical care and extend to each patient the full measure of professional ability as a dedicated, empathetic student healthcare provider during clinical rotations?	5	4	3	2	1	N/A
Does the student provide competent medical care under the supervision of an assigned preceptor?	5	4	3	2	1	N/A
Does the student demonstrate the ability to learn and function in a wide variety of clinical settings?	5	4	3	2	1	N/A

Comments

Faculty Signature _____ Date _____

Student Signature _____ Date _____

APPENDIX E

NCCPA Content Blueprint for PANCE

Table 1: PANCE Organ System Breakdown

Organ System	Exam Content (%)
Cardiovascular	16
Pulmonary	12
Endocrine	6
EENT	9
Gastrointestinal/Nutritional	10
Genitourinary	6
Musculoskeletal	10
Reproductive	8
Neurologic	6
Psychiatry/Behavioral	6
Dermatologic	5
Hematologic	3
Infectious Disease	3

Table 2: PANCE Exam Content by Task Area

Task Area	Exam Content (%)
History-taking and performing physical examinations	16
Using laboratory and diagnostic studies	14
Formulating most likely diagnosis	18
Health maintenance	10
Clinical interventions	14
Pharmaceutical therapeutics	18
Applying basic science concepts	10

Tables 1 and 2 are adapted from the National Commission on Certification of Physician Assistants: NCCPA-Connect. http://www.nccpa.net/EX_knowledge.aspx?r=pance. Accessed June 29, 2009.

PANCE Content Blueprint

Cardiovascular System		
<p>Cardiomyopathy Dilated Hypertrophic Restrictive</p> <p>Conduction Disorders Atrial fibrillation/flutter Atrioventricular block Bundle branch block Paroxysmal supraventricular tachycardia Premature beats Ventricular tachycardia Ventricular fibrillation/flutter</p> <p>Congenital Heart Disease Atrial septal defect Coarctation of aorta Patent ductus arteriosus Tetralogy of Fallot Ventricular septal defect</p>	<p>Congestive Heart Failure Hypertension Essential Secondary Malignant</p> <p>Hypotension Cardiogenic shock Orthostasis/postural</p> <p>Ischemic Heart Disease Acute myocardial infarction Angina pectoris • <i>Stable</i> • <i>Unstable</i> • <i>Prinzmetal's/variant</i></p>	<p>Vascular Disease Acute rheumatic fever Aortic aneurysm/dissection Arterial embolism/thrombosis Chronic/acute arterial occlusion Giant cell arteritis Peripheral vascular disease Phlebitis/thrombophlebitis Venous thrombosis Varicose veins</p> <p>Valvular Disease Aortic stenosis/insufficiency Mitral stenosis/insufficiency Mitral valve prolapsed Tricuspid stenosis/insufficiency Pulmonary stenosis/insufficiency</p> <p>Other Forms of Heart Disease Acute and subacute bacterial endocarditis Acute pericarditis Cardiac tamponade Pericardial effusion</p>

Pulmonary System		
<p>Infectious Disorders Acute bronchitis Acute bronchiolitis Acute epiglottitis Croup Influenza Pertussis Pneumonias • <i>Bacterial</i> • <i>Viral</i> • <i>Fungal</i> • <i>HIV-related</i> Respiratory syncytial virus infection Tuberculosis</p>	<p>Neoplastic Disease Bronchogenic carcinoma Carcinoid tumors Metastatic tumors Pulmonary nodules</p> <p>Obstructive Pulmonary Disease Asthma Bronchiectasis Chronic bronchitis Cystic fibrosis Emphysema</p> <p>Pleural Diseases Pleural effusion Pneumothorax • <i>Primary</i> • <i>Secondary</i> • <i>Traumatic</i> • <i>Tension</i></p>	<p>Vascular Disease Acute rheumatic fever Aortic aneurysm/dissection Arterial embolism/thrombosis Chronic/acute arterial occlusion Giant cell arteritis Peripheral vascular disease Phlebitis/thrombophlebitis Venous thrombosis Varicose veins</p> <p>Valvular Disease Aortic stenosis/insufficiency Mitral stenosis/insufficiency Mitral valve prolapsed Tricuspid stenosis/insufficiency Pulmonary stenosis/insufficiency</p> <p>Other Forms of Heart Disease Acute and subacute bacterial endocarditis Acute pericarditis Cardiac tamponade Pericardial effusion</p>

Endocrine System		
Diseases of the Thyroid Gland Hyperparathyroidism Hypoparathyroidism Hyperthyroidism Hypothyroidism Thyroiditis Neoplastic disease	Diseases of the Adrenal Glands Cushing's syndrome Corticoadrenal insufficiency Diseases of the Pituitary Gland Acromegaly/gigantism Dwarfism Diabetes insipidus	Diabetes Mellitus Type 1 Type 2 Hypoglycemia Lipid Disorders Hypercholesterolemia Hypertriglyceridemia

EENT		
Eye Disorders Blepharitis Blowout fracture Cataract Chalazion Conjunctivitis Corneal abrasion Dacryoadenitis Ectropion Entropion Foreign body Glaucoma Hordeolum Hyphema Macular degeneration Orbital cellulitis Pterygium Retinal detachment Retinal vascular occlusion	Retinopathy • <i>Diabetic</i> • <i>Hypertensive</i> Strabismus Ear Disorders Acute/chronic otitis media Barotrauma Cerumen impaction Hearing impairment Mastoiditis Meniere's disease Labyrinthitis Otitis externa Tympanic membrane perforation Vertigo Nose/Sinus Disorders Acute/chronic sinusitis Allergic rhinitis Epistaxis Nasal polyps	Mouth/Throat Disorders Acute pharyngitis Acute tonsillitis Aphthous ulcers Dental abscess Epiglottitis Laryngitis Oral candidiasis Oral herpes simplex Oral leukoplakia Peritonsillar abscess Parotitis Sialadenitis

Neurologic System		
Alzheimer's Disease Cerebral Palsy Diseases of Peripheral Nerves Bell's palsy Diabetic peripheral neuropathy Guillain-Barre syndrome Myasthenia gravis Headaches Cluster headache Migraine Tension headache	Infectious Disorders Encephalitis Meningitis Movement Disorders Essential tremor Huntington's disease Parkinson's disease	Multiple Sclerosis Seizure Disorders Generalized convulsive disorder Generalized nonconvulsive disorder Status epilepticus Vascular Diseases Cerebral aneurysm Stroke Transient ischemic attack

Gastrointestinal System/Nutrition		
<p>Esophagus Esophagitis Motor disorders Mallory-Weiss tear Neoplasms Strictures Varices</p> <p>Stomach Gastroesophageal reflux disease Gastritis Neoplasms Peptic ulcer disease Pyloric stenosis</p> <p>Gallbladder Acute/chronic cholecystitis Cholelithiasis</p> <p>Liver Acute/chronic hepatitis Cirrhosis Neoplasms</p>	<p>Pancreas Acute/chronic pancreatitis Neoplasms</p> <p>Small Intestine/Colon Appendicitis Constipation Diverticular disease Inflammatory bowel disease Intussusception Irritable bowel syndrome Ischemic bowel disease Neoplasms Obstruction Toxic megacolon</p> <p>Rectum Anal fissure Anorectal abscess/fistula Fecal impaction Hemorrhoids Neoplasms Pilonidal disease Polyps</p>	<p>Hernia Hiatal Incisional Inguinal Umbilical Ventral</p> <p>Infectious Diarrhea</p> <p>Nutritional Deficiencies</p> <p>Niacin Thiamine Vitamin A Riboflavin Vitamin C Vitamin D Vitamin K</p> <p>Metabolic Disorders Lactose intolerance Phenylketonuria</p>

Genitourinary System		
<p>Benign Conditions of the GU Tract Benign prostatic hyperplasia Cryptorchidism Erectile dysfunction Hydrocele/varicocele Incontinence Nephro/urolithiasis Paraphimosis/phimosis Testicular torsion</p>	<p>Infectious/Inflammatory Con- ditions Cystitis Epididymitis Orchitis Prostatitis Pyelonephritis Urethritis</p> <p>Neoplastic Diseases Bladder carcinoma Prostate carcinoma Renal cell carcinoma Testicular carcinoma Wilms' tumor</p>	<p>Renal Diseases Acute/chronic renal failure Glomerulonephritis Nephrotic syndrome Polycystic kidney disease</p> <p>Electrolyte and Acid/Base Disorders Hypo/hypermagnesemia Hypo/hyperkalemia Hypo/hypercalcemia Hypomagnesemia Metabolic alkalosis/acidosis Respiratory alkalosis/acidosis Volume depletion Volume excess</p>

Reproductive System		
<p>Uterus Dysfunctional uterine bleeding</p> <p>Endometrial cancer</p> <p>Endometriosis/adenomyosis Leiomyoma Metritis Prolapse</p> <p>Ovary Cysts Neoplasms</p> <p>Cervix Carcinoma Cervicitis Dysplasia Incompetent</p> <p>Vagina/Vulva Cystocele Neoplasm</p>	<p>Rectocele Vaginitis</p> <p>Menstrual Disorders Amenorrhea Dysmenorrhea Premenstrual syndrome</p> <p>Menopause</p> <p>Breast Abscess Carcinoma Fibroadenoma Fibrocystic disease Mastitis</p> <p>Pelvic Inflammatory Disease</p> <p>Contraceptive Methods</p> <p>Infertility</p> <p>Uncomplicated Pregnancy Prenatal diagnosis/care Normal labor/delivery</p>	<p>Complicated Pregnancy Abortion Abruptio placenta Dystocia Ectopic pregnancy Fetal distress Gestational diabetes Gestational trophoblastic disease Molar pregnancy Multiple gestation Placenta previa Postpartum hemorrhage Pregnancy-induced hypertension Premature rupture of membranes Rh incompatibility</p>

Musculoskeletal System		
<p>Disorders of the Shoulder Fractures/dislocations Rotator cuff disorders Separations Sprain/strain</p> <p>Disorders of the Forearm/Wrist/Hand Fractures/dislocations • <i>Boxer's</i> • <i>Colles'</i> • <i>Gamekeeper's thumb</i> • <i>Humeral</i> • <i>Nursemaid's elbow</i> • <i>Scaphoid</i> Sprains/strains Tenosynovitis • <i>Carpal tunnel syndrome</i> • <i>de Quervain's tenosynovitis</i> • <i>Elbow tendinitis</i> • <i>Epicondylitis</i></p>	<p>Disorders of the Back/Spine Ankylosing spondylitis Back strain/sprain Cauda equina Herniated nucleus pulposus Kyphosis/scoliosis Low back pain Spinal stenosis</p> <p>Disorders of the Hip Aseptic necrosis Fractures/dislocations Slipped capital femoral epiphysis</p> <p>Disorders of the Knee Bursitis Fractures/dislocations Meniscal injuries Osgood-Schlatter disease Sprains/strains</p> <p>Disorders of the Ankle/Foot Fractures/dislocations Sprains/strains</p>	<p>Infectious Diseases Acute/chronic osteomyelitis Septic arthritis</p> <p>Neoplastic Disease Bone cysts/tumors Ganglion cysts Osteosarcoma</p> <p>Osteoarthritis</p> <p>Osteoporosis</p> <p>Rheumatologic Conditions Fibromyalgia Gout/pseudogout Juvenile rheumatoid arthritis Polyarteritis nodosa Polymyositis Polymyalgia rheumatic Reiter's syndrome Rheumatoid arthritis Systemic lupus erythematosus Scleroderma Sjogren's syndrome</p>

Psychiatry/Behavioral Science		
<p>Anxiety Disorders Panic disorder Generalized anxiety disorder Posttraumatic stress disorder Phobias</p> <p>Attention-Deficit Disorder</p> <p>Autistic Disorder</p> <p>Eating Disorders Anorexia nervosa Bulimia nervosa Obesity</p>	<p>Mood Disorders Adjustment Depressive Dysthymic Bipolar</p> <p>Personality Disorders Antisocial Avoidant Borderline Histrionic Narcissistic Obsessive-compulsive Paranoid Schizoid Schizotypal</p>	<p>Psychoses Delusional disorder Schizophrenia Schizoaffective disorder</p> <p>Somatoform Disorders</p> <p>Substance Use Disorders Alcohol abuse/dependence Drug abuse/dependence Tobacco use/dependence</p> <p>Other Behavior/Emotional Disorders Acute reaction to stress Child/elder abuse Domestic violence Uncomplicated bereavement</p>

Dermatologic System		
<p>Eczematous Eruptions Dermatitis • <i>Atopic</i> • <i>Contact</i> • <i>Diaper</i> • <i>Nummular eczematous</i> • <i>Perioral</i> • <i>Seborrheic</i> • <i>Stasis</i> Dyshidrosis Lichen simplex chronicus</p> <p>Papulosquamous Diseases Dermatophyte infections • <i>Tinea versicolor</i> • <i>Tinea corporis/pedis</i> Drug eruptions Lichen planus Pityriasis rosea Psoriasis</p> <p>Desquamation Stevens-Johnson syndrome Toxic epidermal necrolysis Erythema multiforme</p>	<p>Vesicular Bullae Bullous pemphigoid</p> <p>Acneiform Lesions Acne vulgaris Rosacea Folliculitis</p> <p>Verrucous Lesions Seborrheic keratosis Actinic keratosis</p> <p>Insects/Parasites Lice Scabies Spider bites</p> <p>Neoplasms Basal cell carcinoma Melanoma Squamous cell carcinoma</p> <p>Hair and Nails Alopecia areata Androgenetic alopecia Onychomycosis Paronychia</p>	<p>Viral Diseases Condyloma acuminatum Exanthems Herpes simplex Molluscum contagiosum Verrucae Varicella-zoster virus infections</p> <p>Bacterial Infections Cellulitis/vasculitis Erysipelas Impetigo</p> <p>Other Acanthosis nigricans Burns Decubitus ulcers/leg ulcers Hidradenitis suppurativa Lipomas/epithelial inclusion cysts Melasma Urticaria Vitiligo</p>

Hematologic System

Hematologic System		
Anemias Aplastic anemia Vitamin B12 deficiency Folate deficiency Iron deficiency G6PD deficiency Hemolytic anemia Sickle cell anemia Thalassemia	Coagulation Disorders Factor VIII disorders Factor IX disorders Factor XI disorders Thrombocytopenia <ul style="list-style-type: none"> • <i>Idiopathic thrombocytopenic purpura</i> • <i>Thrombotic thrombocytopenic purpura</i> • <i>Von Willebrand's disease</i> 	Malignancies Acute/chronic lymphocytic leukemia Acute/chronic myelogenous leukemia Lymphoma Multiple myeloma

Infectious Diseases

Infectious Diseases		
Fungal Disease Candidiasis Cryptococcosis Histoplasmosis Pneumocystis Bacterial Disease Botulism Chlamydia Cholera Diphtheria Gonococcal infections Salmonellosis Shigellosis Tetanus	Mycobacterial Disease Tuberculosis Atypical mycobacterial disease Parasitic Disease Amebiasis Hookworms Malaria Pinworms Toxoplasmosis Spirochetal Disease Lyme borreliosis <ul style="list-style-type: none"> • <i>Lyme disease</i> Rocky Mountain spotted fever Syphilis	Viral Disease Cytomegalovirus infections Epstein-Barr virus infections Erythema infectiosum Herpes simplex HIV infection Human papillomavirus infections Influenza Mumps Rabies Roseola Rubella Measles Varicella-zoster virus infections

APPENDIX F**STUDENT ACADEMIC
MENTORING FORM**

Student: _____ Date: _____

Faculty: _____ Time Start: _____ End: _____

Mode of Contact:

 Student Initiated Faculty Initiated Other: _____

Describe the reason for this encounter:

Academic Remediation Methods Reviewed:

- | | |
|--|--|
| <input type="checkbox"/> Organization of Notes | <input type="checkbox"/> Group Study Plan |
| <input type="checkbox"/> Study Strategies | <input type="checkbox"/> Other (see below) |

COMMENTS/NOTES:

PLANS and/or REFERRALS TO STUDENT

- | | |
|--|--|
| <input type="checkbox"/> Referred to Graduate Assistant for Tutoring | <input type="checkbox"/> Referred to Faculty Advisor |
| <input type="checkbox"/> Referred to Disability Services | <input type="checkbox"/> Referred to Program Director – Study Skills |
| <input type="checkbox"/> Referred to Course Coordinator | <input type="checkbox"/> Referred to counseling services |

FOLLOW-UP SUMMARIES

Date: _____ Faculty: _____

Date: _____ Faculty: _____

Date: _____ Faculty: _____

APPENDIX G

<h2>Health Screening Requirements</h2>
--

STUDENT HEALTH RECORDS & IMMUNIZATIONS

Dear Incoming Student,

In order to meet the accreditation standards of the ARC-PA for the Master of Science in Physician Assistant degree at Misericordia University, the University has contracted with CERTIPHI to store, monitor, and maintain confidential student health records. CERTIPHI is a confidential student health record service. CERTIPHI will mail all students the health forms that are required and must be filled out. Upon receipt of your health forms, CERTIPHI will provide the student with a membership card which will enable the student to have all the necessary contact information as well as their CERTIPHI account number.

Additionally, the student will receive a letter from CERTIPHI indicating compliance with University requirements. It is imperative that the student complete all required health records and immunization forms prior to matriculation. Failure to provide complete health records may delay entry or the ability to participate in required clinical rotations.

In addition to storing student health information, CERTIPHI will keep the Director of Clinical Education at Misericordia University up to date with the status of all student immunizations. Student health records will not be released without written permission from the student. Health screening, immunizations and/or healthcare services will not be conducted by program personnel.

Health packages include:

- Student Health History and Information form
- Physical Examination form
- Immunization Verification form
- Specific health screening and immunization requirements are based on current Centers for Disease Control Recommendations for health professionals.

Requirements include:

1. Provide proof of personal health insurance throughout the entire program;
2. Provide proof of a satisfactory physical examination demonstrating good health
3. Provide proof of negative TB PPD (positive results will require the student to receive a further evaluation);
4. Provide proof of Hepatitis B vaccine and positive Hep B Ab;
5. Provide proof of MMR vaccine or immunity;
6. Provide Varicella history or vaccination.
7. Tetanus/Diphtheria/Pertussis vaccine
8. Drug Screen with negative results
9. Flu Shot when available

Prior to entering the clinical phase of the program, students must again update their immunization record and provide proof of the following:

1. Provide proof of current BLS/ACLS certification;
2. Provide proof of updated annual TB PPD
3. Provide proof of blood-borne pathogen orientation course
4. Provide proof of current personal health insurance, throughout the clinical year
5. Updated Level I Background check
6. Satisfactory physical examination demonstrating good health
7. Satisfactory drug screen
8. Flu shot when available

Note: Health Screening may not be conducted by faculty or staff of Misericordia University.

Misericordia University student health records are confidential and will not be maintained by, or accessible to, the physician assistant program faculty or staff except for immunizations and tuberculosis screening results.

Student health records will not be released without written permission from the student. Health screening, immunizations, and/or healthcare services will not be conducted by program personnel.

APPENDIX H

Incident Report

In the event you are injured, your highest priority is prompt treatment. Do not delay seeking appropriate treatment to fill out paperwork or make notifications. Students should comply with all accident/injury protocols in place at the clinical site. In the absence of a protocol, seek treatment in the nearest emergency department.

Student Name: _____ Date: _____

Rotation: _____

Nature of Incident

Date of Incident: _____ Approximate Time of Incident: _____

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

Description of Incident: _____

Actions/First Aid Taken Immediately Following Incident: _____

Bloodborne Pathogen Exposure

Students who are potentially exposed to blood borne pathogens should seek prompt evaluation. Evidence suggests that prophylactic medications are more likely to be effective when taken soon after an exposure. Students should also consider contacting the National Clinicians' Post-Exposure Prophylaxis Hotline: 888-448-4911.

Notifications	Date and Time Notified
Clinical Preceptor	
Onsite Health Services / Employee Health/Occupational Health or Emergency Department	
Director of Clinical Education or Program Director	

Student Signature

Date

Submit this form to the Program Director – fax: 570-674-3068

Additional Follow Up / For Program Use

--

APPENDIX I

SITE VISIT EVALUATION

Student: _____ Date: _____

Rotation: _____ Site: _____ Preceptor: _____

Site / Preceptor Evaluation

Category	Yes	No	N/A
Physical layout of facility is adequate and conducive for learning			
Preceptor/facility provides orientation to facility/staff			
Preceptor available to meet			
Preceptor appears enthusiastic about teaching			
Student work hours are appropriate			
Student integrated into healthcare team			
Site provides appropriate responsibilities			
Site allows students to document in chart			
Number and diversity of patients provide well-rounded experience			
Site provides formal lectures/conferences/teaching rounds			

Site provides access to the following educational resources:

- Medical Library
- Internet
- Formal lectures/conferences/teaching

Rounds Inpatient: Number of patients followed by student _____

Outpatient: Approximate number of patients seen by student daily ___

What procedures is student permitted to perform on this site? _____

Comments regarding site: _____

Evaluator

Signature

Date

Student: _____ **Date:** _____

Rotation: _____ **Site:** _____ **Preceptor:** _____

Category	Yes	No	N/A
Student on site			
Student readily identifiable as a PA student			
Attire / Appearance is appropriate for clinical environment			
Able to observe student taking history?			
Able to observe student performing physical examination?			

Patient Presentation: Ask student to present one or more patients in one of the following formats:

Comprehensive	Detailed	Brief
Complete HPI, PMH, FH, SocH, ROS, PEX, laboratory studies, assessment, including differential diagnosis, and plan.	Relevant features of all elements of presentation, but able to use terms such as "noncontributory" or "unremarkable" for categories. Acceptable to say laboratory studies are normal, PE normal except for..... Highlights pertinent positives and negatives; avoids irrelevant information.	Limited HPI and PMH. Limited Physical Examination and laboratory studies. Limited differential diagnosis, assessment, and plan. Certainly no more than 6 sentences total.
Not to exceed 7 minutes speaking at an understandable pace.	Not more than 3 minutes.	30 seconds – 1 minute

Assessment Areas	Unacceptable	Marginal	Satisfactory	Exceptional	Mastery	N/A
	Student communicates clearly.	1	2	3	4	5
Student able to integrate findings from PE, history and diagnostic studies.	1	2	3	4	5	N/A
Student able to articulate a logical differential diagnosis	1	2	3	4	5	N/A
Student develops management plan that logically follows from differential diagnosis.	1	2	3	4	5	N/A
Student shows awareness of preventive/health maintenance concerns.	1	2	3	4	5	N/A
Student demonstrates sufficient knowledge of patient's medications, including classes, indications, contraindications, and potential interactions	1	2	3	4	5	N/A

Comments regarding student performance: _____

Evaluator

Signature

Date

APPENDIX J

Clinical Rotation Written Full History and Physical Examination

Student Name: _____ Date: _____

Rotation Location and Specialty: _____

Case Information

Patient Age: _____ Patient Gender: M F Patient Race: _____

Admission/Visit Date: _____ Date(s) Under Your Care (if different): _____

Presenting Complaint: _____

Primary Diagnosis/Diagnoses	ICD Code(s)

Major Procedures	Involvement		CPT Code(s)
	Performed	Observed	

Clinical Preceptor Certification

I certify that the above-named student was substantially involved in the care of the patient indicated above and in the attached written history and physical examination report.

Preceptor Name and Title: _____

Signature: _____ Date: _____

Evaluation of Written Full History and Physical Examination

Student Name: _____ Date: _____

Rotation Location and Specialty: _____

Evaluation of Written H&P

Evaluation Instructions: Please carefully read each of the narratives associated with each of the evaluation criteria found below. After becoming familiar with each of the narratives assign a numeric rank for the student based on the narrative that best describes the student's level of performance. Once you have assigned a rank to each category then average the ranks to obtain an overall rating of student performance.

Levels of Achievement

Unacceptable	Marginal	Satisfactory	Exceptional	Mastery
--------------	----------	--------------	-------------	---------

History of Present Illness (HPI): Chief Complaint

Chief Complaint inadequate	Poor quality of documentation. Missing key vital information	2-3 elements identified	>4 elements identified.	Complete; written in logical format adhering to OLDCARTS.
1	2	3	4	5

Past Medical History (PMH)

Incomplete. Missing Key items of PMH	Includes 1-2 components of PMH.	Includes 2-3 components of PMH.	Includes all components of PMH lacking organization or detail	Complete, well organized PMH including Childhood illness, dates, treatments, providers, and health maintenance
1	2	3	4	5

Allergies/ADR's/Medications

Incomplete, not enough information provided.	1-2 components present	2-3 components present	>3 components present. Lacking organization and detail	Includes medication names, doses, route, and frequency. Allergies and ADR's include specific reaction as well as food and environmental.
1	2	3	4	5

Family History (FH)

Incomplete. Missing immediate family members	Missing pertinent information related to health of immediate family	Relevant family members omitted. Pertinent negatives not included.	No more than one component missing. Relevant information included. Pertinent negatives included.	Complete and accurate with all pertinent positive and negative illnesses presented.
1	2	3	4	5

Social History (SH)

Incomplete. Poor quality	1-2 components provided.	Two or more components missing. Relevant social history not included.	No more than one required data items omitted. Relevant social history is included.	Complete, consistent and accurate with all required data presented.
1	2	3	4	5

Review of Systems (ROS)

Irrelevant information provided.	<2 systems identified. Items not pertinent to problems acknowledged.	2-9 systems identified. Missing Pertinent positives and negatives.	Pertinent to Problem with 2-9 systems identified. Includes pertinent positives and negatives.	>10 systems identified. Includes pertinent positives and negatives
1	2	3	4	5

Physical Examination (PE)

Vital signs missing.	Lacks several pertinent key elements; key body systems missing.	Includes most pertinent elements; key details missing.	All pertinent elements present but lacks accuracy or specificity in description. Needs better organization.	Complete, consistent and accurate with all required data presented to allow reader a complete picture.
1	2	3	4	5

Assessment

No specific diagnosis given.	Failed to list multiple problems present in H&P which were pertinent to successful diagnosis, testing, and treatment of patient.	Most pertinent problems listed but lacks documentation of some clinical abnormalities. Failure to address problems which may have effect on overall testing/diagnosis.	All problems listed but have minor flaws in organization/clinical reasoning.	Complete and logically addresses ALL issues raised in history and physical section and includes clinical reasoning for each item.
1	2	3	4	5

Plan

Plan inappropriate, impractical	Plan does not address issues in appropriate order. Fails to address significant issues in assessment.	Significant problems with organization and/or clinical thinking.	Addresses all issues, minor flaws in organization/clinical thinking.	Comprehensive which appropriately addresses all issues raised in assessment. Patient education and health maintenance provided.
1	2	3	4	5

Mechanics/Medical Terms/Abbreviations

Illegible	Frequent spelling and/or grammar errors OR frequently fails to use or improperly uses medical terminology and/or abbreviations.	One grammar or spelling error or inappropriate use of medical terminology. Abbreviations may not have been used properly.	No grammar/spelling or terminology errors. Abbreviation errors.	Grammar, spelling, medical terminology and abbreviations are all correct and organized well.
1	2	3	4	5

***A Zero will be given for any missing components.**

Overall Rating of WRITTEN HISTORY AND PHYSICAL EXAMINATION

Take an average of the criteria listed above and circle this result on the top scale provided below.

H&P Score	< 1.8	1.8-2.21	2.22-2.59	2.6-2.99	3.0-3.39	3.4-3.79	3.8-4.39	4.4-5.0
Letter Grade	F	C	C+	B-	B	B+	A-	A
Conversion to 4.0 Scale	0	2.0	2.33	2.67	3.0	3.33	3.67	4.0

Comments:

Faculty Advisor: _____ Date: _____

APPENDIX K

Clinical Rotation Written Targeted History and Physical Examination

Student Name: _____ Date: _____

Rotation Location and Specialty: _____

Case Information

Patient Age: _____ Patient Gender: M F Patient Race: _____

Admission/Visit Date: _____ Date(s) Under Your Care (if different): _____

Presenting Complaint: _____

Primary Diagnosis/Diagnoses	ICD Code(s)

Major Procedures	Involvement		CPT Code(s)
	Performed	Observed	

Clinical Preceptor Certification

I certify that the above-named student was substantially involved in the care of the patient indicated above and in the attached written history and physical examination report.

Preceptor Name and Title: _____

Signature: _____ Date: _____

Evaluation of Written Targeted History and Physical Examination

Student Name: _____ Date: _____

Rotation Location and Specialty: _____

Evaluation of Written H&P

Evaluation Instructions: Please carefully read each of the narratives associated with each of the evaluation criteria found below. After becoming familiar with each of the narratives assign a numeric rank for the student based on the narrative that best describes the student's level of performance. Once you have assigned a rank to each category, average the ranks to obtain an overall rating of student performance.

Levels of Achievement

Unacceptable	Marginal	Satisfactory	Exceptional	Mastery
--------------	----------	--------------	-------------	---------

History of Present Illness (HPI): Chief Complaint

Chief Complaint inadequate	Poor quality of documentation. Missing key vital information	2-3 elements identified	>4 elements identified.	Complete; written in logical format adhering to OLDCARTS.
1	2	3	4	5

Past Medical History (PMH)

Incomplete. Missing Key items of PMH	Include only one component of PMH.	Includes 2-3 components of PMH	Includes all components of PMH lacking organization or detail	Complete, well organized PMH including Childhood illness, dates, treatments, providers, and health maintenance
1	2	3	4	5

Allergies/ADR's/Medications

Incomplete. Not enough information provided.	1-2 components provided.	2-3 components present.	>3 components present. Lacking organization and detail	Includes medication names, doses, route, and frequency. Allergies and ADR's include specific reaction as well as food and environmental.
1	2	3	4	5

Family History (FH)

Incomplete. Missing immediate family members	Missing pertinent information related to health of immediate family	Two or more pertinent negative illness omitted. Relevant family members omitted. Pertinent negatives not included.	No more than one component missing. Relevant information included. Pertinent negatives included.	Complete and accurate with all pertinent positive and negative illnesses presented.
1	2	3	4	5

Social History (SH)

Incomplete. Poor quality	1-2 components provided.	Two or more components missing. Relevant social history not included.	No more than one required data items omitted. Relevant social history is included.	Complete, consistent and accurate with all required data presented.
1	2	3	4	5

Review of Systems (ROS)

Information provided irrelevant, not problem focused.	Missing 2 or more components of relevant review of systems	Missing one component of relevant review of systems	Problem focused, including all relevant systems. Lacking depth of pertinent positives and negatives.	Problem focused, including all relevant systems. Provides applicable pertinent negatives and positives.
1	2	3	4	5

Physical Examination (PE)

Vital signs missing.	Lacks several pertinent key elements; key body systems missing.	Includes most pertinent elements; key details missing.	All pertinent elements present but lacks accuracy or specificity in description. Needs better organization.	Problem Focused Physical exam Completed, consistent and accurate with all required data presented to allow reader a complete picture.
1	2	3	4	5

Assessment

No specific diagnosis given.	Failed to list multiple problems present in H&P which were pertinent to successful diagnosis, testing, and treatment of patient.	Most pertinent problems listed but lacks documentation of some clinical abnormalities. Failure to address problems which may have effect on overall testing/diagnosis.	All problems listed but have minor flaws in organization/clinical reasoning.	Complete and logically addresses ALL issues raised in history and physical section and includes clinical reasoning for each item.
1	2	3	4	5

Plan

Plan inappropriate, impractical	Plan does not address issues in appropriate order. Fails to address significant issues in assessment.	Significant problems with organization and/or clinical thinking.	Addresses all issues, minor flaws in organization/clinical thinking.	Comprehensive which appropriately addresses all issues raised in assessment. Patient education and health maintenance provided.
1	2	3	4	5

Mechanics/Medical Terms/Abbreviations

Illegible	Frequent spelling and/or grammar errors OR frequently fails to use or improperly uses medical terminology and/or abbreviations.	One grammar or spelling error or inappropriate use of medical terminology. Abbreviations may not have been used properly.	No grammar/spelling or terminology errors. Abbreviation errors.	Grammar, spelling, medical terminology and abbreviations are all correct and organized well.
1	2	3	4	5

***A Zero will be given for any missing components.**

Overall Rating of WRITTEN HISTORY AND PHYSICAL EXAMINATION

Take an average of the criteria listed above and circle this result on the top scale provided below.

H&P Score	< 1.8	1.8- 2.21	2.22-2.59	2.6- 2.99	3.0- 3.39	3.4-3.79	3.8- 4.39	4.4- 5.0
Letter Grade	F	C	C+	B-	B	B+	A-	A
Conversion to 4.0 Scale	0	2.0	2.33	2.67	3.0	3.33	3.67	4.0

Comments:

Faculty Advisor: _____ Date: _____

Appendix L

Evaluation of Topic Paper

Student Name: _____ Date: _____

Rotation Location and Specialty: _____

Topic: _____

Levels of Achievement				
Unacceptable	Marginal	Satisfactory	Exceptional	Mastery

Introduction				
Lacks identifiable topic statement.	Does not adequately support topic. Minimal ideas, concepts, and information.	Conveys topic, but not key point/question. Describes subtopics to be reviewed. General topic statement	Clearly conveys topic and key question(s). Clearly delineates subtopics to be reviewed. General topic statement	Strong introduction of topic's key point. Clearly delineates subtopics to be reviewed. Specific topic statement
1	2	3	4	5

Focus & Sequencing				
Many transitions are unclear or missing	Evidence material poorly organized into topic, subtopics or related topics.	Most material clearly related to topic, subtopics. Material may not be organized within subtopics. Attempts made to provide transitions.	All material clearly related to topic, subtopics and logically organized throughout. Clear, varied transitions that link topic, subtopics	All material clearly related to topic, subtopics. Strong organization and integration of material within subtopics. Strong transitions linking topic and subtopics throughout
1	2	3	4	5

Grammar and Mechanics				
Illegible.	Grammatical errors or spelling & punctuation substantially detract from the paper.	Moderate grammatical, Spelling or punctuation errors interfere with reading the paper.	Grammatical errors or spelling & punctuation are rare and do not detract from the paper.	The paper is free of grammatical errors and spelling & punctuation
1	2	3	4	5

Style and Communication				
No clear use of AMA style. Missing citations in required text.	Errors in AMA style detract substantially from the paper. Word choice is informal in tone. Writing is choppy, with many awkward or unclear passages.	Errors in AMA style are Noticeable. Word choice Occasionally informal in tone. Writing has a few awkward or unclear passages.	Rare errors in AMA style that do not detract from the Paper. Scholarly style. Writing has minimal awkward or unclear passages.	No errors in AMA style. Scholarly style. Writing is flowing and easy to follow
1	2	3	4	5

Research				
Inadequate sources to support topic. Sources are unsubstantiated.	Sources generally acceptable but not peer-reviewed / evidence based	1-2 peer reviewed articles used.	3 peer reviewed articles used. Sources well selected to support topic with some research in support of topic.	>3 Peer reviewed articles used. Strong peer reviewed research based support for topic.
1	2	3	4	5

Conclusion				
No correlation with information presented and topic.	Does not summarize evidence with respect to topic.	Review of key conclusions. Some integration with topic. Discusses impact of researched material on topic.	Strong review of key conclusions. Strong integration with topic. Discusses impact of researched material on topic.	Strong review of key conclusions. Strong integration with topic. Insightful discussion of impact of the researched material on topic
1	2	3	4	5

Average: _____

Comments: _____

Evaluator

APPENDIX M

Mid-Rotation Evaluation

Student Name: _____ Rotation Dates: _____

Clinical Site: _____ Preceptor: _____

STUDENT SELF-ASSESSMENT

Self -Assessment	Poor Performance	Below Average	Average	Above Average	Outstanding	N/A
How do you rate your ability to obtain an appropriate, accurate patient history?						
How do you rate your ability to perform an appropriate, comprehensive physical examination?						
How do you rate your ability to present your findings orally to your preceptor/other clinicians?						
How do you rate your ability to formulate a differential diagnosis?						
How do you rate your ability to formulate and implement a patient management plan?						
How do you rate your ability to perform clinical procedures appropriate to this rotation?						
How do you rate your professional behavior on this rotation?						

What are your greatest strengths on this rotation?

What improvements do you need to make?

PRECEPTOR ASSESSMENT OF STUDENT PERFORMANCE

Student Assessment	Poor Performance	Below Average	Average	Above Average	Outstanding	N/A
How do you rate this student's ability to obtain an appropriate, accurate patient history?						
How do you rate this student's ability to perform an appropriate, comprehensive physical examination?						
How do you rate this student's ability to present findings orally to you as preceptor or to other clinicians?						
How do you rate this student's ability to formulate a differential diagnosis?						
How do you rate this student's ability to formulate and implement a patient management plan?						
How do you rate this student's ability to perform clinical procedures appropriate to this rotation?						
How do you rate this student's professional behavior on this rotation?						

Does this student's current performance in this rotation merit a passing grade?

Yes
 No
 Uncertain

What are the most important things this student should do to improve his/her performance?

Additional Comments/Suggestions:

Preceptor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

APPENDIX N

End of Rotation Evaluation

Preceptor Evaluation

Student Name: _____ Date: _____

Rotation: _____

For each of the following sections, please indicate the degree to which each of the statements is reflective of student performance. Please use the following scale in your evaluation:

5	Consistently exceeds expectations; outstanding performance
4	Occasionally exceeds expectations; above average performance
3	Meets expectations; average performance
2	Occasionally meets expectations; below average performance
1	Does not meet expectations; poor performance
N/A	Not applicable to this clinical experience

Medical Knowledge

Demonstrates appropriate knowledge of disease pathophysiology, clinical presentation, treatment options, and prognosis.

The student can explain disease etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions.	1	2	3	4	5	NA
The student can describe signs and symptoms for disease states related to the most frequent presentation for a given disorder.	1	2	3	4	5	NA
The student can form appropriate differential diagnoses during patient presentations.	1	2	3	4	5	NA
The student can manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacological agents and other relevant treatment modalities.	1	2	3	4	5	NA
The student can identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission.	1	2	3	4	5	NA
The student selects and interprets appropriate diagnostic or laboratory studies.	1	2	3	4	5	NA
The student can identify appropriate interventions for prevention of pathophysiologic conditions.	1	2	3	4	5	NA

The student derives sufficient, essential, and accurate history to direct physical examination and develops appropriate diagnoses.	1	2	3	4	5	NA
Demonstrates ability to use historical information to direct a focused physical examination. (Evidence: Case presentations to preceptor reflect a logical connection between historical information and physical examination findings.)	1	2	3	4	5	NA
Demonstrates knowledge of normal physical examination findings.	1	2	3	4	5	NA
Demonstrates knowledge of abnormal physical examination findings and their relationship to possible diagnoses. Evidence: Case presentations reveal appropriate recognition of findings and incorporation of findings into assessment and plan.	1	2	3	4	5	NA

Patient Care

The student can develop and carry out patient management plans.	1	2	3	4	5	NA
Demonstrates appropriate physical examination skills. Evidence: Findings are reproducible by preceptor.	1	2	3	4	5	NA
Demonstrates competent performance in medical and surgical procedures that are considered essential in the area of practice. Evidence: Articulates completely the steps of a given procedure, materials needed, follow-up care/patient instructions, possible adverse reactions and contraindications.	1	2	3	4	5	NA
Student demonstrates correct use of instruments, skills in performing procedures, gives clear instructions to assistants, and maintains calm in the face of unplanned complications.	1	2	3	4	5	NA
Sets appropriate boundaries for effective patient relationships.	1	2	3	4	5	NA
Counsels and educates patients and their families appropriately.	1	2	3	4	5	NA

Interpersonal and Communication Skills

The student appropriately adapts communication style to the context of all patient interactions.	1	2	3	4	5	NA
Produces reliably accurate, concise, organized documentation for patient interactions. Evidence: Documentation demonstrates an accurate record of patient encounters with attention to legibility, correct physical examination findings, patient identifiers, logical assessment of case presentation, clear treatment plans with prescriptions, follow up appointments, consultations, and ensures co-signature of preceptor.	1	2	3	4	5	NA
Documentation demonstrates improvement over the course of the rotation with regard to physical exam descriptions and economy of words.	1	2	3	4	5	NA
Conducts respectful interviews, with empathy and sensitivity.	1	2	3	4	5	NA

Professionalism

Demonstrates a respectful attitude toward, and works appropriately with, preceptors, staff, and patients at all times.	1	2	3	4	5	NA
Demonstrates timely attendance and appropriate dress, and accomplishes assigned tasks on time.	1	2	3	4	5	NA
Demonstrates self-directed study.	1	2	3	4	5	NA
Recognizes personal learning needs and limitations and seeks to rectify them.	1	2	3	4	5	NA
Promptly completes assigned tasks.	1	2	3	4	5	NA
Openly seeks, and positively responds to, constructive criticism from preceptors and staff.	1	2	3	4	5	NA
Demonstrates the ability to use criticism to change behavior/attitudes.	1	2	3	4	5	NA

Practice-based Learning

Locates, appraises and integrates evidence from scientific studies related to patients' health problems.	1	2	3	4	5	NA
Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.	1	2	3	4	5	NA

Systems-based Learning

Acts as an advocate for patients and their families.	1	2	3	4	5	NA
Applies information technology to manage information; is able to access online medical information and support didactic and clinical education.	1	2	3	4	5	NA

How many days was this student absent or late? _____ excused/requested _____ unexcused

APPENDIX O

Student Evaluation of Preceptor/Clinical Site

Student Name: _____ Rotation Dates: _____

Clinical Site: _____

Name(s) of Preceptor(s): _____

Preceptor Evaluation

Category	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
The Clinical Preceptor:						
Discussed goals and objectives of rotation with me at the beginning of the rotation.						
Was readily available to me.						
Set aside time for teaching.						
Appeared enthusiastic about teaching and having me as a student.						
Encouraged me to ask questions.						
Provided feedback regarding my strengths and weaknesses in a constructive manner.						
Encouraged me to accept appropriate responsibilities in working with patients.						
Provided appropriate supervision during history taking, physical examinations and procedures.						
Encouraged discussion of patient treatment plans.						
Assisted me in meeting most of the goals and objectives for this rotation.						
Formally discussed my final evaluation.						
Served as a model of the type of healthcare provider I would like to become.						

The Clinical Site

Category	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
The Clinical Site:						
Provided an orientation to the practice/site.						
Incorporated me into the team of healthcare providers.						
Administrative and support staff were supportive.						
Demonstrated an active interest in medical education/teaching.						
Provided an adequate opportunity to practice clinical skills.						
Provided an adequate patient load (in terms of number and variety).						
Provided access to learning experiences such as lectures, conferences and teaching rounds.						
Provided access to other educational resources, such as a library or the internet.						

Inpatient rotations: Approximately how many patients did you follow on a daily basis? ____

Outpatient rotations: How many patients did you evaluate on an average day? _____

What did you like best about this rotation?

What did you like least about this rotation?

What could be done to enhance this clinical site?

Signature: _____ **Date:** _____

APPENDIX P

Competencies

Student Name: _____

Date: _____

The following competencies were developed by the American Academy of Physician Assistants, the Physician Assistant Education Association, the Accreditation Review Commission on Education for Physician Assistants, and the National Commission on Certification of Physician Assistants.

Physician Assistant Competencies: A Self-Evaluation Tool

Rate your strength in each of the competencies using the following scale:

1 = Needs Improvement 2 = Adequate 3 = Strong 4 = Very Strong 5 = Excellent

MEDICAL KNOWLEDGE

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions	1	2	3	4	5
identify signs and symptoms of medical conditions	1	2	3	4	5
select and interpret appropriate diagnostic or laboratory studies	1	2	3	4	5
manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities	1	2	3	4	5
identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission	1	2	3	4	5
identify appropriate interventions for the prevention of pathophysiologic conditions	1	2	3	4	5
identify the appropriate methods to detect pathophysiologic conditions in an asymptomatic individual	1	2	3	4	5
differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data	1	2	3	4	5
appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis	1	2	3	4	5
provide appropriate care to patients with chronic pathophysiologic conditions	1	2	3	4	5

INTERPERSONAL & COMMUNICATION SKILLS

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

create and sustain a therapeutic and ethically sound relationship with patients	1	2	3	4	5
use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information	1	2	3	4	5
appropriately adapt communication style and messages to the context of the individual patient interaction	1	2	3	4	5
work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group	1	2	3	4	5
apply an understanding of human behavior	1	2	3	4	5
demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety	1	2	3	4	5
accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes	1	2	3	4	5

PATIENT CARE

Patient care includes age-appropriate assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

work effectively with physicians and other health care professionals to provide patient-centered care	1	2	3	4	5
demonstrate caring and respectful behaviors when interacting with patients and their families	1	2	3	4	5
gather essential and accurate information about their patients	1	2	3	4	5
make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment	1	2	3	4	5
develop and carry out patient management plans	1	2	3	4	5
counsel and educate patients and their families	1	2	3	4	5
competently perform medical and surgical procedures considered essential in the area of practice	1	2	3	4	5
provide health care services and education aimed at preventing health problems or maintaining health	1	2	3	4	5

PROFESSIONALISM

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant	1	2	3	4	5
professional relationships with physician supervisors and other health care providers	1	2	3	4	5
respect, compassion, and integrity	1	2	3	4	5
responsiveness to the needs of patients and society	1	2	3	4	5
develop and carry out patient management plans	1	2	3	4	5
accountability to patients, society, and the profession	1	2	3	4	5
commitment to excellence and on-going professional development	1	2	3	4	5
commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices	1	2	3	4	5
sensitivity and responsiveness to patients' culture, age, gender, and disabilities	1	2	3	4	5
self-reflection, critical curiosity, and initiative	1	2	3	4	5

PRACTICE-BASED LEARNING AND IMPROVEMENT

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

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

SYSTEMS-BASED PRACTICE

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

use information technology to support patient care decisions and patient education	1	2	3	4	5
effectively interact with different types of medical practice and delivery systems	1	2	3	4	5
understand the funding sources and payment systems that provide coverage for patient care	1	2	3	4	5
practice cost-effective health care and resource allocation that does not compromise quality of care	1	2	3	4	5
advocate for quality patient care and assist patients in dealing with system complexities	1	2	3	4	5
partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes	1	2	3	4	5
accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care	1	2	3	4	5
apply medical information and clinical data systems to provide more effective, efficient patient care	1	2	3	4	5
use the systems responsible for the appropriate payment of services	1	2	3	4	5

APPENDIX Q

**MISERCORDIA PA PROGRAM
PROGRAM CURRUCULUM /TEACHING EXIT SURVEY**

Graduate Program Assessment Exit Survey

Did your didactic instructors:	(1.0) <i>Strongly disagree</i>	(2.0) <i>Disagree</i>	(3.0) <i>Neutral</i>	(4.0) <i>Agree</i>	(5.0) <i>Strongly agree</i>
<i>Demonstrate skills in the use of various instructional methods</i>					
<i>Utilize class time wisely and effectively</i>					
<i>Explain content in a clear manner</i>					
<i>Identify what they considered important</i>					
<i>Design evaluation procedures consistent with course objectives</i>					
<i>Demonstrate thorough knowledge of course matter</i>					
<i>Stimulate an interest in the field</i>					
<i>Clarify course material that needed elaboration</i>					
<i>Ask thought provoking questions</i>					
<i>Summarize key points to reinforce learning</i>					
<i>Present material in a logical and orderly manner</i>					
<i>Pace the presentation according to difficulty of material</i>					
<i>State objectives for each session</i>					
<i>Present up-to-date, relevant material</i>					
<i>Appear to be up-to-date on current practice ideas</i>					
<i>Presented material at appropriate level for student understanding</i>					
<i>Were patient when dealing with questions: responded clearly and concisely</i>					
<i>Encourage a climate of mutual respect; treated students equally</i>					
<i>Appear open and non-judgmental; corrected student without ridicule.</i>					
<i>Appear professional and portray a positive image about health professions.</i>					

Additional comments

COURSE CONTENT	(1.0) <i>Strongly disagree</i>	(2.0) <i>Disagree</i>	(3.0) <i>Neutral</i>	(4.0) <i>Agree</i>	(5.0) <i>Strongly agree</i>
<i>Course syllabi (outlines) were clear and thorough</i>					
<i>Course objectives were clearly stated</i>					
<i>Textbooks were appropriate to course content</i>					
<i>Additional readings were relevant to course content</i>					
<i>Required reading was manageable within the semester.</i>					
<i>Week to week schedule of class sessions was well planned and appropriately followed.</i>					
<i>Course content was presented in a logical and orderly fashion at each session and throughout the semester</i>					
<i>Course content was covered completely by end of the semester</i>					
<i>The Didactic portion of my education prepared me for the National Certification Exam. .</i>					
<i>The Didactic training adequately prepared for clinical rotations</i>					

Additional comments

INSTRUCTIONAL ENVIRONMENT, EQUIPMENT & SUPPLIES	(1.0) <i>Strongly disagree</i>	(2.0) <i>Disagree</i>	(3.0) <i>Neutral</i>	(4.0) <i>Agree</i>	(5.0) <i>Strongly agree</i>
<i>Classroom space was adequate for needs of course content</i>					
<i>A variety of learning materials were available for learning needs</i>					
<i>Adequate operational equipment and supplies were available for student use.</i>					
<i>The Library had adequate and appropriate reference materials.</i>					
<i>The libraries at assigned clinical sites had adequate and appropriate reference materials.</i>					

Additional comments

CLINICAL ROTATIONS	(1.0) <i>Strongly disagree</i>	(2.0) <i>Disagree</i>	(3.0) <i>Neutral</i>	(4.0) <i>Agree</i>	(5.0) <i>Strongly agree</i>
<i>Clinical preceptors were assigned to direct clinical training on all rotations?</i>					
<i>Did the program provide for an organized sequence of instructional activities?</i>					
<i>Did each rotation have a list of critical performance requirements?</i>					
<i>Were goals and objectives outlined clearly?</i>					
<i>The objectives and reading list in the clinical handbook served as an accurate review for the EORE.</i>					
<i>The program delivered balanced training experiences.</i>					
<i>In your opinion, there was ample opportunity to inform the faculty about clinical experiences through writing assignments.</i>					
<i>On hospital rotations, Grand Rounds were scheduled on a regular basis?</i>					
<i>Grand Rounds were attended regularly.</i>					
<i>Lectures were relevant and useful.</i>					
<i>There was participation in journal clubs.</i>					
<i>In general, the assistance received from the attending staff/preceptors met expectations</i>					
<i>Preceptors, overall, were accessible much of the time</i>					

Additional comments

PRECEPTORS	(1.0) <i>Strongly disagree</i>	(2.0) <i>Disagree</i>	(3.0) <i>Neutral</i>	(4.0) <i>Agree</i>	(5.0) <i>Strongly agree</i>
<i>In general, they were professional role models</i>					
<i>Usually cooperated in all aspects of my medical education</i>					
<i>There was an appropriate level of case involvement</i>					
<i>Good technique was emphasized</i>					
<i>Patient care delegation was appropriate</i>					
<i>Overall, clinical preceptors adequately facilitated my medical education</i>					
<i>Teaching effectiveness of preceptors was adequate</i>					
<i>The preceptors prepared you adequately for taking post rotation exams</i>					

Additional comments

Please answer the following questions.	(1.0) <i>Strongly disagree</i>	(2.0) <i>Disagree</i>	(3.0) <i>Neutral</i>	(4.0) <i>Agree</i>	(5.0) <i>Strongly agree</i>
<i>The program adequately prepared you for taking the National Certification Exam</i>					
<i>The PACKRAT Exam was useful to prepare for the National Certification Exam</i>					
<i>The PANCE review and Summative assessment courses provided an adequate review to prepare for the National Certification Exam.</i>					
<i>The use of Blackboard for EORE and the SUMM exams prepared you to be comfortable with taking the National Certification Exam</i>					
<i>The training you received in the MU PA program was satisfactory</i>					
<i>The results of the EORE , SUMM I/II and PACKRAT exams were used effectively by the faculty to adjust your personal program of self-study and professional growth</i>					

Additional comments

SUGGESTIONS: To assist the MU PA Program in its goal of improving the quality of Physician Assistant education, please feel free to make suggestions and comments that will help us in that goal.

APPENDIX R

Summative Professionalism Assessment Tool

Assessment Category	Never	Rarely	Intermittently	Most Times	Always	N/A
General						
Did the student exhibit a positive and profession attitude?	1	2	3	4	5	N/A
Did the student exhibit emotional stability, maturity, empathy, and physical and mental stamina?	1	2	3	4	5	N/A
Did the student maintain current immunizations, CPR, and background checks?	1	2	3	4	5	N/A
Did the student act appropriately in stressful situations?	1	2	3	4	5	N/A
Did the student report any physical handicap or health issues that may affect their ability to provide safe, effective medical care?	1	2	3	4	5	N/A
Professional						
Did the student show respect for other students and faculty members?	1	2	3	4	5	N/A
Did the student comply with dress codes on campus and/or clinical sites?	1	2	3	4	5	N/A
Was the student on time for classes and clinical rotations?	1	2	3	4	5	N/A
Did the student exhibit unprofessional behaviors (including unnecessary conversation in class during lectures or laboratory sessions)?	1	2	3	4	5	N/A
Was the student able to work cooperatively, promoting and preserving relationships with peers and other members of the healthcare team?	1	2	3	4	5	N/A
Academic						
Did the student demonstrate the ability to learn and function in a wide variety of didactic and clinical settings? This includes demonstrating cognitive abilities necessary to master relevant content in basic science and clinical courses to provide the standard of care.	1	2	3	4	5	N/A
Was there evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling, and vocabulary?	1	2	3	4	5	N/A

Did the student exhibit academic integrity?	1	2	3	4	5	N/A
Did the student demonstrate adaptability relative to changing situations, environments and new information?	1	2	3	4	5	N/A

Clinical

Did the student protect the patient's safety and promote the patient's well-being?	1	2	3	4	5	N/A
Did the student uphold ethical standards for health care?	1	2	3	4	5	N/A
Did the student provide competent medical care and extend to each patient the full measure of professional ability as a dedicated, empathetic student healthcare provider during clinical rotations?	1	2	3	4	5	N/A
Did the student provide competent medical care under the supervision of an assigned preceptor	1	2	3	4	5	N/A
Did the student demonstrate the ability to learn and function in a wide variety of clinical settings?	1	2	3	4	5	N/A

Comments

Faculty Signature _____ Date _____

Student Signature _____ Date _____

APPENDIX S

Study Plan Contract**STUDENT PANCE PREPARATION STUDY CONTRACT**

Student: _____

Date: _____

Faculty: _____

Time Start: _____ End: _____

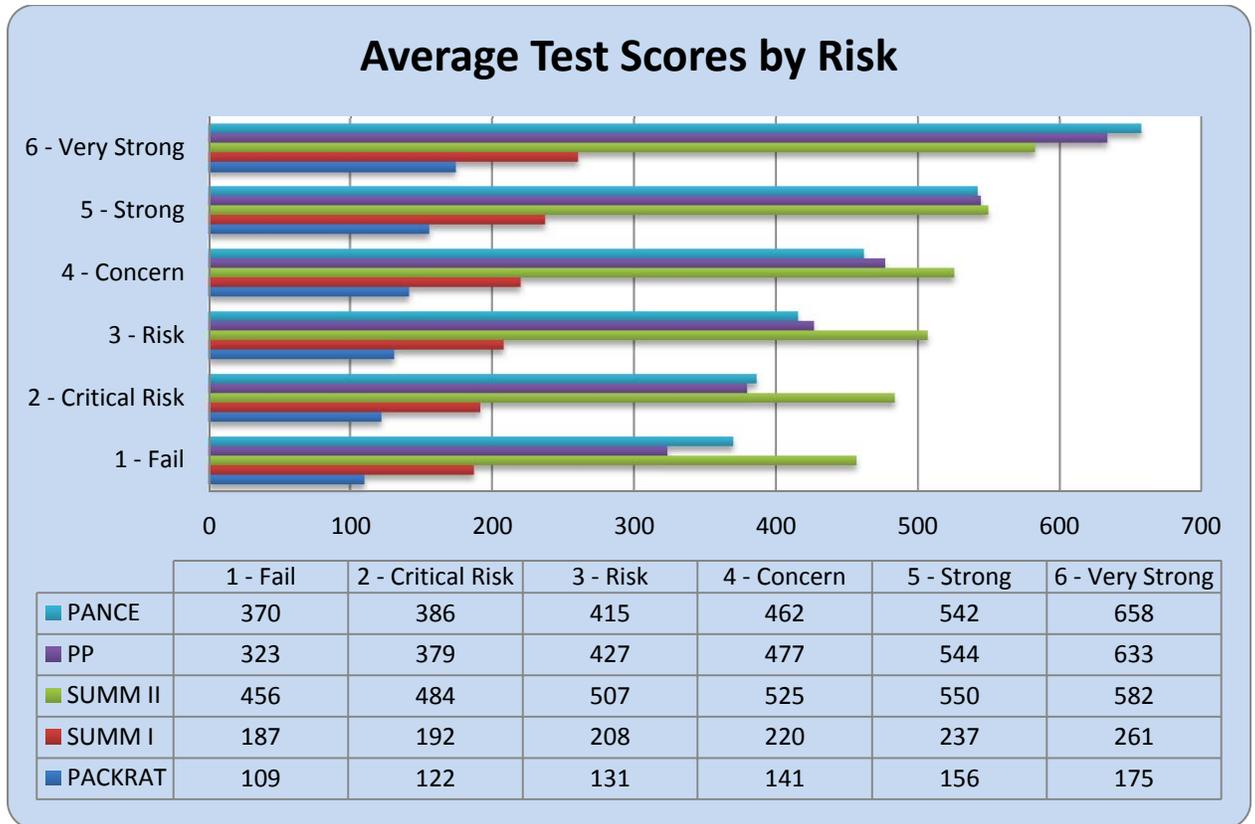
Mode of Contact:

 Student Initiated Faculty Initiated Other: _____

Describe the reason for this encounter:

Any student who achieves scores within the concern category or risk category will be required to participate in a learning contract during the clinical year. If the student shows sufficient improvement during subsequent formative or summative examinations they may be released from the supervised study contract. Any student who achieves scores in the critical risk or fail category will be required to complete all elements of a study contract supervised by a faculty advisor. The faculty advisor can determine if the student has not satisfied the required remediation which can result in a grade of incomplete in PA 631/632/633 . Failure to satisfy the required remediation as defined by the study contract can result in a delay in program completion.

SCORE STATUS SUMMI PACKRAT SUMM II PP**1 – Fail****2 - Critical Risk****3 - Risk****4 - Concern****5 - Strong****6 - Very Strong**



COMMENTS ABOUT SCORES AND PP

PANCE STUDY ACADEMIC REMEDIATION METHODS REVIEWED:

Clerkship study method_____

EORE remediation _____

Test self-analysis_____

COMPLETED TOPICS IN CLERKSHIP STUDY LIST

Recommendations for improvement:

COMMENTS/NOTES:

PLANS RECOMMENDED FOR STUDENT

- COMPLETE PANCE/MASTER TEST BANK ASSIGNMENT BY DATE _____
- COMPLETE TWO NCCPA PRACTICE EXAMS
- FOLLOW UP EVERY ____ WEEKS
- COMPLETE TEST QUESTION STUDY PROGRAM
- SEND ALL TEST SCORES BY EMAIL TO ADVISOR

FOLLOW-UP SUMMARIES

Date: _____ Faculty: _____

TOPICS
PANCE/MASTER CUMULATIVE PERFORMANCE
NCCPA PRACTICE EXAM SCORES
STATUS OF CLINICAL YEAR STUDY PROGRAM

Date: _____ Faculty: _____

TOPICS
 PANCE/MASTER CUMULATIVE PERFORMANCE
 NCCPA PRACTICE EXAM SCORES
 STATUS OF CLINICAL YEAR STUDY PROGRAM

Date: _____ Faculty: _____

TOPICS
 PANCE/MASTER CUMULATIVE PERFORMANCE
 NCCPA PRACTICE EXAM SCORES
 STATUS OF CLINICAL YEAR STUDY PROGRAM

Terms: Student understands that failure to complete study plan will result in a grade of I (Incomplete) in PA 632/633 and could result in additional disciplinary action, including dismissal.

Student Agreement to above study plan and terms _____

Faculty signature _____

Course _____

APPENDIX T

Misericordia University

Physician Assistant Program



Graduation Checklist

<i>Student INFORMATION</i>	
Student name:	
Program Start Date:	
Program Completion Date:	

<i>CHECKLIST</i>		
<input type="checkbox"/>	Successful completion of Didactic Year courses	Ending Cumulative GPA:
<input type="checkbox"/>	Successful completion of Full H&P at TCMC	
<input type="checkbox"/>	Successful completion of BLS/ACLS	
<input type="checkbox"/>	Successful completion of OSHA/HIPPA/BBP training	
<input type="checkbox"/>	Successful completion of Progression to Clinical Year including Professionalism Assessment	
<input type="checkbox"/>	Successful completion of all Clinical Rotations	Ending Cumulative GPA:
<input type="checkbox"/>	Successful completion of Summative I Exam	
<input type="checkbox"/>	Successful completion of PACKRAT Exam	
<input type="checkbox"/>	Successful completion of Summative II Exam	
<input type="checkbox"/>	Successful completion of OSCE at TCMC	
<input type="checkbox"/>	Completion of Graduate Competency Self Survey	
<input type="checkbox"/>	Completion of Exit Survey	
<input type="checkbox"/>	Successful Exiting Professionalism Assessment	
<input type="checkbox"/>	Graduation Application Submitted to Registrar	