

# STUDENT CLINICAL YEAR MANUAL



**University of Dayton**

**Department of  
Physician Assistant  
Education**

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<b>Introduction</b>	5
2019 Clinical Rotation Schedule	6
Overview of Clinical Rotations	6
Technical Standards and Student Responsibilities	7
<b>Policies</b>	10
Professionalism	10
Dress Code	10
Flexibility	10
Code of Ethics	11
Respect	11
Honesty and Trustworthiness	11
Accountability	11
Attendance	12
Delay of Rotation	12
Drugs and Alcohol Policy	12
Academic Progression	14
Program Dismissal	15
Graduation Requirements	15
Housing	15
Transportation	15
Health Insurance Coverage	16
Professional Liability Insurance	16
Leave of Absence	16
Safety at SCPE Sites	16
Injuries and Needlestick / Exposure Protocol	16
Latex Allergy	19
Airborne Exposure	19
Health Requirements	19
<b>Communication</b>	20
Cellular Phones	20
Social Media	20
Holidays	20
Weather – Related Emergencies	21
<b>Clinical Goals</b>	21
Clinical Curriculum	21
Clinical Course Descriptions	21
PAS 604 Clinical Experience Office Orthopedics Practice	21
PAS 605 Clinical Experience Family Medicine	21
PAS 614 Experiential Pediatric Practice	21
PAS 615 Clinical Experience Adult Medicine	22
PAS 624 Experiential Women’s Health	22
PAS 625 Clinical Experience Emergency Medicine	22
PAS 634 Clinical Experience in Mental Health	22
PAS 635 Clinical Experience General Surgery	22
PAS 646 Clinical Elective Experience	22
<b>E*Value</b>	22
<b>Preceptor Notification</b>	24
I just Received the Rotation Notice, What do I do Next?	24
No Response from the Site, What now?	24
More Paperwork?	24

Training before I even Start?	25
<b>Roles and Responsibilities</b>	25
<b>Appendices</b>	28
A. Incident Report	29
B. Mid-Rotation Evaluation	31
C. End of Rotation Evaluation – Preceptor Evaluation	33
D. Preceptor Evaluation of Student’s Preparedness for rotations	38
E. Release of Information Waiver	40
F. Statement of Understanding	42
G. Rotation Checklist	44
<b>Student Clinical Year Manual – Signed Acknowledgment</b>	46

## INTRODUCTION

The Department of Physician Assistant Education Student Clinical Year Manual is designed to give students general information regarding the Master of Physician Assistant Practice (MPAP) program's clinical year. It is an adjunct to the University of Dayton academic catalog and the UD Student Handbook and PA Student Policy Manual. Please keep this manual in a convenient location so that you can refer to it when necessary during your physician assistant training.

Congratulations on completing the first year of a demanding academic program. You should be proud of your accomplishments. The clinical year will provide you with the opportunity to apply the knowledge and skills you acquired in the first year to clinical practice. You will train with preceptors and their staff to improve your ability to provide comprehensive, competent health care across varied populations.

Take a moment to consider how very privileged you are as a Physician Assistant (PA) student to enter into the practices of your preceptors and the lives of their patients in ways that no other person will. Your program, preceptors and patients are counting on you and expect that you will provide excellent care in a professional and compassionate manner.

Clinical rotations are your "real world" chance to practice what you have learned. Hard work, motivation, commitment and enthusiasm will be rewarded with newfound knowledge and skills. You gain personal satisfaction and self-respect in knowing that you are trying to improve the health outcomes and quality of life for these patients.

Be prompt, work hard, ask questions and always maintain a great attitude. Show genuine interest and read every day about the cases you see. Take responsibility for your learning. If you ask for help, you will get it. Above all, remember the faculty and staff are here for you even while you are away from campus. Best of Luck in this next year. Do not hesitate to call or email if you need anything.

Mrs. Huesman

Director of Clinical Education

## 2019 Clinical Rotation Schedule

Rotation #1	January 1-25, 2019
CBW #1 students on UD campus	January 28-Feb 1
Rotation #2	February 4-28
Rotation #3	March 4-29
Rotation #4	April 1-26
CBW #2	April 29-May 3
Rotation #5	May 6-31
Rotation #6	June 3-28
Class 2019 Break/Self-study/Research	July 1-26
CBW #3	July 29-August 2
Rotation #7	August 5-30
Rotation #8	September 2-27
Rotation #9	Sept 30-Nov 1 (5 weeks for electives)
Rotation #10	Nov 4-Dec 6 (5 weeks for electives)
CBW #4	Dec 9-13

## Overview of Clinical Rotations

### Objectives

The purpose of the clinical rotation is to enable the student to develop fundamental clinical knowledge and skills under the supervision of a state licensed medical provider. The clinical experience gained during the last year of the program is a crucial part of PA education. During this time, the student makes the transition from didactic learning to clinical practice.

### Student Preparation

Prior to beginning the clinical year, students will have completed 15 months of didactic training in the basic and clinical sciences. In addition, students will have practiced history taking and physical examination skills during a variety of OSCE's with the use of standardized patients and simulations, learned how to interpret an ECG and X-rays, practiced basic suturing and splinting techniques, been instructed on the ordering and interpreting of diagnostic tests, and will have demonstrated ability in critical thinking with clinical problem solving skills.

The students preparedness is now to be officially evaluated in the January rotation by a separate evaluation tool, which will be pushed out to the preceptors during the first SCPE. This is in addition to the EOR Evaluation, which is still required to secure a passing grade for the SCPE.

### Supervision

The Department of Physician Assistant Education will provide the preceptor with goals and outcomes for each of the clinical rotations. During the first week, the preceptor should meet with the student to review the goals and expectations for the rotation. The preceptor should become acquainted with the student's capabilities by allowing the student to interact on a one-on-one basis with patients. The amount of independence the student is allowed for this interaction is at the discretion of the preceptor and should be based on the preceptor's evaluation of the student's level of experience and expertise. It is suggested that the student and the preceptor meet at the mid-way point of the rotation to evaluate whether their mutual expectations are being met. Students may respectfully decline to complete or ask for additional assistance when engaging in any activity for which they do not feel adequately trained to complete.

## Tasks

Typical tasks assigned to PA students by preceptors include:

1. Taking histories and doing physical examinations.
2. Assessing common medical problems and recommending treatment plans.
3. Performing and assisting in routine lab and therapeutic procedures.
4. Counseling patients about health care.
5. Assisting with hospital rounds.
6. Recording progress notes and orders.
7. Evaluating and managing emergencies under supervision.
8. Following clinical guidelines or standing orders of the physician.
9. Assisting in surgery.
10. Working the same hours as the preceptor, including being available for on-call/nights/weekends.

## Student-Initiated Rotations

**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.**

Students may seek to develop a new rotation site for their Clinical rotations. 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. 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 three months for the necessary paperwork to be completed.
- The student is responsible for identifying the site and forwarding the physician's/preceptor's contact information to the Director of Clinical Education to investigate if they are willing to take the student.
- The Director of Clinical Education will investigate the site to determine if it is an appropriate placement.
- **A student may not have a relative serve as their direct/evaluating preceptor.**

## Technical Standards and Student Responsibilities

**A 3.15e: The program *must* define, publish, and make *readily available to prospective students* admission related information to include: any required *technical standards* for enrollment.**

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 MPAP 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 their understanding of the standards prior to beginning of the program.

## **Technical Standards**

Physician Assistants, as health care providers, must be able to integrate their acquisition of medical knowledge with their skills, behavior, and attitudes in order to deliver appropriate patient care. The University of Dayton is committed to admitting the most qualified applicants for the PA program which in addition to academic criteria, include the following technical standards. These standards are a prerequisite for admission, progression, and completion of the program.

The University of Dayton complies with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act (ADAAA) of 2008 (see University bulletin, Office of Student Learning Services for details).

Technical skills/standards are grouped in the five categories listed below. All students must be able to perform these skills independently; therefore third parties cannot be used to assist students in achieving these requirements. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis. It is the student's responsibility to review the technical standards and report any needs to the program director.

### **Observation**

Students must be able to observe and actively participate in all demonstrations and exercises in the basic medical and clinical sciences, including observations made through a microscope and demonstrations made in the classroom using standardized or classmate patient-models.

Students must be able to observe a patient accurately and completely both at a distance and up close, noting both verbal and nonverbal signs.

### **Communication**

Students must possess the ability to comprehend written English at a level sufficient to adequately evaluate technical materials, medical reports, biomedical texts and journals.

Students are expected to be able to communicate, both verbally and in writing, the results of their examination to the patient and to their colleagues with accuracy, clarity, and efficiency.

Students must be able to accurately and legibly document observations and plans in a thorough and timely manner.

### **Sensory and Motor Functions**

Students must have sufficient use of somatic sensation and the senses of vision, hearing and smell to perform the inspection, palpation, auscultation and percussion components of the physical examination.

Students must possess the gross and fine motor coordination skills necessary to learn and perform routine invasive and noninvasive diagnostic and therapeutic procedures.

Students should be able to perform the physical activities needed to provide general and emergency care for patients. This may include, but not be limited to, activities such as bending, lifting, carrying and prolonged standing.



## **Intellectual Conceptualization, Integration and Quantitation**

Students must be able to learn to quantify, analyze, integrate, synthesize, problem solve, and reach diagnostic and therapeutic judgments in a timely manner.

Students must be able to learn and to demonstrate the ability to recognize limitations in their own knowledge, skills, and abilities and seek appropriate assistance with their identified limitations.

## **Behavioral and Social Attributes**

Students must be able to work collaboratively with their classmates to sustain a non-competitive learning atmosphere with their colleagues and patients to develop collaborative professional relationships.

Students must possess the endurance to tolerate physically taxing workloads and to function effectively under stress. At times this may require working for extended periods of time or with rotating shift schedules.

Students must possess the emotional health needed to fully use their intellectual abilities, exercise good judgment, and act promptly and appropriately in emergency situations.

Students must be able to adapt to changing environments and to display flexibility in the face of uncertainties inherent in the training process and the practice of medicine.

Students are expected to willingly accept and invite constructive criticism and, if necessary, subsequently adopt appropriate modifications in their behavior.

## **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, ACLS, PALS, ADLS).

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.

Professionalism as a student is demonstrated by adherence to policies of the university, the PA program, and various clinical sites. Other matters include professional grooming, dress, and behavior in both academic and clinical settings. Students must willfully adhere to the PA program's academic schedule, which may differ from the University's academic calendar and is subject to change at any time.

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

Students will be expected to perform physical examinations on male and female peers along with being examined by both male and female peers during laboratory instruction.

## POLICIES

### Professionalism

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

The purpose of this policy is to provide clear expectations of individuals while functioning as a student in the physician assistant program at University of Dayton. Healthcare professionals are expected to perform professionally and it is the belief of the program that forming this professional demeanor should begin in the educational phase of the student's career. Breaches in professionalism are considered serious and each case will be dealt with individually. Penalties could range from probation to program dismissal.

Professionalism will be assessed throughout the entire program. During the didactic year the Formative Professionalism Assessment Tool will be utilized.

### Dress Code

University of Dayton physician assistant students should maintain a professional appearance while involved in department related activities. The required dress code will be business casual attire.

- Males: business casual attire is comprised of: Dress slacks or khakis, button up shirt or collared shirt, socks and shoes.
- Females: Khakis or dress pants, dress or skirt of appropriate length, button up shirt, blouse, or other nice collared shirt, sweaters or cardigans, appropriate shoes (heels not more than 2 inches).
- The following are not considered appropriate attire: Jeans, shorts, mini-skirts, tank tops, bare midriff tops, tee shirts, exercise clothing, clothing of a revealing nature, hats or caps.
- Students will be required to wear department issued lab coat (when appropriate, i.e., not in the OR) with official university ID and tag identifying them as a PA Student during clinical rotations at all times.
- Open toe shoes are not permitted to be worn at clinical rotation sites.

**Failure to adhere to the dress code will be considered a breach of professional behavior and may result in documentation of deficiency of professional behavior.**

### Flexibility

Clinical sites create the student schedules for each rotation, and such schedules may require physician assistant students to work nights and weekends. Some rotations may request that you take call while on the service. Please check with your preceptor as to their requirements at the beginning of the rotation. There is no maximum number of hours the student is limited to work.

## **Code of Ethics**

The School expects its students to use AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession as a guide for their professional performance both as students and practicing clinicians. As a representative of the PA profession and the School, students are expected to conduct themselves in a professional and ethical manner. In particular, they will not date or have personal sexual relationships with preceptors, staff members or patients while assigned at a site.

## **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 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.

## **Honesty and Trustworthiness**

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

## **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 MPAP 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.

## **Attendance**

### **Clinical Phase:**

- Attendance is expected for all program related activities. Consistent attendance and participation is an important component of professional behavior.
- Students who are absent from an end of rotation exam will need to meet with the Director of Clinical Education. Failure to sit for this examination may result in delay to begin a subsequent rotation.
- Students are expected to arrive at the rotation in a timely fashion and tardiness may affect their performance on the rotation evaluation. Excessive tardiness will be considered unprofessional behavior and may result in professional probation or failure of the rotation.
- A student is expected to contact Director of Clinical Education and Preceptor anytime they will be absent from rotation or a clinical activity. Excessive absence from the clinical rotation may require the student to repeat the rotation if an acceptable make-up plan cannot be established.
- More than one day of an excused absence from a clinical rotation must be made up with the preceptor. The Director of Clinical Education must be notified of the make-up plan arranged by the preceptor and student.
- Students are expected to be at their clinical sites a minimum of approximately 35 hours per week.

## **Delay of Rotation**

In rare instances, if a student's rotation is delayed (for any reason), the student must work directly with the DCE to ensure that the "minimum required hours" are completed. This is reviewed and decision are made on a case by case basis. Should a rotation delay proceed more than 2 weeks, which could inevitably not allow time to be made up in typical allotted SCPE schedule, the student's graduation date could be delayed. If this delay is due to a student being out of state and a lack of rotation in the student's requested geographical area are not available, the student is required to return to Dayton to complete the SCPE. Should the student elect not to return to Dayton, then the student's graduation date may again, be delayed.

## **Drugs and Alcohol Policy**

The purpose of this policy is to provide clear expectations of individuals while functioning as a student in the Physician Assistant program at University of Dayton. This policy and procedure are in addition to other University policies related to alcohol and drugs including but not limited to the University of Dayton Student Handbook. Healthcare professionals are expected to perform professionally and ethically and to do this; they must not be impaired by drugs or alcohol. Drug and alcohol testing is being requested by various facilities prior to clinical rotations as a protection measure for their patients. The ability to obtain a license can also be negatively impacted by drug and/or alcohol use or abuse.

Use and/or possession of alcoholic beverages under the legal drinking age, distribution of alcoholic beverages to others under the legal drinking age, abuse, drinking & driving (OVI) is strictly prohibited. Use, possession, manufacturing or distribution (or participation in the sale of) of marijuana, heroin, narcotics, or other controlled substances and/or any use or possession of general products as intoxicants or means to get high is strictly prohibited. Additionally, driving while impaired by such drugs (OVI), improper use, possession or distribution of prescription drugs, and paraphernalia commonly used to consume drugs is strictly prohibited as well.

The Physician Assistant program requires a drug screening prior to matriculation and entering clinical rotations. Students may also be subject to additional drug testing throughout the Physician Assistant

program. Any positive drug test result may be grounds for suspension or dismissal from the Physician Assistant program.

The Director of the Physician Assistant program reserves the right to make all final determinations related to additional drug testing, test results and all other aspects of this Physician Assistant Alcohol and Drug Policy.

## **Procedure to Implement the Policy**

### **Scheduled drug screening for students**

- A drug screen is required for all students prior to matriculation and additionally prior to entering clinical rotations. Students must undergo the required drug screen through urine toxicology testing prior to participating in the clinical setting.

### **Additional drug and alcohol testing**

- At any time, a student may be required to undergo drug and/or alcohol testing through the use of urine toxicology, blood toxicology, and/or “breathalyzer” testing at the direction of the Program Director or his/her designee.
- The Program Director or his/her designee may act to order testing “for cause” when concerns are raised regarding the performance, behavior or actions of a student that indicate a reasonable suspicion for impairment with drugs and/or alcohol.
- Any student receiving disciplinary action may be required to undergo drug and/or alcohol testing.

### **General Issues**

- All testing will be done at or through an independent lab or Miami Valley Hospital Emergency Department. If “for cause” testing must be done when the independent lab staff are not available, testing must be done through the Miami Valley Hospital Emergency Department.
- Prior to any screening or “for cause” testing, the individual being tested will be asked to declare any medications or other substances that they are actively using. The record of any medications being used by an individual being tested will remain confidential.
- Costs for scheduled drug testing are the responsibility of the student. Costs for “for cause” testing will be handled through the Department of Physician Assistant Education.
- The student may request to have independent testing done at a different lab. The contracted lab staff will send a portion of the original sample to the independent lab in order to preserve the chain of custody. If independent testing is requested by the individual being tested, the individual will be responsible for any and all costs of the independent testing.

**The following 10 substances plus a breath alcohol analysis are included in the drug test.**

1. Cocaine Metabolites
2. Marijuana Metabolites
3. Phencyclidine (PCP, "Angel Dust")
4. Amphetamines, Methamphetamines ("Speed")
5. Opiates (Codeine, Morphine, Heroin)
6. Barbiturates
7. Benzodiazepines

8. Propoxyphene
9. Oxycodone
10. Methadone
11. Methaqualone
12. MDMA (Ecstasy)

## **Test Results**

- Results of toxicology testing for students under this policy will be handled within Department of Physician Assistant Education.
- If an initial positive result is obtained for any of the substances noted above, a confirmatory test will automatically be conducted by the contracted lab.
- If a person tests positive for a substance for which the student cannot show proof of an active prescription, the test will be considered a “positive” test.
- Final results will be stored in a confidential manner in the individual’s student file.

## **Individuals with Positive Test Results**

- If a positive test is reported to the Program Director or his/her designee, the student will be placed on immediate Leave of Absence (LOA) and all educational and clinical activities will be discontinued until results of the confirmatory test are received. Once the confirmatory test is received a disposition will be made. A negative confirmatory test will result in the student being removed from the Leave of Absence and returned to program activities. A positive confirmatory test will result in dismissal from the program.

## **Academic Progression**

### **Requirements for Progression:**

#### **Academic Progression in all Clinical Modules**

The student will receive a “PASS” or “NO PASS” on the final grade for each clinical rotation course. **A passing grade is reflected in the student satisfactorily completing all required core content for each clinical rotation.** Core content includes:

- Passing the PAEA EOR exam
- End of Rotation Evaluation- submitted either via E\*Value or in paper form (A minimum score of 3 or higher for each competency on the preceptor evaluation.)
- E\*Value Patient Case Logs and Clinical Hour Logging (these are to be completed weekly)
- Completion of Written Assignments (2 assignments per core rotation)
- Student Evaluation of the Site/Preceptor (submitted via E\*Value)
- Completion and verification by the preceptor and DCE of the Clinical Encounters Booklet

As of January 2018, the University of Dayton PA Program has transitioned to using the PAEA EOR exams. The students will take an EOR exam correlating with their current rotation. These exams will require a proctor during the exam. The exams, (with the exception of the Orthopedic EOR which is given in Examsoft), the testing will be completed through the PAEA Examdriver website. The student will cover the cost of the EOR exams for each rotation. The program will initially purchase the exams,

with the student reimbursing the program for the cost of the exams through the UD Marketplace. Instructions on reimbursement will come from Mrs. Kidwell.

The PAEA EOR exams consist of a 120 question exam built on the blueprint and topic list. The exams are peer reviewed by PA educators and statistically validated. The scoring of the PAEA EOR exams are completed on a scaled scoring system. This is based on a nationwide performance of PA students for that specific examination. Those students who fall one standard deviation below the mean will have failed the exam and be required to remediate, see below of remediation details.

If the student does not pass the exam, he/she will be required to take a remedial exam within 7 days. The student is required to cover the additional cost of the remedial exam. The student will be allowed to proceed with the next scheduled rotation without delay. If a student fails both the initial EOR exam and the remedial exam within the same course, this will constitute the failure of the clinical course. Failure of a clinical course will delay the student's progression to graduation. The failed course will be repeated in the following clinical year.

### **Limitation Criteria within Clinical courses:**

Students will be dismissed from the program on the 4<sup>th</sup> exam failure or the failure of 2 clinical courses for any reason.

### **Program Dismissal**

**A3.14g; A3.17e The program *must* define, publish, and make *readily available* to students upon admission academic performance and progression information to include policies and procedures for withdrawal and dismissal.**

A student will be dismissed from the PA program for:

- Failing to meet progression requirements.
- 
- Earning a failing grade in two different clinical courses (either via the EOR exam score or the Preceptor evaluation score) or the same clinical course twice.
- Breaching professional ethics or exhibiting any behavior that might pose a threat to the student or to others.

**Students dismissed for breaching professional ethics or exhibiting any behavior that might pose a threat to the student or to others forfeit the ability to reapply.**

### **Graduation Requirements:**

- Successfully complete didactic and clinical courses as outlined in program of study.
- Satisfactorily complete all clinical rotations.
- Complete the Physician Assistant Competencies: A Self Evaluation Tool
- Complete the Professional Development Assessment Tool
- Complete UDPAART I exam and PACKRAT exam
- Successfully pass UDPAART II exam or complete appropriate learning contract
- Successfully complete Summative OSCE.
- Complete all other College requirements for graduation.

## **Housing**

The School and clinical sites are not responsible for locating student housing for rotations. Many resources are available to assist the student in locating suitable housing including previous students who have been at the site, local newspapers, churches, Area Health Education Centers (AHEC), housing web sites, realtors or the site itself.

## **Transportation**

The clinical phase of the program has both domestic and international rotation opportunities. It is the student's responsibility to provide his/her own transportation to and from rotation sites.

Transportation difficulties will not excuse a student from attending rotations. If transportation problems delay the student's arrival at a site, the preceptor and the Assistant Director of Clinical Education must be contacted immediately to inform them of the situation.

## **Health Insurance Coverage**

University of Dayton requires all students to have health insurance. Although sites indicate a willingness to evaluate and treat students for acute or emergent problems, the student understands that he/she is responsible for payment of health insurance premiums, medical fees and/or associated charges incurred. While attending the School, neither the University, nor the Program, is responsible for coverage of any medical cost and/or associated charges incurred by the student.

## **Professional Liability Insurance**

University of Dayton supplies general and professional liability insurance covering the University, students and faculty with limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

## **Leave of Absence**

Please refer to the LOA policy in your Student Handbook.

## **Safety at SCPE sites**

Please familiarize the safety protocols and procedures that are individualized with each clinical placement prior to the start of each rotation. The default for clarification on the individual location policies will be with the practice managers of the SCPE sites.

## **Injuries and Needlestick / Exposure Protocol**

**A 3.08: The program *must* inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk.**

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



department. If the clinical site lacks these resources, treatment should be sought in the nearest emergency department.

Exposure to blood borne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk during clinical 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 you have contact with 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 or body fluids.
- Dispose of all “sharps” promptly in 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, caps, shoe covers, masks, goggles, face shields, and equipment such as resuscitation devices.

These barriers are to be used to protect:

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

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

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

In the event a student is injured by a contaminated “sharp” or is exposed in any manner to blood or potentially infectious bodily fluids 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 blood from the source patient.
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. For 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 the student's 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 UD 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 (Appendix A) and submit it to the Program Director as soon as possible. Students should not delay prompt evaluation and treatment to complete paperwork.

## **Preventing Needlestick Injury**

### **A Checklist for Healthcare Workers**

The American Nurses Association (ANA) designed a list of guidelines for nurses to follow to minimize the chances of being stuck by an infected needle at work. Here are the practical steps the ANA suggests healthcare professionals should take.

### **Prior to Procedure**

1. Ensure all equipment is available and within arm's reach.
2. Ensure lighting is adequate.
3. Place a sharps disposal container nearby and know where it is located.
4. Assess a patient's capacity for cooperation; request additional help if patient needs to be physically stabilized.
5. Instruct patient to avoid sudden movement.
6. Do not expose sharps/needles until moment of use and keep pointed away from user.

### **During Procedure**

1. Maintain visual contact with sharps during use.
2. Remain aware of positioning of other staff to avoid accidental contact.

3. Do not pass sharps by hand; place and retrieve from predetermined centralized location/tray.
4. Alert other staff when placing or retrieving sharps.

### **Post-procedure**

1. Activate safety features of sharps and check (visual, auditory) to ensure features are activated and locked in place.
2. Ensure all sharps are accounted for and visible.
3. Check trays, linens, waste materials prior to handling for sharps accidentally misplaced or left behind.
4. Transport reusable sharps in secured closed container.
5. For non-reusable sharps, visually inspect disposal container to ensure device will fit.
6. Keep fingers away from tip of device when disposing, and avoid placing hands close to the opening of the container.

### **Protecting Yourself as a Health Care Worker**

According to the American Nurses Association, there are rights and protections that need to be utilized by healthcare workers. It is important to:

1. KNOW the law (Needlestick and Prevention Act).
2. EDUCATE yourself and peers about sharps safety.
3. REPORT sharps injury incidents.
4. FOLLOW UP with post-injury treatment recommendations.
5. SERVE on committees that evaluate and select the safest medical devices.
6. ADVOCATE strongly for the safest technology available.
7. CHAMPION a culture of safety and report unsafe conditions.
8. CONTACT federal OSHA if efforts to work with your employer in complying with standards are unsuccessful; 1-800-321-OSHA (6742).

Taken from: <http://safeneedle.org/us-needlesticks/preventing-needlestick-injuries-a-checklist/>

### **Latex Allergy**

If you have a Latex allergy, you must notify the SCPE's with which you are assigned, as you will potentially require specific PPE (Personal Protection Equipment) which is latex free. It is the student's responsibility to notify the SCPE and the designated instructional faculty/preceptor/staff.

### **Airborne Exposure**

A student who has experienced airborne exposure (e.g., tuberculosis (TB), varicella) at a clinical site should check with the preceptor for availability of follow up services. Most preceptor sites will have a protocol and will do their own exposure follow up. Students may call the Student Health Center for an appointment if the site does not have a follow-up plan or the student can be evaluated by a provider of his/her choice.

### **Health Requirements**

Students may acquire communicable illnesses during the clinical phase. While enrolled in the program, students exposed to a communicable disease should be evaluated by a physician as soon as possible.

The Director of Clinical Education should be notified by telephone if there is any limitation to the student's ability to participate in clinical activities or if other students need to be evaluated as a result of this exposure. At the discretion of the preceptor and/or in accordance with site policy, students may be asked to remain off-site until symptoms have resolved. Students are required to make up lost time at the

convenience of the preceptor.

## COMMUNICATION

### Cellular Phones

Cell phones are not to be used during clinical rotations except for emergencies.

Cellphone cameras are not to be used to photograph patients without express written consent.

If you utilize medical apps during your clinical rotation (i.e. Epocrates, UpToDate) **please clarify with the preceptor and/or his office practice that the use of your cell phone is acceptable**. Many offices have a no cell phone policy for their staff and that may extend to students.

### Social Media

Personal websites and blogs have become prevalent methods of self-expression in our culture.

University of Dayton Department of Physician Assistant Education respects the rights of persons to use these media during their personal time. The following are practices that should be followed by those who participate in social media, whether in a personal or official capacity.

- Students should recognize that their professional reputation can be affected through social media and therefore should be judicious when posting content.
- Students should take steps to ensure that appropriate privacy settings have been implemented to avoid inadvertent dissemination of personal information. Ensure that you are not “tagged” in images posted by others that might portray you in an unprofessional manner.
- Students should include a disclaimer clearly stating that all opinions belong to the poster alone and do not necessarily reflect the views of the University of Dayton and/or Department of Physician Assistant Education.
- Students should not violate standards of patient confidentiality or communicate about patients in a manner that could convey the patient’s identity, even accidentally. This could include such things as a patient’s appearance, clinical location, and unusual diseases. HIPPA laws apply to all social networking sites.
- Students should avoid making any defamatory statements about faculty, students, health professionals or patients.
- Students should not post images that would denigrate anyone or depict other students or faculty engaging in unprofessional behavior.
- Students should not engage in social networking during class or clinical time.
- Students should not share questions or answers to assignments, exams or quizzes via social media. Doing so could be considered a violation of academic integrity.

### Holidays

Students will experience an irregular schedule while on clinical rotations during the second year of the program. You must check with your clinical preceptor as to their requirements for your attendance if your rotation has a holiday which falls during that time. Each clinical preceptor will potentially have a different requirement.

## **Weather-Related Emergencies**

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.

## **CLINICAL GOALS**

The Student Clinical Encounters Booklet has the clinical targets that each student is expected to meet throughout the clinical year. Each encounter must be signed off by the supervising preceptor for the specific encounter and/or procedure. During the call back weeks, the encounter booklets must be reviewed and signed off by the DCE prior to starting the next rotation.

## **Clinical Curriculum**

The Clinical Curriculum encompasses the last 12 months of the MPAP program. It is conducted at sites throughout the United States and has one current (optional) elective rotation abroad. Clinical syllabus and course related material can be found in the correlating clinical year iTunes U courses.

## **Clinical Course Descriptions**

### **PAS 604 Clinical Experience Office Orthopedic Practice**

**2 credit hours**

Four week required rotation in an orthopedic office clinical setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

### **PAS 605 Clinical Experience Family Medicine**

**2 credit hours**

Four week required rotation in clinical setting of general primary care. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

### **PAS 614 Experiential Pediatric Practice**

**2 credit hours**

Four week required rotation in a pediatric clinical setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

**PAS 615 Clinical Experience Adult Medicine****2 credit hours**

Four week required rotation in clinical setting of in adult/internal medicine in a hospital setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

**PAS 624 Experiential Women's Health****2 credit hours**

Four week required rotation in an ob/gyn clinical setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

**PAS 625 Clinical Experience Emergency Medicine****2 credit hours**

Four week required rotation in the emergency department clinical setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

**PAS 634 Clinical Experience in Mental Health****2 credit hours**

Four week required rotation in a mental health clinical setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

**PAS 635 Clinical Experience General Surgery****2 credit hours**

Four week required rotation in clinical setting of general surgery. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

**PAS 646 Clinical Elective Experience****5 credit hours**

Elective rotation of student's choice (with PA faculty guidance and approval). A nine week rotation that will provide the student with either a repeat rotation or new clinical experience. Students can choose either one 10 week rotation or a combination of experiences totaling 10 weeks.

**E\*Value**

E\*Value is the student tracking system that has been selected by the University of Dayton PA program. This is the website that students will be logging the patient interactions, diagnoses evaluated, procedures observed and/or completed. This is the system where all evaluations are completed during the clinical year, including but not limited to, Mid-Rotation, EOR, Site/Preceptor evaluation completed by student.

Listed below are definitions that the student may find helpful when entering patient information.

**Outpatient:** Use when a patient is seen in a typical clinic setting.

**Emergency:** Use when a patient is seen in the emergency room.

**Inpatient:** Use when a patient has been admitted to and seen in the hospital.

**Long-term Care:** Use when a patient is seen in a nursing home or other long-term care facility.

**Surgical Management:** All could be marked if following the patient through the entire operation.

- **Pre-Op:** Use when a patient is seen before an operation.
- **Intra-Op:** Use when a patient is seen during the operation.
- **Post-Op:** Use when a patient is seen after the operation.
- **Operating Room Experience:** This should be marked for all patients seen in the operating room.

**Behavioral Medicine:** Logging a behavioral medicine encounter should occur **every time** a patient discusses behavioral issues (eating disorders, depression, anxiety, etc.) even though this may not be the primary reason the patient is in the clinic.

**Prenatal Care:** Logging prenatal care encounters should occur every time a patient presents who is pregnant during any trimester. This is to be logged even if the prenatal care is not the primary reason the patient is being seen.

**Preventative Health Care:** Logging preventative health care encounters should occur every time a patient is counseled in preventative medicine, even if this is not the primary reason for the patient being seen.

**Emergent:** Logging emergent encounters should occur every time a patient is seen in an emergent nature, this can be in an outpatient, hospital or emergency room setting.

**Acute:** Logging acute encounters should occur every time a patient is seen for an acute (non chronic) diagnosis or complaint. This can be seen in all settings, and can also be seen in conjunction with chronic disease management.

**Chronic:** Logging of chronic encounters should occur when patients are being seen for a diagnosis which has lasted longer than three months, this can be seen in conjunction with an acute encounter as well.

**Age related encounters across the lifespans:** Age related encounters are broken down into different categories, you are required to log patients based on age for each encounter the patient has been seen for.

### **Rotation Notifications**

The student will be notified of their rotations using the E\*Value scheduling system. This will contain the rotation location, the preceptor you will be assigned to (who is also the preceptor identified to receive the evaluations for the rotation). The location of the site you will be completing the rotation (office, hospital, etc.). Not all locations will be listed, just the main location that the preceptor has indicated. If necessary, the Director of Clinical Education will supplement the E\*Value system with email notification.

## PRECEPTOR NOTIFICATION

The Preceptors are notified by email from the Director of Clinical Education regarding the student who has been assigned to the service and the dates the student will be scheduled. The preceptors are provided a short bio with a photo of the student scheduled for their service. Every attempt is made to notify the preceptor within 2-3 weeks prior to the start of the rotation.

### **I just received the Rotation Notice, What do I do Next?**

When you receive the notice, you are required to introduce yourself, via email, to the preceptor and the contacts listed in the rotation notice within 72 hours of the notice being sent, including weekends.

Below is an example of the type of introduction email a student could send to the preceptor:

Dear Ms. Beauchamp, (use Dr., Mr. or Ms. and last name)

I would like to introduce myself. I am a student at the University of Dayton, Physician Assistant Program, and I have been assigned to begin my upcoming internal medicine (use appropriate course name) rotation with you and your team. This will be my second (use rotation number) rotation, and I will have completed inpatient medicine (list completed courses) prior to my start date with you.

To be better prepared for this rotation, there are a few questions I'd like to ask:

1. What books or articles may be helpful to review?
2. Are there any items besides my stethoscope and pocket references you would like me to bring?
3. Where and when should I arrive to meet you on my first day?

Thank you in advance for this opportunity,

Jamie T. Frazier, PA-S  
University of Dayton  
Physician Assistant Studies [fraz0000@udayton.edu](mailto:fraz0000@udayton.edu)

### **No Response from the Site, What now?**

If you do not hear from the **preceptor or site contact** within 3-5 days from the initial introduction email, resend the e-mail. Then, if you have not received a response within 3 days from the second email, contact them via phone. The contact number can usually be found in E\*Value or the site's web page. If you still have not received a response within 3 days of leaving a message, contact the Clinical Team. It is imperative that you do NOT show up at a site without having made contact and receiving confirmation from the site.

### **More Paperwork?**

It is not uncommon for a site to have additional paperwork that needs to be completed and returned prior to the start of the rotation. If the preceptor/site contacts you for additional paperwork or for any other reason, you must respond to the preceptor/site by the next business day. (Remember, you are to check your voicemail and e-mail twice a day, every day during your clinical year.) You are at risk of not starting a rotation on time or being dismissed from the rotation completely if the paperwork is not returned in time for the site to complete their credentialing process. Therefore, it is the School's expectation that you will complete any paperwork and/or provide documentation and return it to the site within 48 hours of the request.



## **Training before I even start?**

Some sites require orientation or some kind of training prior to arrival. Many sites are unaware that students travel and may not be in the area and easily available. If this is the case, the Director of Clinical Education should be contacted and she will work with you and the site. If you are in the area, it is important that you schedule the training and/or orientation so there is a minimum amount of time missed and little disruption to the current rotation's preceptor and his/her site schedule. It is preferable that you do not miss any clinic time. Arrange to make up any time missed on your current rotation. Notify the Clinical Team of the date and time of the orientation and/or training.

## **ROLES AND RESPONSIBILITIES**

### **DIRECTOR OF CLINICAL EDUCATION (DCE)**

The DCE will complete the following:

1. Maintain an accurate student profile.
2. Be responsible for assigning students to preceptors.
3. Provide information about the student including a biographical sketch and immunizations prior to the beginning of each rotation.
4. Be responsible for maintaining open lines of communication with students.
5. Communicate with the preceptors/students at appropriate intervals regarding student progress as well as status of the preceptor site.
6. Determine the final grades for students for each rotation.
7. Ensure adequacy of student malpractice coverage.
8. Ensure students are properly immunized.
9. Monitor student absences from rotation due to illness or unexpected emergencies.

### **THE STUDENT**

Failure to comply with the responsibilities listed below may jeopardize the student's continuation in the program. In the event of a student's failure to comply with the standards of the program, the faculty of the program will determine appropriate action for the individual student as defined in program policy. The student will:

1. Adhere to the University of Dayton Student Conduct Code and the American Academy of Physician Assistants (AAPA) Guidelines for Ethical Conduct for the Physician Assistant Profession.
3. Demonstrate nondiscriminatory, respectful behavior toward all persons regardless of cultural, religious, ethnic, racial, sexual orientation and socioeconomic backgrounds.
4. Conduct him/herself in a professional manner at all times. This includes behavior toward patients, office staff, faculty, peers and other members of the community.
5. Arrange all transportation and living accommodations during the clinical phase of the curriculum.
6. Be financially responsible for any required medical care provided to the student by the preceptor or clinical site.
7. Monitor email and voicemail twice daily, and respond to correspondence from the Clinical Team, preceptors, and sites by the next business day.

8. In case of an **EMERGENCY**, call Kelli Huesman at work (937) 229-3281 or cell (937) 545-6091. If unable to reach her please call Susan Combs at (937) 229-4842
9. In case of an **URGENT** matter, send an email to khuesman1@udayton.edu or email Scombs2@udayton.edu. and type “**URGENT**” in the subject line. Someone will respond within 12 hours.
10. Use only his/her University of Dayton email address when corresponding with the Clinical Team, preceptors and sites.
11. Answer the phone and voicemail messages in a professional manner. For example: “This is Stan Smith,” and “You have reached the voicemail of Stan Smith, PA Student with University of Dayton, please leave a message.”
12. Update telephone numbers and physical addresses in E\*Value immediately upon change.
13. Communicate in a timely manner with the Director of Clinical Education about any issues that may adversely affect the clinical rotation.
14. Complete any required paperwork (applications, credentialing information, etc.) provided by either the Clinical Team or the site in the required time. If there are additional site specific fees for the rotation, they are the responsibility of the student.
15. Adhere to clinical site requirements for drug testing per institutional policy and be responsible for any additional costs they may incur.
16. Contact each preceptor or rotation contact within 72 hours of being cc’d on the rotation notice sent to the preceptor/site by the Clinical Team. At this time, the student will introduce him/herself and ask for clear instructions of the start date/time, attire, readings, parking, etc.
17. Be responsible for reviewing any materials pertaining to student behavior or responsibilities of any site prior to arrival at the site.
18. Follow the administrative/clinical policies and procedures of the clinical site, hospital and/or other institutions in which the preceptor has privileges. Failure to follow an institution’s policy or procedure may result in dismissal from the rotation.
19. Schedule time with the preceptor during the first week to discuss the expectations of the rotation.
20. NEVER enter a secondary site that the School does not have an affiliation agreement with. This includes any hospitals, rehab facilities, assisted living centers, etc. The student’s professional liability coverage is in jeopardy if he/she enters an unauthorized site.

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*If the preceptor asks a student to accompany him/her to a site and the student cannot determine if the site was listed on the rotation notice, the student MUST NOT go. The student must first contact the Clinical Team to verify if the School has an agreement with the ancillary site. The preceptor may say it is okay because the student is with him/her and the student will only be shadowing and not touching patients, or a UD student has gone in the past. Again, the student MUST NOT go. The student should simply explain to the preceptor that he/she has been instructed not to enter and he/she is contacting the Clinical Team for their advice. Remember it is better to be safe than sorry.*

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21. Use personal electronic technology while working with patients only when it directly relates to research for the patient, e.g., Up-to-date. The student will check emails, send text messages, and take selfies, etc., only during a break in an assigned area. It is understood that texting and taking selfies may be poorly perceived by preceptors and may result in dismissal from the rotation.
22. Be responsible to the preceptor for consistent, on-time attendance without absences or tardiness and satisfactory performance during the rotation. Attendance at a rotation site is defined as a minimum of 35-40 hours per week and no maximum hours per week. This includes all on-call, after hours and/or weekend duties.

23. Adhere to the CLINICAL ROTATION ATTENDANCE POLICY found in the POLICIES section of this manual.
24. Sign all notes, orders or any other medical document written in a patient's chart with "PA Student" or "PA-S" following the student's signature. The notes must be legible.
25. Only write prescriptions when directed to do so by the preceptor. The preceptor must review and sign all such prescriptions.
26. Respect patient confidentiality at all times. Care is to be taken to exclude identifying information in discussions outside the clinical setting. Identifying information must be removed prior to taking data home to record in Typhon. HIPAA violations are grounds for dismissal from the School.
27. Understand current HIPAA regulations and their implementation. The student is prohibited from discussing or providing any information regarding patients seen during clinical rotations to any outside agency or persons even if they are a covered entity under HIPAA regulations. If anyone asks for patient information, the student is to direct them to the Director of Clinical Education.
28. Report immediately to the preceptor and the Clinical Team if he/she becomes aware of any potential medical liability incident regarding his/her activities.
29. Understand that clinical rotations are for educational purposes and the student is not to be used as an employee or compensated for his/her services and at no time is to be considered an agent of the host facility.
30. Understand that students must not substitute for clinical or administrative staff during supervised clinical practical experiences.
31. Ensure all personal and financial obligations with individuals or institutions at the preceptor site are satisfied prior to leaving.
32. Follow the student dress code.
33. Keep immunizations current on an annual basis and provide results to Certified Background. Students must adhere to the clinical site's immunization/vaccination policy or requirements. If immunizations or flu vaccination are not kept current, the student may not be allowed to begin or complete the rotation.
34. Understand that a request for a change in an assigned rotation will at times be required, this is done only when necessary for the program as a whole and pending review by the Director of Clinical Education. Difficulty finding housing, financial difficulty, travel expenses, distance from family members or pets, or using the site to help secure future employment will not justify an assignment change. It is expected that students will accept their rotation schedule with professionalism and without complaint.

# **APPENDICES**

## APPENDIX A

### Incident Report

In the event of an injury, the highest priority is prompt treatment. Students should 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, students should 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 bloodborne pathogen?  No  Yes (see below)

Description of incident: \_\_\_\_\_  
\_\_\_\_\_

Actions/first aid taken immediately following incident: \_\_\_\_\_

### **Bloodborne Pathogen Exposure**

Students who are potentially exposed to bloodborne 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.

<b>Notifications</b>	<b>Date and Time Notified</b>
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 Director of Clinical Education – fax: 937-229-2903

**Additional Follow Up / For Program Use**

A large, empty rectangular box with a thin black border, intended for additional follow-up or program use. The box is currently blank.

**APPENDIX B**

**Mid-Rotation Evaluation (to be completed by preceptor)**

Student Name: \_\_\_\_\_ Rotation Dates: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Preceptor: \_\_\_\_\_

**PRECEPTOR ASSESSMENT OF STUDENT PERFORMANCE**

Student Assessment	Excellent	Very Good	Average	Deficient	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: \_\_\_\_\_

\*\* The final grade/decision in regards to the passing of each Clinical rotation will be made by the Director of Clinical Education (DCE) based on the mid-rotation and end of rotation evaluations, the results of the EOR exams and the communication held between the DCE and the preceptors working with each student.\*\*

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## APPENDIX C

### End of Rotation Evaluation by Preceptor

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Rotation \_\_\_\_\_

Please use the following scale for rating the student's performance in relation to knowledge, interpersonal and communication skills, technical and clinical skills, clinical reasoning and problem solving, and professionalism

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

### Knowledge

Please rate your perception of how the student is able to:

Explain disease etiologies, risk factors, underlying pathologic processes and epidemiology of common conditions seen in this field of practice	1	2	3	4	5	N/A
Describe signs and symptoms for commonly seen diseases and disorders encountered in this field of practice	1	2	3	4	5	N/A
Collect sufficient essential and accurate history to direct physical examination and develop correct diagnoses commonly seen in this field of practice	1	2	3	4	5	N/A
Formulate appropriate differential diagnoses during patient presentations	1	2	3	4	5	N/A
Manage general medical and surgical conditions seen in this field of practice 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	N/A
Select and interpret appropriate diagnostic or laboratory studies.	1	2	3	4	5	N/A
Identify appropriate interventions for prevention of conditions commonly seen in this field of practice	1	2	3	4	5	N/A

### Skills: Interpersonal and Communication

Please rate your perception of how the student is able to:

Adapt their communication style to the context of all patient interactions.	1	2	3	4	5	N/A
Produce reliable, accurate, concise, organized documentation for patient interactions.	1	2	3	4	5	N/A
Communicate effectively in both written and verbal format with all members of the health care team.	1	2	3	4	5	N/A
Conduct respectful interviews, with empathy and sensitivity	1	2	3	4	5	N/A
Counsel and educate patients and their families regarding present medical conditions	1	2	3	4	5	N/A
Counsel and educate patients and their families regarding preventive health care in this field of practice	1	2	3	4	5	N/A

### Technical Skills and Clinical Skills:

Please rate your perception of how the student is able to:

Effectively discuss risks, benefits, and alternatives for procedures commonly encountered in this specialty	1	2	3	4	5	N/A
Demonstrate competent performance in medical and surgical procedures that are considered essential in this field of practice	1	2	3	4	5	N/A
Demonstrate appropriate physical examination skills	1	2	3	4	5	N/A
Recognize abnormal physical examination findings and correlate these findings to possible diagnoses	1	2	3	4	5	N/A

### Clinical Reasoning and Problem Solving

Please rate your perception of how the student is able to:

Develop an appropriate differential diagnosis	1	2	3	4	5	N/A
Recommend appropriate medical management based on evaluation of patients who present with an acute problem	1	2	3	4	5	N/A
Recommend appropriate medical management based on evaluation of patients who present with a chronic problem	1	2	3	4	5	N/A
Determine level of care and disposition for patients seen in this field of practice	1	2	3	4	5	N/A
Correlate physical examination findings with patient's history reaching an appropriate differential diagnosis	1	2	3	4	5	N/A

**Professionalism**

Please rate your perception of how the student is able to:

Maintain a respectful attitude toward preceptor, staff, and patients	1	2	3	4	5	N/A
Recognize personal learning needs and limitations; seeks to rectify them	1	2	3	4	5	N/A
Accepts and uses constructive criticism from preceptor and staff	1	2	3	4	5	N/A
Consistently arrives at appointed time	1	2	3	4	5	N/A
Dresses professionally	1	2	3	4	5	N/A
Promptly completes assigned tasks	1	2	3	4	5	N/A

**Preparedness**

Was the student adequately prepared to complete the rotation based on expected competencies	1	2	3	4	5	N/A
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**Additional Comments**

Please add comments regarding this student's individual strengths/weakness.

Please add any comments regarding UD PA students in general with regard to weaknesses or suggestions to improve their preparedness for this rotation.

**Preceptor Information**

*If this form is completed by someone other than the primary preceptor, it must be signed by the primary preceptor. Please check the item which best describes your knowledge of and contact with this student.*

Daily Contact     Intermittent     Occasional Contact     None at All

I have discussed this evaluation with the student.                           Yes     No

I have directly observed the student’s clinical performance.                           Yes     No

\_\_\_\_\_  
**Evaluator’s Signature and Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Primary Preceptor’s Signature (if other than the above)**

\*\* The final grade/decision in regards to the passing of each Clinical rotation will be made by the Director of Clinical Education (DCE) based on the mid-rotation and end of rotation evaluations, the results of the EOR exams and the communication held between the DCE and the preceptors working with each student.\*\*

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## APPENDIX D

Preceptor Evaluation of Students' Preparedness for Rotations (to be completed in January rotation only)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Rotation \_\_\_\_\_

Please use the following scale for rating the **students' preparedness** in relation to the categories listed below. This evaluation is the **Preceptor's opinion of the students' preparedness for their clinical year**. This is a separate form from the EOR evaluation, which is based on the students' performance for that rotation.

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

Please rate your perception of the student's preparedness in the following areas:

Medical Interview	1	2	3	4	5	N/A
Physical Exam	1	2	3	4	5	N/A
Oral Case Presentation	1	2	3	4	5	N/A
Written Patient Record	1	2	3	4	5	N/A
Knowledge of Diagnostic Studies	1	2	3	4	5	N/A
Ability to Perform Clinical Procedures	1	2	3	4	5	N/A
Problem Solving/Critical Thinking	1	2	3	4	5	N/A
Factual Knowledge and Concepts	1	2	3	4	5	N/A
Assessment/Differential Diagnosis	1	2	3	4	5	N/A
Ability to Form Management Plan	1	2	3	4	5	N/A
Ability to Implement Management Plan	1	2	3	4	5	N/A
Relating to Colleagues	1	2	3	4	5	N/A
Relating to Patients	1	2	3	4	5	N/A
Professionalism	1	2	3	4	5	N/A
Reliability and Dependability	1	2	3	4	5	N/A

**Preceptor Information**

*If this form is completed by someone other than the primary preceptor, it must be signed by the primary preceptor. Please check the item which best describes your knowledge of and contact with this student.*

**Daily Contact**     **Intermittent**     **Occasional Contact**     **None at All**

**I have directly observed the student’s clinical performance.**                       **Yes**     **No**

\_\_\_\_\_  
**Evaluator’s Signature and Title**

\_\_\_\_\_  
**Date**

## APPENDIX E

### **RELEASE OF INFORMATION WAIVER**

#### **University of Dayton Physician Assistant Program**

Clinical rotation sites partnering with the UD PA Program may require a variety of information about students who complete rotations at their sites. You have a right under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) to control the release of your protected information. The purpose of this form is to allow you to specifically designate that at times, protected information may be released by the Director of Clinical Education to your assigned clinical rotation sites. Sites require receipt of requested student information prior to allowing the student to report for the rotation, so the intent is to allow the Clinical Team to facilitate completion of site requirements while allowing you to have control over the release of your protected information.

You may be required to complete additional licensing, testing, training, documentation of personal information, finger printing, background checks and/or drug screens at an additional cost before gaining entrance to your assigned clinical rotation sites.

#### **Statement of Agreement**

*I, \_\_\_\_\_, direct the UD PA Program to share the following confidential information with sites, companies or organizations to which I am scheduled for my clinical rotations, in accordance with the program affiliation agreement and/or specific site requirements*



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## APPENDIX F

### STATEMENT OF UNDERSTANDING

By signing below, I confirm that I have read and understand the purpose and content of this document and have completed it voluntarily. I understand my rights under FERPA and HIPAA related to my confidential information and have indicated my authorization of the release of that information by the UD PA Program. I understand that the health information (under HIPAA) used or disclosed pursuant to the authorization may be subject to re-disclosure by the site as required by law. Unless revoked by me, these directives will remain in effect for the entire duration of my enrollment at the UD PA Program and encompass all clinical rotation sites.

I understand that I may revoke this form or change my directives (authorization or lack of authorization) at any time by completing a new form and submitting it to the Director of Clinical Education (electronic delivery via email with attachment of duly signed original document is acceptable).

---

Student name (printed)

Date

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Student Signature

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## APPENDIX G

### ROTATION CHECKLIST

#### **BEFORE THE ROTATION**

- Rotation notice received
- Introduction email sent to preceptor(s) and/or hospital/clinic administration
- Received a response to the introduction email from preceptor or hospital/clinic administration
- Know when and where to arrive, and who to contact upon arrival
- Any additional paperwork/forms from site completed, signed and sent (if applicable)
- Background check information, drug screen results, driver's license, Social Security number sent (if applicable)

#### **DURING THE ROTATION**

- Reviewed Course Objectives with preceptor during first week of the rotation
- Arranged a meeting with the preceptor half-way through the rotation to see if I am on track or if there are
- areas of my performance that need to be improved
- E\*Value patient case logs entered (daily, if possible)
- Complete the Clinical Encounter booklet

#### **AFTER THE ROTATION**

All items are due by 5:00 p.m. the Wednesday following the end of the rotation:

- Successfully pass the End of rotation exam.
  - Student Site/Preceptor Evaluation in E\*Value completed
  - Final Student Evaluation completed, reviewed with preceptor, signed by preceptor, passing score is 98 points or greater.
  - EOR Written Assignments are submitted by due date.
  - During CBW submit the Clinical Encounter booklet to DCE or designee for verification
-

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## Student Clinical Year Manual – Signed Acknowledgement

I, \_\_\_\_\_, have read and understand the policies and guidelines as presented to me and in the Student Clinical Year Manual and all of my questions have been answered. I am aware that I am responsible for the information contained within the Manual as well as any updates and addenda.

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_