



**MOUNT ST. JOSEPH  
UNIVERSITY**  
*Physician Assistant Program*

**Preceptor Handbook**

**2026 – 2027**

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*Note: Portions of this handbook were adapted from the PAEA-recommended handbook example.*

<https://paeaonline.org/>

# SECTION 1: PHYSICIAN ASSISTANT PROGRAM & PROFESSION OVERVIEW

## Introduction

Thank you for your contribution to physician assistant education and Mount St. Joseph University.

This Preceptor Handbook includes information developed to assist preceptors in planning a comprehensive clinical experience for physician assistant students (PA-S).

Our faculty and staff are committed to training outstanding, compassionate physician assistants. Further, Mount St. Joseph University and the PA Program are committed to integrating technology to enhance student learning and prepare graduates to further the mission of the Mount. As professionals, they are committed to life-long learning and practicing ethical, evidence-based medicine.

We hope this handbook will be helpful to both those with longstanding involvement in clinical education and to new preceptors and individuals considering becoming preceptors.

If you have any questions about the PA Profession, our PA Program, or any of our students, please do not hesitate to contact us at the PA Program.

## Clinical Year Calendar

Mount St. Joseph University PA Program Class of 2027 Clinical Phase			
January 2026-May 2027			
Rotation	Begins	Ends	Return to Campus
Clinical Phase Orientation	Tuesday, January 20, 2026	Saturday, January 24, 2026	N/A
Rotation 1	Monday, January 26, 2026	Thursday, February 26, 2026	Friday, February 27, 2026
Rotation 2	Monday, March 2, 2026	<b>Wednesday, April 1, 2026</b>	<b>Thursday, April 2, 2026</b>
Rotation 3	Monday, April 6, 2026	Thursday, May 7, 2026	Friday, May 8, 2026
Spring Break	Monday, May 11, 2026	Friday, May 15, 2026	N/A
Rotation 4	Monday, May 18, 2026	<b>Wednesday, June 17, 2026</b>	<b>Thursday, June 18, 2026</b>
Rotation 5	Monday, June 22, 2026	Thursday, July 23, 2026	Friday, July 24, 2026
Rotation 6	Monday, July 27, 2026	Thursday, August 27, 2026	Friday, August 28, 2026
Summer Break	Monday, August 31, 2026	Friday, September 4, 2026	N/A
Rotation 7	<b>Tuesday, September 8, 2026</b>	<b>Wednesday, October 7, 2026</b>	<b>Thursday, October 8, 2026</b>
Rotation 8	Monday, October 12, 2026	Thursday, November 12, 2026	Friday, November 13, 2026
Rotation 9	Monday, November 16, 2026	Thursday, December 17, 2026	Friday, December 18, 2026
Holiday Break	Monday, December 21, 2026	Friday, January 8, 2027	N/A
Rotation 10	Monday, January 11, 2027	Thursday, February 11, 2027	Friday, February 12, 2027
Rotation 11	Monday, February 15, 2027	Thursday, March 18, 2027	Friday, March 19, 2027
Spring Break	Monday, March 22, 2027	Friday, March 26, 2027	N/A
Summative Evaluation	Monday, March 29, 2027	Friday, April 23, 2027	N/A
Remediation as needed	Monday, April 26, 2027	Friday, April 30, 2027	N/A
Graduation	Thursday, May 6, 2027 (PA Program)/Saturday, May 8, 2027 (University)		

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## Program Overview

The Physician Assistant Program at Mount St. Joseph University is a 27-month professional education program that prepares individuals to serve as primary care providers who practice medicine under the supervision of a physician. Graduates will receive a Master's in Physician Assistant Studies (MPAS), contingent upon satisfactory completion of all University requirements.

The program consists of two phases of training: a didactic phase and a clinical phase. The didactic phase is three semesters and includes the following courses: Human Anatomy, Medical Physiology, Genetics and Disease, Introduction to the PA Profession, Ethics, Evidence Based Medicine & Nutrition, Principles of Medicine, Pharmacology, Physical Assessment, Clinical Skills, Diagnostics, Radiology/EKG Interpretation, Clinical Approach to Behavioral Health, Preventative Medicine Across the Lifespan & Population Health, and Clinical Decision Making.

Following the didactic phase, students will complete the clinical phase, comprising four semesters of direct patient care across various disciplines and settings. Rotations should build on the didactic year and students' prior clinical experience and are organized into ambulatory, inpatient, emergency, and surgical settings. The focus of all supervised clinical patient experiences (SCPEs) is medical care across the lifespan, including prenatal, infant, child, adolescent, adult, and elderly patients.

The clinical rotations include Family Medicine, Internal Medicine, Emergency Medicine, General Surgery, Orthopedics, Pediatrics, Women's Health, Behavioral Health, and three elective rotations. Each of these rotations is 5 weeks long and has a specific set of learning outcomes aligned with the Competencies of the PA Profession and the Blueprint for the PA National Certification Examination (PANCE).

## Mission and Vision Statement

The specific mission of the PA program is to educate outstanding, compassionate clinicians, fully prepared to deliver high quality, accessible health care demonstrating commitment to life-long learning and ethical practice.

The vision of the PA program states that graduates will be recognized for their leadership and the quality of health care they provide, exemplifying professionalism, empathy and an attitude of service to others.

## Accreditation Status

The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted **Accreditation-Continued** status to the **Mount St. Joseph University Physician Assistant Program** sponsored by **Mount St. Joseph University**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be **2032 March**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

The program's accreditation history can be viewed on the ARC-PA website at <http://www.arc-pa.org/accreditation-history-mt-st-joseph-university/>

# Mount St. Joseph University Physician Assistant Program Competencies

It is the faculty's expectation that each student will demonstrate their competence by performing the following tasks and clinical procedures during the program's Summative Evaluation:

1. Obtain and properly document a detailed medical history and physical exam from a standardized patient.
2. Demonstrate effective interpersonal communication skills in order to establish good relationships with patients and other health care professionals.
3. Select and correctly interpret available laboratory or diagnostic studies.
4. Demonstrate clinical reasoning by formulating a differential and most likely diagnosis based on the medical history, physical examination and available diagnostic testing.
5. Propose and document an appropriate management plan based on the medical history, physical examination, and available diagnostic studies.
  - a. Select and correctly prescribe pharmacologic agents (if applicable) with consideration of indications, contraindications, side effects, and accurate dosage.
  - b. If applicable, select appropriate clinical skill or procedure
6. Demonstrate effective patient education on topics related to the differential diagnosis, evaluation, management and follow up care maintaining sensitivity and cultural awareness.
7. Verbally communicate a concise, accurate summary of a patient's history, examination, pertinent laboratory and/or diagnostic information along with a correct differential diagnosis and patient management plan demonstrating medical knowledge and clinical reasoning.
8. Demonstrate professional behavior in all interactions with patients, peers and staff.
9. Competently perform clinical procedures utilizing aseptic or sterile technique and OSHA recommended Universal Precautions.

## Certification by the National Commission on Certification of Physician Assistants (NCCPA)

Physician assistants graduating from an accredited PA Program are eligible to sit for the certifying examination administered by the NCCPA. The certifying examination (PA National Certification Examination or PANCE) is a comprehensive, computer-administered examination that tests didactic knowledge and problem-solving abilities. To maintain certification, PAs must complete a minimum of 100 hours of continuing medical education (CME) every 2 years. Additionally, PAs must pass a recertification examination every ten years to maintain their credentials.

## Continuing Medical Education (CME)

PA preceptors are eligible to earn Category 1 CME credits from the AAPA. Preceptors may receive **two Category 1 CME credits per week (40 hours)** for each PA student they supervise, with no maximum limit on the total number of credits earned. The PA Program will typically contact eligible preceptors twice annually, in June and December, to facilitate the awarding of CME credits.

# Professional Responsibilities of the Physician Assistant

Physician Assistants are skilled members of the health care team qualified by academic and clinical experience to provide a broad range of health care services in practice with a licensed physician. These services may be provided to individuals of any age in various settings, which are considered part of the supervising physician's practice.

Physician Assistant students are educated and trained to perform the following:

**1. Obtain Patient History**

Objective focuses on skill in obtaining, documenting, and interpreting the patient's history, identifying pertinent factors, and interpreting risk factors.

**2. Perform Physical Exam**

Objective focuses on physical exam skills such as recognizing, interpreting, and documenting pertinent findings and using required techniques.

**3. Using Laboratory and Diagnostic Studies**

Objective focuses on skill in selecting the appropriate studies, interpreting, and documenting the results.

**4. Formulating the Differential and Most Likely Diagnosis**

Objective focuses on skill in formulating and documenting the differential diagnosis and the most likely diagnosis in light of history, physical or diagnostic test findings.

**5. Evaluating Severity of Patient's Problems**

Objective focuses on skill in evaluating the severity of the condition and the need for further action.

**6. Management of Health Maintenance and Disease Prevention**

Objective focuses on skill in identifying risk factors and selecting appropriate preventive therapeutic agents or techniques.

**7. Clinical Intervention**

Objective focuses on skill in prioritizing management and selecting the appropriate medical and/or surgical treatment. Focus on determining the appropriate follow-up schedule or monitoring approach.

**8. Clinical Therapeutics**

Objective focuses on skill in selecting the appropriate pharmacotherapy, recognizing actions of drugs, and educating patients about the effects of drugs and drug-drug interactions.

**9. Legal/Ethical and Health Care Systems**

Objective focuses on issues such as patient autonomy, PA/patient relationships, PA/physician relationships, and use of unorthodox or experimental therapies, end-of-life considerations, and treatment of minors.

**10. Applying Scientific Concepts (Basic Clinical Sciences & Research Data)**

Objective focuses on skill in identifying the processes responsible for a given condition. Focus on basic interpretation of research data and sensitivity and specificity of selected tests.

**11. Work Related Behavioral Objectives**

There are many work-related behaviors important to successful employment in healthcare. The following are some of the behaviors to consider when evaluating this student: productivity, work quality, initiative, teamwork, attitude, communication skills, and overall performance as a potential employee.

## SECTION 2: PRECEPTOR, PROGRAM, & STUDENT RESPONSIBILITIES & GUIDELINES

### Definition of the Preceptor Role

The preceptor is a vital component of the PA Program's clinical teaching team. Preceptors serve as professional role models and provide guidance, mentorship, and teaching to help students develop and refine their clinical skills. Through direct supervision and instruction, preceptors assist students in:

- Performing comprehensive history taking and physical examinations.
- Communicating effectively with patients, families, and the healthcare team.
- Applying physical diagnosis and interpreting diagnostic findings.
- Accurately documenting patient encounters and presenting information succinctly.
- Assessing patient problems and formulating appropriate treatment plans.
- Developing a logical and evidence-based approach to further studies, interventions, and ongoing patient care.

Preceptors are essential in bridging classroom learning with practical clinical experience, fostering professional growth, clinical reasoning, and patient-centered care.

### Preceptor Guidelines and Responsibilities

Preceptors play a critical role in the supervised clinical education of PA students and are essential for supporting professional development, patient safety, and high-quality learning experiences. The following guidelines outline responsibilities to ensure a meaningful and safe clinical rotation for both preceptors and students.

#### 1. Clinical Space and Resources

- Provide adequate clinical space for students to safely and effectively care for patients.
- Ensure students have access to facilities and resources comparable to those available to employees.

#### 2. Student Role and Supervision

- Ensure students are not used as substitutes for clinical or administrative staff.
- Maintain administrative and professional supervision at all times.
- Provide direct supervision by qualified personnel whenever students perform procedures.

#### 3. Orientation and Facility Compliance

- Conduct a thorough orientation on the first day to facilitate a smooth transition.
- Familiarize students with facility protocols, rules, and regulations.
- Notify hospitals, clinics, or nursing homes of your role as a preceptor and review any relevant policies governing PA students.
- Encourage student participation in educational offerings available at the facility.

#### 4. Educational Opportunities and Learning Goals

- Expect students to perform at a level comparable to a third- or fourth-year medical student.
- Establish mutual goals and clearly communicate expectations regarding:
  - Clinical hours and schedule
  - Interaction with staff
  - Participation in rounds and conferences
  - Patient care responsibilities and oral presentations
  - Documentation and medical record entries

- Involve students in all appropriate aspects of the practice, including hospital and nursing home services, for a well-rounded clinical experience.
- Provide opportunities to achieve all assigned learning outcomes and allow PA Program faculty access for observation and support if needed.

#### **5. Patient Care and Documentation**

- Maintain full responsibility for the patient's medical care and treatment at all times.
- If allowed, students may enter information into the medical record, but entries must be clearly labeled as "student" and signed "PA-S." Review and sign all student patient records.
- Evaluate services performed by students and ensure only tasks delegated by the preceptor are performed.

#### **6. Communication, Feedback, and Evaluation**

- Provide regular feedback on student performance in alignment with learning objectives and rotation goals.
- Notify the PA Program promptly of any serious deficiencies, unsatisfactory conduct, or risk of a student failing the rotation.
- Complete electronic evaluations at mid-rotation (optional) and at the end of the rotation (required).

#### **7. Student Safety and Health**

- Allow students to seek medical attention at the facility or an emergency department in the event of an accident or illness. Students are responsible for costs except when caused by acts or omissions of the facility or staff.
- Provide students with information and access to facility safety and security resources.

## **Student Supervision**

PA students at Mount St. Joseph University must follow program policies and work under the direct supervision of their preceptor. Students' responsibilities are based on their knowledge, skills, and professionalism. Students **must not practice independently** and are only accountable for patient care when supervised.

#### **Students may NOT:**

1. Provide patient care without preceptor supervision or authorization.
2. Discuss findings, labs, or treatment plans without consulting the preceptor.
3. Order tests or prescribe medications without preceptor approval.
4. Disregard established protocols, rules, or preceptor instructions.
5. Discharge patients without preceptor evaluation and approval.

## **Informed Patient Consent Regarding Student Involvement in Patient Care**

The patients are essential partners in the education of PA students. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students must complete HIPAA training before their clinical year. However, patients must be informed that a PA student will participate in their care, and their consent must be obtained. Consent is given through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA students and must also verbally identify themselves as such. If the patient requests a physician, PA, or other licensed clinician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

## Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Students' notes are legal and are contributory to the medical record.

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

The introduction of EMRs (electronic medical records) can present obstacles for students if they lack a password or are not fully trained in using a specific institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

## Medicare Policy

CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. As of January 1, 2020, preceptors can now verify (sign and date) student documentation. This makes the role of preceptor significantly easier as they are able to spend more time teaching and less time documenting. Students also benefit from increased experience with electronic health records, better preparing them for practice.

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student). <https://paeaonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues>

## Prescription Writing

Students may write or input electronic prescribing information for the preceptor, but the preceptor must sign/send all prescriptions. The student's name is not to appear on the prescription. The preceptor MUST log into the system under their password for clinical rotation sites that use electronic prescriptions and personally sign and send them. Students should practice handwriting prescriptions on clinical rotations where the opportunity to electronically input prescriptions is not available.

## Expected Progression of the PA Student

During the clinical year, PA students are expected to progressively think, act, and reason like healthcare providers under the supervision of licensed preceptors. Students should approach each patient encounter with a problem-solving mindset, develop an independent assessment and plan before presenting to the preceptor, and consider the patient as a whole, including medical history, social determinants of health, and individual preferences. Students are expected to follow clinical decisions through to outcomes, develop

comfort with clinical uncertainty, and demonstrate increasing confidence in their clinical reasoning within the scope of student practice and under appropriate supervision. Ongoing reflection, openness to feedback, and self-directed improvement are essential components of professional growth and successful completion of clinical training.

## Student Responsibilities

### **Professionalism and Representation of the Program**

Some SCPEs may be more challenging than others, but every rotation offers valuable, unique learning opportunities. As ambassadors of the Mount St. Joseph University PA Program, students are expected to approach each experience with professionalism, integrity, enthusiasm, and a willingness to learn. Even routine or everyday tasks can provide meaningful learning moments and help you grow as a future PA. Students should arrive on time, come prepared, dress appropriately, treat others with respect, and remain open to feedback. When interacting with patients, students must wear an identification badge that clearly identifies them as a Mount St. Joseph University PA student.

### **Patient Safety, Supervision, and Ethical Practice**

Students must report patient data fully, accurately, and in a timely manner to their preceptor. All patient care decisions and management plans must be reviewed with and approved by the preceptor before implementation. Students are expected to act as responsible healthcare providers by adhering to all professional, legal, and ethical standards at all times, with patient safety as the highest priority.

### **Patient-Centered and Culturally Humble Care**

Students are expected to treat all patients with dignity, respect, and compassion, free of judgment or bias. Awareness of cultural, socioeconomic, and individual differences is essential. Students should remain self-aware and respond appropriately and professionally to patients and families from diverse backgrounds.

### **Student-Driven Learning and Initiative**

While the PA Program and preceptors provide clinical learning opportunities, a substantial portion of learning during SCPEs is student-directed. Students are expected to take ownership of their education by actively seeking learning experiences, asking thoughtful questions, reviewing current medical literature, and identifying knowledge gaps. Students should not passively wait to be taught, but rather engage fully in patient care and clinical learning within the scope of the rotation.

### **Interprofessional Learning and Respect for the Healthcare Team**

Valuable learning occurs not only from preceptors but also from the broader healthcare team, including, but not limited to, nurses, medical assistants, PT, OT, speech pathologists, social workers, administrative staff, and other clinicians. Students are expected to show respect for all members of the healthcare team and to learn from their expertise. Understanding team dynamics and interprofessional collaboration is essential, as PAs routinely work across all aspects of clinical practice.

### **Accountability, Communication, and Clinical Responsibilities**

Students are responsible for meeting all SCPE learning outcomes, completing required clinical hours, and fulfilling all clinical onboarding and clearance requirements in a timely manner. This includes accurate and prompt documentation of clinical hours (e.g., time spent on site reviewing charts, seeing patients, and writing notes) and patient encounters, as well as completion of all site- and program-required onboarding tasks by designated deadlines.

Students must communicate promptly and professionally with both the preceptor and the PA Program regarding any schedule changes, absences, or concerns related to learning opportunities or required hours,

in accordance with the Attendance Policy outlined in the Student Handbook. Early communication is essential to ensure educational requirements are met.

### **Student Policies and Clinical Site Expectations**

Students are subject to the policies, procedures, rules, and regulations of the preceptor and clinical facility(ies), in addition to program policies.

### **Clearance, Compliance, and Required Documentation**

Students are expected to maintain compliance with all program and clinical site requirements to ensure safe and effective participation in supervised clinical practice experiences (SCPEs). This includes:

1. Maintaining personal health insurance coverage.
2. Carrying professional liability insurance.
3. Staying up to date on all program-required immunizations and screening tests.
4. Completing any required criminal background checks and drug screenings.
5. Completing HIPAA training and adhering to patient privacy regulations.
6. Maintaining current certification in CPR and ACLS.
7. Completing bloodborne pathogen and infection control training as required by the program or clinical sites.

Students are responsible for ensuring all documentation and certifications are current and available for verification at all times.

## **Clinical Rotation Schedule and Hours**

### *Definition of Clinical Hours*

Clinical hours are defined as time spent in the clinical setting actively engaged in patient care activities, including seeing patients, reviewing charts, and completing documentation. Travel time to and from the clinical site does not count toward clinical hours.

### *Minimum Hour Requirements*

Students are required to complete a **minimum of 30 clinical hours per week and/or 150 total hours per rotation**. Students are responsible for monitoring their hours throughout the rotation.

If a student becomes aware early in the rotation that they may not meet the required hours, they should notify the Clinical Director; otherwise, final logged hours are reviewed at the conclusion of each rotation.

If a student does not meet the required hours, the faculty will assign supplemental educational activities to fulfill the requirement. These activities may include, but are not limited to, online cases/videos, podcasts, journal articles, or presentations to students and/or faculty.

### *Student Rotation Work Schedule Form*

The Student Rotation Work Schedule form is to be completed with the student's tentative schedule, developed in collaboration with the preceptor during the first week of each clinical rotation. The schedule helps ensure adequate clinical exposure and compliance with minimum hour requirements. The form is also used to assist faculty in determining the timing of site visits or student check-ins and to support the grading of weekly patient case logs.

### *Preceptor Availability*

If the assigned preceptor is out of the office, students should ask whether they may work with another appropriate licensed healthcare professional at the site (e.g., physician, PA, NP, pharmacist, physical or occupational therapist, laboratory technician, or radiology technician). If this is not feasible, the student must notify clinical faculty.

### *Student Availability*

Students should gain a broad, representative exposure to your practice. They are expected to be present and closely engaged with preceptors during practice hours and to accompany preceptors to hospitals, operating rooms, nursing homes, and other relevant practice settings. Evening and weekend experiences can be valuable, provided the total weekly hours remain reasonable. Students also need time for independent study, assignments, and preparation for the end-of-rotation exam. Whenever possible, student work hours should be limited to 50 hours per week, with a minimum of 30.

## The Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student in the clinical setting at all times and adhere to appropriate professional boundaries. Social activities and personal relationships outside the professional learning environment should be appropriate and carefully selected to avoid putting the student or preceptor in a compromising situation. Contact through web-based social networking platforms (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. Please consult the clinical coordinator regarding specific school or university policies.

## MSJU and PA Program Responsibilities

The Mount St. Joseph University Physician Assistant Program is responsible for supporting high-quality supervised clinical practice experiences by ensuring clear communication, appropriate oversight, and adequate resources for students and preceptors. Program responsibilities include the following:

### **Student Placement and Assignment**

The PA Program assumes responsibility for selecting and assigning students to individual preceptors and clinical sites, ensuring that placements align with educational goals and accreditation requirements. Students are not required to identify or find preceptors; however, students may suggest sites and location preferences. While student preferences and suggestions will be taken into consideration, the final site assignment is based on preceptor availability, the suitability of the site for the student, and the program requirements as determined by the Clinical Director. Please note that any veteran utilizing veteran benefits for education must complete their rotations at clinical sites approved by the Veterans' Administration.

### **Preceptor and Site Approval**

The PA program ensures that all preceptors and clinical sites meet program standards and are compliant with SCPE requirements as outlined by the program and the ARC-PA. This includes verifying that preceptors are qualified, sites provide appropriate learning opportunities, and patient care and safety standards are met.

### **Preceptor Resources and Support**

The PA Program will provide training guides, evaluation tools, policies, and other relevant educational materials available to preceptors to facilitate student instruction and assessment.

### **Learning Outcomes**

The PA Program will provide preceptors and students with the learning outcomes and rotation-specific objectives to support meaningful clinical teaching and evaluation.

## **Evaluation and Feedback Communication**

The PA Program provides students and preceptors with timely evaluation information and feedback at designated intervals to support student learning, professional growth, and the continuous improvement of the clinical education experience. To protect student confidentiality, preceptors receive aggregated evaluation feedback only after precepting at least three students in a calendar year.

## **Student Travel Requirements**

Students may be required to travel for up to three clinical rotations. Travel is defined as any commute of more than 60 minutes from the Mount St. Joseph University campus. The PA Program will do its best to inform students of a travel rotation at least three months in advance so students can plan accordingly.

## **Student Clearance and Compliance Requirements**

The PA Program ensures that all students meet required clearance and compliance standards prior to participating in SCPEs. Both the program and students share responsibility for reviewing, completing, and maintaining required documentation to ensure students are fully prepared, eligible, and approved to participate in all clinical rotations.

## **Professional Liability Insurance**

The University provides all health science students with coverage under a professional liability insurance policy. Clinical sites are offered a copy of the policy as evidence of the student's coverage. Coverage is in effect for program-related clinical experiences; however, no coverage is available for outside employment, volunteer, or shadowing activities not sponsored through the MSJ Physician Assistant program. More details available upon request.

## **Troubleshooting**

The PA program places a high priority on monitoring and addressing any issues or concerns that may arise during clinical rotations. To ensure students receive a high-quality learning experience, the program maintains regular, open communication with both students and preceptors.

This ongoing dialogue serves several key purposes:

1. **Facilitating Relationships:** Regular communication strengthens relationships among students, preceptors, and the PA program. This collaborative approach fosters a supportive learning environment that promotes professional growth.
2. **Providing Support:** The program serves as a resource for both students and preceptors by addressing informal questions or concerns related to teaching approaches, learning strategies, expectations, and evaluation processes.
3. **Addressing Issues Promptly:** When challenges arise—whether related to the clinical site, student performance, or instructional dynamics—the program can intervene early to troubleshoot concerns and support timely resolution.
4. **Encouraging Feedback:** Open lines of communication allow students and preceptors to provide constructive feedback about the clinical experience. This feedback is essential for continuous program improvement and alignment of educational objectives with clinical practice.

Students and preceptors are encouraged to contact the Clinical Director and/or Program Director promptly should any questions, concerns, or issues arise during a clinical rotation.

## **Highlighted Policies for the Clinical Phase**

The policies listed below are not exhaustive. PA students are responsible for reviewing and adhering to all policies outlined in the **Student Handbook**, which serves as the official and comprehensive source for all

program and institutional policies.

## Accident & Personal Safety Policy

The policy of the Mount St. Joseph PA program is to ensure the safety and well-being of all students, faculty, and staff during regular program activities.

### On-campus Safety/Security

The Mount St. Joseph University campus's safety and security is the responsibility of the University Police Department. Police Officers are available on campus 24 hours a day/ 365 days a year. Further information is available in the University Student Handbook and on the Public Safety & Campus Police website accessible at: <http://www.msj.edu/student-life/public-safety-campus-police/>

- To report a non-emergency, contact the MSJ police department by dialing “0”, 4200 or 4226 from any campus phone or call 513-244-4226.
- In the event of an emergency, call 911 and the MSJ police department at 513-244-4200 or 4200 or “0” from any campus phone.

### Clinical Year

Safety and security during clinical rotations are the responsibility of the participating facility. Students should exercise good judgment regarding their personal safety while off campus. Most institutions have security personnel available to walk students to their cars after hours. If an incident occurs during a clinical rotation, the student should immediately contact the institution's security team or local authorities, as well as the Clinical Director or Program Director.

Confirmation of clinical site compliance with program, institutional, and regulatory safety standards is documented during the initial site visit (virtual or in-person) and during subsequent maintenance site visits (virtual or in-person). These visits evaluate the physical environment, the adequacy of resources, and the safety and security of the clinical site. All findings, including any required corrective actions, are formally documented. The Mount St. Joseph PA Program reserves the right to pause or discontinue student placement at any clinical site that does not meet or maintain required safety standards.

### Blood-borne Pathogen Exposure

Exposures to blood and other body fluids occur across a wide variety of occupations, including health care workers such as Physician Assistants. Students, during the course of their training, may be exposed to blood through needle sticks and other sharps injuries, as well as mucous membrane and skin exposures.

Students will receive instruction in methods of prevention, utilizing universal precautions and other risk reduction behaviors, based on OSHA Guidelines, before undertaking educational activities that place them at risk.

### Should a student sustain any injury, including a needle stick injury or exposure to a potentially infectious and/or hazardous substance during any instructional or clinical activity:

- Report the incident **immediately** to the appropriate person:
- If you are on campus and receive a needle stick or other exposure, wash the affected area and contact the clinical instructor or the program director.
- If you are at an off-campus clinical site, wash the affected area and contact your preceptor and the clinical director.

- They will follow the policies in effect at that site to provide immediate proper care and necessary follow-up care. If required, you will be taken to the local emergency department for immediate care and subsequent follow-up.
- The student will be responsible for any costs incurred for evaluation and treatment. Students are required to have health insurance at all times while enrolled in the program.
- Complete the appropriate School of Health Science Incident form and return it to the program director's office within 24 hours of the incident.
- A School of Health Sciences Incident form **must** be completed for any accident or incident that occurs, regardless of whether treatment was needed or not.
- These policies will be communicated to students via the Handbook and addressed during the orientation program.
- Students will acknowledge receipt of the handbook with copies of the signed receipt placed in the student's file
- Documentation of OSHA and Bloodborne Pathogen training will be maintained in the student's file.

## Clinical Site Travel Policy

### Travel Expectations for Supervised Clinical Practice Experiences (SCPEs)

Mount St. Joseph University PA Program students are required to complete eleven (11) five-week Supervised Clinical Practice Experiences (SCPEs) during the clinical phase of the program. Some SCPEs may require students to travel.

#### Definition of a Travel Rotation:

A travel SCPE is any clinical rotation located more than 60 miles from Mount St. Joseph University's campus but still within the United States.

#### Notification Timeline:

Students will receive at least 3 months' notice for any rotation requiring travel. Exceptions may occur in extenuating circumstances, such as—though not limited to—preceptor or site cancellations.

#### Student Eligibility and Expectations:

All students should anticipate traveling for multiple clinical rotations during the clinical phase. Marital status, having children, or owning pets does not exempt a student from required travel.

#### International Rotations:

International SCPEs may be available only as elective rotations, pending completion of the designated application process and successful selection.

#### Travel Accommodations:

Students are responsible for arranging and funding their own housing and transportation during travel rotations. The institution and PA Program does not provide, secure, or cover the cost of accommodations or transportation.

## Dress Code Policy

This dress code policy is written to ensure that PA students represent the Mount St. Joseph University PA program and the Physician Assistant profession professionally and respectfully by wearing appropriate attire

as defined by the Program Planning Committee. This policy is communicated to students in the PA program's Student Handbook and is provided to all students during orientation.

Appropriate personal appearance is required in all phases of the program, including proper attire, good grooming, and good personal hygiene. Classroom attire (virtual or face-to-face) should be comfortable and modest. Avoid extremes in clothing or grooming that may be offensive to peers, faculty, or patients. Short skirts, short shorts, hats, and sleeveless T-shirts are not permissible. Open-toed shoes are permitted in the classroom, but may not be worn in labs or any clinical setting. Strapless, bra-less, backless, low-cut tops, halter tops, bare midriffs, spaghetti/thin straps, and any attire that shows excessive cleavage are not permissible. Trousers should remain at the waist and not "drooping" to reveal undergarments or bare skin.

If a student is uncertain about wearing a particular attire, the more conservative option is probably the safest bet. Though others may be noted wearing "**less than professional**" dress, that doesn't justify wearing the same.

- Dental and personal hygiene is to be managed well, including the use of deodorants or antiperspirants.
- Long hair should be restrained while engaged in clinical activity. Hair should be clean and appropriately combed or styled. Facial hair should be neatly trimmed and conform to professional appearance standards.
- Avoid wearing strong perfumes or colognes, as they may cause untoward reactions with peers and patients.
- Undergarments should always be worn.
- Dress codes of clinical sites must be followed (potential considerations of tattoos, artificial/acrylic nails, piercings, artificial hair colors).

In classrooms during the didactic phase, the suggested attire will be "business casual", which typically includes clean jeans without rips or tears, slacks or khakis, a nice shirt or blouse, a knee-length or longer dress, skirt, and shorts. Mount Spirit wear, scrubs, and running shoes may also be worn in the classroom. In clinical skills and physical diagnosis labs, attire will include clean scrubs and closed-toe shoes.

During the didactic phase of the program, we require all students to have their student identification card available to access student facilities, including clinical skill labs. During the clinical phase, an MSJ-issued name badge (and a facility-issued name badge, if applicable) identifying the student as a physician assistant student must be worn at all times. The program-provided white lab coat should also be clean and worn at all times unless specified by the clinical site.

Students may request a reasonable accommodation to the dress code policy due to religious or disability reasons. Dress should be professional, as students will serve as symbols and public representatives of the program, the university, and the PA profession. Attire and behavior will reflect on the image of physician assistants to others.

The program reserves the right to request that any student remove or cover any material deemed inappropriate or unprofessional. Failure to comply with the dress code policy will result in a referral to the Promotions and Professional Conduct Committee for further action, which may include dismissal from the program.

## Student Work Policy

The Mount St. Joseph PA program communicates its employment/work policies to prospective and enrolled students in several ways, beginning with the program website. Enrolled students are informed of the program policy during orientation and in the student handbook.

- Outside activities and working are not considered to be valid excuses for poor academic performance or lack of attendance at required PA program activities.
- PA students cannot ever work for the Program and may never substitute for or function as instructional faculty.
- Students are **strongly discouraged** from working in any capacity while enrolled in the PA program. It is essential during the clinical rotations phase of the program that students be available to their preceptors on short notice for exceptional learning opportunities outside of regular office hours. Failure to fully participate in all clinically related activities is considered abandonment and will result in failure of the rotation unless it is an excused absence per program guidelines.
- Students are expected to work the schedule of their preceptors.
- Students enrolled in the PA program cannot substitute for practicing physician assistants or provide unsupervised services standard to a certified PA while at any learning site while enrolled in the program.
- PA students must never work as a substitute for clinical or administrative staff during supervised clinical practice experiences.

If students are unable to participate fully in program activities due to outside employment, they will be referred to the Promotions and Professional Conduct Committee. The committee will conduct an investigation and, upon completion, may recommend actions ranging from counseling and non-academic probation to dismissal from the program.

## Student Enrollment Status Policy

### Withdrawal

The physician assistant program involves a sequential course of study, in which subsequent courses build on prior learning and must be completed in the prescribed sequence. Students who voluntarily withdraw from a course, without an approved leave of absence (see deceleration), are in effect withdrawing from the program.

### Withdrawals and Reduced Charges

- All students complying with established procedures for withdrawal from the University or credit hour reduction are entitled to have charges reduced. Please see the tuition reduction schedule, which is published in the *Semester Policies and Procedures* (link below).
- Notification of withdrawal or cancellation is recognized as the date the drop (withdrawal) is completed in *MyMount*, or the date the form is received in Student Administrative Services.
- In cases where students feel extraordinary circumstances warrant an exception from the reduction policy, an appeal for review can be made in writing and directed to Student Administrative Services, Conlan Center.
- A full reduction of departmental fees is made in cases of withdrawal before classes begin. After classes begin, no reduction is made for departmental/general fees.
- All tuition refund requests must be in writing and directed to Student Administrative Services, Conlan Center. Requests for refunds based on outside assistance will be processed upon the

completion of the add/drop period. Governmental loan refunds will be processed in accordance with the guidelines of the specific loan program.

Students are referred to the Graduate Catalog for information related to the course withdrawal policies of Mount St. Joseph University. <https://registrar.msj.edu/graduate-catalog/advising-registration/registration-procedures.html>

### **Interruption of Progress**

There are two pathways for a student to pause their current progress in the curriculum: deceleration or a leave of absence, both of which require a formal request to the Program Director.

- *Deceleration* is the removal of a student from their entering cohort (class) who remains matriculated in the program and returns with the subsequent cohort.
  - Deceleration may only be granted **once** throughout the student's time in the program
- *A Leave of Absence (LoA)* is when a student pauses their clinical phase and resumes with their same cohort.
  - Depending on life circumstances and proximity to graduation, a leave of absence may not always be possible.
  - Depending on life circumstances, multiple leave of absences may be granted, but cannot exceed a cumulative time frame of 6 months in duration.
    - If the LoA exceeds a timeframe that prevents resumption of curricular progression with the same cohort, then it may be transitioned to a deceleration.

Poor academic performance alone does not qualify someone for either deceleration or leave of absence. In other words, if a student is failing or performing poorly academically, they can't request or be granted a deceleration or LOA as a way to avoid dismissal or remediation.

### **Timing of Request**

- Requests for Deceleration or Leave of Absence (LOA) may be submitted at any time; however, such requests will not be considered immediately following a failed course or as a means to avoid academic consequences.
- If the request is made after the semester withdrawal date (the last day to have a "W" on the transcript instead of a letter grade), and the student subsequently fails a course, they will be dismissed from the program.
  - In this circumstance, the student can appeal to the provost, and the provost may grant the decision regarding reinstatement (or deceleration).

Reinstatement into the program will occur in accordance with the terms agreed upon at the time the leave commences.

### **Dismissal**

A student may be dismissed from the program for academic or non-academic reasons. See the Mount St. Joseph University graduate catalog for additional information. <https://registrar.msj.edu/graduate-catalog/index.html>

- Academic dismissal will result if a student violates any of the criteria needed to be in good academic standing. These specific situations include:
  - If a student has a **GPA < 3.0** at the end of a semester **and** has previously been on academic probation, they will be dismissed from the program.
  - Students who receive a **final grade of "F"** (defined as <74.5%) in any didactic, clinical, or summative course will be dismissed from the program.

- Any student who obtains a **third final course grade of “C”** (defined as 74.5-79.4%) during the program will be dismissed from the program.
- Any student who scores **lower than a 74.5% on more than three Test A EoR** exams will be dismissed from the program.
- Any student who scores **lower than 74.5% on a second Test B EoR** will be dismissed from the program.
- Non-academic dismissal may occur for reasons of academic fraud or dishonesty, poor professional behavior, or violations of program policy. This includes, but is not limited to: attendance, social media, or HIPAA violations.
- The program director will communicate the student's dismissal to the Dean, who will inform the student via email.
- An Appeal for Reinstatement to the program must be submitted to the Provost, in writing, within 10 business days. The Provost or designee decides whether to grant or deny appeals and determines conditions of reinstatement in consultation with the Program Director/Chair.

## Student Grievance and Harassment Policy

PA students are encouraged to foster a collaborative and respectful learning environment.

Before filing a formal grievance, students are encouraged to attempt to resolve the issue informally by directly addressing the concern with the individual involved (either the student or faculty member). Open and respectful communication is often the quickest way to clarify misunderstandings or find mutually agreeable solutions.

If the issue cannot be resolved informally, the student may submit a formal grievance. The grievance should be submitted in writing, detailing the nature of the complaint, the parties involved, and any relevant facts or documentation. This formal complaint should be submitted to the Program Director within 3 days of the incident.

The policy of the Mount St. Joseph PA program is to adhere to the University's policies related to student grievances and allegations of harassment and related conduct, which are defined and consistent with state and federal law. These documents are available in the University Student Handbook and via the myMount intranet. Links to institutional policies and processes are:

Policy on Prohibited Discrimination, Harassment and Related Conduct

[https://mymount.msj.edu/ICS/icsfs/IV\\_Policy\\_on\\_Prohibited\\_Discrimination%2c\\_Harrassmen.pdf?target=84565fe7-b1eb-4a0d-8aca-6134c4cc0148](https://mymount.msj.edu/ICS/icsfs/IV_Policy_on_Prohibited_Discrimination%2c_Harrassmen.pdf?target=84565fe7-b1eb-4a0d-8aca-6134c4cc0148)

Sex Discrimination, Sexual Misconduct and Interpersonal Violence Policy:

[https://mymount.msj.edu/ICS/icsfs/V\\_Sex\\_Disc\\_Misconduct\\_Interpersonal\\_Violence\\_Polic.pdf?target=11f1702e-87f8-4bca-9e85-628ec315b266](https://mymount.msj.edu/ICS/icsfs/V_Sex_Disc_Misconduct_Interpersonal_Violence_Polic.pdf?target=11f1702e-87f8-4bca-9e85-628ec315b266)

Student Handbook and Other Policies, Including Section IV- Student Rights and Responsibilities:

[https://mymount.msj.edu/ICS/Info\\_and\\_Policies/Student\\_Handbook\\_and\\_Other\\_Policies.jnz](https://mymount.msj.edu/ICS/Info_and_Policies/Student_Handbook_and_Other_Policies.jnz)

**Mistreatment is defined as:** intentional or unintentional behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process.

**Harassment is defined as:** any conduct, physical, verbal, written or electronic, on or off campus, that has the intent or effect of unreasonably interfering with an individual's or group's educational or work performance or that creates an intimidating, hostile or offensive educational, work or living environment.

The PA program has zero tolerance regarding any type of mistreatment or harassment. Prevention is addressed by identifying situations and their causes, educating students, faculty and staff on institutional policies and the program's policy of zero tolerance. If a student believes they have been subject to mistreatment or harassment in either the didactic or clinical setting, they should notify the program director or institutional official listed below.

**Sexual harassment in education is defined as:** any unwelcome behavior of a sexual nature that interferes with a student's ability to learn, study, work or participate in school activities. Sexual harassment can be peer-peer, by faculty/preceptors or other university employees. While sexual harassment is legally defined as "unwanted" behavior, many experts agree that even consensual sexual interactions between students and teachers constitutes harassment because the power differential creates a dynamic in which "mutual consent" is impossible." (Dzeich et al, 1990)

Therefore, it is the PA program's policy that students are not to enter into an intimate relationship with faculty, staff, or preceptors. Incidents will be investigated and immediate action will be taken, up to and including dismissal from the program.

A student or employee who believes herself/himself to be the subject of discrimination, mistreatment, harassment, sexual harassment (not including sexual misconduct/violence), or retaliation may report the complaint to the following individuals:

- Paige Ellerman, VP of Compliance, Risk and Legal Affairs, Title IX Coordinator 513-244-4393
- Teri Compton, Director of Human Resources, 513-244-4979

A student or employee who believes herself/himself to be the victim or subject of sexual misconduct, violence, assault, or retaliation may report the complaint to the MSJ Police Department, 513-244-4226 or dial 0 from any campus phone. Additional information regarding this topic is available at <https://www.msj.edu/about/title-ix/> or on the MSJ Police Website at: <http://www.msj.edu/student-life/public-safety-campus-police/> or in the University Student Handbook at: [https://mymount.msj.edu/ICS/Info\\_and\\_Policies/Student\\_Handbook\\_and\\_Other\\_Policies.jnz](https://mymount.msj.edu/ICS/Info_and_Policies/Student_Handbook_and_Other_Policies.jnz)

## Preceptor and Clinical Site Evaluation and Retention Policy

To support the ongoing improvement and evaluation of the PA Program through effective preceptor and clinical site evaluation processes, guided by the most recent edition of the ARC-PA Standards for Physician Assistant Education. This policy demonstrates compliance with standards for the initial and ongoing assessment and securing of sufficient clinical sites and preceptors to ensure they meet program expectations. Information from these evaluations will inform program planning and improvement and will be used to communicate with faculty, staff, preceptors, clinical facilities, and other stakeholders.

The program policy and procedure manual, along with the student and preceptor handbooks, are reviewed annually by the faculty and staff. Following review, any revisions must be approved by the Program Planning Committee and then forwarded to the Dean of the School of Health Sciences for final approval.

It is the program's policy to maintain a comprehensive and effective evaluation process for all supervised clinical practice experiences (SCPEs). The initial evaluation is conducted to determine the ability of each clinical site and preceptor to provide students with the clinical exposure and instructional guidance necessary to achieve designated learning outcomes. This process includes an assessment of the physical facilities, safety and security measures, access to appropriate patient populations, and adequacy of student supervision to ensure compliance with program standards and ARC-PA requirements.

Ongoing evaluation of clinical sites and preceptors includes regular review of student electronic patient encounter logs, preceptor assessments of student performance, student evaluations of preceptors and clinical sites, faculty assessments of clinical sites, and continued communication with preceptors and site staff to ensure sustained compliance with program standards and ARC-PA requirements.

Students are not permitted to solicit preceptors or clinical sites on behalf of the program. However, students may suggest potential preceptors or clinical sites by submitting a completed referral form, available through the clinical office, with the appropriate contact information. The Clinical Team will review and evaluate all suggested preceptors and clinical sites to ensure compliance with supervised clinical practice experience (SCPE) requirements and to confirm that the site can provide adequate opportunities for students to achieve designated learning outcomes.

The Clinical Team will evaluate each new site and/or preceptor to ensure SCPE requirements are met and that they are in compliance with program and ARC-PA standards before the first scheduled rotation. This will involve the following processes by members of the Clinical Team:

- Review of initial preceptor qualification form by the Clinical Committee) with ongoing review every two years of active preceptors. This form is maintained in the CORE ELMS system.
- Initial site visit (in-person/virtual). This form is maintained in the CORE ELMS system.
- Review of previous/current board certifications of physicians, PAs, and APNs.
- Verification of medical licenses of physicians, PAs, and APNs in practicing state(s) to ensure compliance with state laws.
- Acquisition and review of the affiliation agreement to ensure it is fully executed.
- Preceptors are provided access to resources outlining policies, expectations, and processes, including:
  - Preceptor Handbook
  - Clinical course syllabi
  - Preceptor welcome video
- Preceptors or sites are offered an \$800 stipend per student for each five-week clinical rotation. If a clinical rotation is shared or split, the stipend will be prorated. Stipend eligibility to be determined by the employer.
  - To receive payment, the preceptor or site must complete and submit a W-9 form to the Clinical Team by the last day of the current rotation. Upon completion of the clinical rotation and receipt of the final evaluations within two weeks of rotation end, the Clinical Coordinator will submit an invoice to the Program Coordinator. The Program Coordinator will prepare a purchase order and forward it to Fiscal Operations for processing of the stipend payment.
  - Stipends cannot be processed or approved for rotations that have already been completed.

Ongoing evaluation of clinical sites and preceptors is conducted to ensure continued compliance with program standards and ARC-PA requirements. This will involve the following processes by members of the Clinical Team:

- Review of electronic patient case logs submitted by students
- Review of hours logged by students
- Review of preceptor evaluations of students
- Review of student evaluations of preceptors/clinical sites
- Review of student rotation grades
- Review of maintenance site visits
- Review of communication with preceptors/staff/students
- Review of board certifications, medical licenses, affiliation agreements, and PQF forms is completed 6-8 weeks before each rotation to ensure ongoing compliance with program policies

- The Clinical Committee will review the results of the ongoing evaluation

To ensure sufficient clinical sites, the Clinical Team will review annually to confirm that there is a surplus of 10% of clinical rotation slots for each rotation type. The program is committed to maintaining high-quality clinical experiences for students. All clinical sites and preceptors are monitored to ensure compliance with program standards. Preceptors are strongly encouraged to complete a mid-rotation evaluation to provide feedback halfway through the rotation. The Clinical Director promptly reviews all evaluations, and if any concern arises—such as a rating below 3—further investigation will be conducted. Students maintain weekly communication with the program through assignments to ensure timely reporting and resolution of any issues. Sites or preceptors who do not meet program expectations may be removed or restricted from participation.

## Professionalism Policy

The Professionalism policy of the Mount St. Joseph PA program is to define, enforce, integrate, and evaluate the professional behavior expected from our graduate students. This applies to their skills, knowledge, integrity, attitude, and appearance.

The PA community has defined the skills, knowledge, integrity, appearance, and attitudes that a physician assistant must demonstrate to achieve professional competency. It is imperative that our students graduate with a thorough understanding of the medical profession and can demonstrate their competency through program assessment. Our students have a responsibility to maintain the integrity of the profession and meet societal expectations.

These expectations are clearly communicated to students in the Student Handbook and in course syllabi.

It is expected that all students enrolled at Mount St. Joseph University will maintain high ethical and professional standards consistent with the institution's Mission and Values.

The PA Program expects all students to:

- Display behavior with faculty, staff, student colleagues, and patients that is respectful, mature, and empathetic, including adherence to the program's Communication and Social Media Policy
- Engage in both didactic and clinical year activities through listening, asking questions, and collaborating with classmates/faculty/staff.
- Demonstrate receptiveness to constructive feedback from faculty, staff, preceptors, and student colleagues
- Exhibit honesty and integrity by abiding by the Mount St. Joseph University Academic Honesty policy in all exams, quizzes, and graded assignments. See Graduate Catalog at:  
<https://registrar.msj.edu/graduate-catalog/student-rights-policies/academic-policies/index.html>
- Perform responsibly and with accountability by arriving promptly to classes and clinical sites ready to work efficiently and effectively as a team member when assigned, adhering to the program's Attendance and Work Policies.
- Maintain an appropriate personal appearance by adhering to the program's Dress Code Policy.

## Privacy and Conflicts of Interest

Students are bound by all state and federal privacy laws (e.g., the Health Insurance Portability and Accountability Act) regarding the protection of patient information. In addition, students are prohibited from performing clinical rotations with nuclear family members or other close personal relations as preceptors. Additionally, students should recuse themselves, or may be asked to recuse themselves, from the clinical care of family members, close friends or acquaintances, or program affiliates. Students may not be financially compensated for any activities that are required assignments for the school.

## Professionalism Evaluation

Professionalism will be assessed throughout the PA Program in all PAS courses using established rubrics, with points distributed at the discretion of the course director.

If a faculty or staff member identifies severe deficits in any area of the student's performance, including professionalism, the Promotions and Professional Conduct Committee will be notified in writing. The committee will conduct an investigation and, upon completion, may recommend actions ranging from counseling and non-academic probation to dismissal from the program.

## Immunization Policy

The Immunization policy of the Mount St. Joseph PA program is to inform and ensure students have the required immunizations as described in the Centers for Disease Control and Prevention (CDC) guidelines, based on recommendations from the Advisory Committee on Immunization Practices (namely Hepatitis B, Influenza, MMR, Varicella, and Tdap immunizations).

The PA Program requires proof of immunizations before matriculation and annually thereafter to ensure the safety of our students, faculty, staff, and patients.

The student will receive the required immunization list upon notice of acceptance into the program. It is the student's responsibility to provide documentation of all immunizations. The PA Program will review the CDC Healthcare Personnel Vaccination Recommendations on an annual basis and as necessary to update immunization requirements. Students will be notified of changes or updates to the immunization schedule. Students are responsible for any costs associated with immunizations before and during their enrollment in the PA Program.

### Procedure

- Students receive an electronic list of required immunizations, based on the most recent CDC Healthcare Personnel Vaccination Recommendations, before matriculation and annually thereafter.
- Students are informed they are financially responsible for costs associated with immunizations.
- Students are provided contact information for Castle Branch, where the student will upload documentation of immunization and/or laboratory evidence of immunity.
- Students are informed that they will not be able to participate in clinical rotations without completion of the immunization requirements. Students do reserve the right to request an exemption for any vaccination, noting that this exemption may not be upheld at clinical sites, which may result in a delay in graduation.
- Immunization Exemption request needs to be submitted by the first day of Fall semester.



Immunization

- Exemption Request [\[Redacted\]](#)
- Students who have never had the Hepatitis B vaccination may matriculate into the program after the initial vaccine and complete the series in the ensuing 6 months. After the final vaccination, laboratory testing for immunity will be required.
- Students who are "non-responders" to the Hepatitis B vaccine will be counseled on the risk of acquiring Hepatitis B and preventive measures, including universal precautions.

### Healthcare Personnel Vaccination Recommendations

<https://www.immunize.org/catg.d/p2017.pdf>

<https://www2a.cdc.gov/vaccines/statevaccsApp/Administration.asp?statetmp=OH>

### Vaccines and Recommendations In Brief

COVID-19 – If not up to date, give COVID-19 vaccine according to current CDC recommendations (see

<https://www.cdc.gov/acip-recs/hcp/vaccine-specific/covid-19/>

[19.html?CDC\\_AAref\\_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html)

**Hepatitis B** - Unvaccinated healthcare personnel (HCP) and/ or those who cannot document previous vaccination should receive either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either Engerix-B or Recombivax HB at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #2 of Heplisav-B or dose #3 of Engerix-B or Recombivax HB to document immunity. If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended. If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive another 2-dose or 3-dose series of Hep B vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee who's anti-HBs remains less than 10 mIU/ mL after 2 complete series is considered a “non-responder.” HCP who are non-responders should be regarded as susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are individuals who are HBsAg-positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

**Influenza** - All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP aged 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

**Measles, Mumps, Rubella (MMR)** - HCP who work in medical facilities should be immune to measles, mumps, and rubella. HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses. Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

**Varicella** - It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

**Tetanus/Diphtheria/Pertussis (Td/Tdap)** - All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

## International Rotation Requirements

Students participating in any international rotation must comply with all CDC Travelers' Health recommendations for their specific destination. This includes—at minimum—reviewing required and recommended vaccines, prophylactic medications, and region-specific health precautions published by the Centers for Disease Control and Prevention (CDC) at: <https://wwwnc.cdc.gov/travel>

Students are encouraged to obtain a travel health evaluation from a licensed medical provider or travel clinic to determine required or recommended immunizations, medications (e.g., malaria prophylaxis), and preventive measures.

Students are responsible for all costs associated with international immunizations, titers, prophylactic medications, and travel health evaluations.

## Resources

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).
2. CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, *MMWR*, 2013; 62(10):1-19.
3. IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at [www.immunize.org/catg.d/p2108.pdf](http://www.immunize.org/catg.d/p2108.pdf).
4. CDC. Traveler's Health. Accessed at <https://wwwnc.cdc.gov/travel/destinations/list>

For additional specific ACIP recommendations, visit IAC's website at [www.immunize.org/acip](http://www.immunize.org/acip).

## Criminal Background and Drug and Alcohol Screen Policy

### **Mount St. Joseph University School of Health Sciences**

#### **1) Purpose**

The Criminal Background and Drug and Alcohol Screening Policy (the “Policy”) of Mount St. Joseph University (the “University”) School of Health Sciences (the “School”) is grounded in the School’s mission to “*prepare the next generation of healthcare leaders to positively transform lives and improve the health of communities*” and in accordance with the University Mission to “*educate students through... professional curricula emphasizing values, integrity and social responsibility.*” The purposes of this Policy are to:

- Encourage students to make decisions with integrity and place value on their own health and well-being as current or future health care providers;
- Uphold our shared social responsibility to protect the public, including patients and clients; and
- Comply with the requirements of regulatory bodies and affiliated clinical facilities and/or their authorized agents and representatives in the health disciplines.

#### **2) Policy Definitions**

The following terms apply to this Policy:

“**Under the influence**” means that in the opinion of the University, its employees and/or representatives, a student has drugs and/or alcohol in their system and the use is detectible in any manner. Indicators of being

under the influence may include, but are not limited to, misconduct or obvious impairment of physical or mental ability such as slurred speech, smell of alcohol, marijuana or other drugs on the student, or difficulty maintaining balance.

A “**drug**” is any substance (other than alcohol) which may, can or does alter the mood, perception, conduct, or judgment of the individual consuming it including both legal and illegal drugs.

A “**legal drug**” includes prescribed drugs and over-the-counter drugs that have been legally obtained and are being used only in the amounts and prescribed and/or for the purpose for which they were prescribed or manufactured.

An “**illegal drug**” means any drug which (a) is not legally obtainable, (b) is legally obtainable but has not been legally obtained, (c) is obtained legally but abused. The term includes prescribed drugs not being used for prescribed purposes. It also includes, without limitation, those drugs classified as narcotics, stimulants, depressants, hallucinogens, and marijuana/cannabis.

“**Non-negative**” means any drug screen that is not negative, including but not limited to findings of positive, dilute negative and non-negative.

“**Reasonable suspicion**” occurs when a student has demonstrated a notable change in affect, behavior, or physical appearance consistent with the prohibited use of drugs or alcohol or when information is obtained that may indicate that a student has engaged in criminal behavior. Reasonable suspicion of drug or alcohol use includes, but is not limited to, slurred speech, decreased coordination, drowsiness, pinpoint or dilated pupils, reddened eyes, forgetfulness, difficulty concentrating, impaired judgment, sedation, decreased inhibitions euphoria, and the possession of drugs, alcohol or paraphernalia. Reasonable suspicion for a background check may be based on information from various sources, including but not limited to, the media, police, third-parties, or other public records.

“**Alcohol**” means an intoxicating liquid or compound, including beer, subject to liquor control laws of any kind in the State of Ohio.

### **3) Required Student Conduct Related to Drugs and Alcohol**

Students of the School must comply with the standards set forth in this Policy and complete criminal background checks and drug and alcohol screenings as requested and/or required by the School. It is a violation of this Policy for a student to refuse to timely obtain a requested and/or required criminal background check or drug and alcohol screen for any reason.

### **4) Prohibited Conduct Related to Drugs and Alcohol**

Students in the School are required to comply with the University’s Drug and Alcohol Policy and Guidelines at all times, including while participating in clinical program activities of the School that take place on or off campus. The University’s Drug and Alcohol Policy and Guidelines are located in the Student Handbook and available at:

[https://mymount.msj.edu/ICS/icsfs/Drug\\_Alcohol\\_Policy\\_and\\_Guidelines.pdf?target=2cc870d5-79bb-4a79-9953-435edc251fe2](https://mymount.msj.edu/ICS/icsfs/Drug_Alcohol_Policy_and_Guidelines.pdf?target=2cc870d5-79bb-4a79-9953-435edc251fe2)

In addition, students in the School are prohibited from reporting to or participating in any clinical program or

other departmental activity, including but not limited to classroom or lab work, while under the influence of alcohol, any illegal drug, and/or while under the influence of a legal drug that impairs the student's healthy and safe performance of departmental activities. The University reserves its right to determine, in its sole discretion, whether the use of any legal drug by a student poses a threat to the student's health and safe performance of departmental activities.

### **5) Reporting Use of Legal Drugs that May Impair Performance**

Any student whose use of a legal drug has the potential to impair the student's clinical performance or any departmental activities shall disclose such drug use to their program's clinical director/coordinator. The student may be required to provide certification from the prescribing physician, physician assistant or nurse practitioner that the drug will not impair the student or threaten the health or safety of the student or others when the student is performing clinical or departmental activities. Students who are impaired by legal drugs will not be permitted to perform "safety sensitive" clinical or departmental-related tasks.

### **6) Required and/or Requested Background Checks and/or Drug and Alcohol Screens**

Criminal background checks and/or drug and alcohol screens may be requested by the University and required of a student for reasons including, but not limited to, the following:

- As a requirement for enrollment into the professional phase of the curricula;
- As a requirement of applicable regulatory bodies or assigned affiliated clinical facilities and/or their authorized agents and representatives;
- As a periodic random sampling of the student body;
- Under reasonable suspicion by a University faculty member or staff member if the student is on the University's campus, or a clinical instructor/preceptor/professional staff of the clinical facility if the student is at a clinical site off of the University's campus (the "Representative"); and,
- As required by a program-affiliated clinical site/facility and in accordance with the site/facility's reasonable procedures.

### **7) Immediate Consequences of Suspected Policy Violations**

In the event that a student is suspected of violating this Policy by a Representative, the student will be immediately removed from any clinical program or activity of the School while the student is believed to be under the influence subject to the safety and transportation provision described in 8a. Students must immediately comply with requests by Representatives to leave clinical programs or School activities.

### **8) Process for Obtaining a Required/Requested Criminal Background Check or Drug and Alcohol Screen**

#### *a) Request Based on Reasonable Suspicion for Being Under the Influence*

Immediately upon the receipt of a verbal or written request of a student to obtain a criminal background check and/or drug and alcohol screen from a Representative based on a reasonable suspicion for being under the influence, the student shall go directly to the Testing Provider (described in this Policy) for the requested test. In the event that the Testing Provider is closed at the time the verbal or written request is made, the student shall return to the Testing Provider at its next open business hour for the requested testing.

It is the sole responsibility of the student to provide their own safe and lawful transportation to and from the test facility or lab when requested and/or required to obtain a criminal background check and/or drug and alcohol screen. Operating a vehicle under the influence of drugs or alcohol is against the law and will be considered a separate violation of this Policy. All costs associated with such transportation will be the

student's sole responsibility. University employees, clinical site representatives, other students of the University and/or other individuals affiliated with the academic program shall not provide transportation to students suspected of violating this Policy.

*b) Request or Requirement Not Based on Reasonable Suspicion for Being Under the Influence*

A student who receives verbal or written request and/or is otherwise required to obtain a criminal background check and/or drug and alcohol screen for any reason other than reasonable suspicion of being under the influence shall complete the required testing at the Test Provider by the deadline established by the Representative.

*c) Proof of Compliance*

Students who are requested or required to complete a criminal background check or drug and alcohol screen must produce evidence within 48 hours of the verbal or written notification to the student of such a requirement that they have placed the order with the Testing Provider.

*d) Failure to Timely Comply*

Failure of any student to timely complete a requested and/or required criminal background check and/or drug and alcohol screen under this Policy will, at the very least, delay the student's progression in the student's academic program and may result in disciplinary actions as described in this Policy, up to and including possible dismissal from the student's academic program and/or University.

**9) Cost of Background Check or Drug and Alcohol Screen**

Regardless of the reason for a criminal background check or drug and alcohol screen, the cost of any such tests will be the *sole* responsibility of the student.

**10) Student Status Pending Test Results**

It is the sole discretion of the University to permit a student suspected of violating this Policy to remain enrolled in classroom classes and/or labs while awaiting results of a test, but the student shall not be allowed in any clinical setting.

**11) Testing Provider**

When a background check or drug and alcohol screen is required and/or requested of a student for any reason, the student *must* utilize the School's preferred provider for criminal background checks and drug and alcohol screens (the "Testing Provider") and be responsible for the cost. The student must place an order, complete the required steps and provide any required samples in accordance with established testing protocols of the University and/or Testing Provider. The student's University account will be charged for the cost of test as set by the Testing Provider.

The Testing Provider tests for drug compounds with screening and cutoff levels per their established standard. Confirmed drug testing results at or above their established levels are considered a "positive" or "non-negative" test. Alcohol test results indicating a blood alcohol concentration of 0.02 or greater are considered a "positive", "or non-negative test.

**12) Test Result Evaluation**

Each academic program in the School shall have a representative assigned to review criminal background checks and drug and alcohol screen results (the "Program Representative"). In the case of a non-negative result, this person may consult with the Program Director, Department Chair, Assistant Dean of Nursing, and Dean of the School of Health Sciences.

*a) Non-negative Criminal Background Check Results*

Students shall receive written notice of the results of any criminal background check. In the event of a non-negative criminal background check, the Program Representative shall evaluate whether the non-negative result may be detrimental to the student's potential for matriculation in the program or eventual licensure/certification. This determination will be made in consultation with:

- Ohio Revised Code, or any similar law of Ohio or another state; and/or
- Applicable state practice acts, state boards, rules, laws, or statutes of any state in which the student intends to complete a clinical rotation or practice.

If a student's criminal background check result is determined by the Program Representative and School, in their sole discretion, to be detrimental to their potential for progression through an academic program or eventual licensure and/or certification, the student may be dismissed from the program.

In some instances, the Program Representative and School may be unable to definitively determine whether or not a past criminal offense may prove detrimental to the student's matriculation in the program or eventual licensure and/or certification. All students who receive non-negative criminal background check results and decide to remain in an academic program of the School accept full responsibility for any and all time and/or financial investment they make in the program despite the risk that test results may adversely affect the student's ability to graduate or obtain required licensures and/or certifications.

a) Non-negative Drug and Alcohol Screen Results

Students shall receive written notice of the results of any drug and alcohol screen. In the event of a non-negative drug and alcohol screen, the student will have one week from receiving notice of the test result to provide a written explanation to the Program Representative. Drug and alcohol screens that result in dilute negative results are considered a non-negative result and need to be repeated. The student may remain enrolled in classroom classes and labs during the consideration of an explanation, but will not be allowed in any clinical setting during these processes. If the student's written explanation of their non-negative result is not accepted as valid by the Program Representative and School, in their sole discretion, the student may be dismissed from the program.

### **13) Refusal to Submit to Testing**

The following list of situations constitute violations of this Policy and shall be deemed a refusal to cooperate with the University's required procedures by any student, which can result in discipline up to and including dismissal from the academic program or University:

- Refusal to submit to a criminal background check or drug and alcohol screening, or complete any required paperwork for same, during the prescribed timeframe.
- Providing false, incomplete, or misleading information in connection with any criminal background check or drug and alcohol screening processes.
- Engaging in conduct that unreasonably obstructs any criminal background check or drug and alcohol screening processes.
- Failing to timely obtain a requested or required drug and alcohol screening or leaving the screening site before submitting to the test.
- Failing to provide adequate urine for a drug and alcohol screen without a valid medical reason/explanation as determined by the Program Representative.
- Failing to permit observation or monitoring while providing a urine sample.
- Tampering with, diluting, adulterating, falsifying or substituting a specimen, as determined by the Testing Provider, Program Representative or the University.
- In the event that any device or other item that may be used to cheat on a drug and alcohol screen is

possessed during the collection process or at the collection facility.

- Failure to respond to notice, in writing or by phone, from any Representative regarding a positive test result or the issuance of a non-contact positive result.

#### **14) Consequences of Policy Violations**

A student's non-negative criminal background check, non-negative drug and alcohol screen test result, refusal to submit to testing, and/or failure to comply with any terms of this Policy shall be considered Policy violations. Policy violations may result in disciplinary sanctions, including but not limited to the delay or disqualification of a student's matriculation in any professional or clinical phases of a program, the delay or disqualification of a student from graduation due to inability to complete program requirements, dismissal from an academic program in the School and/or suspension or dismissal from the University. Disciplinary sanctions shall be communicated to students in writing by the Program Representative, program director, or School Dean (the "Sanction Notice").

The School will uphold determinations of affiliated clinical facilities and the consequences of any non-negative criminal background check or non-negative drug and alcohol screen test result established by any affiliated clinical facility, up to and including cancellation of the clinical rotation for a student. In the case of cancellation of a student's clinical rotation, the student does not have a right of appeal and the student's individual program at the School will determine when and if a student may be placed in future clinical placements on a case-by-case and/or if a violation of this Policy occurred subjecting the student to consequences for Policy violations.

Refund of the tuition of a student suspended and/or dismissed from a program, the School and/or University is determined based on the University tuition refund schedule. Consistent with other University policies, course fees are not reduced or refunded once courses begin in any academic term (see Semester Policies and Procedures, posted on MyMount).

#### **15) Appeal of Disciplinary Decisions Issued Under the Policy**

A student may appeal the outcome and consequences of a Sanction Notice by making a written request for appeal to the Dean of the School of Health Sciences within 72 hours (excluding University holidays) of receiving the Sanction Notice (the "Appeal Request"). To be valid, an Appeal Request must include the student's summary of the events that led to the Sanction Notice, the student's explanation of those events, and any documentation the student wishes to have considered in the appeal.

Appeal Requests are reviewed by a panel (the "Appeal Panel") including:

- Two faculty members from the student's program;
- One faculty member from another Health Sciences department;
- The Dean of the School of Health Sciences or his/her designee;

A member of the School's faculty from outside the student's department shall serve as the Chair of the Appeal Panel. The Appeal Panel shall schedule a hearing within 30 days (excluding University holidays) of the receipt of the Appeal Request by the Dean (the "Appeal Hearing") and the Chair of the Appeal Panel shall provide written notice to the student of the time and place of the Appeal Hearing at least five (5) days (excluding University holidays) prior to the Appeal Hearing. An Appeal Hearing is not a criminal or civil proceeding; formal rules of evidence are not applicable. Legal counsel may not be present at the Appeal Hearing. However, the student may bring an advisor who is a full-time faculty or staff member at the

University to the Appeal Hearing for support and consultation; however, the advisor may not speak on behalf of the student at the Appeal Hearing. Only the contents of the Appeal Request, test results, and student's statements at the Appeal hearing shall be considered by the Appeal Panel.

Within one week (excluding University holidays) after an Appeal Hearing, the Appeal Panel shall render a written decision to either uphold the Sanction Notice or render some other decision (the "Appeal Decision"). The Chair of the Appeal Panel shall report the Appeal Decision to the School Dean (if the School dean is not on the Appeal Panel). The Dean will notify the student of the Appeal Decision. An Appeal Decision is final and the student has no further right to appeal.

During an appeal process, a student may attend classroom classes and labs, but will not be allowed in any clinical setting during the appeals process.

## **16)      Reinstatement**

Students dismissed from a School program due to a non-negative criminal background check or drug and alcohol screen may petition the School Dean and program director for reinstatement no sooner than 12 months and no later than 15 months following the effective date of the dismissal. Students are not automatically afforded the opportunity for reinstatement. Each petition for reinstatement will be decided by the School in its sole discretion on a case by case basis.

Reinstatement with non-negative criminal background check results determined to be detrimental to their potential for matriculation or eventual licensure will only be considered if a change has been made during the interim to applicable rules, laws and procedures such as:

- Ohio Revised Code, or any similar law of Ohio or another state; and/or
- Applicable state practice acts, state boards, rules, laws, or statutes of any state in which the student intends to complete a clinical rotation or practice.

Reinstatement with a non-negative drug and alcohol screen result will be considered based on the relevant circumstances including but not limited to documented proof:

- Demonstrating participation in a substance abuse education and rehabilitation program; and/or
- Passage of two random drug and alcohol screens with negative results, two weeks apart and 30 days prior to reinstatement.

## SECTION 3: ROTATION OBJECTIVES, GRADING, & EVALUATIONS

### General Rotation Objectives

The core rotations for the program include Family Medicine, Internal Medicine (hospital-based), Emergency Medicine, General Surgery, Women's Health, Pediatrics, Orthopedics, and Behavioral Health. The Program also provides each student with three elective clinical rotations, one of which is focused on special populations.

**Students are evaluated on the following general rotation objectives in every rotation:**

- Obtaining a Medical History
- Performing a Physical Examination
- Presenting an Oral Case Presentation
- Documenting Written Patient Record
- Ordering & interpreting Diagnostic Studies
- Clinical Procedures
- Demonstrating Problem-solving/Critical Thinking
- Displaying Medical Knowledge & Concepts
- Formulating a Diagnosis/Differential Diagnosis
- Developing a Management Plan
- Demonstrating Drug knowledge
- Possessing Anatomy/Physiology knowledge
- Providing Patient education
- Providing Prevention/Health maintenance
- Relating to Colleagues/IPE
- Relating to Patients/Interpersonal skills
- Possessing Cultural Awareness/Inclusion
- Understanding Role of PA
- Displaying Self-confidence
- Demonstrating Reliability & Dependability
- Displaying Professionalism
- Displaying Empathy & Compassion

*In addition to these objectives, specific learning outcomes for each rotation are provided in the course syllabus and in Appendix A.*

## Grading

	Core Rotation	Elective Rotation I/II/SP
EOB Exam	600	
EOB Assignment	50	350
BluePrint Assessment	50	350
<b>Preceptor Eval</b>	<b>200</b>	<b>200</b>
Weekly Updates	25	25
Case Logs	25	25
Professionalism	50	50
<b>Total</b>	<b>1000</b>	<b>1000</b>

*Students who do not achieve an overall course grade of 75% or greater for a rotation will be dismissed from the program as per program policy.*

Regardless of the student's calculated grade for a particular rotation, if the preceptor has identified severe deficits in any area(s) of the student's performance, including professionalism, the Clinical Director or Program Director should be contacted. Students encountering these types of problems will be required to meet with the program's Promotions and Professional Conduct Committee. Identification of issues *early* in the clinical rotation is ideal so early intervention can occur, and the student has ample time to improve before receiving a failing grade, disciplinary measures, or being dismissed from the program.

More information regarding grading, assignments, and examinations can be found in the course syllabi.

## Evaluations

Evaluation should be an ongoing process beginning on the first clinical day, continuing through rotation completion. Evaluation is a two-way process. The preceptor evaluates student performance, and students assess rotations. Feedback is an art, and while the evaluation includes specific grading points, we encourage preceptors to provide feedback on the student's overall performance by highlighting their strengths and weaknesses. This is extremely helpful to the faculty in guiding the students' overall development.

The preceptor or preceptor designee should meet with the student at the midpoint and near the end of the rotation to discuss the student's evaluation and complete the evaluation form electronically through CORE ELMS, the clinical platform used for our clinical year PA students. A link to the evaluations will be sent to the preceptor's email on file and will be submitted electronically. Preceptors should review all evaluations, even if they have delegated the evaluation process to another.

### Mid-course Evaluation – not graded

- When the preceptor is completing the student's midpoint evaluation, he/she should evaluate the student's preparedness for the rotation based on the rotation objectives.
- This evaluation is not for a grade; however, it is essential in providing students with feedback on their strengths and weaknesses. This evaluation will help guide the students in their clinical education so they can continue to improve for the remainder of the rotation.
- Each item on the evaluation is rated on a 5-point Likert scale, with a rating of "3" being average/benchmark.

- Receiving a score of < 3 on any item will prompt the PA Program to reach out to the student to discuss the deficiency. The program may reach out to the preceptor for further insights.
- See Appendix B for the mid-point evaluation

### **Final Evaluation – 200 points**

- The final evaluation evaluates the student's performance throughout the rotation. Successfully meeting or achieving learning outcomes is an integral component of the supervised clinical practice experience; therefore, preceptors are strongly encouraged to address each evaluation question to the best of their ability.
- **Remediation-worthy assessment**
- **Failure of evaluation = a score of <74.5% or <149 points or any rating <3 on a rotation-specific item**
- **A failure of an evaluation will prompt a meeting with Promotions and Professional Conduct Committee.**
- Each item on the evaluation is rated on a 5-point Likert scale, which is weighted:  
“5” – 100% | “4” – 85% | “3” – 75% | “2” – 50% | “1” – 25%
- Total points (*rounded to nearest whole #*) = % × 200
- In the rare event where the final preceptor evaluation is not received within 2 weeks from the end of the rotation, the evaluation will be considered non-retrievable, and the student will receive an 85% (170 points) for the evaluation.
- Students reserve the right to obtain a written evaluation from the primary preceptor.
- When a student is evaluated by multiple preceptors (i.e. shared/split rotations), all evaluation scores will be weighted equally and averaged to determine the final evaluation score.
  - If a student receives a failing score on one or more evaluations while passing another, the evaluations will be reviewed by the Clinical Director and Program Director to determine whether remediation or additional academic action is warranted.
- See Appendix C for an example of a final evaluation.

## SECTION 4: PRECEPTOR DEVELOPMENT TOOLS

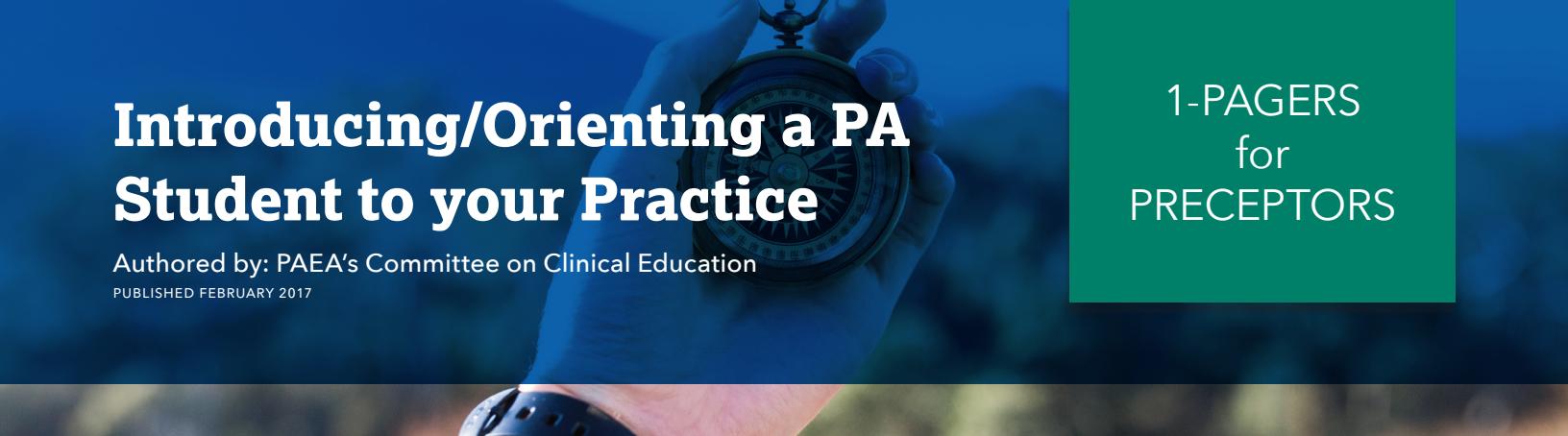
### Teaching Strategies

Precepting a PA student can be both rewarding and challenging.

- Balancing the dual roles of providing patient care and guiding a student's education requires time, effort, and adaptability.
- Each student brings a unique level of knowledge, skills, and confidence, which can make tailoring their clinical education complex.
- Navigating these challenges while ensuring patients receive high-quality care demands effective strategies and tools.

To support preceptors in this vital role, the Physician Assistant Education Association (PAEA) offers a variety of resources designed to streamline clinical teaching, enhance student engagement, and foster a productive learning environment. Below are some tools to help make clinical education more efficient and effective.

This can also be found at <https://paeaonline.org/resources/public-resources/paea-news/tips-for-making-precepting-painless-other-resources>



# Introducing/Orienting a PA Student to your Practice

Authored by: PAEA's Committee on Clinical Education

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1-PAGERS  
for  
PRECEPTORS

**Orientation facilitates a quicker transition in allowing the student to become a member of the medical team.** It also establishes a feeling of enthusiasm, and belonging to the team helps students develop the functional capacity to work more efficiently. Orientation should include several components:

- Preparing your **staff** to have a student
- Preparing your **patients** to have a student
- Orienting the student to your practice
- Giving an overview of the rotation/preceptor expectations
- Orienting the student to your community

If you plan to take students often, it may be easiest to create an Orientation Checklist or a Student Orientation Guide/Manual so that you are consistent each time. A more detailed description of each of these components is included below:

#### **Preparing your staff to have a student:**

The staff of an office/hospital setting play a key role in ensuring that each student has a successful rotation. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- Student's name and schedule
- Student's expected role in patient care
- Expected effect of the student on office operations

#### **Preparing your patients to have a student:**

There are several ways for sites to notify patients that students will be participating in patient care:

- Post a sign at the check-in desk
- Nursing staff or preceptor notify patients directly (but not in front of the student)
- Preceptor identifies patients on the daily schedule that would be good cases for student participation

#### **Orienting the student to your practice:**

On the first day of the student's clinical rotation have a dedicated time and place to:

- Introduce the student to the staff and other medical providers that you work with
- Ask the office manager/HR to provide the student with an ID badge and computer access, EMR training, and the office policies and procedures; also give the student a tour of the clinic/hospital
- Ask one of your nurses/staff to show the student the patient flow process
- Let the student know what to do in the case of an emergency in the office/hospital

#### **Overview of the rotation/preceptor expectations:**

Within the first day or two of the student's clinical rotation, find time to discuss the following aspects of the rotation and your expectations of the student:

- The main things that you would like the student to learn/experience during the rotation
- The student's goals for the rotation (Help them to prioritize these)
- Roles and responsibilities of the student and interactions with the staff
- Student's schedule, hours worked, call, and extra opportunities (grand rounds, conferences, etc.)
- Medical documentation, oral presentations, and additional assignments
- Expected attire, medical equipment needed, and recommended texts/resources

#### **Orienting the student to your community:**

Discuss with the student early in the rotation characteristics of your local community or patient population that affect patient care as well as available community resources that your practice uses on a regular basis.

\*Also be sure to take student and program feedback on your orientation process into consideration moving forward.

#### REFERENCES

<http://paeaonline.org/publications/preceptor-handbook/>  
<https://www.med-ed.virginia.edu/courses/fm/precept/module1/index.htm>



# Incorporating Students into Patient Care/Workflow

Authored by: PAEA's Committee on Clinical Education

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1-PAGERS  
for  
PRECEPTORS

**This 1-Pager for Preceptors serves as a resource for strategies that can be utilized to more effectively integrate students into clinical practice.** Many clinicians express interest in precepting clinical students with the desire to "give back" to the profession, to serve as a role model for future clinicians, and to share their passion for clinical practice. However, there are perceived challenges to incorporating students into a clinical practice or workflow. Two of the most commonly cited challenges are time management and maintaining efficient patient throughput.

## Share the Teaching Responsibilities

- Involve other clinician(s) (MDs, DOs, PAs, NPs) in the practice to work with the student
- Utilize nurses, MAs, techs, etc., to instruct students about procedures they perform (injections, phlebotomy, performing PFTs and EKGs, etc.)

## Plan Ahead with Patients

- Preselect the patients most appropriate for the student to see (more straight-forward cases, open to students, etc.)
- Double-book/wave-schedule patients – have the student see a patient in one room while the preceptor sees one (or sometimes more) patient(s) in another room
- In general, students are not expected to see every patient that the provider does over the course of a day

## Teamwork

- Have the student obtain the history and/or perform the physical exam while the preceptor observes and documents information in the electronic medical record
- Have the student observe encounters with complex patients

## Fully Utilize Student

- Although the primary learning objective for the PA student is focused on the provision of patient care, there are some tasks that the MA might otherwise perform (take vital signs) that the student can do for the patient while the MA prepares another patient for the preceptor
- Have students call patients with test results after discussing them with the preceptor
- Have students provide patient education after confirming the information to be communicated

## Summarize and Clarify

- Don't repeat every aspect of the patient history – summarize and clarify information obtained from the student about the patient
- Don't repeat the entire physical exam performed by the student – the preceptor should perform and document only those elements requiring evaluation and/or clarification

## Set Time Limits

- If you have specific time constraints for a patient room, let the student know – "you have 15 minutes to see this patient"

## Utilize Educational Strategies for Effective Teaching

- See the 1-Pagers for Preceptors: SNAPPSS, One-Minute Preceptor, and Ask-Tell-Ask Feedback to maximize your teaching time

### REFERENCES

Seim HC, Johnson OG. Clinical Preceptors: Tips for effective teaching with minimal downtime. *Fam Med* 1999;31(8):538-9.  
Cayley Jr. WE. Effective Clinical Education: Strategies for teaching medical students and residents in the office. *WMJ* 2011;110(4):178-81.



# SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education

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**SNAPPS is a learner-centered teaching approach to clinical education consisting of six steps.** In learner-centered education, the learner takes an active role in their educational encounter by discussing the patient encounter beyond the facts, verbalizing their clinical reasoning, asking questions, and engaging in follow-up learning pertinent to the educational encounter. The preceptor takes on the role of a facilitator by promoting critical thinking, empowering the learner to have an active role in their education, and serving as a knowledge "presenter" rather than a knowledge "source."

<b>S</b> Summarize briefly the history and findings	<ul style="list-style-type: none"><li>Obtains a history, performs a physical examination, and presents a summary of their findings to the preceptor. The summary should be brief and concise and should not utilize more than 50% of the learning encounter (~3 minutes maximum to present)</li></ul> <p><i>"Eric is a 7-year-old male with a 3-month history of right knee pain and swelling that occurs daily. No other joints are affected. He reports difficulty playing soccer. He denies current or previous illnesses, recent travel, or injury. Daily ibuprofen provides little benefit."</i></p>
<b>N</b> Narrow the differential to two or three relevant possibilities	<ul style="list-style-type: none"><li>Provides two to three possibilities of what the diagnosis could be</li><li>Presents their list prior to the preceptor revising the list</li></ul> <p><i>"Given the length of the symptoms, my differential diagnosis includes: juvenile idiopathic arthritis, reactive arthritis, and injury."</i></p>
<b>A</b> Analyze the differential comparing and contrasting the possibilities	<ul style="list-style-type: none"><li>Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses</li><li>Thinks out loud in front of the preceptor</li></ul> <p><i>"I think juvenile idiopathic arthritis is highest on my differential diagnosis given the age of the patient and the length of the symptoms. Reactive arthritis is lower due to the length of symptoms and no history of previous illness. Injury is low on the differential due to no history of injury."</i></p>
<b>P</b> Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches	<ul style="list-style-type: none"><li>Discusses areas of confusion and asks questions of the preceptor</li><li>Allows the preceptor to learn about their thinking and knowledge base</li><li>Prompts discussion from the preceptor on clinical pearls or areas of importance</li></ul> <p><i>"Is there anything else that you would include on your differential?"</i> <i>The preceptor may discuss the importance of considering septic arthritis in the differential diagnosis.</i></p>
<b>P</b> Plan management for the patient's medical issues	<ul style="list-style-type: none"><li>Discusses a management plan for the patient or outlines next steps</li><li>Commits to their plan and utilizes the preceptor as a source of knowledge</li></ul> <p><i>"I would begin a prescription-strength anti-inflammatory medication and order an ANA."</i></p>
<b>S</b> Select a case-related issue for self-directed learning	<ul style="list-style-type: none"><li>Identifies a learning issue related to the patient encounter</li><li>Discusses the findings from the learning issue with the preceptor</li></ul> <p><i>"I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis."</i></p>

## REFERENCE

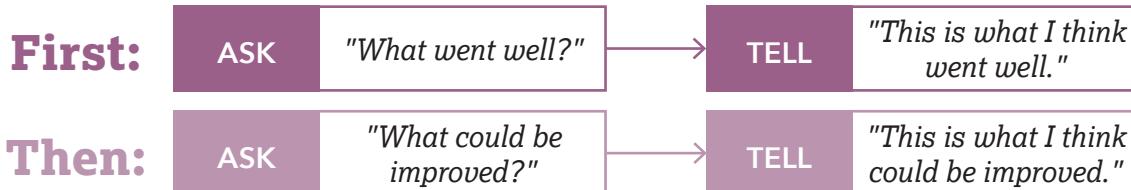
Wolpow T, Wolpow D, Papp K. SNAPPSS: A learner-centered model for outpatient education. *Academic Medicine*. 2003; 78(9): 893-898. "Teaching Skills for the Preceptor: Learner-Centered Model." The Association of Gynecology and Obstetrics. [www.pnwu.edu/files/4414/2551/7541/Teaching\\_Skills\\_for\\_the\\_Preceptor\\_Learner-Centered\\_Model.pdf](http://www.pnwu.edu/files/4414/2551/7541/Teaching_Skills_for_the_Preceptor_Learner-Centered_Model.pdf). Accessed August 2016.



# Ask-Tell-Ask Feedback Model

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**The Ask-Tell-Ask Feedback method fosters students' abilities to identify their own strengths and areas for improvement as well as provides preceptors with the opportunity to share positive and constructive feedback to students.** The strengths of this model include that it is learner-centered, fosters students' self-assessment skills, increases students' accountability for learning, gives the preceptors insight into students' perceptions of performance, encourages preceptors to provide specific feedback, and can be used across a variety of settings.



## Example 1

**Setting:** Outpatient

**Task Area:** Patient Assessment (History-Taking, Physical Exam)

**Preceptor:** What parts of your assessment of the patient went well?

**Student:** My problem-focused history-taking seemed complete and only took about five minutes to do.

**Preceptor:** I agree, your history-taking was thorough and efficient. You also clarified important information that the patient shared during the pertinent review of systems.

**Preceptor:** What do you think could be improved?

**Student:** My approach to the physical exam felt disjointed and took longer than I thought necessary.

**Preceptor:** Yes, while you included essential elements of the physical exam, it was not systematic and the patient had to be repositioned several times. A strategic way to avoid this in the future is to develop a plan for the physical exam before you initiate the exam.

## Example 2

**Setting:** Inpatient

**Task Area:** Medical Knowledge, Clinical Reasoning

**Preceptor:** What elements of the diagnosis and treatment planning went well?

**Student:** I am confident in the most likely diagnosis, and the first-line therapy was appropriate for this patient.

**Preceptor:** Yes, I believe you came to the correct conclusion about the diagnosis. In addition to knowing which medication is first-line therapy, remember to specify dose/route/frequency and any patient education that is indicated.

**Preceptor:** What do you think could be improved?

**Student:** Well, I only had three disorders on my differential diagnosis.

**Preceptor:** I agree that it is important to have a broader differential diagnosis. I encourage you to read more about the most likely diagnosis and related conditions tonight, then tomorrow we can discuss the clinical reasoning about the diagnosis.

# One-Minute Preceptor

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**The One-Minute Preceptor teaching method guides the preceptor-student encounter via five microskills. This method is a brief teaching tool that fosters assessment of student knowledge as well as provision of timely feedback.** The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the students, and the student receiving concise, high-quality feedback from the preceptor.

**When to use this:** During the "pregnant pause" (i.e., when you find yourself wanting to rush things along and give the students the answer, rather than asking for their thoughts)

**What not to do:** Ask the student for more information about the case or fill in all of the gaps that you noted in the student's knowledge base and presentation skills at once

## Microskills

### 1 Get a Commitment

Focus on one learning point. Encourage students to develop their critical thinking and clinical reasoning skills. Actively engage the student, establishing their readiness and level of competence. Push the student just beyond their comfort zone and encourage them to make a decision about something, be it a diagnosis or a plan.

*Ex: "So, tell me what you think is going on with this patient."*

### 2 Probe for Supporting Evidence

Uncover the basis for the student's decision — was it a guess or was it based on a reasonable foundation of knowledge? Establish the student's readiness and level of competency.

*Ex: "What other factors in the HPI support your diagnosis?"*

### 3 Reinforce What Was Done Well

The student might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes.

*Ex: "You kept in mind the patient's finances when you chose a medication, which will foster compliance, thereby decreasing the risk of antibiotic resistance."*

### Summarize

Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

### 4 Give Guidance About Errors/Omissions

Approach the student respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, students may never discover that they are making these errors and hence repeat them.

*Ex: "I agree, at some point PFTs will be helpful, but when the patient is acutely ill, the results likely won't reflect his baseline. We could gain some important information with a peak flow and pulse ox instead."*

### 5 Teach a General Principle

Sharing a pearl of wisdom is your opportunity to shine, so embrace the moment! Students will apply what is shared to future experiences. Students tend to recall guiding principles, and often the individual patient may serve as a cue to recall a general rule that was taught.

*Ex: "Deciding whether or not someone with a sore throat should be started on empiric antibiotics prior to culture results can be challenging. Fortunately, there are some tested criteria that can help..."*

#### REFERENCE

Neher J, Gordon K, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *Journal of American Board of Family Practice*, 1992; 5: 419-424.

# Tailoring Clinical Teaching to an Individual Student

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PA students from the same or different programs may come to the clinical setting for training with differences in clinical knowledge and skills based on a number of factors, including:

- Experience level in their clinical training – students on a first rotation may require more direction than those later in their training.
- Whether your practice is primary care or a specialty. Nearly all PA students are trained as generalists.
- Patient care experiences prior to PA school. An IMG or independent Duty Corpsman might be expected to have more advanced skills than a former phlebotomist or scribe.

## Suggestions for assessing student on first day of training

- Determine the student's status – early, mid, or late clinical training
- Ask what clinical experiences they had prior to PA school
- Ask how confident they feel in their ability to function clinically in your specialty
- Determine what their general goals are for the rotation (knowledge and skills they wish to acquire)
- Tailor the student's early experiences based on the factors above
- Provide observational experiences in the earliest days of the rotation for less comfortable students
- Note that more accomplished and comfortable students may be able to begin seeing patients independently while you see another patient
- Communicate with students that you expect them to evolve over your time together
- Directly observe certain students to assess skills in Hx, PE, and procedures



## Behaviors that indicate the student is "getting it"

- Presents thorough, focused history and physical
- Consistently articulates sound decision-making in differential and in working toward a diagnosis
- Develops and implements a reasonable plan of care
- Connects with patients interpersonally in caring manner
- Is organized, independent, and time-efficient
- Is self-confident but knows their limits, asks for help
- Has holistic view of care; includes health promotion and disease prevention
- Provides concise and accurate charting and oral presentations



## "Red flag" behaviors

- Is hesitant, anxious, defensive, or not collegial
- Has uneasy rapport with patients and misses cues
- Presents less-focused history and physical with excessive incomplete data
- Performs physical examination poorly, or inconsistently
- Is unable to explain reasoning for diagnosis
- Is unable to prioritize patient problems
- Is unable to create plans independently
- Misses health education and disease prevention opportunities in plan
- Is unsure of tests to order
- Is unable to provide clear charting and presentations

\*For students who consistently display any of the "red flag" behaviors, please document this for the PA program's clinical faculty as a part of the student evaluation. Students and the clinical staff must be aware of these issues to be able to provide appropriate remediation. Early contact with program faculty allows the development of a remediation plan during the time the student is rotating with you.

## REFERENCE

Modified from: [https://www.midwestern.edu/Documents/AZ%20PA/Mastering\\_the\\_preceptor\\_role\(0\).pdf](https://www.midwestern.edu/Documents/AZ%20PA/Mastering_the_preceptor_role(0).pdf)



## Appendix A: Rotation Specific Learning Outcomes

### Family Medicine Clinical Rotation

**B3.04c, B3.05a-f, B3.06a**

<b>Acute Care (B3.03b)</b>
In an adult patient presenting with dysuria, evaluate the patient, analyze the urinalysis to recommend pharmacological management.
Perform the appropriate throat or nasal culture for a patient presenting with upper respiratory symptoms, conduct a problem-focused history and physical exam, and recommend a management plan.
Develop a differential diagnosis for a patient presenting with a rash and recommend the appropriate management.
In an adult patient presenting with heartburn symptoms, perform a patient-centered problem-focused history and physical exam, order and interpret the appropriate labs and diagnostic tests if warranted, and recommend lifestyle modification and pharmacological treatment.
<b>Chronic Care (B3.03c)</b>
In an adult patient with hyperlipidemia, interpret the lipid panel and other appropriate laboratory tests and recommend a management plan to include patient education, lifestyle modification, and pharmacological treatment.
Perform an appropriate physical exam, review laboratory results including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus.
In an adult patient with Asthma/COPD, evaluate the patient and adjust the management plan if indicated.
Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.
<b>Preventative Care (B3.03a)</b>
Order colonoscopy screening using current guidelines for patients at risk and low-risk of developing colon cancer.
Evaluate the blood pressure of an adult patient to screen for hypertension and educate patients regarding lifestyle modifications if indicated.
Professionally educate patients on smoking cessation.
Screen a patient for prostate cancer using current guidelines and clinical presentation
Order and interpret a DEXA scan to screen a senior patient for osteoporosis.
Screen a senior patient for cognitive changes while performing a problem-focused history and physical exam.
Evaluate the ability of a geriatric patient to complete the Activities of Daily Living (ADLs).

### Internal Medicine Clinical Rotation (Inpatient Medicine)

**B3.04b, B3.05a-f, B3.06c**

<b>Acute Care (B3.03b)</b>
Perform a comprehensive history and physical exam for admission of a hospitalized patient.
In an adult patient in the hospital setting, recommend the appropriate intravenous fluid and oxygen management.
Recommend the appropriate intravenous medication management for a patient in a hospital setting.

Accurately document an admission note and patient orders for a hospital patient.
In an adult hospitalized patient with anemia, order and interpret a CBC and other diagnostic testing, and recommend management strategies.
<b>Chronic Care (B3.03c)</b>
Monitor a patient with chronic diabetes mellitus and develop a management plan to include glucose monitoring and the appropriate sliding scale insulin regimen.
In an adult hospitalized patient with existing hypertension, recommend appropriate continued management.
Perform discharge medication reconciliation, ensuring the final list (inclusive of chronic and new prescriptions) is accurate and clearly communicated to the patient.
Appropriately round on an inpatient assessing vital signs, laboratory/diagnostic test results, patient status/disposition and document progress note.
Evaluate a patient with a chronic respiratory illness and recommend appropriate continued management.
<b>Elderly (B3.06c)</b>
Provide patient-centered education on the risk of falls in elderly patients. (B3.03a)
Consider optimization of Activities of Daily Living (ADLs) through collaboration with supporting health care disciplines. (PT, OT, SLP, SW, pharmacy).
Evaluate a geriatric patient for polypharmacy and provide appropriate medication recommendations.
Professionally educate geriatric patients on the importance of advanced health care directives under the guidance of the supervising provider.

## Pediatric Clinical Rotation

**B3.04c, B3.05a-f, B3.06e**

<b>Infant</b>
Perform a well-child exam, elicit a patient-centered history from the parent/caregiver, and assess the developmental milestones of the infant. (B3.03a)
Chart the normal development and growth of an infant.
Appropriately educate new parents on nutritional considerations, feeding issues, and sleeping positions for infants. (B3.03a)
Accurately perform age and weight specific drug calculations for common medications like ibuprofen or acetaminophen for an infant.
Recommend and educate parents of an infant regarding the appropriate immunization schedule. (B3.03a)
<b>Child</b>
Perform a well-child exam on a toddler and child to include a history, developmental milestones, and charting growth and development. (B3.03a)
Recommend the appropriate immunization schedule for a toddler or child to include administering an IM/SC injection if warranted. (B3.03a)
Appropriately screen children for potential child abuse.
In a child presenting with a fever, elicit a patient-centered problem-focused history and perform an accurate exam, develop a differential diagnosis, and recommend a management plan. (B3.03b)
Perform an appropriate H&P to include obtaining a throat swab and recommending a treatment plan for a child presenting with upper respiratory/sore throat symptoms. (B3.03b)
<b>Adolescent</b>
Perform an appropriate sports/school physical exam on an adolescent patient. (B3.03a)

Analyze and document the stages of growth and development using Tanner stages for an adolescent patient.
Perform patient-centered education for an adolescent patient regarding the importance of HPV and Meningitis vaccines. <i>(B3.03a)</i>
Appropriately evaluate an adolescent patient for acne and develop a management plan. <i>(B3.03c)</i>
Professionally screen an adolescent patient for eating disorders and recommend a management plan to include patient education if indicated.

## Women's Health Clinical Rotation

**B3.05a-f, B3.06f**

<b>Gynecologic Care</b>
Elicit an appropriate gynecological history from a female patient.
Perform a routine pelvic examination on a female patient to include a Pap smear if indicated by guidelines. <i>(B3.03a)</i>
For a patient with vaginal discharge, evaluate the patient, form a differential diagnosis and develop a management plan.
Appropriately order a screening mammography for a female patient if indicated by current guidelines. <i>(B3.03a)</i>
Provide patient-centered education for a female patient regarding contraceptive use. <i>(B3.03a)</i>
<b>Prenatal Care</b>
Perform a prenatal exam on a pregnant female to include fetal heart tones & fundal height.
Calculate the dates of confinement and gestational age using date of last menstrual period or abdominal ultrasound.
Order the appropriate prenatal screening tests for a patient in the first trimester of pregnancy. <i>(B3.03a)</i>
Provide appropriate patient education regarding pre-natal care.
Professionally screen a pregnant female for elevated blood pressure and recommend a management plan if indicated. <i>(B3.03a)</i>

## Behavioral Health Clinical Rotation

**B3.05a-f, B3.06g**

Elicit a patient-centered problem-oriented psychiatric history using patient-centered techniques.
Document and/or verbalize a clinical interpretation of the mental status exam (MSE) derived from observations and patient responses.
Design an appropriate treatment plan that integrates psychopharmacology, psychotherapy, lifestyle interventions, and referrals as clinically indicated
Order and interpret laboratory studies required for psychotropic medication safety (e.g., CBC, CMP, TSH, lipid panel, EKG, valproic acid or lithium levels).
Professionally screen a patient for substance abuse using the CAGE questionnaire, formulate a differential diagnosis, and recommend initial management. <i>(B3.03a)</i>
Evaluate a patient for depression using the appropriate criteria and recommend a management plan to include pharmacological treatment.
Appropriately screen a patient for suicidal ideation. <i>(B3.03a)</i>

In a patient presenting with anxiety, develop a differential diagnosis, and recommend a management plan.
Provide patient education on lifestyle modification to avoid situational stressors. (B3.03a)
Write an accurate SOAP note for a patient with a behavioral health complaint.
Appropriately use the DSM V in the diagnosis of psychiatric conditions for behavioral medicine patients.

## General Surgery Clinical Rotation

**B3.05a-f, B3.06d**

<b>Pre-operative Care</b>
Perform a patient-centered pre-operative history for an adult surgical patient to include assisting with obtaining an informed consent.
Conduct an appropriate pre-operative physical exam and identify the American Society of Anesthesia (ASA) risk classification status.
Write an accurate pre-operative note for a surgical patient.
In a patient presenting for surgery, appropriately determine if medication adjustments and antibiotic prophylaxis is indicated.
Professionally educate a pre-operative adult patient regarding potential post-operative complications.
<b>Intra-operative Care (B3.04d)</b>
Perform appropriate scrubbing, gowning and gloving for a surgical case.
Correctly maintain the sterile field while gowned and gloved in the operating room.
Accurately identify surgical instruments while assisting the surgeon with a surgical case.
Assist in the closure of a surgical wound with the proper suturing or stapling technique.
Write a surgical note including anesthesia regimens utilized for the surgical procedure.
<b>Post-Operative Care</b>
Evaluate an adult patient for post-operative pain and recommend a management plan.
Screen an adult patient for a post-operative fever, perform an appropriate history and physical exam, formulate a differential diagnosis, and develop a management plan if indicated.
Correctly change a surgical dressing of a post-operative patient.
Write an appropriate post-operative note for a surgical patient.
Correctly remove sutures or staples in a post-operative patient returning for follow-up care.

## Emergency Medicine Clinical Rotation

**B3.03b, B3.04a, B3.05a-f, B3.06b**

Evaluate an adult patient with chest pain, order and interpret the appropriate diagnostic testing to include an ECG, and recommend a management plan.
Professionally triage patients presenting to the Emergency Department and determine which patients have life-threatening versus non-life-threatening medical conditions.
In an adult patient presenting with a fracture or extremity injury, conduct an appropriate patient-centered history and physical exam to determine vascular and neurological status of the extremity.
Evaluate a patient with dyspnea, order and interpret lab/diagnostic testing to include pulse ox and chest XR, develop a differential diagnosis, and recommend an initial treatment plan.
In an adult patient with a sudden onset headache, evaluate the patient and select the appropriate pharmacologic treatment.

In an adult patient presenting with an extremity injury, appropriately perform a problem-focused history and physical exam, order and interpret laboratory tests/diagnostic imaging to include an x-ray, and properly apply an extremity splint.
Appropriately close a laceration of a patient with skin adhesives or suturing.
In a patient with abdominal pain, evaluate the patient, order appropriate diagnostic testing and develop a treatment plan.
Perform a patient-centered history and physical exam, order and interpret diagnostic testing, and develop a management plan for an adult patient with back pain.
Write an appropriate emergency department SOAP note.

## Orthopedic Surgery Clinical Rotation

### **B3.05a-f**

<b>Acute Care (B3.03b)</b>
Perform a problem-focused history on a patient presenting with an acute musculoskeletal injury.
Appropriately conduct a problem-focused physical exam to include specific orthopedic testing on a patient presenting with an acute injury.
Accurately interpret a radiograph for a patient presenting with an acute orthopedic injury.
Correctly assist the orthopedic preceptor in application of an extremity splint for an acute injury.
While assisting with surgical care of an acute injury, accurately identify the anatomical landmarks pertinent to orthopedic surgery. (B3.04d)
<b>Chronic Care (B3.03c)</b>
Perform a patient-centered problem-focused history and physical exam on a patient presenting for follow-up for a chronic orthopedic condition.
Evaluate and appropriately manage a patient with osteoarthritis to include pharmacological care.
Correctly refer an orthopedic patient to physical therapy as part of the management plan for a chronic condition.
Perform an intra-articular injection using appropriate technique and therapeutic dosing.
Professionally provide patient education regarding activity modification for a patient with a chronic musculoskeletal condition.

## Elective 1 Clinical Rotation

### **B3.05a-f**

Perform a complete and accurate patient centered medical history effectively adapting to the patient's age, culture and mental status.
Conduct an age-appropriate physical examination with skill, efficiency and maximal patient comfort.
Provide patient education appropriate for the patient population for the clinical rotation to include pharmacological and non-pharmacological treatment.
Using the clinical presentation of the patient and differential diagnosis, formulate a discipline specific management plan.
Complete a SOAP note that is specific to the medical/surgical discipline.

## Elective 2 Clinical Rotation

### **B3.05a-f**

Elicit a patient-centered history, perform a physical examination, and document findings for a medical/surgical condition specific to the elective discipline.
In a patient with a medical/surgical condition, order and interpret labs/diagnostic tests and formulate a differential diagnosis for a medical/surgical condition specific to the elective discipline
Formulate a management plan for a patient presenting with a medical/surgical condition specific to the elective discipline to include pharmacological management and lifestyle modifications.
Counsel a patient regarding a medical/surgical condition, management and follow-up care specific to the discipline of the elective.
Accurately document a progress note that is specific to the discipline of the elective rotation.
Perform patient education for medication used specifically in the elective discipline to include potential side effects, drug interaction and adherence.

## Elective – Special Populations Clinical Rotation

### **B3.05a-f**

Describe the influence of social, cultural and economic factors on access to care and health outcomes for this special population. Recognize and evaluate potential biases, which may impact the unique needs of patients in special population groups.
Demonstrate knowledge regarding local or regional resources and community services that address unique needs of this special population of patients.
Correctly complete and document a history and physical examination that identifies specific barriers that require consideration to ensure equitable health care.
Utilize the special considerations of this unique patient population (specifically their social determinants of health) to develop an appropriate evaluation and management plan.
Exhibit empathy and compassion when providing patient education regarding pharmacological and non-pharmacological management.

## Appendix B: Mid-course Evaluation

### Preceptor Evaluation of Student Preparedness (Mid-Rotation Evaluation)

Clinical Rotation # 1    2    3    4    5    6    7    8    9    10    11

**Please rate Student Preparedness for the clinical rotation in the following general areas of knowledge and skills:**

**Rating Scale: 1= Unsatisfactory**

**2= Below Average**

**3=Average**

**4=Above Average**

**5=Excellent**

Obtaining a medical history	1	2	3	4	5
Performing a physical examination	1	2	3	4	5
Presenting an oral case presentation	1	2	3	4	5
Documenting written patient record	1	2	3	4	5
Ordering and interpreting diagnostic studies	1	2	3	4	5
Applying clinical skills relevant to the setting	1	2	3	4	5
Demonstrating problem-solving/critical thinking	1	2	3	4	5
Displaying medical knowledge and concepts	1	2	3	4	5
Formulating a diagnosis/differential diagnosis	1	2	3	4	5
Developing a management plan	1	2	3	4	5
Demonstrating drug knowledge	1	2	3	4	5
Possessing anatomy/physiology knowledge	1	2	3	4	5
Providing patient education	1	2	3	4	5
Providing prevention/health maintenance	1	2	3	4	5
Relating to colleagues/IPE	1	2	3	4	5
Relating to patients/interpersonal skills	1	2	3	4	5
Possessing cultural awareness/inclusion	1	2	3	4	5
Understanding role of PA	1	2	3	4	5
Displaying self-confidence	1	2	3	4	5
Demonstrating reliability & dependability	1	2	3	4	5
Displaying professionalism	1	2	3	4	5
Displaying empathy & compassion	1	2	3	4	5

Additional comments:

## Appendix C: Final Evaluation

### Preceptor Evaluation of Student Preparedness (Final Evaluation)

Clinical Rotation # 1    2    3    4    5    6    7    8    9    10    11

**Please rate Student Preparedness for the clinical rotation in the following general areas of knowledge and skills:**

**Rating Scale: 1= Unsatisfactory**

**2= Below Average**

**3=Average**

**4=Above Average**

**5=Excellent**

Obtaining a medical history	1	2	3	4	5
Performing a physical examination	1	2	3	4	5
Presenting an oral case presentation	1	2	3	4	5
Documenting written patient record	1	2	3	4	5
Ordering and interpreting diagnostic studies	1	2	3	4	5
Applying clinical skills relevant to the setting	1	2	3	4	5
Demonstrating problem-solving/critical thinking	1	2	3	4	5
Displaying medical knowledge and concepts	1	2	3	4	5
Formulating a diagnosis/differential diagnosis	1	2	3	4	5
Developing a management plan	1	2	3	4	5
Demonstrating drug knowledge	1	2	3	4	5
Possessing anatomy/physiology knowledge	1	2	3	4	5
Providing patient education	1	2	3	4	5
Providing prevention/health maintenance	1	2	3	4	5
Relating to colleagues/IPE	1	2	3	4	5
Relating to patients/interpersonal skills	1	2	3	4	5
Possessing cultural awareness/inclusion	1	2	3	4	5
Understanding role of PA	1	2	3	4	5
Displaying self-confidence	1	2	3	4	5
Demonstrating reliability & dependability	1	2	3	4	5
Displaying professionalism	1	2	3	4	5
Displaying empathy & compassion	1	2	3	4	5

**\*Note this section is similar to the mid-course evaluation.**

**Rotation-specific learning outcomes (see Appendix A) will be outlined here and used as part of the final evaluation process.**

\*Student must achieve all components of a learning outcome to successfully achieve the learning outcome. Students are expected to achieve a 3 or greater on all learning outcomes. If students receive a 2 or below on a learning outcome, they will be required to remediate the learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate below what area of the learning outcome was not achieved:

Please share student strengths:

Please share student weaknesses:

Any additional comments?

**Questions below are hidden from students**

Describe your overall satisfaction with Mount St. Joseph University PA students.

Would you be willing to take future Mount St. Joseph University PA students?