LMU
School *of* Medical Sciences
LINCOLN MEMORIAL UNIVERSITY

Physician Assistant Program
Tampa, Florida

TAMPA PHYSICIAN ASSISTANT CLINICAL HANDBOOK

Policies and Procedures*
Tampa PA Program (2026-2027)

{A3.01} *This Clinical Handbook serves as an essential guide to the policies, procedures, and expectations required during the clinical phase of the LMU-Tampa PA Program. It should be used in conjunction with the Railsplitter Community Standards Guide and the LMU-Tampa PA Program Handbook.*

The program reserves the right to amend this handbook and change or delete any existing rule, policy, or procedure, or to add new ones at any time throughout the clinical phase and without prior notice. Students will be notified of any changes via LMU email or a Canvas announcement.

Table of Contents

Contained herein are policies pertaining to students, faculty, and staff within the Lincoln Memorial University-Tampa Physician Assistant Program (LMU-Tampa PA Program). This Handbook is designed to provide policies, procedures, and information regarding Lincoln Memorial University (LMU), the LMU School of Medical Sciences (SMS), and the LMU-Tampa PA Program. Students in the Physician Assistant Program are bound to the policies within the LMU Student Handbook and in the Tampa PA Program Clinical Handbook and Program Handbook. The policies in the Physician Assistant Program Handbook and Clinical Handbook apply to all students and faculty at the Lincoln Memorial Tampa Physician Assistant Program regardless of their location or time in the program. In the clinical phase of the program, certain program policies may be superseded by those clinical site policies.

Welcome to the Clinical Year

On behalf of the faculty, staff, and administration at the Lincoln Memorial University (LMU) Tampa PA Program, I would like to extend a warm congratulations to you as you begin your clinical year! This is a significant milestone in your educational journey, and we are excited to see your progress as you move forward in becoming a skilled and compassionate healthcare provider.

The clinical year is an opportunity for you to apply the knowledge and skills you have gained in the classroom to real- world patient care settings. This is a time to grow as a clinician, refine your clinical reasoning, and enhance your ability to make decisions that have a direct impact on patient outcomes. It's also a time for you to develop and strengthen your professional relationships with patients, preceptors, and fellow students.

You will be challenged during this year, but know that you have the knowledge, determination, and support to succeed. The clinical year will provide a wide range of experiences across various specialties, and it is designed to help you become a well-rounded and confident PA. Each rotation is an opportunity to not only expand your skill set but also learn about the diverse and dynamic healthcare environment. You are joining a community of healthcare professionals who are committed to providing the highest level of care, and we are confident that you will contribute meaningfully to this environment.

As you embark on this exciting journey, please know that the faculty and staff are here to support you every step of the way. We encourage you to take full advantage of the resources available to you and to always ask questions, seek feedback, and remain curious. We are proud of all that you have accomplished so far, and we are eager to watch you continue to grow into a skilled, compassionate, and competent PA.

Best wishes as you begin this next phase of your education. Your dedication and passion for patient care are truly commendable, and we have no doubt that you will thrive in your clinical year.

Sincerely,

Paul B. Lawrence

Paul B. Lawrence, DMS, MMS, MTh, PA-C
Assistant Dean and Program Director
Assistant Professor
Physician Assistant Program

SECTION I: CLINICAL PHASE OVERVIEW

INTRODUCTION, PHILOSOPHY, AND PURPOSE OF THE MANUAL

INTRODUCTION

Welcome to the clinical year! This phase of the program consists of supervised clinical practice experiences (SCPEs), or rotations, that provide practical, hands-on training. These experiences are designed to help you apply your knowledge of medical and behavioral sciences to diagnose and treat patients in a supervised setting. The goal is to cultivate proficiency in essential clinical skills and build your confidence as you prepare for professional practice.

PHILOSOPHY

We believe that developing competent and empathetic healthcare practitioners is best achieved through structured clinical experiences in a supportive and nurturing environment. This phase is an active partnership between you, your preceptor, the PA Program, and LMU. Always remember that through your words and actions, you represent yourself, the program, the university, and the PA profession.

PURPOSE AND SCOPE OF THIS HANDBOOK

This handbook is your essential guide to the policies, procedures, and expectations required during the clinical phase. It should be used in conjunction with the **LMU Student Handbook** and the **LMU-Tampa PA Program Handbook**, both of which are available on Canvas.

Please note: If policies in other documents conflict with this one, the provisions stated within this Clinical Handbook will apply to all clinical-year matters.

STUDENT RESPONSIBILITY AND ACKNOWLEDGEMENT

By enrolling in the LMU-Tampa Physician Assistant Program, you agree to abide by all the rules and policies established by the university, the program, and all affiliated clinical institutions.

- You are **responsible for thoroughly reading and understanding** this entire handbook. A lack of knowledge regarding these policies does not excuse non-compliance.
- Serious violations may result in **failing course grades and/or dismissal** from the program.
- You are **required to sign the attestation statement** on the final page of this handbook as a condition for participating in your clinical experiences.
- If you have questions that cannot be answered by these resources, you should discuss them with the **Program Director or the Director of Clinical Education**.

The university reserves the right to amend this handbook and change or delete any existing rule, policy, or procedure, or to add new rules, policies, and procedures at any time throughout the clinical phase and without prior notice. You will be notified via email or a Canvas announcement of any changes

CLINICAL PHASE CALENDAR AND CURRICULUM SCHEMATIC

ACADEMIC CALENDAR

Clinical Phase

SEMESTER 4: SPRING 2027 (15 Weeks)	
Event	**Date(s)**
Semester Begins	January 4, 2027
Transition to Clinical Practice	January 4-29, 2027
Martin Luther King Holiday- No Class	January 18, 2027
Rotation #1	February 1-25, 2027
Callback Day	February 26, 2027
Rotation #2	March 1-26, 2027
Rotation #3	March 29 - April 22, 2027
Callback Day	April 23, 2027

SEMESTER 5: SUMMER 2027 (15 Weeks)	
Event	**Date(s)**
Semester Begins	April 26, 2027
Rotation #4	April 26 - May 20, 2027
Callback Day	May 21, 2027
Rotation #5	May 24 – June 18, 2027
Rotation #6	June 21 – July 16, 2027
Rotation #7	July 19 - Aug 12, 2027
Callback Day	August 13, 2027

SEMESTER 6: FALL 2027 (17 Weeks)	
Event	**Date(s)**
Semester Begins	August 16, 2027
Students Return to Campus	August 16, 2027
Rotation #8	August 30 – September 24, 2027
Rotation #9	September 27- October 22, 2027
Students Return to Campus	October 25, 2027
Thanksgiving Break – No Class	November 24-26, 2027
Graduation	December 15, 2027

CURRICULUM SCHEMIATIC

Semester 4 Prerequisites: Successful completion of Semester 3 courses.

SEMESTER 4 SPRING 2027		
Course #	Course Title	Credits
PAS 642	Transition to Clinical Practice	4
PAS 548	Medical Spanish Terminology II	1
PAS 663	Evidence Based Medicine Practice	3
	Clinical Rotation #1	4
	Clinical Rotation #2	4
	Clinical Rotation #3	4
	Total Credits	**20**

Semester 5 Prerequisites: Successful completion of Semester 4 courses.

SEMESTER 5 SUMMER 2027		
Course #	Course Title	Credits
PAS 549	Medical Spanish Terminology III	1
PAS 663	Evidence Based Medicine Practice	3
	Clinical Rotation #4	4
	Clinical Rotation #5	4
	Clinical Rotation #6	4
	Total Credits	**16**

Semester 6 Prerequisites: Successful completion of Semester 5 courses.

SEMESTER 6 FALL 2027		
Course #	Course Title	Credits
PAS 548	PANCE Preparation	1
PAS 663	Evidence Based Medicine Practice	3
	Clinical Rotation #7	4
	Clinical Rotation #8	4
	Clinical Rotation #9	4
	Total Credits	**16**

Supervised Clinical Practice Experiences (SCPE) completed during the Clinical Phase of the Program do not follow the semester calendar. Due to timing and complexity of evaluative measures incorporated, student performance is assessed by the DCE at the completion of each SCPE to determine progression to the next rotation.

LMU CREDIT HOUR POLICY

Lincoln Memorial University operates on the semester system and has adopted the federal definition of a credit hour. In accord with federal regulations. The credit hour policy can be found at: https://www.lmunet.edu/academics/documents/RevisedLMUDefinitionofCreditHourPolicyApprovedbyAcademicCouncil03212024.pdf

REQUIRED & ELECTIVE ROTATIONS {B3.03, B3.04, B3.06}

SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPES) {B3.03, B3.04, B3.06}

The clinical phase consists of nine required four-week rotations designed to meet both program-specific and ARC-PA standards for graduation. Each rotation is overseen by a licensed clinical preceptor who coordinates your learning experience. You are expected to mirror your preceptor's schedule, which may include 40-60+ hours per week, evenings, weekends, holidays, and on-call duties.

Required Rotations {B3.03, B3.04, B3.06}

You must successfully complete one four-week rotation in each of the following seven core areas:
- Family Medicine
- Internal Medicine
- Pediatrics
- Surgery
- Women's Health
- Emergency Medicine
- Psychiatry & Behavioral Health

Each clinical rotation is led by a designated preceptor, a licensed clinician (e.g., MD, DO, PA-C, NP) responsible for coordinating the student's learning experience. Preceptors may delegate teaching or coordination to other qualified clinicians.

Rotations typically require a minimum of 40-60 hours per week but may include longer hours, evenings, weekends, holidays, and on-call duties. Students are expected to adhere to the schedule and clinical responsibilities established by their preceptor. This includes mirroring the preceptor's work schedule.

Elective Rotations

In addition to the core rotations, you must complete **two mandatory four-week elective rotations**. These rotations allow you to gain additional knowledge in a subspecialty that aligns with your professional goals.

- **Selection Process:** Prior to the start of the clinical year, you will receive a survey to submit your top two elective preferences. Once submitted, requests cannot be changed unless both choices are unavailable.
- **Site Diversity:** To ensure a diverse learning experience, you are strongly advised against selecting an elective with a preceptor who has previously supervised you.
- **Important Note:** Elective rotations cannot be used to remediate a failed core rotation.

Housing, Transportation, and Meals

You are responsible for arranging and covering all costs for your housing, transportation, and meals during clinical rotations.

Callback Days & Associated Costs {B4.01}

After specified rotations (1, 3, 4, and 7), you must return to campus for mandatory callback days.

Attendance at all scheduled events is required and is a critical component of the clinical phase.

These days include a variety of educational and professional activities:

- End-of-rotation exams and summative testing
- Review and assessment of clinical and presentation skills
- Student-advisor meetings
- Capstone project presentations

Failure to attend or late arrival without prior approval from the Director of Clinical Education will result in a referral to the Student Progress Committee (SPC) and forfeiture of all callback percentage points for that rotation.

As with all clinical experience, you are responsible for arranging and covering all costs for your housing, transportation, and meals associated with these events.

CLINICAL PHASE COURSE DESCRIPTOINS

PAS 642 Transition to Clinical Practice {B2.04, B2.05 B2.09, B2.14, B2.16, B2.17a, B2.17d, B2.19}

This course is designed to transition students from their academic experiences to clinical experiences to clinical practice. Topics will include issues students will encounter during rotations, including medical ethics, patient safety principles, clinical setting communications, Advance Cardiac Life Support (ACLS), Basic Life Support (BLS) renewal, Pediatric Advance Life Support (PALS), professionalism, quality improvement, prevention of medical errors, risk management and an in-depth discussion of program and professional requirements for progressing through the clinical phase. Students will also prepare for formative examinations following most clinical rotations. Students will be introduced to continuing medical education activities.

PAS 662 PANCE Preparation Course { B4.01, B4.03}

This course prepares students for successful completion of the Physician Assistant National Certifying Exam (PANCE), necessary for entering medical practice. Students learn strategies for successful study and successful completion of board-style exams, as well as an intense overview of medical knowledge at the end of this course to help prepare them for the PANCE. This course provides a summative evaluation tool to measure cognitive, motor and affective domains at a point near a student's completion of the clinical portion of the program. Students perform an objective standardized clinical examination (OSCE) to demonstrate competencies in interpersonal skills, comprehensive physical examination skills and professional bearing. Students will complete an end-of-year written examination providing proof of medical knowledge and clinical competence.

PAS 663 Evidence-Based Medical Practice Capstone Projects {B2.13}

Evidence-Based Medical Practice Capstone Projects is designed to enable PA student learner to put into practice the skills acquired in PAS 509: Evidence- Based Medicine and PAS 529: Social & Cultural Aspects of Healthcare by conducting a literature review and writing a thesis paper describing their findings. Under the guidance of a faculty research advisor, students will review how to search, interpret, and evaluate medical literature. They will then focus on a step-by-step approach to further develop and implement their group Capstone project. Regular meetings with their Capstone advisor will provide opportunities to discuss preliminary drafts of their scholarly work and associated assignments. Additionally, students will submit their work for poster presentation at the LMU-Tampa Research Symposium, allowing them to share their research findings with a broader audience.

PAS 548 Medical Spanish Terminology II {B2.04}

This is the second course in a 3-course series that allows students to apply medical Spanish in various clinical settings. Focusing on commonly used medical terminology and cultural nuances impacting

communication, the course equips students to conduct patient interviews, provide explanations, and build rapport with Spanish- speaking patient populations. Through immersive practice in simulated clinical situations, students will become familiar with Spanish words and phrases frequently utilized in conversations related to patient care and be prepared to interact more effectively with patients whose first language is not English.

PAS 549 Medical Spanish Terminology III {B2.04}

This is the third course in a 3-course series that allows students to apply medical Spanish in various clinical settings. Focusing on commonly used medical terminology and cultural nuances impacting communication, the course equips students to conduct patient interviews, provide explanations, and build rapport with Spanish-speaking patient populations. Through immersive practice in simulated clinical situations, students will become familiar with Spanish words and phrases frequently utilized in conversations related to patient care and be prepared to interact more effectively with patients whose first language is not English.

PAS 623 Family Medicine Clinical Rotation { B2.05, B2.06, B3.03, B3.04c, B3.05, B3.06a}

This clinical rotation is designed to provide the PA student with the basics necessary to build a solid foundation for the evaluation, documentation, diagnosis and treatment of problems common in primary care and family medicine. The student will develop proficiency in office procedures commonly performed in a family medicine office.

PAS 624 Elective I Clinical Rotation {B2.05, B3.05, B3.06}

This clinical rotation is designed to provide the PA student with the basics necessary to build a solid foundation for the evaluation, documentation, diagnosis and treatment of problems common in primary care and general medical practice.

PAS 627 Elective II Clinical Rotation {B2.05, B3.05, B3.06}

This clinical rotation is designed to provide the PA student with the basics necessary to build a solid foundation for the evaluation, documentation, diagnosis and treatment of problems common in primary care and general medical practice.

PAS 626 Behavioral Medicine Clinical Rotation {B2.05, B3.03, B3.04a-c, B3.05, B3.06g}

This clinical rotation is designed so students will develop the skills necessary to evaluate and manage patients with a variety of psychiatric problems. The rotation will provide students with the opportunity to develop an understanding of the role of psychiatrists, psychologists, social workers and nurses in the care of the psychiatric patient. Students will learn the appropriate use of selected psychoactive pharmaceuticals. There will be ample opportunity for the student to practice the skills necessary to perform a psychiatric interview and mental status examination and make referrals for specialized psychiatric treatment.

PAS 628 Internal Medicine Clinical Rotation {B2.05, B3.03, B3.04a-c, B3.05, B3.06c}

This clinical rotation is designed to provide the PA student with comprehensive training in the evaluation and ongoing treatment of patients facing complex medical conditions and chronic illness. Students learn the skills necessary to evaluate and manage the effects of chronic disease on multiple body systems and to perform or assist in procedures commonly done in Internal Medicine. The Internal Medicine rotation exposes the Physician Assistant student to 4 weeks of clinical medicine in the field of Internal Medicine. The Physician Assistant student will be able to obtain and record a complete problem-oriented medical history; perform a complete or problem- focused physical

examination; formulate a diagnosis and problem list; order, obtain, and interpret indicated laboratory and diagnostic studies; and implement therapeutic procedures and treatment plans for internal medicine patients while under preceptor supervision.

PAS 629 Surgery Clinical Rotation {B2.05, B3.03, B3.04, B3.05, B3.06d}

This clinical rotation is designed to provide PA students with the skills necessary to evaluate and manage patients with a variety of surgical problems. Students will have the opportunity to develop an understanding of the role of the surgeon, anesthesiologist, assistant surgeon, circulating nurse, scrub nurse, scrub tech, recovery room and the surgery floor nurses, aids, and techs in the care of the surgical patient.

PAS 632 Women's Health Clinical Rotation {B2.05, B3.03, B3.04, B3.05, B3.06, B3.07f}

This rotation is designed to provide the student with an outpatient experience in the care of the female patient, and the impact of disease processes on the reproductive system. The student will develop the skills and knowledge necessary to evaluate, manage, and educate the patient in areas such as annual exams, birth control, infertility, menstruation, sexuality, pregnancy, pre and postnatal care, menopause and relationships.

PAS 633 Pediatrics Clinical Rotation {B2.05, B3.03, B3.04, B3.05, B3.06- f}

This clinical rotation is designed to provide the student with a clinical experience in pediatrics focusing on newborn children through age 18. The student will learn how to perform a pediatric well child visit and recognize, evaluate and treat common pediatric illnesses and conditions. Additionally, the student will learn to identify and manage both pediatric growth and development issues and pediatric emergencies.

PAS 634 Emergency Medicine Clinical Rotation {B2.05, B3.03, B3.04, B3.05, B3.06-b}

This clinical rotation is designed to introduce students to the triage and stabilization of patients with life- threatening conditions, as well as the procedures commonly performed in the emergency department. Emphasis is placed on skills required to perform and document a problem-oriented history and physical; formulate a

differential diagnosis; order and interpret the tests necessary to confirm or rule out a primary diagnosis and give appropriate patient education. The student will also learn strategies for interacting with patients and families in various levels of stress.

MATCH PROCESS FOR SCPE ASSIGNMENTS {A3.03}

During the clinical year, you'll be assigned to a regional "POD" where you will complete most of your rotations. The program will attempt to match you with your top preferences using an online survey.

However, the **program makes all final decisions** regarding rotation assignments, sites, content, and sequence. Assignments may be modified at any time based on accreditation standards, preceptor availability, site resources, or program needs.

Student Input and Site Suggestions {A3.03}

While you are **not permitted** to find your own preceptors, the program welcomes suggestions for new clinical sites. If you know a provider who is willing to be a preceptor, you must submit their contact information to the Director of Clinical Education for formal review and coordination. A member of the clinical team will then assess the site's suitability.

Placement Restrictions {A3.03}

To ensure compliance and avoid conflicts of interest, the following restrictions apply:

- **Do Not Solicit Sites:** Per accreditation standards, you are **strictly prohibited from independently establishing or arranging your own clinical rotations**. All agreements must be finalized by the program.
- **Relatives:** You cannot have a relative serve as your own preceptor, though they may precept a classmate.
- **Employers:** You are not allowed to complete rotations with a current employer or with any provider you have a signed contract to work for after graduation.

CLINICAL PHASE LEARNING OUTCOMES AND COMPETENCIES COMMON TO ALL ROTATIONS {B3.05}

(Learning outcomes and instructional objectives for each individual clinical experience are detailed in the respective syllabus.)

During the 12-month supervised clinical training program, the student will achieve entry-level competence in the cognitive and performance areas required for general medical practice across all rotations.

Supervised Clinical Practice Experience (SCPE) Competencies

Medical Knowledge {3.05a}
- Apply pharmacologic and non-pharmacologic therapies appropriately.
- Integrate psychosocial and economic factors into medical decision-making.
- Continuously evaluate patient outcomes and modify management plans based on results, collaboration, and medical literature.

Interpersonal Skills {3.05b}
- Provide patient-centered care that establishes rapport, fosters trust, and respects patient comfort and modesty.
- Communicate effectively with patients, families, and healthcare teams.
- Consistently incorporate patient education and counseling into care, addressing adherence, health maintenance, and psychological considerations.

Clinical Skills {3.05c}
- Obtain accurate, logical, and comprehensive histories and perform focused and complete physical examinations using appropriate techniques and equipment.
- Select, interpret, and apply diagnostic studies to patient care.
- Deliver effective care in urgent and life-threatening situations.

Technical Skills {3.05d}
- Perform common diagnostic and therapeutic procedures safely and competently.
- Demonstrate progression toward proficiency in routine technical, invasive, and surgical procedures; assist with complex procedures.

Professional Behaviors {3.05e}
- Recognize limitations of PA practice and appropriately refer patients to supervising physicians, specialists, or community resources.
- Demonstrate accountability, adaptability, and commitment to continuous improvement.

Clinical Reasoning and Problem-Solving Abilities {3.05f}
- Formulate rational differential diagnoses and problem lists using evidence-based principles.
- Develop and implement management plans that integrate health promotion, disease prevention, patient education, and counseling.

TECHNICAL STANDARDS FOR PROGRESSION {A3.12e}

Progression through the LMU-PA Tampa Program is based on a **holistic review** of applicants' attributes. These Technical Standards outline the **essential functions**—the intellectual, physical, and emotional capabilities—required to complete the rigorous curriculum and succeed as a Physician Assistant . They are prerequisites for admission, progression, and graduation from the program. Our program is committed to providing **reasonable accommodations** for qualified candidates with disabilities, in a manner consistent with the Americans with Disabilities Act (ADA) and the Rehabilitation Act.

CORE TECHNICAL STANDARDS

All candidates must demonstrate the following abilities and skills, with or without reasonable accommodation, to function effectively in demanding academic and clinical environments that involve heavy workloads, long hours, and stressful situations.

1. **Observation**
   - Observe demonstrations and participate in experiments in the basic and clinical sciences.
   - Accurately observe patients from both a distance and at close range, interpreting verbal and non-verbal cues using functional vision, hearing, and somatic sensation.
2. **Communication**
   - Elicit information from patients by accurately perceiving verbal and non-verbal communication.
   - Convey compassion, empathy, and respect in all interactions.
   - Communicate clearly and efficiently in oral, written, and electronic forms with patients, families, and all members of the healthcare team.
3. **Sensory and Motor Function**
   - Perform a physical examination using standard techniques such as palpation, auscultation, and percussion.
   - Execute precise and timely motor movements required to provide general and emergency medical care.
   - Skillfully handle medical instruments and equipment (e.g., needles, stethoscopes, scalpels) essential for patient care.
   - Perform common procedures such as phlebotomy, arterial blood gas drawings, and lumbar punctures.
4. **Cognitive, Integrative, and Quantitative Abilities**
   - Measure, calculate, reason, analyze, and synthesize large amounts of complex information in a timely manner, especially in urgent situations.
   - Comprehend three-dimensional and spatial relationships of anatomical structures.
   - Collect, organize, prioritize, and apply technical information to make sound clinical judgments.
5. **Behavioral and Social Attributes**
   - Exhibit empathy, integrity, honesty, and strong concern for others.
   - Possess the emotional health required to exercise good judgment and develop mature, effective professional relationships.
   - Demonstrate the endurance and adaptability to tolerate physically and mentally taxing workloads and function effectively in the face of uncertainty.

Requesting Accommodations

All candidates must attest that they meet these Technical Standards upon application and maintain this ability throughout the program.

SECTION II: PROFESSIONAL CONDUCT & CLINICAL SITE POLICIES

GENERAL POLICIES, ADVISING, AND COMMUNICATION

UNDERSTANDING PROGRAM POLICIES {A3.01}

As a student in the LMU-Tampa PA Program, you are subject to all university policies. For complete details, you should refer to the **LMU-Tampa PA Program Student Handbook** and the **LMU University Graduate Catalog** in addition to this clinical handbook.

FACULTY ADVISORS & ON-SITE EVALUATIONS {A2.05D, A2.05E}

You will be assigned a faculty advisor whom you can contact at any time with questions or concerns. While you are required to meet with your advisor during callback days, more frequent communication is encouraged as needed.

During the clinical year, you will also have **two on-site evaluations** conducted by a member of the clinical team. The Director of Clinical Education (DCE) or Clinical Coordinator will contact you at least one week in advance to schedule the visit. It is essential that you **monitor your email closely** during this time to coordinate the evaluation.

OFFICIAL COMMUNICATION POLICY {A3.04}

Email

Each student is issued an official LMU email account. This is the university's primary method of communication.
- **Responsibility**: Students are responsible for monitoring this account daily, even while on vacation. Your LMU email is the official means of communication for the program. Students are responsible for checking their LMU email **at least every 24 hours** and responding to faculty emails within that timeframe. Failure to do so may result in referral to the SPC. Correspondence from personal email accounts will not be answered.
- **Response Time**: Students are expected to read and respond to all program correspondence within **24-48 hours**. Failure to do so may result in an unprofessionalism citation.
- **Student E-mail Signature Policy {3.04}:** All students must set up their LMU email signatures (as below) using the email signature form:

LMU
Lincoln Memorial University

Student Name | PA-S
Student.Name@LMUnet.edu | 123.456.7890

Lincoln Memorial University
636 Grand Regency Blvd, Brandon, Florida 33510
www.LMUnet.edu

Canvas and CORE

Faculty and staff use Canvas to communicate important information regarding courses, labs, and schedules. CORE provides students with an online experience allowing them to easily submit or review clinical evaluations, enter and maintain clinical experiences, encounters and hours all in one place

Addressing Faculty and Staff

As a standard of professionalism, students are expected to address all faculty, staff, and clinical preceptors by

their professional title and last name (e.g., Dr. Smith, Professor Jones, Ms. Davis).

Contact Information

Students are responsible for keeping their mailing address and phone number(s) up to date with the Program Administrator and the LMU Registrar's Office.

Procedure for Name or Address Change {A3.04}

- **Legal Name Change:** You must notify the Registrar, Admissions Coordinator, Security, Information Services, Financial Aid, and the appropriate Education Director (Didactic or Clinical).
- **Address/Emergency Contact Change:** You must notify the appropriate Education Director (Didactic or Clinical).

ATTENDANCE AND PROMPTNESS

Your success in the clinical year depends on your consistent attendance and punctuality, which are fundamental components of professional reliability.

ATTENDANCE POLICY

- **Follow the Preceptor's Schedule:** You are required to be present daily at your assigned clinical site. Your work schedule is determined exclusively by your preceptor and includes any evening, weekend, holiday, or on-call hours they require.
- **No University Holidays:** University holidays do not apply during the clinical phase. If your preceptor is working, you are expected to be working as well.
- **Mandatory Callback Days:** Attendance at all scheduled callback days is essential.

PUNCTUALITY

You are expected to arrive on time for all clinical responsibilities, preferably 5–10 minutes early, to prepare for the day. Late arrivals, early departures, or any adjustments to your schedule are prohibited without explicit approval from both your preceptor and the Director of Clinical Education (DCE).

CONSEQUENCES FOR VIOLATIONS

Repeated tardiness, unauthorized absences, or shortening your scheduled hours will be documented as **unprofessional conduct** and will negatively impact your preceptor evaluations. These violations may lead to more severe consequences, including:

- Automatic rotation failure
- A formal report to the DCE
- Referral to the Student Progress Committee (SPC) for further disciplinary review

DRESS CODE AND STUDENT IDENTIFICATION POLICY {A3.04}

As a representative of the LMU-Tampa PA Program, your personal appearance is an extension of your professionalism and directly impacts how you are perceived by patients and colleagues. These standards apply during all program hours and at all clinical sites. Use good judgment, and when in doubt, consult the Program Director.

BUSINESS CASUAL ATTIRE

Acceptable Clothing

- **Tops:** Dress shirts (collared for males), tailored blouses, sweaters, golf-style shirts, turtlenecks, and sport or suit jackets.
- **Bottoms:** Dress slacks (e.g., Dockers), wool or flannel pants, and dressy capris. Skirts or dresses must be no shorter than **one inch above the knee** when sitting.

Prohibited Clothing & Attire

The following items are **never appropriate** for program activities or clinical settings:
- Jeans, sweatpants, athletic wear, shorts of any kind, leggings, or spandex.
- Tee shirts, tank tops, halter tops, spaghetti straps, or shirts with excessively low-cut necklines.
- Clothing that is excessively tight, oversized, sagging, ripped, or torn.
- Attire that exposes the midriff, chest, pelvic/groin area, or buttocks.
- Clothing with profane, hateful, violent, or sexually suggestive messages, or that promotes illegal substances.

Footwear

- **Acceptable:** Clean and conservative athletic or walking shoes, loafers, clogs, boots, flats, and dress heels.
- **Prohibited:** Flashy athletic shoes, rubber flip-flops, thongs, slippers, or platforms.
- **Lab Requirement:** In all laboratory settings, **closed-toe and closed-heel shoes are mandatory**.

Personal Grooming and Accessories

- **Hygiene:** Maintain good personal hygiene, including regular bathing and use of deodorant.
- **Hair:** Hair must be clean, neat, and styled away from the face. **Unnatural hair colors and spiked styles (e.g., Mohawks) are not permitted.** Hair longer than shoulder-length must be secured during patient contact. Beards and mustaches must be clean and well-trimmed.
- **Fragrance:** Use perfumes, colognes, and scented lotions with **extreme restraint**. They are not recommended in patient care settings due to potential patient allergies and sensitivities.
- **Nails:** Fingernails must be short and clean to allow for proper hand hygiene. **Artificial nails and decorative nail designs are prohibited.** Some clinical sites may not permit any colored polish.
- **Jewelry & Piercings:** Jewelry should be minimal and not functionally restrictive. Avoid long, dangling earrings for safety. Except for earrings, **no other visible body or facial jewelry (e.g., tongue, eyebrow) is permitted.**
- **Tattoos:** Tattoos must be appropriately covered when possible.

SPECIAL CIRCUMSTANCES

Dress-Down Days

On designated "dress-down days," clean jeans, T-shirts, and sweatshirts in good condition are permitted. All other restrictions (e.g., no shorts, flip-flops, or offensive logos) still apply.

Head Coverings

Hats and caps are not permitted indoors. Exceptions will be made for head coverings worn for genuine religious or cultural purposes.

ATTIRE FOR CLINICAL SETTINGS & LABS

White Coats

A clean, neat, student-style white coat is the required uniform for most clinical settings, lab sessions, and competency evaluations. Exceptions must be approved by your preceptor or the Director of Clinical/Didactic Education.

- **Patch Placement:** You will receive two LMU-Tampa PA Program patches to be placed on your white coats. Each patch should be centered on the left sleeve, 3 inches down from the shoulder seam.
- **Name Embroidery:** Your full legal name, followed by "PA-S" and "LMU-Tampa PA Program," must be embroidered in black block lettering, positioned 2 inches above the left jacket pocket.
- **Over Scrubs:** If you wear scrubs in public areas outside of the operating room, you must wear a clean white coat over them.

Scrubs

Scrubs should generally not be worn outside of the lab, hospital, or clinic unless specified by your clinical site or instructor.

- **Color and Fit:** Scrubs must be **navy blue** and should not be overly tight, revealing, or baggy. Avoid excessive patterns or logos.
- **Condition:** Scrubs must always be clean, wrinkle-free, and in good condition without any stains, rips, or fading.
- **Public Areas:** When worn in public areas, scrubs must be covered by your white coat with your ID badge visible on the outside.

IDENTIFICATION POLICIES {A3.04}

Identification as a PA Student {A3.04}

To ensure transparency and patient safety, all students must clearly identify themselves as a "Physician Assistant Student" (PA-S) in all academic and clinical settings.

1. **Prohibited Misrepresentation:**
   - Students must **never** state or imply they are a physician, resident, medical student, or certified PA (PA-C).
   - Titles earned prior to matriculation (e.g., RN, EMT, PhD) may **not** be used during any program-related activities.
2. **Identification Standards:**
   - Your PA Student ID badge must be always worn and clearly visible during clinical rotations and any university-sponsored events.
3. **Consequences for Non-Compliance:**

- Violations of this policy will result in referral to the Student Progression Committee (SPC) for disciplinary action, which may include formal probation, suspension, or dismissal from the program.

Identification Badge Policy {A3.04}

An LMU picture ID card will be issued to all students. This ID must be **visible on your person at all times** while on campus and at clinical rotations.

- Failure to have your ID may result in being denied access to facilities or a **$25.00 fine**.
- A **$10.00 fee** is charged for replacing a lost ID.

ACADEMIC CONDUCT & INTEGRITY

The program demands authentic honesty and high academic integrity. This requires students to take personal responsibility for mastering the knowledge and skills necessary for patient care.

CORE PILLARS OF CONDUCT

Students are required to maintain high standards of conduct on and off campus, during clinical rotations, and at all LMU-sponsored events. Failure to meet these expectations will result in a referral to the **Student Progress Committee (SPC)** for disciplinary action.

Academic Misconduct

A serious offense that undermines education and violates trust. Examples include, but are not limited to:

- **Abetting:** Encouraging or assisting another student to cheat or sharing testing materials.
- **Cheating:** Acting dishonestly to gain an academic advantage (e.g., using unauthorized notes, obtaining information from another student during an exam).
- **Plagiarism:** Claiming someone else's ideas, words, or data as your own without proper citation.
- **Fabrication:** Presenting falsified work as genuine.
- **Deceitfulness:** Altering grade records or tampering with examination software.

Generative AI Policy

Unless explicitly permitted in a course syllabus or by a faculty member or clinical preceptor, using generative artificial intelligence (Gen-AI), such as ChatGPT, to complete assignments is a direct violation of the Academic Integrity Policy.

Permitted Use: Course directors will specify any permitted uses of Gen-AI in their syllabi. If a student is unsure, they are responsible for clarifying with the course director **before** using Gen-AI. Unauthorized use will be considered a violation of the Honor Code and will result in referral to the SPC, with potential dismissal from the program.

- **Disclosure Requirement**: For any permitted use of Gen-AI, students must submit an **"AI Use Disclosure Statement"** that includes:
    1. The AI tool(s) used, with proper source citation.
    2. A 1-3 sentence rationale for using the tool.
    3. A copy of the entire exchange (e.g., the full transcript of a ChatGPT chat), highlighting the most relevant sections.
    4. A 1-3 sentence summary of how the Gen-AI output was integrated into the assignment.
- **Student Responsibility**: Students must critically evaluate all information produced by Gen-AI for accuracy and reliability, as outputs can be misleading. Students are strongly encouraged to verify all AI-generated content with reputable sources.

GENERAL PROFESSIONALISM POLICIES

Professional Conduct

The program is committed to graduating professionals with high moral, ethical, and professional standards. Professional conduct is considered as vital as academic success. The program actively nurtures professional behaviors and remediates unprofessional ones. Students demonstrating a lack of professional conduct will be referred to the SPC.

Expected professional conduct includes:
- **Altruism** (selfless concern for others)
    - Responding to patients in a way that promotes patient-centered healthcare.
    - Advocating for policies and practices that benefit patients.
    - Sharing knowledge, talent, and resources to help others.
- **Integrity** (maintaining strong moral principles)
    - Maintaining appropriate boundaries in professional relationships.
    - Upholding ethical standards in all research and scholarly activity.
    - Demonstrating honesty, confidentiality, and straightforwardness in all interactions.
- **Respect** (courteous regard for the feelings of others)
    - Listening to the views of colleagues without interruption.
    - Addressing grievances directly with the individual involved before escalating.
    - Speaking of others without using inappropriate labels or slanderous comments.
- **Excellence** (maintaining outstanding quality)
    - Making valuable contributions to class, clinicals, and group interactions.
    - Setting goals to achieve above what is expected.
    - Seeking feedback for performance improvement and making appropriate corrections.
- **Initiative** (the ability to assess and act dutifully)
    - Organizing, participating, and collaborating effectively with peers and faculty.
    - Inspiring confidence in others by being properly prepared for all tasks.
    - Responding promptly and completing tasks in a timely manner.
- **Resilience** (the ability to recover from difficulty)
    - Assuming personal responsibility for mistakes and taking steps to prevent recurrence.
    - Understanding personal limits and requesting help when needed.
    - Remaining flexible to changing circumstances and unanticipated events.
- **Accountability** (taking responsibility)
    - Intervening when unprofessional behavior presents a potential danger.
    - Facilitating conflict resolution while maintaining composure.
    - Advocating for lifelong learning to improve patient care.

Electronic Device Policy

Device Policy in Clinical Settings

While at clinical sites, all personal electronic devices (cell phones, tablets, pagers, etc.) must be silenced, set to vibrate, or turned off. You are also required to comply with any device policies specific to that facility.

Approved Use and Consequences

You must get your preceptor's approval before using any personal device or facility computer for clinical work, program business, or research. Documenting patient encounters in CORE during clinic hours is not allowed unless your preceptor has approved it.

Any violation of these rules will result in an Unprofessional Behavior Citation. Subsequent violations will be escalated to the Director of Clinical Education (DCE) and potentially the Student Progress Committee (SPC) for further disciplinary action.

Social Media Conduct

Students must maintain high standards of professionalism on all social media platforms and online forums.
- **Prohibited Content**: Unprofessional posts containing profanity, discriminatory statements, depictions of alcohol abuse, sexually suggestive material, or breaches of patient confidentiality are forbidden.

- **Degradation of Others**: Degrading faculty, staff, students, preceptors, or the program on any platform will not be tolerated and is grounds for dismissal.
- **Patient Confidentiality (HIPAA)**: Posting any information or photos of a patient, patient encounter, or medical procedure is a violation of HIPAA.
- **Digital Footprint**: Be mindful that prospective employers, residency directors, and patients may review your social media presence.

Student-Patient and Student-Faculty Relationships

Students must not engage in intimate or unethical relationships with patients, preceptors, or faculty. Relationships must remain professional. Violations will result in referral to the appropriate disciplinary committee.

CLINICAL CODE OF CONDUCT

As a student, you're expected to uphold the highest standards of professional conduct in all clinical settings. This includes demonstrating respect, trustworthiness, responsibility, and a professional demeanor at all times.

Patient Welfare & Respect for Others
- **Treat patients and their families with respect and dignity**, both in their presence and in discussions with colleagues.
- **Respect patient modesty and privacy** at all times.
- **Provide equitable care** to all individuals, regardless of race, religion, gender, sexual orientation, age, disability, or socioeconomic status.
- **Interact professionally** and cooperatively with all members of the healthcare team.

Trustworthiness & Integrity
- **Be truthful** in all communications.
- **Maintain strict patient confidentiality**.
- **Admit errors promptly** and never mislead others for personal gain.
- **Clearly identify yourself as a student**, never representing yourself as a licensed provider.
- **Acknowledge all sources** for information you report to avoid plagiarism.

Responsibility & Professionalism
- **Participate responsibly** in patient care under appropriate supervision.
- **Persevere through clinical duties** until they are fully and properly completed.
- **Maintain a neat, clean appearance** and adhere to the dress code policy.
- **Recognize your personal limits**. Ask for help when your ability to function is compromised by fatigue, stress, or illness.
- **Seek supervision** when you are unsure how to proceed with patient care.
- **Refrain from using alcohol or other drugs** in a way that could compromise patient care or your own judgment.
- **Maintain composure** and avoid offensive language, gestures, or remarks.

PROGRAM-SPECIFIC POLICIES AND PROCEDURES {A3.02, A3.03, A3.14i}

Classroom Conduct

To maintain an environment conducive to learning, activities that distract from or interfere with instruction are prohibited. Students who violate classroom etiquette may be referred to the SPC.

- **Prohibited activities include**: engaging in unrelated discussions, using electronic devices for non-class activities (e.g., shopping, texting, gaming), bringing animals or children to class, eating or smoking in class, or frequent entry/exit of the classroom.
- **Cell Phones**: Must be turned off during class sessions.
- **Recording**: Audio and video recording of any lecture or small group activity is forbidden without express permission.

Computer-Based Written Exam Conduct

These policies are in place to maintain exam integrity, security, and fairness.
- **Arrival**: Arrive before the scheduled start time. Late arrival may result in ineligibility to take the exam.
- **Required Materials**: Students must bring their testing device, power cord, and privacy screen (if applicable). The exam must be downloaded to the device before exam day if required.
- **Prohibited Items**: Possession of unauthorized devices (e.g., phones, smartwatches) will be considered cheating.
- **Confidentiality**: Exam content is confidential. Discussing or disseminating exam content is a violation of academic integrity.
- **Exam Conduct**: Remain silent and do not communicate with others. Notify a proctor of any technical issues.
- **Submission**: Submit the exam when finished and show confirmation to the proctor.
- **Academic Integrity**: Any attempt to disable security software, use unapproved materials, or engage in any dishonest behavior is strictly prohibited and will lead to disciplinary action.

Student Employment Policy {A3.02, A3.03, A3.14i}

The Clinical Phase is a rigorous, full-time commitment. This policy clarifies your role as a student learner. To ensure compliance with accreditation standards, you **must not be required to work for the program** or function as a substitute for instructional faculty, clinical, or administrative staff.

While you will participate in many supervised activities (such as providing patient care, assisting in educational support, or participating in research), these are **educational experiences, not employment**.

Prohibited Activities
As a student, you are strictly prohibited from the following:

- **Employment within the Program**: PA students must **not** be required to work for the program. They may **not** substitute for or function as instructional faculty, clinical staff, or administrative staff. Clinical rotations are for learning purposes, not for staffing solutions.
- **Substitution for Clinical Staff:** You may not function as or replace clinical staff (e.g., medical assistants, nurses). Clinical rotations are for learning, not for staffing clinical sites.
- **Substitution for Administrative Staff:** You may not perform administrative duties that are the responsibility of paid staff, such as scheduling or office management.
- **Independent Practice:** You may not practice medicine independently. All patient care must be performed under the direct supervision of a licensed healthcare professional
- **Outside Employment**: Outside employment is **strongly discouraged**. The program schedule will not be adjusted to accommodate work obligations. Students are advised to prioritize their education and explore available financial aid resources.

Enforcement: Violations of this policy will be subject to disciplinary action, as outlined in the program's student handbook. Any student who believes they are being asked to perform prohibited activities should

immediately report the concern to the Program Director or Director of Clinical Education.

ATTENDANCE AND LEAVE POLICIES

Attendance Policy

Consistent attendance during your clinical rotations and at all mandatory events is a fundamental professional responsibility. You must adhere to the schedule set by your preceptor.

Reporting Absences

For **any** absence, regardless of the reason, you are required to:
1. **Notify your preceptor AND the Director of Clinical Education** (or coordinator) via email *before* the start of your scheduled shift.
2. **Submit a "Request for Time Off Form"** for official documentation.

Types of Absences

- **Illness:** For an illness lasting more than **two days**, or for a pattern of **three or more absences** in a single rotation, you must provide a medical note from a healthcare provider. Absences of three or more consecutive days must be made up.
- **Discretionary Days:** You are provided **two discretionary days** per year for interviews or appointments. These must be requested at least **one week in advance**.
- **Religious Holidays:** Requests for religious holidays must be submitted in writing *before* the start of your first clinical rotation.
- **Bereavement:** Up to **three days** of excused leave is granted for the death of a first-degree relative. Missed time must be made up.

Leave of Absence (LOA)

You may request an LOA for significant emergencies such as medical issues, maternity leave, financial hardship, a call to active military service, or a personal/family emergency.

Request Process

To be considered for an LOA, you must be in good academic standing. The process is as follows:
1. Submit a **written request** via your LMU-issued email to the Program Director.
2. Hold a formal meeting with the Program Director to discuss the circumstances of your leave.
3. The Program Director forwards the request and supporting documentation to the **SMS Dean** (or designee) for final approval.

Form Utilization

The specific forms required depend on the timing of your leave:
- **LOA Within One Semester**: If you are taking a temporary leave but will return to complete rotations *within the same semester* (e.g., miss one rotation but return for the next one), you must complete the University Leave of Absence (U-LOA) Form.
- **LOA Spanning Semesters**: If your leave will cause you to miss the remainder of a semester and return in a future semester, you must complete *both* the University Withdrawal (U-WD) Form (to withdraw from your currently enrolled courses) and the SMS-LOA Form (to formalize your leave from the program with intent to return).

Key Policies & Time Limits

- **Program Completion**: The entire program, including any LOA, must be completed within 48 months of your original matriculation date. An LOA that extends you beyond this limit will require withdrawal from the program.
- **Maximum Duration**: The maximum time allowed for a single SMS-LOA is 12 months.
- **Effective Date**: The LOA start date is the date your written request is received, which is used to calculate any tuition refunds.

Returning from a Leave of Absence

Upon returning from an LOA during the clinical phase, you will restart rotations at the beginning of the semester where you left off, which will delay your graduation. You will not be required to retake previously completed courses. To return, you must:
1. Provide **written notification** to the Program Director of your intent to return at least **one (1) month** prior to your anticipated return date.
2. Receive clearance from the **Student Progress Committee (SPC)**, which may be required to ensure retention of previously completed coursework.
3. Complete all requirements outlined in your LOA approval letter.
4. **For Medical LOA:** Submit a letter from a licensed healthcare provider certifying that your health is sufficient to continue training in accordance with the program's technical standards.
5. **For Financial LOA:** Provide the financial aid office with documentation demonstrating your financial ability to continue your education.

Rotation Duty Hours

Your clinical education is a priority, but so is your well-being. While specific work hour rules for PA students don't exist in the same way they do for residents, the following guidelines are in place to ensure you have a balance and effective learning experience.

- **Weekly Hour Cap:** You should not exceed 80 hours of duty time in the hospital or clinic per week.
- **Time Off:** You should have at least one full day off per week, averaged over a one-month period.
- **Flexibility:** You may be asked to go in early or stay late depending on your preceptor's schedule.
- **Communication:** Always check out with your preceptor before leaving for the day.

ENFORCEMENT AND EVALUATION OF PROFESSIONALISM

Evaluation of Professional Behaviors

The **Student Progress Committee (SPC)** evaluates each student's professional behavior every semester, using feedback from faculty advisors, instructors, and preceptors. The evaluation focuses on **Respect, Flexibility, Behavior, and Integrity**. This process includes a student self-assessment and a one-on-one meeting with a faculty advisor to discuss feedback and create improvement plans if needed.

Professional Citations

Behavioral concerns are documented on a **Professionalism Concern/Violation Form**.
- A **Professionalism Concern** documents patterns of behavior but does not result in immediate adverse action.
- A **Professionalism Violation** indicates a greater concern requiring an SPC meeting to determine the need for immediate intervention.

Reporting and Investigating Misconduct

When issued a citation, a student has an opportunity to defend their position.
- The SPC may recommend counseling, education, formal sanctions, or dismissal.
- Upon receiving a **third citation**, a student will be placed on **Professional Probation**, and the SPC will determine an appropriate response, which may include dismissal. The student will be required to follow an intervention plan for the remainder of the program.

SECTION III: HEALTH, SAFETY & ADMINISTRATIVE REQUIREMENTS

STUDENT HEALTH AND IMMUNIZATION POLICY {A3.05, A3.09, A3.18}

BACKGROUND AND PURPOSE

This document defines the policies, procedures, and availability of health services for all students enrolled in the Physician Assistant (PA) Program. The program requires students to meet specific health and safety standards to protect themselves, their peers, and the patients they will serve.

GENERAL HEALTH AND FINANCIAL RESPONSIBILITY {A3.05}

- **Health Insurance {A3.07a}:** All students MUST provide proof of an active personal health insurance policy prior to matriculation and must maintain continuous coverage throughout their enrollment in the program.
    - Due to the potential for exposure to infectious materials, this insurance should cover screenings, diagnostics, treatments, and short- and long-term disability.
- **Financial Responsibility:** Students are financially responsible for all health care costs they incur while enrolled. This includes, but is not limited to, services for immunizations, TB testing, illness, pathogen exposure evaluation and treatment, and injuries sustained during program-related activities. All costs not covered by a student's personal insurance are the sole responsibility of the student.

REQUIRED HEALTH SCREENINGS AND IMMUNIZATIONS {A3.09}

All of the following health requirements must be completed and documented prior to matriculation.

A. **Tuberculosis (TB) Screening**
   One of the following must be completed within 12 months prior to matriculation:
   - Two-step TB skin test (administered 1-3 weeks apart).
   - QuantiFERON-Gold or T-SPOT blood test (lab report required).
   - If you have a history of a positive TB test, a clear chest x-ray report from within the last 12 months is required.

B. **Required Immunizations**
   Students must provide either official immunization records or serologic proof of immunity (positive antibody titers) for the following, as recommended by the CDC for healthcare personnel.
   - **Hepatitis B:** BOTH of the following are required:
        1. A complete vaccination series (typically 3 doses).
        2. A positive Hepatitis B Surface Antibody (HBsAb) quantitative titer (lab report required).
        - *If the titer result is negative or equivocal, the vaccination series must be repeated, followed by a second titer.*
   - **Measles, Mumps & Rubella (MMR):** One of the following is required:
        - Record of 2 MMR vaccinations (the first dose must be administered on or after your first birthday).
        - Positive antibody titers for all three components (Measles, Mumps, and Rubella). Lab reports are required.
        - *If any titer is negative or equivocal, a booster vaccine is required, followed by a second titer.*
   - **Varicella (Chickenpox):** One of the following is required:
        - Record of 2 Varicella vaccinations.
        - A positive Varicella antibody titer (lab report required).
        - *If the titer is negative or equivocal, a complete two-dose vaccination series is required.*

- **Tdap (Tetanus, Diphtheria, Pertussis):** One of the following is required:
  - Documentation of one Tdap vaccination administered within the past 10 years.
  - Documentation of an initial Tdap vaccination (at any time) AND a Td (Tetanus & Diphtheria) booster administered within the past 10 years.
- **Influenza:** Students are required to receive an annual influenza vaccination while enrolled in the program.
- **COVID-19:** Students must comply with the current CDC recommendations for COVID-19 vaccination for healthcare personnel.

C. **Additional Requirements**
- **Clinical Site Mandates:** Clinical rotation sites may require additional immunizations, screenings, or documentation beyond the program's requirements. Students must comply with all site-specific mandates.
- **Medical Contraindications:** Students with a valid medical contraindication for a required vaccine must provide official documentation from a healthcare provider. These students may face additional requirements (e.g., wearing a mask during influenza season). Please note that some clinical facilities may not permit students with vaccine exemptions to rotate at their site, which could impact clinical placement and progression in the program.

DOCUMENTATION AND CONFIDENTIALITY {A3.06, A3.18}

- **Acceptable Documentation:** All records must be primary-source documents. This includes:
  - Official medical or immunization records showing dates and provider signatures.
  - Official laboratory reports for all serologic (titer) testing.
  - A letter from a healthcare provider documenting immunization non-conversion.
- **Submission:** All health and immunization records must be submitted directly to the designated compliance tracking system (CORE). **Do not send records to the PA Program.**
- **Confidentiality {A3.16}:** Student health records are confidential. Program faculty and staff do not have access to student health information, except for verifying immunization and TB screening compliance through the CORE system.
- **Student Treatment {A3.06}:** Except in an emergency, PA Program faculty and staff may not act as healthcare providers or behavioral health counselors for students enrolled in the program.

SAFETY AND EXPOSURE CONTROL POLICIES {A3.05}

Standard Precautions and Safety Training {A3.05a}

Standard Precautions are the minimum infection-prevention practices that apply to all patient care and lab settings. Students will receive comprehensive training on these practices, which include:
- **Hand Hygiene:** Using alcohol-based hand rub or soap and water at all appropriate times (e.g., before and after patient contact, after contact with bodily fluids, before an aseptic task, and after glove removal).
- **Personal Protective Equipment (PPE):** Proper use of gloves, gowns, masks, and eye protection when exposure to blood or bodily fluids is anticipated.
- **Safe Injection Practices:** Never recapping needles (unless required by a specific procedure), using self-sheathing needles when available, and immediately disposing of all sharps in designated puncture-resistant containers.
- **Safe Handling of Equipment:** Routinely cleaning and disinfecting patient care areas and reusable medical equipment according to manufacturer instructions.

- **Respiratory Hygiene/Cough Etiquette:** Covering coughs and sneezes, disposing of tissues properly, and performing hand hygiene after contact with respiratory secretions.

Compliance with safety practices is a measure of professionalism. Persistent failure to observe Standard Precautions may result in disciplinary action.

OSHA Training and Compliance {A3.05a}

All students must complete OSHA training on blood-borne pathogens and universal precautions prior to beginning clinical experiences. This training will be provided by the program. Some clinical sites may require students to repeat their training. Failure to maintain compliance with OSHA requirements will result in removal from the clinical site and referral to the Student Progress Committee (SPC).

Post-Exposure Policy and Procedure {A3.05b}

If you experience a needle stick, sharps injury, or exposure to blood or bodily fluids:
1. **Immediate First Aid:** Immediately wash the affected area thoroughly with soap and water. For mucous membrane exposure, flush the area with water.
2. **Report Immediately:** Report the incident to your supervising preceptor or attending physician at the clinical site without delay. Prompt reporting is critical for initiating post-exposure prophylaxis (PEP) if needed, especially for HIV exposure, which should begin within two hours.
3. **Seek Medical Evaluation:** Follow the clinical site's established protocol for exposure incidents. Go to the designated department (e.g., Employee Health, Emergency Department) for evaluation and treatment. Be proactive in asking for this protocol at the start of each rotation.
4. **Notify the Program:** Report the incident to your Director of Clinical Education within 24 hours.
5. **Complete an LMU Incident Report:** You must complete and submit the official LMU Incident Report within 24 hours of the exposure. The training site may also require you to complete a separate report for their facility.

Financial Responsibility for Post-Exposure Care {A3.05c}

While many clinical sites provide post-exposure care at no charge, you are ultimately responsible for any costs incurred. Claims must be filed first with your personal health insurance. For remaining costs, you may file a claim with LMU's intercollegiate policy. To do so, you must submit all required documentation (claim forms, insurance EOBs, facility bills) to:

Norma Wells, Director of Continuing Education Development 6965 Cumberland Gap Parkway Harrogate, TN 37752 Phone: 423-869-7186 Email: norma.wells@lmunet.edu

Latex Allergy Policy {A3.05a}

Latex products are common in medical settings and pose a significant risk to individuals with allergies. This policy outlines your responsibilities and the program's limitations regarding latex exposure.

Your Responsibility
- **Seek Evaluation:** If you have a known latex allergy or symptoms of one, you are **strongly advised to get evaluated by a qualified allergist** at your own expense.
- **Provide Clearance:** Students with a history of severe reactions (e.g., generalized reactions or anaphylaxis) **must provide medical clearance** from an allergist and may be required to carry an Epi-pen.
- **Know Site Protocols:** Before each rotation begins, you are responsible for learning the site's specific protocols for managing allergic reactions and identifying the appropriate contact person.

Program Limitations and Assumption of Risk

You must understand the inherent risks of continuing in the program with a significant latex allergy.

- **The program cannot guarantee a latex-free environment.** While we provide latex-free gloves for lab sessions, other materials and clinical sites may still contain latex.
- By choosing to continue your training, **you assume all responsibility and risk** for any allergic reaction, which can range from mild symptoms to life-threatening anaphylaxis.

STUDENT DRUG AND ACOHOL SCREEN & CRIMINAL BACKGROUND CHECK POLICY

BACKGROUND AND PURPOSE

To ensure a safe and effective learning and healthcare environment for patients, students, and staff, Lincoln Memorial University (LMU) requires all Physician Assistant (PA) students to undergo criminal background checks and drug screenings. This policy is essential for maintaining the integrity of the program and for complying with the mandatory requirements of our clinical affiliates and healthcare accreditation organizations.

Continued enrollment in the LMU-Tampa PA Program is contingent upon satisfactory results from all required checks and screenings.

CRIMINAL BACKGROUND CHECKS

Upon admission, all students will receive instructions for completing a mandatory criminal background check prior to the first day of class.

- **Student Responsibility:** The student is responsible for all costs associated with background checks.
- **Clinical Site Requirements:** Clinical rotation sites may require additional or repeated background checks or fingerprint screenings during the clinical phase of the program.
- **Unsatisfactory Findings:** In the event of an unsatisfactory finding, the information will be forwarded to the LMU Office of Institutional Equity and Compliance for review. Depending on the nature of the offense, a student may be denied enrollment or continued matriculation.
- **Non-Compliance:** Failure to submit to a required background check will result in immediate dismissal from the program.

DRUG AND ALCOHOL SCREENING

As a prerequisite for participation in any patient care activity, all LMU-Tampa PA students are required to undergo drug screening.

- **Student Responsibility:** Students are financially responsible for all costs related to drug screenings.
- **Frequency:** Screenings are required prior to matriculation and may be repeated randomly, annually, or as required by specific clinical sites throughout the didactic and clinical phases.
- **Impact on Progression:** Screening results that limit the Program's ability to secure required clinical experiences will prevent a student from progressing in the program and may lead to dismissal.
- **No Guarantee of Licensure:** Successful completion of the LMU-Tampa PA Program does not guarantee a graduate will be able to obtain state licensure.

DRUG SCREENING PROCEDURE

Initiating the Screening

Upon enrollment, the program will direct students to an approved third-party vendor. The vendor will email students with instructions, deadlines, and authorization forms for completing all required drug screens.

Screening Panel

The required drug screen panel will test for, but is not limited to, the following substances:
- Amphetamines (amphetamine and methamphetamine)
- Barbiturates
- Benzodiazepines

- Cocaine Metabolite
- Marijuana Metabolites (THC)
- MDMA (Ecstasy)
- Methadone
- Methaqualone
- Opiates (codeine and morphine)
- Phencyclidine (PCP)
- Propoxyphene

Review of Results

1. **Initial Report:** The vendor will provide results directly to the PA Program Director and/or the Director of Clinical Education. Initial results only indicate whether the test is **"negative"** or **"non-negative."**
2. **Medical Review Officer (MRO):** All "non-negative" results are automatically reviewed by a certified Medical Review Officer (MRO). The MRO will contact the student to determine if a legally prescribed medication or other valid reason caused the result.
3. **Final Determination:** A test is only confirmed as "non-negative" after the MRO rules out any legitimate medical explanation. Following the MRO review, the program will receive a final notification of either "negative" or "non-negative."

Consequences of a Confirmed Non-Negative Result

Because a non-negative drug screen prevents participation in required coursework and clinical experiences, a student **may not begin or continue in the program** with a confirmed non-negative result. This inability to complete program requirements will result in **referral to the SPC for dismissal from the LMU-Tampa PA Program.**

Maintenance of Records and Confidentiality {A3.18}

All drug screen and background check results are confidential records. They will be maintained by the PA Program Director, kept separate from the student's general academic file, and handled in compliance with the Family Educational Rights and Privacy Act (FERPA) and all other applicable privacy laws.

CONFIDENTIALITY POLICY (HIPAA & FERPA) {A3.16, A3.18}

Maintaining confidentiality is a cornerstone of professional medical practice and a strict requirement for all members of the LMU Tampa PA Program community. This policy outlines student responsibilities under two key federal laws:

1. The **Health Insurance Portability and Accountability Act (HIPAA)**, which protects patient health information.
2. The **Family Educational Rights and Privacy Act (FERPA)**, which protects student educational records.

Adherence to this policy is mandatory. All faculty, staff, and students are responsible for safeguarding confidential information.

HIPAA and Patient Confidentiality {A3.16, A3.18}

HIPAA requires that all **Protected Health Information (PHI)**—such as medical records, patient identifiers, and health status—be kept secure and private. As a student, you will encounter PHI in classrooms, labs, and clinical settings.

Student Responsibilities Regarding PHI

You are required to protect the privacy of all patients, standardized patients, and their families.
- **NEVER** discuss or post any PHI on social media or in public spaces where conversations can be overheard. This includes anonymous case details.
- **NEVER** take or post pictures or videos of patients or any part of a patient encounter.
- **De-identify all patient information** for any case presentations or program assignments. This means removing all identifiers, including names, initials, dates, locations, and any other unique characteristics.
- Respect the confidentiality of your classmates, faculty, staff, and clinical preceptors in all matters.

Digital Security Practices {A3.16, A3.18}

When accessing electronic PHI on university or clinical site computer systems, you are responsible for maintaining the security of your account and workstation.
- **Protect Your Password:** Use a strong, unique password (a mix of upper/lowercase letters, numbers, and symbols). Never share your password with anyone or work under another person's account. All activity is traceable to the user.
- **Secure Your Workstation:** Always lock your computer when you step away. Log out of all applications and systems containing PHI when your work is complete.
- **Do Not Store PHI Locally:** Program policy prohibits storing PHI on personal devices, removable media (like USB drives), or a computer's local hard drive (e.g., "My Documents"). PHI must only be stored in approved, secure clinical or university systems.
- **Report Concerns:** Immediately report any security concerns, such as a locked account or suspicious software, to a faculty or staff member.

FERPA and Student Record Confidentiality {A3.16, A3.18}

FERPA protects the privacy of your educational records. The program is committed to upholding this privacy and expects students to respect the confidentiality of their peers.

Your Responsibilities Regarding Peer Information
- Students are only informed of their own academic performance and progress. You must keep this information confidential.
- **Do not** discuss, share, or inquire about the academic performance, grades, or Student Progress Committee (SPC) decisions of other students.
- Discussions about classmates' academic or professional standing are a violation of both FERPA principles and the program's professional code of conduct.

The Program's Commitment to Your Privacy
Your academic and disciplinary records are confidential. Assessment results and SPC decisions are not publicly posted and are only accessible to program faculty and staff with a legitimate educational need to know.

Training and Policy Violations

All students will receive mandatory HIPAA training at the beginning of the didactic and clinical phases of the program.

Failure to adhere to these confidentiality policies is a serious breach of professional conduct. Any student who violates HIPAA, FERPA, or general confidentiality rules **will be referred to the Student Progress Committee (SPC) for disciplinary action, which may include suspension or dismissal from the program.**

PERSONAL SAFETY AND SECURITY {A1.02e}

You are responsible for completing any safety or security training required by a clinical site before starting your rotation. While the program routinely evaluates sites, your personal safety is paramount. Always exercise good judgment and remain aware of your surroundings.

REPORTING SAFETY CONCERNS

- **Immediate Danger:** If you feel you are in immediate danger, remove yourself from the situation, communicate your distress, and **call 911**.
- **General Safety Issues:** If you feel a rotation site is unsafe for any reason, including harassment or bullying, you must **immediately contact the Director of Clinical Education or Clinical Coordinator** by phone, text, or email. The program promptly investigates all concerns.
- **Minor Conflicts:** For minor issues related to supervision or communication, first attempt to resolve the problem with your preceptor. If the issue persists, contact the Director of Clinical Education immediately.

Safety Tips

- **Secure Valuables:** Leave laptops, tablets, and other valuables at home and do not carry large amounts of cash.
- **Be Aware:** Pay attention to your surroundings, avoid isolated shortcuts, and park in well-lit areas.
- **Parking Safety:** Always lock your car. In large parking structures, take a picture of your parking location to find your vehicle easily.
- **Use Escorts:** Do not walk alone to your car at night. Use hospital-provided security escorts, shuttles, or ask a colleague to walk with you.
- **Report Suspicious Activity:** If you see unusual activity or someone loitering, call hospital security immediately.

Required Certifications

Before beginning clinical rotations, you must obtain and maintain active certification in the following:
- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)

You are required to submit copies of your certification cards to **CORE**.

Failure to provide these documents will prevent you from starting clinical training until this requirement is met.

SECTION IV: STUDENT EVALUATION & PROGRESSION

PROGRESSION, GRADING AND EVALUATION {A2.05D, A3.14a, A3.14f, A2.05d, A3.14b, B4.01}

This policy outlines the standards for grading, grade reporting, and academic progression during the clinical phase. The goal is to ensure that grades are accurate, transparent, and reported in a timely manner.

PROGRESSION {A3.14a}

Students must maintain high standards of academic performance and professionalism throughout their enrollment in the LMU-Tampa PA Program. This section outlines the requirements for progression through each phase of the curriculum and for graduation.

Overall Progression Framework

Initial Requirements

Before progressing, newly admitted students must:
1. Complete all admission requirements, including the submission of required immunization records and proof of health insurance.
2. Successfully complete the mandatory LMU-Tampa PA Program Orientation.

Curriculum Structure

The program's curriculum is sequential. Students must successfully complete all courses in each semester before progressing to the next. Likewise, all didactic phase requirements must be met before advancing to the clinical phase.

The Student Progress Committee (SPC) {A2.05d}

The SPC formally reviews each student's academic and professional performance at the end of every semester. A recommendation for progression from the SPC is required to enroll in the subsequent semester's courses. The committee may convene more frequently if a student is identified as being at risk for academic or professional probation or dismissal.

Phase-Specific Progression Criteria {A2.05d}

Progression Through the Didactic Phase

To advance from one didactic semester to the next, a student must:
- Achieve a minimum cumulative **3.0 GPA**.
- Earn no course grades below a "C" (2.0).
- Pass all Objective Standardized Clinical Examinations (OSCEs) and End of Didactic Phase Exam.
- Maintain the program's standards of professionalism.

Progression from Didactic to Clinical Phase

To advance to clinical rotations, a student must have successfully met all didactic phase progression criteria, including passing the **Didactic Phase Instruments OSCE I and End Of Didactic Phase Exam**.
- **Note:** Not achieving any of the above criteria during the didactic phase will result in referral to the SPC and dismissal from the program.

Progression from Didactic to Clinical Phase

To advance to clinical rotations, a student must have successfully met all didactic phase progression criteria, including passing the **Didactic Phase Instruments OSCE I and End of didactic phase exam**.

- **Note:** Any grade below a "C" during the didactic phase will result in referral to the SPC and dismissal from the program.

Progression Through the Clinical Phase

Student performance is assessed by the Director of Clinical Education (DCE) after each Supervised Clinical Practice Experience (SCPE) to determine eligibility for the next rotation. To progress and ultimately complete the clinical phase, a student must:

- Maintain a minimum cumulative **3.0 GPA**.
- Successfully pass all SCPEs (two failed rotations will result in dismissal).
- Pass all end-of-rotation (EOR) examinations.
- Complete a minimum of 16 community service hours.
- Maintain the program's standards of professionalism.

Clinical Phase Completion Requirements

To successfully complete the clinical phase and be eligible for graduation, you must:

- Maintain a minimum overall GPA of **3.0**.
- Successfully pass all clinical rotations (SCPEs) and earn **no grade lower than a "C"** in any course.
- Pass all End-of-Rotation Examinations (EOREs).
- Demonstrate professionalism.
- Complete at least 16 hours of community service.

GRADE REPORTING

The official process for reporting your final grades is as follows:
1. The Course Director verifies final scores in Canvas.
2. The Director of Didactic Education (or a program designee) submits the verified grades to the Registrar.
3. Official grade records are maintained and submitted to the Coordinator of Academic Operations, SMS.

PASSING REQUIREMENTS

To successfully complete a rotation and remain in the program, you must meet the following standards:

- **Minimum Grade:** You must earn a grade of 'C' (70.00%) or higher in every rotation to receive course credit.
- **No Rounding:** Final course grades, exam scores, and GPAs are not rounded.
- **Preceptor Evaluation:** A score below "3" on any section of a preceptor evaluation will result in remediation and may lead to rotation failure.
- **Timely Submissions:** Your grade is also determined by the timely submission of all required forms, patient encounter documentation, and time logs.

CONSEQUENCES OF FAILURE

- **Rotation Failure:** Earning a grade below 70.00% in any rotation will result in an "F." You will be required to repeat the entire rotation at the end of the clinical year, which will delay your graduation.
- **Dismissal:** Any grade below a "C" does not count toward your MMS degree and will result in dismissal from the program following a faculty academic hearing.
- **SPC Review:** All rotation failures and instances requiring remediation are reviewed by the Student Progress Committee (SPC) for further action.

ASSESSMENT METHODS AND GRADING SCHEME

Letter grades for each course correspond with the following numeric ranges:

Final course grades are calculated on a percentage basis and correspond to a letter grade and GPA quality points as follows. **Please note**: The program does not round up any grades, including final course scores and GPAs.

Letter Grade	Percentage Score
A	90–100%
B	80–89%
C	70–79%
F	≤ 69.99%

Grade Point Average (GPA) equivalents are as follows:

Letter Grade	Quality Points per Credit Hour
A	4
B	3
C	2
F	0

Core Rotation Grading Scheme {B1.03i} (the final course grade will be calculated as follows)

Assessment Item	Number of Evaluations	Percentage per Evaluation	Total Weight
Completed Onboarding Document	1	4%	4%
End of Rotation Exam	1	28%	28%
Preceptor Evaluation: Clinical Portion	1	20%	20%
Preceptor Evaluation: Professionalism and Communications Portion	1	25%	25%
Attendance to Clinic and Callback Days	1	8%	8%
Weekly SOAP notes – Completed and on time	1	5%	5%
Patient Logging – Completed and on time	1	2.5%	2.5%
Time Logging - Completed and on time	1	2.5%	2.5%
Evaluation of Preceptor/Site	1	5%	5%
Student Self-Assessment	1	0%	0%

Evaluation Required (for Rotation 1, 3, 4 and 7 only)			
	Total Assessments: 10	**Total Grade 100%**	

Elective Rotation Grading:

There is no EORE for Elective Rotations. Soap notes are not required. Grading is based upon the Preceptor Evaluation of clinical skills and professionalism; attendance; timely completion of evaluation forms; and timely patient encounter and time logging.

Assessment Item	Number of Evaluations	Percentage per Evaluation	Total Weight
Completed Onboarding Document	1	4%	4%
Preceptor Evaluation: Clinical Portion	1	56%	56%
Preceptor Evaluation: Professionalism and Communications Portion	1	25%	25%
Attendance to Clinic and Callback Days	1	8%	8%
Weekly SOAP notes – Completed and on time	1	5%	5%
Patient Logging – Completed and on time	1	2.5%	2.5%
Time Logging - Completed and on time	1	2.5%	2.5%
Evaluation of Preceptor/Site	1	5%	5%
Student Self-Assessment Evaluation Required (for Rotation 1, 3, 4 and 7 only)	1	0%	0%
	Total Assessments: 9	**Total Grade 100%**	

Evaluation Forms
Your Responsibility
It is **the students responsibility to ensure your preceptor completes all required evaluations** by the designated due dates. Final grades for the rotation will not be released until all forms, evaluations, and notes have been submitted.

Grading and Consequences
- **Point Value:** Each evaluation form is worth either 2.5% or 5% of your total rotation grade.
- **Late or Incomplete Submissions:** Failing to submit a complete evaluation by the deadline is considered unprofessional conduct and will result in **losing all points** for that form.
- **Repeated Lateness:** Submitting evaluations late three or more times without a valid excuse will lead to a

referral to the Student Progress Committee (SPC), which may result in further grade deductions.

End-of-Rotation Exams & Completion Requirements {A3.14a, A3.14f}

Exams are a critical component of your evaluation during the clinical phase. This section outlines the exam format, retake policies, and the overall requirements you must meet to successfully complete the clinical year.

Exam Format and Passing Score

At the end of each core rotation, you will take an End-of-Rotation Exam (EORE) administered by the PA program.
- **Content:** The exams are written by the PA Education Association (PAEA) and are based on the specific topic list and blueprint for each rotation.
- **Structure:** Each exam consists of 120 questions, divided into two 60-question blocks. You will have two hours to complete the full exam.
- **Passing Score:** You must achieve a raw score of **70% or higher** to pass.

Grades will be posted within five business days. You can arrange to review your exam by contacting the Clinical Coordinator.

Retake Policy

- **Scheduling:** A retake exam must be completed within **two weeks** of the failure notification, unless the Director of Clinical Education arranges otherwise.
- **Maximum Score:** The maximum score you can earn on a retake exam is **80%**.
- **Failure of Retake:** If you fail the retake (your second attempt), you will be required to **repeat the entire rotation**.
- **Dismissal:** While you may continue in the program after failing two rotations (SCPEs), a **third failure will result in dismissal**.

Additional Policies

- **Tardiness:** If you arrive late for an exam, you will only have the remaining scheduled time to complete it; no extra time will be granted. Repeated tardiness may lead to disciplinary action.
- **Evaluation Forms:** Your performance is also evaluated based on your history-taking, physical exam skills, professionalism, and clinical decision-making. You must complete all required evaluation forms by their deadlines to receive a passing grade.

Documents and Evaluation forms

Onboarding Document
- Completed with the preceptor on the first day of the rotation.
- Outlines schedule, goals, expectations, dress code, and contact information.
- **Due: 8:00 AM, first Friday of each rotation.**

Student Evaluation of Preceptor and Clinical Site
- Completed via CORE at the end of each rotation.
- Email notification is sent on the **last Monday** of the rotation.
- **Due: 8:00 AM, last Friday of each rotation.**
- If multiple preceptors are assigned, evaluate the preceptor with whom you spent the most time.
- Students must track **hours worked with each preceptor** and provide full name and title to ensure CME credit.

- Logged hours must closely match CORE time records. **Discrepancies will be flagged** and require explanation to the Director of Clinical Education (DCE).

Student Self-Assessment Evaluation
- Reflects on performance, strengths, and areas for improvement.
- Promotes self-directed learning and provides feedback for faculty/preceptors.
- **Due: 5:00 PM on the last Monday of rotations 1, 3, 4, and 7.**

Preceptor Evaluation of Student (PES)
- Completed by the preceptor during the **final week** of the rotation.
- Sent to preceptors via CORE; if not received, a blank copy is available on Canvas or in the handbook.
- Students must confirm the **preceptor's email address** during onboarding.
- Preceptor and student must formally review the evaluation before submission.
- **Passing requires an average score of ≥3 in all sections.** Any section below 3 results in failure of the rotation (including electives).
- **Due: 8:00 AM, last Friday of each rotation.**

Patient Encounter Logging
- Students must log **all patient encounters daily** in CORE.
- Logging window: **7 days** from the encounter date.
- Failure to log within the window results in point deductions; repeated late logging (>3 times) results in SPC referral.
- Weekly reports are run each **Monday morning** to monitor patient exposure.
- Required minimum daily encounters by rotation:
  - Family Medicine: 10
  - Internal Medicine: 5–10
  - Pediatrics: 10
  - Women's Health: 5–10
  - Behavioral Health: 5–10
  - Surgery: 3–10
  - Emergency Medicine: 10
  - Electives: Preferably 10 (varies by specialty)

Time Logging
- Students must log **actual daily hours worked** (not scheduled hours) in CORE.
- Include conferences and learning activities as "conference" with notes.
- Absences must be noted (illness, discretionary day, holiday, etc.).
- Weekly reports are run each **Monday morning**.
- Failure to log hours results in reminders from the DCE/Coordinator; **three reminders lead to SPC referral** for unprofessional behavior.
- Low hours must be explained (e.g., holiday, preceptor absence). Failure to notify counts as one of the three reminders.
- **All patient and time logs must be entered in CORE by 8:00 AM each Monday during every rotation**

Weekly SOAP Notes
- Weekly SOAP notes are a required tool for evaluating your performance, clinical reasoning, and competence in patient care.
- Faculty review the notes to track your progress and provide targeted feedback.
- The notes help ensure you are meeting the learning objectives for the rotation.

- Your SOAP note submissions will be evaluated alongside direct observation, case presentations, and EOR exams.
- **Using AI to generate SOAP notes is considered unprofessionalism and will result in a referral to the SPC.**
- **Due every Friday at 5:00 pm**

OFFICIAL GRADE POSTING

Your course instructors use **Canvas** to manage and calculate grades throughout the semester. You should monitor your performance in Canvas regularly.

At the conclusion of each semester, your final, official grades are verified by the program and submitted to the **University Registrar**. These official grades will then appear on your academic transcript.

SUMMATIVE AND PHASE ASSESSMENT PHILOSOPHY {A2.05d, A3.14b}

The program's summative assessments are designed to evaluate a student's readiness for entry-level clinical practice. Using a variety of methods, we assess the cumulative knowledge, skills, and professional attitudes developed throughout the program. Successful completion of all summative evaluations is a mandatory requirement for graduation, ensuring our graduates are equipped to meet the demands of modern healthcare.

Clinical Phase Assessments {A3.14b}
- **PACKRAT II:** This version of the PACKRAT® is administered at the end of the clinical phase. It is used to evaluate a student's overall medical knowledge in preparation for graduation and the PANCE.
- **Professionalism Development Assessment Tool (PDAT) II:** A final evaluation of a student's professional behaviors, completed with their faculty advisor at the end of the clinical phase.

Summative Assessments {A3.14b}
- **OSCE II:** An Objective Structured Clinical Examination taken at the end of the clinical phase to test advanced clinical competence and procedural skills.
- **End of Program Exam:** A comprehensive, multiple-choice exam that assesses the student's cumulative knowledge base across all medical disciplines before graduation.

General Policies for Phase and Summative Exams {A3.14b}
- **Passing Score:** Students are required to achieve a minimum score of **70.00%** on each individual component of the Didactic Phase and Summative assessments.
- **Retake Policy:** A student who fails any single component of an OSCE or the End of Didactic or Program Exam is permitted one retake attempt, which must occur within one week of the initial failure. A failure on any component in this second attempt will lead to an immediate referral to the Student Progression Committee (SPC).
- **Failure After Two Attempts:** If a student fails any section of the phase or summative process after being offered a second attempt, the consequences will differ based on the phase of the program:
  - **Didactic Phase Failure:** Student will have a mandatory referral to the SPC for recommendations including possible **deceleration** or **dismissal** from the program.
  - **End of Program (Summative) Failure:** The student's graduation will be placed on hold. They must then complete a mandatory **4-6 week remediation period**. A subsequent failure after this remediation will be referred to the SPC for further action, which may include **dismissal** from the

program.

GRADUATION REQUIREMENTS {A2.05d, A3.14b}

To earn the Master of Medical Science (MMS) degree, a student must:
1. **Complete all coursework** and demonstrate mastery of all Program Learning Outcomes.
2. **Pass all components** of the final Summative II Evaluation.
3. **Demonstrate competence** for entry-level PA practice across the lifespan and in all required disciplines.
4. **Achieve and maintain good academic standing** with a final cumulative GPA of 3.0 or higher.
5. **Maintain good professional standing**, resolving any probationary status before the end of the final semester.
6. **Meet the program's Technical Standards** and Competencies.
7. **Receive approval** for graduation from the Student Progress Committee (SPC).
8. **Submit a completed graduation application** via their MyLMU account.
9. **Complete all program requirements within 48 months** of their original matriculation date.

SUPPORTING STUDENT SUCCESS & EARLY INTERVENTION {A2.05d, A2.05e, A2.05f, A3.07}

Our faculty and staff are committed to identifying and supporting at-risk students early. While course assessments cannot be remediated to improve a grade, we use a proactive intervention process to help students achieve a passing grade.

Faculty Advising and Student Support {A2.05d, A2.05e, A2.05f, A3.07}

The LMU-Tampa PA Program is committed to your success. Our faculty advising system is designed to provide personalized guidance, monitor your progress, and connect you with resources to help you thrive academically and professionally.

The Advising Process

Each student is assigned a **Faculty Advisor** who will serve as a mentor and advocate for the duration of the program.
- **Required Meetings**: You are required to meet with your advisor at least **once per semester**. An introductory session will be scheduled within the first two weeks of the program to discuss your transition to graduate-level studies and establish goals. Promptly schedule additional meetings if academic or professional challenges arise.
- **Progress Monitoring**: Advisors actively monitor your performance, including grades and professionalism. The
- **Confidentiality and Documentation**: All advising sessions are confidential. The content of your meetings will be documented on the Student Advisement Form and kept in your student file.

Student Progress Committee (SPC) {A2.05d, A2.05e}
The SPC formally reviews every student's progress each semester, using feedback from advisors and instructors to ensure you are on track for progression and graduation.

Support for Academic Challenges{A2.05d, A2.05e, A3.07}
If you face academic difficulties, the program has a proactive process to provide support.
- **Academic Improvement Plans**: When a weakness is identified, your advisor will collaborate with you

and your course instructors to develop a targeted **Academic Improvement Plan**. This plan outlines strategies to help you meet course objectives.

- **Director of Student Success (DSS)**: For specialized support with study skills, time management, or test anxiety, your advisor will refer you to the Director of Student Success (DSS) . You may also self-refer to the DSS at any time.

Roles and Responsibilities {A2.05d, A2.05e}

Advisor Responsibilities:
- Serve as a primary point of contact for academic guidance and support.
- Monitor your academic and professional progress throughout the didactic and clinical phases.
- Discuss your strengths and areas for improvement with you.
- Assist in developing remediation plans to address knowledge or skill deficiencies.
- Refer you to appropriate university resources, such as Counseling Services or Accessible Education Services, when needed.

Student Responsibilities:
- Schedule, attend, and actively participate in all required advising meetings.
- Communicate openly and honestly with your advisor about any academic or professional challenges.
- Collaborate with your advisor to create and diligently follow any Academic Improvement Plans.
- Complete a self-assessment of your progress to discuss with your advisor.

Scope of Advising {A2.05d, A2.05e, A3.07}

Your faculty advisor is your primary resource for academic and professional matters. While they can help you find appropriate university resources for non-academic concerns, **advisors do not serve as professional mental health providers or counselors**. All students are encouraged to utilize LMU's confidential Counseling Services for personal support

Role Of Course Instructors {A2.05d, A2.05e}

- **Didactic Phase:** If a student earns a grade below **75%** on more than one course assessment, the instructor will initiate an academic intervention. The instructor will contact the student, who is then responsible for scheduling a meeting to discuss success strategies. A signed **Academic Improvement Plan** will be created and submitted to the Student Progress Committee (SPC).
- **Clinical Phase:** Due to the dynamic nature of clinical rotations, interventions are handled on a case-by-case basis. An unsatisfactory evaluation, professionalism concern, or a low End of Rotation exam score may trigger an intervention and the creation of an Academic Improvement Plan by the course instructor or preceptor.

In either phase, if an issue requires more significant resources or time, a formal remediation referral will be made.

Director Of Student Success {A1.04, A3.07}

Students may self-refer or be referred by faculty to the Director of Student Success (DSS) for additional support. The DSS provides guidance and resources to enhance academic success, offering strategies for managing test anxiety, improving time management, and identifying individual learning preferences.

ACADEMIC INTERVENTION AND STATUS POLICIES { A2.05d, A2.05f, A3.14c, A3.14d, A3.14e, A3.14f}

When a student faces academic or professional challenges, the program has established procedures for remediation, deceleration, dismissal, and withdrawal to ensure fair and consistent action.

Remediation {A2.05f, A3.14c}

Remediation is the process of correcting deficiencies in knowledge or skills; **it is not an opportunity to re-test to improve a grade**. The goal is to identify a weakness, help you overcome it, and allow you to demonstrate competence.

- **Triggers for Remediation**: A student who receives a "C" grade in a course, fails an End of Rotation exam, or fails an OSCE will be required to remediate the identified area(s) of deficiency.
- **Remediation Activities**: The specific plan is developed by faculty and may include activities such as:
  - Targeted reading assignments.
  - Written exercises focused on specific learning objectives.
  - Problem-based learning modules.
  - Faculty-led tutoring and skills practice.
  - Repeating a portion of a clinical rotation.
- **Oversight**: All remediation plans are documented in an **Academic Improvement Plan** and must be approved by the **Student Progress Committee (SPC)**. Upon completion of the plan, you will be reassessed. Unsuccessful remediation will be referred back to the SPC for further action, which may include dismissal.

Deceleration {A2.05d, A3.14d}

Deceleration allows a student who has failed a didactic course to reset and rejoin the next student cohort.

- **Policy**: In the event of a course failure, the SPC may recommend deceleration. This requires the student to repeat **all program courses** from the beginning.
- **Conditions**:
  - The student is responsible for all tuition costs incurred by deceleration.
  - The program must still be completed within **48 months** of the original matriculation date.
  - A second course failure after decelerating will result in dismissal from the program.
  - Deceleration is not an alternative to disciplinary action for professionalism or ethical violations.

Dismissal {A2.05d, A3.14f}

Dismissal is the formal, involuntary removal of a student from the program.

- **Process**

Significant academic failures (e.g., course failure, unsuccessful remediation) or professional violations will result in a referral to the **Student Progress Committee (SPC)**.

- **Review**

The SPC will review the student's overall performance and the circumstances of the referral. After its review, the SPC has the authority to formally dismiss the student, recommend deceleration, or prescribe other actions.

- **Dismissal Notification Procedure**

If a student is dismissed from the program, the **Program Director must complete the SMS Dismissal Form**. This form serves as the official notification to the SMS Dean, University Registrar, and the Office of Financial Aid.

Withdrawal and Re-Admission {A3.14e}

Withdrawal from Courses (U-WD) vs. Program (SMS-WD)

It is critical to understand the two types of withdrawal:

- **University Withdrawal (U-WD):** This is when you withdraw from one or more *courses*. This action *does not* withdraw you from the PA program and is typically used in conjunction with an SMS-LOA (see Leave of Absence policy).

- **SMS Program Withdrawal (SMS-WD):** This is a student-initiated process to voluntarily and permanently leave the *entire PA program*.

Procedure for Withdrawal

1. You must notify the Program Director in writing (via LMU email) of your desire to withdraw from a course or the program.

2. You must complete the **University Withdrawal (U-WD) Form**.

3. The Program Director sends the completed U-WD form to the **SMS Dean (or designee)** for signature and approval. The Dean's office then routes the form to the Registrar and Financial Aid.

4. **If you intend to return** (i.e., taking an LOA), the Program Director will ensure you *also* complete the **SMS-LOA Form** to formalize your leave.

5. **If you are permanently leaving** (SMS-WD), the Program Director will notify the Dean of your intent to permanently withdraw from the program after your U-WD form is processed.

Transcript and Financial Implications Your transcript notation depends on the timing of your withdrawal from a course (U-WD):

- **With 3 weeks or more remaining** in the semester: Your transcript will reflect the grade earned for any fully completed courses and a **"WD"** for any courses in progress or not yet started.

- **With less than 3 weeks remaining** in the semester: Your transcript will reflect the grade earned for any fully completed courses and an **"F"** for any courses in progress.

Check-Out Process (for permanent Program Withdrawal) Before your withdrawal from the program is final, you must:

- Notify the registrar and complete all required paperwork.

- Complete an exit interview with the financial aid office.

- Return your student ID badge and parking sticker to security.

Re-Admission After Program Withdrawal A student who voluntarily withdraws (SMS-WD) from the program while in good academic standing may re-apply for admission to a future cohort. However, **re-admission is not guaranteed**, and the former student must complete the entire application process and compete with the new pool of applicants

UNIVERSITY RESOURCES & GENERAL POLICIES

STUDENT SUPPORT SERVICES {A1.04, A3.07}

- **Financial Aid Services:** Provides counseling and assistance with loans, scholarships, and grants.
- **Accessible Education Services:** Coordinates reasonable accommodation for students with disabilities. Contact **Jason Davis** at jason.davis@LMUnet.edu or 423.869.6587. Note that extra time is generally not granted during clinical rotations due to patient care demands.
- **Counseling Services {A3.07}:** Offers **free** and **confidential** support to help you manage any non-academic challenges you may face during your time in the program. You can be referred by a faculty mentor or schedule an appointment yourself at any time .
  - **How to Schedule an Appointment:** Appointments can be held via message, chat, phone, or video to fit your preference. To get started, choose one of the methods below:
    - **StudentLife App**: Download the app and sign in with the password LMU1.
    - **Text**: Text "Hello" to 61295.
    - **Website**: Visit www.StudentLifeServices.com and select "Lincoln Memorial University" as your school.
    - **Phone**: Call **1-855-695-2818** to speak with someone directly.
  - If you have any difficulty initiating services, you can also contact the main LMU Counseling office at **423-869-6277**.
  - **Urgent & Emergency Support:** Immediate help is always available.
    - **After-Hours Support**: For non-emergency support after business hours, call **866-640-777**.
    - **In an Emergency**: If you are experiencing a mental health emergency, do not wait. Call **911** or the National Suicide & Crisis Lifeline at **988** (formerly 1-800-273-TALK)
- **Health Insurance {A3.07}:** Lincoln Memorial University requires all Physician Assistant Students to carry personal health insurance. Your student account will automatically be charged for this insurance coverage. If you are currently covered by comparable health insurance through the end of the academic year, you may be able to waive automatic enrollment in the plan. Please see the complete policy here
- **Health Care services {A3.07}:**
  - Helpful links for finding care:
    - Urgent Care Finder - Find an Urgent Care Center Near Me
    - Healthline FindCare | Find Doctors Near Me | Schedule Online
  - If you have insurance through LMU, you may use the link to find an in-network facility and/or provider:
    - https://www.uhc.com/find-a-doctor
  - Note: These links do not take into consideration your personal insurance provider. To find an in-network facility and/or provider, you should contact (via phone or website) your personal insurance provider when medically stable to do so.
  - All Students:
    - Students who seek medical attention, including emergency medical attention, may do so with any facility of their choosing based on their needs and health insurance coverage.

TECHNOLOGY & CAMPUS RESOURCES {A1.04, A1.09, A1.12}

- **Technology Requirements:** Students must have a personal laptop running a recent version of Windows or macOS that supports Canvas, CORE, Microsoft Office, Zoom, and other required software.
- **Information Services (IS) {A1.12}:** The IS help desk is your go-to resource for technical support with

LMU's systems and software. The IS Help Desk provides timely assistance to ensure you can access all necessary university resources.

- **Scope of Support:** It's important to know what the Help Desk can and cannot assist with.
- **What IS Supports**: Access to the LMU network, university email, Canvas, and other software required by the university.
- **What IS Does Not Support**: Maintenance or repair of your personal devices (laptops, phones) or any software/hardware that is not required by LMU.
  - **Contact & Hours**
    - You can reach the IS Help Desk via phone or email during the hours listed below.
    - **Phone**: 423-869-7411 or 800-325-0900
  - **Hours of Operation:**
    - **Standard Phone/Walk-in Support**: Monday–Friday, 8:00 AM to 4:30 PM
    - **Extended Phone/Web Support**: Monday–Friday, 4:30 PM to 9:30 PM
    - **Weekend Phone/Web Support**:
    - Saturday: 8:00 AM to 9:30 PM
    - Sunday: 12:30 PM to 9:30 PM
  - **Career, Library, & Bookstore Services {A1.09}:** LMU provides access to an online bookstore where students can purchase new or used textbooks and other materials necessary for classes; an online Health Sciences Library which provides students and faculty with access to medical texts and 158 databases; and career services for resume building and interview preparation.

GENERAL UNIVERSITY POLICIES

- **Official Holidays:** During your clinical rotations, normal university holidays do not apply.
- **Inclement Weather:** LMU's main campus inclement weather policy **does not apply** to clinical sites. You must follow your specific site's policy. Always assess road conditions, use sound judgment, and promptly notify both your preceptor and the Director of Clinical Education if you determine that travel is unsafe.
- **FERPA & Title IX:** Complete information on these and other university policies is available in the employee and student handbooks.

SECTION V: APPENDICES

CAPSTONE PROJECT: CASE CRITERIA & INFORMATION GUIDE {B2.13}

This guide outlines the process for selecting a clinical case, assembling the necessary information, and developing your capstone project.

1. Choosing Your Case
Use your clinical rotation experiences to identify a suitable case for your project. Look for cases that offer a clear, clinically relevant message and provide enough material for a rigorous analysis. Consult with your supervising physicians and preceptors early in your rotations, as they are valuable resources for identifying appropriate cases.
Ideal cases often focus on one of the following areas:
- **Rare Conditions:** A classic case report that offers unique insights and has a good chance of being published.
- **Unusual Presentations:** A common disease that presents with atypical or confusing symptoms.
- **Adverse Responses:** An unreported or significant adverse reaction to a drug or therapy.
- **Timely or Topical Issues:** A notable presentation of a familiar disease that has current relevance in medicine.

2. Assembling Your Information
Once you identify an interesting case, you must gather the necessary information and permissions.
Patient Consent
Obtaining patient consent is an ethical and legal requirement.
- **Mandatory Form:** A completed consent form (available on Canvas) is **required for every case report**, even if it is not intended for publication. For minors, a legal guardian must provide consent.
- **Process:** Discuss potential cases with your preceptor before seeking consent. The best time to obtain consent is typically during a clinic visit. Ensure the patient or guardian fully understands the form and how anonymity will be maintained.
- **Preceptor Role:** Your preceptor must approve the case and should be acknowledged as a co-author if the report is published.

HIPAA Compliance & De-Identification
While case reports involving three or fewer patients are typically exempt from IRB review, **compliance with HIPAA is mandatory**. You must remove all patient-identifying information to de-identify the health information. This includes removing:
- Names
- Geographic locations smaller than a state (city, zip code)
- All elements of dates except the year (birth dates, admission dates)
- Phone/fax numbers, email addresses, and all personal identification numbers (SSN, medical record numbers)
- Full-face photos or any other unique identifying marks or characteristics (tattoos, birthmarks)

3. Developing Your Report
- **Gather Clinical Data:** Assemble the complete patient case history, physical exam findings, lab results, imaging studies, progress notes, and discharge summaries. All this information is **confidential** and must be handled with discretion.
- **Conduct a Literature Search:** Begin your research with textbooks and then move to online databases like PubMed. Explore journals that specialize in case reports to understand the format and style.
- **Define Your Message:** Start by identifying the central message of your case report and determine the background information needed to support it. You may need to expand your literature search as your report evolves.

- **Co-Author Obligations:** As the primary author, you are responsible for writing the report. Discuss your co-author's (preceptor's) desired level of participation early in the process and always send them a final copy for approval before submitting it for publication.

STUDENT REQUEST FOR TIME OFF FORM

Instructions:
1. Complete this form in its entirety.
2. Discuss your request with your preceptor and obtain their signature.
3. Submit the signed form to the Director of Clinical Education for final approval.

Student & Rotation Information

Student Name: Today's Date:

Scheduled Rotation: **Rotation Location:**

Preceptor Name: **Requested Dates of Absence:**

Reason for Absence
(Please check one and provide details as required below)

☐ **Student Illness or Emergency:**
- **Note:** You must notify your preceptor via a direct conversation (phone call or in-person) immediately. You must also notify the Clinical Faculty (DCE or PC). This form should be submitted within 24 hours of your return.
- **Dates Missed:** _____

☐ **Interview (Discretionary Day):**
- **Note:** This request must be submitted at least one week in advance. You are expected to schedule interviews around your clinical obligations.
- **Name & Location of Interview:** _____

☐ **Non-Urgent Personal Reason / Major Life Event (Discretionary Day):**
- **Note:** This request must be submitted at least one week in advance. Approval is not guaranteed.
- **Justification (Explain why this event is more important than participating in a required rotation):**
  _____
  _____

Signatures & Approval
By signing below, I confirm that I have discussed this time off request with my preceptor.
Student Signature: _____ **Date:** _____

I have reviewed this student's request.
Preceptor Signature: _____ **Date:** _____

For Official Use Only
Clinical Faculty Signature: _____ **Date:** _____

Action Taken: ☐ **Approved** ☐ **Denied**

Comments/Stipulations (e.g., time must be made up): _____

STUDENT CLINICAL PHASE ONBOARDING FORM

LMU
School *of* Medical Sciences
LINCOLN MEMORIAL UNIVERSITY
Physician Assistant Program
Tampa, Florida

Onboarding Form

☐   **Site Orientation**: provide the student a tour of the facility and discussing where to park, restrooms, exam rooms, office, library, and campus security location. Inform the student of dress code and proper student identification to be worn at the clinical site at all times.

☐   **Site schedule:** provide the student a work schedule for the rotation. Discuss expectations for hours worked, call, weekend, and holiday work schedules.

☐   **Learning outcomes:** discuss the clinical objectives and learning outcomes with student and the expectations of the student to be a successful student. Set aside time each day or week to discuss student questions or student progress at the clinical site.

☐   **Evaluations:** . Acknowledge that the end of rotation evaluations will be reviewed with the student.

Please indicate the **main** preceptor responsible for completing this evaluation . Please supply contact information for the **main** preceptor.
Name/Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.   **Email:** Click or tap here to enter text.

Thank you.

STUDENT SELF-ASSESSMENT FORM

Student Name: Click or tap here to enter text.   Rotation Dates: Click or tap here to enter text.

Clinical Site: Click or tap here to enter text. Preceptor: Click or tap here to enter text.

STUDENT SELF-ASSESSMENT

Self-Assessment	Excellent (5)	Very Good (4)	Average (3)	Deficient (2)	Not Applicable (1)
How do you rate your ability to obtain an appropriate, accurate patient history?	☐	☐	☐	☐	☐
How do you rate your ability to perform an appropriate, comprehensive physical examination?	☐	☐	☐	☐	☐
How do you rate your ability to orally present your findings to your preceptor/other clinicians?	☐	☐	☐	☐	☐
How do you rate your ability to formulate a differential diagnosis?	☐	☐	☐	☐	☐
How do you rate your ability to formulate and implement a patient management plan?	☐	☐	☐	☐	☐
How do you rate your ability to perform clinical procedures appropriate to this rotation?	☐	☐	☐	☐	☐
How do you rate your professional behavior on this rotation?	☐	☐	☐	☐	☐

What are your greatest strengths on this rotation?
Click or tap here to enter text.

What improvements do you need to make?
Click or tap here to enter text.

_____   _____

Printed Name   Student Signature   Date

This form must be returned to Clinical Coordinator

STUDENT EVALUATION OF CLINICAL SITES

Clinical Site: Click or tap here to enter text.   Discipline: Click or tap here to enter text.

LMU-Tampa Physician Assistant Program faculty and staff will review student-reported patient encounters, clinical skills, and technical skills to ensure each clinical site's SCPEs align with the program's expectations for preventive, emergent, acute, and chronic patient encounters. Additionally, the review process will confirm that clinical sites provide opportunities for students to develop necessary skills for clinical practice. Students will be informed of the evaluation's purpose during clinical year orientation. Faculty and staff will use student feedback to recognize excellent clinical sites and provide guidance to individual sites and instructors to foster effective student learning environments.

	Section I.
	Please rate the following items related to this clinical site's practice environment: **5-Point Likert Scale Response Options: [SD] Strongly Disagree=1; [D] Disagree=2;** **[N] Neutral=3; [A] Agree=4; [SA] Strongly Agree= 5** **[NA] Not Applicable**
1.	I was made to feel welcome to this facility/clinical site.
2.	Learning experiences are available to meet my personal rotation goals:
3.	Learning experiences are available to meet my rotation outcomes:
4.	The clinical instructor/preceptor demonstrated an adequate understanding of student's learning outcomes during the clinical experience.
5.	Policies and procedures of the clinical site were available to students.
6.	The clinical team provided me opportunities to participate in and perform medical procedures
7.	Adequate space was available to counsel/educate students.
8.	Staff members were open to student input.
9.	Day to day issues/concerns were satisfactorily resolved through communications and coordination with staff or my clinical instructor/preceptor.
10.	Clinical staff were positive role models for student learning.
11.	Medical staff maintained responsibility for assigned client care.
12.	Is there anything that could have been provided during your onboarding/orientation that would have helped you function better at this clinical site? Click or tap here to enter text.

Additional Comments:

	Section II.
	Please rate the following items related to your experience within th e clinical site's practice environment: **5-Point Likert Scale Response Options:** **Responses: [N] Never = 1; [R] Rarely = 2; [O] Occasionally = 3;** **[F] Frequently = 4; [VF] Very Frequently = [5]**

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1.	During this rotation, how frequently did clinical staff maintain an environment conducive to professional practice and growth?
2.	Provided helpful and supportive attitude for my role as a PA student.
3.	Provided effective role models for problem solving, communication, and teamwork.
4.	Demonstrated harmonious working relationships with members of the interprofessional team.
5.	Adhered to ethical codes and legal statutes/standards (ex: Medicare, HIPAA, informed consent, etc.).
6.	Demonstrated cultural sensitivity to individual differences (ex: race, ethnicity, age, disability, etc.)
7.	Applied evidence to support clinical and medical practices.

Additional Comments:

Section III.		
1.	Were there other learners (students or residents in training) at this clinical site during your rotation? Check all that apply.	
	☐ PA Students	☐ NP Students	☐ Medical Students
	☐ Interns/Residents	☐ No other students	☐ Other, specify

2.	Identify the ratio of clinical instructors/preceptors to students.		
	☐ 1 Preceptor for every student	☐ 1 Preceptor for two students	☐ 1 Preceptor for 3 or more students
	☐ 2 or more preceptors for every student	☐ Other, specify	

3.	How did the preceptor to student ratio in the previous question impact your learning experience?

4.	In addition to patient care and management, what other training experiences did you participate in during this clinical experience? (Please check all that apply).				
	☐ Attended education/in-service programs.	☐ Attended interdisciplinary team meetings and/or team rounds.	☐ Attended conferences/Gr and Rounds.	☐ Participated in opportunities to provide consultations.	☐ Participated in nursing home visits.
	☐ Participated in hospice facility visits	☐ Participated in house calls.	☐ Participated in community outreach via health fair, etc.	☐ Worked as part of a team with other professionals – social work, nursing, P.T., etc.	☐ Other, specify.

5.	Which disciplines did you regularly collaborate with for addressing patient care needs? (Please check all that apply).				
	☐ MD/DO	☐ PA/NP	☐ RN	☐ Dietician	☐ Social Worker	☐ Case Manager
	☐ PhD or MSW Counselor	☐ PharmD	☐ PT	☐ OT	☐ SLP	☐ Other, specify

6.	Education and Training hours (Please check all that apply).

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	☐ Weekdays	☐ Weeknights	☐ Weekends
	☐ On Call	☐ Varied Shifts (please provide examples)	☐ Other, specify
7.	Were your education and training hours well balanced for your learning and personal time needs? (Yes or No)		
	Additional Comment: *Click or tap here to enter text.*		
8.	Please provide any logistical suggestions for this clinical site that may be helpful for students in the future by considering costs, resources, housing, food, parking, etc.		
9.	**OVERALL APPRAISAL OF CLINICAL SITE** 5-Point Likert Scale Response Options: **[NA]Not Adequate for Students = (1); [NI] Needs Improvement = (2); [S]Sufficient =(3); [AA]Above Average: Recommended =(4); [E] Excellent: Highly Recommended = (5)**		
10.	What do you believe were the strengths of your PA academic/didactic preparation and/or coursework for this clinical experience?		
11.	How could the curriculum have been improved to better prepare you for this clinical experience?		

12.	ARC-PA (our accrediting body) requires interprofessional education (IPE) which enables students to collaborate with at least two other disciplines, in various clinical settings, to improve patient experiences, safety, and a higher level of quality care. **Please indicate all the following that you participated in during this clinical rotation that helped facilitate your interprofessional education experience.**				
	☐ Orientation/ training provided on professional roles including the boundaries of each profession.	☐ Orientation on or instruction on the "team" process	☐ Participation in team rounds involving collaborative decision making.	☐ Participation in family conferencing involving collaborative decision making.	☐ Collaborative learning – Students and clinicians invited to contribute/learn from each other.
	☐ Collaborative learning through info exchange in designated interdisciplinary case conference session.	☐ Collaborative education – i.e. nurse teaching medication safety to PA/ MED/Nursing students.	☐ Assessment learning – Students/ clinicians receive feedback on skills performance from another provider.	☐ Integrated patient care/ treatment – i.e. OT/SLP/PA students work together to help dysphagia patient.	☐ Safety check communications and procedures prior to initiating surgical interventions.
	☐ Interdisciplinary shift hand-off reporting and information exchange.	☐ Team huddles or short daily meetings where clinician/staff	☐ Interdisciplinary quality management or process	☐ No interprofessional learning.	☐ Other, specify.

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		review patient care.	improvement team meetings.		
13.	Please provide any additional remarks, concerns, or suggestions about this clinical site.				

STUDENT SIGNATURE SHEET: RECEIPT OF THE CLINICAL HANDBOOK {A3.02}

I attest that I have received, read, fully understand, and agree to comply with all policies and procedures set forth in the **LMU Physician Assistant Clinical Program Handbook 2026-2027.**

I understand the following:

1. HIPAA and patient safety is a priority and these protocols <u>must</u> be adhered to at all times.
2. The program reserves the right to replace a student's elective rotation with a program determined core rotation.
3. Body fluid/Needlestick injuries should follow appropriate protocol and seek immediate treatment. A completed Student Exposure Form is required within 24 hours.
4. Students have minimum patient requirements that are required for graduation. Students are responsible for tracking this data in every rotation.
5. Students have a requirement to fulfill 200 hours of clinical time for each rotation unless fewer hours are approved by Director of Clinical Education or Program Management Specialist.
6. All time off must be recorded by a Time Off Request Form and approved by the Director of Clinical Education.
7. COVID-19 Vaccine Clause: We anticipate our clinical partners will require the COVID-19 vaccine and booster vaccinations; thus, students could experience a delay in progression if they cannot meet the onboarding requirements of a clinical site. If a student refuses to receive the COVID-19 vaccine they must attest that they are aware that this may delay and/or defer their graduation due to the inability of the student being allowed on-site and the programs clinical site availability.

_____   _____

Printed Name   Student Signature   Date

This form must be returned to Clinical Coordinator