



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)**

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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 In the clinical phase of the program, certain program policies may be superseded by those clinical site policies.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 you 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,

A handwritten signature in cursive script that reads "Tiffany Maxwell".

Tiffany S. Maxwell, DHSc., MSA, PA-C
Assistant Dean and Program Director
Associate Professor
Physician Assistant Program

SECTION 1 ~ CLINICAL PHASE OVERVIEW

This section provides the student an overview of the clinical phase and related procedures and policies. In some instances, the clinical year procedures and policies differ from those of the didactic year. The policies noted in this handbook apply to all students enrolled in the LMU-Tampa PA Program. Students are encouraged to read the clinical handbook in its entirety. {A3.01, A3.02}

INTRODUCTION

The second year of The Lincoln Memorial University (LMU) Physician Assistant Program consists of supervised clinical practice experiences (SCPE) also referred to as rotations or clinical rotations. These clinical experiences provide physician assistant students with practical, hands-on training. They allow students to apply their knowledge of basic medical science, applied medical science, and behavioral science to the diagnosis and treatment of patients, all within a supervised educational environment. These experiences are designed to cultivate proficiency in essential clinical skills through hands-on practice and constructive feedback, ultimately boosting confidence as students prepare for graduation and professional practice.

PHILOSOPHY

The faculty believes that developing the skills for competent and empathetic healthcare practice is best achieved through structured clinical experiences. These experiences should occur in a supportive and nurturing environment, emphasizing direct observation, hands-on practice, constructive feedback, mentorship, and supplemental learning resources. We view this process as an active partnership between the student, the preceptor, the PA Program, and LMU. ***Students must always remember that through their words and actions, they represent themselves, the PA Program, LMU, and the PA profession.***

PURPOSE OF THIS MANUAL

This manual provides students with the policies, procedures, competencies, and expectations required during the clinical phase of the program.

This resource serves as an essential guide for success during the clinical experiential phase, offering specific instructions, practical tips, tools, and guidelines to help students acquire the knowledge and skills needed to competently and successfully complete their physician assistant training.

The Clinical Handbook is divided into sections 1-4. A summary of the content of each section is listed below.

Section 1: This section provides the student with a general overview of the clinical year

Section 2: This section contains the policies and procedures of the clinical year. Students are responsible for adhering to all policies outlined within this handbook as well as PA Program Handbook.

Section 3: This section outlines SCPE preceptor/clinical site responsibilities

Section 4: This section contains the appendices to include evaluation forms, exposure forms, ARC-PA standards, and the required student attestation form.

Students in the LMU PA Program should use this handbook in conjunction with:

1. LMU Student Handbook
2. LMU-Tampa PA Program Handbook

These resources provide students with information that will assist them in their academic endeavors at the university including, services available to students, academic policies, a curriculum overview, and guidance on preparing for the rigors of university-level study. By enrolling in The Lincoln Memorial University PA Program, students agree to conform to the rules, codes, and policies as outlined in this publication, and in all applicable student handbooks, including any amendments. Students must abide by all the rules, codes, and policies established by the university and the PA program both on and off campus. The LMU- Tampa PA Program specific policies are in addition to university policies listed in the LMU Student Handbook. A copy of all the handbooks is available on Canvas. The LMU Student Handbook and PA Program Handbook contain important policies, procedures, and rules that may not be included in this

document. **Please note, in event that any other handbook is in conflict with the policies of this clinical handbook, the provisions stated within this handbook shall apply.**

If a student has questions that cannot be answered by these sources, the student should discuss them with the Program Director or the Clinical Education Director. Students are required to sign the attestation statement on the last page of this 2026-2027 Clinical Education Handbook as a condition for participation in the Supervised Clinical Phase Experience.

All students enrolled in the LMU-Tampa Physician Assistant Program are responsible for thoroughly reading and understanding the Clinical Handbook. By enrolling, students agree to abide by the rules and regulations outlined in this handbook, as well as those established by the University, the LMU School of Medical Science, the LMU PA Program, and all affiliated clinical institutions. Familiarity and compliance with all published University and PA Program policies and regulations are expected. Please note, 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.

*****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. The student will be notified via email or Canvas announcement of any changes.***

LMU-TAMPA PA PROGRAM CLINICAL PHASE CURRICULUM SCHEMATIC {A3.11, A3.12D}

Clinical Phase Prerequisites: Successful completion of the Didactic Phase, including all summative exams.

| SEMESTER 4 | | |
|---|---------------------------------------|---------|
| Course # | Course Title | Credits |
| PAS 642 | Transition to Clinical Practice | 4 |
| SEMESTER 4 - 6 SPRING, SUMMER, FALL 2027 CLINICAL ROTATIONS | | |
| Course # | Course Title | Credits |
| PAS 623 | Family Medicine Clinical Rotation | 4 |
| PAS 626 | Behavioral Medicine Clinical Rotation | 4 |
| PAS 628 | Internal Medicine Clinical Rotation | 4 |
| PAS 629 | Surgery Clinical Rotation | 4 |
| PAS 632 | Women's Health Clinical Rotation | 4 |
| PAS 633 | Pediatrics Clinical Rotation | 4 |
| PAS 634 | Emergency Medicine Clinical Rotation | 4 |
| PAS 624 | Elective Clinical Rotation | 4 |
| PAS 627 | Elective Clinical Rotation | 4 |
| SEMESTER 4 - 6 SPRING, SUMMER, FALL 2027 ASYNCHRONOUS COURSES | | |
| Course # | Course Title | Credits |
| PAS 548 | Medical Spanish Terminology II | 1 |
| PAS 549 | Medical Spanish Terminology III | 1 |
| PAS 662 | PANCE Preparation | 5 |
| PAS 663 | Evidence Based Medicine Practice | 3 |
| Total Clinical Phase Credits | | 50 |
| PROGRAM CONTACT HOURS BY PHASE | | |
| Total Didactic Phase Credit Hours | | 65 |
| Total Clinical Phase Credit Hours | | 50 |
| TOTAL PROGRAM CONTACT HOURS | | |
| Total (Didactic Phase + Clinical Phase) Credits | | 115 |

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 CED at the completion of each SCPE to determine progression to the next rotation.

LMU Credit Hour Policy

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>

CLINICAL PHASE CALENDAR

| SEMESTER 4: SPRING 2027 (16 WEEKS) | | |
|---|----------------------|---|
| ONLINE COURSES RUN THE ENTIRE SEMESTER: CAPSTONE (Jan 4 – Apr 23, 2027) | | |
| <u>Week</u> | <u>Date (s)</u> | <u>Event</u> |
| Week 1 | Jan 4 - 8, 2027 | Boot Camp Jan 4 – 29, 2027 |
| Week 2 | Jan 11 - 15, 2027 | |
| Week 3 | Jan 18 - 22, 2027 | No Callback |
| Week 4 | Jan 25 - 29, 2027 | |
| Week 5 | Feb 1 - 5, 2027 | Rotation 1 Feb 1 – 25, 2027 Callback Feb 26, 2027 |
| Week 6 | Feb 8 - 12, 2027 | |
| Week 7 | Feb 15 - 19, 2027 | |
| Week 8 | Feb 22 - 26, 2027 | |
| Week 9 | Mar 1 - 5, 2027 | Rotation 2 Mar 1 – 26, 2027 |
| Week 10 | Mar 8 - 12, 2027 | |
| Week 11 | Mar 15 - 19, 2027 | Presentation / No Callback |
| Week 12 | Mar 22 - 26, 2027 | |
| Week 13 | Mar 29 - Apr 2, 2027 | Rotation 3 Mar 29 – Apr 22, 2027 Callback Apr 23, 2027 |
| Week 14 | Apr 5 - 9, 2027 | |
| Week 15 | Apr 12 - 16, 2027 | |
| Week 16 | Apr 19 - 23, 2027 | |
| SEMESTER 5: SUMMER 2027 (16 WEEKS) | | |
| ONLINE COURSES RUN THE ENTIRE SEMESTER: CAPSTONE (Apr 26 – Aug 13, 2027) | | |
| <u>Week</u> | <u>Date (s)</u> | <u>Event</u> |
| Week 1 | Apr 26 - 30, 2027 | Rotation 4 Apr 26 – May 20, 2027 |
| Week 2 | May 3 - 7, 2027 | |
| Week 3 | May 10 - 14, 2027 | Callback May 21, 2027 |
| Week 4 | May 17 - 21, 2027 | |
| Week 5 | May 24 - 28, 2027 | Rotation 5 May 24 – Jun 18, 2027 |
| Week 6 | May 31 - Jun 4, 2027 | |
| Week 7 | Jun 7 - 11, 2027 | |
| Week 8 | Jun 14 - 18, 2027 | No Callback |
| Week 9 | Jun 21 - 25, 2027 | Rotation 6 Jun 21 – Jul 16, 2027 |
| Week 10 | Jun 28 - Jul 2, 2027 | |
| Week 11 | Jul 5 - 9, 2027 | |

| | | |
|----------------|-------------------|-------------------------------------|
| Week 12 | Jul 12 - 16, 2027 | Presentation |
| Week 13 | Jul 19 - 23, 2027 | Rotation 7 Jul 19 – Aug 13, 2027 |
| Week 14 | Jul 26 - 30, 2027 | |
| Week 15 | Aug 2 - 6, 2027 | Callback Aug 13, 2027 |
| Week 16 | Aug 9 - 13, 2027 | |

| SEMESTER 6: FALL 2027 (18 WEEKS) | | |
|---|----------------------|---|
| ONLINE COURSES RUN THE ENTIRE SEMESTER: CAPSTONE (Aug 16 – Dec 10, 2027) PANCE Preparation (Aug 16 – Dec 10, 2027) | | |
| <u>Week</u> | <u>Date (s)</u> | <u>Event</u> |
| Week 1 | Aug 16 - 20, 2027 | Summative – Week 1 |
| Week 2 | Aug 23 - 27, 2027 | Service Project – Week 2 |
| Week 3 | Aug 30 - Sep 3, 2027 | Rotation 8 Aug 30 – Sep 24, 2027 |
| Week 4 | Sep 6 - 10, 2027 | |
| Week 5 | Sep 13 - 17, 2027 | No Callback |
| Week 6 | Sep 20 - 24, 2027 | |
| Week 7 | Sep 27 - Oct 1, 2027 | Rotation 9 Sep 27 – Oct 22, 2027 |
| Week 8 | Oct 4 - 8, 2027 | |
| Week 9 | Oct 11 - 15, 2027 | No Callback |
| Week 10 | Oct 18 - 22, 2027 | |
| Week 11 | Oct 25 - 29, 2027 | All students return to campus Oct 25 – Dec 17, 2027 |
| Week 12 | Nov 1 - 5, 2027 | |
| Week 13 | Nov 8 - 12, 2027 | Week 11 – Last EOR-E October 25 (Clinical Phase Wrap-Up) |
| Week 14 | Nov 15 - 19, 2027 | |
| Week 15 | Nov 22 - 26, 2027 | Week 12 – Capstone Presentations |
| Week 16 | Nov 29 – Dec 3, 2027 | |
| Week 17 | Dec 6 – 10, 2027 | GRADUATION |
| Week 18 | Dec 13 – 17, 2027 | |

**Please note that dates are only estimates and could change depending on the needs of the program and site availability.*

CLINICAL PHASE COURSE DESCRIPTIONS

PAS 642 Transition to Clinical Practice {B2.04, B2.05 B2.09, B2.14, B2.16, 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, B4.04}

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, B3.03 a-b, B3.04c, B3.05, B3.06, B3.07a}

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, B3.04, B3.05, B3.06, B3.07g}

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, B3.04, B3.05, B3.06, B3.07c}

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, B3.06, B3.07d}

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, B3.07e}

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, B3.07b}

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.

CLINICAL PHASE LEARNING OUTCOMES COMMON TO ALL ROTATIONS {B3.03}

(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.

1. The student will develop rapport and an atmosphere of trust with patients and families by providing patient centered care.
2. The student will obtain an accurate and logical patient history including:
 - a. Chief complaint
 - b. History and Physical
 - c. Past medical history
 - d. Family history
 - e. Psychosocial history
 - f. Review of Systems
 - g. Medication
 - h. Allergies
3. The student will perform an accurate, efficient, and detailed physical examination by:
 - a. Completing a physical exam.
 - b. Performing an appropriate problem specific physical exam. Appropriately using special physical exam tests to further assess a problem.
 - c. Consistently using appropriate and accepted physical examination techniques, including the proper selection and use of equipment.
 - d. Developing rapport with the patient to facilitate the examination.
 - e. Provide the patient comfort and modesty.
 - f. Using optimal and efficient time with patient.
4. The student will develop an appropriate, rational differential diagnosis, and problem list through the application of evidence-based medicine principles and skills.
5. The student will consider the patient's overall condition including psychosocial and economic factors in the development of the management plan.
6. The student will be able to recognize when a problem is beyond the scope of the PA provider and refer the patient to the supervising physician, appropriate specialists, and/or community resources as part of their management plan.
7. The student will develop and implement a comprehensive management plan to include health promotion and disease prevention measures such as disease screening, risk factor identification, and patient education, diet and nutrition, and immunizations.
8. The student will apply principles of pharmacotherapeutic and non-pharmacotherapeutic modalities as appropriate for patient management.
9. The student will select appropriate diagnostic studies for the clinical problem.
10. The student will evaluate and interpret results of diagnostic tests accurately.
11. The student will recall and apply clinical decision making and problem solving to assess and manage patients.
12. The student will appropriately select and perform procedure skills for diagnostic or therapeutic purposes.
13. The student will progress towards competent performance of specific, routine, technical and invasive and surgical procedures, and assist with more complex procedures.
14. The student will help with performing, evaluating and providing therapy in response to life threatening situations.
15. The student will evaluate and validate the management plan based upon patient outcomes, discussion with supervising physicians and review of medical literature, and will modify the plan as necessary.
16. The student will consistently integrate patient education and counseling into their management plan to include common medical and psychological illnesses, common medical procedures, therapeutic regimens, adherence and health maintenance.

17. The student will interact with patients and their families respectfully, through awareness and sensitivity to cultural, environmental and socioeconomic aspects that affect the patient, the patient's condition and the patient's family, all while using empathy and active listening techniques.
18. The student will respect and preserve patient confidentiality.
19. The student will utilize effective interpersonal skills in written, oral and electronic forms of communication with patients, their families and other members of the healthcare team.
20. The student will document in a legible, effective and efficient manner by communicating information into the medical record (written, EMR or dictated) including
 - a. Complete history
 - b. Physical examination findings
 - c. Progress notes written in SOAP format
 - d. Admission notes
 - e. Problem lists
 - f. Initial assessment and recommendations for a consult.
 - g. Diagnostic tests
 - h. Discharge summaries
 - i. Communication with other health care providers
21. The student will verbally present data in a concise, logical and professional manner.
22. The student will actively participate in the educational process by recognizing self-limitations and appropriately seeking assistance/advice, applying universal precaution principles, and seeking opportunities to actively participate in the clinical learning environment.
23. The student will cooperate with all people involved in clinical education, including, but not limited to, the preceptor, staff, patient and their family/support persons, other health care providers, other learners, and faculty.
24. The student will conduct themselves in a professional and courteous manner and with the highest ethical and legal standards expected of a health care professional and consistent with the role and responsibilities of a physician assistant.
25. The student will engage and employ lifelong learning skills through on-going self-reflection, active engagement, and professional development.
26. The student will defend their actions and medical decisions exhibiting confidence and decorum.

CALLBACK DAYS {B4.01}

After the completion of rotations 1,3,4,7, students are required to return to campus for scheduled events. This is a **mandatory** component of the PA Program's clinical phase. These callback days include end of rotation testing as well as various educational and professional events, seminars, ongoing review and assessment of clinical and presentation skills, student-advisor meetings, summative testing, and Capstone project presentations. Attendance is REQUIRED for callback days including all scheduled events on those days. If a student fails to attend a callback day or arrives late without prior notification and approval from the Clinical Education Director, they will be referred to the SPC for disciplinary review and will forfeit all callback percentage points for that rotation. **All travel and housing expenses for these seminars are the responsibility of the student.**

SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPE) ROTATIONS {B3.07}

Upon enrolling in the 24-month program, which includes a clinical phase consisting of 9 Supervised Clinical Practice Experiences (SCPEs), the program is responsible for ensuring students are provided with and successfully complete all components required for graduation, meeting both program-specific and ARC-PA standards. Students must successfully complete one four-week rotation in each of the following areas of practice: Family Medicine, Internal Medicine, Pediatrics, Surgery, Women's Health, Emergency Medicine, Behavioral Health, and 2 elective SCPEs.

REQUIRED CLINICAL ROTATIONS {B3.02}, {B3.03}, {B3.04}, {B3.07}

Students must successfully complete one four-week rotation in each of the following areas of practice:

- Family Medicine (four weeks)
- Pediatrics - (four weeks)
- Psychiatry and Behavioral Health (four weeks)
- Women's Health (four weeks)
- Internal Medicine - (four weeks)
- Surgery) (four weeks)
- Emergency Medicine (four weeks)
- Elective I Rotation - (four weeks)
- Elective II Rotation – (four weeks)

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 {B3.02, B3.03a-b}

1. The Elective Rotation SCPE is designed to provide the student with an opportunity to gain additional clinical knowledge and skills in a subspecialty during the clinical phase. Elective rotations are **MANDATORY ROTATIONS**. This elective rotation will preferably be assigned during one of your last three rotations.
2. Students are asked to submit two elective options via a survey. The survey will be issued just prior to the start of the clinical phase. The survey will be due within two weeks of issuance.
3. Students may not change their request after the survey is submitted. The only exception will be when both the first and second choices requested are not available.
4. Students are encouraged to select electives that align with their professional goals, whether to strengthen skills in clinical areas where they seek improvement or deeper exposure, or to explore specialties relevant to their intended career path or potential employment opportunities post-graduation. Students may not rotate with a current employer or with a preceptor where employment has been accepted in writing.
5. Students can choose from a list of existing clinical sites or initiate a request for a new clinical site. All students are encouraged to meet with their academic advisor, Clinical Education Director, and Clinical Coordinator to discuss the

elective rotation selection prior to the final decision. The list of potential elective sites will be posted on Canvas and/or CORE prior to the issuance of the survey.

6. Students are strongly advised against selecting an elective supervised by a preceptor who has previously overseen their work during a prior rotation. The program aims to cultivate students' clinical skills through diverse, enriching experiences, as repeated rotations with the same preceptor would limit exposure to varied learning opportunities.
7. Once the program begins the process of site development for a student requested site, the student will not be able to opt out of that site. Submission of the request form does not guarantee that the site will be acceptable or that the student will be placed at the site.

Students must successfully complete all core rotations, as well as their required elective rotations. Elective rotations may not be substituted for or applied toward remediating a failed core rotation.

MATCH PROCESS FOR SCPE ASSIGNMENTS

The match process is an exciting rite of passage for PA graduate students that is a culmination of years of hard work, dedication, and matriculating from the didactic to the clinical phase. This process will align students within a POD in which they will train for the majority of the clinical phase. Utilizing the online survey tool, the program will do its best to match students with their top preferences.

- The program makes all decisions with regard to rotation assignments, content and sequencing. The PA Program reserves the right to modify the above referenced rotation assignments in accordance with accreditation standards, preceptor availability, clinical site resources and program need.
- While students are not required to identify potential preceptors, the program welcomes suggestions for clinical rotation sites outside of the established network. Students who wish to suggest a preceptor are asked to provide their contact information to the Clinical Phase Team. The team will then contact the site to assess interest and suitability. If the initial assessment is positive, a member of the clinical team will conduct a site visit to determine if the site meets the program's requirements for clinical experiences.
- Students are not allowed to have a relative serve as a preceptor for himself or herself. The provider (relative) may serve as a preceptor to a classmate.
- Students are not allowed to have clinical rotations with a current employer. If a student has a signed contract to work with a particular office or preceptor after graduation, the student may not use that provider as a preceptor during the clinical phase- this includes the elective rotation.

Per ARC-PA accreditation standards, students are not permitted to independently establish clinical rotations. Students may propose potential clinical sites if they have a willing preceptor. The student must submit the site details and preceptor's contact information to the Clinical Education Director, who will handle the formal coordination. All rotation agreements must be finalized by the program to ensure accreditation compliance.

****(ARC-PA Standard A3.03: Students must not be required to provide or solicit clinical sites or preceptors. The Program must coordinate Clinical Sites and preceptors for program required rotations.)***

RESPONSIBILITY TO UNDERSTAND UNIVERSITY AND PROGRAM POLICIES AND PROCEDURES {A3.01}

To provide a clinical experience that is well defined and accountable, The Lincoln Memorial University – Tampa Physician Assistant Program is supported by the over-arching leadership and management of the university. As such, the Physician Assistant Program, its faculty, staff, and students are subject to all University policies. For further information beyond what is provided in this handbook, please refer to the following:

- LMU-TAMPA PA PROGRAM STUDENT HANDBOOK
- LMU UNIVERSITY GRADUATE CATALOG

FACULTY ADVISORS

Students will be assigned to their advisor as detailed in the PA Program Handbook. Students may contact their assigned advisor at any point throughout the clinical phase if they have questions or concerns. Students are required to meet with their assigned advisors during the callback days but are encouraged to meet or speak with them more frequently as needed.

Clinical Phase On-Site Evaluations {C2.01}

During the clinical phase, each student will undergo two on-site evaluations. The Clinical Education Director (CED) or Clinical Coordinator will contact the student at least one week in advance to schedule the evaluation. If an evaluation is being planned for the site/rotation, The student is required to monitor their email closely during this period. Scheduling adjustments may occur due to unforeseen circumstances, and maintaining open communication with the student is essential to ensure a smooth visit for the evaluator.

COMMUNICATION {A3.02}

Students will be expected to be professional and polite in all electronic correspondence with LMU faculty and staff, preceptors, clinical sites, classmates, etc.

Always remember that electronic correspondence containing confidential patient information must be very carefully monitored and protected.

LMU email serves as the official method of communication for all program-related correspondence during both the didactic and clinical phases. Students are required to check their LMU email account **at least once every 24 hours** and are responsible for promptly addressing all communications.

Failure to respond to faculty emails within 24 hours will result in an initial warning. Repeated violations will be escalated to the Student Progress Committee (SPC) for disciplinary review.

Use of non-LMU email accounts for University-related communication is strictly prohibited. Faculty and staff are not obligated to respond to messages sent from personal email accounts.

DRESS CODE POLICY (A3.02)

As a representative of the LMU-Tampa Physician Assistant Program, a student's personal appearance is an extension of the Program and will, to some degree, determine how customers, patients, and colleagues view the student, the program, and the profession of Physician Assistant.

The following standards for attire apply to all students enrolled in the LMU-Tampa PA Tampa PA Physician Assistant Program. These standards shall be followed during all hours in which the Program is open to the public (generally 8:00 A.M. to 6:00 P.M., Monday through Friday) and cover any Clinical site during the students shift and rotation.

GUIDE TO BUSINESS CASUAL DRESSING FOR THE LMU TAMPA PHYSICIAN ASSISTANT

In addition to the above guidelines, a more specific overview of appropriate business casual attire is provided below. Items that are not appropriate for the office are listed too. Both lists are all-inclusive, and both are open to change. The lists tell you what is generally acceptable as business casual attire and what is generally not acceptable as business casual attire.

No dress code can cover all contingencies so students must exert a certain amount of judgment in their choice of clothing to wear to the program. If you experience uncertainty about acceptable, professional business casual attire for the program, please ask the Program Director or Didactic Education Director.

Slacks, Pants, And Suit Pants

Slacks similar to Dockers and other makers of cotton or synthetic material pants, wool pants, flannel pants, dressy Capri, and nice-looking dress synthetic pants are acceptable. Inappropriate slacks or pants include jeans (pants which contain rivets), sweatpants, athletic pants, Bermuda shorts, short shorts, shorts, bib overalls, leggings, and any spandex or other form-fitting pants people wear for biking or exercise. Pants must be worn properly on the hips. No student shall dress in such a way that his/her underwear is partially, or totally exposed and proper undergarments shall be worn.

Skirts, Dresses, And Skirted Suits

Casual dresses and skirts, and skirts that are split at or below the knee are acceptable. The length of the dress and skirt length shall be no shorter than one inch above the knee (when standing). Short, tight skirts that ride halfway up the thigh are inappropriate for the program. Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses are inappropriate for the program.

Shirts, Tops, Blouses, And Jackets

Casual/dress shirts (for males, shirts must have a collar), sweaters, tops, tailored blouses, golf-type shirts, and turtlenecks are acceptable attire for the program. Most suit jackets or sport jackets are also acceptable attire for the program.

Unacceptable attire for PA students includes:

1. Short (mini) skirts
2. Any tee shirt
3. Halter tops
4. Midriffs
5. Excessively low-cut necklines
6. Tank Tops
7. Spaghetti straps
8. Sweat bands

9. Excessively tight clothing
10. Over-sized sagging pants/jeans/shorts
11. Any rips and/tears in any article of clothing
12. Caps or hats
13. Rubber thongs/Flip flops
14. Leggings
15. Attire that depicts profanity, hate speech, obscenity, the use of weapons, or violence
16. Attire that promotes use of tobacco, drugs, alcohol, or other illegal or harmful products
17. Attire that promotes, implies, or contains sexually suggestive messages
18. Attire that exposes or reveals the chest, midriff, pelvic/groin area, and buttocks

Shoes And Footwear

Conservative athletic or walking shoes, oxfords, loafers, clogs, boots, flats, dress heels, and leather deck-type shoes are acceptable for the program and shall be clean and in good condition. Flashy athletic shoes, thongs, flip-flops, slippers, platforms, work boots, hiking boots, and any non-dress shoe with an open toe are not acceptable in the program. Closed toe and closed heel shoes are required in laboratories.

Hats and Head Covering

Hats, caps, and other headgear are not permitted in the building during hours when the dress code is enforced. Exceptions are made only for headgear worn for genuine religious purposes or to honor cultural traditions.

General Personal Care Standards

Adequate precautions shall be taken to maintain good personal hygiene. These precautions include regular bathing, use of deodorants and regular dental hygiene.

Hair Maintenance

Hair shall be neatly groomed and clean, styled off the face and out of the eyes. If close contact with patients occurs (e.g., physical assessment procedures); hair longer than shoulder length shall be secured. Hair may not be dyed any unnatural hair colors. Spiked hair, including but not limited to faux hawks and Mohawks, is not allowed. Mustaches and beards must be clean and well-trimmed.

Cologne, Perfume or Aftershave

The use of cologne, perfumes, body sprays, scented body lotions or aftershave shall be used with restraint. It is not recommended in the patient care setting due to patient allergies and sensitivities.

Cosmetics

Cosmetics shall be applied in good taste and moderation.

Nail Maintenance

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

Jewelry

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

Tattoos

Tattoos shall be appropriately covered when possible.

CLINICAL SETTINGS AND LABS {A3.06}

White Coats

Student-style white coats are required for clinical settings and during certain laboratory sessions, simulation exercises, competency evaluations and any other times as designated by the Course Director; they must be clean and neat. They will possess the LMU-Tampa PA Program Patch. Exceptions to this rule are at the discretion of the clinical preceptor/Lab Professor and must be approved by the Didactic Education Director or Clinical Education Director. If you wear scrubs outside the operating area, a clean white coat should be worn over scrubs.

Each student will be provided with two LMU-PA Program school patches for placement on white lab coats. The patch should be placed 3 inches down from the left shoulder seam of the white coat and centered from left to right. Name embroidery will be in "Black" and "Block Lettering" 2 inches above the left jacket pocket.

Full Legal Name, PA-S
LMU-Tampa PA Program

Scrubs

In general, scrubs should not be worn outside of the lab, hospital or clinic and may only be worn as specified by individual clinical sites or instructors. When in public areas, scrubs must be clean and covered by the student white coat. Scrubs should be navy blue and not tight or revealing. Avoid overly baggy or excessively tailored scrubs without excessive patterns or logos. Scrubs must be clean, wrinkle-free, and in good condition without stains, rips, or fading when worn in a public area and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual Labs/clinical sites.

ATTENDANCE AND PROMPTNESS {A3.02}

Clinical rotation and callback attendance *are essential to student success*. Attendance during assigned clinical rotations is a fundamental component of professional responsibility and reliability. Students are required to be present daily at their designated clinical site and must accommodate evening, holidays, and/or weekends hours as requested by their preceptor. The work schedule including shifts and on-call duties, is determined exclusively by the preceptor or their designee. **University holidays do not apply in the clinical phase and preceptors are not obligated to give the student days off on weekdays or weekends. When the preceptor is working or on call, so is the student unless otherwise specified by the preceptor.**

Punctuality is a professional expectation for healthcare practitioners and is critical to maintaining professional standards during clinical rotations. Students are required to arrive on time to all rotations, ideally 5-10 minutes early, to ensure adequate preparation for the day's responsibility. Late arrivals, early departures or adjustments to the assigned clinic schedule are strictly prohibited without explicit approval from the preceptor and CED. Repeated tardiness, unauthorized absences, or shortening of scheduled hours will be documented as unprofessional conduct and will adversely impact professionalism assessment on the preceptor evaluations. Such violations may result in automatic rotation failure, a formal report to the CED, and potential escalation to the Student Progress Committee (SPC) for further disciplinary review, including additional disciplinary actions as warranted.

GRADING AND EVALUATION {A3.02, A3.15, B4.01}

Students must earn a grade of A through C to receive course credit toward their degree and to continue in the program. Courses in which a student earns a grade below C do not count toward meeting MMS degree requirements and require an academic hearing by the faculty. A student earning below a C in a course (under 70%) will not be permitted to continue in the program. As a policy, the LMU Master of Medical Science Program does not round up any grades, including our course examination scores and GPAs.

During the clinical phase, grades are based upon the preceptor evaluation of the student; timely submission of all required evaluation forms; and timely patient encounter and time logging. A preceptor evaluation that falls below the benchmark of “3” for a rotation will result in remediation and/or failure of the rotation. Students must achieve a total score of 70% or higher to pass each rotation and ultimately receive a passing grade for the semester. If a student does not achieve at least 70% during any one rotation, they will receive a grade of “F” and will have to repeat the rotation at the end of the clinical phase. This will delay graduation. Once the rotation(s)/program requirements have been successfully completed, the grade will be updated. This information will be presented to the SPC for appropriate action. Clinical rotation grades will be passed on the following components:

ASSESSMENT METHODS AND GRADING:

Clinical rotation grades will be earned on the following components:

| Domain | Assessment Method | | Total Weight |
|---|---|--------------------------|--------------|
| Clinical Knowledge | Onboarding Document | 4% | 52% |
| | Preceptor Evaluation: Clinical Portion | 20% | |
| | End of Rotation Exam | 28% | |
| Professionalism, Interpersonal Skills and Communication | Preceptor Evaluation: Professionalism and Communications Portion | 25% | 48% |
| | Attendance to Clinic and Callback Days | 8 % | |
| | Evaluation Methods and Forms – Completed and on time | | |
| | <ul style="list-style-type: none"> Weekly SOAP notes Patient Logging Time Logging Evaluation of Preceptor/Site | 5% 2.5% 2.5% 5% | |
| | Rotation 1, 3, 4 and 7 <ul style="list-style-type: none"> Student Self-Assessment Evaluation Required Rotation 2, 5, 6, 8, 9 <ul style="list-style-type: none"> (no Self-Assessment required) | 0% | 0% |
| | Total Percentage | | 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.

| Domain | Assessment Method | | Total Weight |
|---|--|-----|--------------|
| Clinical Knowledge | Onboarding Document | 4% | 60% |
| | Preceptor Evaluation: Clinical Portion | 56% | |
| Professionalism, Interpersonal Skills and Communication | Preceptor Evaluation: Professionalism and Communications Portion | 25% | 40% |
| | Attendance to Clinic and Callback Days | 5 % | |
| | Evaluation Methods and Forms – Completed and on time | | |

| | | | |
|--|--|------|------|
| | <ul style="list-style-type: none"> • Patient Logging • Time Logging • Evaluation of Preceptor/Site | 2.5% | |
| | <ul style="list-style-type: none"> • Rotation 1, 3, 4 and 7: Student Self-Assessment Evaluation Required • Rotation 2, 5, 6, 8, 9: NO Self-Assessment required | 0% | 0% |
| | Total Percentage | | 100% |

Evaluations: It is the responsibility of the student to ensure the preceptor completes the required evaluations. Completed evaluation forms must be received by the PA Program office no later than the designated due dates. Each evaluation form is worth either 2.5% or 5 % of the overall rotation grade as indicated in the Course Grading Assessment charts above. The submission of incomplete evaluation forms and/or failure to submit any evaluation form by the designated due date is considered unprofessional conduct and will result in a loss of those points for that rotation. Repeated late submission of any evaluation form (3 or more times without a valid excuse) will result in the student's referral to the Student Promotion Committee (SPC). Based on the recommendation of the Committee, the student may be subject to further deductions of his/her grade. Clinical rotation grades are not released until the completion of all forms, evaluations, and notes.

END-OF-ROTATION EXAMS: CONTENT, MINIMUM SCORE, AND RETAKE POLICIES

There will be an end-of-rotation examination on the last day of the rotation. This will be given by the Physician Assistant Department on campus. Exams are written by PAEA (PA Education Association) and follow the topic list and Blueprint for each rotation. The number of questions per exam is 120. It is divided into 2- 60 question exams that you will have 2 hours to complete. Students must achieve a raw score of 70% or higher to pass each exam.

A score of 70% or greater is required on all end-of-rotation exams.

- Grades will be posted within five (5) working days after the examination.
- All exams are available for review. Review can be arranged by the Clinical Coordinator.

Students are entitled to one retake exam per year.

- The student will retake the examination two weeks after notification of failure, unless other arrangements are made by the Clinical Education Director.
- A score of 80% is the maximum that may be earned on the retake examination.
- If the student fails the retake examination, the student will be required to repeat the entire rotation.
- If a student fails the second EORE administered, the student will have to repeat that entire SCPE which will delay graduation. If a student subsequently fails another SCPE despite taking the EORE twice, then the student will be dismissed from the program. **Therefore, a student is only allowed to fail two (2) rotations. Upon the third failure, the student will have more than two failed rotations and will be dismissed from the program.**

Tardiness: If tardy for an examination, the student will only be allowed to take the exam for the remainder of the examination period.

Clinical Phase to Completion Requirements

- Achieve a minimum overall 3.0 GPA.
- Successfully complete all Supervised Clinical Practical Experiences/SCPEs.
- Two (2) failed clinical rotations will result in dismissal from the program.
- No course grade below the level of "C".
- Obtain passing grades on all end of rotation examinations (EORE).
- Achieve minimum established scores for all formative and summative evaluations/examinations.
- Documentation of professionalism.
- Indicate successful completion of a minimum of 16 community service hours.

In the event that a student does not meet the above criteria, is remediating a course or course component, or may be on academic or professionalism probation, the student may progress to the subsequent semester at the discretion of the SPC Student Progress.

EVALUATION METHODS AND FORMS {A3.02, A3.15b}

The evaluation of student performance is ongoing throughout each clinical rotation. The evaluation will focus on basic and medical science knowledge, history taking, written and oral presentation skills, professionalism, including attendance, interpersonal skills and communication abilities, knowledge of healthcare system, physical exam skills, medical decision making and clinical skills. To ensure that the PA Program retains quality clinical sites, students are asked to give a personal evaluation of their experience at the end of each rotation, which will include the evaluation of the preceptor and the clinical site. The following evaluations/forms MUST be completed by the assigned due date to ensure a passing grade for the semester.

A. Onboarding Document

The Onboarding document must be completed with the preceptor on the first day in the clinic. It outlines the rotation schedule, goals, preceptor expectations, dress code, contact information, and any concerns. The document is due by 8:00 AM on the first Friday of each rotation.

B. Student Evaluation of Preceptor and Clinical Site

To ensure quality clinical sites, students are required to complete an evaluation of each site at the end of each rotation. This form is made available to students through CORE. On the last Monday of the rotation, an email will be sent to each student's LMU Email account providing notification that the survey is open and available to complete. It must be completed and submitted by 8:00 am of the last Friday of each rotation.

During some rotations, students will work with more than one preceptor. In that case, the evaluation should be completed based on the conduct/teaching abilities of the preceptor that you spent the most time with during the rotation. Students are required to track the number of hours spent with every preceptor during the rotation. In addition to the documentation of hours, for each preceptor, the program needs each preceptor's FULL NAME and TITLE. This information allows the PA Program to provide the preceptor with Continuing Medical Education (CME) credit. Please confirm the numbers you have recorded spent with each preceptor matches the time logging in CORE. The two numbers should be the same or very close. Significant discrepancies will be red flagged, and the student will be contacted by the Clinical Education Director for explanation or correction. It must be completed and submitted by 8:00 am on the last Friday of each rotation.

C. Student Self-Assessment Evaluation

This form allows students to reflect on their performance, identify strengths, and pinpoint areas for improvement in clinical skills, knowledge application, and professional behavior. By completing the form, students actively engage in self-directed learning, fostering critical thinking and self-awareness essential for their development as competent healthcare providers. The self-assessment also provides preceptors and program faculty with insights into the student's experiences and perceived challenges, enabling more targeted feedback and support. Ultimately, the process promotes accountability and continuous growth, aligning with the goal of producing highly skilled and reflective practitioners. The Self-Assessment Evaluation is due by 5:00 pm on last Monday of rotations 1, 3, 4 and 7.

D. End of Rotation Preceptor Evaluation:

During the final week of all rotations, the preceptor must complete The *Preceptor Evaluation of Physician Assistant Student*, which will be emailed to the preceptors via CORE. If the preceptor does not receive the evaluation by Tuesday of the last week of rotation, a blank copy of the evaluation can be found on Canvas under course materials or at the end of the clinical handbook. If it is printed out and completed by the preceptor, please fax it to the PA Program Office. If it is completed via CORE, it will automatically be filed. PLEASE DOUBLE CHECK PRECEPTORS EMAIL DURING ONBOARDING TO ENSURE THE EVALUATION IS SENT TO THE CORRECT PERSON. The evaluation is an assessment of the student's medical knowledge, their history taking and physical exam skills, their ability regarding medical decision making, their clinical skills, their ability with written and oral presentation skills as well as professionalism and interpersonal communication skills. It

is required that the preceptor and student formally discuss this evaluation before it is submitted. All sections of this evaluation must be successfully passed with an average score of three (3) or greater. If any section of the evaluation averages below a three (3), the student will fail the rotation. This includes elective rotations as well. It must be completed and submitted by 8:00 am on the last Friday of each rotation.

E. Patient Encounter Logging

Each student will keep a daily patient log using CORE. **Students must log all patient encounters.** Patient encounters **are defined as any patient interaction where medical treatment is provided and/or evaluation and management services are provided**. A patient encounter may also contain any combination of orders, observations, form data, notes, provider discussion and/or grand rounds. Patient encounter logging windows are open for seven (7) days only, which means the student must enter the patient encounter information within seven (7) days of seeing the patient. Otherwise, the window will close and the ability to log that day of patient encounters will be lost. Contacting the program to reopen the window to document patients, will cause the student to lose a percentage of overall points for the rotation. All patient logging must be completed by Monday morning each week.* Student reports are run each Monday morning throughout the clinical rotation to monitor each student's patient exposure during the rotation. If student encounters are not documented, the student will receive an email from the CED or Clinical Coordinator. Contacting the program more than three times throughout the clinical phase, will result in a referral to the SPC for a review of non-professional behaviors. If a student encounters a situation in which they are unable to document their encounters in a timely manner, please contact the CED or Clinical Coordinator.

Requirements for logging include documentation of daily patient encounters. The number of required entries varies based on the rotation. Students are expected to document all patient encounters incurred throughout the clinic day. Required encounters per rotations are as follows:

| | |
|---------------------------|--|
| Family Medicine | 10 patient encounters daily |
| Internal Medicine | 5-10 patient encounters daily (students <i>in an inpatient unit may see fewer patients than in an outpatient clinic</i>). |
| Pediatrics | 10 patient encounters daily |
| Women's Health | 5-10 patient encounters daily (students <i>in L & D, you may be with one patient for HOURS. If that is the case, please make the Clinical Coordinator is aware</i>) |
| Behavioral Health | 5-10 patient encounters daily (students <i>in an inpatient unit may see fewer patients than in an outpatient clinic</i>) |
| Surgery | 3-10 patient encounters daily (<i>may be limited by long surgical cases</i>) |
| Emergency Medicine | 10 patient encounters daily |
| Elective Rotation | Preference for 10 patient encounters daily (dependent on area of practice) |

F. Time Logging

In addition to logging patient encounters, students are also required to log their time spent in a clinical rotation. The time is logged daily, recording the hours worked that day. **Students should not log hours based on the schedule given for the rotation or anticipated work hours. Only log actual hours worked**. Students attending a presentation or another type of learning opportunity, please record that as time worked but label it as **conference**. In the notes section, please explain the reason for any absence (illness, discretionary day, holiday, etc.). As with patient logging, a report is run on Monday of each week to monitor the total hours that a student spends in clinic.

Students will be contacted by the CED or Clinical Coordinator if the student hours are not recorded. If a student must be contacted three times, they will be referred to the SPC for a non-professional behavior

review. If work hours are low, please contact the CED or Clinical Coordinator to report the circumstances for the low hours. It is understood that if there is a holiday during the work week, or if the preceptor takes vacation or has day(s) off, that it will affect hours logged. We ask that the student still notify the program. If the program is not notified of a reason for the low hours, the CED or Clinical Coordinator will be contacting the student. When this it will count as one of the three reminders.

***All weekly logging (patient or time) must be completed in CORE by Monday morning at 8 am during every rotation.**

G. Weekly soap notes

Weekly soap notes serve as a valuable tool for evaluating a student performance during clinical rotations. They provide a structured framework for students to document patient encounters, develop clinical reasoning skills, and demonstrate their growing competence in patient care. Faculty review of these notes offers direct insight into the student's ability to:

- Gather and synthesize patient information: the subjective (s) section reveals the student's ability to elicit a comprehensive patient history, while the objective (o) section demonstrates their proficiency in conducting a focused physical exam and interpreting diagnostic data.
- Formulate assessments and plans: the assessment (a) section showcases the student's clinical reasoning, differential diagnosis skills, and problem-solving abilities. The plan (p) section highlights their capacity to develop appropriate treatment plans, including patient education and follow-up strategies.
- Apply evidence-based medicine: the rationale within the plan section, as well as the overall approach to patient management, demonstrates the student's ability to integrate evidence-based principles into their clinical decision-making.
- Communicate effectively: the clarity, conciseness, and organization of the soap note reflect the student's communication skills, both written and potentially verbal (during faculty feedback sessions).
- Demonstrate professionalism: the overall tone, accuracy, and completeness of the note, along with adherence to medical terminology and ethical considerations, provide insight into the student's professional development.

By consistently reviewing weekly soap notes, faculty can track student progress throughout the rotation, identify areas of strength and weakness, and provide targeted feedback. This process fosters student growth, enhances clinical skills, and ensures that students are meeting the learning objectives of the rotation. Furthermore, the soap note evaluation can contribute to the overall assessment of the student's clinical performance, alongside other evaluation methods like direct observation, case presentations, and end-of-rotation exams. In essence, weekly soap notes provide a concrete and longitudinal record of the student's evolving clinical competence, serving as a cornerstone of their clinical rotation evaluation.

ADDITIONAL EVALUATION/STUDENT SITE VISITS

Students will be visited by a member of the Clinical Education Team two times during the clinical phase. The Clinical Team representative will spend some time (10-15 minutes) with the preceptor to review the student's progress. The visitor will observe the student in a patient encounter (ideally) and communicate with the student regarding their feelings about the rotation and concerns they may have (most site visits are a requirement of ARC-PA). However, in the event of an issue at the site, or, if the program receives a call of concern about a student, a visit will occur within 48-72 hours to address the situation. If the situation cannot wait, a phone call must be made to the Clinical Education Director immediately. It is mandatory that the student attend this site visit at the date and time scheduled by the Clinical Education Director or Clinical Coordinator.

ROTATION DUTY HOURS

The goals of PA students and the faculty are one and the same: to get the best medical education and the most clinical exposure as possible while not ignoring overall mental and physical wellbeing. Attention needs to be paid to both duty/work hours and personal time.

Work hour rules have been developed for residents, but similar rules have not been developed for PA students.

There are obvious differences in terms of goals, reimbursement, and responsibilities between residents and PA students. Nonetheless, some guidelines for students are as follows:

Rotations WITH call

- No more than 80 hours of awake time in the hospital or clinic per week.
- Students should have at least one full day off per week, averaged over a month.
- **Always check out with the preceptor before leaving for the day.**

Rotations WITHOUT call

- No more than 80 hours of awake time in the hospital or clinic per week.
- Students may go in early or stay late by the discretion of their preceptor. Students should have at least one full day off per week, averaged over a month.
- **Always check out with the preceptor before leaving for the day.**

REMEDICATION {A2.05c-f, A3.15c, B4.01}

Remediation is the process of addressing deficiencies in a student's knowledge and skills, so that the deficiencies are corrected. **Remediation is NOT Retesting.** The purpose of remediation is to identify areas of student weakness, assist the student in overcoming those weaknesses, and provide an opportunity for the student to demonstrate achievement in the area(s) of identified weakness. Course Directors or Co-Directors may initiate remediation measures at any time when an area of weakness is identified in a student.

1. A student receiving a "C" in a didactic course or "C" grade in a SCPE course, a failed end of rotation exam or failed OSCE will remediate the identified area(s) of deficiency. The specific remediation plan developed is at the discretion of the course instructor in collaboration with the Didactic Education Director and the faculty advisor for didactic courses and the Clinical Education Director with collaboration of the faculty Advisor and Clinical Preceptor for SCPE courses and may include but is not limited to:
 - Reading assignments.
 - Written completion of selected course learning objectives with reference citations.
 - Written response to selected exam items with reference citations.
 - Problem-based learning exercises focused on the area(s) of weakness.
 - Written self-reflection exercise.
 - Individual faculty-led tutoring (especially skills related deficiencies). Skills review and assessment.
 - Repeating a portion of or the entire SCPE.
2. Students will be reassessed after completion of the outlined remediation plan with an emphasis on areas of poor performance. The assessment activity may vary depending on the nature of deficiency and degree of remediation necessary. A successful remediation plan will include:
 - Academic Improvement Form: Composition/nature of assessment and the student performance required for successful remediation of material.
 - Date on which assigned activities are due and follow-up.
3. The responsible Course Director or Co-Director must document remediation efforts and outcomes and submit

documentation to the Program Administrator in the respective year to be filed in the student's official file.

4. The course instructor must notify the Didactic Education Director or the Clinical Education Director of any student needing remediation. The DED and CED will be responsible for notification to the Student Progress Committee (SPC) of any remediation plan. To ensure adequate rigor and consistency within the program, the SPC must approve remediation plans and remediation reassessments prior to implementation.
5. Unsuccessful remediation efforts will be forwarded to the SPC for review. The Committee may recommend appropriate courses of action, which may include the entire range of possible outcomes up to and including dismissal from the program.

LMU-TAMPA PA PROGRAM PROGRESSION REQUIREMENTS {A3.02; A3.12g A3.15a,b}

Students enrolled in the LMU-Tampa Physician Assistant Program must maintain adherence to the program's standard of academic performance and professionalism.

Prior to matriculation and after receiving an admission offer, students must fulfill the following requirements to progress in the LMU-Tampa PA Program:

1. **Admission Requirements:** Complete all admission requirements, including submitting required immunizations and proof of health insurance.
2. **Orientation:** Successfully complete the LMU-Tampa PA Program Orientation.

Curriculum Progression: The curriculum follows a sequential structure. Students must successfully complete all courses in a given semester before progressing to the next. Similarly, all didactic phase courses must be successfully completed before advancing to the clinical phase.

Clinical Phase Progression: Supervised Clinical Practice Experiences (SCPEs) within the clinical phase do not adhere to the traditional semester calendar. Student performance in each SCPE is evaluated by the Clinical Education Director (CED) upon completion of the experience to determine eligibility for the next rotation.

Student Progress Committee (SPC) Review: At the end of each semester (didactic and clinical phases), the SPC reviews each student's academic and professional performance. SPC recommendation for progression is required for students to enroll in subsequent semester courses and continue in the program. The SPC may convene more frequently, including during SCPEs, if a student is identified as being at risk for academic or professionalism probation or dismissal.

EXAMINATIONS {B4.01, B4.03, B4.04}

Students are expected to take all examinations on the scheduled dates. The course director determines the rescheduling of an examination if circumstances warrant (e.g., documented illness, previously identified religious holiday, or death in the family). If a student fails to take a scheduled examination without obtaining permission from the course director prior to the examination, the student will receive a "zero" on that scheduled examination. Examinations are timed and the examinee will be given no extra time to complete the examination unless the student at the start of the semester is assessed by the Office of Accessible Education Services.

All students that have accommodations to take an exam in another area will be scheduled with the Program Office to be taken in a designated room, which can be observed by Faculty and Staff members of the PA Program or a representative from the Office of Accessible Education Services.

PROGRAM SUMMATIVE EXAMINATIONS AND STUDENT ASSESSMENTS {B4.01, B4.03, B4.04}

At LMU's PA Program, we define competence as adequacy of performance. The purpose of program summative examinations and assessments is twofold: to assess the knowledge, skills, and attitudes developed throughout the program, and to evaluate readiness for entry-level clinical practice through the application of knowledge. We use multiple assessment methods longitudinally to assess learner knowledge, skills, and attitudes. This is a separate requirement for graduation as defined in the ARC-PA standards: *B4.01*. The program must conduct frequent, objective, and documented evaluations of student performance for both didactic and supervised clinical practice experience components. The evaluations must align with what is expected and taught, as defined by the program's instructional objectives, and learning outcomes.

Our assessment instruments include:

At LMU's Physician Assistant Program, competence is defined as the consistent demonstration of knowledge, clinical skills, and professional attitudes essential for effective, entry-level practice. Our evaluation framework serves a dual purpose: to measure the mastery of program curriculum and to ensure readiness for real-world clinical application. Through longitudinal, multifaceted assessments, including objective evaluations, skill-based simulations, and reflective practice, we track the progressive development of learners across cognitive, technical, and behavioral domains. These rigorous evaluations align with our program's instructional goals and national accreditation standards. Specifically, adherence to ARC-PA Standard B4.01 mandates systematic, objective, and documented assessments of student performance in both didactic and clinical phases, ensuring alignment with established learning outcomes. Successful completion of these assessments is a non-negotiable requirement for graduation, reflecting our commitment to producing PAs equipped to meet the demands of modern healthcare.

Our assessment instruments include:

1. PACKRAT I & II— End of didactic phase and end of the clinical phase, respectively. The scores are used to determine whether students require additional remediation and mentoring during the clinical phase. Students with the highest level of risk will be required to complete more extensive remediation assignments defined in the Academic Improvement Plan.
2. OSCE I & II – End of didactic phase and end of the clinical phase, respectively. This “hands-on” examination is designed specifically to test the PA student's clinical competence. This will be administered at LMU Tampa PA Program or at another designated location.
3. End of Didactic Phase Exam & End of Program Exam— These multiple-choice examinations tests the student's knowledge base for all organ systems. Students will be able to meet with their advisor and discuss a study strategy that students can pursue to prepare for the PANCE.
4. Professionalism Development Assessment Tool (PDAT) I & II. End of didactic phase and end of clinical phase. Evaluation of professionalism is an on-going process throughout the program. Prior to graduation, students and their assigned advisor will complete the summative tool and discuss their strengths and weaknesses in this area.

To obtain the final signature for graduation, students must successfully complete all formative and summative assessments including summative evaluations (OSCEs, End of Didactic Phase Exam, End-of-Program Exam, PDAT I & II) and PACKRAT I & II. Those identified as high-risk will be mandated to complete more extensive remediation assignments outlined in a study contract.

“PASSING GRADE” THE PROGRAM SUMMATIVE EXAMS

Students must achieve a passing score on each individual component of the Summative Assessment. Students may

retake any component within one week of the initial attempt. A second failed attempt on any component will result in referral to the Student Progress Committee (SPC).

SUMMATIVE ASSESSMENTS, REQUIRED FOR PROGRAM COMPLETION

Consist of:

(1) Summative I: End of Didactic Phase- End of Didactic Phase Exam, Professionalism Development Assessment Tool (PDAT) I, OSCEs, PACKRAT I

(2) Summative II: End of-Program- PAEA End of Curriculum Exam, Professionalism Development Assessment Tool (PDAT) II, OSCEs, PACKRAT II

- Students must achieve a minimum passing score of 70.00% on *each* section independently.
- Retake Policy: Students who fail a section may retake it once within one week of the initial attempt. The Clinical Education Director will schedule the retake examination date.
- Further Action: Students who fail a section a second time (after the retake) will be referred to the Student Progress Committee (SPC) for review

FAILURE AFTER TWO ATTEMPTS {A3.15a-c}

Any student failing any section of the summative process after two attempts will be held from graduation and will be remediated for a period of four-six weeks. A diagnostic assessment of the deficiencies will be performed by the Didactic Education Director and/or the Clinical Education Director. The Program Director will assign a faculty member experienced in the remediation process to assist.

Any learner failing the second attempt at remediation will be referred to the Student Progress Committee for further action, which may include further remediation or dismissal.

PA PROGRAM GRADUATION REQUIREMENTS {A3.15}

To graduate from the LMU-Tampa PA Program and earn a Master of Medical Science degree, students must:

1. Successfully complete all course work according to program defined academic standards including demonstration of meeting all Program Learning Outcomes.
2. Successfully pass all components of the Summative Evaluations.
3. Demonstrate they have met program expectations and acquired the competencies needed for entry into clinical PA practice with patients seeking medical care across the lifespan, women's health, care for conditions requiring surgical management, care for behavioral and mental health conditions.
4. Submit a completed graduation application to the LMU-Tampa PA Program.
5. Demonstrate the ability to meet all the Program's Technical Standards and Competencies
6. Achieve good academic standing. In the event that a student is on academic probation as he/she enters the final semester, he/she must complete the final semester with the required overall G.P.A. of 3.0 to be awarded the degree.
7. Maintain good professional standing. If a student is placed on professionalism probation at the start of their final semester, they must fulfill the program's established requirements before the end of that semester to successfully transition off probation and be eligible for graduation.
8. Complete all requirements for graduation within 48 months of the original date of matriculation.
9. Approval of graduation by the Student Progress Committee (SPC).

**Students should apply for graduation during the initial part of their final semester before all requirements for the SMS degree are complete. The graduation application is available on the LMU system website.*

SECTION 2 ~ CLINICAL YEAR POLICIES AND PROCEDURES {A3.02}

ROTATION RE-ASSIGNMENTS {C2}:

If ongoing monitoring of a clinical rotation site reveals significant concerns or newly identified barriers that compromise the quality of student learning, the PA program reserves the right to reassign the student to an alternate SCPE/clinical rotation site. All efforts will be made to re-assign the student within the student's assigned POD; however, some circumstances may require placement in a different POD which may be outside of the usual 60-mile radius.

Site Visits while the student is on clinical rotations:

Every student will receive a site visit at their clinical setting twice during the clinical phase. The student will be contacted by the CED or clinical coordinator at least one week in advance to arrange the meeting. Students should monitor their email closely when a clinical site visit is scheduled, as last-minute changes or updates may occur. Clear and timely communication is crucial for the site visit coordinator organizing the visit.

USE OF STUDENTS AT CLINICAL SITES {A3.05}

Clinical rotations are an educational experience for the physician assistant student. At no time during the clinical experiences should the student be called upon or used to substitute for regular clinical or administrative staff. If a situation arises where a student is asked to perform in a role other than that of the student or to substitute for a staff member, the student should contact the program immediately for guidance. Exceptions include tasks directly related to patient encounters observed or performed by the student, such as rooming a patient, collecting vital signs, or obtaining lab specimens. In these situations, good clinical judgment is essential.

STUDENT PREPARATION OF SELF AND OTHERS POLICIES AND PROCEDURES

As students transition into the clinical phase, they should carefully consider strategies to manage both their personal well-being and the needs of family/loved ones impacted by demanding schedules. Clinical responsibilities, commute times (particularly for those living outside their assigned region), academic assignments, and study requirements will significantly influence daily routines. It is essential for students to prioritize their well-being by setting aside time each day, even if only 10 minutes, to rest, relax, and recharge in a way that is personally beneficial.

LMU COUNSELING SERVICES {A3.10}

LMU Counselling Services are provided to help students with any non-academic issue that is impeding a student's progress. At student mentee meetings, problems may be identified for which a student's mentor will provide timely referral to services. Students may also self-initiate an appointment. Common reasons to seek services or to be referred for counseling include but are not limited to sadness; personal situations that are causing social or academic difficulties; roommate or dating issues; stress or anxiety; eating disorders; low self-esteem; family issues; social anxiety; alcohol/drug issues; anger control or just having a safe place to discuss life's challenges and identify healthy ways to deal with them.

Counseling appointments are confidential and free of charge to all LMU students. Appointments are conducted via message, chat, phone, or video depending on student preference. To initiate an appointment, use one of the methods below:

1. Download the StudentLife app and sign in using the password LMU1
2. Text "Hello" to 61295
3. Go to www.StudentLifeServices.com
4. Call 1-855-695-2818

If students are experiencing a mental health emergency and need immediate assistance and are not able to access counselling services, they are encouraged to immediately call 911 or the National Suicide Prevention number at 1-800-273-TALK (8255).

PROFESSIONALISM CONDUCT AND THE CLINICAL PHASE CODE OF CONDUCT{ A3.02}

LMU Tampa PA students are required to abide by University conduct policies which can be found in the [Railsplitter Community Standards Guide](#), as well as to abide by all LMU Tampa PA Program policies found in the program and clinical handbook. Please note that the LMU Tampa PA Program policies supersede the LMU University policies (ex. dress code). The policies expounded upon below are to be adhered to by all students at all times regardless of location, including while at clinical rotation sites and at all campus sponsored activities.

STUDENT CONDUCT

Students must maintain high standards of conduct on campus, off campus, while at clinical rotations, and at all LMU-sponsored events. Students who do not abide by the Program's conduct expectations will be referred to the SPC for disciplinary actions. The Program has conduct policies , that apply to the clinical phase, in the following areas:

PROFESSIONAL CONDUCT

The Program seeks to produce graduates with high moral, ethical, and professional standards, thus professional conduct while enrolled is deemed as important as academic success. To assist students in the acquisition of and growth in professional behaviors, the program nurtures professional behaviors and identifies and remediates unprofessional behaviors. Students found lacking professional conduct will be referred to the SPC for recommendations. Expected professional conduct includes:

Altruism (selfless concern for others)

- Responds to patients in a way that promotes patient-centered healthcare
- Advocates for policies and practices that benefit patients
- Shares knowledge, talent, and resources to help others

Integrity (maintaining strong moral principles)

- Maintains appropriate boundaries in professional relationships
- Upholds ethical standards in research and scholarly activity
- Maintains honesty, confidentiality, and straightforwardness in all interactions

Respect (courteous regard for feelings of others)

- Listens to the views and opinions of colleagues without interrupting
- Discusses grievances with the individual first and does not slander that individual
- Speaks of others without using inappropriate labels or comments

Excellence (maintaining an outstanding quality)

- Makes valuable contributions to class, clinicals, and group interactions
- Sets goals to achieve above what is expected
- Seeks feedback for performance improvement and makes appropriate corrections

Initiative (the ability to assess a situation and act dutifully)

- Organizes, participates in, and collaborates with peers and faculty when needed
- Inspires confidence in others by being properly prepared for all tasks
- Responds promptly and completes tasks in a timely manner

Resilience (the ability to recover quickly from difficulty)

- Assumes personal responsibility for mistakes and takes steps to prevent recurrence
- Understands personal limits and requests help when needed
- Remains flexible to changing circumstances and unanticipated changes

Accountability (taking responsibility in a situation)

- Intervenes when unprofessional behavior presents potential danger
- Facilitates conflict resolution while maintaining composure
- Advocates for lifelong learning to improve patient care

ACADEMIC CONDUCT {A3.02}

The LMU Tampa PA program promotes authentic honesty and a high standard of academic integrity. This requires students to take personal responsibility for mastery of the knowledge and skills necessary to provide patient care. Academic misconduct undermines education, violates trust, and is a serious offense. Any behavior during examinations that raises suspicion that the examination process is compromised will result in all involved students being referred to the SPC with the possibility of dismissal from the Program. Examples of academic misconduct include, but are not limited to, the following:

- **Abetting:** encouraging or assisting another student to cheat, sharing testing material with others
- **Cheating:** acting dishonestly to gain academic advantage (ex, unauthorized possession of examination questions, using notes during an examination, obtaining information during an examination from another student, altering grade records, or illegally entering an office)
- **Plagiarism:** claiming someone else's ideas, words, or data as your own; not citing the author
- **Fabrication:** presenting falsified work as genuine
- **Deceitfulness:** altering grade records, tampering with examination software, or entering a faculty or staff office without permission

Academic Integrity and Copyright Laws:

Per the Lincoln Memorial University's Policy on Academic Integrity, **students are not permitted to share information about an examination with other students who have not yet taken the examination.** Any student found in violation

of this policy will be reported to the Student Progress Committee (SPC) initially, and then after further review, the violation may be presented to the Office of Student Conduct Affairs.

All EORE content is protected by the federal Copyright Act, 17 U.S.C. § 101, et seq. Access to all such materials, as further detailed below, is strictly conditioned upon agreement to abide by PA Program's rights under the Copyright Act and to maintain examination confidentiality.

EORE examinations are confidential, in addition to being protected by federal copyright and trade secret laws (PAEA). **Students who undertake examinations agree that they will not copy, reproduce, adapt, disclose, or transmit examinations, in whole or in part, before or after taking an examination, by any means now known or hereafter invented. They further agree that they will not reconstruct examination content from memory, by dictation, or by any other means or otherwise discuss examination content with others.** Students further acknowledge that disclosure or any other use of EORE content constitutes professional misconduct and may expose them to criminal as well as civil liability, and may also result in the PA Program's imposition of penalties against them, including but not limited to, invalidation of examination results, exclusion from future examinations, suspension and de-matriculation.

GENERATIVE AI POLICY {A3.02}

Unless approved by the course syllabus, clinical preceptor or faculty, using generative artificial intelligence (Gen-AI), such as ChatGPT, to complete clinical assignments, either in whole or in part, is a direct violation of the LMU-Tampa PA Program Academic Integrity Policy. Should a student doubt whether Gen-AI use is allowed, the student is responsible for discussing it with the clinical preceptor or faculty member before proceeding with use of AI generated information. Utilizing generative AI without express permission will be deemed a violation of the Honor Code. Any suspected violations of the Gen-AI policy will result in the referral of the involved students to the SPC for disciplinary action, including potential dismissal from the program.

For any permitted use of Gen-AI tools, unless otherwise indicated in individual assignment instruction, student learners must acknowledge and document use in each assignment submission by outlining the Gen-AI tool(s) used, applicable prompts, and how outputs from the Gen-AI source were integrated into the assignment. The "AI Use Disclosure Statement" must include the following components:

- The AI tool(s) used * Proper source citation is required.
- 1-3 sentences outlining your rationale for using the tools
- A copy of the entire exchange, highlighting the most relevant sections (e.g., the full transcript of your ChatGPT chat, etc.)
- 1-3 sentences outlining how outputs from the Gen-AI source were integrated into the assignment

Student learners must critically evaluate all information produced by ChatGPT and other Gen-AI sources for accuracy and reliability. Generative AI content can be inaccurate and misleading. Given the nature of medical information, student learners are strongly encouraged to verify all outputs through additional reputable sources.

COMPUTER BASED WRITTEN EXAM CONDUCT

The purpose of creating a computer-based written exam policy under the SMS is to maintain exam integrity, ensure compliance, manage risks and mitigate software threats, and set appropriate expectations for students across all programs.

To maintain a secure and fair testing environment, the following policies apply on exam day:

- **Arrival and Entry:** Students are expected to arrive prior to the start of exams according to the guidelines set by the individual program. Students who do not arrive early for the exam may not be eligible to take the exam.
- **Required Materials:** Students must bring their testing device (laptop, etc), power cord, and privacy screen (if applicable) with them on the day of the exam. Students must ensure the exam is downloaded (if applicable) to their device before exam day, as instructed per individual programs.

- **Permissible Items:** See individual program policies for permissible items and resources. Possession of unauthorized devices (e.g., phones, watches) will be considered cheating and is a violation of academic integrity policies.
- **Confidentiality and Integrity:** Exam content is confidential. Any discussion, dissemination, or congregation to discuss the exam is a violation of academic integrity and may result in a referral to the individual program's Student Progress Committee (SPC) or designated faculty committee according to the program's handbook.
- **Exam Conduct:** Students must remain silent in the exam area and are not permitted to communicate with others. Students should notify proctor(s) of any technical issues; students must not engage proctor(s) for exam content questions, if applicable.
- **Finishing the Exam:** Students must submit the exam when completed and show confirmation of completed exam to the proctor or proctoring software. Failure to follow these submission procedures may result in penalties.
- **Academic Integrity:** Any attempt to disable exam software security or engage in dishonest behavior, including unauthorized possession or duplication of exam questions, use of unapproved materials, or unauthorized collaboration, is strictly prohibited and will lead to disciplinary action.

Compliance

Potential consequences or penalties for failing to comply with this policy will be determined by the individual program's Student Progress Committee (SPC) or designated faculty committee according to the program's handbook

SOCIAL MEDIA CONDUCT {A3.02}

Students are required to maintain high standards of professionalism while using all forms of social media or online forums. Unprofessional postings which include profanity, discriminatory statements, alcohol abuse, sexually suggestive material, and/or breeches of patient confidentiality are forbidden and will be referred to the SPC for disciplinary action. Degradation of faculty, staff, fellow students, preceptors, or the Program will not be tolerated on social media or in any form. Students who do so are subject to dismissal from the program. Additional social media guidelines include:

- **Confidentiality:** Health care providers have a professional obligation to maintain the confidentiality of patient information. Posting information about named or nameless patients is a violation of The Health Insurance Portability and Accountability Act (HIPAA). When using social media, do not post any information or photos of a patient, patient encounter, or medical procedure.
- **Digital Footprint Awareness:** Be mindful of your social media footprint. All items you post on social media must be professional in every way. Prospective employers, residency directors, and patients review social networking sites to check out your background, interests, and professional standards.

STUDENT-PATIENT AND STUDENT-FACULTY RELATIONSHIPS {A3.02}

Students are not to engage in intimate or unethical relationships with patients, preceptors, or faculty. These relationships should always remain at a professional level. Students or Faculty engaging in unprofessional relationships will be referred to the respective disciplinary action committee and/or board.

In addition to the Student Code of Conduct, Physician Assistant students shall not:

- Fail to conform his/her conduct to the ethical and moral standards of the physician assistant profession as articulated in the American Academy of Physician Assistants Statement of Values.
- Intentionally make misrepresentation on a resume or curriculum vitae concerning class rank, grades, academic honors, student organization involvement, work experience, or any other matter relevant to job placement.
- Purposely furnish false information.
- Engage in disruptive behavior in class.
- Violate the physician assistant program attendance policy.
- Violate the Dress code policy.

- Demonstrate inappropriate or disrespectful behavior toward fellow students, faculty, staff, preceptors, and staff/employees at SCPE sites or other community organizations.
- Engage in inappropriate or disrespectful interaction with patients.
- Unauthorized use or removal of prescription or nonprescription drugs, devices, or confidential information from the clinical sites.
- Perpetrate any form of theft, forgery, falsification, or fraudulent use of university or experiential practice site property.
- Willfully conceal or misrepresent information material to an investigation of an alleged violation of this Professionalism Policy when the information is sought by the Physician Assistant Program faculty.
- Engage in the use and distribution of illegal drug.

CLINICAL CODE OF CONDUCT POLICY {A3.02}

The Clinical Education Director or designee will be charged with the responsibility of promptly investigating alleged infractions of this code.

The following code of conduct will guide the ethical behavior in hospitals, community clinics, research and production facilities, and various rotation sites. We feel that the magnitude of our responsibility as healthcare professionals necessitates the establishment of the highest standards of professional conduct.

RESPECT AND CONCERN FOR THE WELFARE OF PATIENTS

The Student will:

- Treat patients and their families with respect and dignity both in their presence and in discussions with others.
- Recognize when one's ability to function effectively is compromised and ask for relief or help.
- Recognize the limits of student involvement in the medical care of a patient and seek supervision or advice before acting when necessary.
- Not use alcohol or other drugs in a manner that could compromise themselves or patient care.
- Respect for the rights of others

The Student will:

- Interact professionally with staff and peer members of the health care team in a considerate manner and with a spirit of cooperation.
- Act with an egalitarian spirit toward all persons encountered in a professional capacity regardless of race, religion, gender, sexual preference, age, national origin, physical disability, marital status, political affiliation, or socioeconomic status.
- Respect the patient's modesty and privacy.

TRUSTWORTHINESS

The Student will:

- Be truthful in communication with others.
- Maintain confidentiality of patient information.
- Admit errors and not knowingly mislead others to promote oneself at the expense of the patient.
- Not represent himself/herself as a physician, physician assistant, or other health professional.
- Accurately acknowledge the sources for all information reported. Failure to do so will be considered plagiarism.

RESPONSIBILITY AND SENSE OF DUTY

The Student will:

- Participate responsibly in patient care or research to the best of his or her ability and with the appropriate

supervision.

- Undertake clinical duties and persevere until they are complete.
- Notify the responsible person if something interferes with his or her ability to perform clinical or academic tasks effectively.

PROFESSIONAL DEMEANOR

The Student will:

- Maintain a neat and clean appearance, and dress in attire according to the dress code policy.
- Be thoughtful and professional when interacting with patients and families.
- Strive to maintain composure during times of fatigue, professional stress, or personal problems.
- Avoid offensive language, gestures, or inappropriate remarks.

HOUSING AND TRANSPORTATION {A3.02, A3.12f}

Students are responsible for all housing, transportation, and meal arrangements associated with clinical rotations as well as any costs incurred from those arrangements.

STUDENT HEALTH AND IMMUNIZATION POLICY {A3.07a}

BACKGROUND AND PURPOSE {A3.07a}

The purpose of this document is to define policies, procedures and availability of health services for students enrolled in the Physician Assistant Program.

POLICY STATEMENT {A3.07a}

1. All students **MUST** provide proof of health insurance prior to matriculation. Each student's personal health insurance policy must remain active throughout their participation in the program.
2. Students are financially responsible for the cost of all health care services they may require while enrolled in the program, including any health care services required as a result of their participation in scheduled program activities (e.g. TB testing, immunizations, treatment of injuries, pathogen exposure evaluation and treatment).
3. The following health requirements are mandatory and must be fully complied with prior to matriculation.

A. Tuberculosis

One of the following completed within the past 12 months is required:

- Two-step TB skin test (administered 1-3 weeks apart)
- QuantiFERON Gold blood test (lab report required)
- If positive results, submit a clear chest x-ray (lab report required)

B. Immunizations

Students must be current on all required immunizations. Either record of immunization or serologic proof of immunity must be provided for all listed conditions recommended by the Centers for Disease Control and Prevention for health care personnel, to include, but may not be limited to:

- **Hepatitis B: BOTH of the following are required:**

- A complete vaccination series AND
- A positive antibody titer (lab report required)
- If your titer was negative or equivocal, you must repeat the series and provide a 2nd titer.

- **Measles, Mumps & Rubella (MMR)**

One of the following is required:

- 2 vaccinations: The first vaccination **MUST** be administered **AFTER** the age of 1 regardless of vaccination type. Vaccinations can be a combined MMR vaccination, however if individualized vaccinations are submitted you **MUST** submit 2 vaccinations for Mumps and Measles and 1

- vaccination for Rubella OR
 - Positive antibody titer (lab report required) for all 3 components. If your titer was negative or equivocal, you must receive 1 booster vaccine (administered after your titer) and provide a 2nd titer.
- **Varicella**
One of the following is required:
 - 2 vaccinations OR
 - Positive antibody titer (lab report required)
 - If your titer was negative or equivocal, you must repeat the series.
- **Tdap (Tetanus/Diphtheria/Pertussis)**
One of the following is required:
 - Documentation of a Tdap (Tetanus, Diphtheria & Pertussis) vaccination administered within the past 10 years OR
 - Documentation of a Tdap vaccination administered from any time AND a Td (Tetanus & Diphtheria) booster administered within the past 10 years. Renewal will be set for 10 years from the most recent vaccination. Upon renewal, a Td booster is required.
- **Influenza**
Students will be required to obtain influenza immunization annually while enrolled in the program.
- **COVID-19**
For those receiving updated mRNA COVID-19 vaccines, persons aged ≥ 5 years without immunocompromise are recommended to receive 1 updated COVID-19 vaccine dose, irrespective of previous COVID-19 vaccination history. For those receiving updated Novavax COVID-19 vaccines, persons ages ≥ 12 years without immunocompromise are recommended to receive 2 updated COVID-19 vaccine doses if previously unvaccinated and 1 updated dose if previously vaccinated with any COVID-19 vaccine. For those who have received previous COVID-19 vaccines, the updated vaccine should be administered ≥ 2 months after receipt of the most recent dose.

C. Other Immunizations

Students may occasionally be involved in patient care activities that require additional immunizations or disease prophylaxis (e.g., international rotations). It is the responsibility of the student to consult with the PD/CED to determine if any additional precautions are necessary.

Clinical sites may require additional vaccinations and documentation.

Students who have a medical contraindication for specific vaccinations may have additional requirements mandated (e.g., students who have a medical contraindication for influenza vaccination may be required to wear a mask during the entire influenza season). Some clinical facilities do not permit students who have not had the influenza vaccination or Covid-19 vaccination for medical reasons, even with use of a mask. Changes in clinical site requirements may necessitate changes in clinical rotation assignment or the inability to be placed on clinical rotations.

1. Historical documentation without primary source evidence of tuberculosis screening, immunizations and/or serologic proof of immunity will not satisfy the program's documentation requirements.

The following qualify as legitimate proof of immunization/TB testing status:

- Copies of the applicant's medical record(s) on which administration and results of tuberculosis screening data is recorded.
- Copies of the applicant's medical record(s) on which administration of the immunization series is documented by the immunization provider (including immunization cards signed by the administering health care professional/agency).
- Copies of the laboratory report(s) documenting results of serologic testing for immunity (antibody test results).
- Copies of the applicant's medical record(s) or a letter from the applicant's health care provider documenting

immunization non-conversion and explaining the process by which that conclusion was reached.

- Immunization records must be submitted to the CORE compliance tracking system, NOT to the Physician Assistant Department.
- The PA program will access CORE to ensure completion of required immunizations and TB screening of all students.
- Students will be provided access to CORE online files.
- Program Director, principal program faculty, medical director, or program staff WILL NOT participate as health care providers for students enrolled in the program and WILL NOT have access to any student health information other than that defined in this policy.

All costs associated with meeting the above immunization requirements are the sole responsibility of the student.

CLINICAL SITE RECRUITMENT POLICY AND PROCEDURES {A3.03}

The Program assumes all responsibility for establishing clinical rotation sites. Under NO circumstance will a student be required or permitted to contact and/or obtain their own clinical rotation sites. Any student who contacts a potential preceptor directly to plan for their own clinical sites will be referred to the SPC or disciplinary action. Although it is the responsibility of the Program and not the students to arrange clinical rotation sites, a student may suggest a new clinical site. The clinical team will make students aware of this option and disperse appropriate forms at a designated time during the didactic phase. Until the clinical team has this discussion with students, the students are asked to refrain from requesting preceptors or clinical sites. If a student chooses to submit a request at the designated time, the program will determine if the site is adequate for student to meet program learning outcomes and legal requirements. All final decisions on site adequacy are made by the clinical team.

CLINICAL ASSIGNMENT:

Prior to the start of the clinical phase, students have the opportunity to submit their preferences for site placement via a survey provided by the Clinical Year Team (CYT). *This survey allows students to specify their preferred and non-preferred clinical specialties or geographic regions within Florida and neighboring states.* Students will also have the opportunity to submit a letter of Special Circumstance Placement Consideration. The CYT will take these requests into consideration; however, there is no guarantee students will be placed at one of their top requested sites. Ultimately, students are placed based on a number of factors:

- Survey Results
- Availability of defined clinical area
- Needs of the PA Program (site maintenance)
- Special consideration requests

SPECIAL CIRCUMSTANCE PLACEMENT CONSIDERATION

Students with extenuating circumstances may apply for special consideration in placement when alternatives are available. All requests must be made to the Physician Assistant Program for referral to the Clinical Education Director prior to the match process. Requests should be made in writing, sent by LMU e-mail and include a description of the extenuating circumstances. The Clinical Education Director will consult with the Clinical Phase Team on each request. Requests will be granted based on, but not limited to personal need, professional conflict (patient-physician relationship; student-faculty relationship), site availability and educational capacity. Students granted special considerations placement are still expected to complete the match process.

CLINICAL ROTATION SITES

LMU PA Program Supervised Clinical Practical Experiences (SCPE) sites are unique in comparison to other PA Programs. As most programs are associated within one specific health system, LMU must rely on multiple health systems and independent clinical sites for its SCPEs. Because of this unique set up, the program creates areas or PODS based on the

number of resources it can provide. The number of PODS varies per year and PODS are not necessarily available every year.

Although the program strives to place students within their preferred POD for all SCPE's, the program reserves the right to place students in SCPE's outside of the generalized 60-mile radius POD if necessary. The program also may reassign a student to a new POD altogether during the clinical phase.

All the mandatory core rotations will be completed in the State of Florida and surrounding areas. Exceptions will be made on a case-by-case basis and will be sought only after all the resources stated above have been exhausted and only with health systems which already have an existing Affiliation Agreement with LMU.

1. Placement at some clinical sites will require special paperwork to be completed by the student and/or require attendance at an orientation which is to be done during callback days, if possible. Students should be aware that supplemental costs—such as fees for site-specific badges, credentialing requirements, or mandatory retesting—may apply and will be the student's financial responsibility. This includes expenses related to additional screenings (e.g., criminal background checks, drug/alcohol screenings, fingerprinting) or other site-mandated compliance measures.
2. Students are prohibited from taking part in a clinical experience in which a family member would or may serve as a preceptor.
3. Students are prohibited from rotating in a clinical site where they maintain employment or have signed a contract for future employment.
4. Students are prohibited from providing or soliciting clinical sites or preceptors.

BASIC LIFE SUPPORT (BLS), ADVANCED CARDIAC LIFE SUPPORT (ACLS) AND PEDIATRIC ADVANCED LIFE SUPPORT (PALS)

All students must become certified in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) . This training must be completed prior to starting clinical rotations, students must submit copies of BLS, ACLS and PALS certification cards to CORE . Students who fail to submit these documents will not be permitted to participate in clinical training until the training and certification are successfully completed.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal Regulation dealing with health records. The purpose of the Act is to ensure the privacy and security of Protected Health Information (PHI) regarding patient records and research subject data.
- You will take a formal HIPAA review. prior to starting clinical rotations .
- HIPAA training may be repeated at any time during the clinical phase at the discretion of the clinical placement site administrators, in accordance with the established affiliation agreement. If required by the clinical site, students are required to repeat training.

LMU TAMPA PA PROGRAM HIPAA AND CONFIDENTIALITY POLICY {A3.02, A3.18, A3.19}

LMU Tampa PA Program students who access electronic PHI (personal health information) are reminded that they are responsible for maintaining the security of their personal account and of their workstation. Violations of LMU Tampa PA Program policies regarding the security of PHI are punishable by disciplinary steps up to and including termination from the program.

Students will receive HIPAA training at the beginning of both the didactic and clinical years and must always follow HIPAA regulations. Students must respect the confidentiality of their classmates, patients, standardized patients, patient's families, Program faculty and staff, and Clinical Preceptors. The following HIPAA regulations apply:

- Students are NOT permitted to discuss or post on social media any protected health information.
- Students are NOT permitted to obtain or post any pictures of patients or patient encounters.
- Students must "scrub" patient names from any case presentations or other program assignments

Additionally, academic records and FERPA protected information about other students must always remain confidential. Students are only informed of their own performance in the Program. The results of student assessments and of SPC decisions are not posted and are only accessible to Program faculty and staff with a legitimate need to know. These records are to be kept confidential. Students who violate HIPAA or confidentiality policies will be referred to the SPC for disciplinary action.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PRECAUTIONS {A3.08}

Working in a clinical setting can expose the student to a wide variety of health risks, including infectious disorders. Health care professionals and students can also act as vectors for infectious illnesses to patients who are already ill and sometimes immune-compromised. Safety of the student, patients, and other healthcare providers is critical to the health and well-being of all. Health care practitioners can reasonably anticipate that they will come in contact with blood and/or other potentially infectious materials. Therefore, all students will complete OSHA training prior to clinical mentorship and clinical rotation and must be compliant with OSHA and universal precaution requirements, including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures while on clinical mentorship and clinical rotations. The program provides this training, and any certificates obtained must be uploaded to CORE by the student. Some institutions may require that a student complete HIPAA and OSHA training through their educators. If that is a requirement for a student to rotate in that institution, then the student must repeat their training.

Failure to comply with these requirements will result in removal or declination from the site as well as a referral to the SPC for any further disciplinary proceedings.

SAFETY TRAINING {A3.08}

Students will be required to complete any clinical site-specific safety or security training requirements in preparation for supervised clinical practice rotations.

Student safety and security is of utmost importance while on clinical rotations. The program conducts routine site visits to evaluate the safety of students at clinical sites. If an incident occurs where the student feels themselves in immediate danger, they are required to clearly communicate distress by any means possible, remove themselves from the situation, and call 911. If at any time while on clinical rotations a student feels that the rotation site is unsafe, the student must contact the Clinical Education Director or Clinical Coordinator immediately by telephone, text, or email. This includes any form of harassment or bullying behaviors. The program investigates all concerns or allegations promptly.

LATEX ALLERGY POLICY {A3.08a-b}

Latex products are extremely common in the medical environment. Students with a history of latex allergy are at risk for future severe reactions upon exposure to latex products. Although students with localized contact irritant dermatitis can be accommodated, those with a history of generalized reactions or true anaphylaxis need clearance from an allergist and may need to carry an Epi-pen.

If such a student elects to continue in training, the student must realize that he/she assumes any responsibility and risk posed by allergic reactions, which can range from mild symptoms to anaphylaxis and death. In the event such an allergy is present, either intentional or inadvertent exposure to latex and related products may lead to these consequences. Although the Program will do all it can to provide latex-free gloves during laboratory session, it cannot guarantee a latex-free environment because other students may not be using latex-free gloves and other materials. Furthermore, we cannot guarantee a latex-free environment at every clinical training site. If a student chooses to proceed with training in the face of significant risk, the student will be required to sign a waiver stating that he or she understands the risk. This waiver will be forwarded to each of the student's clinical sites.

Policy Regarding Treatment of Students By Faculty {A3.09}

Except in an emergency situation, the Program Director, Medical Director, and Principal Faculty may not participate as health care providers or behavioral health counsellors for students in the Program.

HEALTH INSURANCE REQUIREMENTS {A3.07a}

Students are required to maintain personal health insurance during enrollment in LMU Tampa PA Physician Assistant Program. Proof of insurance coverage must be provided prior to orientation. Students are responsible for all personal health care costs incurred while enrolled in the PA Program. These costs may include but are not limited to immunizations, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program mandated training activities. Due to the potential for exposure to potentially infectious materials, insurance should cover screenings, diagnostics, treatments, and short- and long-term disability compensation that may result from any potential exposure. All screening, treatment, or disability maintenance costs that insurance does not cover will be the sole responsibility of the student. All covered, uncovered, or related costs are the exclusive responsibility of the student and not the responsibility of Lincoln Memorial University.

STANDARD PRECAUTIONS {A3.08a}

Definition

Standard precautions are the minimum safety and infection prevention practices that apply to all patient care, laboratory or technical skills training experiences in any setting where healthcare or healthcare training is delivered. These practices are designed to protect healthcare professionals (HCP) and prevent HCP from spreading infections to others. Students will be instructed in Standard Precautions early in the program during orientation and throughout the didactic phase of the program.

Compliance with all safety practices is not just a good procedure - it is a mark of professionalism. **Persistent failure to observe and practice Standard Precautions may result in adverse/disciplinary action for unprofessional behavior and referral to the SPC.**

Standard Precautions

Standard precautions are the minimum safety and infection prevention practices that apply to all patient care, laboratory or technical skills training experiences in any setting where healthcare or healthcare training is delivered.

These practices are designed to protect healthcare professionals (HCP) and prevent HCP from spreading infections to others. Students will be instructed in Standard Precautions early in the program during orientation and throughout the didactic phase of the program.

Standard Precautions include:

- **Hand hygiene**
Good hand hygiene is critical to reduce the risk of spreading infection. Current CDC guidelines recommend use of alcohol-based hand rub for hand hygiene except when hands are visibly soiled (e.g. dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea, in which cases soap and water should be used. Key situations where hand hygiene should be performed include:
 - Before touching a patient, even if gloves will be worn.
 - Before exiting the patient's care area after touching the patient or the patient's immediate environment.
 - After contact with blood, body fluids or excretions, or wound dressings.
 - Prior to performing an aseptic task (e.g. placing an IV, preparing an injection).
 - If hands will be moving from a contaminated-body site to a clean-body site during patient care.
 - After glove removal.
- **Use of personal protective equipment (PPE):**
 - Exam gloves will be worn when there is risk of contact with or when handling blood or body fluids or when there is a potential for contact with mucous membranes, non-intact skin or body orifice areas, or contaminated equipment.
 - Facial masks, protective eyewear and/or gowns (as well as gloves) will be worn when performing/assisting procedures with a risk of body fluid or other hazardous material splashes or sprays.
- **Safe injection practices**
 - No recapping of needles unless required by the specific procedure being performed.
 - Use of self-sheathing needles and/or needleless systems when available.
 - All needles and other disposable sharps will be placed in designated puncture resistant containers as soon as possible after their use.
- **Safe handling of potentially contaminated surfaces or equipment**
 - Environmental cleaning: Areas in which patient care activities are performed will be routinely cleaned and disinfected at the conclusion of the activity as outlined by the laboratory course director/instructor.
 - Medical equipment safety. Reusable medical equipment must be cleaned and disinfected (or sterilized) according to the manufacturer's instructions. If the manufacturer does not provide guidelines for this process the device may not be suitable for multi-patient use.
- **Respiratory hygiene/Cough etiquette**
 - Cover mouth/nose when coughing or sneezing.
 - Use and dispose of tissues.
 - Perform hand hygiene after hands have been in contact with respiratory secretions.
 - Consider using a mask to prevent aerosol spread. Consult with your clinical preceptor regarding specific clinical policy on when masks must be used.
 - Sit as far away from others as possible when ill with respiratory symptoms.

Compliance with all safety practices is not just a good procedure - it is a mark of your professionalism. **Persistent failure to observe and practice Standard Precautions may result in adverse/disciplinary action for unprofessional behavior and referral to the SPC.**

SAFETY TRAINING {A1.02g}

Students will be required to complete any clinical site-specific safety or security training requirements in preparation for supervised clinical practice rotations.

ACCIDENTAL EXPOSURE {A3.08b-c}

The Physician Assistant Program recognizes that as students begin to interact with patients as part of their clinical training, they will encounter the risk of exposure to infectious diseases. Recognizing that there is no way to totally eliminate this risk and continue to provide a meaningful and quality medical education, the LMU PA Program provides all students appropriate training in universal precautions and other risk reduction behaviors before entering the patient care environment.

The accidental exposure policy is composed of three prongs, which are designed to 1) reduce the incidence of exposure, 2) protect others from being exposed to infected students, and 3) train students what to do in the event of an accidental exposure.

Before a clinical rotation begins - Most hospitals and/or healthcare systems have set protocols and a contact person for accidental exposure cases. Students are responsible for making themselves aware of both the protocol and contact person BEFORE the rotation begins. Many students will receive this information during a hospital orientation. However, some sites may not provide such information and therefore students need to be proactive in asking ahead of time.

Needle Stick and Blood Borne Pathogen Exposure {A3.08}

If a student experiences a needle stick, sharps injury or is otherwise exposed to bodily fluids of a patient while on a clinical rotation, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water.
2. **Immediately** report the incident to the attending physician or other appropriate supervising physician. Prompt reporting is essential. In some cases, post-exposure treatment may be recommended and should be started as soon as possible. If there is potential exposure to HIV, it is imperative to initiate prophylactic treatment within two hours of the incident. Also, without prompt reporting, the source patient may be discharged or otherwise lost to follow up before testing for infectious disease can be conducted.
3. **Seek post-exposure services.** Clinical sites will have a policy in place for blood borne pathogens, with a point of contact. The student should **follow the policy of the training site**. If on a core rotation, contact the Site Coordinator for instructions. If on a non-core rotation, contact the nursing supervisor or employee health service. If it is after hours or if the student cannot locate a person to guide them, he or she should go immediately to the emergency department and identify them self as a student who has just sustained an exposure.
4. **Complete and submit the LMU Incident Report.** The student should report the incident to his or her LMU-SMS Clinical Education Director **and** complete **and** submit the LMU Incident Report **within 24 hours of the exposure**. The training site may require the student to complete a separate incident report for their facility. The LMU Incident Report can be obtained from the Director of Continuing Education Development. (norma.wells@lmunet.edu).

It is extremely important that students report incidents promptly to LMU-SMS to avoid problems that may occur later with payment for post-exposure treatment.

5. **Costs Incurred.** Most training sites provide post-exposure treatment to students free of charge. If there are charges for services, the student must file all medical claims to his or her personal medical insurance first, then to the LMU intercollegiate policy.

The student must:

- a. File a claim with his or her personal insurance policy
- b. Complete the LMU intercollegiate claim form. This form can be obtained from the Director of Continuing Education Development.
- c. Make a copy of the front and back of the insurance card
- d. Collect all bills associated with the incident that has not been paid by the insurance company. Keep a copy of the Explanation of Benefits (EOB) provided by the insurance company.
- e. Collect a UB4 or HCFA billing statement from the billing office of the facility where treatment was received.
- f. Submit all items listed to:

Norma Wells, Director of Continuing Education Development
6965 Cumberland Gap Parkway
Harrogate, TN 37752
Phone: 423.869-7186
FAX: 423.869-7425
norma.wells@lmunet.edu

LATEX ALLERGY POLICY {A3.08a,b}

Latex products are extremely common in the medical environment. Students with a history of latex allergy are at risk for future severe reactions upon exposure to latex products. Although students with localized contact irritant dermatitis can be accommodated, those with a history of generalized reactions or true anaphylaxis need clearance from an allergist and may need to carry an Epi-pen.

Any student with a known latex allergy or symptoms suggestive of a latex allergy is strongly advised to seek evaluation by a qualified allergist at their own expense. If diagnosed with a latex allergy, the student must carefully assess the risks associated with PA training, understanding that, despite reasonable precautions and accommodations, exposure may still occur and pose a health risk. The decision to continue in the program should be made with full awareness of these potential challenges.

If such a student elects to continue in training, the student must realize that he/she assumes any responsibility and risk posed by allergic reactions, which can range from mild symptoms to anaphylaxis and death. In the event such an allergy is present, either intentional or inadvertent exposure to latex and related products may lead to these consequences. Although the Program will do all it can to provide latex-free gloves during laboratory session, it cannot guarantee a latex-free environment because other students may not be using latex-free gloves and other materials. Furthermore, we cannot guarantee a latex-free environment at every clinical training site.

If a student chooses to proceed with training in the face of significant risk, the student will be required to sign a waiver stating that he or she understands the risk. This waiver will be forwarded to each of the student's clinical sites.

Before a clinical rotation begins- Most hospitals and/or healthcare systems have set protocols and a contact person for accidental exposure cases. Students are responsible for making themselves aware of both the protocol and contact person BEFORE the rotation begins. **Many students will receive this information during a hospital orientation. However, some sites may not provide such information and therefore students need to be proactive in asking ahead of time.**

HEALTH INSURANCE REQUIREMENTS {A3.08c}

Students are required to maintain personal health insurance during enrollment in LMU Tampa PA Physician Assistant Program. Proof of insurance coverage must be provided prior to orientation. Students are responsible for all personal health care costs incurred while enrolled in the PA Program. These costs may include but are not limited to immunizations, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental

injuries sustained during program mandated training activities. Due to the potential for exposure to potentially infectious materials, insurance should cover screenings, diagnostics, treatments, and short- and long-term disability compensation that may result from any potential exposure. All screening, treatment, or disability maintenance costs that insurance does not cover will be the sole responsibility of the student. All covered, uncovered, or related costs are the exclusive responsibility of the student and not the responsibility of Lincoln Memorial University.

PERSONAL SAFETY AND SECURITY {A1.02g}

Student safety and security is of utmost importance while on clinical rotations. The program conducts routine site visits to evaluate the safety of students at clinical sites. If a student perceives themselves to be in immediate danger, they must promptly and clearly communicate their distress using any available means, withdraw from the situation without delay, and contact emergency services by calling 911. If at any time while on clinical rotations a student feels that the rotation site is unsafe, the student must contact the Clinical Education Director or Clinical Coordinator immediately by telephone, text, or email. This includes any form of harassment or bullying behaviors. The program investigates all concerns or allegations promptly.

Students should exercise good judgement while on clinical rotations regarding their safety. Please practice the following common-sense measures while at all rotation sites:

- Leave laptops, iPads, and other valuables at home, unless required at a clinical site.
- Do not carry large amounts of money or credit cards.
- Be sure to lock your car when you park and exit the car. If you are in a large parking structure, take a picture of the section where you parked so you are not wandering to find your vehicle.
- Pay attention to the surroundings. Avoid shortcuts through isolated areas. Be alert to potential hazards. If necessary, call hospital security for an escort.
- If you see unusual activity or someone loitering, call hospital security immediately.
- Park in well-lit areas and do not walk alone to/from parking areas at night. Use the escorts/shuttles provided by the hospitals. If you are working an odd shift, always call security to walk you out or ask someone in the clinic. Don't take any unnecessary risks please!
- In the event of any problems or conflicts at a clinical site, students should attempt initially to work out any minor problems with their preceptor or supervisor. If students still perceive a problem in any area of the experience, including personality conflicts, communication issues, supervision, or inadequacy of the learning experience, they should contact the Clinical Education Director or Clinical Coordinator immediately.

CHANGE OF ADDRESS OR CONTACT INFORMATION

Since students will be away from campus and in different locations, all students must provide the program with current and accurate contact information to include cell phone numbers. Should a student be in a location where cell phone coverage or internet access is limited, the student must inform the program and provide an alternate reliable contact phone number.

Students are **required** to notify the program immediately when there is a change in their address or phone number. The program is not responsible for lost mail or late notification when a student does not provide notification of a change.

STUDENT EMPLOYMENT POLICY {A3.04; A3.05}

This policy defines the permissible roles and responsibilities of Physician Assistant (PA) students within the Lincoln Memorial University Tampa PA program, ensuring compliance with accreditation standards and maintaining appropriate learning experiences.

Purpose: This policy clarifies the distinction between the educational role of PA students and the roles of faculty, clinical staff, and administrative staff. It emphasizes that students are learners and should not be used as substitutes for employed personnel.

Policy Statement: PA students enrolled in the Lincoln Memorial University Tampa PA program must not be required to work for the program, nor may they substitute for or function as instructional faculty, clinical staff, or administrative staff.

Permitted Activities: PA students may engage in the following activities as part of their educational experience:

- **Learning Activities:** Participating in supervised learning experiences, including classroom instruction, laboratory sessions, simulations, and clinical rotations.
- **Clinical Experiences:** Providing patient care under the direct supervision of qualified clinical preceptors, as defined by the program's clinical education policy. These experiences are designed to enhance clinical skills and knowledge, not to provide staffing for clinical sites.
- **Educational Support:** Assisting with program-related educational activities, such as peer tutoring, serving as standardized patients, or participating in program evaluation activities, *provided these activities do not constitute employment or replace the duties of paid staff.*
- **Research Activities:** Participating in research projects under the guidance of faculty members, in accordance with the program's research policy.
- **Professional Development:** Engaging in activities that promote professional growth, such as attending conferences, joining professional organizations, and participating in community outreach events.

Prohibited Activities: PA students are prohibited from:

- **Employment by the Program:** Students must not be required to work for the program in any capacity, whether paid or unpaid.
- **Substitution for Faculty:** Students may not teach courses, lead labs without faculty supervision, or assume the primary responsibility for instruction. Faculty members are responsible for all aspects of instruction.
- **Substitution for Clinical Staff:** Students may not function as or replace clinical staff, including but not limited to medical assistants, nurses, or other healthcare professionals. Clinical rotations are for learning purposes, not staffing solutions.
- **Substitution for Administrative Staff:** Students may not perform administrative duties that are the responsibility of paid staff, such as record keeping, scheduling, or office management.
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- **Independent Practice:** Students may not practice medicine independently. All patient care activities must be performed under the direct supervision of a licensed healthcare professional.

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.

Outside Employment: The rigorous, full-time nature of the Physician Assistant program, encompassing academic coursework, clinical rotations, and mandatory program events, requires students' full academic and professional focus. Therefore, outside employment during enrollment is strongly discouraged. Program schedules will not be adjusted to accommodate work obligations. Students are advised to prioritize their education and explore available financial aid resources, including scholarships, loans, and institutional aid.

This policy ensures compliance with accreditation standards, safeguards patient safety, and maintains the integrity of the learning environment.

CELL PHONES AND SOCIAL MEDIA (CELL/SMARTPHONES, IPADS, IPODS, TABLETS, PAGERS, ETC.)

Students will place all electronic communication devices (pagers, cell/smartphones) in the **OFF** mode, set to vibrate, or otherwise render devices inaudible while at clinical sites. Use of social media (Facebook, Twitter, etc.) is **not** permitted while at the clinical site. Students are prohibited from recording, discussing, uploading, sharing, or transferring any data, images, videos or any information related to their clinical experiences without the express written permission of the clinical site and patient if applicable. Students are required to comply with site policies regarding the use of cell/smartphones within the facility.

Preceptors must approve student use of cell/smartphones, iPads, tablets, and/or use of the facility site computer for clinical site work, program business, or program-related research. Students **are not** to document encounters into CORE during the clinic hours unless approved by the preceptor. Any reported violation of this rule will result in an Unprofessional Behavior Citation. If there are subsequent incidents, the student will be referred to the CED, and then, if found to be necessary after further review, to the SPC for disciplinary measures.

ATTENDANCE IN THE CLINICAL PHASE {A3.02}

Clinical Rotation Attendance Policy

Students must adhere to the clinical rotation schedule set by their preceptor. Repeated absences may result in rotation failure and review by the Student Progress Committee (SPC).

Absence Reporting:

- **All absences require notification:** Email the Clinical Education Director or clinical coordinator and contact the preceptor *before* the absence.
- **Documentation:** Complete a Request for Time Off Form for any absence.
- **Medical documentation:** For illnesses exceeding two days or 3 absences in a rotation, a medical note from a healthcare provider (not a family member or friend) is required.
- **Extended absences:** Absences of 3 or more days must be made up.

Religious Holidays and Discretionary Days:

- **Religious holidays:** Request excused time *before* the first clinical rotation.
- **Discretionary days:** Two days are provided for appointments or interviews. Request at least 1 week prior via a leave request form submitted to CORE, the Clinical Education Director, and your advisor.

Bereavement:

- **Excused leave:** Up to 3 days for first-degree relatives. The Clinical Education Director may authorize additional leave. Complete a Request for Time Off Form and notify the preceptor. Missed time must be made up.

INCLEMENT WEATHER {A3.02}

The LMU policy on inclement weather does not apply to clinical rotation sites. Students must adhere to the attendance policies of their assigned clinical rotation site during inclement weather and are responsible for assessing road conditions to determine whether travel to the site is safe. It is strongly recommended that students discuss the site's inclement weather policy with their preceptor during the onboarding process at the start of the rotation.

For students who are on call and must travel a significant distance, it is advisable to arrange accommodations near the clinical site in advance of the on-call shift. If a student determines that travel to the clinical site is unsafe due to inclement weather, they must promptly notify both their preceptor and the Clinical Education Director via telephone or email.

If weather conditions during Callback days are uncertain, students should monitor their email for updates from the Clinical Education Director or the Clinical Coordinator regarding the status of the Callback.

In instances where road conditions present a concern for individual students, they are expected to exercise sound judgment before traveling.

LEAVE OF ABSENCE {A1.02f, A3.02}

If a student in the clinical phase takes a leave of absence, they will restart clinical rotations at the beginning of the semester where they left off and have a delay in graduation for the length of time the leave of absence has been granted; they will not be required to retake all previous Program courses. Students who take any extended leave of absence may be required to complete additional assignments to ensure they are well-prepared to continue in the program.

All students must complete the LMU-Tampa PA program curriculum within 48 months. If a leave of absence will cause the student to go over the 48-month allotted time frame for program completion, the student will need to withdraw permanently from the program and reapply at a later date when they are able to fulfill the academic requirements.

Leave of absence stipulations are as follows:

- The student **must be in good academic standing** according to program policy to be considered.
- The student **must submit a written request** for a leave of absence to the PA Program Director.
- The student **must discuss the reason** for the leave with the Program Director.
- The Program Director will be the one who approves or denies the request.
- The maximum amount of time allowed for a leave of absence is 12 months.
- The start date of the leave of absence, if granted, is the date the student's written request was received. Any tuition refunds or outstanding balances will be based on this date.
- If a student is granted a leave of absence, will receive a letter from the PA Program Director outlining the requirements for the student's return to the Program.
- Students returning from a leave of absence must complete all requirements related to the leave of absence and provide written notification of completion of requirements and desire to return to the program to the Program Director at least four (4) months prior to the anticipated date of return.
- Students seeking to return from a medical leave of absence must have a licensed healthcare provider certify in writing that the student's physical and/or mental health is sufficient to continue their training in a capacity consistent with the Program's technical standards. This letter must be submitted to the PA Program Director.
- Students seeking to return from a financial leave of absence must provide the financial aid office with sufficient documentation to demonstrate their financial capability to advance their education.

A leave of absence may be granted the following reasons:

- Medical emergency or maternity
- Financial emergency
- Call to active military service
- Personal or family emergency

LMU COUNSELING SERVICES {A3.10}

LMU Counselling Services are provided to help students with any non-academic issue that is impeding a student's progress. At student mentee meetings, problems may be identified for which a student's mentor will provide timely referral to services. Students may also self-initiate an appointment. Common reasons to seek services or to be referred for counseling include but are not limited to sadness; personal situations that are causing social or academic difficulties; roommate or dating issues; stress or anxiety; eating disorders; low self-esteem; family issues; social anxiety;

alcohol/drug issues; anger control or just having a safe place to discuss life's challenges and identify healthy ways to deal with them.

Counseling appointments are confidential and free of charge to all LMU students. Appointments are conducted via message, chat, phone, or video depending on student preference. To initiate an appointment, use one of the methods below:

1. Download the StudentLife app and sign in using the password LMU1
2. Text "Hello" to 61295
3. Go to www.StudentLifeServices.com
4. Call 1-855-695-2818

If students are experiencing a mental health emergency and need immediate assistance and are not able to access counselling services, they are encouraged to immediately call 911 or the National Suicide Prevention number at 1-800-273-TALK (8255).

We encourage students to inform their faculty advisors in the event they experience problems or stresses that may affect their academic obligations. Students **must** inform their faculty advisors if they are unable to maintain patient care responsibilities. The faculty advisor will work with the student to arrive at a solution that is most advantageous to the student. **Faculty is allowed to aide in the referral of a student for necessary medical attention but is not allowed to treat the student. {A3.09}*

LMU TAMPA PA STUDENT DRUG SCREEN, CRIMINAL BACKGROUND CHECK & POLICY AND PROCEDURES

Background Checks/ Drug and Alcohol Testing {A3.02}

Continued enrollment in the LMU-Tampa PA Program is based upon satisfactory results on background checks and drug screenings. The student is responsible for all costs related to background checks.

Once admitted to the PA Program you will be given paperwork that instructs the student on what requirements are mandated prior to the first day of class. This includes a favorable background check and drug screen without detection of any tested substances. During the clinical phase, some sites may require repeat or additional testing of students, such as additional background checks, drug testing, and/or fingerprint screening. In the event a student has an unsatisfactory finding on a background check, such information will be forwarded to the Office of Institutional Equity and Compliance, to review. A student may be denied enrollment or continued matriculation depending on the circumstances regarding the offense. Failure to submit to a background check will result in dismissal from the program.

DRUG SCREEN BACKGROUND AND PURPOSE

The purpose of this policy is to provide a safe treatment, working and learning environment for patients, students, clinical and institutional staff, and protection of property during enrollment in the LMU-Tampa Physician Assistant Program. Health care accreditation organizations mandate that hospitals and other health care agencies require students, who participate in the care of patients, be subject to the same compliance and work standards as their employees. Accordingly, submitting a negative drug screen is a condition for participation in certain clinical experiential learning opportunities offered during the didactic phase of the LMU-Tampa PA Program curriculum, as well as certain Supervised Clinical Practice Experiences (SCPE) offered during the clinical phase of the program.

POLICY STATEMENT

As a prerequisite to participating in patient care, LMU-Tampa PA students may be required to undergo one or more random drug screens. Such randomized testing is necessary in order to adhere to the requirements of our clinical affiliates. When required by clinical facilities, students must complete drug screening prior to the onset of the given clinical experience. Students are financially responsible for services related to urine drug screening. Depending on the specific clinical site requirements, this may need to be repeated annually or more frequently.

Drug screening results that limit the Program's ability to secure clinical experiences may prevent a student from being promoted within the program or recommended for graduation. By accepting admission into the LMU-Tampa PA program, students agree to submit to a drug screening, and also agree to pay expenses associated with these requirements.

Acceptance into and successful completion of the LMU-Tampa PA Program does not imply or guarantee that the student will be able to obtain state licensure upon graduation.

PROCESS

Process For Obtaining A Required Drug Screen

- Upon enrollment in the program, the LMU-Tampa PA program will instruct students in the process of contacting the vendor with which the program has established a reporting relationship.
- The approved vendor will notify students via e-mail of the deadline for completion of any required drug screens throughout the course of the program.
- The approved vendor will provide students with instructions regarding obtaining and authorizing release of all required drug screen results.
- The required drug screen will consist of but not be limited to: Amphetamines (amphetamine and methamphetamine), Cocaine metabolite, Marijuana metabolites, Opiates (codeine and morphine), Phencyclidine, Barbiturates, Benzodiazepines, Methadone, Propoxyphene, Methaqualone, and MDMA (Ecstasy).
- Results of all student drug screens will be provided by the approved vendor to the Program Director and/or the Clinical Education Director of the PA Program. Results will only indicate whether the test result is "negative" or "non-negative". No additional information will be provided to the program.
- The approved vendor will ensure that all "non-negative" results are reviewed by a medical review officer/physician (MRO). A test is not considered "non-negative" until the MRO determines that the results are not due to a legally prescribed prescription medication being used as directed by their health care provider, or due to some other plausible reason. In these cases, students will receive a complete report and will have the opportunity to provide additional information/ documentation to the MRO for consideration. The LMU-Tampa PA Program Director will be notified that the drug screen is undergoing review by the MRO. Following review, the program will receive notification of whether the results are deemed to be "negative" or "nonnegative".

Program Examination of Urine Drug Screen Results

- The LMU-Tampa PA Program Director and the Clinical Education Director will review all required drug screen reports for enrolled PA students.
- Because of the mandate to comply with health system policies, and the serious implications of a "non-negative" test, disciplinary actions against students may be imposed without the customary mechanisms of warning and probation.
- Students may not begin or continue coursework (clinical or non-clinical) immediately after a "non-negative" urine drug screen is received. As a result, the student will not be able to complete the requirements of the education program and will be dismissed from the program following final review by the LMU-Tampa PA Program Director.

Appeals Process

A. Dean of the School of Medical Sciences

- 1) A PA student dismissed from the program may, within seven days after the “nonnegative” drug screen was received and the student is notified of the dismissal, appeal to the Dean of the School of Medical Sciences. The appeal must be made in writing and include any supporting documentation the student wishes to submit.
- 2) The Dean will consider the request for appeal.
- 3) The student may request a meeting with the Dean. The Dean will determine whether such a meeting is necessary and will determine any terms of the meeting.
- 4) The Dean will render a decision on the matter within seven days of receipt of the appeal request.
- 5) The student and the LMU-Tampa PA Program Director will be informed of the Dean’s decision.

B. Assistant Dean of Academic Affairs

- 1) A PA student dismissed from the program and whose subsequent appeal to the Dean has also been denied may appeal the Dean’s decision. The appeal must be made in writing and received by the Assistant Dean of Academic Affairs within seven days of the Dean’s decision.
- 2) The Assistant Dean of Academic Affairs will consider the request for an appeal.
- 3) The student may request a meeting as the Assistant Dean of Academic Affairs with the Provost. The Assistant Dean of Academic Affairs will determine whether such a meeting is necessary and will determine any terms of the meeting.
- 4) The Assistant Dean of Academic Affairs will render a decision on the matter within seven days of receipt of the appeal request.
- 5) The Assistant Dean of Academic Affairs Dean of the School of Medical Sciences, LMU-Tampa PA Program Director and the School of Graduate Studies will be informed of this decision.
- 6) The decision of the Assistant Dean of Academic Affairs regarding dismissal is final and cannot be appealed.

APPENDIX A-1 ~ CLASS OF 2026 CLINICAL ROTATION SCHEDULE {A3.12 d, B3.07}

| CLINICAL PHASE (9 – 4 WEEK ROTATIONS + CALLBACK) | |
|---|---------------------------------------|
| SPRING 2027 | |
| Rotation Date | February 1, 2027 – February 25, 2027 |
| Callback | February 26, 2027 |
| Rotation Date | March 1, 2027 – March 26, 2027 |
| Callback | No Callback |
| Rotation Date | March 29, 2027 – April 22, 2027 |
| Callback | April 23, 2027 |
| SUMMER 2027 | |
| Rotation Date | April 26, 2027 – May 20, 2027 |
| Callback | No Callback |
| Rotation Date | June 21, 2027 – July 16, 2027 |
| Callback | Presentation |
| Rotation Date | July 19, 2027 – August 13, 2027 |
| Callback | August 13, 2027 |
| FALL 2027 | |
| Rotation Date | August 30, 2027 – September 24, 2027 |
| Callback | No Callback |
| Rotation Date | September 27, 2027 – October 22, 2027 |
| Callback | No Callback |

All clinical rotations are 4 weeks in length. The student is required to work whatever schedule the preceptor requires. The preceptor does not have to be just one person, nor does it have to be a physician. A student may work with a number of different providers within one office and the preceptor may be a PA, NP, CNM, or LSW.

The following is a list of the 7 areas of practice and 2 elective rotations in which each LMU PA student must have a 4-week experience.

- Family Medicine
- Internal Medicine
- Behavioral/Psychiatric Medicine
- Pediatrics
- Women's Health
- Surgery
- Emergency Medicine
- Elective Rotation I
- Elective Rotation II

APPENDIX A-2~ CLASS OF 2026 TIMELINE FOR CLINICAL PHASE

| SEMESTER 4: SPRING 2027 (16 WEEKS) | | |
|---|----------------------|---|
| ONLINE COURSES RUN THE ENTIRE SEMESTER: CAPSTONE (Jan 4 – Apr 23, 2027) | | |
| <u>Week</u> | <u>Date (s)</u> | <u>Event</u> |
| Week 1 | Jan 4 - 8, 2027 | Boot Camp Jan 4 – 29, 2027 |
| Week 2 | Jan 11 - 15, 2027 | |
| Week 3 | Jan 18 - 22, 2027 | |
| Week 4 | Jan 25 - 29, 2027 | |
| Week 5 | Feb 1 - 5, 2027 | Rotation 1 Feb 1 – 25, 2027 Callback Feb 26, 2027 |
| Week 6 | Feb 8 - 12, 2027 | |
| Week 7 | Feb 15 - 19, 2027 | |
| Week 8 | Feb 22 - 26, 2027 | |
| Week 9 | Mar 1 - 5, 2027 | Rotation 2 Mar 1 – 26, 2027 Presentation / No Callback |
| Week 10 | Mar 8 - 12, 2027 | |
| Week 11 | Mar 15 - 19, 2027 | |
| Week 12 | Mar 22 - 26, 2027 | |
| Week 13 | Mar 29 - Apr 2, 2027 | Rotation 3 Mar 29 – Apr 22, 2027 Callback Apr 23, 2027 |
| Week 14 | Apr 5 - 9, 2027 | |
| Week 15 | Apr 12 - 16, 2027 | |
| Week 16 | Apr 19 - 23, 2027 | |
| SEMESTER 5: SUMMER 2027 (16 WEEKS) | | |
| ONLINE COURSES RUN THE ENTIRE SEMESTER: CAPSTONE (Apr 26 – Aug 13, 2027) | | |
| <u>Week</u> | <u>Date (s)</u> | <u>Event</u> |
| Week 1 | Apr 26 - 30, 2027 | Rotation 4 Apr 26 – May 20, 2027 Callback May 21, 2027 |
| Week 2 | May 3 - 7, 2027 | |
| Week 3 | May 10 - 14, 2027 | |
| Week 4 | May 17 - 21, 2027 | |
| Week 5 | May 24 - 28, 2027 | Rotation 5 May 24 – Jun 18, 2027 No Callback |
| Week 6 | May 31 - Jun 4, 2027 | |
| Week 7 | Jun 7 - 11, 2027 | |
| Week 8 | Jun 14 - 18, 2027 | |
| Week 9 | Jun 21 - 25, 2027 | Rotation 6 Jun 21 – Jul 16, 2027 Presentation |
| Week 10 | Jun 28 - Jul 2, 2027 | |
| Week 11 | Jul 5 - 9, 2027 | |
| Week 12 | Jul 12 - 16, 2027 | |
| Week 13 | Jul 19 - 23, 2027 | Rotation 7 Jul 19 – Aug 13, 2027 Callback Aug 13, 2027 |
| Week 14 | Jul 26 - 30, 2027 | |
| Week 15 | Aug 2 - 6, 2027 | |
| Week 16 | Aug 9 - 13, 2027 | |

| SEMESTER 6: FALL 2027 (18 WEEKS) | | |
|--|----------------------|--|
| ONLINE COURSES RUN THE ENTIRE SEMESTER: CAPSTONE (Aug 16 – Dec 10, 2027) PANCE Preparation (Aug 16 – Dec 10, 2027) | | |
| <u>Week</u> | <u>Date (s)</u> | <u>Event</u> |
| Week 1 | Aug 16 - 20, 2027 | Summative – Week 1 |
| Week 2 | Aug 23 - 27, 2027 | Service Project – Week 2 |
| Week 3 | Aug 30 - Sep 3, 2027 | Rotation 8 Aug 30 – Sep 24, 2027 |
| Week 4 | Sep 6 - 10, 2027 | |
| Week 5 | Sep 13 - 17, 2027 | |
| Week 6 | Sep 20 - 24, 2027 | |
| Week 7 | Sep 27 - Oct 1, 2027 | Rotation 9 Sep 27 – Oct 22, 2027 |
| Week 8 | Oct 4 - 8, 2027 | |
| Week 9 | Oct 11 - 15, 2027 | No Callback |
| Week 10 | Oct 18 - 22, 2027 | |
| Week 11 | Oct 25 - 29, 2027 | All students return to campus Oct 25 – Dec 17, 2027 Week 11 – Last EOR-E October 25 (Clinical Phase Wrap-Up) Week 12 – Capstone Presentations GRADUATION |
| Week 12 | Nov 1 - 5, 2027 | |
| Week 13 | Nov 8 - 12, 2027 | |
| Week 14 | Nov 15 - 19, 2027 | |
| Week 15 | Nov 22 - 26, 2027 | |
| Week 16 | Nov 29 – Dec 3, 2027 | |
| Week 17 | Dec 6 – 10, 2027 | |
| Week 18 | Dec 13 – 17, 2027 | |

**Please note that dates are only estimates and could change depending on the needs of the program and site availability.*

Callback days are mandatory and require time on campus for End of Rotation Exams (EORE), Continuing Education, Advising, Assignments/Case Presentations, Study time for EORE/PANCE and prep time for the next rotation.

Attendance is mandatory.

All evaluations, assignments, and documentation are due on the Friday of the last week of rotation by 8:00AM or you will **NOT** be able to take your scheduled End of Rotation Evaluation.

Your clinical phase allows for **two (2)** discretionary days.

Students must inform the program and CED **prior** to starting the clinical phase of any observed religious holidays.

APPENDIX B ~ CAPSTONE CASE CRITERIA/ASSEMBLING YOUR CAPSTONE INFORMATION {B2.13}

What criteria can you use to help you choose a specific clinical case?

Students should utilize their clinical rotation experiences to identify and evaluate potential cases for their capstone project. Cases demonstrating unusual symptomology, rare conditions, or complex diagnostic and therapeutic challenges are particularly appropriate. Students must ensure that the selected case provides sufficient scope for rigorous analysis and aligns with the capstone project's learning objectives

Supervising physicians and PAs can be valuable resources in identifying suitable cases for a student's capstone project. Students should discuss their search with them early in their rotations. However, proactive observation is also essential. Students should look for cases that offer a clear and clinically relevant message. Case reports typically focus on one or more of the following

1. **A rare condition.** These are the “classic” case report type. Because they offer unique insights, rare or unreported conditions are excellent subjects for case reports. These types of reports have a good chance of publication. Although novel clinical conditions are infrequently encountered, should you encounter one during your clinical rotations, a case report documenting the condition would represent a significant publication opportunity
2. **Unusual presentation of a relatively common pathology.** Cases with unusual, atypical, or confusing symptom presentations can be valuable for case reports. If the unusual presentation offers a clinically relevant lesson, it may be publishable. Even if not, such cases provide excellent learning opportunities for classmates and are suitable for this course's case report assignment
3. **Adverse responses to therapies.** Unreported adverse drug or treatment reactions represent valuable material for case reports. Documenting these reactions is crucial for patient safety and contributes to medical knowledge
4. **Timely/topical.** Even familiar diseases can be the subject of valuable case reports. See sample below: encountering a patient with a notable presentation of a known disease, such as the first case of acute flaccid myelitis (AFM) of unknown etiology in a region or state, warrants documentation as a case report.

Acute Flaccid Myelitis of unknown etiology. From August 2014 to January 2015, 120 children (<21 years old) in 34 states in the US developed sudden onset of limb weakness with loss of muscle tone and reflexes within hours to a few days. Most of these cases were preceded by a respiratory illness similar to the common cold or gastrointestinal illness. Spinal cord lesion restricted to gray matter have been observed (anterior myelitis), a pattern of nerve destruction different from classical polio (so poliovirus is not responsible). This disease may be linked to enterovirus D68 or enterovirus C105. Clusters of this disease have occurred in California, Colorado, Utah, and clusters of cases occur around the world.^{1,2,3}

Assembling information for your case report

If you come across an interesting case and want to use the case in a case report, you first need to assemble necessary information.

Patient consent. Patient consent is ethically and legally required for the use of medical information in case reports. All journals mandate written informed consent upon manuscript submission. For this course, a completed consent form is required for every case report, even those not intended for publication. If the patient is a minor, legal guardian consent is necessary. Ensure the patient (or guardian) fully understands the consent form and address any questions they may have. Emphasize how patient anonymity will be maintained. The required consent form, available on Canvas, should be used. Provide the patient (or guardian) with the first two pages and retain the third page for your records. Submit the completed consent form with your case report.

When to obtain consent and the role of your preceptor. The optimal time to obtain informed consent is typically during the patient's clinic visit. Students should ensure they have sufficient consent forms available. Prior to seeking consent, students should discuss potential case report subjects with their preceptor to determine suitability. Students should explicitly communicate their case report objectives to their preceptor and actively solicit their approval and assistance with both the informed consent process and the drafting of the case report. It should be clearly understood that the preceptor will be acknowledged as a co-author in the event of publication. All case reports submitted for this course must be accompanied by a completed patient consent form.

Obligations to co-authors. Should you have a case report worthy of publication, you will be the primary author, with the responsibility of writing the report. Your co-author may, or may not, be interested in participating in the writing of the paper; this should be discussed prior to or during the preparation of the manuscript for publication. Even if your co-author has no vested interest in the writing of the paper, make sure to email a copy to him/her for final approval prior to submission to a journal for potential publication. This is considered a courtesy to co-authors, and for some journals, a pre-requisite for publication.

About IRB and HIPAA rules in case reports. Case reports involving the analysis of three or fewer patient cases are typically exempt from review by the Institutional Review Board (IRB). Notwithstanding this exemption, compliance with the Health Insurance Portability and Accountability Act (HIPAA) is mandatory. This compliance entails securing signed authorization from the patient, guardian, or other legally authorized representative using the prescribed patient consent form. Furthermore, all identifying information must be removed from the case report to ensure the health information is de-identified.

Students must remove or edit the following patient information:

- A. Names.
- B. All geographic subdivisions smaller than a state (such as street address, city, county, precinct, and zip code).
- C. All elements of date (except year) for dates directly related to an individual, such as birth date, admission date, discharge date, date of death, and all ages over 89.
- D. Telephone or fax numbers, electronic mail address, social security numbers, medical record numbers, health plan beneficiary numbers, etc.
- E. Full face photographs, identifying marks (tattoos, birthmarks, etc.) or characteristics.

In addition to de-identification, student authors must ensure that the information contained within the case report, whether considered independently or in conjunction with other available information, cannot be used to deduce the identity of the subject.

Assemble information. Acquire the patient case history, physical exam, diagnostic studies including imaging, and laboratory findings such as, pathology reports, as well as any hospital or outpatient progress notes, discharge summaries, and any other information necessary to the case. The information in the case report is confidential and should not be shared with anyone. Handle case report materials with discretion. Do not review them in public places, and take precautions against loss. Ideally, materials containing identifying information should be de-identified or returned to the source after use. When discussing the case, avoid mentioning any potential patient identifiers

Begin your literature search with textbooks, then utilize online databases like PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>), PubMed Clinical Queries (accessible through the PubMed tools menu), and TRIP database (<http://www.tripdatabase.com/>). Explore journals specializing in case reports, such as *Clinical Case Studies* (<http://ccs.sagepub.com/>), *NEJM* (<http://nejm.org/medical-articles/clinical-cases>), *Clinical Case Reports* (archive: <http://www.ncbi.nlm.nih.gov/pmc/journals/2542/> and current articles: [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2050-0904](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2050-0904)), *JSM Clinical Case Reports* (<https://www.jscimedcentral.com/CaseReports/aims-scope.php>), *Journal of Medical Case Reports* (<https://jmedicalcasereports.biomedcentral.com/>), and JAAPA. Many of these are open access.

The initial stage of case report development involves identifying the central message and determining the requisite background information. As the content of the report evolves, it may be necessary to revisit and expand the literature search to ensure adequate support for the presented information.

APPENDIX C ~ TECHNICAL STANDARDS FOR THE PA STUDENT {A3.13e}

Applicants to the Lincoln Memorial University School of Medical Sciences in Physician Assistant Studies-Tampa program are selected on the basis of their academic, personal and extracurricular attributes. Applicants must also have the intellectual, physical and emotional capabilities to meet the requirements of the program's curriculum and of a successful career in medicine.

These standards specify the attributes and behaviors considered essential for successfully completing PA training and enabling each graduate to enter clinical practice. Because these standards describe the essential functions that students must demonstrate to meet the requirements of PA training within a generalist education model, they are prerequisites for admission, continuation and graduation.

Lincoln Memorial University School of Medical Sciences in Physician Assistant Studies-Tampa will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. The institution is committed to considering all qualified applicants without discrimination or based on any protected characteristics such as race, sex, age, religion, national origin, disability, sexual orientation, gender identity, or veteran status. It is the policy of the Lincoln Memorial University School of Medical Sciences in Physician Assistant Studies-Tampa program that all students must possess the intellectual, physical and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner without having to rely on intermediaries and that all students must be able to achieve the levels of competence required by the faculty. All candidates for admission, those both with and without disabilities, are expected to be competitive with others in the applicant pool across defined cognitive and non-cognitive factors. The institutional policy states that admissions decisions are made on an individualized basis, considering each applicant's unique qualifications and their potential contributions to the educational mission of the LMU-Tampa PA Program. For purposes of this document and unless otherwise defined, the term "applicant" or "candidate" means applicants for admissions to the PA Program as well as enrolled PA students who are candidates for promotion and graduation.

TECHNICAL STANDARDS FOR PA PROGRAM ADMISSION, CONTINUATION, AND GRADUATION

A candidate for the School of Medical Sciences (SMS-PAS) degree earned after successful completion of the PA Program must have abilities and skills in the five functional areas described below and must have the physical and emotional stamina and capacity to function in a competent manner, and consistent with these standards, in the classroom and in clinical and laboratory settings, including settings that may involve heavy workloads, long hours and stressful situations.

1. Observation

- Observe demonstrations and conduct experiments in basic sciences.
- Observe a patient accurately at a distance and close at hand, noting non-verbal as well as verbal signals. This ability requires functional vision, hearing, and somatic sensation.

2. Communication

- Relate effectively with patients, conveying a sense of respect, compassion, and empathy. A student must be able to communicate clearly with and observe patients in order to elicit information, accurately describing changes in mood, activity and posture, and perceive verbal as well as non-verbal communications.
- Communicate with patients, their family members, and the health care team through oral, written, and electronic forms.

3. Sensory and Motor Coordination or Function

- Demonstrate sufficient sensory and motor function to perform a physical examination utilizing palpation, auscultation, percussion, and other diagnostic maneuvers.
- Execute prompt, precise, and appropriate responses to provide general and emergency care to patients.
- Manipulate equipment and instruments to perform medical procedures required to attain curricular goals and patient care (e.g. needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel).
- Perform basic laboratory tests (urinalysis, complete blood count, etc.), and diagnostic and therapeutic procedures (phlebotomy, arterial blood gas drawings, lumbar puncture, arthrocentesis, etc.).

4. Cognitive, Integrative and Quantitative Abilities

- Conceptualize, integrate and qualitatively analyze information derived empirically and rationally for problem solving and decision-making. This includes abilities to reason, calculate, analyze, measure and synthesize information in a variety of settings, including those that may be urgent with increased transient stress and distractions.
- Comprehend three-dimensional relationships and spatial relationships of structures, including anatomical structures.
- Collect, organize, prioritize, analyze and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings.

5. Behavioral and Social Attributes

- Demonstrate empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation as these personal qualities are all required during the educational training process and in patient care.
- Possess the emotional health required for full use of their intellectual abilities, that include the exercise of good judgment, prompt of all educational and clinical responsibilities, and the development of mature, sensitive and effective professional relationships with patients and member of the medical team.
- Possess adequate endurance to tolerate mentally and physically taxing workloads and adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. be able to use supervision appropriately and act independently, when indicated.

APPENDIX D ~ STUDENT REQUEST FOR TIME OFF FORM

Student Request for Time Off Form

Name: _____

Today's Date: _____

Requested Dates for Time Off: _____

Scheduled Rotation and Location: _____

Steps for Requesting Time Off:

- ☐ Request form for time off must be submitted to the Clinical Education Director
- ☐ Assigned preceptor must review form and will approve or deny the request.

Student Illness or Emergency: Students should immediately notify their preceptor by speaking with him or her directly. Email and text messages to preceptors are **NOT** acceptable. Clinical faculty (CED or PC) also need to be notified of absence. Student should submit the Request Form for Time Off within 24 hours. Clinical faculty can require this time to be made up if it exceeds two days.

Please indicate the dates you were off from the rotation:

Request to Attend an Interview: Student should submit a Request form for time off to the CED at least 1 weeks in advance to seek approval. CED can require this time to be made up if it exceeds two days. You are expected to schedule interviews around your clinical obligations. If this is not feasible, please indicate the name of the meeting, location, and dates you request off. This would count as a discretionary day.

Non-Urgent Personal Reasons: Requests for time off for non-urgent personal reasons should be for *major life events only* and are **NOT** guaranteed to be approved by the clinical faculty. Requests can be reviewed if you submit a request form for time off. Please keep in mind when asking for this time:

- These requests must be submitted at least 1 week in advance.
- This will count as a discretionary day
- Justify why this event is more important than participating in a required rotation.

Student Signature: _____

Date

Clinical Faculty Signature: _____

Date

Action Taken: ☐ Denied ☐ Approved

APPENDIX E ~ STUDENT CLINICAL PHASE ONBOARDING FORM



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.

APPENDIX F ~ 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you rate your ability to perform an appropriate, comprehensive physical examination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you rate your ability to orally present your findings to your preceptor/other clinicians? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you rate your ability to formulate a differential diagnosis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you rate your ability to formulate and implement a patient management plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you rate your ability to perform clinical procedures appropriate to this rotation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you rate your professional behavior on this rotation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

APPENDIX G ~ STUDENT EVALUATION OF CLINICAL SITES

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 the 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] | |

| | | | | | |
|-----------------------------|--|---|---|---|---|
| 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. | | | | |
| | <input type="checkbox"/> PA Students | <input type="checkbox"/> NP Students | <input type="checkbox"/> Medical Students | | |
| | <input type="checkbox"/> Interns/Residents | <input type="checkbox"/> No other students | <input type="checkbox"/> Other, specify | | |
| 2. | Identify the ratio of clinical instructors/preceptors to students. | | | | |
| | <input type="checkbox"/> 1 Preceptor for every student | <input type="checkbox"/> 1 Preceptor for two students | <input type="checkbox"/> 1 Preceptor for 3 or more students | | |
| | <input type="checkbox"/> 2 or more preceptors for every student | <input type="checkbox"/> Other, specify | | | |
| 3. | How did the preceptor to student ratio in the previous question impact your learning experience? | | | | |
| | In addition to patient care and management, what other training experiences did you participate in during this clinical experience? (Please check all that apply). | | | | |
| 4. | <input type="checkbox"/> Attended education/in-service programs. | <input type="checkbox"/> Attended interdisciplinary team meetings and/or team rounds. | <input type="checkbox"/> Attended conferences/Grand Rounds. | <input type="checkbox"/> Participated in opportunities to provide consultations. | <input type="checkbox"/> Participated in nursing home visits. |
| | <input type="checkbox"/> Participated in hospice facility visits | <input type="checkbox"/> Participated in house calls. | <input type="checkbox"/> Participated in community outreach via health fair, etc. | <input type="checkbox"/> Worked as part of a team with other professionals – social work, nursing, P.T., etc. | <input type="checkbox"/> Other, specify. |
| 5. | Which disciplines did you regularly collaborate with for addressing patient care needs? (Please check all that apply). | | | | |
| | <input type="checkbox"/> MD/DO | <input type="checkbox"/> PA/NP | <input type="checkbox"/> RN | <input type="checkbox"/> Dietician | <input type="checkbox"/> Social Worker |
| | <input type="checkbox"/> PhD or MSW Counselor | <input type="checkbox"/> PharmD | <input type="checkbox"/> PT | <input type="checkbox"/> OT | <input type="checkbox"/> SLP |
| | | | | | <input type="checkbox"/> Other, specify |
| 6. | Education and Training hours (Please check all that apply). | | | | |

| | | | | | |
|-----|---|---|---|--|--|
| | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weeknights | <input type="checkbox"/> Weekends | | |
| | <input type="checkbox"/> On Call | <input type="checkbox"/> Varied Shifts (please provide examples) | <input type="checkbox"/> 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. | | | | |
| | <input type="checkbox"/> Orientation/ training provided on professional roles including the boundaries of each profession. | <input type="checkbox"/> Orientation on or instruction on the “team” process | <input type="checkbox"/> Participation in team rounds involving collaborative decision making. | <input type="checkbox"/> Participation in family conferencing involving collaborative decision making. | <input type="checkbox"/> Collaborative learning – Students and clinicians invited to contribute/learn from each other. |
| | <input type="checkbox"/> Collaborative learning through info exchange in designated interdisciplinary case conference session. | <input type="checkbox"/> Collaborative education – i.e. nurse teaching medication safety to PA/ MED/Nursing students. | <input type="checkbox"/> Assessment learning – Students/ clinicians receive feedback on skills performance from another provider. | <input type="checkbox"/> Integrated patient care/ treatment – i.e. OT/SLP/PA students work together to help dysphagia patient. | <input type="checkbox"/> Safety check communications and procedures prior to initiating surgical interventions. |
| | <input type="checkbox"/> Interdisciplinary shift hand-off reporting and information exchange. | <input type="checkbox"/> Team huddles or short daily meetings where clinician/staff | <input type="checkbox"/> Interdisciplinary quality management or process | <input type="checkbox"/> No interprofessional learning. | <input type="checkbox"/> Other, specify. |

| | | | | | |
|------------|---|-------------------------|-------------------------------|--|--|
| | | 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 must 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 Clinical Education Director or Program Management Specialist.
6. All time off must be recorded by a Time Off Request Form and approved by the Clinical Education Director.
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
