

**Lincoln Memorial University - School of Medical Sciences
Harrogate
Physician Assistant Program**

**Clinical Manual
2020-2021**



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**LINCOLN MEMORIAL UNIVERSITY- SCHOOL OF MEDICAL SCIENCES HARROGATE
PHYSICIAN ASSISTANT PROGRAM**

Introduction

The Clinical Manual for the Harrogate Physician Assistant Program is designed to provide some relevant procedures, requirements, and policies along with information that is pertinent to your success in the clinical year. Please refer to the LMU-Harrogate Student Handbook for all program policies and procedures. It is important to remember that although Clinical Year students are rarely on campus, they are still LMU-Harrogate PA students who are expected to adhere to program policies set forth in the LMU-Harrogate Student Handbook.

It is the student's responsibility to read and follow this manual. If there are questions regarding the Clinical Manual, please direct them to the Director of Clinical Education (DCE) for clarification. All students must sign a declaration of understanding prior to beginning the clinical year stating they have read, understand, and agree to abide by the contents of this manual. A copy of this manual can be found on the website <https://www.lmunet.edu/school-of-medical-sciences/pa-harrogate/current-students.php> as well as in EXXAT under "Student Packet."

Failure to comply and/or conform to the policies, procedures, academic requirements, and guidelines of this manual could result in disciplinary action, up to and including referral to the Student Progress Committee (SPC), documentation of a formal professionalism violation, and dismissal from the program. Stating that you were not aware a certain concept, guideline, or task was in the Clinical Manual is not an acceptable reason for not abiding by all guidelines and requirements in this manual.

The LMU- Harrogate Physician Assistant Program reserves the right to alter, change, add to, or delete any of the policies or procedures in the manual at any time. Students will be notified in writing of any changes in the Clinical Manual should they occur.

LMU-Harrogate PA Program Mission Statement

The LMU-Harrogate PA Program's mission is to educate future Physician Assistants to provide quality healthcare with an emphasis in primary care to the medically underserved of Appalachia and beyond.

LMU-Harrogate PA Program Goals

1. Professionalism: Create an atmosphere where integrity is valued and professionalism is expected.
2. Leadership: Engage students in opportunities to act as advocates and leaders within the PA profession.
3. Technology: Incorporate a technologically enhanced learning environment.
4. Critical Thinking: Promote early and ongoing clinical decision-making skills through various learning experiences.
5. Multidisciplinary Education: Utilize a strong eclectic blend of instructive techniques to enhance all learning styles.
6. Experienced Faculty: Employ faculty who have diverse clinical and educational backgrounds.

The Clinical Team

- Offices are located on the 3rd floor of the Math and Science Building (MANS)

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Clinical Faculty Mentors

Each LMU-Harrogate PA Student is assigned a clinical faculty mentor for the clinical phase. These mentors are your key support and primary contact during the clinical phase. Clinical faculty mentors will:

- Assist students' understanding of policies and practices of the LMU-Harrogate PA Program
- Respond to questions or concerns about course requirements and expectations, performance criteria, academic standing, and professionalism
- Provide feedback to students on their progress in course requirements, preceptor expectations, graduate competencies, professionalism, and program goals
- Provide support for students' personal and professional growth
- Discuss academic and clinical performance to optimize students' learning experiences
- Assist students with plans to address issues of academic difficulties on an as needed basis

Clinical Faculty Mentor Assignments

Students Amos - Hall: Professor Melissa Day

Students Hammond - Okowita: Professor Chrystyna Senkel

Students Patel - Yamada: Professor Brad Thompson

ROTATION PROCEDURES AND GUIDELINES AND PROGRAM POLICIES FOR THE CLINICAL YEAR

Clinical Year Rotation Components

While the didactic year of education provides a broad base of knowledge, it will be developed, challenged, applied, and solidified through hands-on clinical training during the clinical year. Therefore, the LMU-Harrogate Physician Assistant Program has specific policies and guidelines outlined for the clinical year. The clinical year curriculum is composed of several components which LMU-Harrogate PA students must successfully attend, seek, and/or complete:

1. Timely and correct submission of all pre-clinical paperwork and tasks as assigned
2. Twelve (12) clinical rotations
3. All required End of Semester (EOS) days
4. Eight (8) End of Rotation exams (EORs)
5. All Summative Preceptor Evaluations of the Student
6. All Student Evaluations of the Site
7. All EXXAT logging of required numbers, types, levels of acuity, ages of patients
8. All EXXAT procedure logging
9. One (1) patient encounter and procedure Patient Goal Compilation Report at the end of each semester (three total)
10. Two (2) self-assessments of EOR scores for improvement and as related to PANCE passage
11. Two (2) written OSCEs
12. One (1) PowerPoint Case Presentation for elective
13. SWOT Analyses and any discussion board or other assignments as directed for selective
14. Two (2) reflective papers- one for each elective and selective
15. Med-Challenger questions as assigned
16. Three (3) Pre-rotation Acland's Anatomy Reviews and one (1) quiz as assigned
17. One (1) Capstone Portfolio Project and all associated assignments
18. All Clinical Summative Activities: OSCEs, Practical stations, Write-Ups, comprehensive written Clinical Summative Exam, PANCE prep course
19. All rotation competency requirements and goals

Requirements for Progression into the Clinical Phase –See Student Handbook

Required Clinical Rotations

Students are required to complete 12 months of clinical rotations. While students can arrange one (1) rotation preceptor if they choose to, the LMU-Harrogate PA Program will provide preceptors/sites for all other rotations. These will take place in the following areas:

Family Medicine	8 weeks	Orthopedic Surgery	4 weeks
Internal Medicine	8 weeks	Emergency Medicine	4 weeks
Pediatrics	4 weeks	Psychiatry	4 weeks
Women's Health	4 weeks	Selective	4 weeks
General Surgery	4 weeks	Elective	4 weeks

Selectives and Electives

These rotation sites must be approved by the Director of Clinical Education.

- **Selective:** a required core or a subspecialty of a required core rotation *of student and/or Program Director and/or Director of Clinical Education's choosing*
 - EX: GI, Nephrology, Pediatric Cardiology, Neurosurgery, Vascular surgery, Heme/Onc
- **Elective:** a rotation *of your choosing*
 - EX: all international rotations, Dermatology, Radiology, Pain Management, Plastic Surgery, Liver Transplant surgery, Orthopedic spine surgery, Ophthalmology

NOTE:

- In the event of natural disaster (hurricanes, pandemic, etc.) an online Primary Care Selective may be mandatory for all students to keep students engaged in learning and moving forward. If the situation continues, a similar online course may be mandatory in lieu of Electives as well.
- Students should choose electives carefully. Once the clinical rotation schedule and sites are confirmed, no changes will be made unless specific circumstances arise that would necessitate a change.

Student Progression During the Clinical Year

- All students must pass all first-year courses before progressing to the clinical rotation year.
- If a review of the Preceptor Evaluation of Student Performance indicates deficits in either Clinical Performance or Professional Conduct, a change in future site(s) placement may be made whether or not the student receives a passing grade for the rotation.
- Any student who does not meet the expectations of the clinical preceptor as documented on the Preceptor Evaluation of Student Performance will automatically **fail** the rotation, regardless of any numerical score earned.
- Termination of a rotation by a Preceptor or Faculty Member as a result of poor or inadequate performance or lack of professionalism on the part of the student shall be an automatic "F" for that rotation and the student will be referred to SPC for further action.
- If the conduct or performance of the student is deemed unsafe or inappropriate by the Clinical Site or Program Faculty, the student will be removed from the rotation and will be referred to the SPC for further action.

Pre-Clinical and Clinical Tasks

Physical Exam/Health Requirements

Prior to starting clinical rotations, students are required to have a health history and physical exam performed by a licensed medical provider. Part of the exam is verifying that your immunization and/or titer status are up to date. That same provider must also medically clear you for rotations and attest that you meet the Program's minimum Technical Standards for Admission and Retention. A PPD will be performed and read on campus for all students on a separate date. A document of proof will be provided. Each of these private medical documents (except the medical clearance) are contained in an isolated site in EXXAT that PA Program faculty and staff are not allowed to view. Students must complete and upload these documents into EXXAT by the program-established due date or they will be delayed in starting rotations. Students are responsible for the costs of initial history and physicals, PPDs, and immunizations or titers.

NOTE:

- If rotations are further delayed for any reason (causing the above documentation to expire), some of these tasks may need to be repeated. Students are responsible for any subsequent costs.

- Some rotation facilities may require COVID testing, extra PPDs, CXR within 6 months, expanded drug screens or background checks outside what is typically required. Students are responsible for any initial and subsequent costs.

The PA program, in conjunction with requirements of all hospitals accredited by the Joint Commission on Accreditation of Healthcare (JCAHO) and/or Healthcare Facilities Accreditation Program (HFAP) require the following immunizations and/or titers prior to rotations:

1. Annual PPD - TB Skin test or if positive results: provide a clear chest radiograph within 3 years.
2. Annual Influenza Vaccine for the current flu season
3. Tetanus, Diphtheria, and Pertussis (Tdap). Documentation of Tdap booster within the past 10 years or a Td booster within the past 2 years.
4. Proof of immunity against Hepatitis B (established by three reported dates of immunization and positive antibody titer- *quantitative* HBsAb lab report required).
5. Proof of immunity against measles, mumps, and rubella (MMR). There are separate requirements for each component: at least one of the following is required: 2 vaccinations or a positive antibody titer for Measles, Mumps and Rubella- *qualitative* lab report required.
6. Proof of immunity against Varicella; evidence of immunity in Health Care Providers (HCP) includes:
 - a. Documentation of 2 doses of varicella vaccine given at least 28 days apart, or
 - b. Laboratory evidence of immunity: a positive antibody titer (lab report required), or
 - c. Laboratory confirmation of disease, or
 - d. Diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.
7. Negative COVID testing, 14 day quarantine, or other as required per clinical site/state government

Drug Screening, Background Checks, and Compliance Training

Clinical site Affiliation Agreements have pre-screening requirements for students. These pre-screening requirements (background checks and drug screens) are often the same as those required of employees of the clinical training facilities. The rationale for extending requirements to clinical students was the concept of due diligence and competency assessment of all individuals whose assignments bring them in contact with patients or employees. Competency extends beyond technical skills to an individual's criminal and substance abuse history. This approach often helps the facility to ensure uniform compliance with the JCAHO standards pertaining to human resource management.

Students must obtain a background check (with or without finger printing), which includes a criminal background evaluation/history, prior to the clinical year curriculum. Typically, no student will be permitted to participate in educational or patient care activities if the individual has been convicted of a crime, other than a misdemeanor driving violation.

Along with a background check, students are also required to have an up-to-date drug screen. Some facilities accept a one-time screen while other facilities may have a specified time frame (sometimes 30-60 days in advance). Students must be prepared to provide results of up-to-date drug screening and background checks when required. This information is maintained on the EXXAT website and access is limited to individual users. Students are responsible for the costs of any initial and subsequent drug screens and background checks.

The above completed documentation along with proof of recent OSHA Bloodborne Pathogen, HIPAA, and BLS/ACLS training, your driver's license, health insurance card, and a student biography and professional photo must be uploaded to EXXAT by the program-established due date.

NOTE:

- Please upload all above documentation into EXXAT as individually labeled pdf or MS Word documents. No other format is acceptable.
- To obtain drugs screens, bring a valid driver's license. To avoid repeat drug screens due to dilution or suspicious behavior, students should not drink excessive liquids within 4 hours prior to drug testing and also be prepared to give a urine sample when asked.
- If you are currently taking any prescribed scheduled medications for ADHD, anxiety, insomnia, pain, etc. that will show up positive in a drug screen (i.e. Ritalin, Adderall, Klonopin, Xanax, Ativan, Ambien, Codeine, etc.) you **MUST** bring with you to the lab and be prepared to submit the below to EXXAT:
 1. A copy or original Rx from the pharmacy **and**
 2. The current labeled prescription bottle
- It is strongly recommended that each student maintain copies of all testing/results and certifications in the event those documents need to be presented to the clinical site. In addition, this information is often needed after graduation when applying for credentialing.

Student Health Insurance

Lincoln Memorial University and all facility Affiliation Agreements require that PA students have current health insurance. Prior to starting clinical rotations, all students must be covered under a health insurance policy and provide evidence of such. Students who do not have up-to-date health insurance will not be allowed to proceed into the clinical year until they do.

Pre-Rotation Facility Credentialing: "Hospital Access"

The Hospital Relations Coordinator is responsible for sending paperwork regarding each student to their upcoming respective rotation site. This is typically required 4-6 weeks prior to your arrival at the site. Students who travel to multiple sites on any rotation or who travel to multiple new core rotation locations can expect to receive and fill out new paperwork more frequently than others. This paperwork must be completed, saved as a PDF, and returned **within 72 hours of receipt** to the Hospital Relations Coordinator so that the next rotation may take place. Students who have not completed paperwork for a specific facility may not enter that facility. To avoid delays in rotations and loss of professionalism points, please respond and act accordingly when the Hospital Relations Coordinator contacts you regarding new credentialing paperwork.

So that everyone on the LMU Clinical Team and our facilities and preceptors can properly identify and help you (remember, facility staff and our Clinical Team deal with multiple students every day), please be sure that all your correspondence with any Clinical Team member and/or individual facilities' representatives specifically includes:

1. Your full legal name
2. Verification that you are a student of the LMU PA Program in Harrogate, TN
3. Your rotation type (ER, surgery, etc.) and start and end date
4. Your preceptor's name

Please be sure to return phone calls within 24 hours and answer emails within 48 hours of receipt.

Students who are delayed or make errors in completing any of the above tasks and/or turning in the required paperwork by the specified deadline will receive their first and only professionalism warning of the clinical year. Further delay will result in professionalism point deduction from the respective block and possible delayed start of a rotation.

Facility Orientation

Each hospital facility will require their own orientation training for each PA student that rotates within them. The hospital contact name information will be shared with the student via an email from the Hospital Relations Coordinator approx. 4-6 weeks prior to the rotation start. The student may contact the hospital contact up to 2-3 weeks prior to rotation date start to acquire an orientation date and time. The appointment time for the orientation will be determined and scheduled between the hospital and the student. The LMU-Harrogate PA Program does not determine the content or scheduling of the orientation. Students typically sign additional paperwork and receive ID badges and computer access at orientation, so they are mandatory to attend. No exceptions.

NOTE:

- Students must always attend a facility orientation- even if the preceptor tells them it is not necessary. In case of discrepancy, contact Mr. Parker so he can help you.
- Students must always return badges after they finish a four or 8-week back-to-back rotation, even if they will return to the facility several months later.
- Understand that if you enter a facility without a badge and treat patients there, you can be arrested for trespassing and assault.
- Pay very close attention to all the documents you sign at orientation; if you violate them, you are fully responsible.
- Failure to attend mandatory facility orientation will result in SPC referral and loss of professionalism points.

Affiliation Agreements

Affiliation Agreements are legal documents that formalize the relationship between the Program and University and the clinical rotation site/preceptor. They address issues such as FERPA, HIPAA, expectations, liability and malpractice, and help to ensure that LMU-Harrogate PA Students will receive a quality clinical experience. The LMU-Harrogate PA Program maintains Affiliation Agreements with clinical rotation sites and clinical preceptors throughout the country. All clinical training sites require an Affiliation Agreement.

Neither students, nor their family members are allowed to negotiate an affiliation agreement with a clinical rotation site. These agreements must be established and approved by the Program, University and the clinical rotation site/preceptor before student placement at a clinical rotation site can occur. Furthermore, students may only participate at the clinical site they are assigned to at the designated time. Students (or their family members) may not contact or attend an established clinical rotation site where they have not been assigned by the Program and/or where appropriate signed legal Affiliation Agreements are not in place unless directed to do so by the Clinical Team.

Any student who is in violation of the Affiliation Agreement guidelines will lose professionalism points, have a professionalism violation documented, and will be referred to the Student Progress Committee (SPC) with the possibility of immediate dismissal from the Program.

Clinical Rotation Sites and Preceptors: Development, Placement, Evaluation, and Schedules

The Program is committed to maintaining positive relationships with and developing current clinical rotation sites and preceptors as well as developing relationships with new clinical rotation sites and clinical preceptors.

A great deal of time and effort has been put into developing clinical sites and preceptors before they are used. In some cases, the preceptor may have gone through significant personal efforts to obtain approval as a clinical preceptor. It is essential that students keep the program informed of any activities or interactions that could result in a negative impact on future site utilization and that the student understands at all times that he/she is an *ambassador for the LMU-Harrogate PA Studies program while being a guest in the preceptor's "home."*

Throughout the year, the Clinical Team contacts clinical rotation sites and clinical preceptors to determine their availability for student placement during the Clinical Phase. This is solely the responsibility of the Clinical Team and never the student. Any student who attempts to negotiate clinical rotation placement or availability with a site or preceptor will lose professionalism points, have a professionalism violation documented, and will be referred to the Student Progress Committee (SPC) with the possibility of immediate dismissal from the Program.

Clinical rotation sites are evaluated and visited by the Program initially and at a minimum of every two (2) years by telephone/video conferencing and every four (4) years in person. This provides an opportunity for assessment of the appropriateness and safety of each clinical site and feedback from the clinical preceptors regarding the clinical rotation experience and individual and aggregate student performance. Clinical rotation site visits may occur while an LMU-Harrogate PA Student is completing a clinical rotation at the clinical rotation site. Additionally, representatives of the Program may conduct formal evaluations of the student's progress in developing and improving a comprehensive base of medical knowledge and procedural skills, clinical-decision-making, and interpersonal skills. Formal evaluations by Program representatives will be scheduled with the clinical rotation site/preceptor. Students will be notified via email or telephone if a formal evaluation is needed. Students are required to respond to email or telephone communication from the Program within 24 and 48 hours of notification, respectively, so that the clinical site visit arrangements can be confirmed.

Clinical rotation sites are available in the Harrogate and Knoxville area; however, students should also plan to complete some clinical rotations at core locations distant from the Harrogate campus, such as those in Florida, Texas, and the Tri-cities TN area. The LMU-Harrogate PA program is not responsible for student housing during the clinical year, so students are responsible for procuring housing and travel to and from the clinical sites. Some clinical sites provide housing at reduced or no charge to the student; however, this is very limited and may not always be available. Some clinical sites have parking fees that will also be the student's responsibility.

The Program considers both the student and the clinical site preceptor(s) when planning and scheduling clinical rotations for the purpose of providing students with an excellent learning experience. **Once clinical rotation sites are confirmed, no changes will be made unless specific circumstances arise that would necessitate a change.** All special circumstances should be sent to the Director of Clinical Education. They will be reviewed by the Clinical Team and a decision is made by committee.

Clinical rotations can and will fall through at times due to unexpected changes in preceptor's lives, delayed Affiliation Agreements, or other unforeseen circumstances beyond the control of the Clinical Team. If a change to a clinical rotation assignment is necessary, the Clinical Team will consider all available substitute rotations and will contact the student for their preference. At all times, the Clinical Team will notify the student as soon as possible to allow sufficient time for the student to make any necessary living/transportation arrangements.

Clinical Rotation Remote Ground Contacts

While the Director of Clinical Education is the primary individual responsible for all students and all clinical sites and preceptors, LMU-Harrogate has relationships with medical professionals who live locally in three core locations who are very familiar with our preceptors and clinical sites. They help us to recruit and develop preceptors and sites and may also precept themselves. In the event of emergency such as natural disaster or in the event of difficulties in the rotation or need of immediate resources, in addition to contacting the DCE, you may also contact your respective ground contact.

Houston, TX: Mrs. Heather Ashford, DMS, PA-C
Cell: 713-569-1363
Email: heather.ashford@lmUNET.edu

East Coast FL: Dr. Ravi Mehan
Cell: 954-558-4549

West Coast FL: Ms. Lauren Starnes, MMS, PA-C
Cell: 901-859-3720
Email: lauren.starnes@lmUNET.edu

Preceptor Contact Prior to Each Rotation

All students are required to communicate with someone at each rotation site (either the preceptor or his/her designated contact person) by phone or email for confirmation **two weeks prior** to the start of every new rotation to determine what time, where, dress code, and to whom the student should report for the first day of that rotation. The preceptor's address, phone number, contact info, etc. is all available in EXXAT. If a student cannot make contact or the preceptor is unsure of a student's eminent arrival, contact the Director of Clinical Education or the Rotations Manager immediately. Students are strongly encouraged to find their exact rotation site before rotation day one, so they are familiar with traffic patterns, where to park, large office complexes, check-in procedures, etc. Tardiness because of unpreparedness is not excusable.

NOTE:

- Students should contact the Assistant Clinical Coordinator immediately to report incorrect preceptor and/or facility contact information in EXXAT.

Rotation-Specific Syllabus Review

Before the start date of each clinical rotation, the student should have reviewed the respective syllabus and noted the rotation-specific requirements and learning outcomes and thought about their expectations for the rotation. On the first day of the rotation, it is suggested that the student review the course syllabus and learning outcomes with the preceptor(s) if there is time. All preceptors were sent a copy of the rotation-specific syllabus when they confirmed availability.

NOTE:

- Every rotation has its own unique syllabus and corresponding preceptor evaluation of the student.
- All syllabi are housed in EXXAT under the "School Course" section.

Expectations of Physician Assistant Students

There are many characteristics that are desirable in a PA. These include comprehensive *medical knowledge*, *skill* in applying knowledge through the provision of medical care, and *professionalism* in one's conduct. A PA must possess attention to detail, reliability, punctuality, self-awareness, honesty, pro-active anticipation of needs, and the ability to work as a team player within all levels of a given organization – supervisors, peers, and subordinates.

By the second year of study, LMU-Harrogate PA students are expected to demonstrate all these traits, and at progressively higher levels as they move towards completion of clinical rotations. Thus, the evaluation of LMU-Harrogate PA students includes consideration of *knowledge, skill, and professionalism*. All these factors will be assessed at all times. Specific forms of assessment are established to ensure the completeness of student evaluation. *Knowledge* is assessed through written testing at EOS. *Skill* is assessed via clinical preceptor evaluations and LMU-Harrogate Program faculty. *Professionalism* is assessed through cooperation with the program staff, attendance at mandatory functions, participation in conferences and group exercises, timely and courteous return of paperwork and assignments, and communication with the Program, preceptor, and patients, and adherence to all the guidelines of this manual. You should also keep in mind that while a strong medical knowledge base, skill, and professionalism will make up an important part of being a competent PA, it will be your empathy, communication skills, cultural competency, integrity, common sense, and committed service to your patients that will really make you a great PA.

Student Expectations in the First Days to Weeks with the Preceptor

Students should expect that they may be observing a preceptor for a while before they can see patients and/or perform procedures with more autonomy. (This especially occurs in the beginning of a clinical year.) Students should remain engaged and take notes during this time. This observation period is determined by the preceptor but is influenced by the student. Students who appear disinterested, unprepared, inappropriate, or excessively timid will most likely not be trusted quickly with the preceptor's patients. Students should consider what they are projecting and ask for feedback. Typically, after demonstrating proficiency, students are permitted to undertake increasingly more difficult/defined activities under appropriate supervision and under the direction of the preceptor. (See Appendix I to facilitate this.)

Students should inquire about the preceptor's expectations for them on each rotation. (See Appendix H to facilitate this.) Students should be nearby and ready to go when Preceptors enter a patient's room, but not invading their personal space. Students should inquire about the best time for preceptors to answer their questions. Students should be prepared to answer questions publicly or privately, especially when they have been given a reading assignment. This is not meant to be humiliating; the preceptor is trying to assess what the student does and does not know. Students should always answer honestly. In addition, students should recognize that it is not the preceptor's job to adapt to the student's learning style or comfort level- *remember, you are a guest in their house*. Thus, it is the student who must adapt. A student's failure to learn how to adapt to the different personalities, procedures, communication, and teaching styles of preceptors and others who work in medicine will result in rotations being an unpleasant experience for themselves. Students who continue to remain engaged and eager to learn at all times while striving to be a better provider with more knowledge and clinical judgement than when they started the rotation are the ones who will enjoy and benefit from rotations the most.

Receiving Maximum Benefits from Clinical Rotations

To help get the most out of rotation, consider the following attitudes and behaviors:

1. **Respect everyone.** Always treat colleagues and patients with dignity, void of a judgmental attitude. People from different cultural backgrounds and ages may behave and act differently than you are accustomed. Try to remain self-aware and respond appropriately to others with cultural and socioeconomic differences. Take the time to listen first- do not just get mad, frustrated, or offended. Utilize the listening and motivational interviewing techniques you have been taught.

2. **Know your place and do not go looking for problems.** Remember why you are in the clinical site. Avoid distractions such as personalities, office politics and gossip. You are going to encounter a wide variety of personalities. It is important that you learn how to tailor your presentations, behavior, responses to questions, how in depth you study, how hard you work, and your expectations to the people in your surroundings. It is not the job of the preceptor/office staff/OR nurse, etc. to tailor to you and what makes you comfortable.
3. **Keep your expectations in check.** The type and depth of patient care depends upon multiple factors. On most rotations, you will have quite a bit of involvement. How much you do depends on the facility, the attending and/or resident, the patient, and how comfortable you show you are with collecting and analyzing patient information. Do not expect to see patients autonomously the first day. Do not expect to place chest tubes, create the anastomoses in the operating room or sew the episiotomy after a delivery. These things *may* occur, but most likely on a less grand scale.
4. **Be prepared.** Study anatomy before surgical rotations, study components of various well child visits for pediatrics, brush up on ECGs for that cardiology elective, etc. Look ahead and learn what types of patient conditions are on the schedule for the next day, so that you can read about them the night before and be prepared to answer questions that the preceptor may ask.
5. **Take advantage of the opportunities available to you.** Take initiative! Volunteer to do whatever you can. Your clinical experiences are what you make them. If you stand back, the preceptor will not be as likely to engage with you or let you see or try more things. Some rotations are more challenging and busier than others, some rotations allow more hands-on care than others- but each rotation has the potential to provide a unique experience. Regardless, students should present themselves in a professional, enthusiastic, willing-to-learn manner. Each task, regardless of how mundane, has a lesson attached to it. Look for the lesson.
6. **Show that you want to learn.** The PA Program's clinical responsibility is to provide opportunities to enhance and apply the student's didactic education. By this time, most of the learning achieved will come from *the student's motivation to teach oneself*, not from others teaching the student. Do not sit back and expect to be taught by preceptors – take an active role in your education. Do extra outside reading. Explore and ask questions. This is your last “safe place” to do so. Take advantage while you can. In the words of a preceptor:

As a PA student, each moment of the rotation should be maximized to learn and experience as all too soon you may be on your own and those opportunities could have provided you with knowledge/experience that will make you a better provider. If you don't take the time and extra effort now it will never get any easier to learn once work responsibilities start to add up. In addition, to be a medical provider it will never be a 9-5, M-F job and will always require self-motivation to keep up on the most recent protocols and science by doing so after work hours and on weekends. Do not waste this precious rotation time! Utilize time management so that you research rotation-related topics during your time with us so that our time together further educates you and expands your knowledge base. A lack of interest in taking more time to seek out extra experiences that come while on rotation leaves the impression of a student not willing to go the extra mile to further their education and take excellent care of patients. In the end, yes, a PA will always have an attending who should have this depth of knowledge to fall back on, but sometimes the most dangerous providers are the person who has not taken the time to set down a very thorough knowledge based and the person who is not aware of what they don't know can be the most dangerous in healthcare.

7. **Be honest, own your mistakes.** When you do not know, say you don't (and then find out the answer). When you forgot to ask the patient a pertinent question, tell the truth (and do not forget again.) Do not make excuses for every mistake- you will lose credibility with each additional reason. Expect that you are going to mess up, miss a physical exam finding, lose a paper, miss something in your reading, misdiagnose someone, drop something off the sterile field, or many other things. Everyone remembers what it was like to be a student- it is understood you are going to mess up, but own up to your mistakes without excuses, apologize, and do your best not to make the same mistake again.
8. **Know when it is appropriate to ask a question and what kind of question is appropriate.** It is important to ask questions, but do not ask questions you have already been told the answer to, irrelevant questions, unnecessary questions that delay the time spent on one thing, or "look how smart I am" questions. If the attending or resident seems stressed and busy, you should only ask what is necessary.
9. **Always be a team player.** Do not act like you are better or that you know more than anyone does. If someone asks you to do something and you say "yes," you better do it. Always ask what else you can do to help.... better yet, anticipate needs and have a solution ready.
10. **Ask for and apply feedback.** Students should regularly review their Preceptor Evaluations, look for themes, and seek to improve their knowledge, skills, and professionalism wherever necessary. If a preceptor is not writing comments about you at all, that is not necessarily a good sign. You should speak with your faculty mentor about this.
11. **Be grateful.** Students are encouraged to send thank you notes to all preceptors after having completed the rotation. Preceptors are often asked to serve as a recommendation source for the student when they begin searching for a job. This is entirely optional on the preceptor's part. The medical community (even nationwide!) is surprisingly small. A post-rotation "thank you" goes a long way.

End of Semester Days (EOS)

At the end of each clinical semester, students will return to the Harrogate campus (or other designated location in Florida or Houston) for assessment activities. These activities will consist of, but are not limited to, End of Rotation Exams (EORs), Objective Structured Clinical Examinations (OSCEs), case presentations, SWOT analyses, EOR self-assessments, mandatory mentor meetings, PANCE review or lectures on topics relevant to PA practice, and administrative issues. **Attendance is mandatory for the entirety of all EOS days. Personal days cannot be used on EOS days, nor can students leave early.** Requesting to be excused from an EOS in Harrogate or other location for financial reasons due to travel from an out-of-state rotation is not acceptable. (See Student Travel Time Allowance below.) In the case of unforeseen emergency during an EOS, please contact the DCE. Make-up exams for excused absences must be completed within five business days.

Any student with an unexcused absence during an EOS session will receive a grade of "F" for each EOR assessment (written examination or case presentation/SWOT analyses and self-reflective papers) scheduled on the day the student was absent and referral to the Student Progress Committee for the resultant failed rotation.

Class of 2021 End of Semester Days (EOS) Schedule (*subject to change)

Rotation/Block	Begin	End	Action	EOS Days
CAPSTONE	Jul-20	Aug-13	CAPSTONE	
1	Aug-17	Sep-11	ONLINE SELECTIVE OR ROTATE	
2	Sep-14	Oct-9	ROTATE	
3	Oct-12	Nov-6	ONLINE SELECTIVE OR ROTATE	
4	Nov-9	Dec-2	ROTATE	EOS 12/3 - 12/4
5	Dec-7	Jan-1	ROTATE	
6	Jan-4	Jan-29	ROTATE	
7	Feb-1	Feb-26	ROTATE	
8	Mar-1	Mar-26	ROTATE	EOS 3/29 – 3/30
9	Mar-31	Apr-23	ROTATE	
10	Apr-26	May-21	ROTATE	
11	May-24	Jun-18	ROTATE	
12	Jun-21	Jul-16	ROTATE	
Pre-Graduation	July 19	Jul 30	Everyone returns to Harrogate for EOS/graduation activities	
Graduation: July 31, 2021				

- Semesters are coded together with the same color.

Student Travel Time Allowance

For the August, December, and April EOS days, you should attend the EOS location closest to the rotation you are on at the time of the EOS. Students will not be excused to leave the rotation early for travel except otherwise noted below.

Travel Time for the purposes of EOS Days only:

- Drive Time from rotation site to the EOS testing location:
 - **4 - 8 hours**--May have 1 business day for travel (**EX:** if EOS starts on Friday you must work some part of the workday on Wednesday which allows 1 business travel day prior to EOS)
 - **8.5 - 16 hours**-- May have 2 business days for travel (**EX:** if EOS starts on Monday you must work through the end of the workday on Wednesday which allows 2 business travel days prior to EOS)
 - **Greater than 16.5 hours**-- May have 3 business days for travel
 - **International**--See Clinical Team
- If **flying** to the testing site from the rotation-- May have 1 business day for travel

- Drive Time from EOS testing location to next rotation site:
 - 12 hours or less from next rotation-- Begin the rotation on Monday
 - 12.5 - 20 hours from next rotation -- Begin the rotation on Tuesday
 - 20.5 hours or more from next rotation-- Begin the rotation on Wednesday
- If flying to the next rotation from the EOS testing site, begin the rotation on Monday

Travel Time for the purposes of one rotation ending to beginning of next rotation:

- Drive Time from current rotation site to next rotation site:
 - 8 or less hours --You are required to work through the end of the rotation
 - 8.5 - 16 hours --May leave the rotation 1 business day early
 - Greater than 16.5 hours --May leave the rotation 2 business days early
 - International--See Clinical Team
- If flying, from one rotation to the next rotation, you are required to work through the end of the rotation unless the flight is > 8 hours

NOTE:

- Students will not be allowed to leave before the days/times listed above for circumstances of their own making (i.e. travel with pets, towing trailers, picking up friends, weddings, etc.).
- Travel time does not apply to mandatory hospital orientation; be sure to attend hospital orientation when you are told!
- Students cannot use personal days to leave their rotations early. If within 4-8 hours from their testing location, they must work (at least some part of) the last day of a rotation.
- Students on 8-week rotations with an EOS in the middle are not allowed to use personal days 24 hours prior to the last day of a rotation to get extra study time.
- Drive times must be determined using *Google Maps*.

Clinical Year Testing Accommodations

Students who are granted any kind of testing accommodations **MUST return to the Harrogate campus for all end of semester (EOS) days** during the clinical year to ensure all testing accommodations are properly met.

- It is the student's responsibility to keep track of their own accommodation requests and seek these each semester with the LMU Director of Accessible Education and share them with the DCE and Mr. Calvin prior to each EOS day session.
- If a student chooses to waive their accommodations at any point in their training, they must do so by formal request. This process begins by the student sending an email to the Director of Clinical Education, the PA Program Director, and the Director of Accessible Education. Following the email, the student will then be required to sign an acknowledgment of the waived accommodations for *each* exam taken without accommodations, which is added to their ADA file. Students should note this *may* affect the student's ability to receive accommodations for future exams, including the PANCE and PANRE. (See Appendix E for waiver.)

Rotation Work Hours

Attendance at all assigned clinical rotation sites is mandatory. While clinical rotation dates are established by the Program, clinical rotation work hours will be determined by the clinical site preceptor(s). Students are required to work at least the same schedule as their clinical preceptor(s). This includes all office hours,

participation in nursing home and hospital rounds, taking call, working nights, holidays, and weekends *as determined by the clinical site preceptor(s) or their designee*. Holidays and University breaks also do not apply to the Clinical Phase if the preceptor or their designee asks students to work those times. Model students will seek out opportunities to learn on every rotation, even when they entail longer days, nights, and weekends. Students should intuitively understand that mealtimes and personal needs will be delayed by patient care activities and they should remain flexible, energetic, and uncomplaining.

Absent and Alternative Preceptor

If a preceptor will not be available for a given day and an *alternative* preceptor experience/assignment arrangement has not been made for the student by the preceptor, the student must notify the Director of Clinical Education immediately. The student does not get to take this time off. Failure to notify the DCE will result in professionalism points deduction, referral to SPC, and the possibility of having to repeat the rotation.

NOTE:

- Students who are assigned to an alternative preceptor for greater than 1 week of the rotation must contact the DCE so this change is formally noted. Failure to notify the DCE will result in professionalism points deduction.

Tardiness

Students are expected to be on time to their clinical rotations, including meetings, rounds, etc. Tardiness is not accepted at clinical rotation sites or when attending End-of-Semester (EOS) activities. The PA program must be notified of any absence from the rotation, even for tardiness. Students should contact the preceptor/or designee and the Director of Clinical Education if they are going to be unable to be on time. Situations in which tardiness occurs will be documented in the student's record. Persistent/excessive tardiness reported to the Program from clinical preceptors will result in a mandatory mentor meeting, loss of professionalism points, documentation of a professionalism violation, and possible referral to the Student Progress Committee (SPC).

Student Absences

The Director of Clinical Education and the rotation site must be notified regarding absences for any reason. All absences are excused first and foremost by the Director of Clinical Education, regardless of preceptor approval. The DCE reserves the right to not approve absences and to receive written proof of absences. Please contact the DCE by email to obtain permission for scheduled absences and then upload all Rotation Absence Forms (see Appendix D) *signed by the preceptor* to the following Dropbox link -

Absence Reports - <https://www.dropbox.com/request/OfNgBNrwxqRSvR8YyK2o>

Scheduled Absences for Personal Days

While it is strongly encouraged to not miss precious clinical time, it is understood that students may occasionally need time off for emergent and non-emergent reasons. Time away from the clinical rotation should be coordinated with the preceptor to minimize conflicts with on-call or other clinical duties; however, *preceptors are not the approving authority to determine excused or unexcused absences*. For the absence to be considered excused:

1. Students must first obtain approval for the personal absence from the Director of Clinical Education via email and then

2. Obtain approval for the absence from the clinical preceptor and then
3. Submit a completed, preceptor-signed and dated Rotation Absence Form to the appropriate Dropbox folder prior to the absence.

If a student does not follow all these steps, the absence will be considered an unexcused absence. Students cannot miss more than five (5) excused days during each semester of the Clinical Phase without having to repeat the rotation. Furthermore, if a student misses more than two (2) excused days during a four-week clinical rotation or more than four (4) excused days during an eight-week clinical rotation, the student **must** repeat the clinical rotation. Personal days may not be taken during EOS days or within 24 hours of an EOS day.

Scheduled Absences for Category I CME

Students are allowed time off during the Clinical Phase for the purpose of attending medical conferences/certification programs. Students may request no more than five (5) days off for this purpose during the Family Medicine (PAS 610) or Internal Medicine (PAS 620) clinical rotations OR no more than three (3) days off for this purpose during the Selective (PAS 665) or Elective (PAS 660) clinical rotations. Excused time off to attend a medical conference/certification program will not be allowed during any other clinical rotations. For the absence to be considered excused for the purpose of obtaining Category I CME:

1. Students must obtain approval for the absence from the Director of Clinical Education via email prior to the absence and then
2. Obtain approval for the absence from the clinical preceptor and then
3. Time away from the clinical rotation should be coordinated with the clinical site preceptor to avoid/minimize conflicts with on-call or other clinical duties.
4. Submit a completed, preceptor-signed and dated Rotation Absence Form to the appropriate Dropbox folder

If a student does not follow all these steps, the absence will be considered an unexcused absence.

NOTE:

- Students on Academic Probation may only attend local conferences and programs.

Absences Due to Emergencies

Do NOT attempt to attend rotation when you have a fever. This signifies a contagious illness and the preceptor will want you to stay home (until afebrile or properly medically cleared) and not bring illness into the office or facility. Failure to abide by this could potentially lead to removal from a rotation.

If a student is going to be absent due to an emergency, illness, injury requiring complete bed rest, or attendance at funerals of family members, etc. the student must:

1. Notify both the preceptor or designee at the clinical rotation site and the Director of Clinical Education by 8:00 am on the day of the absence and then
2. Complete a preceptor-signed and dated Rotation Absence Form and submit it via Dropbox within 24 hours of returning to the clinical rotation site.

If a student does not follow all these steps, the absence will be considered an unexcused absence. Documentation regarding reported emergency illness, death, or injury may be required by the Director of Clinical Education, especially if these types of absences occur frequently.

Students with excused absences will be required to make-up the time missed for the clinical rotation. If the missed time is not made up by the completion of the clinical rotation, an “I” (incomplete) will be recorded for the course and completion of the missed time will be scheduled at the discretion of the clinical rotation site and the Director of Clinical Education.

Unexcused Absences

Students with any unexcused absences will be referred to the Student Progress Committee (SPC) and could possibly fail and/or have to repeat that rotation.

Clinical Rotation Assignments, Paperwork, and Deadlines

Students should keep copies of all clinical year-related assignments/paperwork as well as the Dropbox, Blackboard and other confirmation emails that assignments/paperwork have been received. All assignments and paperwork are due on the deadlines below or as otherwise specified per clinical year course syllabi. It is the student’s responsibility to read each syllabus before they begin a rotation. Once an assignment has been submitted, there will be no further acceptance of revised or additional work. Late submissions of any assignment will result in a zero (0) grade and late submissions of any rotation-related assignment/paperwork will result in a loss of professionalism points and possible referral to SPC.

The clinical phase of the PA program has several rotation-related assignments and paperwork and strict deadlines for their completion and submission. These include:

1. Student reminds the preceptor that their rotation evaluation form link will come from EXXAT in an email. The preceptor can just click on the link and fill in the form. Student makes every attempt to have the Preceptor fill out and submit the **Preceptor Evaluation of Student Performance** (Appendix J) into EXXAT within seven (7) days of leaving each rotation site.
2. Student fills out and submits **Student Evaluation of Rotation Site** into EXXAT under the “My Placements” section “To Do List” for each respective rotation within 24 hours of leaving each 4 week rotation (unless at FM or IM rotations with the same preceptor- submit one for the eight weeks at either.)
3. Student logs patients and procedures daily and completes the rotation-respective **Patient and Procedure Clinical Logs** via EXXAT within 24 hours of leaving each rotation.
4. Student completes and submits **Patient Goal Compilation Reports** (See example, page 33) in December, April, and July. These are due no later than seven (7) days from the 1st day of the EOS. More info will be sent out as the time approaches in December.
5. Student attends the entirety of all **End of Semester Day(s)** at LMU-Harrogate or other designated location.
6. Student completes and passes all **EOR exam(s)** during the appointed EOS meetings
7. If student scores < 80% on any EOR exam, the student completes the assigned Med-Challenger questions to be completed within 30 days after being assigned and keeps taking them until scores 90%.

8. Students complete the **EOR Self-Assessment** after the December and April EORs. They are due to Dropbox folder 1 week after the EOR has taken place. More info will be sent out as the time approaches in December.
9. Students choose and create a **Case Presentation** and turn in **SWOT Analyses**, and two (2) **Reflection Papers** during EOS meetings as well as any other written assignments as per the Elective and Selective syllabi at their appointed times. See respective Elective and Selective syllabi.
10. Student completes **Acland's Anatomy Review** within 1 week of starting the Orthopedic, Surgery and Women's Health rotations and submits the exam results for Ortho only. See these syllabi (and Appendix G) for specific details.
11. Student completes, submits, and passes **Capstone Papers and Portfolio Project** (including all assignments) and **Summative Activities**. All Capstone papers, projects, assignments, and Portfolio are due on the deadlines as per the Capstone syllabus or as otherwise specified. See Capstone Syllabus for specific details.

ROTATION EVALUATION COMPONENTS AND GRADING

The final rotation grade consists of 3 components:

1. Performance component (A), **and**
2. Written component (B), **and**
3. Professionalism (C)

Assessment Method	Percentage of Rotation Grade	Grading Criteria
A. Preceptor Evaluation of Student Performance: 70% AND “meets or exceeds expectations”	40%	Demonstrates satisfactory self-directed learning skills, clinical reasoning skills, commitment to patient-centered care and professionalism as evidenced by satisfactory performance on the preceptor evaluation.
B. EOR exam or Case Presentation or SWOT Analyses & Clinical Self-Reflective Essays	50%	Demonstrates acquisition of a strong basic and medical science knowledge base as exhibited on the written examination and/or elective/selective assignments.
C. Demonstration of Professionalism: <ul style="list-style-type: none"> • Completion of all rotation assignments and paperwork within specified deadlines • Pre-rotation communication with sites and timeliness of paperwork • Conduct, Attendance, Absence forms • Professionalism issues as per Student Handbook and Clinical Manual 	10% (10 points) based on feedback from program faculty and staff regarding communication and timeliness, and/or Preceptor and personnel at preceptor's office/site.	Demonstrates a commitment to learning and professionalism by actively participating in all clinical activities and exceeding the professional behavior standards and minimum requirements for clinical rotations as per the PA Student Handbook and Clinical Manual.

A total Preceptor-assigned rotation score of 70% **and** the preceptor noting “meets expectations” is required to pass the rotation A component. Additionally, **if a student fails either component of preceptor evaluation (A) or exam/assignments (B), they will fail the entire rotation** and will be referred to the SPC. If a rotation is failed and must be repeated, the student will receive a maximum of 70% for the repeated rotation.

NOTE:

- Students are NOT allowed to use an elective or selective rotation in lieu of repeating a failed rotation. Any failed rotation must be repeated at the end of the rotation sequence or as determined by the Clinical Team.

Additionally, students will receive a grade of “F” for a rotation and referral to the Student Progress Committee if the student:

1. Does not meet the professionalism standards of the program **or**
2. Does not participate in required EOS days due to unexcused absence **or**
3. Does not complete **or** falsifies required administrative components, including EXXAT patient logging, preceptor/site evaluation and compilation/procedure logs and EOR self-assessments **or**
4. Is removed from the clinical site by a faculty member or at the preceptor’s request.

NOTE:

- Depending upon the nature of the infraction, a formal professionalism violation could be documented in the student's file.
- The removal of a student from a site for failure and/or unprofessional conduct may also result in possible sanctions from the students' state Medical Licensing Board when they seek licensure.

Final Rotation Grade

The Director of Clinical Education is responsible for assigning the final grade for rotation performance. Information from all evaluations, completion of patient and procedure logs, end of rotation exams, OSCEs, case presentations, SWOT analyses, discussion boards, written assignments, projects, and professionalism are the basis for the decision whether to pass the student, extend or repeat the rotation, place the student on probation, or in some instances, dismiss the student from the program. (See grade calculations above.)

Preceptor Evaluation of Student Performance

Preceptors are asked to fill out an evaluation of each student in EXXAT following the completion of each clinical rotation. The student is responsible for reminding the preceptor that a link will be sent by EXXAT via email at least one week prior to the end of the rotation so that the preceptor can easily fill it out. If there are any difficulties, please contact the Assistant Clinical Coordinator.

Preceptors should complete the evaluation in a timely manner since this evaluation is also used to determine a numeric grade for the rotation. It is the *student's responsibility* to ensure the DCE receives the Preceptor Evaluation of Student Performance form within seven (7) days after completion of each rotation. While the Clinical Team realizes that occasional delays may arise, repeated offenses may lead to the lowering of a final rotation grade. Preceptor evaluations will only be accepted if received through EXXAT. Receipt of the evaluation via any other means will result in an incomplete rotation grade.

One evaluation form is to be completed by the preceptor *for every rotation* just prior to the end of every 4 or 8-week rotation.

- If the student has more than one preceptor, students are encouraged to have the preceptors collaborate and turn in only one evaluation. If this is not possible, each preceptor can complete an evaluation and the grade will be calculated from the average of all evaluations.
- If the student is on an 8-week rotation that is split between two different offices, each preceptor should fill out an evaluation.
- If the student is on the Ortho-focus rotations, the preceptor should fill out an evaluation for each of the three rotations: Orthopedics, Elective, and Selective.

The preceptor's rotation-specific evaluation is based on demonstration of the student's medical knowledge and skill in the performance of history-taking, physical examination, procedures as designated and permitted by preceptors, developing a diagnosis and treatment plan, and their ability to communicate well and be a team player. (See Appendix J for an example.) Preceptor evaluation forms are part of the student's permanent record. Anonymously "themed" preceptor comments may be used (with student permission) by faculty to help write letters of recommendation for future jobs, post-graduate residencies, and scholarships, so it is in a student's best interest to be the best they can be on each rotation and impress preceptors.

Students should ask their preceptor for an exit interview. This evaluation process should allow for direct feedback between the preceptor and student regarding the student's performance. The student should also ask the preceptor for feedback if it is not given.

Clinical Rotation Evaluation Discrepancies

If the student is dissatisfied with the Preceptor Evaluation of Student Performance, the student should contact the Director of Clinical Education by writing a statement that outlines specific reasons why he/she disagrees with the preceptor's final evaluation. The statement needs to be submitted within one week of the final evaluation. The statement will be reviewed by the Director of Clinical Education and Clinical Faculty. A meeting with the student will take place if further information is required. If no further action is necessary, a written decision will be sent to the student within seven days. If further action is necessary, the Director of Clinical Education will contact the preceptor for more information.

NOTE:

- Once the preceptor has submitted their evaluation of the student, the student should **not** re-contact the preceptor to further discuss and/or negotiate the evaluation. Failure to abide by this will result in a formal professionalism violation documentation and referral to the SPC.

Student Evaluation of Rotation

Students have the opportunity to provide confidential (to the preceptor) input on their clinical experience at the end of each 4 or 8-week rotation.

- If the student is on an 8-week rotation that is split between two different offices, the student should fill out an evaluation for each office.
- If the student is on the Ortho-focus rotations, the student should fill out a site evaluation for each of the three rotations: Orthopedics, Elective, and Selective.

The evaluation of the rotation site must be completed in EXXAT under the "My Placements" section or in the "To Do List" within 24 hours of leaving the rotation site and *prior to* any discussion concerning the Preceptor's Evaluation of Student Performance. The Preceptor Evaluation of Student Performance and the Student Evaluation of Rotation forms must be submitted on time to EXXAT for every rotation for rotation Professionalism points to remain intact.

In their evaluation of the rotation, students are encouraged to record the positive aspects as well as specific areas needing improvement. Every student evaluation of the site is reviewed monthly by the DCE and any issues or concerns brought up will be addressed in the clinical work group meeting. Constructive, specific comments and concerns with solutions are the most helpful to the DCE and preceptor. Letting the DCE know about a major problem after it has occurred is not helpful as it offers no opportunity to elicit change. Unprofessionally toned or worded comments will elicit a phone call from the DCE. Preceptors may receive anonymous "themed" copies of students' comments of their site if they specifically ask for them.

End-of-Rotation Exams (EORs)

All core clinical rotations have a written examination specific to that experience that must be completed and passed with an acceptable grade. The Program utilizes the Physician Assistant Education Association (PAEA) End of Rotation exams (EORs) for all rotation exams except for the Orthopedic rotation for which a Program-designed exam is administered. PAEA exams are 120 multiple choice questions administered over a two hour period. Twenty of those questions are not counted in the grade. During each EOS, each

student could be taking between 1 to 4 comprehensive EOR exams specific to the rotations they just finished. The rotation-specific exams are based on the PAEA EOR Topic List and Blueprint. For this reason, it is extremely important that students keep up with their studying no matter what rotation they are on and/or what conditions they see. (See: <https://paeaonline.org/assessment/end-of-rotation/content/> for a copy of the topic lists and blueprint.)

Specific learning outcomes and objectives, rotation expectations, and topic lists for each rotation are provided in each of the rotation-specific syllabi. Because clinical experiences may vary depending on patient population, time in the clinical year, and site strengths/weaknesses, it is the student's responsibility to review the outcomes, objectives and topic list and augment clinical experiences with independent research and discussion with the preceptor as necessary. Students are responsible for knowing all the information in the rotation outcomes, objectives, and expectations as well as the respective EOR Topic List and Blueprint, even if those conditions were not personally seen during their rotation. It is strongly recommended that students first and foremost base their self-study for rotations from the respective PAEA EOR blueprint and topic list. The primary textbook for EOR study should be the most current edition of *Current Medical Diagnosis and Treatment*.

The LMU-Harrogate PA Program additionally provides all students with access to MedChallenger and Rosh Review during their clinical year. All students are encouraged to use the MedChallenger and Rosh Review question banks to assess their knowledge and bolster their test-taking skills daily while out on rotations. Please note that these should not replace self-study of the EOR topic list; they should only be used to assess knowledge. For students who are deemed "At-Risk," mandatory assignments may be assigned to demonstrate remediation and further study in areas of weakness. Instructions on how/when to submit these assignments will be provided by the Director of Clinical Education and/or the Clinical Coordinator.

The PAEA EORs use a scaled score, which is converted to a percentage. These percentage scores are not rounded up and follow this grading scale:

90-100	A
80-89.9	B
70-79.9	C
<70	F

Students must pass each EOR exam to demonstrate competency in the field of study. An EOR score of <70% means that the student has failed the exam **and** possibly the rotation. Upon EOR failure, students will be referred to the Student Progress Committee (SPC).

Med-Challenger Questions for EOR Remediation

Med-Challenger is an online education and assessment platform that offers study material and question banks to healthcare professionals including PA's. Med-Challenger will be used for remediation purposes if a student scores <80% on any EOR exam. All students who score <80% on an EOR exam will be assigned a Med-Challenger exam to be completed within 30 days of assignment. The student must score at least 90% on the Med-Challenger remediation exam on or before the specified deadline to pass the remediation.

EOR Self-Assessment Reports

This bi-annual assignment is critical to students' self-assessment of current medical knowledge in the seven core areas and most importantly-- prediction of future PANCE passage or failure. Upon completion, students will have an accurate assessment of where their strengths and weaknesses are and where they need to focus their efforts for future rotation learning, EOR study, and PANCE study. Following the December and April EORs, students will be required to pull their EOR performance reports and take a screen shot of their ROSH review performance. They will then be asked to fill in an excel spreadsheet to plot out their weakness and look for patterns. Self-assessment questions should be addressed and then these items (the excel spreadsheet and the EOR reports) will be submitted to Dropbox within 1 week of completing the EORs. A meeting will be scheduled between the student and their clinical mentor to review the information. **EOR Self-Assessment Reports –**

<https://www.dropbox.com/request/WNB2BVdZUMOE0JNAPtE>

- Save as: (last name_first name EOR SA report 1 or 2)

Professionalism Points

Professionalism (as partially defined below) is also a component of the overall rotation grade. Professionalism points will be deducted as follows:

1. For the first professionalism infraction during the clinical year, a student will be given one warning. **Please note that clinical orientation and/or the initial email with the assignment, directions and/or a deadline date and time represents “the warning” on almost all occasions.** No further warnings will be given. Please pay attention and act accordingly from the beginning.
2. For the second professionalism infraction on any rotation, a student will lose 50% (5pts) of their professionalism points for that rotation block.
3. For the third professionalism infraction on any rotation, a student will lose 100% (10 pts) of their professionalism points for that rotation block and will be referred to SPC.
4. For any subsequent professionalism infractions on any rotation, a student will lose 100% (10 pts) of their professionalism points, have a formal professionalism violation documented in their student record, and be referred to SPC.

NOTE:

- The documentation of a formal professionalism violation in a student record could result in possible sanctions from the students' state Medical Licensing Board when they seek licensure upon completion of the program and passage of the PANCE. This could also affect future hospital and insurance credentialing.

Professionalism

See section A, page 37, and the Student Handbook for more information regarding professional conduct. The following non-exhaustive list must be followed and/or completed correctly and on time (when indicated) to meet Professionalism (Rotation Component C) requirements:

1. Students should read, remember, and not violate the policies and procedures contained in this Clinical Manual as well as any paperwork they receive and sign at clinical sites.
2. Students should be familiar with all Clinical Rotation Assignments and abide by the submission instructions and deadlines introduced earlier in this manual and in the rotation-specific syllabi.
3. Students must contact the DCE and the preceptor on the same day concerning absences from rotations for sickness or emergencies and obtain permission for all other absences in advance from

both the DCE and the preceptor. All absences are documented as directed within the timeframes previously outlined to be considered excused.

4. Student attends (without early departure) all EOS days and required PA program activities.
5. Student upholds responsibilities to the clinical site as noted on Preceptor Evaluation of Student Performance form or via other communication with the preceptor or facility (i.e. professional behavior/attitude, dress code, identification/badges, communication, assignments, hospital rounds, call, etc.).
6. Student refrains from any rude, disrespectful, or derogatory remark, gesture, facial expression, tone, or act towards any instructor, the Program, university faculty or staff member, clinical preceptor, peer, patient or staff member of any clinic or hospital, as this type of behavior is not consistent with professional behavior.
7. Student represents the University in a professional manner at all times, refraining from any negative comments, inappropriate conversations, or participating in or spreading gossip regarding the University, PA Program, faculty/staff, fellow classmates, course requirements, preceptor(s), facilities, preceptor's staff, or patients.

NOTE:

- Violation of HIPAA or FERPA guidelines will result in documentation of a formal professionalism violation in the student's file and SPC referral and could result in removal from the rotation, rotation failure, and any fines or punishments from the facility or federal government for HIPAA/FERPA violation.
8. If students have an accidental needlestick or incident to report, this is done so immediately (as outlined in this manual) and the proper paperwork (See Appendices) is filed within 24 hours of the incident.
 9. Student refrains from posting any information including photographs regarding clinical sites/preceptors or patients/cases on any form of social media. This includes photos of the student wearing facility badges/scrubs or standing on facility grounds or posing with preceptors or patients.

NOTE:

- Violation of social media policies will result in documentation of a formal professionalism violation in the student's file and SPC referral and could result in removal from the rotation, rotation failure, and any fines or punishments from the facility or federal government for HIPAA violation.
10. Student responds to all program emails within 48 hours and all phone calls within 24 hours.
 11. Student always keeps their voicemail clear and able to accept messages.
 12. Student returns all requested paperwork --correctly completed-- to the PA Program within 72 hours of receipt or as per designated deadline.
 13. Student always identifies themselves as such both verbally and with a badge to medical and site personnel and patients.
 14. Student contacts preceptors 2 weeks prior to rotation and arranges and attends and completes each facility orientation as applicable.
 15. Student returns **all** badges, borrowed equipment, etc. to the clinical site **before** leaving the rotation.
 16. Student keeps all originals of submitted paperwork and confirmation emails.
 17. Student immediately notifies the DCE via email or phone call of any potential rotation problems or concerns.

18. Student reads all facility agreements and is familiar with and does not violate HIPAA or other federal laws.

NOTE:

- Violation of federal laws such as HIPAA may result in documentation of a formal professionalism violation in the student's file in addition to removal from the rotation, rotation failure, and any fines or punishments from the facility or federal government.

EXXAT Patient Encounter Logs (subject to Category C: Professionalism)

Students will be required to maintain a de-identified patient log in EXXAT which gives the program an opportunity to further evaluate the clinical experience. The patient log must reflect the daily patient number seen in that rotation and their individual diagnoses, patient acuity level, care setting, patient age, surgical settings and certain types of patient encounters (Women's Health and Behavioral Health) and the student's level of participation. It is the student's responsibility to assure that the patient logs accurately and thoroughly reflect **all** the patients they have seen with **all** necessary encounter-type components noted. Failure to complete these logs properly could require repeat of a rotation.

For accuracy, patients should ideally be logged daily, as this information cannot be logged outside of the assigned rotation. Patient logs must be completed for every rotation within 24 hours after leaving that rotation site. Clinical faculty will audit these logs monthly and at random times for completeness and accuracy. The information entered into EXXAT is later gathered for Goal Compilation Reports.

NOTE:

- Students may only log patient interactions that occur while on site with their clinical preceptor or preceptor-designee present. Volunteer work or working clinically in another manner will not be counted towards the minimums in any domain so as to ensure the quality of the interaction.
- Clinical students should only log interactions where they played a *partial or full role* in the care of the patient. Interactions where little to no knowledge of the patient is known prior to, during, and after the interaction should not be logged towards these minimums.
- Patient cases whose management is discussed in great depth may be counted, provided the student played some active role in their care. This includes patients discussed at conferences and during lunch or breaks or after hours.
- Patient logs should never be pre-entered, altered, or falsified. Failure to follow these directions will result in 100% loss of professionalism points for that rotation and referral to the SPC. This type of unprofessional conduct will also result in a formal professionalism violation being documented in the student's file and could result in possible sanctions from the students' state Medical Licensing Board upon completion of the program.

EXXAT Clinical Procedure Log (subject to Category C: Professionalism)

A Clinical Procedure log is also required to be completed and logged into EXXAT daily for each clinical rotation. This log shows the numbers and types of procedures performed during the rotation as well as the student's level of participation. (See pages 33-35, for example of procedure log minimums.) Upon graduation, this log is **required** by most hospitals and ambulatory clinics for credentialing purposes. It is the student's responsibility to maintain a copy of this log for credentialing purposes when they seek employment. The program is not responsible for making copies of Clinical Rotation Assignments or sending in paperwork for credentialing.

Directions for Logging of Patients and Procedures into EXXAT

To log patients and procedures in EXXAT,

1. Go to “My Placements”
2. Select the rotation that you are going to log patients
3. Under the “To Do List” on the right select “Patient Log”
4. Select “Add Patient Log” or “Add Procedure Log”
 - Procedures can and should be logged under the individual patient log
5. Fill in the “Setting Properties,” “Case Information,” and “Patient Demographics” sections as applicable
6. You must fill in all areas that you are prompted to by a red asterisk. Failure to do so could cause you to have to repeat a rotation.
7. Any questions- <https://www.youtube.com/watch?v=f99ABz4y3bY>

Descriptions of EXXAT Patient Logging Terminology

EXXAT field: **Patient Demographics** refers to:

- Age and Gender of all patients is a required entry under section

EXXAT field: **Visit Information** section, **Clinical Setting Type** refers to:

1. Outpatient, ED, or Inpatient? Other = Telemedicine, Virtual, Case Study?
 - This should be self-explanatory
 - Count long term care (Nursing Home visits) as Inpatient.
2. For an Operating Room patient encounter, be sure to check “Intra-op”
 - This applies to *any* surgical rotation (Gen Surg, OB/GYN, Ortho, CardioThoracic, Trauma, etc.)
3. You can also note which “Surgical-Related Setting” setting you saw a surgical-related patient in, regardless of whether or not it was a surgery rotation:
 - Pre-operative visit OR Post-operative visit
4. Be sure to fill out “Reason For Visit,” “H&P Type,” “Type of Decision Making” and all others with red asterisk
 - EXXAT field: **Reason for Visit**; refers to:
 - a. Preventative visits – Annual/Well person exam (established or new pt), employment/sports physical, Patient/Family Education/Counseling, screening/health promotion
 - b. Emergent visits – ER/ED/urgent care visit
 - c. Acute visits– New Admit, Initial visit for a new problem, episodic (means an established patient with a new problem), New Consult
 - d. Chronic visits– Follow-up (Consult), Follow-up (Hospital visit), Follow-up (Routine office), long term care/nursing home follow up visit

EXXAT fields **Type of Decision Making** and **Student Participation**; refers to:

1. The level of complexity for medical decision making
2. The level of which the student participated in

EXXAT field: **Patient Visit Attribute**; refers to:

- “Attributes” of patients that you saw; these can and MUST be checked regardless of the rotation you are on
 1. For prenatal patients, check “Prenatal”
 2. For patients with GYN complaints, check “Women’s Health”
 3. For patients with behavioral/mental health complaints, check the box “Mental Health”
 4. Put in any notes you feel are applicable

Please be sure to add ICD 10 Codes for the first three (3) diagnoses

Please be sure to log all related procedures

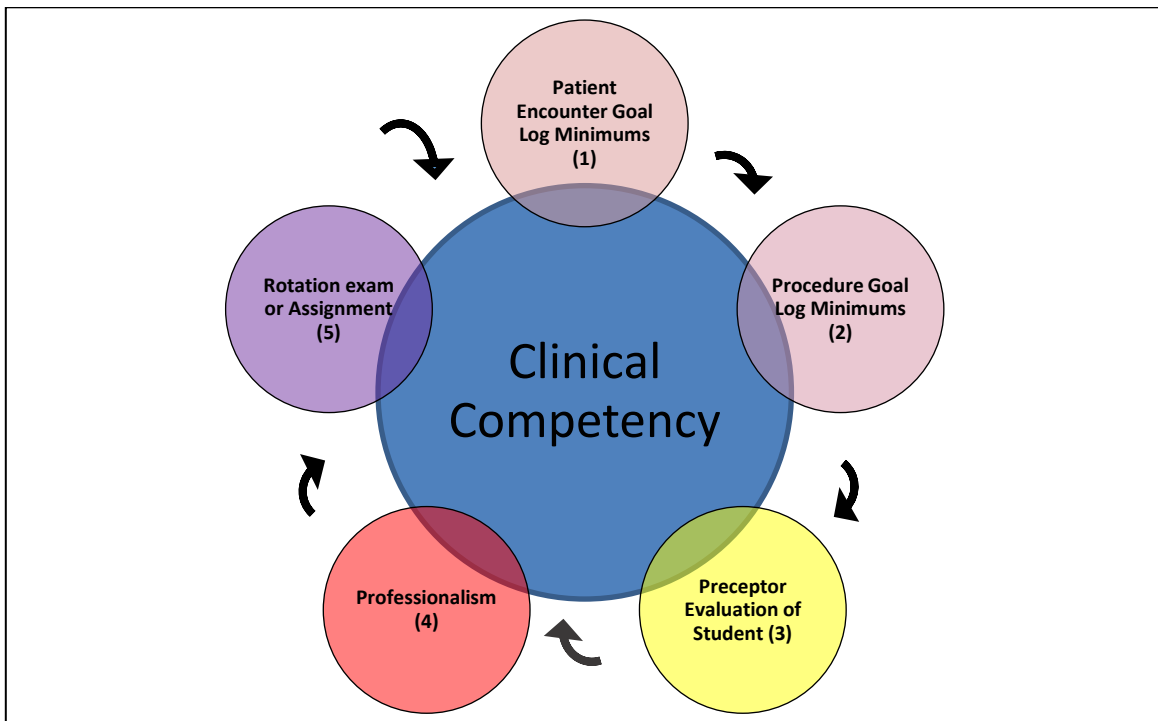
Ideally, you should log, save, and complete notes on every patient daily. You should never pre-enter notes or go back and alter them unless you mark the new information as “addendum.”

NOTE:

- If you have any questions regarding EXXAT patient or procedure logging, please contact EXXAT @ support@exxat.com or watch the video: <https://www.youtube.com/watch?v=f99ABz4y3bY>
- If you have questions regarding the terminology used to log patients, please contact your Clinical Mentor.

Understanding Clinical Competency Domains and the Goal Compilation Reports

The LMU PA Program utilizes several measurable domains drawn from the ARC-PA accreditation standards as well as the Physician Assistant competencies to monitor and ensure that individual students are progressing and meeting Program-determined minimums. As shown in the diagram below, all rotation assignments and determinants of professionalism directly relate to the monitoring of student clinical competency. Deficits areas of competence can then be more effectively mentored and remediated in a timely manner as needed.



The characteristics of clinical competence can be many; however, the Program has determined the domains listed above are pivotal in establishing an advanced level of clinical competence that, along with other variables, will ensure a graduate's success in entering the healthcare field and being able to rapidly adapt to the needs of the patient and the healthcare team.

Students should consider their clinical phase a time to maximize their knowledge base through application and feedback. In general, the greater the number of chances to apply knowledge and learn from feedback and outcomes, the greater the knowledge and competence. Thus, minimum goal requirements listed should be considered just that, minimum goal requirements. Going above and beyond these will better ensure student success and patient outcomes.

1. Patient Encounter Log Goal Minimums/Goal Compilation Report:

Please see **Table 1** for the numbers and types of required patient encounters to be logged into EXXAT and recorded into your Patient Goal Compilation Report.

- a. Students are expected to play a direct role in patient care throughout their clinical phase of education. As noted in each rotation-specific syllabus, the Program has established minimum goal patient encounter numbers per rotation; additional minimums have been set for patient acuity level, care setting, patient age, surgical settings and certain types of patient encounters (Women's Health and Behavioral Health). Each domain has a set minimum total goal and sub-totals to ideally be achieved by every student to ensure a broad exposure to the healthcare system that is wide enough to meet rotational Learning Outcomes.
- b. For best results in achieving goal minimums, students are expected to log the patients they see daily and should log each case thoroughly.
- c. Areas I-III & VI of the goal compilation report (See Table 1), cover interaction types that can and will be encountered at any time during the clinical phase - regardless of the assigned rotation- and as such, should be logged *at any time* during the clinical phase.
- d. Area IV of the compilation report, which relates to specific rotation assignments, shows the minimum goal number of patient encounters within the assigned dates of that rotation. These numbers cannot be logged outside of the assigned rotation.
- e. Area V of the compilation report, which relates to surgical rotations or rotations where pre-and post-operative visits have taken place, shows the minimum number of goal patient encounters. These numbers can be logged in any rotation where a pre-operative, intra-operative, or post-operative encounter took place.
- f. It is expected that a single patient interaction will likely meet the criteria for several domains. For example, a thirty-year-old pregnant patient may present acutely to the outpatient clinic for a Behavioral Medicine complaint to the student who is currently on a Family Medicine rotation. In this scenario, the student will be able to log an encounter that counts towards Areas I, II, III, IV and VI. Again, please be sure to log thoroughly on each patient you see.
- g. A student who becomes aware that they will be unable to meet the minimum goal patients seen should contact the DCE immediately.

Table 1: Example Patient Goal Compilation Report

Patient Goal Compilation Reports: Encounter Log Minimum Goals										
Area I (B3.03a) T:1000	Classification of patient encounter based on the acuity level regardless of setting, age, or rotation.									
	Preventative	Emergent	Acute	Chronic						
	60	120	400	400						
Area II (B3.04) T:820	Classification of patient encounter based on the setting in which it took place regardless of acuity, age, or rotation.									
	Outpt.	ED	Inpt.				OR			
	600	90	75				30			
Area III (B3.03b) T:920	Classification based on patient age at the time of the encounter regardless of acuity, setting or rotation.									
	Infants (<2 yrs.)	Children (2-12 yrs.)	Adolescents (13-17 yrs.)	Adults (18-64 yrs.)	Elderly (65 yrs. and above)					
	20	75	40	400	230					
Area IV (B3.07a-g) T:920	Classification based on the rotation in which the encounters took place.									
	Fam Med	Peds	Emergency Medicine	Internal Med	Women's Health	Behav Med	General Surgery	Ortho	Selective	Elective
	150	90	90	150	70	60	70	90	60	60
Area V (B3.03d) T:110	Classification based on the timing in which the student played a role in the surgical patient's care while on any rotation where surgery was performed or where pre- and post-operative visits took place.									
	Pre-operative			Intra-operative				Post-operative		
	25			30				35		
Area VI (B3.03c,e) T:190	Classification based on specific type of encounter regardless of the rotation, patient demographic, acuity, or setting.									
	Women's Health Issues: Prenatal or GYN					Behavioral Health Issues				
	30 PN, 40 GYN					80				

2. Procedure Log Goal Minimums/Goal Compilation Report:

Please see **Table 2** for the numbers and types of procedures to be logged into EXXAT and recorded into your Procedure Goal Worksheet. You are required to log the specific numbers of procedures in the worksheet; however, you encouraged to log a minimum of 500 total procedures for the clinical year. For the remainder of the procedures, you can choose from any of the other procedures listed in the EXXAT procedure log.

- a. "Procedures" logged in this section will generally relate to activities that require kinesthetic activities in addition to critical analysis of the patient interaction. Examples include suturing, incision and drainage of abscesses, IV access and similar. However, other examples include activities such as radiograph interpretation and medication counseling.
- b. Procedures can be logged at any time during the clinical phase as they occur and need not be completed during a particular rotation.
- c. Logged procedures should include those where the student played an active role and performed *at least part* of the activity personally.
- d. Students should notify the DCE immediately if they feel they are unable to reach the minimal procedures for the clinical year. They should also make the preceptor aware, so the preceptor can help them meet their goals.

Table 2: Procedure Log Goal Minimum Requirements

<u>Procedures</u>	<u>Minimum to be logged</u>
Adm. Of local anesthesia	10
Assist in surgery – this number represents actual participation	30
Auscultate fetal heart sounds	10
Culture collection (blood, throat, wound, vaginal)	15
Demonstrate aseptic technique	30
ECG interpretation	20
Explanation of medication to patients	60
Explanation of procedures	40
Injections	10
Pelvic Exam	10
Rectal Exam	5
Suturing	20
Well-child exam	15
Wound care & dressing	20
Radiologic Studies Interpretation - Skeletal Films	30
Radiologic Studies Interpretation - CXR	20
Radiologic Studies Interpretation - CT Scan	10
Casting & splinting & applying a sling	10
PAP smear collection	5

It is expected that you should have 40% of your patient and procedure goals completed by the end of Fall semester and 80% completed by the end of the Spring semester.

You will be required to hand in Patient and Procedure Goal Compilation Report Worksheets to show your progress at the December EOS and at the April EOS. Your final report will be due when you return to campus for graduation activities. Clinical Faculty will monitor the Goal Compilation Reports for completeness, accuracy, and achievement of set goals.

3. Preceptor Evaluation of the Student:

- a. This evaluation provides valuable feedback to the program; however, more importantly, it provides students with the opportunity to identify areas of strength and areas needing improvement based on their interactions with preceptors. Students are expected to read every evaluation and apply the feedback. This is especially helpful considering that the evaluation is based on the Physician Assistant Competencies.

4. Professionalism:

- a. Professionalism is considered more than simply showing up on time or the absence of complaints or problems. Therefore, it is evaluated in several ways. A big part of this comes from the aforementioned Preceptor Evaluation. In addition, student professionalism is evaluated by the timeliness and appropriateness of communications with the Clinical Team and preceptors/patients, pro-active behaviors regarding completing required rotation, credentialing, and Capstone requirements, following all policies and procedures in the Clinical Manual, and as the general ability to effectively time manage, communicate respectfully, and engage in self-learning.
- b. This aspect is considered when assessing a student's clinical competence but also as part of individual rotation grades.
- c. See pages 26-28 and section A, page 37 for more information regarding professionalism and professional conduct.

5. Rotation Examination or Assignment:

- a. All core clinical rotations have a written examination specific to that experience that must be completed and passed with an acceptable grade. These exams will be scheduled by the faculty and time set aside from rotation-related duties to complete the exams in a proctored setting. Passing these exams is not only key in determining clinical competence but is also used to determine a rotation's numeric score.
- b. Assignments are given in lieu exams for the clinical Elective and Selective rotations. These are graded by assigned faculty after the completion of the rotation period.

How the Program Tracks Clinical Student Competency Progression

The Program will use the EXXAT tracking system for students to log their patient encounters and completed procedures, which are evaluated by the DCE or designee's at random times throughout the clinical year. The Program will also use this platform to house and collect Preceptor Evaluations of Student Performance and Student Evaluations of the Site, which are evaluated by the DCE or designee's monthly.

As mentioned, Professionalism will be evaluated from the preceptor's evaluation but also in the student's timeliness and completeness of required communication and paperwork and other measures. Frequent deficits and lapses are communicated to the Director of Clinical Education and can, if a student is unresponsive to mentoring, result in a formal professionalism violation documented and a referral to the Student Progress Committee for review.

The Program utilizes the PAEA End of Rotation (EOR) exams with the exception of the Orthopedic rotation for which a Program-designed exam is administered. Students will be required to prepare a patient case presentation and self-reflective paper and SWOT analyses, discussion boards and other assignments and one (1) self-reflective paper for the Elective and Selective rotations, respectively, in lieu of an exam.

Remediation of Competency Deficits

All the aforementioned components are considered integral parts in attaining the advanced level of clinical competency the Program has developed and expects from all students prior to graduation. Except for a few components, competency development is expected over the course of the *entire* clinical phase. This is especially true since all students do not have the same sequence of rotations from beginning to end. Minimum progression thresholds will be monitored at the end of each semester and are dealt with proactively.

Requirements that are not achieved will result in communication with the student to ascertain barriers that may be interfering and to mentor strategies to surmount these barriers. If, after the completion of the Spring Semester it is deemed that a student will not be able to achieve a certain domain (i.e. procedure logs, patient encounter logs,) then the student's elective or selective rotation may be changed in order to make certain these domains are achieved.

Failed rotation exams and preceptor evaluations are considered more serious lapses in competency achievement and will result in evaluation by the Student Progress Committee. Delays in graduation are also considered for any competency domain that will not be achieved prior to graduation and will be considered even when numeric scores used for rotation/course purposes, indicate a "passing" score.

ADMINISTRATIVE GUIDELINES AND PROGRAM POLICIES FOR THE CLINICAL YEAR

Academic Probation/Dismissal – See Student Handbook

Conduct and Professionalism – See Student Handbook for detailed Professionalism expectations

Dress Code – See Student Handbook

Proper Identification – See Student Handbook

Readmission following Leave of Absence - See Student Handbook

Student Background Check, Drug Screening, and Arrest Policy – See Student Handbook

Student Progress Committee (SPC) - See Student Handbook

The LMU-Harrogate PA Program has specific policies and guidelines for the clinical year. The policies are as follows:

A. PROFESSIONAL CONDUCT

Behavior consistent with high professional, ethical, and moral standards is paramount in the practice of medicine. *Professional behavior* refers to those acts reflecting the status, character, and standards of a profession. *Ethical behavior* is that behavior which reflects the accepted principles of right and wrong that govern a profession. *Moral behavior* refers to conforming to the acceptable standards of behavior and conduct as practiced by a community.

Any Physician Assistant student involved in behavior that is deemed unprofessional, unethical, or immoral is subject to disciplinary action, which may include reprimand, probation, rotation failure, formal professionalism violation documentation, SPC referral, suspension, or dismissal from the program.

Any rude, disrespectful, or derogatory remark, gesture, tone, or act towards any instructor, the program, university faculty, or staff member, clinical preceptor, peer, patient or staff member of any clinic or hospital is not consistent with professional behavior.

Physician Assistant Student Relationship with Preceptors and Patients:

The relationship between the physician assistant student and preceptors and the physician assistant student and patient must always remain at a professional level. The PA student is not to engage in conversations or relationships with preceptors and/or patients construed as inappropriate, unethical, or illegal. Dating and intimate relationships with preceptors and/or patients is inappropriate and is never a consideration. Unprofessional conduct with preceptors and/or patients will be grounds for disciplinary action that may include removal from the site and dismissal from the LMU-Harrogate PA Program.

B. PROFESSIONAL COMMUNICATION and PROBLEM SOLVING

Communication between PA Clinical Faculty and Clinical PA Students may include personal or electronic site visits, email, telephone calls, texts, and voicemail. Voicemail boxes should be checked regularly to be sure they are not full. Students should check and respond to LMU email at least twice a day. Please follow preceptor guidelines regarding checking email while physically on rotation.

Students should maintain professionalism in all personal and email interactions with faculty, staff, preceptors, facility staff, and patients. This includes:

- Responding promptly and respectfully to emails sent by all parties.
- Beginning an email or initial personal introduction with proper reverence, i.e. addressing parties as “Dear Dr, Mr. or Ms., or Professor,” etc. until told to otherwise. Never beginning emails with “Hey.....” and do not refer to others by the first names unless you have been asked to do so.
- Briefly and clearly addressing who you are and what you want/need. Be sure to note your full legal name, what block and rotation you are on and your preceptor’s name.
- Re-reading emails and proofing documents prior to sending to review for clarity and typos.
- Avoiding sending emails when frustrated or upset and being mindful of the “tone” of the email. Have another read your email to test out the tone before you send it.
- Avoiding emojis, writing in all capitals, or using heavy underlining or italics as they can often be misinterpreted.
- Closing the loop: having sent a request or asked a question, be sure to acknowledge the response with a thank you. This goes a long way and is remembered more than you know.

While at clinical sites, students are to be respectful to everyone and remember they are a *guest*. Refraining from listening to office gossip and/or eliciting or participating in “loaded” conversations that are unrelated to why they are at the rotation site will help to prevent many issues. Minor problems can be quickly magnified into major issues through miscommunications and/or failure to communicate. Please be cognizant of these concerns, remain professional, and respectfully communicate with all clinical site personnel. That being said, challenges in communication can and will occur on rotations.

They may be academic, professional, or personal in nature. If the issue is not related to personal safety, Title VI or Title IX issues, students should use the following guidelines and chain of command when dealing with any problems:

1. Attempt to resolve issues with the individual directly- even if it is the preceptor. Stick to “I” statements and leave emotion out of it.
2. If this is not possible, discuss it with the preceptor or contact person.
3. If unable to resolve a problem, contact the Director of Clinical Education or Clinical Coordinator immediately at 423-869-6508 or 214-202-6993.

NOTE:

- Please bring communication concerns and complaints directly to the Director of Clinical Education or Clinical Coordinator rather than commenting after-the-fact on Evaluations of the Site as this delays proper investigation on the DCE’s part. Instead, please use the Evaluation of the Site to comment on the changes post-intervention.
- See Section N regarding personal safety and Section R regarding Titles VI and IX.

C. STUDENT IDENTIFICATION AT THE CLINICAL SITE

It is state law in most states that students must only identify themselves as PA Students both verbally and on an I.D. badge. Students may be required to wear an additional security I.D. badge at clinical sites, especially hospitals. The clinical site(s) will plan for you to obtain a badge during a mandatory orientation prior to beginning the rotation. Students are not allowed to share/swap badges with classmates or take or post photos of themselves wearing these badges or wear them in public as they are not employees of the facility. Students are required to return **all** badges to the facility as soon as the rotation ends. Failure to follow all these guidelines will result in deduction of professionalism points, formal professionalism violation documentation, and immediate SPC referral, as these guidelines are a violation of our Affiliation Agreements with the facility.

NOTE:

- Students who attempt to provide patient care without proper identification could potentially be charged with battery of a patient and criminal trespassing.

D. STUDENT RESPONSIBILITIES

- Students must be familiar with and to adhere to the policies and procedures outlined in the Student Handbook and in this manual while on rotations.
- It is the student's responsibility to contact the preceptor or his/her designated contact person **two weeks prior** to the start of a new rotation, to determine what time, where, and to whom the student should report for the first day of that rotation. All students are required to speak to someone by phone at the rotation site for confirmation.
 - If you cannot speak to someone at the rotation site directly within 48 hours, contact the Clinical Rotations Manager @423-869-6716 immediately for assistance.
- Prior to starting each new rotation, students must prepare by reviewing relevant concepts for that rotation site.
- Students must attend the rotation 100% of the time, work hours as designated by the clinical preceptor, avoid tardiness, and have any absences excused by the Director of Clinical Education. Students must make up missed time. Students are not to exceed a total of two (2) days missed during four-week rotations or four (4) days during 8-week rotations or more than five (5) days total per semester.
- Students should always maintain professional behavior. Students must refrain from participating in inappropriate or “loaded” conversations. If these types of conversations are occurring in the clinical setting and are aimed at the student, it is imperative that the student contact the DCE or Clinical Coordinator for further direction.

NOTE:

- It is expected that students who have experienced this type of behavior would have brought this to the attention of the program prior to completion of the Evaluation of the Site form. Failure to do so may delay investigation into the site/situation.
- Students will dress in the manner as prescribed in the Student Handbook and/or advised by the preceptor. Students should wear a clean, pressed white coat/jacket with LMU name badge clearly identifiable at each rotation site. Some sites may require additional identification.
- Students must only identify themselves as PA Students, regardless of any other titles earned prior to PA school. Students must verbally and visually (via a badge) identify themselves as PA students with every patient, preceptor, and staff member.
- Students should address the preceptor, clinical staff, and patients appropriately and with reverence.
- Students should avoid interrupting or disagreeing with preceptors in front of patients and other health care workers.
- Students must be eager and willing learners at each rotation site. You are expected to interact and learn from the preceptors, follow up on any assignments that may be given by the preceptor, answer questions, and demonstrate receptiveness and changes when feedback is offered. Additionally, students are expected to independently review medical textbooks and journal articles to expand their knowledge of problems and procedures commonly seen in the daily practice setting of that rotation.
- Students should be prepared to answer questions for preceptors. This may occur in the OR, in front of patients or other members of the healthcare team. If you do not know the answer, say, “I don’t know” and be sure to look it up and be prepared to discuss it again.

- Students must always work under the direct supervision of a preceptor: either the assigned preceptor or alternate. Students are at no time allowed to solely oversee a patient's care and all patients should be re-assessed with the preceptor before the patient is discharged. Students should not relay any information or assessments to the patient or family members without approval from the preceptor to do so.
- Students will not use their preceptors' facility-provided EMR or ordering system-related usernames or passwords.
- Any documentation written by the student must have their name clearly written followed by the initials "PA-S" (Physician Assistant Student). Students who possess other titles (e.g. RN, RT, etc.), will at no time be allowed to use these designations.
- All documents (i.e., progress and discharge notes) prepared by students must be reviewed and countersigned by the preceptor that is responsible for the patient's care. When applicable, this must be compliant with the CMS (Centers for Medicare and Medicaid Services) guidelines for medical students and residents.
- Students should only participate in tasks that are appropriate to their stage of development; while they may perform procedures within the scope of practice as authorized by the PA program, preceptor, and clinical site, students are not to undertake any procedures without the approval and supervision of the preceptor.
- A chaperone is required during the entire examination when all students are performing breast, genital, and/or rectal examinations. It is the student's responsibility to seek one out.
- Neither the nursing staff, nor ancillary support staff are permitted to carry out orders given by a PA student.
- Students are not allowed to write or sign off on orders or prescriptions independently. Failure to comply with this may result in referral to the SPC.
- While it is reasonable to assume that students may be asked to perform some administrative duties while learning at the clinic, it is inappropriate to have this function as your primary task on the rotation. It is imperative that you contact the Clinical Team to discuss this situation if it arises. Failure to do so may delay investigation into the site/situation and limit the student's learning at the rotation site.
- Students are not allowed to work at any rotation site for compensation during the clinical year. Furthermore, students should not receive or accept gifts in the form of money or material goods in return for his/her assistance at a clinic or facility, nor should they give them. All students are encouraged to send thank you notes to preceptors once the rotation ends.
- Students cannot be under the influence of alcohol or drugs (even OTC or prescription drugs) when working at a clinical site, taking call, or attending events at the site or University. Students must not compromise the safety and health of patients, students, faculty, or hospital/clinic personnel.
- Students must honor patient privacy laws (HIPAA) and maintain patient-physician confidentiality. Any breach of federal laws committed by the student will result in a failure of the rotation site and referral to the SPC. See HIPAA section in this manual, page 43.
- Students must honor student privacy laws (FERPA) and maintain student confidentiality. Any breach of federal laws committed by the student will result in a failure of the rotation site and referral to the SPC.
- Students must deliver health care service to all patients without regard to their national origin, race, creed, age, sex, disease status, sexual orientation, religion, socioeconomic status, veteran status, disability, and political beliefs.
- Students must follow universal precautions while at the clinical sites. All students must utilize the appropriate PPE for given circumstances. If a student is not aware of the appropriate equipment to be utilized, they must contact the DCE for additional training. Students are required to report any safety issues, including inaccessibility to necessary PPE to the DCE immediately.

- Students must complete the End of Rotation Survey rating the clinical rotation site for future students and for feedback to the Clinical Team. Feedback should list the positives of the site and offer constructive criticism for any perceived negatives. The Clinical Team Reviews these monthly. It is imperative for students who feel they have suffered a violation of Title VI or Title IX to communicate that to the Director of Clinical Education or Clinical Coordinator prior to completion of this survey instrument.

E. LMU-HARROGATE PHYSICIAN ASSISTANT PROGRAM RESPONSIBILITIES

- Certify that students are supervised by a licensed PA, physician, nurse midwife, nurse practitioner, or other HCP. PAs, NPs, and Nurse Midwives must be supervised by a licensed physician.
- Orient preceptors and students to the structure of the preceptorship and student learning.
- Provide each student with a malpractice insurance policy throughout the entire program. The Hospital Relations Coordinator provides this information to clinical offices, facilities and hospitals before students arrive at each rotation. Should you need a copy of the Certificate of Insurance (COI), please look in EXXAT under the "School Packet" section or contact Mr. James Parker @ james.parker02@lmunet.edu.
- Evaluate and develop the clinical experience through evaluations and periodic site visits and strengthen the experience as needed.
- Review student evaluations of the clinical site monthly and address any issues or concerns.
- Maintain close, rapid contact with students to answer questions, provide support, and assist with any problems before they arise, if possible.
- Provide rotation-specific learning outcomes and objectives for each rotation, with the understanding that individual learning goals may be tailored to the student and preceptor.
- The Director of Clinical Education is responsible for assigning the grade for rotation performance.
- Provide CME credit for MD and PA Preceptors.
- Serve medically underserved populations.
- Serve as a resource in developing the PA role in a specific practice setting.

F. PRECEPTOR RESPONSIBILITIES

- Preceptors must annually provide the program with proof of their non-restricted, up-to-date state licensure and board certification or eligibility. PAs and NPs must also provide this information for their supervising and collaborating physicians, respectively.
- The student will be assigned to a specific Preceptor who will have overall responsibility for the student during the rotation. This does not preclude the student from being assigned to another health care provider within the practice/facility during the rotation. If this occurs for > 1 week, the DCE should be notified.
- Preceptors will review the Learning Outcomes and Objectives in the rotation-specific syllabus.
- Preceptors will take the responsibility to introduce the student and inform appropriate personnel in the hospital and/or clinic of the student's arrival and role. This does not preclude the student from following up with appropriate hospital orientation personnel at each facility they will be utilizing during their rotation prior to rotating in that facility.
- The Preceptor will orient the student to the clinical setting and discuss practice policies and procedures and their expectations.
- The Preceptor will establish student work schedules and hours, with the understanding that the student is expected to work full-time following the preceptor's schedule, including call, extended hours, weekends, and holidays as requested by the preceptor. It is expected that the student will be on call for emergencies at any time they occur.

- While it is reasonable to assume that students may be asked to perform some administrative duties while learning at the clinic, it is inappropriate to have this function as their primary task on the rotation. Thus, the Preceptor or preceptor's designee will not ask students to substitute for clinical or administrative staff on any rotation at any time. Students are instructed to report this to the DCE.
- The Preceptor is encouraged to assign outside readings or other media to promote learning and application and to demonstrate clinical skills.
- The Preceptor or preceptor's designee is expected to ensure that the patient has given consent for the student to interact with the patient.
- The Preceptor will directly supervise, observe, and teach regarding student activities, thus ensuring the highest standards for patient care and safety while maintaining a sound educational experience for the student. Students are instructed to report inadequate supervision to the DCE.
- The Preceptor will comply with current laws, regulations, and standards of educational and medical practice. The student should not be expected to initiate or terminate patient care that is not supervised by the physician or the hospital service algorithm (written or verbal) for the problem.
- All documents (i.e., progress and discharge notes) prepared by students must be reviewed and countersigned by the preceptor responsible for the patient's care. This must be compliant with the CMS (Centers for Medicare and Medicaid Services) guidelines for medical students and residents. Please refer to the following link for more detailed information.
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>
- The preceptor will not assign the PA student to write or sign orders or prescriptions independently. Students are instructed to report inadequate supervision to the DCE.
- The Preceptor will delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
- The Preceptor will participate in evaluating the student's performance by providing verbal and written feedback to the student and the program. At the completion of the rotation, the preceptor can access the link sent to them by EXXAT to record their evaluation of the student. Based upon the Preceptor's recommendations and other factors, the DCE will assign the final rotation grade.
- Preceptors must always treat students with respect. Behaviors such as humiliating, ridiculing, berating, or being disrespectful to students while on rotation will not be tolerated by the Program. In addition to Program policies, the Preceptor must follow federal laws for student protection including:
 - In accordance with federal Title VI and Title IX laws, the Preceptor will not discriminate against or harass any student because of color, national origin, race, gender, or sexual orientation.
 - In accordance with federal ADA laws, the Preceptor shall not discriminate against any student because of physical or mental handicap. The Preceptor agrees to treat qualified handicapped students without discrimination based upon their physical or mental handicap in all clinical activities and to afford such individuals reasonable accommodations at the expense of the Academic Institution.
 - In accordance with federal Family Educational Rights and Privacy Act of 1974 (FERPA), the Preceptor will protect the privacy and confidentiality of all student information and will not redisclose such information without the prior written consent of the student except as permitted or required by applicable law. Preceptors will not discuss current or former students with other students.
- Students are instructed to report Title VI, IX, and FERPA violations to the DCE and LMU's Title VI and IX Investigator.
- The Preceptor will inform the Director of Clinical Education @ 214-202-6993 if significant problems

develop (of personality or professional nature, extended absences for more than two days in a four-week rotation, for excessive tardiness, fear they may need to fail the student, etc.) which require faculty attention, knowledge, or consultation or if circumstances arise that may prevent the overall rotation learning outcomes from being accomplished.

G. LMU-HARROGATE INCLEMENT WEATHER POLICY

Lincoln Memorial University holds student safety at its highest concern. If a weather emergency is forecast, the LMU-Harrogate PA Program Clinical Team will contact students within the geographical area affected by the emergency to determine if evacuation from the area is needed. If this is the case, the student must leave and will be given further instruction on return to the site once the emergency has passed and the student can safely return to the area. If evacuation is not needed, and the clinical site is within walking distance or if they can travel safely via public transit, the clinical student should report to the clinical site. If travel to the clinical site would be dangerous, the student should let their clinical preceptor and Director of Clinical Education know that the site is not safely reachable. If the student is working at a private practice or other outpatient site, the student should contact the preceptor to confirm that the site is open and operating.

The procedure for documentation of this absence will be the same as for an excused absence, where the student must upload the absence form to the appropriate file with the preceptor's signature once return to the site is safe. If the rotation should end before the inclement weather allows return to the site, the Clinical Team will contact the preceptor for verbal confirmation with the preceptor. There will be no penalty for this decision.

Absences incurred due to inclement weather must be made up immediately following the absence. This may be done by working nights/call shifts if it is feasible within the duty hour restrictions and time left in the rotation. If this is not available for the student, additional exercises or makeup dates will be planned with the student to assure they complete all requirements for the LMU-Harrogate PA Program.

H. OSHA & HIPAA

OSHA Guidelines and Training

Students are responsible for following required universal precaution guidelines at the clinical sites. This includes the use of personal protective equipment (PPE) for given circumstances, proper care and disposal of sharps, and other precautionary measures. Students will receive training and certification during the Didactic Phase and again prior to starting the Clinical Phase. Students are required to report any safety issues, including inaccessibility to necessary PPE to the DCE immediately.

HIPAA Training and Compliance

All students must follow Health Insurance and Portability and Accountability Act (HIPAA) rules and practices when participating in clinical activities at affiliated hospitals and clinics; HIPAA compliance includes maintaining confidentiality of paper and electronic health records and limiting access. Students will receive HIPAA training at the beginning of the Didactic Phase and again prior to the start of the Clinical Phase. A certificate of completion will be provided to students showing proof of this training. Additionally, students can expect to sign acknowledgement of receipt of facility HIPAA policies at many of the facilities they rotate in. It is expected they will read and adhere to those policies, in particular:

- Patient information is only to be accessed, used or disclosed on a need-to-know basis, and reasonable efforts should be taken to limit access to what is needed to accomplish an intended purpose, known as “minimum necessary.” Inappropriate access use or disclosure of patient information resulting in a failure to comply with privacy or security practices is reason for disciplinary actions. This means:
 - Do not ever use others’ facility-given log-ons or passwords or share yours with others, even if it is your preceptor and you have their permission.
 - **Do not ever look up patients with whom you are not *directly involved in their care at that moment*.** That means:
 - Do not ever access your own medical records via EMR or paper chart.
 - Do not ever access your family, friends, or colleagues’ records or those whom you may be “curious” about but are not directly involved in their care at that moment.
- Students must respect the confidentiality of their patients and their families encountered at clinical sites and are not permitted to discuss their patients by name or with other potentially identifying information outside the academic or clinical setting at any time while enrolled in the LMU-SMS PA Program and after graduation. This includes posting such information on any social media platforms. Students should only use a patient’s initials for academic presentations and assignments.
- Students should always beware of the content of their conversations and where they are having them.

Any breach in confidentiality of patient information is a violation of the affiliation agreements between the Program and the facility. Students who violate this policy will be referred to SPC for a professionalism infraction and may be dismissed from the Program. Additionally, the student may be liable for any fines or punishments from the facility or federal government.

I. HOUSING, TRANSPORTATION, AND MEALS

Students are responsible for all housing, transportation, and meals associated with rotations, EOS days, and pre-graduation activities while in Harrogate or other locations. This includes any parking fees associated with the facility. Students should anticipate the need to have reliable personal transportation as they will travel daily to and from rotation sites locally and in core rotations sites around the country. On occasion, clinical sites may have housing/stipends available. That information can be provided by the site. It is the responsibility of the student to make all housing/transportation/meal arrangements.

J. MEDICAL DIAGNOSTIC EQUIPMENT

All students should bring their own properly functioning medical diagnostic equipment with them to all clinical rotations. This includes blood pressure cuffs, stethoscope, ophthalmoscope, otoscope, reflex hammer, tuning forks, and “neuro exam kit.”

K. EMAIL

The official form of communication for the LMU-Harrogate PA program and the campus is the student’s LMU-Harrogate email account address. No other email is recognized as official and is prohibited from use except in the event of university email account outage. It is the student’s responsibility to arrange for continuous email service and to ***access it daily*** and as often as possible while out-of-town on rotation.

Emails should be responded to within 48 hours. If the student is unable to access email, they should notify the Director of Clinical Education by telephone so other arrangements can be made.

L. CHANGE OF NAME OR ADDRESS

If an LMU-Harrogate PA Student changes their name, they must notify the Registrar, the Admissions Coordinator, Security, Information Services, Financial Aid Officer, and the Director of Clinical Education. They must also have their LMU-Harrogate badge updated.

If an LMU-Harrogate PA Student changes their personal and/or emergency contact information, they must notify the Director of Clinical Education.

The Registrar, Admissions Coordinator, and Director of Financial Services will need each student's current name and physical address at graduation.

M. EMPLOYMENT

During the clinical year students are expected to work full time following their preceptor's schedule. In addition, rotations may have further requirements for on-call, weekend, holiday, evening, and/or night coverage. Therefore, LMU PA students are not allowed to have concurrent employment during their clinical year.

N. PERSONAL SAFETY AND SECURITY

Program's responsibility

1. To ensure student and faculty safety at clinical rotation sites, the program conducts and catalogs routine site visits to evaluate the safety of the clinical site. Any clinical site deemed unsafe is immediately discontinued by the program.
2. The program takes seriously any student allegation or concern regarding safety and will promptly investigate any safety concerns.

General Safety

1. If you feel unsafe due to a patient or employee at your rotation site, immediately report this to your preceptor, the office manager or security. If this is not handled immediately by on-site personnel, then report it to the DCE.
2. If at any time while on clinical rotations you feel that your rotation site is unsafe, you are to immediately contact the Director of Clinical Education by phone at 214-202-6993. **If you feel your safety is in immediate jeopardy you are to call 911 and report this to the police.**
3. Immediately notify the DCE of any expected or unexpected absences from the clinical rotation. All students must ensure that the program always has the most current contact and location information for you.

Student safety and security is of utmost importance, therefore certain common-sense measures should be kept in mind as you travel to various rotation sites:

1. Do not leave valuables such as your wallet, checkbook, jewelry, or keys in open view.
2. Mark easily stolen items like portable TV's, radios, pocket organizers, and computers and keep a list of serial numbers, model numbers, and descriptions.
3. Lock doors and windows when going out, and never prop doors open when entering/exiting the apartment/building - it is too easy for someone paying attention to sneak in.
4. Do not store large amounts of money or credit cards in your apartment.
5. Take care of your keys; do not lend them to anyone.
6. Use the "buddy system" - go out with a friend, especially if you are headed out at night.

7. Walk purposefully. Look confident. Always watch where you are going. Avoid shortcuts through isolated areas. Be alert to your surroundings. Feel free to call the health care facility security for an escort.
8. If entrance/hallway lights are burned out after working hours, report them to maintenance.
9. If you see unusual activity or someone loitering, call hospital security immediately.

Driving/Parking Safety

1. Lock all doors and close all windows when leaving your car.
2. Park in well-lit areas and try not to walk alone to/from parking areas at night. Feel free to call the health care facility security for an escort.
3. Have keys ready as you approach your car. Check car for intruders before entering and lock door immediately after getting into your car.
4. If you must store valuables in your car, store them out of sight (preferably locked in trunk).

O. PREGNANT, LACTATING, AND TEMPORARILY DISABLED STUDENTS AND HAZARDS

Learning and practicing medicine involves exposure to infectious agents and other hazards that may cause disease or disability. The potential for injury increases when a person is, pregnant, lactating, or temporarily disabled. The greatest hazards exist while working directly with patients, which may result in serious injury to any person or fetus involved. Exposure to formalin, toxic drugs, abortifacients, infectious agents, inhalation anesthetics, radiation, and other agents present additional hazards. Therefore, any student enrolled in the LMU-Harrogate PA Program Clinical Phase who becomes pregnant, is lactating, or is suffering from a temporary disability must complete the following requirements in order to continue participation in the LMU-Harrogate PA curriculum and clinical year activities:

1. Immediately notify the Director of Clinical Education of the condition
2. Contact their treating health care provider immediately to obtain recommendations for minimizing exposure to hazards that may be associated with participation in the LMU-Harrogate PA Program curriculum.
3. Provide the DCE with a signed statement from the treating physician that defines permitted limits of exposure to possible hazards during the period of pregnancy, lactation, or temporary disability.
4. Provide the DCE with updated recommendations from the treating health care provider for each semester during which they are pregnant, lactating, or temporarily disabled.
5. Notify the DCE of any change in recommendations from their treating health care provider.

The Director of Clinical Education will decide, in consultation with the Office of Accessible Education Services, whether accommodations for the treating health care provider's recommendations are possible without fundamental program changes and while meeting essential academic requirements of the LMU-Harrogate PA Program. Time off due to pregnancy, lactation, or temporary disability may delay progression in the LMU-Harrogate PA Program curriculum.

The LMU-Harrogate PA Program recognizes that pregnant, lactating, and temporarily disabled students have rights and bear the responsibility for decisions concerning their health and should expect due consideration from Program faculty and staff. At the same time, the student must complete all requirements of the LMU-Harrogate PA Program curriculum by following a schedule or plan without

fundamental change to the Program curriculum, while meeting essential academic functions, and which deem the risks assumable by that student and treating health care provider. An LMU-Harrogate faculty

member may refuse to allow a pregnant, lactating, or temporarily disabled student to be actively involved in any activity whenever that faculty member considers the potential for accidents or exposure to hazards are too high and the treating health care provider has not cleared the student. Copies of all documents pertaining to a pregnant, lactating, or temporarily disabled student's assignment shall be maintained in the student file.

P. COMMUNICABLE ILLNESSES EXPOSURE TO STUDENT/INJURY TO STUDENT REPORTING

It is the policy of the LMU-Harrogate PA program that all communicable illness exposures are to be handled according to CDC recommended guidelines. (See Appendix O and P). Any student on clinical rotations subject to a communicable illness exposure at the clinical site (i.e., via blood or body fluid exposure, TB exposure, or needle stick) should follow these steps:

1. Immediately perform basic first aid.
2. Notify the preceptor immediately.
3. Initiate and follow the exposure protocols of the facility in which the exposure occurred. Obtain baseline labs, if indicated, for both you and the source patient.
4. Contact the Director of Clinical Education as soon as possible at 214-202-6993.
5. Complete any forms for the site and complete an LMU Injury Report (see Appendix K and L). This is due to the Assistant Clinical Coordinator and the LMU insurance department (Ruby.Grigsby@lmunet.edu) within 48 hours of the injury/exposure. Follow the directions on the form.
6. Complete the Student Accident Claim, Parent/Guardian Information, and Authorization Forms (see Appendix M) and return them to the Assistant Clinical Coordinator
7. The Program will ensure that the student is appropriately informed and receives appropriate CDC recommendation guideline care.
8. Ultimately, the student is responsible for initiating follow up care after an exposure at a physician's office and all costs associated with such care.
9. See specific recommendations below.
 - i. Influenza (Flu)
 1. All students are to obtain and provide proof of an annual Flu shot. For the clinical year 2020-2021, it be done for before September 30th.
 2. Any student displaying "flu-like" symptoms should notify their preceptor and the Director of Clinical Education. To minimize viral spread and to promote the health and the well-being of the student, students with flu illness will temporarily stop all clinical activities until symptoms are resolved. The exact timeframe of return to clinical activities will be determined by collaborative communication with student and the Director of Clinical Education.
 - ii. Tuberculosis
 1. Per Affiliation Agreements, all students are to have at least an annual negative PPD screening for tuberculosis within 3 months of starting rotations.

2. Students with known TB exposure during a clinical rotation are to follow the office/hospital protocol for reporting the exposure and are to contact the Director of Clinical Education for guidance through the CDC exposure recommendations.
- iii. Ebola, meningitis, COVID-19 or other highly contagious pathogens
1. Always exercise universal precautions with all patients.
 2. If Ebola or any other highly contagious pathogen is identified at the facility where you are training, contact the DCE for further direction to determine the safety risk and necessary actions to maintain your safety.
 3. In the event of your exposure to Ebola or other highly contagious pathogen, notify your preceptor at once. Follow the office or hospital's exposure protocols and notify the DCE as soon as possible. The Director of Clinical Education will guide you through CDC recommendations for such exposure.
 4. Any student displaying "COVID-like" symptoms should notify their preceptor and the Director of Clinical Education. They should not enter the facility or office. To minimize viral spread and to promote the health and the well-being of the student, students with COVID-like illness will temporarily stop all clinical activities until symptoms are resolved. The exact timeframe of return to clinical activities will be determined by collaborative communication with student and the Director of Clinical Education.
- iv. Any student absence resulting from a communicable illness or exposure will be handled on a case-by-case basis. Students are given a preset number of absences built into each semester of clinical rotations. In the event a student exceeds this preset number of absences because of exposure, the program will work with the student to determine the best course of action for continuing in the program without being delayed. The Student Progress Committee generally handles this process.

Q. CLINICAL ROTATION PATIENT INCIDENT REPORTING

It is the policy of the LMU-Harrogate PA program that all Clinical Rotation Incidents are to be handled according to specified guidelines. (See Appendix N for Clinical Rotation Incident Report Form). Clinical Rotation Incident Reports should be filed for any student-witnessed or student-caused incidents related to *patient care or treatment*, including errors, safety hazards, injuries, and sentinel events, even if there is no adverse patient outcome. (The Clinical Rotation Incident Report Form is NOT to be used to report an injury to a student while on rotation. That injury should be reported on the LMU Injury Report Form.) Students should report the clinical rotation incident to the DCE immediately, then complete and sign the Appendix N Clinical Rotation Incident Report Form. This form should be submitted to the Program Director (Stephen.noe@lmunet.edu) within 48 hours of the occurrence of the incident.

R. ZERO TOLERANCE FOR SEXUAL VIOLENCE AND HARASSMENT

All students should be able to study in an atmosphere free of harassment, sexual violence, and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the LMU website: <https://www.lmunet.edu/about-lmu/office-of-institutional-compliance/title-ix-policy-and-procedure.php>

S. STATE LICENSURE AND CREDENTIALING

Students need an evaluation statement from the Program Director to gain state licensure as a Physician Assistant. This statement must disclose to the licensing agency all anomalies in the PA student's education. Such disclosures include, but are not limited to: academic probation, leave of absence, academic course failures/repetitions, formal professionalism violations/sanctions, drug/alcohol offenses, or warnings/sanctions from any department within LMU-Harrogate. These types of disclosures may delay, inhibit, or limit state licensure or hospital and insurance credentialing.

T. REFERENCES AND LETTERS OF RECOMMENDATION FROM FACULTY AND CLINICAL PRECEPTORS

Faculty and Clinical Preceptors are frequently asked to provide references and letters of recommendation for scholarships, employment, and internships. Students are encouraged to formally contact them to request a reference or letter of recommendation. Receiving a reference or letter of recommendation from a faculty member or clinical preceptor is a privilege and not a right. These individuals are under no obligation to provide references or letters of recommendation to students. It is not a guarantee that such letters will be favorable, thus personal discussions with the faculty member are important. When approaching faculty or clinical preceptors for the above, students are encouraged to keep the following in mind:

- Students should formally contact the individual in person or by email and ask permission to use them as a reference and/or ask for a recommendation for each individual job, application, etc. Let them know why and for what they are being asked for the reference.
- Students are encouraged to select faculty members or clinical preceptors who have had regular personal interaction with them. Letters of recommendation supported by specific professional interactions are more meaningful.
- Requests should be made in a timely manner (at least one month in advance).
- All required materials to submit the letter of recommendation (envelope, stamp, address, email address, etc.) should be provided by the student.
- Many faculty or preceptors will want to meet to discuss the application as well as specific personal attributes, goals, and qualifications.
- Always be sure to close the loop and say thank you.
- Faculty or Clinical Preceptors reserve the right to decline at any moment for any reason.

T. PA JOB BANK

The LMU-Harrogate Office of Alumni Services maintains an online PA Job Bank for graduates.

Visit <https://www.lmunet.edu/school-of-medical-sciences/alumni/pa-job-bank.php> to see the types of positions being advertised to LMU PA Program graduates.

**Lincoln Memorial University - School of Medical Sciences
Harrogate
Physician Assistant Program**

Clinical Manual Appendices

Appendix A

LMU-Harrogate Physician Assistant Program
Receipt of Clinical Manual Attestation

I hereby acknowledge that I have received a current copy of the Clinical Manual. The Clinical Manual for the LMU-Harrogate Physician Assistant Program is designed to provide relevant procedures, requirements, and policies along with information that is pertinent to my success in the clinical year. I understand that I should refer to the Student Handbook for all program policies and procedures and to the Clinical Manual for all clinical policies, procedures, and requirements.

It is my responsibility to read and follow this manual. I further acknowledge that I am responsible for all the information contained within this manual, and I will abide by the policies, rules and regulations set forth thereof. I understand that failure to comply and/or conform to the guidelines, academic requirements, rules and regulations of this manual could result in disciplinary action, documentation of a formal professionalism violation, suspension, or termination from the Lincoln Memorial University-Harrogate Physician Assistant Program.

If I had questions regarding the manual, I have already directed them to the Director of Clinical Education for clarification. My signature attests that all my questions have been answered.

Student Signature

Printed Name

Date

Appendix B

LMU-Harrogate Physician Assistant Program
Email and Other Communication Attestation

I understand that the official form of communication for the LMU-Harrogate PA program and the campus is my LMU-Harrogate email account address. No other email is recognized as official and is prohibited from use except in the event of university email account outage. It is my responsibility to arrange for continuous email service and to **access it daily** and as often as possible while out-of-town on rotation. I will respond to all programmatic and rotations-related emails within 48 hours and I will return all programmatic and rotations-related correspondence within 72 hours of receipt. I will keep my voicemail empty and will respond to all telephone calls with 24 hours of receipt.

If I am unable to access email or phone, I will notify the Director of Clinical Education by telephone (823-469-6508 or 214-202-6993) so other arrangements can be made.

Student Signature

Printed Name

Date

Appendix C
LMU-Harrogate Physician Assistant Program
Acknowledgement of Attendance Policy

I understand that if I am going to be absent from a rotation, I will immediately contact my Preceptor and the Director of Clinical Education notifying her/him of the circumstances causing the absence. I also understand that to complete the process for an excused absence, verbal notification must be followed by a written request along with a Preceptor-signed Rotation Absence Form uploaded into Dropbox. I may be required to submit documentation attesting to the reason(s) for the absence.

Failure to notify both the Director for Clinical Education and the Preceptor of any absence from a rotation, regardless of the reason, results in an unexcused absence. A Preceptor's absence is not considered an excused absence for a student. If the Preceptor is going to be gone and I do not have an alternative supervised assignment, I will contact the DCE ASAP.

I acknowledge that unexcused absences require review by the PA Student Progress Committee (SPC) and could lead to failure of the rotation.

Student Signature

Printed Name

Date

Appendix D
LMU-Harrogate Physician Assistant Program
Rotation Absence Form

Please fill out all aspects of this form.

Student Name _____
Rotation _____ Block Number _____
Date(s) Absent _____ Total Days Missed _____

Per Clinical Manual directions, I will email and obtain permission from the DCE, then obtain permission and signature from my preceptor, and then upload this preceptor-signed form into Dropbox: **Absence Reports** - <https://www.dropbox.com/request/OfNgBNrwxqRSvR8YyK2o>

- Save as: (last name_first name absence)

REASON FOR ABSENCE: (must check one)

____ *Student Illness* ____ *Family Illness*
____ *Death in Family* ____ *Weather*
____ *Medical Appointment* ____ *Transportation*
____ *Accident* ____ *Cat / CME/Workshop*
____ *Other* _____

STUDENT SIGNATURE _____ DATE _____

PRECEPTOR SIGNATURE _____ DATE _____

PRECEPTOR COMMENTS _____

Appendix E
LMU-Harrogate Physician Assistant Program
Clinical Year Waiver of Testing Accommodations

I, _____, was evaluated for, granted, and utilized testing
(Print Name)
accommodations during my didactic year at LMU-Harrogate Physician Assistant program. I understand that these accommodations can only be insured while testing at the Harrogate campus. Today, while taking my _____ exam, I am choosing to waive my right for any testing accommodations to be made for me.

I understand this form will be added to my ADA file. I also understand that my choice to currently waive testing accommodations *may* affect my ability to receive accommodations for future exams, including the PANCE and PANRE.

Student's Signature

Date

Director of Clinical Education's Signature

Date

Appendix F
LMU-Harrogate Physician Assistant Program
2020-2021 Dropbox Folder Links

Use the following Dropbox Folders for the required documents throughout the clinical year.

Please note: when you upload documents to Dropbox, *please save the confirmation email*. If you do not and your submission status is challenged, it will automatically be considered “not received” without a corresponding confirmation email.

PowerPoint Case Presentations or SWOT Analyses

- <https://www.dropbox.com/request/ENMhaowp6H4D4Izwya4O>

- Save as: (last name_first name case presentation) OR
- Save as: (last name_first name SWOT analysis week X case X)
 - Be sure to fill in which week and which case above where the “X” is

Self-Reflective Essays – <https://www.dropbox.com/request/jdMZuVsz3Zgfw8z8QwV1>

- Save as: (last name_first name self-reflective essay 1 or 2)

Acland’s Anatomy Ortho Review exam - <https://www.dropbox.com/request/8n5zCJlJo9VqYeHSyKQY>

- Save as: (last name_first name anatomy section) **EXAMPLE:** senkel_chrystyna ortho1

Patient Goal Competency Compilation Reports

- <https://www.dropbox.com/request/FqIngXoiQPpqws78CRHK>

- Save as: (last name_first name compilation report)

EOR Self-Assessment Reports – <https://www.dropbox.com/request/WNB2BVdZUMOEEx0JNAPtE>

- Save as: (last name_first name EOR SA report)

Absence Reports - <https://www.dropbox.com/request/OfNgBNrwxqRSvR8YyK2o>

- Save as: (last name_first name absence)

Appendix G
LMU-Harrogate Physician Assistant Program
Acland's Anatomy Review Rotation Instructions and Account Set-Up

Acland's Anatomy Review must be completed within 1 week of starting the Orthopedic, Surgery and Women's Health rotations.

Instructions: Acland's Anatomy Review for General Surgery:

Within **one (1) week** of starting your Surgery rotation you will be required to complete:

- a. Volume 3 (The Musculoskeletal Structures Around the Abdomen)
 - b. Volume 4 (The Nerves of the Head and Neck)
 - c. Volume 4 (The Blood Vessels of Head and Neck)
 - d. Volume 5 (The Abdominal Organs)
- Specific questions regarding your General Surgical anatomy knowledge will be added to your Preceptor Evaluation of Student Performance, so please be prepared to retain and reproduce this information. However, no quizzes are to be taken for Surgery and thus no material needs to be uploaded.

Instructions: Acland's Anatomy Review for Women's Health:

Within **one (1) week** of starting your Women's Health rotation you will be required to complete:

- a. Volume 3 (The Musculoskeletal Structures of the Pelvis)
 - b. Volume 5 (The Reproductive System)
- Specific questions regarding your Women's health anatomy knowledge will be added to your Preceptor Evaluation of Student Performance, so please be prepared to retain and reproduce this information. However, no quizzes are to be taken for Surgery and thus no material needs to be uploaded.

Instructions: Acland's Anatomy Review for Orthopedics:

Within **one (1) week** of starting your Orthopedics rotation you will be required to complete:

- a. Volume 1 (The Upper extremity) complete volume
 - b. Volume 2 (The Lower extremity) complete volume
 - c. Volume 3 (The Spine) only
 - d. An Exam: No later than **one (1) week** after the start of the Orthopedics rotation you must complete the exam within Acland's on only Volumes 1 and 2 and submit a screenshot of your passing grade of 80 or better to the Dropbox folder set up for you:
<https://www.dropbox.com/request/8n5zCJIJo9VqYeHSyKQY>
- Save as: (last name_first name anatomy section) **EXAMPLE:** senkel_chrystyna ortho1
 - Specific questions regarding your Orthopedic anatomy knowledge will be added to your Preceptor Evaluation of Student Performance, so please be prepared to retain and reproduce this information.
 - Questions from Acland's volume 1, 2 and 3 will also be incorporated into the Orthopedics EOR examination.

Acland's Set Up

Beginning 7/10/20, all 2021 student accounts have been created for Acland's Anatomy.

Instructions for Students

1. Go to www.aclandanatomy.com and log on with your LMU e-mail address.
2. Enter this exact password with punctuation and same capitalization: **Password1!**

Students have access to Acland's while on campus or authenticated to LMU. However, they should log on to Acland Anatomy with their personal accounts to take the practice exams.

Any questions? If you need assistance, you must be directed to Institutional Sales Tech Support, as they are the only ones who can see your account. The direct number for institutional tech support is (844) 303-4860.

Appendix H
LMU-Harrogate Physician Assistant Program
Clinical Rotations Performance Expectations Worksheet

To develop a set of mutually understood set of expectations, students and preceptors should discuss and complete the questions below on the first or second day of the rotation. This form should be reviewed with the Preceptor at the end of week 2 (or 2 & 6) to ensure expectations are being met. Expectations = the *quality of the vehicle you will use to achieve your goal.*

Clinical Rotation Type: _____ Date Meeting Conducted: _____

Student: _____ Preceptor: _____

Number & Type of Rotations Completed: _____

I. "Ask Yourself" Completion Section (completed prior to 1st day of rotation)

a. List 3 (three) specific expectations you have of yourself regarding clinical knowledge and experience, personal and professional growth and/or preceptor/patient interaction during this rotation:

1. _____

2. _____

3. _____

b. What skills and or content/experience would be most helpful to meet your expectations?

1. _____

2. _____

3. _____

II. "Ask the Preceptor" Completion Section

a. Does the preceptor have any specific expectations regarding student engagement, learning, preparation, patient and staff interaction and/or professional behavior?

1. _____

2. _____

3. _____

Appendix I
LMU-Harrogate Physician Assistant Program
Clinical Rotations Mid-Rotation Meeting

The Mid-Rotation meeting between the student and Preceptor should focus on discussing the student's performance to date and identify areas needing improvement and a plan to meet expectations.

Competency	Expected Behaviors	Meets	Needs Work
Engagement in Learning Process	<ul style="list-style-type: none"> • Demonstrated interest and remained engaged in the learning process • Sought opportunities to participate in learning from all staff 		
Medical Knowledge	<ul style="list-style-type: none"> • Demonstrated appropriate knowledge of the basic and clinical science pertinent to the rotation • Applied clinical knowledge and science to positively impact patient care 		
History & Physical	<ul style="list-style-type: none"> • Performed thorough, organized and accurate histories and physical exams as appropriate for the clinical situation 		
Assessment Skills	<ul style="list-style-type: none"> • Formulated appropriate differential and presumptive diagnoses and treatment plans in a logical manner • Accurately identified and addressed the acuity of illness for individual patients 		
Preventive Care	<ul style="list-style-type: none"> • Made appropriate assessment of patient health risks • Provided Evidenced Based recommendations for preventive screening 		
Clinical Documentation	<ul style="list-style-type: none"> • Accurately documented clinical encounters in a manner showing clear understanding of the clinical situation and setting 		
Clinical Skills	<ul style="list-style-type: none"> • WILLINGLY sought opportunities to learn new skills and procedures • Safely performed procedures and skills with assistance 		
Communication	<ul style="list-style-type: none"> • Effectively and appropriately communicated with patients and other health care team members 		
Teamwork Skills	<ul style="list-style-type: none"> • Made himself/herself a useful, helpful, productive, and dependable member of the health care team • Demonstrated leadership and respect within the team 		
Patient-Centered Care	<ul style="list-style-type: none"> • Offered patients opportunities to express their needs, feelings, and preferences • Proposed care consistent with the patient's feelings and desires 		
Interpersonal Skills	<ul style="list-style-type: none"> • Showed respect, consideration, concern, and empathy for patients • Personal interactions with patients and health care staff enhanced patient care 		
Ethics	<ul style="list-style-type: none"> • Treated patients and health care team members in an honest, respectful, and ethical manner • Maintained the confidentiality of medical and personal information 		
Life-Long Learning	<ul style="list-style-type: none"> • Adequately educated self as clinical situations required 		
Professionalism	<ul style="list-style-type: none"> • Projected a professional attitude in his/her punctuality, attire, behavior, speech, and readiness to complete tasks • Took responsibility for his/her own decisions and actions 		

Date: _____ Student Signature: _____

Preceptor Signature: _____

Appendix J
LMU-Harrogate Physician Assistant Program
EXXAT: Preceptor Evaluation of Student Performance

Survey: "Preceptor Evaluation of Students Class of 2020"

Reviewer: Preceptors (XXXX,XXXXXX)
(XXXX,XXXXXX)

Survey Period: 8/1/2020

Reviewee: Student

Completed: 4/1/2020

During the final week of your student's rotation (week 4 or 8), please evaluate the student's clinical performance according to their level of training at this point. The student should be evaluated in each category from "exceeds expectations" to "does not meet expectations." We suggest you have a short face-to-face feedback session with the student prior to their last day so you can share your thoughts regarding their performance. Please note that attendance is mandatory, so please indicate the number of days absent or late, even if they were excused. We welcome your comments and suggestions and thank you immensely for all you do.

1. Which rotation type are you evaluating? **SURGERY**
2. Where was the primary clinical training site for this rotation?
3. In what block did the rotation begin?
4. What was your level of interaction with the student? _____

Directions: Please evaluate the student based on how far along they are in their clinical year.

Ratings of: NO RESPONSE DID NOT OBSERVE DOES NOT MEET EXPECTATIONS NEEDS IMPROVEMENT MEETS
EXPECTATIONS EXCEEDS EXPECTATIONS

5. Did student meet the preceptor's expectations?

If you choose "**did not meet expectations**", please do not complete any further questions. Skip to the end of the evaluation and please give further details in the comment box as to how the student did not meet expectations. Please click "submit" before closing.

6. PATIENT CARE: CLINICAL SKILLS

- a. Elicits an appropriate medical history as needed for diagnostic evaluation and/or determination of surgical intervention and pre-operative evaluation.
- b. Performs a focused or complete physical examination appropriate for diagnostic evaluation, pre-operative screening, in-house rounds, or post-operative follow-up.
- c. Identifies appropriate interventions for promotion/maintenance of health and prevention of disease in surgical patients.
- d. Provides surgical procedure-specific pre and postoperative care, counseling, and instruction for patients and families, paying particular attention to patient-centered needs and expectations.
- e. Provides thorough and efficient oral presentations, specifically noting pertinent components and urgency with life-threatening or disabling situations.
- f. Demonstrates legal, financial, and medically-appropriate documentation such as clinic and procedure notes, admission H&Ps, admission orders, daily progress notes, and/or discharge summaries utilizing correct terminology and format.

7. PATIENT CARE: TECHNICAL SKILLS

- a. Demonstrates proficiency in obtaining and maintaining sterile technique pre and intra-operatively.
- b. Provides effective intraoperative retraction & exposure.
- c. Demonstrates effective wound closure via suturing.
- d. Demonstrates appropriate technique for wound debridement and care, incision and drainage, and/or drain tube removal.
- e. Selects the appropriate procedure required for common Surgery interventions.

8. MEDICAL KNOWLEDGE

- a. Demonstrates a systematic and thorough approach to differentiating the clinical manifestations of elective, emergent, or urgent surgical patients while identifying co-morbid conditions that increase mortality risk.
- b. Exhibits a broad fund of knowledge regarding the etiology, risk factors, underlying anatomy and pathophysiology, and clinical presentation of common general surgical conditions.
- c. Orders appropriate laboratory and diagnostic studies indicated for the initial work up, pre-op clearance and post-op evaluation of surgical conditions.
- d. Demonstrates knowledge of pre, intra and post-operative medical management (antibiotics, DVT prophylaxis, pain meds, bowel regimens, etc.) as relative to a patient's age and medical condition.
- e. Identifies and describes risk vs. benefits, complications, prognosis, and outcome expectations of common surgical procedures while obtaining informed consent.

9. CLINICAL REASONING AND PROBLEM SOLVING

- a. Appropriately identifies and investigates problem issues encountered while eliciting an initial, pre or post-operative medical history and physical exam.
- b. Evaluates patient clinical presentation and rapidly formulates an appropriate differential diagnosis.
- c. Correctly analyzes and interprets normal and abnormal lab and diagnostic studies considering the surgical condition and co-morbidities.
- d. Formulates an appropriate initial management plan including surgical, pharmacologic, procedural, admission, referral, or other interventions while considering patient presentation, age, co-morbidities, and socioeconomics.
- e. Demonstrates expanding self-confidence and the ability to assume increasing degrees of patient care responsibility while recognizing own limitations.
- f. Applies current medical, research and technical literature to practice evidence-based medicine in surgically-related decision-making.

10. PRACTICE BASED LEARNING AND IMPROVEMENT

- a. Demonstrates initiative, ethical behavior, and a strong team-based work ethic.
- b. Seeks and incorporates feedback for the purpose of improving future practice.
- c. Improves patient care and outcomes through continual self-directed learning.
- d. Demonstrates maturity, reliability, and initiative via commitment to the continuity of patient care and team-based healthcare by personally carrying out professional responsibilities.
- e. Maintains an appropriate professional demeanor while working in a variety of settings with a multidisciplinary team.

11. INTERPERSONAL AND COMMUNICATION SKILLS AND PROFESSIONALISM

- a. Builds effective relationships in all interactions with patients and their families, staff, colleagues, and supervising physicians, while maintaining appropriate professional boundaries and ethics.
- b. Demonstrates sensitivity, compassion, and respect for patient and family culture, age, gender, race, religion, sexual orientation, socioeconomic status, and disabilities through patient advocacy.
- c. Identifies, acknowledges, and takes action against personal biases, medical knowledge gaps, and personal limitations.
- d. Demonstrates personal resiliency with a flexible attitude and a tolerance of variable levels of stress and ambiguity.
- e. Maintains a positive, patient-focused attitude promoting inter-professional collaboration and multi-disciplinary teamwork.
- f. Exhibits effective and respectful oral and written communication with patients, families, other health professionals, and staff.

12. SYSTEMS BASED PRACTICE

- a. Adheres to HIPAA and confidentiality rules/laws and practices.
- b. Appropriately practices the role of a physician assistant student as a member of the healthcare team and respects the physician-PA relationship.
- c. Demonstrates baseline knowledge of coding, billing, and insurance within a variety of healthcare settings and seeks to achieve maximum ethical reimbursement.
- d. Appropriately treats, admits, or refers patients to specialists, subspecialists, and allied health professionals in a timely fashion.
- e. Demonstrates practice of cost-effective health care within a variety of healthcare settings.

13. **Did the student exhibit growth in their patient care, medical knowledge, critical thinking, and/or interpersonal communication skills during this rotation?** YES NO
If NO, please comment on how they could be better prepared. _____

13. **Was the student academically prepared for this clinical rotation?** YES NO
If NO, please comment on how they could be better prepared. _____

14. **Please identify any strengths or additional areas of improvement for the student:** _____
15. **Do you have you any suggestions to improve the preparedness of LMU-Harrogate PA students for their clinical rotations?** YES NO
If YES, please comment here: _____
16. **Number of days absent for this rotation**___ **Number of days late for this rotation:** _____
17. **Names of others who participated in this evaluation:** _____

Appendix K
LMU-Harrogate Physician Assistant Program
Policy on Needle Stick and Blood Borne Pathogen Exposure

Detailed information on the prevention of and treatment of exposure to blood borne pathogens is contained in the CDC brochure, "Exposure to Blood: What Healthcare Personnel Need to Know". Students should familiarize themselves with this information. <http://stacks.cdc.gov/view/cdc/6853/>

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

Immediately perform basic first aid. Wash needle sticks and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. If exposure is to the eyes, flush eyes with water, normal saline solution, or sterile irrigates for several minutes.

Immediately report the incident to the attending physician/preceptor. 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 released before testing for infectious disease can be conducted.

Seek post-exposure services. The student should follow the policies of the rotation site. All clinical sites will have a policy in place for blood borne pathogens, with a point of contact. This point of contact can help you follow the correct procedures. If in an office, contact the Site Coordinator for instructions on how to fulfill these requirements. If in a hospital, contact the nursing supervisor or employee health service. If it is after hours or if the student cannot locate a person to guide them, they should go immediately to the emergency department and identify themselves as a student who has just sustained an exposure.

Obtain baseline laboratory tests, if indicated. The treating clinician should evaluate the type and severity of exposure and counsel the student on the risk of transmission of HIV, HBV, and HCV. This may involve testing the student's blood and that of the source patient and initiating post-exposure treatment.

The student should report the exposure to the Director of Clinical Education and complete the LMU Injury Report within 48 hours of the exposure. This form should be submitted to the DCE (Chrystyna.senkel@lmunet.edu) and the LMU insurance department (Ruby.Grigsby@lmunet.edu) within 48 hours of the occurrence of the incident. The training site may require the student to complete a separate incident report for their facility.

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

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 their personal medical insurance first, then to the LMU intercollegiate insurance policy.

Appendix L
LINCOLN MEMORIAL UNIVERSITY INJURY REPORT FORM

Full Name: _____

Street Address: _____

City/ST/Zip: _____

Birthdate: _____

Hire Date: _____ Position Title: _____

Male/Female **(circle one)**

Date/Time of Accident: _____ AM/PM

Date/Time Reported: _____ AM/PM

Time Employee Began Work: _____ AM/PM

Names of Witnesses:

_____ Interviewed: YES NO (attach documentation)

_____ Interviewed: YES NO (attach documentation)

Treatment away from worksite?

Emergency Room: Yes / No

Physician or Other: _____

Facility: _____

Address: _____

Was injured person hospitalized overnight as inpatient? Yes / No

If injured person died, when did death occur? Date: _____

Name of building or area the injured person was in: _____

What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the injured person was using. Be specific. Examples: climbing a ladder while carrying roofing materials, spraying chlorine from hand sprayer, daily computer tasks. _____

What happened? Tell us how the injury occurred. Examples: When ladder slipped on wet floor, injured person fell 20 feet; injured person was sprayed with chlorine when gasket broke during replacement; injured person developed soreness in wrist over time. _____

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Example: Lower back pain; complains of wrist pain. _____

What object or substance directly harmed the injured person? Examples: Concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank. _____

Cause: Reason(s) for accident. Contributing factors, unsafe acts, unsafe conditions? _____

Prevention: Describe how to prevent a similar accident. _____

What action do you need to take? _____

Signature of Supervisor: _____ **Date:** _____
(If applicable)

Signature of Injured Person: _____ **Date:** _____
(If injured person refuses to sign, please note here)

Has corrective action been taken to prevent a similar accident? YES NO

By whom and what action was taken? _____

Appendix M
LMU-Harrogate Physician Assistant Program
Accident Claim Procedures: Step-By-Step Guide

1. File the claim with your personal insurance company as the primary insurance and First Agency as your secondary insurance. (DO NOT FILE AS WORKER'S COMP). Do not pay any fees or copays because First Agency should pay those as your secondary insurance. If you went ahead and paid any fees, you should be reimbursed through First Agency.

File as secondary insurance: **First Agency, Inc.**

5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone (269) 381-6630
Fax (269) 381-3055

2. Fill out the *LMU Injury Report Form* and follow directions for submission.
3. Fill out the *Student Accident Claim form*.
4. Fill out the *Parent/Guardian/Student Information form*.
5. Fill out the *Authorization – To Permit Use and Disclosure of Health Information*.
6. Make a copy of front and back of the insurance card.
7. Collect all bills associated with the injury that have not been paid. Attach all ITEMIZED bills (itemized bills include the date of service, procedure code, diagnosis code, etc. not balance due statements) for MEDICAL EXPENSES ONLY. Include all worksheets, denials, and/or statements of benefits from your primary insurer. (Each charge must be processed by all other insurances/plans before they can be processed by First Agency, Inc.)
8. Collect a UB-04 or HCFA billing statement concerning the injury from the billing office of the facility.
9. Return all these things via fax (423-869-6393), e-mail (mitchell.calvin@lmunet.edu) or mail to Mr. Mitchell Calvin ASAP. Mr. Calvin's phone number is 423-869-6627, should you have any questions.

**If you receive any future bills from this incident, please send to Mr. Calvin as well, and he will forward all paperwork to First Agency insurance company.*

NAME OF SCHOOL: Lincoln Memorial University
ADDRESS: 6965 Cumberland Gap Parkway, Harrogate, TN 37752
STUDENT ACCIDENT CLAIM FORM

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: (269) 381-6630
Fax: (269) 381-3055

STUDENT'S FULL NAME (PRINT) LAST _____ FIRST _____ M.I. _____

STUDENT'S SCHOOL ADDRESS _____

STUDENT'S HOME ADDRESS _____

S.S.# _____ DATE OF BIRTH _____ SEX _____ GRADE _____

DATE OF ACCIDENT _____ HOUR _____
A.M.
P.M.

DETAILED DESCRIPTION OF ACCIDENT: HOW DID IT OCCUR? (OR ATTACH ACCIDENT REPORT COMPLETED BY THE SCHOOL REPRESENTATIVE WHO WITNESSED THE ACCIDENT) _____

WHERE DID IT OCCUR? _____

PART OF BODY INJURED _____ RIGHT LEFT

ACTIVITY _____

STUDENT ACCIDENT (describe) _____

HAS A CLAIM EVER BEEN FILED ON THIS STUDENT? YES NO

NAME OF SCHOOL AUTHORITY SUPERVISING ACTIVITY _____

WAS SUPERVISOR A WITNESS TO THE ACCIDENT? YES NO

IF NOT, WHEN WAS THE ACCIDENT FIRST REPORTED TO A SCHOOL AUTHORITY? DATE _____

SIGNATURE OF SCHOOL OFFICIAL _____ TITLE _____

DATE OF THIS REPORT _____

IMPORTANT: PLEASE ATTACH ITEMIZED BILLS

THIS FORM MUST BE COMPLETED AND RETURNED TO THE COMPANY WITHIN 90 DAYS FROM THE DATE OF TREATMENT ACCOMPANIED BY ALL MEDICAL BILLS INCURRED TO DATE.

HOW TO FILE YOUR **ACCIDENT** CLAIM FORM

1. Complete **ALL** blanks.
2. Please read and sign authorization on back of this form.
3. Attach all **ITEMIZED** bills (itemized bills include the date of service, procedure code, diagnosis code, etc. not balance due statements) for **MEDICAL EXPENSES ONLY**. Include all worksheets, denials, and/or statements of benefits from your primary insurer. (Each charge ***must*** be processed by all other insurances/plans before they can be processed by First Agency, Inc.)
4. Mail within 90 days of the accident to:

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-
8501



PARENT/GUARDIAN/STUDENT INFORMATION FORM

First Agency, Inc.

5071 West H Avenue
 Kalamazoo, MI 49009-8501
 Phone (269) 381-6630
 Fax (269) 381-3055

RETURN FORM WHEN COMPLETE TO →
 Name of College/University Lincoln Memorial University
 Attention _____

**This form is to be completed by the
 Parents, Guardians, or Student**

 Address 6965 Cumberland Gap Parkway
 City Harrogate State TN Zip 37752

Note: Complete all blanks on this form. Failure to complete all blanks will result in claims processing delays.

If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).

 Name of Student _____ Student Type Graduate- Physician Assistant

Social Security No or Passport No _____ Date of Birth _____

 College Address _____ Cell Phone ()

 Home Address _____ Home Phone ()

City _____ State _____ Zip _____

FATHER/GUARDIAN INFORMATION
 Father's Name _____
 Date of Birth _____
 Address _____
 Employer _____
 Address _____
 Telephone () _____
 Medical Insurance _____
 Company or Plan _____
 Address _____
 Policy Number _____
 Telephone () _____
MOTHER/GUARDIAN INFORMATION
 Mother's Name _____
 Date of Birth _____
 Address _____
 Employer _____
 Address _____
 Telephone () _____
 Medical Insurance _____
 Company or Plan _____
 Address _____
 Policy Number _____
 Telephone () _____

Is this plan an HMO or PPO?	Yes	No	Is this plan an HMO or PPO?	Yes
Is pre-authorization required to obtain	Yes	No	Is pre-authorization required to obtain	Yes
Is a second opinion required before	Yes	No	Is a second opinion required before	Yes

PLEASE COMPLETE AUTHORIZATION ON NEXT PAGE

First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501



AUTHORIZATION - To Permit Use and Disclosure of Health Information

This Authorization was prepared by First Agency, Inc. for purposes of obtaining information necessary to process a claim for benefits.

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide First Agency, Inc. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any affiliated insurance company on previous applications. If this Authorization is for someone other than myself, that individual has given me the authority to act on his/her behalf as explained below.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address. I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits. Revocation requests must be sent in writing to the attention of the Claims Supervisor.

I understand that First Agency, Inc. may condition payment of a claim upon my signing this authorization, if the disclosure of information is necessary to determine the level or validity of the claim payment. I also understand, once information is disclosed to us pursuant to this Authorization, the information will remain protected by First Agency, Inc. in accordance with federal or state law.

I understand that I or my authorized representative is entitled to receive a copy of this authorization upon request.

This Authorization is valid from the date signed for the duration of the claim.

Name of Claimant (please print)

Name of Authorized Representative, or Next of Kin (please print)

Signature of Claimant (if claimant is 18 or older)

Date

Signature of Authorized Representative of Next of Kin of Kin to Claimant

Relationship of Authorized Representative or Next



Lincoln Memorial University

CLINICAL ROTATION INCIDENT REPORT FORM

Use this form to report any incidents related to patient care or treatment, including errors, safety hazards, injuries, and sentinel events, even if there is no adverse patient outcome. This form is to be completed by LMU Students/Employees and submitted to the PA Program Program Director as soon as possible, but no later than 48 hours following the incident. LMU Students/Employees must also fulfill any reporting requirements of the Clinical Rotation Site.

Details of where incident occurred or was observed

Identification of person/patient affected by incident:	Clinical Rotation Site Name:
Name:	Address:
Date of Birth:	City/State/Zip:
Time and Date of Incident:	Department/Unit:

Clinical Rotation Staff Involved (List all staff present when incident occurred, attach additional sheets if necessary)

Name:	Title:

Summary of what happened: (State facts only and not opinion. Please indicate the level of student involvement in each aspect of the incident (i.e. observation only, assist in procedure, perform procedure). Attach a separate sheet if necessary)

Patient Outcome (check all that apply)

Death		Pain / Prolonged pain		Disruption to services	
Critical condition		Patient Distress		Unable to assess outcome	
Injury		Delay in treatment		Near miss by chance	
Ill health		Change to treatment		Near miss by intervention	
Temporary deterioration of condition		Prolonged stay in hospital		No adverse effect	
Transfer to higher level of care		Radiation over exposure			

Action Taken as a Result of Incident: (please give brief details-attach separate sheet if necessary)

--

Student/Reporting Party Acknowledgment

Student/Reporting Party Name:	Title/Position:
Acknowledgment - I acknowledge that the facts and circumstances reported above are true and accurate to the best of my knowledge:	
_____ Student/Reporting Party Signature	_____ Date

This form should be submitted to:

1. The LMU PA Program Program Director (stephen.noe@lmunet.edu), who will forward on to:
2. LMU legal (riskmanagement@lmunet.edu)
3. LMU insurance department (Ruby.Grigsby@lmunet.edu) within 24 hours of the occurrence of the incident.