

LMU

School of Medical Sciences
LINCOLN MEMORIAL UNIVERSITY

Physician Assistant Program
Harrogate

Clinical Manual
2026-2027

Table of Contents

Section I: Lincoln Memorial University – School of Medical Sciences – Harrogate Physician Assistant Program

Introduction	4-6
The Clinical Team	6

Section II: Rotation Procedures and Guidelines and Program Policies for Clinical Year

Clinical Year Rotation Components	7
Required Clinical Rotations	7
Electives Rotations	8
Pre-Clinical Tasks: Physical Exam/Health Requirements, Drug Screens, Background Checks and Compliance Training, Student Health Insurance, Pre-Rotation Facility Credentialing	8-11
Facility Orientation and Preceptor Contact Prior to Rotations	11-12
Affiliation Agreements	12
Clinical Rotation Sites and Preceptors: Development, Placement and Schedules, Evaluation	13-14
Rotation-Specific Syllabus Review	14
Student Expectations in the First Days to Weeks with the Preceptor	14
Receiving Maximum Benefits from Clinical Rotations	15-16
End of Rotation (EOR) and End of Semester Days (EOS)	16
Class of 2026 End of Rotation (EOR) Schedule	16
EOR/EOS Travel Time Allowance	17
Clinical Year Testing Accommodations	18
Rotation Work Hours, Tardiness, Absent and Alternative Preceptor	18-19
Student Absences	19-20
Alternative Assignments	20-21
Clinical Rotation Assignments, Paperwork, Assessments	21-22

Section III: Rotation Evaluation Components and Grading

Final Rotation Grade Components	23-27
“At Risk” for PANCE Failure, Academic Probation, Remediation, Dismissal	28
Student Progression During the Clinical Phase	28-29
Preceptor Evaluation of Student Performance	29
Preceptor Evaluation of Student Performance Discrepancies	30
Student Evaluation of Clinical Preceptor/Site	30
End-of Rotation Exams (EORs)	31
Studying for End-of Rotation Exams (EORs)	31
EOR Self-Assessment Reports	31-32
Clinical Year and Rotation Assignments	32-33
Professionalism and Professionalism Points	33-34
CORE Patient Encounter Logs	34-35
CORE Clinical Procedures/Skills	35
CORE Patient Logging Terminology Descriptions	35-36
Assistance with CORE	36

Section IV: Rotation Evaluation Components and Grading

Clinical Competency Domains	37
Patient Encounter Minimums & Compilation Report	38
Table 1: Patient Compilation Report	39
Clinical Practice Passport	40
Table 2: Clinical Practice Passport	40
Preceptor Evaluation of the Student	41
Professionalism	41
Rotation Examination or Assignment	41
Clinical Student Competency Progression	41
Remediation of Competency Deficits	42
Remediation of Clinical Summative Evaluation(s)	42
Remediation for Professionalism Deficits	42

Section V: Administrative Guidelines and Program Policies for the Clinical Year

A. Professional Conduct	43
B. Professional Communication and Problem Solving	44-45
C. Student Identification at the Clinical Site	45
D. Student Responsibilities	45-47
E. LMU-Harrogate Physician Assistant Program Responsibilities	47
F. Preceptor Responsibilities	47-49
G. LMU-Harrogate Inclement Weather Policy	49
H. Adherence to Clinical Affiliate's Policies and Procedures: OSHA Requirements, HIPAA Training and Compliance, & PA Program Student Policies and Procedures	49-51
I. Housing, Transportation, and Meals	51
J. Medical Diagnostic Equipment	51
K. Email	51
L. Change of Name or Address	51
M. Student Employment Policy	51
N. Personal Safety and Security During SPCEs	52
O. Pregnant, Lactating, and Temporarily Disabled Students and Hazards	52-53
P. Communicable Illnesses Exposure to Student/Injury to Student Reporting	53-54
Q. Clinical Rotations Patient Incident Reporting	54
R. Zero Tolerance for Sexual Violence and Harassment (Title IX)	54
S. State Licensure and Credentialing	55
T. References and Letters of Recommendation from Faculty and Clinical Preceptors	55
U. PA Job Bank	55

Clinical Manual Appendices

Appendix A: Receipt of Clinical Manual Attestation	57
Appendix B: Email and Communication Attestation	58
Appendix C: Acknowledgement of Attendance Policy	59
Appendix D: Rotation Absence Form	60
Appendix E: Clinical Year Waiver of Testing Accommodations	61
Appendix F: School of Medical Sciences Accident Claim Procedures Step-By-Step Guide	62
Appendix G: Policy on Needle Stick and Blood Borne Pathogen Exposure	63
Appendix H: Student Accident Claim Form	64
Appendix I: Authorization – To Permit Use and Disclosure of Health Information	65
Appendix J: Accident Claim Procedures: Claim Forms, Authorization	66-68
Appendix K: Clinical Rotation Injury Report Form	69-71

SECTION I

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 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 and/or Catalog for all program policies and procedures. 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 Clinical Team. All students must sign a declaration of understanding before beginning the clinical year stating they have read, understand, and agree to abide by this manual. A copy of this manual can be found on Canvas and on the website

<https://www.lmunet.edu/school-of-medical-sciences/pa-harrogate/current-students.php>.

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 of a certain concept, guideline, or task 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 Lincoln Memorial University-School of Medical Sciences Physician Assistant 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

- **Critical Thinking**
 - Promote early and ongoing clinical decision-making skills throughout various learning experiences demonstrated in student performance in the clinical year.
- **Professionalism**
 - Create an atmosphere where integrity is valued, and professionalism is expected and modeled by students during the clinical year.

LMU-Harrogate PA Program Goals (continued)

- **Diversity of Student Population**
 - Recruit, select, and matriculate a population of students with a diverse set of experiences, exposures, and ideas to promote an environment of knowledge sharing and drive innovation.
- **Sensitivity and Respect**
 - Create and promote an atmosphere of early and ongoing respect for patients, regardless of their disability, gender, race, culture, age, socioeconomic, sexual orientation, and physical or mental abilities, and special health care needs throughout various learning experiences demonstrated in student performance in the clinical year.

LMU-Harrogate PA Program Competencies

1. Medical Knowledge

- Demonstrate the ability to access, evaluate, and assimilate current medical research
- Compose a medical research paper utilizing accepted standards for medical writing.
- Identify normal and abnormal findings on patient history and physical examination.
- Identify medical conditions based on etiologies, risk factors, pathology and epidemiology.
- Manage medical, psychiatric, and surgical conditions using pharmacologic and non-pharmacologic modes of treatment.

2. Clinical Reasoning and Problem Solving

- Provide appropriate counseling regarding specific medical conditions.
- Recommend appropriate preventive screening and preventative care measures.
- Develop a complete patient-centered treatment plan based upon the patients' medical conditions.
- Recommend appropriate pharmaceutical management for patients' medical conditions.
- Correctly select and interpret laboratory tests and diagnostic study findings.
- Integrate clinical findings with diagnostic study data to formulate differential diagnoses.

3. Clinical and Technical Skills (CTS)

- Obtain the appropriate elements of patient histories
- Obtain the appropriate elements of and properly perform physical examinations
- Properly perform specific minor medical and surgical procedures

4. Interpersonal Communication Skills (ICS)

- Appropriately document focused and comprehensive patient histories and physical examination findings
- Clearly communicate pertinent patient information in oral presentations and multiple types of note formats
- Clearly communicate patient treatment plans and preventative care recommendations
- Demonstrate appropriate body language and active listening skills during interactions

5. Professional (P)

- Demonstrate sensitivity, respect, and responsiveness to patient diversity
- Demonstrate professionalism in interaction

6. Procedures

Demonstrate knowledge of and proficiency in performing the following procedures on simulation devices and/or human subjects the following procedures on simulation devices and/or human subjects:

- a. Injection administration
- b. Sterile technique
- c. Tympanic membrane foreign body removal, including cerumen
- d. Venipuncture and intravenous catheterization
- e. Administration of local anesthesia

- f. Laceration repair
- g. Abscess incision and drainage
- h. Skin lesion biopsy
- i. Intra-articular injections
- j. Orthopedic bracing

The Clinical Team

Offices are on the 4th floor of the DeBusk College of Osteopathic Medicine (DCOM) building.

<p style="text-align: center;">Adrian Qualls, DMS, PA-C Director of Clinical Education & Assistant Professor adrian.qualls@lmunet.edu 423-869-6245</p>	<p style="text-align: center;">Stacy Hall, MMS, PA-C Clinical Coordinator & Assistant Professor stacy.hall@lmunet.edu 423-869-7125</p>
<p style="text-align: center;">Madison Heinzerling, DMS, PA-C Clinical Faculty, Assistant Professor madison.heinzerling@lmunet.edu 423-869-6611</p>	<p style="text-align: center;">Roger Butler, MSPAS, PA-C Clinical Faculty, Assistant Professor roger.butler@lmunet.edu 423-869-6052</p>
<p style="text-align: center;">Mary “Kaye” Mason, BS, MBA Clinical Site and Rotations Manager mary.mason@lmunet.edu 423-869-6716</p>	<p style="text-align: center;">Candice Miller Hospital Relations and Rotations Coordinator candice.miller@lmunet.edu 423-869-7405</p>
<p style="text-align: center;">Ursula Jones, BA Clinical Education Assistant ursula.jones@lmunet.edu 423-869-7071</p>	<p style="text-align: center;">NOTE: The Didactic Team is still available for support to you. If you have any Clinical Medicine related questions, please feel free to contact them and/or the Course/Block Director at any time during the Clinical Year.</p>

The Clinical Team 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.

SECTION II

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 complete to graduate:

1. All Rotation Competency Requirements, Learning Outcomes, and Instructional Objectives
2. All Ten (10) Clinical Rotations
3. Eight (8) End of Rotation Exams (EORs)
4. Two (2) Elective Rotation Case Presentations
5. Minimum Number of Hours in all Rotations
6. Clinical Practice Passport
7. Timely and Correct Submission of All Pre-rotation Paperwork and Tasks as Assigned
8. Attendance at All Required End of Rotation (EOR) and End of Semester (EOS) Days
9. One OSCE
10. All Mid-Rotation Evaluations
11. Score of at Least “Meets Expectations” on All Preceptor Evaluations of the Student
12. Complete All Student Evaluations of the Preceptor and Site
13. All CORE Logging of Required Numbers, Types, Levels of Acuity, Ages of Patients, Procedures/Skills
14. One (1) Patient Compilation Report at the End of Each Rotation or When Requested by Faculty
15. One (1) EOR Self-Assessments Report at the End of Each Rotation or When Requested by Faculty, with the Exception of the Orthopedics Rotation and Elective Rotations.
16. All Clinical Curriculum Assignments as Per Individual Rotation Syllabi
17. Lecturio Remediation or Other Remediation/Enrichment Exercises as Assigned
18. One (1) Capstone Portfolio Project and All Associated Assignments
19. All Clinical Summative Activities: OSCE, Clinical Skills Stations, PAEA End of Curriculum Exam (EOC), Capstone Course Components.

Required Clinical Rotations

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

Family Medicine	8 Weeks	Emergency Medicine	4 Weeks
Internal Medicine	8 Weeks	Behavioral Medicine	4 Weeks
Pediatrics	4 Weeks	Orthopedics	4 Weeks
Women’s Health	4 Weeks	Elective I	4 Weeks
Surgery	4 Weeks	Elective II	4 Weeks

Elective Rotations

A rotation of the student's choosing from one of the Clinical affiliates.

NOTE:

1. These rotation sites must be approved by the Director of Clinical Education.
2. Once the Elective rotation sites are contacted and confirmed, no changes will be made unless specific circumstances arise that would necessitate change.
3. **If a student is on academic probation, Electives may be chosen at the discretion of the SPC in consultation with the Clinical Team.**

Pre-Clinical and Clinical Tasks

Physical Exam/Health Requirements

Just prior to starting clinical rotations, students are required to have a health history and physical exam performed by a licensed medical provider. That evaluating provider must also medically clear you for rotations and attest that you meet the Program's Minimum Technical Standards for Admission and Retention. A two-step PPD will be performed and read on campus for all students (as medically applicable) on a separate date. Students must also gather and upload proof of immunizations and/or titers (see below.) Each of these private medical documents (except the medical clearance) are contained in an isolated site in EXXAT/APPROVE that PA Program faculty and staff are not allowed to view. Students must complete/collect and upload these documents into EXXAT/APPROVE by the program-established deadlines to avoid delay or cancelation of the rotation (which may also result in a delay in graduation and failure to complete the Program curriculum within 54 months of initial matriculation). If a rotation is cancelled due to the students' failure to complete credentialing requirements, the student scenario will be reviewed by the Clinical Education Committee (CEC) for disciplinary action recommendations. The results could include a professionalism infraction, possible delay in beginning the rotation, and possible delay in graduation. Students are responsible for the costs associated with history and physical examinations, PPDs, and immunizations or titers.

NOTE:

1. 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.

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, QuantiFERON Gold QFT or if Positive Results: Provide a Clear Chest Radiograph Within 3 years.
2. COVID-19 Vaccine:
 - a. Unvaccinated:
 - * **Student is not required to complete the Covid-19 vaccine, but understands this will eliminate a few of the options for clinical rotations.**
 - i. 1 Dose of Updated (2023-2024 formula) Moderna or Pfizer-BioNTech Vaccine
 - ii. 2 Dose Series of Updated (2023-2024 Formula) Novavax at 0, 3-8 Weeks
 - b. Previously vaccinated with 1 or more doses of any COVID-19 Vaccine:
 - i. 1 Dose of any Updated (2023-2024 Formula) COVID-19 Vaccine Administered at Least 8 Weeks After the Most Recent COVID-19 Vaccine
3. Annual Influenza Vaccine for Current Flu Season

Physical Exam/Health Requirements (Continued)

4. Tetanus, Diphtheria, and Pertussis (Tdap), Documentation of Tdap Booster Within the Past 10 years **OR** a Td Booster Within the Past 2 Years
5. Proof of Immunity Against Measles, Mumps, and Rubella (MMR). There are separate requirements for each component.
 - a. 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 Health Care Provider.
7. Proof of Immunity Against Hepatitis B (Established by Three Reported Dates of Immunization **AND** Positive Antibody titer – *Quantitative* HbsAb IgG Lab Report Required)
 - a. **PLEASE NOTE:** Titers are Required to be Updated **Annually**. Titer Results Must be Within the Last 12 Months to be Accepted at the Clinical Rotation Sites.

NOTE:

2. Required Immunizations and/or Titers are Based on the Current CDC Recommendations for Health Care Professionals.
3. Some Rotation Facilities May Require Extra PPDs, CXR Within 6 Months, a drug screen, and/or Background Checks Outside What is Typically Required. Students are Responsible for any Initial and Subsequent Costs.
4. **Hospitals and Facilities Have the Right to Deny any Religious/Medical Exemptions Granted by the University Prior to Rotation. Policies are created by the facilities and are outside of our control. If you choose not to be vaccinated this may result in a delay of rotation and/or graduation.**

Drug Screens, 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. This 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, just prior to the clinical year curriculum. If the individual has been convicted of a crime, it may affect their ability to be placed at clinical sites. Students found to have infractions which were not previously disclosed may be subject to referral to SPC for a progression review as this represents a breach in integrity.

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 just prior to that rotation). 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/APPROVE website and access is limited to individual users. Students are responsible for the costs of any initial and subsequent drug screens and

background checks.

Drug Screens, Background Checks, and Compliance Training (Continued)

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/APPROVE by the program-established due date.

NOTE:

1. Please upload all the above documentation into EXXAT/APPROVE as an individually labeled pdf or MS Word document. No other format is acceptable.
2. 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.
3. 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 following to EXXAT/APPROVE:
 - a. A copy or original Rx from the pharmacy **AND**
 - b. The current labeled prescription bottle
4. 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. If your health insurance expires during the clinical year, please notify the clinical team immediately. Also, notify the clinical team with health insurance carrier changes that occur during the clinical year.

Financial Aid

For information on the tuition refund policy and procedure please refer to the Student Handbook and the Catalog on the website.

<https://www.lmunet.edu/student-financial-services/financial-aid/withdraws-and-adding-or-dropping-courses>

Pre-Rotation Facility Credentialing: “Hospital Access”

The Hospital Relations and Rotations 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 48 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 and Rotations Coordinator contacts you regarding new credentialing paperwork. **Please return phone calls within 24 hours. Respond to emails and return all paperwork within 48 hours.**

NOTE:

So that everyone on the Clinical Team, along with our facilities and preceptors, can properly identify and help you please be sure that all your correspondence with any Clinical Team member and/or individual facilities’ representatives specifically includes:

- a. Your Full Legal Name and a Good Telephone Number Where You Can be Reached
- b. Verification that You are a Student of the LMU PA Program in Harrogate, TN
- c. Your Rotation Type (ER, Surgery, etc.) and Start and End Date
- d. Your Preceptor’s Name

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 and Preceptor Contact Prior to Rotations

Facility Orientation Prior to Some Rotations

Each hospital facility, that a particular preceptor enters, 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 approximately 4-6 weeks prior to the start of the rotation. The student may contact the hospital contact up to 2-3 weeks prior to rotation start date 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 it is mandatory to attend. **No exceptions.**

NOTE:

1. Students ***must always attend*** a facility orientation even if told by a preceptor this is not necessary. If in question, defer to the Clinical Team.
 - If you have any questions, contact Mrs. Candice Miller so she can assist you.
2. Students ***must always return*** badges after they complete a 4 or 8-week back-to-back rotation, even if they will return to the facility several months later.
 - a. Understand that if you enter a facility without a badge and treat patients there, you can be arrested for trespassing and assault.

3. Pay very close attention to all the documents you sign at facility orientation; if you violate them, you are fully responsible.
4. Failure to attend mandatory facility orientation will result in SPC referral, a student not being permitted to attend the rotation site until orientation is completed, loss of professionalism points, and/or delay in the clinical rotation until the end of the program.

Preceptor Contact Prior to Each Rotation

All students are required to communicate with either the preceptor or his/her designated contact person by phone or email **two weeks prior (no earlier than)** to the start of each new rotation to determine time, location, dress code, and to whom the student should report for the first day of the rotation. **The preceptor's address, phone number, contact info, etc. are all available in CORE in the Preceptor Directory.** The student should attempt at least 3 total contacts (email, text, phone, etc.) before contacting the Clinical Site and Rotations Manager at 423-869-6716 for assistance. 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 due to lack of preparation is unacceptable.

NOTE:

5. Students should contact Candice Miller at 423-869-7405 immediately to report incorrect preceptor and/or facility contact information in CORE.

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. Students may only participate at the clinical site they are assigned at the designated time. **Neither a student (or their family members) are allowed to contact or attend a clinical rotation site where they have not been assigned by the Program and/or where appropriate signed legal Affiliation Agreements are not in place.**

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, and Schedules, Evaluation

Development of Clinical Sites

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 spent developing clinical sites and preceptors before they are used. 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 always understands that he/she is an *ambassador for the SMS LMU-Harrogate PA Program while being a guest in the preceptor's "home."*

Placement and Schedules

Students are not required to provide or solicit Clinical Sites or Preceptors (Clinical Affiliates). The Program employs sufficient faculty and staff to coordinate Clinical Sites and Preceptors for the Program's required SCPEs. Throughout the clinical 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.**

However, students may provide the Clinical Team with contact information for Clinical Sites or Clinical Preceptors with whom the student has an established professional relationship (e.g. employed at the Clinical Site prior to matriculation) or in cases where the Clinical Preceptor has indicated they would like to precept the student. Students who know of a health care provider who would like to be a clinical preceptor should provide the SCPE Manager with the health care provider's name, business address, and telephone/FAX number(s). The Program will contact the prospective clinical preceptor to determine if the clinical rotation site/preceptor is able to meet LMU-Harrogate PA Program requirements to participate as a clinical rotation site/preceptor. A student should not recommend a prospective preceptor if he/she is not willing to precept other LMU-Harrogate PA Students in the future.

The Program considers both the student and the clinical site preceptor(s) when planning and scheduling clinical rotations. **Once clinical rotation sites are contacted, 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.

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. In all instances, 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.

Evaluation of Clinical Sites

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. The Clinical Team also seeks feedback from the 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. **Students are required to respond to telephone or email communication from the Program withing 24 and 48 hours of notification, respectively**, so that the clinical site visit arrangements can be confirmed. Evaluations from clinical faculty will be scheduled with the clinical rotation site/preceptor. Students will be notified via email or telephone if a formal evaluation is needed. However, students may be visited at any time during the clinical year without prior notice, particularly if a formal site visit is not scheduled or due for renewal.

Rotation-Specific Syllabus Review Prior to Each Rotation

Prior to the start date of each clinical rotation, the student should have reviewed the respective syllabus and note the rotation-specific requirements and learning outcomes for the rotation. On the first day of the rotation (if there is time), it is suggested that the student review the course syllabus' learning outcomes and topic list with the preceptor(s). All preceptors are sent a copy of the rotation-specific syllabus when they confirm availability.

NOTE:

- Every Rotation has Its Own Unique Syllabus and Corresponding Preceptor Evaluation of the Student
- All Syllabi are Housed in Canvas

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. While this observation period is determined by the preceptor, it is also 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 (see Appendix G & H). Typically, after demonstrating proficiency, students are permitted to undertake increasingly more difficult/defined activities under appropriate supervision and under the direction of the preceptor.

Students should inquire about the preceptor's expectations for them on each rotation (see Appendix G & H). Students should be nearby and ready-to-go when Preceptors enter a patient's room without invading the preceptors personal space. 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. Students should recognize that it is not the preceptor's job to adapt to the student's learning style or comfort level (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 remain engaged and eager to always learn while striving to hone their clinical judgement are the ones who will enjoy and benefit from rotations the most.

Receiving Maximum Benefits from Clinical Rotations

- a. **Respect everyone.** Approach colleagues and patients with reverence. People from different cultural backgrounds and ages may behave and act differently than you are accustomed. Utilize the listening and motivational interviewing techniques you have been taught.
- b. **Be a team player.** If someone asks you to do something and you say “yes,” please do it. Always ask what else you can do to help and/or anticipate needs and have a solution ready.
- c. **Be prepared.** Study anatomy before surgical rotations, study components of various well-child visits for pediatrics, brush up on EKGs for a cardiology elective, etc. Look ahead and learn what types of patient conditions or surgeries are on the schedule for the next day so that you can read about them the night before and be prepared to answer preceptor questions.
- d. **Be honest, own your mistakes.** When you do not know, say you don’t and then find out the answer. When you forget to ask the patient a pertinent question, tell the truth. 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, etc., but own up to your mistakes without excuses, apologize, and do your best not to make the same mistake again.
- e. **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. A post-rotation “thank you” goes a long way.
- f. **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 “safe place” to do so. Take advantage while you can.
- g. **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 irrelevant questions or questions you have already been told the answer to, or “look how smart I am” questions. If the attending or resident seems stressed and busy, you should only ask what is necessary and find a more appropriate time to talk later.
- h. **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.
- i. **Keep your expectations in check.** The type and depth of patient care you experience will depend on several factors. While most rotations offer substantial involvement, the extent of your participation may vary based on the facility, the attending physician or resident, the time of year, the patient load, the individual patient, and how confident and prepared you demonstrate yourself to be in collecting and analyzing patient information. Do not expect to see patients autonomously on 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.
- j. **Take advantage of the opportunities available to you.** Take the 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 it is, has a lesson attached to it. Look for the lesson.

- k. **Know your place.** Remember why you are there: to learn medicine and apply it. Avoid distractions such as personalities, office politics and gossip. You will encounter a wide variety of personalities and preferences. It is important that you learn how to tailor your presentations, behavior, responses to questions, and your expectations to the people in your surroundings. It is not the job of the preceptor/office staff, etc. to tailor to you and what makes you comfortable.

End of Rotation (EOR) and End of Semester (EOS) Days

At the end of each core rotation, students will complete an End of Rotation exam (EOR). At the end of each clinical semester, students will complete assessment activities. These activities will consist of but are not limited to End of Rotation Exams (EORs), Objective Structured Clinical Examinations (OSCEs), EOR self-assessments, mandatory mentor meetings, and/or PANCE review lectures on topics relevant to PA practice. **Attendance is mandatory for the entirety of all EOR and EOS days. Personal days cannot be used on EOR and EOS days, nor can students leave early.** Requesting to be excused from an EOR callback day or EOS for financial reasons due to travel from an out-of-state rotation is not acceptable (see Student Travel Time Allowance). In case of unforeseen emergency during an EOS, contact the DCE immediately. Make-up exams for excused absences are scheduled at the discretion of the Director of Clinical Education and must be completed within five business days.

Any student with an unexcused absence during an EOR/EOS session will receive a grade of “F” for each EOS assessment (written examination or case presentations/OSCEs) scheduled on the day the student was absent and will be referred to the Student Progress Committee.

Class of 2026 End of Rotation Days (EOR) Schedule (*Subject to Change)

Rotation/Block	Begin	End	Action	EOR Days
1	Jul-21	Aug-15	ROTATE	EOR: 8/15/2025
2	Aug-18	Sep-12	ROTATE	EOR: 9/12/2025
3	Sep-15	Oct-10	ROTATE	EOR: 10/10/2025
4	Oct-13	Nov-7	ROTATE	EOR: 11/7/2025
5	Nov-10	Dec-5	ROTATE	EOR: 12/5/2025 EOS days: 12/8-12/09/2025
CAPSTONE	Dec-15	Jan-2	CAPSTONE	CAPSTONE
6	Jan-5	Jan-30	ROTATE	EOR: 1/30/2026
7	Feb-2	Feb – 27	ROTATE	EOR: 2/27/2026
8	Mar-2	Mar -27	ROTATE	EOR: 3/27/2026
9	Mar-30	Apr-24	ROTATE	EOR: 4/22/2026 EOS days: 4/23-4/24/2026
10	Apr – 27	May-22	ROTATE	EOR: 5/20/2026 EOC: 5/21/206-5/22/2026
11	May-25	Jun-18	ROTATE	EOR: 6/18/2026
12	Jun-22	Jul-17	ROTATE	EOR: 7/17/2026
Pre-Graduation	Jul-20	Jul-31	Everyone returns to Harrogate for EOC and pre-graduation activities	
Graduation: Aug 1, 2026				

- a. This Schedule is Subject to Change
- b. Semesters are Color Coded Together
 - Summer I – Block 1; Fall – Block 2-5; Spring & Capstone – Block 5-9;
 - Summer II –Block 10-12
- c. EOS (End of Semester)

EOR/EOS/EOC Travel Time Allowance

Students are expected to return to campus twice during the clinical year, once in May to take the EOC and again at the completion of Block 12 for pre-graduation activities. Students will not be excused to leave the rotation early for travel except for the otherwise noted below.

Travel Time for One Rotation Ending to the Beginning of the Next Rotation

Driving 12 Hours or Less to the Next Rotation	Begin Rotation on Monday
Driving 12.5 to 20 Hours to the Next Rotation	Begin the Rotation 1 Business Day Late (on Tuesday)
Driving 20.5 Hours or More to the Next Rotation	Begin the Rotation 2 business Days Late (on Wednesday)
If Flying	Begin Rotation on Monday

Travel Time for Capstone Course in December EOS

- d. You are required to complete the rotation preceding December EOS. You will have ample time to travel to your next rotation during the Capstone course, and should not require Travel Time extensions at the start of Block 6.

Travel Time for Next Rotation Following April EOS

Driving 12 Hours or Less to the Next Rotation	Begin Rotation on Monday
Driving 12.5 to 20 Hours to the Next Rotation	Begin the Rotation 1 Business Day Late (on Tuesday)
Driving 20.5 Hours or More to the Next Rotation	Begin the Rotation 2 business Days Late (on Wednesday)
If Flying	Begin Rotation on Monday

Travel Time to Harrogate for End of Curriculum (EOC) Examination and July (Graduation) EOS Days

Driving 8 Hours or Less	You are Required to Work Through the End of Rotation
Driving 8.5 -16 Hours	You May Leave 1 Business Day Early
Driving 16.5 Hours or More	You may Leave 2 Business Days Early
If Flying	You are Required to Work Through the End of Rotation

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.
- Drive times must be determined using *Google Maps*.

Clinical Year Testing Accommodations

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 the Clinical Education Assistant prior to each EOR day.

If a student chooses to waive their accommodations at any point during their training, they must do so by formal request. This process begins by doing the following:

- 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 be Required to Sign an Acknowledgement 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 Appendices for Waiver)

Rotation Work Hours, Tardiness, Absent and Alternative Preceptors

Rotation Work Hours

Attendance at all clinical rotation sites is mandatory and expected. 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) (approximately 30-40 hours/week or a minimum of 120 hours per 4-week rotation and 240 hours per 8-week rotation).** This includes all office hours, participation in nursing home and hospital rounds, taking calls, working nights, holidays, and weekends *as determined by the clinical site preceptor(s) or their designee*. Weekends, holidays, and university breaks do not apply to the Clinical Phase if the preceptor or their designee expects students to work at those times. Students are not allowed to decline to work if their preceptor is working at the same time unless they have a previously excused absence granted by the Clinical Education Assistant. **Failure to follow this policy may result in a referral to SPC and the possibility of a rotation failure.** Model students will seek opportunities to learn on every rotation, even when they entail longer days, nights, and weekends. Students should intuitively understand that mealtimes and personal desires will be delayed by patient care activities, and they should remain flexible, energetic, and uncomplaining.

Tardiness

Students are expected to arrive early or at least on time for their clinical rotations, including meetings rounds, etc. Tardiness is not accepted at clinical rotation sites or when attending End-of- Rotation/End of Semester (EOR/EOS) activities. Students should contact the preceptor/or designee and the Clinical Education Assistant if they are not able to be on time. Situations in which tardiness occur will be documented in the student's record. Persistent and/or excessive tardiness reported to the Program from clinical preceptors will result in loss of professionalism points, documentation of a professionalism violation, and possible referral to the Student Progress Committee (SPC) with consideration of dismissal.

Preceptor Absence with Alternative Preceptor

If a preceptor will not be available for a given day or extended period of time (i.e. vacation, illness, CME event, etc.) an *alternative* preceptor experience arrangement can be made for the student by the preceptor. If the alternative preceptor is in the same location that the student is already assigned, the student does **NOT** need to notify the Director of Clinical Education. Please note, regardless of preceptor absence, students must still achieve the minimum of 120 hours for a 4-week rotation and 240 hours for an 8-week rotation.

NOTE:

- **Students who are assigned to an alternative preceptor for greater than one 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.**

Preceptor Absence without Alternative Preceptor

If a preceptor will not be available for a given day or extended period of time (i.e. vacation, illness, CME event, etc.) and an *alternative* preceptor experience arrangement cannot be made for the student by the preceptor, the student must notify the Clinical Team immediately. The student will be required to complete additional CME assignments which may include online modules, completion of written assignments, practice exams in preparation for their EOR, etc. to make up the clinical hours missed. Please note, regardless of preceptor absence, students must still achieve the minimum of 120 hours for a 4-week rotation and 240 hours for an 8-week rotation.

Student Absences

Through the course of the Clinical year, students are allowed **three (3) planned absences**. The Clinical Education Assistant and the rotation site must be notified whenever the student is absent for any reason. **Absences are not approved to be taken during mandatory EOR/EOS days.**

Directions For Obtaining Approval for Absences

- 1) Request absence approval from the Clinical Education Assistant via email **at minimum 1 week prior to the absence**.
 - a) All absences must be approved by the clinical education assistant, regardless of Preceptor approval.
- 2) Notify the Clinical Preceptor of Absence.
 - a) Students should email preceptor and program of notification.
- 3) Submit a completed and dated Clinical Year Planned Absence Form (Appendix D) to the Clinical Education Assistant **at a minimum of 1 week prior to the absence**.

NOTE:

- e. Regardless of the number of excused days missed, the students must meet the course learning outcomes for the rotation and complete the minimum required hours. If the student fails to meet the course learning outcomes or does not achieve the minimum number of hours, then the rotation must be repeated.

Unapproved Absences

Students who experience an emergency illness, injury, or death of a family member must make every effort to notify the Clinical Education Assistant via email within 24 hours of their absence. Notification should include the nature of the emergency, and students must also contact their clinical preceptor as soon as possible. Documentation (such as a medical note, obituary) may be required by the Director of Clinical Education, especially if these types of absences occur repeatedly or are of extended duration. Additionally, immediately upon returning to the clinical site, students should work with their preceptor to determine a plan to make up the missed clinical hours.

If a student accumulates more than three unapproved absences during the clinical year, then the student will be referred to SPC. Additionally, the Clinical Team reserves the right to deduct time from the student's allotted planned absences. Extenuating circumstances will be reviewed on a case-by-case basis, but students are expected to provide timely documentation and communication to support any requests.

Any absence for which the student fails to follow the required notification steps outlined above will be considered unexcused, regardless of the reason. A single unexcused absence will result in an automatic referral to SPC and may impact the student's ability to progress or graduate on time.

Bereavement Policy

LMU's PA Program recognizes the need for students to grieve the loss of an immediate family member, defined as a spouse/partner, parent, sibling, child, grandparent, grandchild, or corresponding in-law or step relative.

Students may request up to three (3) consecutive clinical days of excused absence per occurrence, with additional time considered at the discretion of the Clinical Education team and subject to appropriate documentation (e.g., obituary or funeral program).

Students must notify the Director of Clinical Education (DCE) or Clinical Coordinator and their preceptor as soon as possible to arrange leave and discuss any required make-up time. Students are responsible for coordinating with the (DCE) to ensure any missed clinical time is made up as required to meet program requirements. The minimum contact hours and patient encounters will still need to be completed as indicated for the rotation. The DCE will work with students to minimize disruption to their clinical schedule whenever possible and on a case-by-case basis. Students remain responsible for any assignments, documentation, and clinical requirements; adjustments to due dates or schedules may be made as appropriate.

Alternative Assignments

Alternative assignments should be self-assigned and utilized for up to 5 missed clinic days total during the clinical phase. **These assignments are only available for circumstances such as a preceptor absence without replacement, when hands-on patient care time cannot be made up, inclement weather, etc. They must be completed regardless of the total hours met during the rotation.** Alternative assignments

are not to be substituted for excused absences (see Student Absences section). Any missed clinic days more than the aforementioned five (5) days is at the discretion of the DCE.

For each missed clinic day please do the following:

- f. Pick 10 unique topics from the relative-to-rotation syllabus topic list that have not been observed during time in clinic and complete a write up for each to include: pathophysiology, epidemiology, risk factors, clinical presentation, lab, and diagnostic studies (1st and 2nd line and what you are looking for), non-pharm and pharm treatment (1st and 2nd line and potential side effects), complications/prognosis, and relative patient education.
 - Creating original graphics, compare/contrast charts, and diagrams or hand-drawn pictures (however you learn best) is ok. BE SURE to note nuances so that you explore each condition to the proper breadth and depth.
 - If on an Elective rotation, use the relative-to-rotation syllabus topic list or use an upcoming EOR topic list.

AND

- g. Complete 20 new Rosh Review questions related to the rotation in tutor mode; be sure to study the correct answers but also note why the other answers are incorrect.
 - For each question you initially answer incorrectly, write two or three sentences explaining why you chose the wrong answer and why the correct answer is correct.
 - If on Elective rotation, choose FM or IM questions.

All the above should be **submitted** in one document and **uploaded to Canvas within 72 hours of return to the clinic.**

Please label as: lastname.firstname Block X X Rotation Alternative Assignment

- h. EXAMPLE: smith.Jim Block 1 Family Medicine Rotation Alternative Assignment

Failure to complete the Alternative Assignment on time and/or as directed will result in a reduction in professionalism points, and possible referral to SPC.

Clinical Rotation Assignments, Paperwork, and Assessments

Students should keep copies of all clinical year-related assignments/paperwork as well as other confirmation emails that assignments/paperwork have been received. All assignments/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. The first late submission of any course assignment/paperwork will result in a professionalism warning. Any late submission after that will result in further loss of professionalism points (refer to Professionalism section) and possible referral to SPC.

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

- **Rotation Schedule** – Student submits a rotation schedule signed by the preceptor due Monday of Week 2
- Students complete assigned **Rosh Review exams** during each Required and Elective rotation as per the syllabi.
- **Mid-Rotation Evaluation** – Student completes a self-evaluation for each rotation due at the end of Week 2 on a 4-week rotation or Week 4 on an 8-week rotation (Sunday by 11:59PM).
- **Preceptor Evaluation of Student Performance** – Student will remind the Preceptor to complete and submit this evaluation in CORE prior to leaving each

separate 4-week rotation site. Submit one evaluation for 8-week rotations (FM and IM) with the same preceptor.

- **Student Evaluation of Clinical Preceptor/Site** – Student completes and submits these in CORE for each respective rotation within **72 hours of leaving the rotation site and prior to any discussion concerning the Preceptor’s Evaluation of Student Performance** for each 4- week rotation. Submit one evaluation for an 8-week rotation (FM or IM) with the same preceptor.
- **Patient and Procedure Clinical Logs** – Student is expected to daily log patients and procedures, and complete the rotation-respective logs via CORE by the first Sunday following EOR at 11:59 PM EST following completion of the rotation, unless otherwise directed by the Clinical Team.
- **Patient Goal Compilation Reports** – Student completes and submits compilation report at the end of each rotation. These are due to the Canvas folder by the first Sunday following EOR at 11:59 PM EST following completion of the rotation, unless otherwise directed by the Clinical Team.
- **EOR Exams** – Student completes and passes all exams with a score of $\geq 70.0\%$.
- **If student scores $\leq 75.0\%$ on any PAEA EOR exam or ≤ 78.0 on the **internal orthopedic EOR exam**, the student completes an **Enrichment exercise in Lecturio**.**
- **EOR Self-Assessment** – Students complete and submit the SA after each EOR exam, with the exception of the orthopedic EOR. Each student should retain a copy of the SA and be able to present it to the Clinical Faculty upon request. These are due to the Canvas folder by the first Sunday following EOR at 11:59 PM EST following completion of the rotation, unless otherwise directed by the clinical team. Additional directions on how to complete the SA can be found on Canvas.
- **End of Rotation Call Back Days and End of Semester Day(s)** – Student attends the entirety of all EOR call back days and EOS days at LMU- Harrogate or other designated location.
- **Clinical Practice Passport** – Students obtain the following knowledge and skills in the Clinical Passport to demonstrate the proficiency of an entry-level Physician Assistant in clinical practice. The Clinical Passport is due at the end of the Clinical year but should be uploaded at the end of each semester for review by the Clinical team. The student will present this “**Clinical Practice Passport**” to their preceptor during the clinical rotations for attestation of each section after it is determined that the student has met the necessary proficiency of the knowledge and skill in the discussion.
- **Capstone and Summative Activities** – Student completes, submits, and passes all Capstone papers, projects, assignments, and Portfolio, which are due on the deadlines as per the Capstone syllabus (see Capstone Syllabus for details).

NOTE:

The Program utilizes the PAEA End-of-Curriculum (EOC) Exam for the written multiple-choice examination component of the Program’s Summative Evaluation. The first attempt will be administered in May during Block 10. Students who are not successful on their first attempt will have an opportunity to retake the EOC exam at a date communicated by the DCE.

- If a student scores < 1472 on the first attempt, they will be required to retake the EOC exam at a date determined by the clinical team (typically occurring during pre-graduation activities).
 - Students can expect to receive additional resources and complete remediation learning activities if they score < 1472 on their first attempt. Examples might include but are not limited to the following:
 - Individualized study plan, meetings with the Director of Student Success, additional practice questions, one-on-one tutoring, and/or additional PANCE preparation courses.
- A score of ≥ 1472 on the second attempt is **required** to pass. Students who do not achieve the minimum passing score on the second attempt will not be permitted to

graduate from the program and will be referred to SPC.

- Please note that the PAEA EOC exam **can only be taken twice.**

SECTION III

ROTATION EVALUATION COMPONENTS AND GRADING

Final Rotation Grade Components

The Director of Clinical Education or designee is responsible for assigning the final grade for rotation performance. Information from all evaluations, completion of patient and procedure logs, end of rotation exams, other rotation assignments, OSCEs, 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.

The final rotation grade consists of:

- Performance component (Preceptor Evaluation of the Student – 30% of overall grade)
- Assessment component (End of Rotation Exam or Elective Presentation – 50% of overall grade)
- Assignment component (ROSH review – 10% of overall grade)
- Professionalism (10% of overall grade)
- Submission of Rotation Schedule (PASS/FAIL)
- Submission of Mid-Rotation Evaluation (PASS/FAIL)
- Submission of Student Evaluation of Preceptor and Site (PASS/FAIL)
- Minimum 120 contact hours achieved (PASS/FAIL)
- Minimum patient encounter numbers for rotation (PASS/FAIL)
- Attendance and participation in EOR call-back days (PASS/FAIL)

Assessment Method	Rotation Grade Percentage	Grading Criteria
<p style="text-align: center;">Performance: Preceptor Evaluation of Student</p>	<p style="text-align: center;">30%</p>	<p>Demonstrates clinical reasoning skills, commitment to patient-centered care and professionalism based on student's behavior as evidenced by satisfactory performance on the preceptor evaluation.</p> <p>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.</p> <p>Benchmark: A total Preceptor-assigned rotation score of $\geq 70\%$ is required to pass the rotation. Additionally, any individual CLO where the preceptor indicates a student "needs improvement" or "does not meet expectations" will require remediation regardless of overall PES score.</p> <p>If there is more than one completed evaluation, the grade will be calculated from the average of all evaluations.</p> <p>Administered through CORE and consists of the course learning outcomes and additional student performance questions.</p> <p>A copy of each course learning outcome (CLO) can be found on Canvas in the corresponding course within the individual course syllabi.</p>
<p style="text-align: center;">Assessment: EOR Exam (Required Rotations) or Oral Presentation (Elective I & II)</p>	<p style="text-align: center;">50%</p>	<p>Demonstrates acquisition of a strong basic and medical science knowledge foundation as exhibited on the written examination.</p> <p>Students must pass each PAEA EOR exam for each core rotation to pass the assessment component and demonstrate competency in the field of study.</p> <p>Benchmark: A final PAEA EOR score of $< 70\%$ means that the student failed the exam.</p> <p>Core EORs are administered through PAEA and consist of 120 multiple choice questions.</p> <p>Core internal Orthopedic EOR examinations are administered by the Program and ExamSoft and consists of 100 multiple choice questions.</p> <p>For Elective rotations, students will complete a case presentation to be no</p>

Assessment Method	Rotation Grade Percentage	Grading Criteria
Assignments: ROSH Review	10%	<p>longer than 10 minutes in length via PowerPoint in lieu of an EOR.</p> <p>Demonstrates a commitment to learning by actively participating in all clinical activities and assignments.</p> <p>Administered through Rosh Review and consists of rotation specific questions. Students complete 2 Rosh exams per Rotation.</p> <p>Worth 10 total points</p>
Professionalism:	10%	<p>Demonstrates a commitment to learning and professionalism</p> <p>Scored based on student's behavior and feedback from Preceptor and personnel at the Clinical site, feedback from clinical faculty and staff regarding communication and timeliness and exceeds the professional behavior standards and minimum requirements for clinical rotations as per the PA Student Handbook and Clinical Manual.</p> <p>To receive full credit students must complete all rotation assignments/paperwork within specified deadlines.</p> <p>Worth 10 total points</p>
TOTAL	100%	

Pass/Fail Components

- Submission of Rotation Schedule (PASS/FAIL)
 - Rotation schedules must be signed by the preceptor and submitted via Canvas by **11:59pm on the second Monday of the rotation**. Students may contact the DCE if there is an issue with timely submission to be considered for an extension. If a student does not contact the DCE ahead of the due date and ask for an extension, and misses the deadline for submission, they will receive a professionalism infraction (refer to Professionalism Points section).
- Submission of Mid-Rotation Evaluation (PASS/FAIL)
 - Mid-Rotation Evaluation must be submitted via Canvas by the student by **11:59pm on the second Sunday of the rotation for 4-week rotations and 11:59pm on the fourth Sunday of the rotation for 8-week rotations**. Students may contact the DCE if there is an issue with timely submission to be considered for an extension. If a student does not contact the DCE ahead of the due date and ask for an extension, and misses the deadline for submission, they will receive a professionalism infraction (refer to Professionalism Points section).
- Submission of Student Evaluation of Preceptor and Site (PASS/FAIL)
 - Student Evaluation of Preceptor and Site must be submitted via CORE by the student **72 hours before leaving their rotation site**. Students may contact the DCE if there is an issue with timely submission to be considered for an extension. If a student does not contact the DCE ahead of the due date and ask for an extension, and misses the deadline for submission, they will receive a professionalism infraction (refer to Professionalism Points section).
- Minimum 120 or 240 contact hours achieved (PASS/FAIL)
 - Student schedules are submitted by **11:59pm on the second Monday of the rotation** and will be monitored to ensure students are achieving the program's minimum number of contact hours for each rotation which is 120 hours for a 4-week rotation or 240 hours for an 8-week rotation. **As soon as a student determines they will not achieve the minimum number of contact hours, they**

are required to reach out to the DCE for further instruction.

- Students who do not achieve the minimum number of contact hours will receive a grade of “fail” for this pass/fail component and will subsequently fail the rotation.
- Attendance and participation in EOR call-back days (PASS/FAIL)
 - All students are required to be present to take their EOR exam (if indicated) or to deliver their elective presentation (if indicated). All students, regardless of if they are taking an exam or presenting, must be present for all activities on EOR call-back days including elective presentations, guest lectures/speakers, and any other program activity.
 - Students may reach out to the DCE if they anticipate an absence and will be notified if that absence is excused. Any unexcused absence from EOR call-back days, including program activities (unless excused by the clinical team on a case-by-case basis), will result in failure of the rotation and referral to the SPC.

If a student fails **either** the preceptor evaluation **or** the PAEA EOR exam, **the student will fail the entire course** and result in referral to the SPC, placed on Academic Probation for the duration of the clinical year, **and** retake of the failed course will be scheduled at the conclusion of the clinical year before progressing to graduation.

If a preceptor indicates, through their Preceptor Evaluation of Student, that overall, a student “does not meet expectations” or “needs improvement”, the student will still be required to complete remediation activities regardless of their overall PES score. This is true also for any individual item where a preceptor indicates that a student “does not meet expectations” or “needs improvement”. Students can expect to be contacted by the Clinical Team for assignment of remediation activities when/if this occurs.

Students are NOT allowed to use Elective rotations 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.

NOTE:

The **PAEA EOR exams** use a scaled score that is converted to a Z-score. The PAEA score is subtracted from the mean and the result divided by the standard deviation. The Z-score is then converted to a percentage. The Z-scores follow this grading scale below:

Z-score Grade Conversion Table for PAEA EOR Exams

100% = +2.01 to +3.0 SD above the PAEA national average

95% = +1.01 to +2.0 SD above the PAEA national average

90% = +0.51 to +1.0 SD above the PAEA national average

85% = +0.01 to +0.5 SD above the PAEA national average

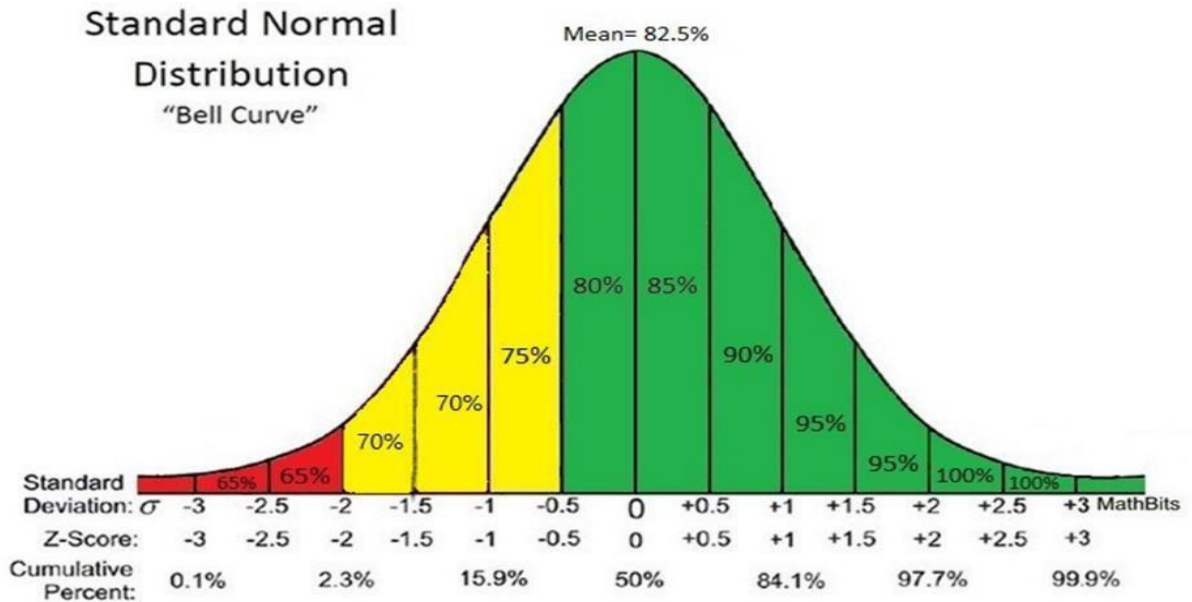
82.5% = PAEA national average

80% = -0.01 to -0.49 SD below the PAEA national average

75% = -0.50 to -0.99 SD below the PAEA national average

70% = -1.00 to -1.99 SD below the PAEA national average

65%= -2.00 or more below the PAEA national average



The **Ortho EOR exam** is an LMU PA Harrogate exam that uses a **percentage score** that is converted to a Z-score. The Ortho exam percentage score is subtracted from the mean (81.9544) and the result is divided by the standard deviation (6.44367).

(2) Formula: Ortho Z-score = (percentage score - 81.9544)/6.44367 Example:
78 - 81.9544/6.44367 = -0.61

Additionally, students will receive a grade of "F" for a rotation and referral to the Student Progress Committee if the student exhibits any of the following:

- Does not meet the professionalism standards of the program.
- Does not participate in required EOR call-back days or EOS days due to unexcused absence.
- Does not complete or falsifies required administrative components, including CORE patient logging, preceptor/site evaluations and compilation/procedure logs.
- Is removed from the clinical site by a faculty member or at the preceptor's request.

Enrichment Exercise and Remediation

It is imperative that knowledge gaps are addressed in a timely manner to ensure success throughout the clinical year. Enrichment Exercises and Remediation should not be viewed as a punishment. It is a chance to strengthen weak areas.

Lecturio is an online education and assessment platform that will be used for Enrichment Exercises and Remediation. Lecturio offers study material and question banks to healthcare professionals including PA students. All students who have a Z-Score ≤ -0.5 on a Core EOR exam ($\leq 75\%$ on PAEA EOR exams and $\leq 78\%$ on the Ortho EOR exam) will be given an assignment from Lecturio assigned by the Clinical Team by email.

Failure to complete the Enrichment Exercise and Remediation assignment on time and as directed will result in a professionalism infraction (refer to Professionalism Points section) and possible referral to SPC.

Enrichment Exercise

Lecturio will be used if a student has an "At Risk" score with a Z-Score -1.99 to -0.5 on any Core EOR exam (70-75% on PAEA EOR exams and 70-78% on the Ortho EOR exam).

Remediation

Students must pass each EOR exam to demonstrate competencies in the field of study. A final Core EOR score with a Z-Score ≤ -2.0 (<70% on PAEA EOR exams and the Ortho EOR exam) means that the student failed the exam. Lecturio will be used to remediate the material and the repeat EOR exam will be administered.

A student may repeat one (1) failed EOR exam without penalty (i.e., delay of rotation, repeat of rotation) at any point in the Clinical Year and the student will still progress to the next rotation. The repeat exam will be administered within 10 days or at the discretion of the DCE and a second version of the EOR exam will be used. **The student will receive a maximum of 70% for the repeated exam.**

Failure of the repeat EOR exam will result in a course failure and an SPC referral. All other subsequent EOR exam failures will result in a course failure, SPC referral, and possible delayed rotations and/or graduation.

Please refer to the Student Handbook for course failures.

“At-Risk” for PANCE Failure, Academic Probation, Remediation, Dismissal

Students who are most at risk for failing the PANCE based on EOR scores meet at least one of the following criteria:

1 or more EOR Z scores at or below -2.0
2 or more EOR Z scores at or below -1.5
4 or more EOR Z scores at or below -1.0
6 or more EOR Z scores at or below -0.5

Students deemed to be “At Risk” for PANCE failure will have additional counseling from the Clinical Team and are strongly encouraged to take a PANCE prep course in addition to the one provided by the Program prior to taking the PANCE.

It is the student’s responsibility to schedule a meeting with a Clinical Team Member once they meet criteria for “At Risk” of PANCE failure. Prior to meeting with the mentor, students should review their Self-Assessment report and come prepared to discuss.

Academic Probation

Students who meet the following criteria will be referred to SPC and placed on Academic Probation:

1 or more EOR Z scores at or below -2.0
3 or more EOR Z scores at or below -1.5
Failure of a Preceptor Evaluation

If a student is on academic probation, Electives may be chosen at the discretion of the SPC in consultation with the Clinical Team.

Students placed on Academic Probation during the clinical phase of training will remain on Academic Probation until all clinical requirements for the clinical phase have been met.

Dismissal Policy

Any **two** Clinical course failures will result in dismissal from the program. Please see the student handbook for the official SPC policy on dismissal from the program.

Student Progression During the Clinical Phase

- (3) Students must pass all didactic phase courses and the Didactic Comprehensive Exam (DCE) before progressing to the clinical phase.
- (4) 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 the student receives a passing grade for the rotation.
- (5) Any student who does not meet the expectations of the clinical preceptor as documented on the Preceptor Evaluation of Student Performance, Overall Score will automatically **fail** the rotation, regardless of any numerical score earned.
- (6) Termination of a rotation by a Preceptor or Faculty Member because 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.
- (7) Any concerning comments on the Preceptor Evaluation of Student survey regarding professionalism, preparedness, lack of knowledge, or potential danger to patients will be subject to additional review by the Clinical Team. The Clinical Team reserves the right to override the PES overall score if egregious comments are noted. The process for overturning a PES score will include further discussion with the preceptor by the Director of Clinical Education or Clinical Coordinator, review and vote by the Clinical Education Committee, and referral to SPC if deemed necessary.
- (8) 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.

Preceptor Evaluation of Student Performance

At the end of each 4 or 8-week rotation, Preceptors are asked to complete an evaluation of each student in CORE just prior to the completion of the student’s clinical rotation. The evaluation of the student **should ideally be completed in CORE 24-48 hours prior to the student leaving the rotation site.**

Preceptor evaluations of Student Performance are reviewed monthly by the Clinical team and any issues or concerns documented on the evaluation will be addressed at the clinical team meetings.

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

1. If the student has more than one preceptor, students are encouraged to have the preceptors collaborate and submit 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. The student will need to notify the clinical team if more than one evaluation needs to be completed.
2. If the student is on an 8-week rotation that is split between two different offices, each preceptor should fill out an evaluation.
3. If the student chooses a Focus (i.e., the same core rotation for both Electives) for the Elective rotations, the preceptor(s) should fill out one evaluation for each separate rotation (i.e., Orthopedics, Elective 1, Elective 2).
4. Every Preceptor evaluation of student performance is reviewed monthly by the Clinical Team.

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. 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.

Preceptor Evaluation of Student Performance 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 the Clinical Team. 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:

1. 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 infraction documentation and referral to the SPC.

Student Evaluation of Clinical Preceptor/Site

At the end of each 4 or 8-week rotation, students will provide feedback on their clinical experience with the preceptor and site.

2. If the student is on an 8-week rotation that is split between two different offices, the student should complete one evaluation for each office.
3. If the student chooses a Focus (i.e., the same core rotation for both Electives) for the Elective rotations, the student should complete one evaluation for each separate rotation (i.e., Orthopedics, Elective 1, Elective 2).

The evaluation of the rotation site **must be completed in CORE within 72 hours of leaving the rotation site and prior to any discussion concerning the Preceptor's Evaluation of Student Performance.** The student evaluation of the Clinical Preceptor/Site must be submitted on time to CORE for each rotation. Professionalism points may be deducted for late submissions.

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 Clinical Team, and any issues or concerns documented on the survey will be addressed in the clinical team meeting. Students may be notified to provide more in-depth information. Constructive, specific comments and concerns about solutions are the most helpful to the Clinical Team and preceptor. Unprofessionally toned or worded comments will elicit a phone call from the DCE and/or clinical faculty. Preceptors may receive **anonymous** "themed" copies of students' comments of their site if they specifically ask for them, otherwise the evaluations of preceptors remain anonymous. Additionally, preceptors are not permitted to ask students to view or disclose the evaluation to the preceptor. If this occurs, please contact the clinical team for further information.

End of Rotation Exams (EOR)

All core clinical rotations have a written examination specific to the rotation 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 but used by PAEA for vetting new questions. EOR exams will be administered on the last Friday of each rotation, except where adjustments are made by the Clinical Team. Any changes to the schedule will be communicated to the class in a timely manner. 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. For a copy of the topic lists and blueprint, please see <https://paeaonline.org/assessment/end-of-rotation/content/>. The orthopedic EOR Topic List is outlined in the course syllabus.

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/location, time in the clinical year, and site strengths/weaknesses, it is the student's responsibility to review the learning outcomes, objectives, expectations, topic list and blueprint and augment clinical experiences with independent reading and discussion with the preceptor as necessary, even if those conditions were not personally seen during the rotation.

Studying for End of Rotation Exams (EOR)

It is strongly recommended that students first and foremost base their self-study for rotations and EOR exams 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*. In addition, the LMU-Harrogate PA Program provides all clinical phase students with access to Rosh Review and Lecturio. Students are encouraged to use the question banks to assess their knowledge and bolster their test-taking skills daily while out on rotations. Please note that the question banks **should not** replace self-study of the EOR Topic Lists; they should only be used to augment and assess knowledge.

EOR Self-Assessment Reports

This assignment is critical to students' self-assessment (SA) of current medical knowledge in the content and task areas and most importantly, prediction of future PANCE passage or failure. Upon completion, students will have an accurate assessment of their strengths and weaknesses, and where they need to focus their efforts for future rotation learning, EOR study, and PANCE study. Following each EOR exam, with the exception of Orthopedics EOR, students will be required to access their PAEA EOR performance reports. Students will be asked to complete an Excel spreadsheet provided by the Clinical Team to look for patterns and plot out their weaknesses. **Students will be required to complete and upload the SA Report to Canvas by the first Sunday 11:59PM EST following completion of the rotation, unless otherwise directed by the Clinical Team.** The Self-assessment questions located on the spreadsheet should be addressed after each EOR. A meeting will be scheduled between the students and the Clinical Team to review the information on an as-needed basis.

EOR Self-Assessment Reports (continued)

Upload SA reports in the following manner:

1. Please label and save it as: last name.first name XXX SA REPORT
2. In place of XXX above, indicate which Block (1, 2, 3, etc.)
3. EXAMPLE: Doe.Jane Block 1 SA Report

Clinical Year/Rotation Assignments

Students will be required to complete the following Rosh Review assignments, assigned by the Clinical team. They will assess medical knowledge, clinical reasoning and problem solving, clinical skills and technical skills, interpersonal communication and professionalism and are separate from Alternative Assignments.

- **Each Required Rotation** – Two (2) 120 Question Rotation Specific Exams (Except Ortho)
 - **Rotation Exam 1 (Rotation Exam V2 2023-2024)** – timed, taken in test mode, and completed by the end of the first week of each rotation.
 - **Rotation Exam 2 (Mock Rotation Exam)** – not timed, taken in tutor mode, and completed prior to the end of each rotation.
 - **Orthopedic Rotation**
 - **Rotation 1 Exam (Rotation Exam Ortho)** - a 194 question exam, timed, taken in test mode, and completed by the end of the first week of the rotation. Students will upload an exam transcript to Canvas by the specified Rosh and Canvas deadlines.
 - **Rotation 2 Exam (Mock Rotations Exam Orthopedics)** - a 120 question exam, not timed, taken in tutor mode, and completed prior to the end of the rotation. Students will upload an exam transcript to Canvas by the specified Rosh and Canvas deadlines.
- **Rosh Exams 1 and 2** will be reviewed by the Clinical Team once per month. If the student does not complete the Exams within the dedicated timeframe, then the student will receive one or both of the following:
 - Reduction in Overall Score for Rosh Exam
 - Professionalism Infraction (See Professionalism Section)
- **Elective 1 rotation**
 - **One (1) 60 question exam (Mock PANCE Block Exam 1)** – timed, taken in test mode, and completed within the first week of each rotation.
 - **One (1) 60 question exam (Mock PANCE 5 answer choice 2022-2023 Block 1)** - not timed, taken in tutor mode, and completed prior to the end of the rotation.
- **Elective 2 rotation**
 - **One (1) 60 question exam (Mock PANCE Block Exam 2)** – timed, taken in test mode, and completed within the first week of each rotation
 - **One (1) 60 question exam (Mock PANCE 5 answer choice 2022-2023 Block 2)** – not timed, taken in tutor mode, and completed prior to the end of the rotation.
- **Elective 1 and 2 Rotations**
 - **Oral Presentation** – Upon completing each elective rotation, students are required to give an oral presentation on an NCCPA Blueprint disease topic relevant to their elective specialty. Students must email the course director for approval of their proposed presentation topic. Presentations should be guided by the NCCPA Blueprint Task Areas, which are available online at <https://www.nccpa.net/pance-content-blueprint>. Each presentation should be a maximum of 10 minutes. The Program reserves the right to

reschedule presentations if there are scheduling conflicts.

- **Additional Clinical Year Optional Assignments**

- Students will use the 3800-question self-directed PANCE question bank in tutor or test mode to self-remediate by building exams based on strengths and weaknesses. Students will also have access to rotation specific Q banks and build and use Quizlet decks for self-directed study.

Professionalism and Professionalism Points

The following non-exhaustive list must be followed and/or completed correctly and on time (when indicated) by the student to meet the Professionalism requirements. See the Student Handbook for more information regarding professional conduct.

- Read, remember, and avoid policy and procedure violations contained in the Clinical Manual and at clinical sites.
- Read all facility documents and become familiar with them and does not violate HIPAA or other federal laws.
- Upholds responsibilities to the clinical site as noted on Preceptor Evaluation of Student Performance or via other communication with the preceptor or facility (i.e., professional behavior/attitude, dress code, identification/badges, communication, assignments, hospital rounds, call, etc.).
- Always represents the University and its Affiliates in a professional manner, refraining from any negative comments regarding the University, PA Program, faculty/staff, fellow classmates, course requirements, preceptor(s), clinical facilities, preceptor's staff, or patients.
- If students have an accidental needlestick or incident to report, this is done so immediately, and the proper paperwork (See Appendices) is completed and filed within 24 hours of the incident.
- Always identifies self as a student both verbally and with a badge to medical and site personnel and patients.
- Contacts preceptors two weeks prior to rotation. Arranges, attends, and completes each facility orientation as applicable.
- Returns **all** badges, borrowed equipment, etc. to the clinical site **before** leaving the rotation.
- Keeps all originals of submitted paperwork and confirmation emails.
- Returns all requested paperwork, correctly completed, to the PA Program within 48 hours of receipt or as per designated deadline.
- Responds to all program emails within 48 hours and all phone calls within 24 hours.
- Keeps voicemail clear and able to accept messages.
- Familiar with all Clinical Rotation Assignments and abides by the submission instructions and deadlines in the Clinical Manual and in the rotation-specific syllabi.
- Immediately notify the Clinical Team via email or phone call of any preceptor absence, potential rotation problems, or concerns.
- Contacts the Clinical Education Assistant and the preceptor on the same day concerning any absences from rotations for illness or emergencies and obtains permission for all other absences in advance from both the Clinical Education Assistant and the preceptor. All absences are documented as directed within the time frames previously outlined to be considered excused.
- Attends (without early departure) all EOR/EOS days and required PA program activities.
- Refrains from any rude, disrespectful, or derogatory remark, gesture, facial expression, tone, or act towards any University faculty or staff member, clinical preceptor, peer, patient or staff member of any clinic or hospital, or the Program as this type of behavior is not consistent with professional behavior.
- Refrain from uploading any information including posts or 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.

- Students are not allowed to engage in social media platforms with Program Faculty and Staff or members of any Clinical Affiliate (e.g. Clinical Preceptors, nurses, medical assistants, and other clinical support or office staff) while enrolled in the Program.
- Students must not use any social media platform during any activity scheduled by the Program, including SCPEs, without permission from the Program Faculty or Staff member leading the activity or members of the Clinical Affiliates providing the SCPE.

Professionalism Points Deductions (per Clinical year):

- First professionalism infraction - students will be given one warning which will be documented in their student record.
- Second professionalism infraction - students will lose 50% (5pts) of their professionalism points for that rotation and the violation will be documented in their student record.
- Third professionalism infraction (and any subsequent infraction) - students will lose 100% (10 pts) of their professionalism points for that rotation, the violation will be documented in their student record, and the student will be referred to SPC.

NOTE:

- Depending upon the nature of the infraction, a formal professionalism violation could be documented in the student's file.
- 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.
- Violation of federal laws such as HIPAA will result in a SPC referral and documentation of a formal professionalism violation in the student's file. Violation of such guidelines could result in removal from the rotation, rotation failure, dismissal from the program, and any fines or punishments from the facility or federal government.
- 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.

CORE Patient Encounter Logs

Students will be required to maintain a de-identified patient log in CORE which gives the Program an opportunity to further evaluate the clinical experience. The patient log must reflect the total patient number of patients seen in that rotation and their individual diagnoses, patient acuity level, care setting, patient age, surgical settings, and certain types of patient encounters (i.e., Women's Health and Behavioral Health) and the student's level of participation. It is the student's responsibility to ensure that the patient logs accurately and thoroughly reflect **all** the patients they have seen with **all** necessary 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 should not be logged outside of the assigned rotation. Patient logs must be completed for every rotation within 48 hours after the end of rotation. The Clinical Team will audit these logs throughout the year, monthly, and at random times for completeness and accuracy. The information entered in CORE is used to complete 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 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.

- Logged encounters should include those that were observation only, less than shared, shared (50-50), primary (>50%).
- 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. This also includes case studies, telemedicine, and virtual rotation cases.
- Patient logs should never be pre-entered, altered, or falsified. Failure to follow these directions will result in complete 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.
- Students will track patient encounters via a compilation report. This report will be due at the end of each rotation. Directions for this report will be posted to Canvas.

CORE Clinical Procedures/Skills

The student should aim to log as many Procedures/Skills as possible during the Clinical year. This log shows the types of procedures performed during the rotation as well as the student's level of participation. Logged procedures should only include those that were assisted and/or performed (where the student played an active role and performed at least part of the activity personally). 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 submitting paperwork for credentialing.

CORE Patient Logging Terminology/Descriptions

If you have questions regarding the terminology used to log patients, please contact the Clinical Team. Ideally, you should log, save, and complete notes on every patient daily.

Patient Demographics Refers to:

- Age and Gender of All Patients and is a Required Entry

Visit Information Section:

- **Clinical Setting Type Refers to: Outpatient, ED, or Inpatient**
 - Count Long Term Care (Nursing Home visits) as Inpatient
 - Count Telemedicine visits as Outpatient.
 - Try NOT to use "Other" because it will NOT count towards your total patient numbers.
 - Other refers to Virtual cases or case studies that may be given.
 - **Surgical-Related Setting:** Please note which type of setting you saw a surgical-related patient in, regardless of whether it was a surgery rotation.
1. Pre-operative visit OR Post-operative visit
 2. **Operating Room patient encounter - be sure to check "Intra-Op"**
This applies to any surgical rotation (Gen Surg, OB/GYN, Ortho, Cardiothoracic, etc.)
 3. **Intra-op does NOT apply to Family Medicine or Dermatologic small surgical procedures performed under local anesthesia**
 - **Reason for Visit refers to:**
 4. Preventative visits - include all Annual/Well person exam (established or new pt), employment/sports physical, or any Patient/Family Education/Counseling, Screening/Health Promotion
 5. Emergent visits - including all Emergency Department and/or Urgent Care visits.
 6. Acute visits - mean all new admissions, initial visit inpatient or outpatient for a
 7. new problem, episodic (i.e., established patient with a new problem), or a new consult Chronic visit-

Follow-up (Consult), Follow-up (Inpatient visit), Follow-up (Outpatient office), Scheduled procedure, long term care/nursing home follow up visit.

- **H&P Type, Type of Decision Making and Student Participation refers to:**
 - The level of complexity for medical decision making.
 - The level to which the student participated.
- **Please be sure to add ICD 10 Codes for the first three (3) diagnoses of any patient.**
- **Women's Health and Behavioral Healthcare:**
 - These are "attributes" of patients that you saw; these can and MUST be checked as applicable **regardless of the rotation you are on**
 - **For prenatal patients, check "Prenatal" and enter age of fetus**
 - For patients with GYN complaints, check the box for "Is this a GYN Patient?"
 - For patients with behavioral/mental health complaints, check the box for "Is this a Psych."
 - Mental Health Case?" and "List all psychiatric disorders seen."
 - Put in any notes you feel are applicable.
 - Failure to log these components will most likely result in you having to re-log all of them - please do it correctly and thoroughly from the beginning.
- **Please be sure to log all related procedures in the Procedure List only.**

Assistance with CORE

If you have any questions regarding CORE patient or procedure logging, please first consult the help video links listed in Canvas. If there is still no clear option, then contact a member of the Clinical Team for further instructions.

SECTION IV

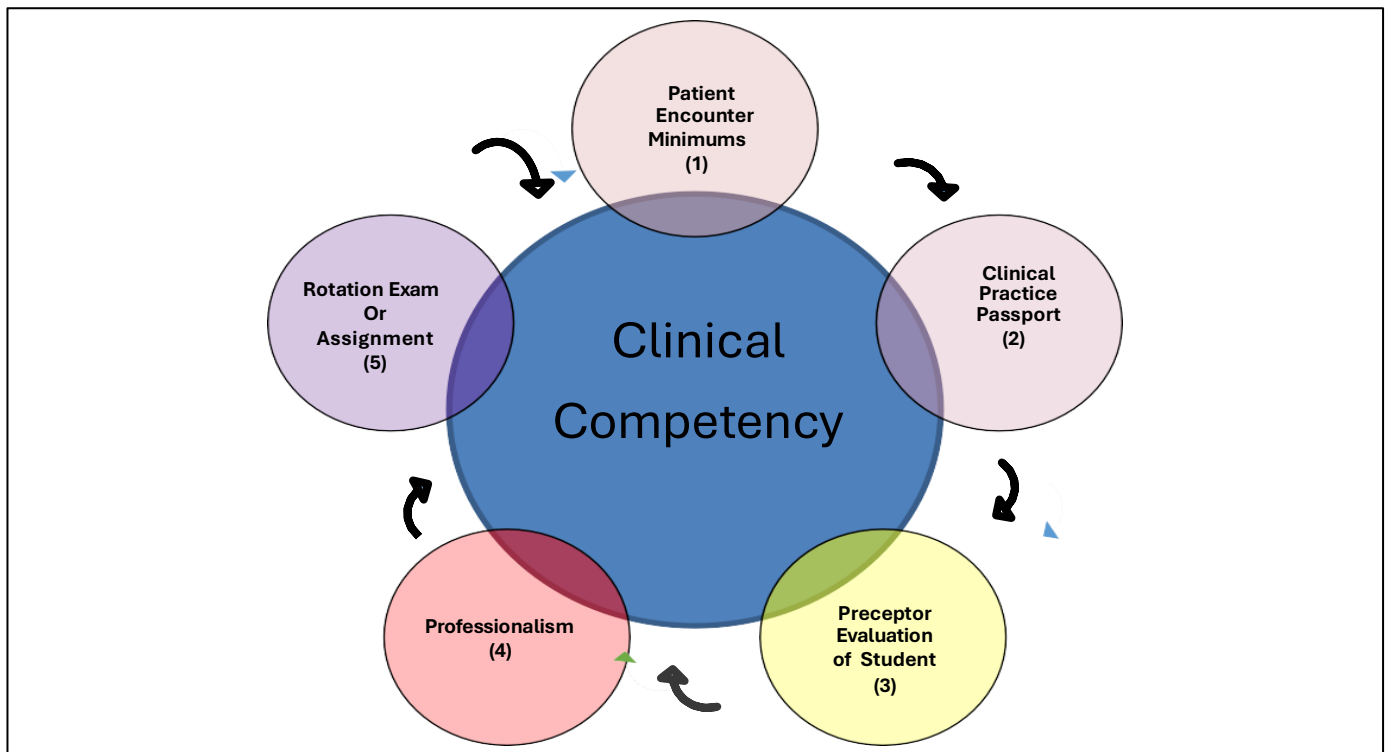
ROTATION EVALUATION COMPONENTS AND GRADING

Clinical Competency Domains

By the second year of study, students are expected to demonstrate medical knowledge, clinical skills, and professionalism at progressively higher levels as they move towards completion of clinical rotations. Thus, the evaluation of students includes consideration of *knowledge, skills, and professionalism*. Specific forms of assessment are established to ensure the completeness of student evaluation:

- **Knowledge** - assessed through written testing on EORs and EOC.
- **Skill** - assessed via clinical preceptor evaluations and LMU-Harrogate Program faculty.
- **Professionalism** - 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.

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. Deficient 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.

1. Patient Encounter Minimums & Compilation Report

Students should consider their clinical phase as 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 requirements listed should be considered just that, minimum requirements. Going above and beyond these will better ensure student success and patient outcomes.

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 numbers for patient encounters per rotation; additional minimums have been set for patient acuity level, care setting, patient age, surgical settings, and certain types of patient encounters (i.e., Women's Health and Behavioral Health). Each domain has a set minimum total 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.

For best results in achieving patient encounter minimums, students are expected to thoroughly log patients and procedures daily. Logged encounters should include those that were observation only, less than shared, shared (50-50), and/or primary (>50%)

Please see Table 1 below for numbers and types of patient encounter minimums to be logged into CORE and recorded on the Compilation Report.

Areas I-III & VI

- Interaction types that can and will be encountered at any time during the clinical phase, regardless of the assigned rotation.
- Should be logged at any time during the clinical phase.

Area IV

- Specific rotation assignments; shows the minimum number of patient encounters within the assigned dates of that rotation.
- These numbers cannot be logged outside of the assigned rotation.

Area V

- Surgical rotations or rotations where pre-and post-operative visits have taken place show the minimum number of patient encounters.
- These numbers can be logged in any rotation where a pre-operative, intra- operative, or post- operative encounter took place.

NOTE:

- 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.

Table 1: Patient Compilation Report

Area I (B3.03a) T:1000	Classification of patient encounter <u>based on the acuity level</u> regardless of setting, age, or rotation.									
	Preventative		Emergent		Acute			Chronic		
	60		120		400			400		
Area II (B3.04) T:820	Classification of patient encounter <u>based on the setting</u> in which it took place, regardless of acuity, age, or rotation.									
	Outpatient		ED		Inpatient			OR		
	600		90		60			30		
Area III (B3.03b) T:920	Classification <u>based on patient age</u> at the time regardless of acuity, setting, or rotation.									
	Infants (<2 Yrs.)		Children (2-12 Yrs.)		Adolescents (13-17 Yrs)		Adults (18-64 Yrs)		Elderly (>65 Yrs)	
	20		75		40		400		230	
Area IV (B3.07a-g) T:920	Classification <u>based on the rotation</u> in which encounters took place.									
	FM	Peds	EM	IM	WH	BM	GS	Ortho	EL I	EL II
	150	90	90	150	70	60	70	90	60	60
Area V (B3.03d) T:110	Classification <u>based on timing</u> in which the student played a role in the surgical patient's care while on any rotation <u>where surgery was performed</u> or where <u>pre- and post-operative visits</u> took place.									
	Pre-Operative			Intra-Operative				Post-Operative		
	25			30				35		
Area VI (B3.03c,e) T:190	Classification based on the specific type of encounter regardless of the rotation, patient, demographic, acuity, or setting.									
	Women's Health Issues: Prenatal & GYN					Behavioral Health Issues				
	30 PN, 30 GYN					80				

Students should have 50% of the patient encounter minimums completed by the end of Fall semester and 80% completed by the end of Spring semester.

A student who becomes aware that they are unable to meet any patient encounter minimum should contact the Clinical Team immediately.

The Compilation Report is to be completed and uploaded to Canvas in the rotation-specific module no later than 2 days from each EOR. The final report will be due upon return to campus for pre-graduation activities. The Clinical Faculty will monitor the Compilation Report for completeness, accuracy, and achievement of set minimums but **it is the student's responsibility to notify the Clinical Team at the December and April EOS if there are any deficiencies.** The Compilation Report worksheet and its directions can be found on Canvas.

Compilation Reports should be uploaded to Canvas in the following manner:

- Save as: last name.first name Compilation Report (Ex: Doe.Jane Compilation Report)

2. Clinical Passport

Students will obtain the following knowledge and skills to demonstrate the proficiency of an entry-level Physician Assistant into clinical practice.

The Clinical Practice Passport should be presented to the preceptor during clinical rotations for an attestation of each section after it is determined that the student has met the necessary proficiency of the knowledge and skill in discussion. The preceptor must sign off on each skill once they have deemed the student competent at that skill.

Students will be responsible for demonstrating clinical skills and procedures for successful completion of the Clinical Year. Demonstrated competency of these skills and procedures are a part of the PAS 600 Capstone course. The Clinical Preceptor will sign off on clinical skills and procedures in which the student has demonstrated competency during clinical rotations on the Clinical Year Passport.

A student who becomes aware that they are unable to meet any skill listed in the Clinical Practice Passport should contact the Clinical Team immediately. If the student is not exposed to a skill during any of their clinical rotations, they will be checked off by a faculty member when they return to campus for pre-graduation activities.

Table 2: Clinical Practice Passport Content

Performing Proper:	
Informed consent (written and verbal)	Shave and/or punch biopsies
Application of the CAGE questionnaire	Aseptic technique
Application of PHQ9 questionnaire	Suturing
Pelvic and pap smear exam	Removal of sutures
Breast Exam	Incision and drainage of abscesses
Prenatal Counseling	Wound care management
Well Child Exam	Surgical scrubbing, gowning, and gloving
Mental Status Exam	Sterile field management in the operating room
Culture collection	Tissue retraction
Administration of local anesthesia	Knot Tying
Calculate an oral drug dose for a child	Splinting
IM and/or SC Injections	Joint injections and arthrocentesis
Interpretation Of:	
CBC	ABG
CMP	UA and Culture
Thyroid panel	Radiographs
PT/PTT/INR	12-lead ECG
Cardiac biomarkers	PFT's

The Clinical Practice Passport can be found on Canvas and should be uploaded to Canvas in the following manner:

- Save as: Last name_First name (Dec, April or July) Clinical Passport

3. Preceptor Evaluation of the Student

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. The evaluation is based on the Physician Assistant Competencies and the rotation-specific learning outcomes. Students are expected to read every evaluation and apply the feedback.

4. Professionalism

Professionalism is considered more than simply showing up on time or the absence of complaints or problems. This aspect is considered when assessing a student's clinical competence but also as part of individual rotation grades. 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. For more information regarding professionalism and professional conduct please see the Professionalism section.

5. Rotation Examination or Assignment

All core clinical rotations have a written examination and related assignments specific to that experience that must be completed and passed with an acceptable grade. The EOR exams will be scheduled aside from rotation-related duties and completed in a proctored setting. Passing the exams is not only key in determining clinical competence but is also used to determine a rotation's numeric score.

Assignments are given in lieu of exams for the Elective 1 and Elective 2 rotations. These are graded by faculty after the completion of the rotation period.

Clinical Student Competency Progression

The Program will use CORE learning management system to track student logs of patient encounters and procedures. These student logs are evaluated by the Clinical Team or designee at random times throughout the clinical year.

CORE is also used to house and collect Preceptor Evaluations of Student Performance and Student Evaluations of the Site, which are evaluated by the Clinical Team or designee monthly.

Additionally, the Program uses PAEA End of Rotation (EOR) exams for all core rotations, except for the Orthopedic rotation for which a Program-designed exam is administered, and the Clinical Practice Passport to determine that the student has met competency of the knowledge and skills necessary for an entry-level Physician Assistant into clinical practice. This will be evaluated at the end of each semester.

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

Remediation of Competency Deficits

All the aforementioned competency components are considered integral parts in attaining the advanced level of clinical competency the Program has developed and expect successful completion 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.

Rotation patient encounters and procedure/skills 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., patient encounter logs, Clinical Practice Passport, etc.) and their Elective rotations have not been completed, then the student's Elective 1 or Elective 2 rotation may be changed to make certain these domains are achieved.

Failed end of rotation exams and preceptor evaluations are considered more serious lapses in competency achievement and will result in the assignment of mandatory remediation learning activities and/or evaluation by the Student Progress Committee. Students must successfully complete all remediation learning activities and assessments to progress in the Program. 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.

Remediation of Clinical Summative Evaluation(s)

The SPC reviews documentation for every student who fails any component of the summative evaluation. At that time the SPC may recommend any of the following actions/requirements:

- Remediation of Clinical summative evaluation
- Delay in graduation for failure of completed competencies.
- Completion of a second PANCE review course prior to taking the PANCE, paid for by the student.
- Independent review of specific content on the PANCE Content Blueprint prior to taking the PANCE
- Mandatory mentoring meetings with Program Faculty
- Use of other Program/Institutional resources
- Progression to graduation

Remediation of Professionalism Deficit

Students who exhibit unprofessional conduct may be reported to Program Faculty by LMU Faculty and Staff, patients, members of the Program's Clinical Affiliates (e.g., Clinical Preceptors, office managers, nurses), LMU students, and people not affiliated with LMU. Program Faculty utilize standardized rubrics to identify and document student deficits in professional conduct and to develop learning activities and assessments for remediation. Students must successfully complete all remediation learning activities and assessments to progress in the Program.

Students with professionalism violations may be referred to the Student Progress Committee (SPC) at which time the committee will make decisions on progression and/or disciplinary action, including dismissal from the Program. These violations may include any action that compromised or may have compromised the safety or confidentiality of patients, members of the Clinical Affiliates, classmates, and/or Program Faculty and Staff.

SECTION V

ADMINISTRATIVE GUIDELINES AND PROGRAM POLICIES FOR THE CLINICAL YEAR

- **Student Progress Committee (SPC)** - See Student Handbook
- **Academic Probation/Dismissal** – See Student Handbook
- **Readmission Following Leave of Absence** - See Student Handbook
- **Conduct and Professionalism** – See Student Handbook
- **Dress Code** – See Student Handbook
- **Proper Identification** – See Student Handbook
- **Student Background Check, Drug Screening, and Arrest Policy** – 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 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 Relationships 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 strictly prohibited 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 the PA Clinical Team 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 LMU email regularly (ideally, at least twice a day) and respond in the required time frame. 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 the following:

1. Responding promptly and respectfully to emails sent by all parties.
2. Beginning an email or initial personal introduction with proper reverence (i.e., addressing parties as “Dear Dr, Mr. or Ms., or Professor,” etc.) unless instructed otherwise. Never begin emails with “Hey.....” and do not refer to others by the first names unless you have been asked to do so.
3. **Briefly and clearly address who you are and what you need. Be sure to note your full legal name and telephone number, what type of rotation (i.e., IM, FM, Peds, etc.) you are on and your preceptor’s name.**
4. Re-reading emails and proofing documents prior to sending to review for clarity and typos.
5. Avoid sending emails when frustrated or upset and being mindful of the “tone” of the email. Have another individual read your email to test out the tone before you send it.
6. Avoiding emojis, writing in all capital letters, or using heavy underlining or italics as they can often be mis-interpreted.
7. Closing the loop: having sent a request or asked a question, be sure to acknowledge the response with a thank you.

While at clinical sites, students are to be respectful to everyone and remember they are guests. Refrain from listening to office gossip and/or eliciting or participating in “loaded” conversations that are unrelated to the reason the student is assigned to the 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. Challenges in communication can and will occur on rotations. These communication challenges 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:

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

NOTE:

1. Please bring communication concerns and complaints directly to the Director of Clinical Education or the Clinical Coordinator rather than commenting after-the-fact on Evaluations of the site as this delay’s proper investigation by the Clinical Team. Instead, please use the Evaluation of the Site to comment on the changes post-intervention.
2. Students must refrain from participating in inappropriate or “loaded” conversations. If these types of conversations occur in the clinical setting and are aimed at the student, it is imperative that the student contact the DCE or Clinical Coordinator for further directions.
 - It is expected that students who experience this type of behavior will bring this to the attention of the DCE or Clinical Coordinator prior to completion of the Student Evaluation of the Site. Failure to do so may delay investigation into the site/situation.
3. 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 the Clinical Coordinator prior to completion of this survey instrument.
4. See the sections regarding personal safety and 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/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. Students will be referred to SPC and considered for dismissal from the program.

d. **Student Responsibilities**

1. Students must be familiar with and adhere to the policies and procedures outlined in the Student Handbook and in this manual while on rotations.
2. Prior to starting each new rotation, students must prepare by reviewing relevant concepts for that rotation site.
3. Students must attend the rotation 100% of the time, work hours as designated by the clinical preceptor, avoid tardiness, and have absences excused by the Clinical Education Assistant. Students must make up the missed time.
4. Students should always maintain professional behavior.
5. Students should address the preceptor, clinical staff, and patients appropriately and with reverence.
6. Students should avoid interrupting or disagreeing with preceptors in front of patients and other health care workers.
7. Students should 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.
8. 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
9. Students must be eager and willing learners at each rotation site; interact and learn from 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.
10. Students should be prepared to answer questions and present cases for preceptors publicly and/or privately.
11. 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 reassessed 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.

12. Students will not use their preceptors' facility-provided EMR or ordering system-related usernames or passwords. Preceptors who encourage this should be reported to the DCE.
13. Any documentation written by the student must have their name clearly written followed by the initials "PA-S." Students who possess other titles (e.g., RN, RT, etc.), will at no time be allowed to use these designations.
14. 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.
15. 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.
16. **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.
17. 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. Neither the nursing staff, nor ancillary support staff are permitted to carry out orders given by a PA student.
18. 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.
19. Students are not allowed to receive any type of compensation from preceptors 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 or in a personal matter, nor should they give them. All students are encouraged to send thank you notes to preceptors once the rotation ends.
20. Students cannot be under the influence of alcohol or drugs (including sedating OTC or prescription drugs) when working at a clinical site, taking call, or attending events at the site or University.
21. Students must not compromise the safety and health of patients, students, faculty, or hospital/clinic personnel.
22. 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 section on HIPAA).
23. Students must honor student privacy laws (FERPA) and maintain other students' confidentiality. They should not discuss current or former students with preceptors. Any breach of federal laws committed by the student will result in a failure of the rotation site and referral to the SPC.
24. 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.
25. 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 Clinical Team for additional training. Students are required to report any safety issues, including inaccessibility to necessary PPE to the Clinical Team immediately.
26. Students must complete the End of Rotation evaluations rating the clinical site and preceptor 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.

e. **LMU-Harrogate Physician Assistant Program Responsibilities**

1. Certify that students are supervised by a licensed PA, physician, nurse midwife, nurse practitioner, or other Healthcare Provider. PAs, NPs, and Nurse Midwives must be supervised by a licensed physician.
2. Orient preceptors and students to the structure of the preceptorship and student learning.
3. Provide each student with a malpractice insurance policy throughout the entire program.
4. The Hospital Relations & Rotations 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), contact Candice Miller.
5. Evaluate and develop the clinical experience through evaluations and periodic site visits and strengthen the experience as needed.
6. Review student evaluations of the clinical site monthly and address any issues or concerns.
7. Maintain close, rapid contact with students to answer questions, provide support, and assist with any problems before they arise, if possible.
8. 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.
9. The Director of Clinical Education or designee is responsible for assigning the grade for rotation performance.
10. Provide CME credit for MD and PA Preceptors.
11. Serve medically underserved populations.
12. Serve as a resource in developing the PA role in a specific practice setting.

f. **Preceptor Responsibilities**

1. 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 are required to provide the name of their supervising physician. This information is housed on LMU-SMS PA Harrogate's Preceptor Information Form.
2. 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 > 5 days, the DCE should be notified.**
3. Preceptors will review the Learning Outcomes and Objectives in the rotation-specific syllabus.
4. Preceptors or their designee 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.
5. The Preceptor or designee will orient the student to the clinical setting and discuss practice policies and procedures and their expectations.
6. The Preceptor or designee 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.
7. 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.
8. Preceptors and sites should not offer any type of compensation to students. 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 or in a personal matter, nor should they give them.

9. The Preceptor is encouraged to assign outside readings or other media to promote learning and application and to demonstrate clinical skills.
10. The Preceptor or preceptor's designee is expected to ensure that the patient has given consent for the student to interact with the patient.
11. 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.
12. 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.
13. 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.
14. <https://www.cms.gov/files/document/guidelines-teaching-physicians-interns-residents.pdf>
15. 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.
16. 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.
17. 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 CORE to record their evaluation of the student. Based upon the Preceptor's recommendations and other factors, the DCE will assign the final rotation grade.
18. 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:
 1. 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.
 2. 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.
 3. 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.
 4. Students are instructed to report Title VI, IX, and FERPA violations to the DCE and LMU's Title VI and IX Coordinator.

19. The Preceptor will inform the Director of Clinical Education if significant problems develop (of personality or professional nature, extended absences beyond what is allowed for excessive tardiness, fear they may need to fail the student, etc.) which require faculty attention, knowledge, 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 instructions 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 they can travel safely, 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 Clinical Team 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 immediately notify the Clinical Education Assistant of the absence and 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.

Weather absence will NOT count as personal days; but an Alternative Assignment should be initiated. 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, Alternative Assignments should be completed to assure they complete all requirements for the LMU-Harrogate PA Program.

h. Adherence to Clinical Affiliate's Policies and Procedures: OSHA Requirements, HIPAA Training and Compliance, and PA Program Student Policies and Procedures

The protection of patients is of utmost importance to the Program and the Clinical Affiliates providing rotations. The Program instructs and assesses students on HIPAA, blood borne pathogens, and universal precautions; however, when discrepancies exist relative to these three areas, the policies of the Clinical Affiliate supersede Program policy. Students suspected of violating the policies and procedures of the Clinical Affiliate will be referred to the Student Progress Committee (SPC) for progression and/or disciplinary action recommendations which may include dismissal from the Program. The SPC recommendation may lead to a delay in graduation and failure to complete the Program curriculum within 54 months of initial matriculation. Students may also be removed from the rotation prior to SPC referral if patient care is thought to be compromised by the student's actions and/or at the Clinical Affiliate's request.

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 Clinical Team 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 Exxact 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 logins 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.** This 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 platform. 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.

PA Program Student Policies and Procedures

Program policies and procedures apply to all students on or off campus at a Clinical Site. Where Program policies and/or procedures exceed LMU student policies and/or procedures and/or create enhanced or additional obligations for the PA Student, Program policies and procedures shall apply. The policies and procedures of Clinical Affiliates who provide SCPEs may supersede the Program’s policies and procedures. Policies and procedures published in this handbook are reviewed yearly before starting a new student cohort. Students may access this handbook electronically on the Program’s webpage and on Canvas. The Program Director provides matriculating students with an overview of the Program policies and procedures during orientation in the first semester. Changes to Program policies and/or procedures are communicated with students via university- issued student email accounts. These changes are also published in the handbook.

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 a continuous email service and to **access it daily** and as often as possible while on rotations.

Emails should be responded to within 48 hours. If the student is unable to access email, they should notify the Clinical Team 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, the Director of Clinical Education, and the Hospital Relations & Rotations Coordinator. They must also have their LMU-Harrogate badge updated. Failure to complete all of this could delay rotations.

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 legal name and physical address at graduation.

m. Student Employment Policy

Because of the intensity of the LMU-Harrogate PA Program, students are strongly discouraged from seeking or maintaining employment during the entire program. If a PA student chooses to work during the program’s first year, it is their responsibility to ensure that employment does not interfere with or hinder academic progress. Having a job is not an excuse for missing lectures, examinations, clinical laboratory sessions or assignments. During the clinical year, students will be required to rotate through a clinical site at a full-time schedule. In addition, students may be required to take call during weekends, holidays, evenings and/or nights. Therefore, LMU PA students are not required to work for the program and will not be substituted for instructional faculty, clinical staff, or administrative staff.

During the clinical year, students will be required to rotate through a clinical site at a full-time schedule. In addition, students may be required to take call during weekends, holidays, evenings, and/or nights. Therefore, LMU PA students are not allowed to have concurrent employment during the clinical year. PA students are not allowed to work for the program or the Clinical Site or be substituted for administrative or technical support at any time.

n. Personal Safety and Security During SCPEs

The Program evaluates the safety of the Clinical Site(s) in which the Clinical Preceptor(s) or the Clinical Affiliate provide care prior to assigning a student to the Clinical Affiliate for rotations. Each Clinical Affiliate agrees to orient students on the appropriate security and personal safety measures associated with their Clinical Site(s). The Program does not use Clinical Affiliates deemed unsafe. Students must notify the Clinical Team immediately of any safety concerns related to the assigned Clinical Affiliate for rotations.

Students complete many rotations at locations physically distant from the Program's campus. To assist the Program in ensuring student safety (e.g., communicating any potential safety concerns, advising students of adverse weather conditions that may require evacuation from the area in which the rotation occurs) while completing rotations, students must notify the Clinical Team as soon as possible with any unexpected absence from their clinical site and/or any change in name, contact information, or emergency contact(s) information.

Any student presented with a clear threat of imminent physical harm must leave the immediate area and call 911.

Any student who feels unsafe because of the behavior of a patient or member of the Clinical Affiliate but does not perceive a clear threat of imminent physical harm must notify the Clinical Site office manager or security (based on the security and personal safety measures associated with the Clinical Affiliate) immediately and must notify the Director of Clinical Education as soon as possible.

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 to continue participation in the LMU-Harrogate PA curriculum and clinical year activities:

- Immediately notify the Clinical Mentor of the condition.
- 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.
- Provide the Clinical Mentor 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.
- Provide the Clinical Mentor with updated recommendations from the treating health care provider for each

- semester during which they are pregnant, lactating, or temporarily disabled.
- Notify the Clinical Mentor of any change in recommendations from their treating healthcare 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 Illness 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 Appendices). 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:

- Immediately perform basic first aid.
- Notify the preceptor immediately.
- 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.
- Contact the Director of Clinical Education as soon as possible at 423-869-6644.
- Complete any forms for the site **and** complete an LMU Injury Report (see Appendices). This is due to the Director of Clinical Education and the LMU insurance department (riskmanagement@lmunet.edu) within 24 hours of the injury/exposure. Follow the directions on the form.
- Complete the Student Accident Claim, Parent/Guardian Information, and Authorization Forms (see Appendices) and return them to the Director of Clinical Education.
- The Program will ensure that the student is appropriately informed and receives appropriate CDC recommendation guideline care.
- 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.
- See specific recommendations below.
 - Influenza (Flu) and COVID-19
 - All students are to obtain and provide proof of an annual Flu shot. For the clinical year 2022-2023, it must be done before September 30th, 2022.
 - Any student displaying "Flu-like," or COVID-19 symptoms should notify their preceptor, Clinical Mentor, and the LMU Contact Tracer, Mrs. Norma Wells at norma.wells@lmunet.edu. 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, the LMU contact tracer, and the preceptor.
 - Tuberculosis

- Per Affiliation Agreements, all students are to have at least an annual negative PPD screening for tuberculosis within 3 months of starting rotations.
- 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.
- Ebola, Meningitis, or Other Highly Contagious Pathogens
 - Always exercise universal precautions with all patients.
 - If Ebola or any other highly contagious pathogen is identified at the facility where you are training, contact the DCE for further directions to determine the safety risk and necessary actions to maintain your safety.
 - 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.
 - Students may be excused from class/SCPE to minimize pathogen exposure to other persons and to promote the health of the infected student. The Program Director (Didactic Phase) or the Clinical Team and Clinical Site and/or Clinical Preceptor (Clinical Phase) will discuss the appropriate date of return to class/SCPE with the student. All time away from the Didactic Phase or Clinical Phase of training must be made up, which may cause a delay in graduation or exceed the maximum 54 months required for completion of training.
- **NOTE:** 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 and are also allowed one Alternative Assignment up to 5 (five) days for unforeseeable circumstances. 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.

q. **Clinical Rotations 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 Appendices 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 Appendices Clinical Rotation Incident Report Form. This form should be submitted to the Program Director within 24 hours of the occurrence of the incident.

r. **Zero Tolerance for Sexual Violence and Harassment (Title IX)**

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/office-of-institutional-compliance/index.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.
- Faculty or preceptors may 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.

u. **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.

LMU

School of Medical Sciences

LINCOLN MEMORIAL UNIVERSITY

Physician Assistant Program
Harrogate

Clinical Manual
Appendices
2025-2026

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 Clinical Team 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 while out-of-town on rotation. I will respond to all programmatic and rotation-related emails within 48 hours, and I will return all programmatic and rotation-related correspondence within 48 hours of receipt. I will keep my voicemail empty and will respond to all telephone calls within 24 hours of receipt.

If I am unable to access email or phone, I will notify the Clinical Mentor so other arrangements can be made.

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 for any reason, I will immediately contact my Preceptor and the Clinical Mentor 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 and returned via email to the Clinical Mentor. I may be required to submit documentation attesting to the reason(s) for the absence.

Failure to notify both the Clinical Education Assistant 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 automatic 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 Clinical Mentor ASAP.

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

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 immediately email and obtain permission from the Clinical Mentor, then obtain permission and signature from my preceptor, and then upload this preceptor-signed via email to the Clinical Mentor.

Reason for Absence (Must Check One)

_____ **Student Illness**

_____ **Family Illness**

_____ **Death in Family**

_____ **Weather**

_____ **Medical Appointment**

_____ **Transportation**

_____ **Accident**

_____ **Cat I 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. 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. Any waiver of accommodation must be communicated with the Office of Accessible Education Services in addition to completing this form.

Student Signature

Date

Director of Clinical Education's Signature

Date

Appendix F

LMU- Harrogate Physician Assistant Program

School of Medical Sciences 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 *Student Accident Claim form*.
3. Fill out the *Authorization – To Permit Use and Disclosure of Health Information*.
4. Fill out the *Parent/Guardian/Student Information form*.
5. Fill out the *Injury Report Form*.
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 items by e-mail to the respective Clinical Team, as well as norma.wells@lmunet.edu.

LMU- School of Medical Sciences

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, “Bloodborne Infectious Diseases: Emergency Needlestick Information”. Students should familiarize themselves with this information. <https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

If a student experiences a needle stick, sharps injuries or is otherwise exposed to the blood of a patient while performing student activity, 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 Program Faculty during the Didactic Phase of training, or the clinical preceptor and the Clinical Team during the Clinical Phase of training. 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 post exposure prophylactic treatment (PEP) 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 this policy. During the Didactic Phase, students will be referred to the emergency department of the closest hospital. If in an office, contact the office manager for instructions on how to fulfill these requirements. If in a hospital, contact the nursing supervisor or employee health service. 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 for the site. 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.

Complete the LMU Injury Report (attached). **The student should report the incident to the Clinical Team and complete the LMU Injury Report within 24 hours of the exposure. 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 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 policy.

NAME OF SCHOOL: Lincoln Memorial University

ADDRESS: 6965 Cumberland Gap Parkway, Harrogate, TN 37752

First Agency, Inc. 5071
West H Avenue

Kalamazoo, MI 49009-8501

Phone: (269) 381-6630

Fax: (269) 381-3055

STUDENT ACCIDENT CLAIM FORM

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 SPORT _____ INTERCOLLEGIATE INTRAMURAL

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

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.

(Please Print) Name of Claimant

Signature of Claimant if claimant is 18 or older

Date

(Please Print) Name of Authorized Representative, or Next of Kin

Relationship of Authorized Representative or Next of Kin to Claimant

Signature of Authorized Representative or Next of Kin

Date



First Agency, Inc.

5071 West H Avenue
Kalamazoo, MI 49009-8501

Phone (269) 381-6630

Fax (269) 381-3055

PARENT/GUARDIAN/STUDENT INFORMATION FORM

RETURN FORM WHEN COMPLETE TO

→ Name of College/University Lincoln Memorial University

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

Attention _____
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.

Name of Athlete _____ Sport _____
Social Security No or Passport No _____ Date of Birth _____
College Address _____ Cell Phone () _____
Home Address _____ Home Phone () _____
City _____ State _____ Zip _____

FATHER/GUARDIAN INFORMATION

MOTHER/GUARDIAN INFORMATION

Father's Name _____
Date of Birth _____
Address _____
Employer _____
Address _____
Telephone () _____
Medical Insurance Company or Plan _____
Address _____
Policy Number _____
Telephone () _____

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 No

Is pre-authorization required to obtain treatment?

Yes No

Is pre-authorization required to obtain treatment?

Yes No

Is a second opinion required before surgery?

Yes No

Is a second opinion required before surgery?

Yes No

PLEASE COMPLETE AUTHORIZATION ON REVERSE SIDE OF THIS FORM

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

Date

Relationship of Authorized Representative or Next of Kin to Claimant



Lincoln Memorial University

INJURY REPORT FORM

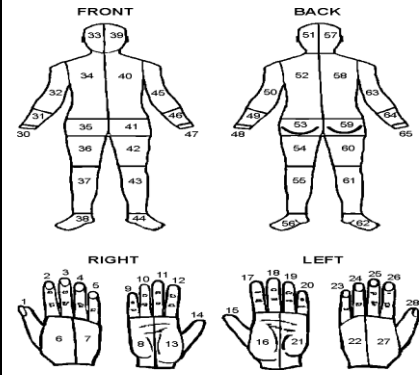
Instruction:

- Report the accident/injury/exposure (incident) to your Supervisor/Instructor immediately.
- Fill out this form, completing **all** sections, sign, and date it.
- Ensure your supervisor signs and dates the bottom of the form.
- Submit the form to riskmanagement@LMU.net and norma.wells@lmunet.edu immediately following the incident (within 24 hours)
- If injured person is unable to complete this document, their direct supervisor is responsible for completing the steps above.

INFORMATION			
Name:		Division:	
LMU ID #:	Date of Birth:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: (Address/ P.O Box, City, ST ZIP Code)			
Email address:		Home Phone:	Cell Phone:
Witness:		Phone #:	Email:
Incident	Campus/Facility of Incident	Date of Incident: (mm/dd/yy)	Time of Incident: (AM/PM)
	Exact Location of Incident: (parking lot, elevator, stairwell, etc.)		Type of Incident: Indicate all applicable
	Bldg. Name		<input type="checkbox"/> Unsafe Conditions
	Room #		<input type="checkbox"/> Injury <input type="checkbox"/> Incident/Near Miss
			<input type="checkbox"/> Property <input type="checkbox"/> Security
			<input type="checkbox"/> Exposure <input type="checkbox"/> Other:
Police Department Contacted: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate department)		Police Incident Report #:	
Description of Incident: (use second page if needed)			

If injury occurred describe the nature of Injury or Illness (fracture, cut, allergic reaction, etc.):

If an injury occurred, please indicate injured area of the body by number on diagram:



Medical Treatment Required:

- No Yes (if yes please indicate)
- First Aid Only Doctor/Clinic
- Emergency Room Other:

Date of First Treatment:

Place of Treatment:

Type of Medical Treatment

- Hospitalization
- Fracture
- Suture
- Referred for further treatment
- Prescription Medicine
- Foreign Object Removed
- Splint or Cast

Other: (Describe treatment, use second page if needed)

Prevention: Describe how to prevent a similar accident.

Supervisor

Student or Person Completing Report (Print Name)

Supervisor (Print Name)

Signature

Date

Signature

Date

Office Use ONLY

Report received from:

Date Report Received:

Identifier

#: