



Physician Assistant Studies Program

Clinical Practicum
Student Handbook

Revised January 11, 2024

Physician Assistant Studies Program



Mission: *Our PA Program educates and empowers resilient graduates to practice collaborative, evidence-based medicine in the ever-changing and diverse health care environment.*

Vision: *Our PA Program is renowned for excellence in PA education, leadership, and innovative approaches to interprofessional practices.*

May 30th, 2023

Dear student,

Congratulations and welcome to your Clinical Year!

You have successfully completed your didactic year and received a solid foundation of medical knowledge in a variety of areas. The clinical year will now allow you to apply that knowledge through a variety of experiences, with the goal of preparing you to begin your career as a “PA-C”.

Clinical rotations also provide the opportunity for students to expand their knowledge base, have new experiences, and enrich patient interaction skills. Therefore, you must be prepared and always engaged to ensure you meet these goals. Rotations are student-driven, meaning time, effort, and self-directed learning will greatly improve your success.

You will also learn that each preceptor (and each site) has their own unique qualities, and your ability to adapt quickly is essential. Every experience brings another opportunity and perspective that you will likely include in your personal evolution of becoming a health care provider.

Our PA program faculty, staff and leadership are committed to the success of every student and are here to support you. This Clinical Year Handbook (along with the Student Handbook) intends to guide and support you on your journey as a clinical year student. Please do not hesitate to reach out with any questions or issues.

Sincerely,

Lucy Fromtling, MPH, MS, PA-C

Clinical Coordinator

lfromtling@towson.edu

Jodi Dinkin, MS, PA-C

Clinical Team

jdinkin@towson.edu

James McGinnis, Ed.D, MPAS, PA-C

Associate Program Director

jmcginnis@towson.edu

Daniel O'Donoghue, PA-C Emeritus, PhD, DFAAPA

Program Director

dodonoghue@towson.edu

Table of Contents

I. Introduction	Page
A. ARC-PA Standards	6
B. Competencies for the Physician Assistant	6
C. Specific Program Clinical Experience (SPCE) Learning Outcomes	7
II. Clinical Year Curriculum	
A. Schedule and required rotations	10
B. Clinical-based courses	10
C. Didactic-based courses	10
III. Clinical Year Schedule	11
IV. Clinical Rotation Overview	12
A. Site acquisition and Affiliation Agreements	12
B. Required paperwork	12
C. Student placement	12
D. On-rotation schedule	12
E. Elective rotations	13
F. Final Preceptorships & Letter of Intent	13
V. Clinical Year Program Expectations and Requirements	14
A. Student Contact Information	14
B. Advising	14
C. Individual requirements to begin clinical year rotations	14
D. Site visits	15
VI. Going on Rotations	16
A. Starting a new rotation	16
B. Mid-rotation evaluation form	16
C. End of rotation evaluation form	16
D. Thank you note	16
E. Evaluation of Preceptor/Site form	17
F. Safety and security	17
G. Problems or issues	17
VII. Student Logging Requirements	18
A. EXXAT Logging Requirements	18
B. Skills Logging: The PASSPORT	20
VIII. Professionalism	21
A. Representation	21
B. Appearance	21
C. Electronics and social media	21
D. Additional unprofessional behaviors	22
E. Patient care	23

IX. Attendance	24
A. Excused	24
B. Unexcused	24
C. Notification	25
D. Documentation	25
E. Tardiness	25
F. Use of Contingency Plan	25
G. Leave of absence	25
X. Injuries/accidents/exposures on clinical site	26
A. Standard precautionary procedures/Universal health care practices	26
B. Protocols/Incident Report	26
XI. Rotation Evaluations, Assignments, Exams	27
A. Preceptor Evaluations (mid-rotation and end of rotation)	27
B. SOAP notes and presentations	27
C. PAEA EOR (End of Rotation) Exams	27
D. Special Community Medicine Requirement	28
XII. Grading	29
A. Final course grade	29
B. Failing a rotation	29
XIII. Required Standardized Testing for the Clinical Year	30
A. OSCEs	30
B. PACKRAT	30
C. End of Curriculum Examination	30
XIV. PANCE/PANCE preparation	31
A. Study Plan	31
B. PANCE Review Course	31
XV. Requirements for successful completion of the clinical component of the PA program	32
XVI. Communication with the Clinical Coordinator	33
Appendices	34
I. PA Program Faculty and Staff	34
II. Clinical Year Student Absence Form	35
III. Clinical Year Remediation Policy	36
IV. Clinical Year Professionalism Remediation Policy	40
V. Incident Report	41
VI. Letter of Intent for Final Preceptorship	42
VII. Contingency Plan	43
VIII. Mid-Rotation Evaluation Form	44
IX. Preceptor Evaluation of the Student (PES) (Example: Pediatrics)	54
X. Student Evaluation of Preceptor and Site (Example: Pediatrics)	60
XI. SOAP Note Grading Rubric	62
XII. Signature Page	63

I. Introduction

A. ARC-PA Standards

The ARC-PA (Accreditation Review Commission on Education for the Physician Assistant) has published standards that all PA programs must abide by to maintain accreditation. As valued by the Towson University program, and in accordance with the ARC-PA 5th Edition Standards (<http://www.arc-pa.orgStandards-5th-Ed-Mar-2022.pdf>), students will have clinical rotations encompassing the following:

1. Types of populations and care:
 - For preventive, emergent, acute, and chronic patient encounters
 - Across the life span, to include infants, children, adolescents, adults, and the elderly
2. Types of rotations:
 - Family medicine
 - Emergency medicine
 - Internal medicine
 - Surgery
 - Pediatrics
 - Women's health (including prenatal and gynecologic care), and
 - Behavioral and mental health care
3. Types of clinical settings:
 - Emergency department
 - Inpatient
 - Outpatient
 - Operating room (including conditions requiring surgical management, pre-operative, intra-operative, postoperative care)

B. Competencies for the Physician Assistant

Physician assistant students' educational and clinical experiences are curated for academic end-goals of matriculation with a high index of competency.

Towson University's PA Program's Core Competencies (i.e., the professional behavior, the clinical and medical knowledge, and the technical skills for optimal patient care) are based upon the American Academy of Physician Assistants (AAPA) *Competencies for the Physician Assistant Profession* (see link below). This document publicizes the set of competencies that all PAs, regardless of setting, are expected to demonstrate throughout their careers.

To achieve such competencies, the TU PA program's instructional objectives (e.g., content and skill acquisition through each course and learning activity) are further developed and measured based on defined learning outcomes (e.g., what a student is expected to be able to demonstrate after completion of a course of study, clinical rotation, the program, etc.).

The AAPA's Competencies for the PA Profession are divided into five areas (with a brief description below each; please see [AAPA Competencies for the Physician Assistant](#) for the entire document):

1. Knowledge for Practice:
 - Established and evolving biomedical and clinical sciences and application of the knowledge to patient care.
2. Interpersonal and Communication Skills
 - Effective exchange of information and collaboration with patients, their families, and health professionals.
3. Person-centered Care
 - Patient- and setting-specific assessment, evaluation, and management; supports patient safety.
4. Interprofessional Collaboration
 - Ability to engage with a variety of other healthcare providers that optimizes safe, effective, patient-centered care.
5. Professionalism and Ethics
 - Emphasizing professional maturity and accountability for delivering safe and quality care.
6. Practice-based Learning and Quality Improvement
 - Critical analysis of one's own practice experience, medical literature, and other information resources for the purpose of self-evaluation and practice improvement.
7. Society and Population Health
 - Understand what influences the health of patients and integrate them into patient care.

C. Specific Program Clinical Experience (SPCE) Learning Outcomes

The program's Clinical Experience learning outcomes are built-upon by instructional objectives from the didactic year (which incorporate AAPA Competencies (see above) and ARC-PA Standards), allowing a transition of student focus from knowledge and skill acquisition to performance and application, requiring information synthesis and problem-solving. In addition, some of the specific program clinical experience learning outcomes (i.e., assessment areas) are based upon those set by the PAEA for their End of Rotation (EOR) Content, Topic Lists, and Exams (<https://paeaonline.org/assessment/end-of-rotation/content>).

The learning experiences and outcomes expected of each student will be measured by several means of assessments (see *Rotation Evaluations, Assignments* section) throughout the year. Each rotation-type, including the core seven (7) rotations (see II.A) will have an accompanied list of learning outcomes that will provide examples of the skills and knowledge to demonstrate during that rotation. As prioritized by the TU PA program, and integrated with the ARC-PA 5th ed. Standards (see ARC-PA link to the standards which include the list below) and PAEA (see [PAEA Core Tasks and Objectives](#)), the required application and performance skill set each student is expected to perform adequately and appropriately include, but is not limited to, the following:

✓ **History Taking and Physical Examination**

- Ability to take and document comprehensive patient histories across the lifespan and diverse populations.
- Ability to perform a technically correct, complete, comprehensive, and focused physical exam based on recognition, extraction, and interpretation of a patient's pertinent history and corresponding physical exam findings.

- Synthesize patient histories, corresponding physical exam findings, conceptualize and prioritize patient's care based upon assessment, and design appropriate medical/treatment-plan.
 - Ability to create and accurately document corresponding patient assessment information into a progress note (e.g., SOAP), pre-/peri-/post-operative note, psychiatric evaluation, and discharge summary.

✓ **Diagnostic Studies**

- Order, identify and interpret normal/abnormal values for routine laboratory, radiologic, and ancillary testing studies (i.e., lab results, EKGs, chest X-rays).
- Demonstrate provision of appropriate education to patient(s) and families, as it relates to diagnostic studies.
- Formulate indications, techniques, and potential risks and benefits associated with diagnostic studies.
- Identify and determine appropriate follow-up studies (if warranted), based upon condition, risk stratification, patient factors, and diagnostic study accessibility.

✓ **Diagnosis**

- Demonstrate critical thinking and medical decision making by:
 - Generating a complete and accurate list of differential diagnoses, including most likely, least likely, and potential conditions of acute nature.
 - Demonstrate the ability to integrate patient history, physical exam findings, laboratory results, and diagnostic studies for treatment planning.
 - Formulate an appropriate treatment plan, using evidence-based medicine and current recommended guidelines, with consideration for individual patient factors.
 - Identify underlying processes and pathophysiology associated and/or causative for certain disease states or conditions.

✓ **Health Maintenance**

- Demonstrate professionalism, proficient and empathetic patient care skills, and effective communication across settings (i.e., oral case presentations, patient/family communication skills, obtain patient consent, and deliver patient-appropriate education).
- Identify and provide appropriate education and patient counseling regarding disease prevention, transmission, immunizations, and lifestyle routines for health promotion (e.g., exercise, nutrition) as it relates to a patient's individual factors, comorbidities, risk, environmental supports, resource access, and intervention/treatment risks, benefits, and accessibility across the lifespan.
- Perform appropriate history and physical examinations for health screenings and well-care visits across the lifespan as a component of public health prioritization.
- Recognize, determine appropriate intervention(s) and/or referrals for, and educate the patient regarding stress levels' impact on health, maladaptive behavioral patterns, coping strategies, family dynamics, signs and symptoms of abuse/neglect, aging-related issues and effects, other psychosocial stressors.
- Identify typical/atypical growth, maturation, and developmental milestones.
 - Link age-appropriate anticipatory guidance with condition (or sequelae) for risk reduction and early intervention.

✓ **Clinical Intervention**

- Perform any procedures or tasks with proper indication and procedural technique (e.g., suturing, I&D, stapling, wound care, splinting/casting).
- Determine other resources required to better manage patient care (i.e., patient risk-levels and intervention urgency, specialty or general patient referral, clinical consultation, or other connection to treatment services required and/or recommended).
- Select appropriate clinical interventions and recognize any treatment limitations.
- Construct a treatment plan and appropriately educate patients and/or families regarding the recommended treatment course and its implications on the patient's health condition(s) and other associated outcomes.
- Identify and select appropriate pharmacological and/or non-pharmacological treatment modalities based on individual patient factors.
 - Monitor pharmacotherapy:
 - Recognize indications, contraindications, risks, benefits, drug interactions, appropriate populations.
 - Determine routine or ongoing diagnostic studies (e.g., laboratory) for therapeutic treatment and organ function monitoring.
 - Recognize side effects and/or when a modification is necessary for a therapeutic treatment (e.g., pharmacological therapeutic window for reduction of and minimization of risk for toxicity).
- Establish appropriate follow-up appointment scheduling regimen.

While each rotation is a different and new encounter, students are encouraged and reminded to remain cognizant of a wide range of differential diagnoses, as there can be significant overlap in rotation setting types and certain medical condition presentations. Based upon elective rotation and final preceptorship sites, and variance in encounters, conditions organ system(s) and conditions outlined below for expected outcomes are not exhaustive.

The outlined performance skill set, as reviewed above, is required in all rotations and is applied to the following topics (see [PAEA Topic List Content](#)) for a detailed topic list relative to the learning outcomes/expectations and associated organ systems), based on the rotation setting:

- **Emergency medicine** (see [Emergency Medicine Topic List \(PAEA\)](#))
- **Family medicine** (see [Family Medicine Topic List \(PAEA\)](#))
- **General surgery** (see [General Surgery Topic List \(PAEA\)](#))
- **Internal medicine** (see [Internal Medicine Topic List \(PAEA\)](#))
- **Pediatrics** (see [Pediatrics Topic List \(PAEA\)](#))
- **Psychiatry and behavioral health** (see [Psychiatry & Behavioral Health Topic List \(PAEA\)](#))
- **Women's health** (see [Women's Health Topic List \(PAEA\)](#))

II. Clinical Year Curriculum

A. Schedule and Required Rotations

The clinical year begins in June, after Transition Week, and continues through the following July. Each rotation is 5 ½ weeks in length, with the whole class together (“on campus”) the last two days (Thursday and Friday) of the 6 weeks at Towson University.

The required* Clinical Year rotations are:

1. Internal Medicine
2. Behavioral and Mental Health Care
3. Emergency Medicine
4. Family Medicine
5. General Surgery
6. Women’s Health
7. Pediatrics
8. Community Medicine
9. Elective
10. Final preceptorship (FP)

****Community Medicine and the Elective rotations are not considered “core” rotations but are program-required.***

Students will also have a Final Preceptorship (FP) after all the required rotations have been successfully completed. The goals of the Final Preceptorship include expanding or strengthening the student’s knowledge and skillset in a particular area of medicine, and/or as a possible pathway for employment. More information regarding the Final Preceptorship can be found in Section IV.

B. Clinical-based courses

All students will register for the following courses at Towson University during the appropriate term. Currently, the curriculum includes the following:

Semester	Course number/Name	Credit hours
Summer	PAST 651 Clinical Practicum I	6
Fall	PAST 652 Clinical Practicum II	6
	PAST 653 Clinical Practicum III	6
Winter (Minimester)	PAST 654 Clinical Practicum IV	3
Spring	PAST 655 Clinical Practicum V	11
Summer	PAST 756 Final Clinical Practicum	6

C. Didactic-based courses

1. Clinical Seminar [PAST 730 (fall) and 731 (spring)]
 - These 2-credit courses take place during the days students return to campus and include lectures and Grand Rounds (see course syllabus).
2. Graduate Seminar [PAST 801 (fall) and PAST 802 (spring)]
 - These 1-credit courses encompass the Capstone project (see course syllabus).

Please refer to the Student Handbook regarding academic requirements, remediation, and deceleration for these courses.

III. Clinical Year Schedule: Class of 2024*

Transition Week (Mandatory)	05/30/2023 – 6/2/2023	(Memorial Day 5/29/2023)
Clinical Rotation/Course #	Dates on Site	Event Dates
Rotation 1 (PAST 651)	6/5/2023 – 7/12/2023	Juneteenth 6/19/2023 Independence Day 7/4/2023 On Campus 7/13 & 7/14
Rotation 2 (PAST 651)	7/17/2023 – 8/23/2023	On Campus 8/24 & 8/25
Rotation 3 (PAST 652)	8/28/2023 – 10/4/2023	Labor Day 9/4/2023 On Campus 10/5 & 10/6
Rotation 4 (PAST 653)	10/9/2023 – 11/15/2023	Fall Break 10/13/2023 On Campus 11/16 & 11/17
Rotation 5 (PAST 654)	11/20/2023 – 1/3/2024	Thanksgiving Holiday 11/22 – 11/24/2023 Winter Break 12/25/2023 -1/1/2024 On Campus 1/4 & 1/5
Rotation 6 (PAST 654)	1/8/2024 – 2/14/2024	Dr. Martin Luther King, Jr. Day 1/15/2024 On Campus 2/15 & 2/16
Rotation 7 (PAST 655)	2/19/2024 – 4/3/2024	Towson Spring Break 3/17 – 3/24/2024 On Campus 4/4 & 4/5
Rotation 8 (PAST 655)	4/8/2024 – 5/15/2024	On Campus 5/16 & 5/17
Rotation 9 (PAST 756)	5/20/2024 – 6/26/2024	Memorial Day 5/27/2024 Juneteenth 6/19/2024 On Campus 6/27 & 6/28
Final Preceptorship	7/1/2024 – 07/26/2024	Independence Day 7/4/2024 MAT Training TBD 7/29 – 8/4 TBD
Long White Coat Ceremony	08/05/2024	Towson University West Commons

**This schedule is subject to change due to unforeseen circumstances; students will be notified in advance where possible.*

IV. Clinical Rotation Overview

A. Site Acquisition and Affiliation Agreements

It is the responsibility of the program to locate and secure appropriate preceptors and sites for clinical year rotations. All potential/new sites are thoroughly evaluated to ensure student safety, appropriate licensed preceptors, and the ability to reasonably provide the program's clinical learning objectives to the student. This process includes a site visit, meeting with the preceptor and providing a Preceptor Handbook. If the site is deemed appropriate, an Affiliation Agreement (a legal contract between Towson University and the site) is signed by both parties and a copy is kept on file at TU. Students will not be allowed on any site where an active Affiliation Agreement is not in place. Students must notify the Clinical Coordinator immediately if a preceptor requests that a student be in a different location other than originally agreed to.

B. Required Paperwork

In addition to standard documentation, some settings require additional paperwork in advance, which may include onboarding, parking, identification badges, online videos and training, and other signed documents. This might include paperwork that was previously completed but may need updated information or signatures. Students must complete and submit any paperwork as requested or required by the program or any clinical site in a timely manner. Failure to do so may result in a student not being placed at a site as scheduled and therefore delay graduation.

C. Student Placement

The Clinical Coordinator is responsible for the placement of each student for every required rotation, with the intention of matching students with the best fit. Students may **NOT** seek out their own rotation site and/or preceptor, as this is prohibited by ARC-PA standards. While students may be asked about preferences for electives, the final decision of placement rests solely on the Clinical Coordinator.

The Clinical Coordinator matches students with licensed and actively practicing health care providers (usually physicians, PAs, and/or Nurse Practitioners) who serve as preceptors. These preceptors, who volunteer their time, will primarily take responsibility for supervising student-patient interactions as well as determine the schedule of the student. Students may be expected to participate in other learning experiences besides direct patient care, such as attendance at Grand Rounds, assigned readings, and working collaboratively with other members of the health care team (nurses, medical residents, PT, OT, respiratory therapists, social workers, etc.) while on site.

D. On-rotation schedule

Each student will have their own individual Clinical Rotation schedule and there is no specific or necessary order to these placements. All students will have met their rotation-type requirements at the completion of the clinical year, before beginning a Final Preceptorship. Students may not change their assigned site for any reason; However, the Clinical Coordinator may need to make adjustments due to preceptor/ site situations, and the student will be notified appropriately.

Students will be expected to follow the clinical (work) schedule given by the lead preceptor, which may include overnights, weekends, and some holidays. The expectation is that students will be on site a minimum of 40 hours per week but may be more based on the preceptor's expectations/schedule. *If, for any reason, you are unable to complete the 220 hours expected for each rotation, you must notify the Clinical Coordinator immediately to determine a plan of action.*

Each rotation is 5 ½ weeks (unless otherwise noted on the schedule) with the entire class returning to campus on the last Thursday and Friday of the 6th week. These days will include taking the PAEA End of Rotation Exam, group SOAP note presentations, Grand Rounds, additional didactic courses, Capstone meetings, topic-specific lectures and/or any program-required activities.

E. Elective rotations

The Clinical Coordinator will send students a “Wish List” form to complete regarding preferred placements for their Elective rotation. These are usually areas of specialty, such as dermatology, orthopedics, or neurosurgery. While every attempt will be made to meet these requests, the final placement will be determined by the Clinical Coordinator. *Please remember that students MAY NOT seek out their own preceptor for the elective rotation.*

F. Final Preceptorships & Letter of Intent

The Final Preceptorship takes place after all required rotations have been successfully completed. Its primary intention is to allow students to find a placement which may lead to employment, and/or also to expand their knowledge and experiences in a particular area of medicine.

- Unlike the other 9 rotations where the Clinical Coordinator will arrange placements, students MUST seek out physicians or PAs who will commit to precepting during the FP dates.
- Students MAY NOT use preceptors that are already being utilized by the PA program so as not to interfere with other clinical rotations. Limited exceptions to this rule may be made on a case-by-case basis (i.e., employment will be offered at the end of the FP) and must be discussed with the Clinical Coordinator before any paperwork is signed.
- Final Preceptorships must be a minimum of 40 hours per week for the duration of the rotation.

Once the preceptor agrees, a “Letter of Intent” (LOI) form (see Appendix VI) must be completed and signed by both parties and submitted by email to the Clinical Coordinator AND entered into EXXAT. This form must be submitted **no later than March 15th** to ensure that Affiliation Agreements are in place, as this process can take several months. *Students who submit their LOI after March 15th will risk not being able to attend that site for this reason.*

If the prospective preceptor or institution does not have an existing Affiliation Agreement with Towson University, the student is responsible for giving all pertinent information (name, title, institution, address, email, phone numbers, etc.) to the Program Specialist and the Clinical Coordinator so that the contracts can be properly prepared. The program will provide any necessary documentation to the site, and it is the student’s responsibility to confirm what additional site-specific paperwork will be required.

Students should begin their search for FP preceptors by late fall to ensure availability of the preceptor, as many preceptors schedule taking students up to a year in advance. It is imperative that the student and preceptor reach an agreement about what is expected of each party in terms of clinical education during this rotation, and students should share the program’s Objectives with the preceptor.

V. Clinical Year Program Expectations and Requirements

A. Student Contact Information/ Email

All students must complete and update as necessary personal contact information (address and cell phone number) as well as Emergency Contact information (cell phone number at a minimum) in EXXAT before starting rotations.

Additionally, students are expected to check their Towson email at a minimum of once per 24 hours for any program-specific updates or announcements.

B. Advising

As in the didactic year, students must continue to meet with their assigned advisor at least once per semester, and more often as needed (see Student Handbook). One goal of these meetings is to ensure that students are on track for graduation requirements, and to discuss any issues or concerns that may arise during the clinical year. Critical to these meetings is the review of continuing preparation for the PANCE using the individualized Study Plan and discussion regarding the potential need for modifications or additional resources (See XIV. *PANCE Preparation*).

C. Individual Requirements to begin Clinical Year Rotations

The PA program utilizes *CastleBranch* (discover.castlebranch.com) for required screenings. Please contact the Program Specialist if you require help.

- ***It is the student's responsibility to ensure these are all up to date and submitted appropriately, as failure to do so may preclude a student from starting on or completing a rotation.***
- *Students are responsible for all fees for these requirements incurred while attending the PA Program.*

1. Health Screening

- a. Students must have and submit on file a health screening visit performed by a licensed health care provider.
- b. This must be done yearly, and it is the student's responsibility to ensure it is updated.

2. Required Immunizations

- a. All students must be up to date with MMR, Hepatitis B, Varicella, Tetanus, Influenza, and/or any vaccine required by the University.
- b. The COVID-19 vaccine and booster(s) as recommended by the CDC is a requirement to begin clinical rotations.
- c. All students must have a yearly and current flu vaccine and TB testing (PPD) prior to the first rotation and must be updated annually.

3. Background Check and Drug Screening

- a. A yearly background check and drug screening are required for the clinical year, and is also maintained in CastleBranch.
- b. It is up to the student to ensure all testing and documentation are up to date.

- c. A preceptor or site reserves the right to require any student to provide an immediate drug screening if there is concern that a student may be impaired and/or may impact patient safety. Failure to comply will result in the student being removed from the site immediately and may result in delay of graduation or dismissal from the program.
4. Liability insurance
 - a. Students must carry individual liability insurance throughout the clinical year. It is done through CM&F group, and student can enroll through the AAPA website.
(<https://www.cmfgroup.com/about-cm-f/cmf-partners/aapa-malpractice-insurance-services/>)
5. Personal Health Insurance
 - a. Students are required to carry personal health insurance while attending the program and must continue this coverage until completion of the program.
 - b. Failure to do so may result in immediate dismissal from the program.
 - c. Preceptors/sites are not required to provide any medical care beyond routine first-aid.
6. It is the responsibility of the student to ensure that all required documents are uploaded into EXXAT once verified by CastleBranch. This will allow the student (and program) to be able to send site-specific documents as required.

D. Site Visits

Site visits serve several purposes, including initial and ongoing personal faculty contact with preceptors and sites, ongoing evaluation of both against program standards, and/or any concerns or questions regarding the student or site. Further, regular site visits are mandated by ARC-PA standards.

The Clinical Team will contact the preceptor(s) to arrange the date and time of the visit. Any student currently placed on that site should expect to be available to meet with the visiting faculty member as requested, as active student input is also a valuable part of the site visit.

VI. Going on Rotations

Students may not attend any clinical site without an updated (yearly) health screening, immunization record, background check, drug screen (See *Section V – Category C* above). ***It is the responsibility of the student to ensure all above information is updated and submitted to the program as required so as not to miss time on site.***

A. Starting a New Rotation

1. Students and preceptors will be notified ideally at least one month in advance of the start date by via EXXAT and requirements and documentation for each site will be available there. The student will be responsible for sending all necessary documents to each site and must let the Clinical Coordinator know if any additional documents or signatures are needed. If additional paperwork for that site is required or needs updating, the student will be notified and is expected to respond within 24 hours to avoid not being able to start the rotation.
2. The student will then contact the preceptor by email (contact information is in EXXAT) to confirm start date, work schedule, and to obtain any additional information necessary (e.g., (parking pass, ID, orientation, required online training, dress code, etc.). An example of this type of email will be provided to students. If the student is unable to reach the preceptor, the Clinical Coordinator should be notified at least two weeks before the start date.

B. Mid-Rotation Evaluation Form

Halfway through the rotation (towards the end of week 3), the student will request a face-to-face discussion with the preceptor to complete the **Mid-Rotation Evaluation** form. This is done to ensure there are no significant issues that may preclude the student from passing the rotation (in which case the Clinical Coordinator should be notified immediately). The student will submit the form into Blackboard. (See Appendix VIII, and a blank copy of this form will be available on Blackboard.)

C. Preceptor Evaluation of the Student (PES)

At the end of each rotation, the student will request a face-to-face meeting with the preceptor to review and discuss the **Preceptor Evaluation of the Student (PES) form**. The student will submit the form into Blackboard and bring a hard copy when back on campus at the end of the rotation. (See Appendix IX, and a blank copy of this form will be available in Blackboard and/or EXXAT.) This form is due no later than the Friday after the last day of the rotation; if the preceptor delays completing the form, the student will notify the Clinical Coordinator and an extension may be granted.

Please note that the preceptor of record may not be the preceptor the student works with on site. Additionally, students may work with multiple preceptors during their time on site. The preceptor the student works most with should complete the form and may include input from additional preceptors as appropriate.

D. Thank You Note

At the end of each rotation, students are required to give their preceptor(s) a handwritten thank you note as a token of appreciation.

E. Student Evaluation of Preceptor/Site Form (SEP)

The student must complete and submit a **Student Evaluation of Preceptor/Site (SEP)** form into Blackboard and bring a hard copy to campus before beginning the next rotation. These are rotation-type specific so students should be sure to complete the correct one. (See Appendix X, and a blank copy of each of these forms will be available in Blackboard and/or EXXAT.)

F. Safety and Security

- Students, faculty, and clinical faculty are responsible for ensuring appropriate security and personal safety measures are addressed in all locations where instruction occurs. It is everyone's responsibility to read and observe policies on safety and security for each institution that you are assigned or enter.
- Should any site practices be concerning to the student, the program should be notified **immediately**.
- **Weapons of any kind are prohibited from being carried by our students.** This includes firearms of any kind, knives of any size, chemical sprays or anything that could be identified as a weapon.

G. Problems/ Issues

Students are expected to accept direction and criticism from preceptors and respond or modify their behavior appropriately. However, inappropriate, and unprofessional actions or statements (including bullying) towards a student or a classmate is unacceptable.

If at any time a student is made to feel uncomfortable by a preceptor's actions or statements, and/or the student does not feel safe on site, the student must **contact the Clinical Coordinator immediately by phone and email.**

The Clinical Coordinator will inform the Program Director and, if deemed appropriate, the student will be removed from the site immediately. There will be **NO repercussions or academic consequences towards the student**, and the Clinical Coordinator and Program Director will determine the most appropriate action. The student will be allowed to make up any missed time due to these circumstances. Reporting these concerns promptly not only helps to ensure your safety, security, and well-being, but also that of your classmates.

VII. Student Logging Requirements

A. EXXAT Logging Requirements

Effective 2022, the PA program has partnered with EXXAT, a multi-function online platform that includes contact information for preceptors and sites, communication with students, and most importantly, data collection. Students must familiarize themselves with the use of EXXAT before they begin the clinical year.

The program has multiple specific requirements for patient experiences, and EXXAT Patient logs will be used to evaluate types of patient encounters in each rotation. **It is the responsibility of the student to confirm required data on every patient interaction is entered correctly and in a timely manner (at the end of every day/shift).** If a student has multiple encounters with the same patient during a shift, the data is logged once.

- The EXXAT log must be completed no later than 4 days after the last day on site.
- Failure to keep updated, complete and correct logging may jeopardize Final Preceptorship and Graduation eligibility.

1. Time Log (Hours on Site)

Students must log all hours on-site for every shift/day and must have an average of 40 hours per week. These hours may be a combination of patient care and on-site learning experiences such as Grand Rounds attendance. If hours are missed (see “Attendance”), every attempt must be made to make them up during the time on that rotation. If that is not possible, the student will notify the Clinical Coordinator and will be required to complete a Contingency Plan.

2. Specific Types of Patient Encounters

To best achieve a variety of patient experiences including those across the lifespan, in addition to the minimal number of logged hours on site (see *Logging*), the program requires students to have the following specific patient-type encounters; these must also be logged in EXXAT.

- The **required** logging data for **every patient encounter** include:
 - Age of patient
 - Infants (0-12 months)
 - Children (1-12 years)
 - Adolescents (12-18 years)
 - Adults (18-65 years)
 - Elders (>65 years)
- Additional **required** patient experiences include:
 - Prenatal (anytime during pregnancy)
 - Pre-operative
 - Peri-operative (in OR)
 - Post-operative
 - Behavioral Medicine

3. Skills Log

PAs are also expected to perform safely medical, diagnostic, and surgical procedures considered essential to their area of practice. In addition to completing ACLS training (provided by the program), students should see and log the following competencies, as either “**observed**”, “**assisted**”, or “**done**” in EXXAT. Students will also log skills in the Student Passport (see below).

- Perform a Wellness H&P Age Birth-12 years
- Perform a Wellness H&P Age 13-21 years
- Perform a Wellness H&P Age >21 years
- Perform a Focused H&P of Child <1 year
- Perform a Focused H&P of Child 1-12 years
- Perform a Focused H&P of Age 13-18 years
- Perform a Focused H&P of Age 19-64 years
- Perform a Focused H&P of Age 65+ years
- Perform a Pre-Op H&P
- Perform a Post-Op H&P
- Dipstick Urinalysis
- Fingerstick Glucose
- Specimen Swab (Ex: Nasal, Skin, Vaginal, Rectal)
- Throat Swab
- Vaccination Administration
- EKG Interpretation
- CXR Interpretation
- X-ray Interpretation (Abdomen, Extremity, Spine, Skull)
- Venipuncture
- IV Placement (Perform, Assist, or Observe)
- Local Anesthetic Injection (Perform, Assist, or Observe)
- Incision & Drainage (Perform, Assist, or Observe)
- Sterile Technique Outpatient (Ex: For wound closure)
- Simple Interrupted Sutures Outpatient
- Pelvic Exam
- Male Genital and Hernia Exam
- Rectal Exam
- Writing Prescriptions
- Self-Gowning and Gloving
- Scrubbing for the OR
- Sterile Technique in the OR
- Suturing in the OR
- Wound Closure with Staples
- Wound Care (Ex: Burns, Sutures, I&D)
- Staple Removal
- Suture Removal

B. Skills Logging: The PASSPORT

Each student will be issued a yellow notebook, the Passport, which should be carried with them on rotations. Students will be required to record the above listed skills in this Passport and have their preceptor sign the Passport to verify competency in that skill. There is a note to the preceptor on the inside front cover of the Passport that should be shown to the preceptor prior to them signing. Each skill will be listed at the top of the page in the Passport and the following should be recorded for each entry:

1. Date
2. Rotation type
3. Preceptor printed name
4. Preceptor signature
5. Performed, Assisted, or Observed

At a **MINIMUM**, you must log **at least 1** of each of the listed skills and have it signed by a preceptor. You may choose to log more than one occurrence for each skill, but it is not required in the Passport.

Students **MUST** bring their Passport with them during back on campus days at the end of each rotation. Your Passport will be reviewed by the Clinical Coordinator regularly to ensure you are on track to meet the required competencies.

Please note, you must advocate for yourself and actively seek opportunities to perform these skills! Ensure your preceptor is aware of the skills you need at the beginning of each rotation so they can best enable you to achieve these competencies.

VIII. Professionalism

Remember: Towson PA students are representing their class, program, and school at all times, even when not actively involved in patient care.

This program expects professional behavior from students at all times. Any professionalism issues reported to the Clinical Coordinator by a preceptor (via email, phone, or evaluation form) will be cause for the student to be removed from the site immediately. This may result in failure of the rotation, failure of the course, and/or dismissal from the program. Please refer to the program's Clinical Year Professionalism Remediation Policy (Appendix IV)

A. Representation

1. Students must ALWAYS represent themselves accurately as a "Physician Assistant Student" while in a clinical setting, regardless of any titles or degrees earned in the past. This includes introductions to patients, their caregivers, preceptors, and any other member of the health care team.
2. At a minimum, students must always wear a visible, program-approved nametag supplied by the program.
3. Students must also wear any other identification required by the clinical site.
4. All clinical documents and chart entries must be signed with the student's full name followed by PA-SII. Please include this on your SOAP notes and CM projects.

B. Appearance

1. Students must be always well-groomed while on site.
2. **Students must wear their program-approved short white lab coats (clean and pressed)** with the appropriate school patch/logo ***and*** nametag **at all times while on site** unless directed otherwise by the preceptor. Scrubs may not be worn unless given permission on site.
3. At a minimum, PA students should be professionally dressed (slacks or skirt) with clean, business-casual shirts, sweaters, or tops and closed toe, professional shoes. Any jewelry or make-up should be tasteful and professional.
4. The student must follow any site-specific dress code or policies.
5. Students may not add any additional personal pins or tags to their white coat.
6. If possible, tattoos should be concealed, and body piercings should be minimal. *Preceptors have the right to require a student to remove piercings or cover tattoos while on site.*

C. Electronic devices and social media

1. Cell phones
 - Students should discuss with their preceptor the expectation and/or permission regarding the use of cell phones for reference.

- Students may use cell phones while on site for a family emergency with proper notification to the preceptor and should step away from patient care while doing so.
 - Personal phone calls, texting, and emailing are all prohibited while on site and/or involved in patient care.
2. Laptops may be used with permission from the preceptor, and to enter program-specific data into EXXAT.
 3. ***Video recording, taping and photographs are prohibited in clinical site rotations.***
 4. Social media and public forums are strictly prohibited at all times, and ***may never be used to discuss peers, faculty, staff, sites, preceptors, patients, colleagues, or experiences.*** This is considered a serious honor violation.

D. Additional Unprofessional Behavior includes, but is not limited to, the following:

1. Disobedience of or inappropriate challenge of orders or assignments from faculty, administrators, preceptors, or clinical supervising staff
2. Failure to acknowledge or accept corrections or criticism and/or hostile or belligerent responses or comments to the correction
3. Failure to follow the site's rules, regulations, and chain of command
4. Failure to communicate with clinical supervisors (MD, DO, PA, NP, etc.) to whom they have been assigned
5. Observation or performance of procedures not authorized by the clinical institution and/or preceptor
6. Failure to demonstrate a respectful attitude to peers, instructors, or other members of the health care team
7. Unreliable, undependable behavior at clinical site
8. Failure to remain on a clinical site until all work has been completed and/or the preceptor excuses
9. Failure to cooperate with preceptor, group, or team efforts
10. Failure to deliver care without regard to race, ethnicity, age, sex, creed, religion, socioeconomic status, sexual orientation, national origin, and/or nature of medical/health care problem(s)
11. Uncontrolled or disruptive behavior on site or campus
12. Reluctance to participate in standard medical procedures or failure to perform clinical procedures in an acceptable manner
13. Failure to implement Universal Safety Precautions
14. Physical, verbal, or sexual harassment of anyone (patients, instructors, peers, or faculty)
15. Performance of any duties (including class attendance) while under the influence of alcohol or illegal substances or while taking prescribed medications which can cause impairment of behavior, level of alertness or motor skills
16. Any violation of academic integrity (plagiarism, copying another student's work, sharing answers, using notes, phones or the internet during exams unless given specific permission) or violation of the program's clinical policies or the Towson University Code of Conduct (see Student Handbook).
17. Any other incident/behavior, not listed above, deemed inappropriate by the program, preceptor, and/or site.

Certain clinical site policies may supersede program policies.

E. Patient Care

Ethical care of every patient is required at all times. Guidelines for Ethical Conduct for the PA Profession can be found at <https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf>. Students must always observe strict patient confidentiality.

Disrespect for or insensitivity to a patient's rights, privacy, and privileges (i.e., HIPPA violation) will be considered a serious breach and may be cause for immediate dismissal from the program.

1. Students must provide medical care to patients regardless of disability status or special health care needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, and social determinants of health.
2. Students may not independently order, modify, or prescribe any treatment, nor initiate, modify, or manage or any type of patient care unless under the direct supervision of the preceptor or delegated clinical team.
3. The preceptor (or a delegated physician, PA, or NP) must be on site at all times while supervising a student and must be physically involved in any procedures or activities involving patient care.
4. Students may refuse to follow preceptor instructions if they do not feel qualified or comfortable performing any tasks, or if the student believes patient safety is at stake. The Clinical Coordinator and Program Director must both be notified of such via phone and in writing within 24 hours.
5. Students must recognize their professional, personal, and legal limitations and not exceed them at any time. Furthermore, a student may not perform any medical task without the direction and supervision of their preceptor.
6. Students may never arrive or stay on a clinical site while impaired due to substance use or abuse or health issues. (A preceptor or site reserves the right to require any student to provide an immediate drug screening if there is concern that a student may be impaired and/or may impact patient safety. Failure to comply will result in the student being removed from the site immediately and may result in delay of graduation or dismissal from the program.)
7. Any paper notes about patient encounters may not have patient identifiers and must be shredded to avoid potential HIPAA violations. Students may not record or save patient encounters or experiences in any format (including cell phone, thumb drives, etc.)

Failure to adhere to any of these requirements is a significant professionalism violation, will be brought to the attention of the SPRC, and may result in student dismissal from the program.

IX. Attendance

Students may not report to sites any day Towson University is closed, including the following holidays: Memorial Day, Juneteenth, July 4th, Labor Day, Thanksgiving, Christmas Day, New Year's Day, and Dr. Martin Luther King Jr. Day. Students will also have Fall Break, Thanksgiving Break, Winter Break and Spring Break as per the Towson University academic schedule.

The attendance policy applies to rotation sites, days back on campus, OSCEs, or any other program-required activity on or off campus.

A. **EXCUSED absences may include:**

1. Emergent Illness or Injury

Students should not report to a clinical site if they are ill and likely to be contagious, or if they are injured. A signed medical note will be required and should state when the student may return to work/school. The required documentation should be attached to the **Clinical Year Student Absence Form** (See Appendix II) and emailed to the Clinical Coordinator AND scanned into EXXAT within 24 hours of the last missed day.

2. Religious observances (as recognized by TU): [Link to Towson University Holy Days and Observances](#)

Students should notify the Clinical Coordinator in writing during Transition Week of dates that will be missed. The preceptor should also be notified in the introduction email of days that the student will not be on site, and a plan to make up the hours discussed early on.

3. Excused absences also include personal or family emergencies, death of an immediate family member (with funeral documentation), participation in program-approved activities, or government required activities (with supporting documentation). The preceptor and Clinical Coordinator must be notified in writing immediately and a plan to make up the hours missed should be discussed as soon as feasible.

4. Jury Duty

If a student is contacted to serve on jury duty, the program will write a letter excusing the student during their clinical year. The student must notify the Clinical Coordinator and provide a copy of the summons to the Program Specialist as soon as the letter is received.

5. Inclement Weather

Students are not required to attend the clinical site on days when Towson University is closed due to inclement weather. The preceptor must be notified immediately. If the University has a delayed opening, the student may report to site at the same time as the delayed opening.

With the exception of an emergency, illness, or inclement weather, the student must obtain permission from the Clinical Coordinator, in writing, in advance of any absence, or it will not be excused.

B. **UNEXCUSED absences**

1. Any absence that was not previously approved by the Clinical Coordinator is considered an unexcused absence.
2. Non-emergent doctor appointments, friend, or family events and/or vacations, travel days, and job interviews are unexcused absences.

3. Unexcused absences are a professionalism violation and will be documented on the program's advising form. The student may be brought in front of the SPRC if there is more than one unexcused absence.
4. Unexcused absences are not permitted on EOR days and will result in a zero on the EOR exam; it will not be remediated.

C. Notification

1. In the event a student will not be able to attend a clinical site, the student must notify the clinical preceptor by phone and email immediately.
2. The student must also notify (by text first, then by email) the Clinical Coordinator immediately. It is not the responsibility of the Clinical Coordinator to notify the preceptor.
3. Students may not ask other students on the same site to notify the preceptor of an absence (or lateness).

For all absences, whether excused or not, it is the responsibility of the student to arrange with the preceptor time to make up missed hours on site. If the hours cannot be made up on site, the student is responsible for using the Contingency Plan to ensure sufficient hours are completed.

D. Documentation

A *Clinical Year Student Absence Form* (see Appendix II and a copy can be found in EXXAT) must be completed and signed by the student and emailed to the Clinical Coordinator within 24 hours of the absence unless otherwise arranged. If relevant, documentation must be attached (e.g., doctor's note).

E. Tardiness

The student must notify the preceptor (via phone or email) and Clinical Coordinator (via email, unless it is emergent) if they anticipate a late arrival.

Lateness without adequate notification is considered an unexcused absence unless otherwise specified by the preceptor or Clinical Coordinator.

F. Use of Contingency Plan

If at any time a student is unable to attend a clinical site for a prolonged period due to personal or preceptor illness, preceptor vacation, or any other situation discussed with and approved by the Clinical Coordinator, and those hours cannot be made up at other times during the rotation, the student will be provided with a Contingency Plan to make up the hours missed (see Appendix VII). Contingency Plan information will also be posted in Blackboard. It is the responsibility of the student to be aware of and complete the Contingency Plan to reconcile any missed hours. Documentation of the work, along with the Cover Sheet, must be submitted to Blackboard no later than 4 days after the last day on site, unless otherwise approved by the Clinical Coordinator.

G. Leave of Absence/Withdrawal

If any at time during the clinical year a circumstance occurs for the student that may necessitate a leave of absence or withdrawal from the program, the student should immediately request a meeting with the Program Director and Clinical Coordinator. Permission for a Leave of Absence will be determined on a case-by-case basis, and the student *may* be allowed to return and complete the clinical year requirements.

X. Injuries/Accidents/Exposures on Clinical Site

A. Standard Precautionary Procedures

Students are expected to be familiar with and follow the standard Universal Health Care Practices (see below). However, injuries and accidents may occur. The injuries of greatest concern (other than those which are life threatening) are those associated with blood borne pathogens, sustained by needle sticks and other sharps or through splashes of contaminated body fluids into open wounds or exposed mucosal membranes.

All standard precautions apply to labs, skills training and clinical experience as they protect the healthcare professional as well as patients.

Standard Universal Health Care Practices include:

- Hand hygiene; cough and respiratory hygiene
- Needle and bodily fluid safety practices
- Wearing protective equipment (i.e., gloves, masks, eyewear and gowns) and PPE Certification
- Handling contaminated objects, equipment or surfaces

All Physician Assistant students are required to have and maintain personal health insurance throughout the clinical year. Beyond initial first aid treatment, neither Towson University nor preceptors/sites are responsible for providing care for injuries sustained on campus or on rotation.

B. Protocols/Incident Report

The following are program requirements and protocols to assure that appropriate steps are taken to minimize any long-term effect of accidental injuries.

1. Students must review blood borne pathogen protocols prior to starting each clinical rotation and receive a certificate of completion from Learning Harbor (discussed during Transition Week).
2. Students must carry their medical insurance cards or papers identifying their insurance providers and preferably the name of their personal physician on all rotations.
3. When an injury occurs on clinical site, the office manager, preceptor, and/or clinic supervisor needs to be notified IMMEDIATELY. Any site-specific protocols must be followed.
4. When there is no medical care provided or available at the clinical site, the student must go immediately to the nearest medical provider or the EMERGENCY DEPARTMENT.
5. Once care has been initiated by a medical provider or ED, a detailed and complete Incident Report (see Appendix V) must be sent to the Clinical Coordinator and Site/Preceptor. This report does not have to state the type of care provided nor does it have to state the diagnosis.
6. The PA Program requires documentation that the injury has been evaluated by a medical provider and therapy initiated where appropriate.
7. If the student must miss either clinical time or classroom time because of the injury, medical documentation must be provided to the Program which states that the student may safely return to the clinical site and/or classes.
8. Students must make up all the clinical time lost due to injury and treatment. However, every effort will be made by the program to assist the student to make up time lost to meet program requirements and complete the program on time if possible.

The student is responsible for all medical costs incurred as a result of the accident or injury. If the student receives or accepts medical care offered at the institution where the incident occurs, the student will be responsible for any charges or care that may be assessed.

XI. Rotation Evaluations, Assignments, and Exams

Students will be evaluated throughout the Clinical Year to ensure program expectations are being met and students are progressing successfully. These include:

A. Preceptor Evaluations: Mid-Rotation and Preceptor Evaluation of Student (PES) (See VI. *Going on Rotations*)

B. SOAP notes

1. For each rotation, students will write a SOAP note based on a case seen during rotation and will email to the assigned SOAP Advisor no later than 10 days before returning to campus. An iHuman case may be used if necessary and approved in advance by the advisor.
2. Students will present the case to their advisor and groupmates while on campus, using the grading rubric found in the course syllabi and Appendix XI.
3. The written note (graded by the SOAP advisor) will count towards the final course grade (see “Grading”).
4. **Special Requirement for Community Medicine rotation**
 - Students who have completed the Community Medicine rotation will do a Community Project *in lieu of a SOAP note* (see below).

C. PAEA End of Rotation Exams

The 7 “core” rotations (see Section II, *Program Expectations for the Clinical Year*) each have a rotation-type specific End of Rotation (EOR) exam given on the first day back on campus. This is a 2-hour exam taken on student laptops and will count towards the final course grade. Students are encouraged to use the PAEA website to review Core Tasks and Objectives <https://paeaonline.org/assessment/core-tasks-and-objectives> and Exam Blueprints.

Students must score a minimum raw score of 375 (75%) to pass the EOR exam. Any student scoring below a raw score of 375 will earn 1 Competency Demerit and will require remediation, which includes:

1. Meeting with the Clinical Coordinator and/or Advisor to review and discuss weaknesses based on the score breakdown from the PAEA report and develop a study plan for approval.
2. Retaking the EOR, ideally within 1-2 weeks (at the discretion of the Clinical Coordinator), must score $\geq 75\%$.
3. If the student passes the retake exam, regardless of the retake score, the final score for the EOR will be a 75%.
4. If the student does not pass the second attempt at the EOR, the student will be required to repeat a rotation in the same area of medicine. This may affect graduation date and attendance at the Long White Coat ceremony. See Clinical Year Remediation Policy (Appendix III) for further details.

Students with approved Academic Accommodations are required to take this exam in the TU Testing Center and are responsible for arranging that in advance. There are no exceptions.

Students will not be excused on the testing day (except for emergencies).

Students completing an Elective or Community Medicine rotation will not take an EOR exam. Their grade for the rotation will be based on the Preceptor Evaluation of Student (PES) and the SOAP note grade (see course syllabi).

D. Special Community Medicine Requirement

Students completing their Community Medicine rotation will not take an EOR exam. In lieu of a SOAP note, a Community Medicine project will be submitted; the final grade for the rotation will be based on that and the Preceptor Evaluation of Student (PES).

The student will complete a community-based service project, ideally based on their experiences on that site (if placed off campus). The preceptor should be made aware of this requirement and approve the project before it is started. Some examples of these projects include a printed pamphlet or handout with patient education about a topic relevant to the population served; a public service announcement (PSA), or a patient education video that can be referred to or played by the site. A larger community-based project will also be considered, such as a volunteer project for veterans, school-aged students, or shelter; this type of project must be submitted in writing and approved by the Clinical Coordinator in advance.

The project should demonstrate an awareness of economic or social issues, and/or cultural influences that may affect health care beliefs, practices, or the delivery of health care in that community.

If the student's Community Medicine rotation is on campus, detailed information regarding project requirements will be given at the beginning of the rotation.

The project must be submitted in the same timeline and manner as a written SOAP note and should be presented to the SOAP group as well. This project will be pass/fail, with a pass being worth 50 points (the same as SOAP notes).

XII. Grading

A. Final Course Grade

Generally, each course final grade is based on the above evaluations. Some program courses include one rotation, while others contain two. For those courses that include two, the grades of each rotation will be totaled and averaged.

Unless otherwise specified in the syllabus, grading for each rotation is as follows:

Deliverable	Percentage of Total Rotation Grade
Preceptor Evaluation of Student (PES)	45%
PAEA End of Rotation Exam	45%
SOAP note grade (or Comm Med Project) *	10%
Total	100%

*For **Community Medicine rotations**, the Community Medicine project will count as the SOAP grade.

For **Elective rotations**, where there is no EOR exam, the grade will be based on the PES (Preceptor Evaluation of Student) and the SOAP note only.

B. Failing a Rotation

1. Students must earn a “C” or better to pass any rotation, but any “C” s earned during the Clinical Year fall under the same consequences as in the didactic year (See Student Handbook). Students must not earn more than 2 “C” grades total (combined didactic and clinical years) to complete the program.
2. If a student fails a rotation, a meeting must take place between the student and the Clinical Coordinator to discuss the cause of the failure. The student’s advisor will be made aware of the failure as well.
 - Failure due to professionalism will require the student to be reported to the SPRC to determine the appropriate consequence; see Clinical Year Professionalism Policy.
 - Failure due to the combined scores of the deliverables (see above) may result in appropriate remediation of the failed deliverable and repeating the same rotation-type. This may delay graduation; see Clinical Year Remediation Policy.

XIII. Required Standardized Testing for the Clinical Year

A. Objective Standardized Clinical Experiences (OSCEs)

OSCEs offer students the ability to demonstrate history-taking and focused exam skills on a standardized patient, who will complete a standardized grading form developed with input from individual programs. Students complete the OSCEs once in the fall and once in the spring of their clinical year and will consist of two patient encounters each. In the clinical year, students will also be expected to form a list of differential diagnoses based on the history and PE and develop a management plan.

As a program requirement, OSCEs are considered Pass/Fail, but students must earn a minimum of 80% to pass. Students who score below 80% will be required to remediate with the Clinical Coordinator (or other faculty member) with a 1:1 review of the SP's scoring and comments and may include a review of the video. The student will also earn 1 Competency Demerit. The student will then be assigned an iHuman case of a similar chief complaint and must score a minimum of 80% to successfully complete the remediation.

If the student does not pass the OSCE remediation (i.e., scores <80% on the assigned iHuman case), the student will be required to repeat a rotation, ideally in internal medicine/family medicine, to demonstrate knowledge and competency of history-taking and PE skills required of a new PA. The location and timing of the remediation rotation will be determined by, and at the discretion of, the Clinical Coordinator, and the remediating preceptor will be aware of the situation. The student will also earn 1 Competency Demerit. See Clinical Year Remediation Policy (Appendix III) for details.

The OSCEs are taken at the University of Maryland in the School of Nursing Building. Dates and times will be assigned by the Clinical Coordinator and students will be excused from clinical sites to participate.

Successful completion of all OSCEs is a requirement for completion of the PA program.

B. PACKRAT II

The PAEA PACKRAT (Physician Assistant Clinical Knowledge Rating and Assessment Tool) exam is an objective, comprehensive self-assessment tool for student and curricular evaluation. Students take the PACKRAT I at the end of the didactic year, and PACKRAT II at the end of the clinical year. The results also help guide the student for the PANCE Study Plan (see XIV.1) as part of preparation for the PANCE. Students must take both PACKRAT exams as a requirement for graduation; PACKRAT II falls under PAST 731.

C. End of Curriculum Examination

The PAEA End of Curriculum Exam is given to all students within 4 months of graduation. This standardized test evaluates the student's medical knowledge as one component of their readiness to graduate. The EOC falls under PAST 731.

*Students with approved Academic Accommodations are required to take the PACKRAT and EOC exams in the TU Testing Center and are responsible for arranging that in advance. There are no exceptions.

XIV. PANCE/ PANCE Preparation

A. Study Plan

1. After the PACKRAT I exam is taken at the end of the didactic year and scores are released, all students must devise a well-thought-out, detailed PANCE Study Plan that considers the score and feedback regarding strengths and weaknesses. This Study Plan should detail what resources the student plans to use and a potential schedule for PANCE study during the clinical year when not on site. It is the student's responsibility to schedule this meeting and it must take place before the first clinical rotation is complete. The final version of this Study Plan must be discussed with and approved by the advisor.
2. Suggested resources include but are not limited to course lectures and discussions, texts available through Access Medicine, Kaplan questions, practice exams (online and in textbooks), iHuman cases, and the Bate's Guide to Physical Examination and History Taking text used in the didactic year.
3. Additionally, the Content Blueprint for the Physician Assistant National Certifying Examination (link: [PANCE Blueprint](#)) is an excellent resource to guide students on different medical content and task categories that have been deemed important for entry-level practice as certified physician assistants.

B. PANCE Review Course

If the program offers a formal PANCE review course, attendance will be mandatory *without exception*. Students and preceptors will be informed in advance of the dates as soon as possible, and dates missed from site will be excused and not expected to be made up.

XV. Requirements for successful completion of the clinical component of PA program

1. Successful completion/passing of the nine program-required rotations (see *II. Clinical Year Curriculum*), which include:
 - a. PAEA End of Rotation Exam
 - b. Preceptor Evaluations of Student (PES)
 - c. Timely submission of all paperwork
2. Completion of program-specific patient data experiences (see *V. Clinical Year Program Expectations and Requirements*)
3. A minimum of 1,980 clinical hours
4. Completion of all clinical year courses with a final grade of “B” or above; or no more than 2 Cs for combined didactic and clinical years
5. Passing all OSCEs
6. Completion of GAIT Training
7. Completion of MAT Training

XVI. Communication with the Clinical Coordinator

It is imperative that the Clinical Coordinator be aware of any concerns, issues, or potential problems that occur while on site, ideally before they become more serious or with greater consequences. However, this can only be done if students communicate effectively in a timely manner.

The CC must be notified **immediately** (via both text and email, regardless of time or day) if any of the following occur:

1. Personal emergency that may urgently affect the student's clinical year
2. Injury on site
3. Lateness or absence from site (preceptor must be notified also)
4. Need to leave site early due to emergency
5. Illness that precludes site attendance
6. Any situation on site or involving a preceptor that makes the student uncomfortable or unsafe

The CC must be notified **within 24 hours** (by email) if any of the following occur:

1. Any feedback from the preceptor that indicates the student is at risk for failing the rotation (including mid-rotation evaluation)
2. Any personal situation that may affect the student's clinical year
3. Any other issue that the student believes the CC should be aware of within 24h

While the Clinical Coordinator makes their personal cell phone available at all times to students, **please be considerate and reserve for urgent matters only.** *Failure to adhere to this demonstrates a lack of professionalism and respect.*



Contact List

Daniel O'Donoghue, PA-C Emeritus, PhD, DFAAPA
Program Director/Professor
dodonoghue@towson.edu

James McGinnis, Ed.D., MPAS, PA-C
Associate Program Director/ Clinical Associate Professor
jmcginnis@towson.edu

Lucy Fromtling, MPH, MS, PA-C
Clinical Coordinator/ Clinical Assistant Professor
lfromtling@towson.edu
cell: 908-477-7565

Jodi Dinkin, MS, PA-C
Assistant Clinical Coordinator/ Clinical Assistant Professor
jdinkin@towson.edu
cell: 410-458-5677

Angelique Davidson
PA Program Specialist
andavidson@towson.edu

Sydney Smith
Administrative Assistant II
smsmith@towson.edu



TOWSON UNIVERSITY
PHYSICIAN ASSISTANT STUDIES PROGRAM

CLINICAL YEAR STUDENT ABSENCE FORM
(Please complete all sections)

Student: _____

Class of _____

Day/Date(s) of Absence: _____

Clinical Site name: _____

Preceptor name: _____

Name of person on site notified (include date/time): _____

Date/time Clinical Coordinator notified: _____

REASON FOR ABSENCE:

<input type="checkbox"/> Personal Illness (requires doctor's note)	<input type="checkbox"/> Family Emergency
<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Site Closed (please explain below)
<input type="checkbox"/> Preceptor Absence	<input type="checkbox"/> Other (please explain below)

Explanation: _____

This form must be submitted for all absences from any clinical site. If the Contingency Plan is necessary to meet program requirements, please attach a copy of this to the Cover Sheet when submitted on Blackboard.

Please email this form to the Clinical Coordinator (lfromtling@towson.edu) ASAP.

I. OSCEs (Passing score: 80%)

- A. If a student receives an average score <80% on the two cases, they have failed the OSCE and earn 1 Competency Demerit (see below). They are required to complete the following:
1. They must meet with the Clinical Coordinator (or Advisor) to review the scoring and discuss strengths and weaknesses.
 2. Successful remediation involves completion of an assigned iHuman Case that is similar in chief complaint and/or diagnosis of the failed OSCE with a score of $\geq 80\%$.
 3. If a student does not successfully pass the iHuman Remediation case assigned, they will be required to repeat a rotation (ideally in internal medicine/family medicine) and will earn 1 Competency Demerit. The location and timing of the remediation rotation will be determined by, and at the discretion of, the Clinical Coordinator, and the remediating preceptor will be aware of the situation. It is possible that this extra rotation may take place either before or after the Final Preceptorship. However, in either case, repeating any rotation will require that the student's clinical year be extended, and a rotation will occur AFTER the Final Preceptorship. If the student remains in good standing, they will be allowed to participate in the Long White Coat Ceremony and will graduate on time. It may, however, delay the date they are eligible to take the PANCE.
 - a. If the student does not successfully pass the repeat rotation, they will earn 1 Competency Demerit and will be referred to the SPRC. Potential outcomes from the SPRC include, but are not limited to, an offer of the opportunity to decelerate, an offer of delayed graduation, or dismissal from the program.
- B. Even if a passing score is achieved on the average of the two cases, a score of <75% on any one case requires a meeting with the Clinical Coordinator (or Advisor) to review the scoring and discuss strengths and weaknesses. It is the responsibility of the student to contact the Clinical Coordinator to arrange this meeting.
- C. Successful completion of the OSCEs is a requirement for completion of the PA Program and is not counted towards a grade in any course.

II. EORs (Passing score: 75%)

- A. If a student fails an EOR (score <75%), they earn 1 Competency Demerit and:
1. They must meet with the Clinical Coordinator (or Advisor) to discuss weaknesses based on the score breakdown from the PAEA report and develop a study plan for approval.
 2. They will then retake the EOR (same rotation-type), ideally within 1-2 weeks (at the discretion of the Clinical Coordinator) and must score $\geq 75\%$. If they pass the retake exam, regardless of the retake score, the final score for the EOR will be a 75%.
 - a. If the student does not successfully pass the repeat EOR, they will be required to repeat a rotation (in the same area of medicine as the failed EOR) and will earn 1 Competency Demerit. The location and timing of the remediation rotation will be determined by, and at the discretion of, the Clinical Coordinator, and the remediating preceptor will be

aware of the situation. It is possible that this extra rotation may take place either before or after the Final Preceptorship. However, in either case, repeating any rotation will require that the student's clinical year be extended, and a rotation will occur AFTER the Final Preceptorship.

- b. The student will receive an "I" (Incomplete) in the course until the repeat rotation is complete, at which time a grade will be assigned for the course.
- c. The student will also be required to repeat the EOR (third attempt) following their repeat rotation and must score $\geq 75\%$. If they pass the retake exam, regardless of the retake score, the final score for the EOR will be a 75% and will be entered for the original course. If they do not pass the third attempt EOR, they will earn 1 Competency Demerit and they will be referred to the SPRC and they may be offered the opportunity to decelerate, or may be dismissed from the program, based on the SPRC's recommendation. The final score following a third failure will be an average of the three scores.
- d. If the final grade for the course results in a third "C" for the student, they will be referred to the SPRC and they may be offered the opportunity to decelerate, or may be dismissed from the program, based on the SPRC's recommendation.
- e. If the student remains in good standing, they will be allowed to participate in the Long White Coat Ceremony and will graduate on time. It may, however, delay the date they are eligible to take the PANCE.

II. Final Preceptor Evaluation of the Student (PES) (Passing Score: 75%)

- A. If a student fails the Final Preceptor Evaluation of the Student (score $< 75\%$), the student will earn 1 Competency Demerit and will be required to meet with the Clinical Coordinator to discuss the reason for failure.
 - 1. The student will be required to repeat the rotation (same rotation-type, but at a different site and with a different preceptor). This rotation will be graded as "Pass/Fail" based upon an individualized evaluation form that demonstrates the competencies missed in the original PES/rotation. The timing of the remediation rotation will be determined by, and at the discretion of, the Clinical Coordinator, and the remediating preceptor will be aware of the situation. Therefore, this extra rotation may take place before or after the Final Preceptorship, but, in either case, a rotation **AFTER** the Final Preceptorship will now be necessary. This repeat rotation will cause the student's Clinical Year to be extended.
 - 2. The student will receive an "I" (Incomplete) in the course until the repeat rotation is complete, at which time a grade will be assigned for the course. The student must pass the repeat rotation, which will be graded using the customized form described above. If they pass, the final score for the original PES will be a 75%. If they do not pass the repeat preceptor evaluation, they will earn 1 Competency Demerit and they will be referred to the SPRC and they may be offered the opportunity to decelerate, or may be dismissed from the program, based on the SPRC's recommendation.

3. If the final grade for the course results in a third “C” for the student, they will be referred to the SPRC and they may be offered the opportunity to decelerate, or may be dismissed from the program, based on the SPRC’s recommendation.
 4. If the student remains in good standing, they will be allowed to participate in the Long White Coat Ceremony and will graduate on time. It may, however, delay the date they are eligible to take the PANCE.
 5. If the PES failure was due to a Professionalism issue, the student will also need to successfully complete assigned additional remediation requirements and receive any additional consequences (i.e., not being allowed to participate in the Long White Coat Ceremony) as outlined in the Clinical Year Professionalism Remediation Policy.
- B. As part of the remediation, the student may be required to complete additional assignments related to the reason for failure; these may include online assignments, a reflection paper, or other learning methods deemed appropriate by the Clinical Coordinator and Program Director.

IV: Consequences of Failures (Competency Demerits)

- A. A maximum of (2) repeat rotations are permitted per student. The timing of the remediation rotation(s) will be determined by, and at the discretion of, the Clinical Coordinator. Therefore, the repeat rotation(s) may take place before or after the Final Preceptorship, but, in either case, at least one rotation **AFTER** the Final Preceptorship will now be necessary. This repeat rotation will cause the student’s Clinical Year to be extended.
1. If a student has one (1) repeat rotation, they will have one rotation AFTER the Final Preceptorship. If the student remains in good standing, they will be allowed to participate in the Long White Coat Ceremony and will graduate on time. It may, however, delay the date they are eligible to take the PANCE.
 2. If a student has two (2) repeat rotations, they will have two rotations occur AFTER the Final Preceptorship and will have the following additional consequences:
 - a. Their graduation date will be delayed by 1 semester
 - b. They may be required to pay additional tuition for the additional semester
 - c. Their eligibility to take the PANCE will be delayed
 - d. They may not be allowed to participate in the Long White Coat ceremony.
- B. If a student fails three (3) of the above requirements in any combination (OSCEs, EORs, or Final Preceptor Evaluations), thus earning 3 Competency Demerits, they will be referred to the SPRC with the recommendation for immediate dismissal from the program.
1. The student may be offered the opportunity to decelerate, or may be dismissed from the program, based on the SPRC’s recommendation.
 2. If a student is offered deceleration, the student will begin the Clinical Year at Transition Week along with the next cohort. All grades/courses/exams/rotations will start anew with no carrying over of grades from the current Clinical Year.

C. Summary of Competency Demerits (CDs)

Failed Element	Consequence
OSCE	1 Competency Demerit
iHuman Remediation	1 Competency Demerit + repeat rotation
EOR	1 Competency Demerit
Repeat EOR	1 Competency Demerit + repeat rotation
Final Preceptor Evaluation of the Student	1 Competency Demerit + repeat rotation



Physician Assistant Studies Program
Clinical Year Professionalism Remediation Policy

If a student in their Clinical Year has a Professionalism violation, they will be subject to the following policy regarding the remediation of the behavior and consequences associated with the behavior.

Level of Violation	Example of Identified Concern	Consequences
Tier 1	A report is made by a preceptor to the Clinical Coordinator during the rotation (or after) regarding any professionalism issue that ultimately <u>does not</u> result in the student being removed from the site	<ul style="list-style-type: none"> • The student will be required to meet with the Clinical Coordinator to discuss the issue; a written warning letter will be documented in the student binder via an advising form • Any further reports will result in the student's removal from the site (see Tier 3)
Tier 2	<p>Student receives scores below benchmark for Professionalism/ Behavior on the Preceptor Evaluation of the Student and/or has several negative comments on their form related to Professionalism</p> <ul style="list-style-type: none"> • Lack of achieving Professionalism Competency • Lack of achieving Professionalism Learning Outcomes 	<ul style="list-style-type: none"> • The student must successfully complete a Professionalism remediation assignment given by the Clinical Coordinator • The student may be referred to the SPRC to review and discuss scoring and described issue(s) • A Professionalism letter will be placed in the student's binder
Tier 3 (Most Severe)	A report is made by a preceptor to the Clinical Coordinator <u>during the rotation</u> regarding any professionalism issue (such as egregious student behavior and /or interpersonal/interprofessional issues) <u>that results in the student being removed from the site</u> at the discretion of the preceptor and/ or Clinical Coordinator	<ul style="list-style-type: none"> • The student must successfully complete a Professionalism remediation assignment given by the Clinical Coordinator • The student must repeat the rotation (as outlined in the Remediation Policy regarding failure of a PES) • The student may not cross the stage at the Long White Coat Ceremony • The student may be required to delay graduation based on repeat rotation • The student may be referred to the SPRC for possible deceleration or dismissal



TOWSON UNIVERSITY
PHYSICIAN ASSISTANT STUDIES PROGRAM

Incident Report

Name: _____ Class of _____

Date(s) and Time(s) incident occurred: _____

Clinical Site: _____

Name of Preceptor: _____

Has an Incident Report been filed at the institution? YES NO

If YES, who filed the report? _____

Describe incident in detail. Include specific times where relevant, names of other personnel present, etc. (Attach additional sheets if necessary):

Signature of Student: _____ Date: _____

Signature of Preceptor: _____ Date: _____

Signature of Clinical Coordinator: _____ Date: _____

Disbursement of Incident Report Form:

1. Original for Clinical Coordinator file
2. Student file
3. Clinical Site
4. Clinical Preceptor



TOWSON UNIVERSITY
PHYSICIAN ASSISTANT STUDIES PROGRAM

Letter of Intent for Final Preceptorship

Class of 2024

Dear Preceptor,

A Clinical Year student has asked you to accept them for their **Final Preceptorship**. This last rotation before graduation is chosen and arranged by the student with the intent of obtaining additional experience in your field of medicine before completing the program.

Please complete the following Letter of Intent.

I will be acting as preceptor for _____.

- This student will work under my direction during the rotation from _____ through _____.
- We have discussed and agreed upon the objectives for this rotation (a printed copy should be provided by the student).
- I understand that the student will attend the clinical site a minimum of 40 hours per week.
- At the end of the rotation, I will complete and sign the student’s Final Evaluation form. I also agree to complete a formal affiliation agreement with the Towson PA Program if necessary.

Preceptor’s Name (Print):

Site Name:

Email address:

Site Address:

Cell Phone:

Preceptor’s Signature:

Date:

Office Phone:

Contingency Plan - Class of 2024

At such time that a student is unable to attend his/her assigned site due to COVID 19 circumstances, illness, or preceptor's hours/vacation, virtual work will be required with options as follows:

1. On-line CME Cases (i.e., Medscape)
2. iHuman cases
3. Board-type preparation questions (i.e., Rosh Review*, AccessMedicine, Kaplan Qs NOT counted for PAST 731)
4. Case presentation to instructor +/- classmates

*Please note that a subscription to Rosh Review is NOT a requirement of the Program; however, if a student does have a subscription, it may be used for this purpose.

For each week (approx. 40 hours) that is missed, the student will complete the following: (Please note that this may be pro-rated if missing less than 40 hours)

Activity	Credit	Hours Earned (possible) per WEEK
CME (10 credit hours)	2 hours for every 1 CME hour	10 hours CME = 20 hours
iHuman cases (2 are REQUIRED if missing 40 hours) SOAP note & Case Presentations (see below)	5 hours per case	10
Board-type Questions ROTATION -SPECIFIC	180 questions = 10 hours	10
Total		Must be minimum of 40 hours

SOAP Note/Case Presentation

If a student misses 6 or more days from his/her rotation, a SOAP note, and virtual Case Presentation **must** be done. The case presentation will be to a faculty member and classmates who are also not on site. This case should be taken from either a patient seen earlier in that rotation, or from an iHuman case.

Students must contact Professor Fromtling to arrange for timing of presentation.

If a student is unable to complete 180 questions in their specific rotation type, he/she may choose to do additional CME and/or extra iHuman cases to ensure the total weekly hours are complete.

Required:

All CME credits, iHuman cases, and Board-type Questions must be **rotation-type specific**. For example, if a student is scheduled for Internal Medicine (IM), the student should focus on cases/simulation cases related to IM. Students can use the resources provided by the program, such as AccessMedicine.

Preferred

Simulation Cases and Patient Assessment Cases. These cases will afford our PA students the opportunity to increase their medical knowledge and strengthen their differential diagnosis, assessment, and management skills. The goal is for the students to remain on track to meet the program's required and expected outcomes to be eligible for graduation.

Documentation

Enter hours completed into EXXAT under the current assigned preceptor's name; you must also complete the Cover Sheet, and must include proof of completion (i.e., CME certificate).

Grading

Pass/Fail

The PAEA EOR exam will still be required at the end of the rotation; students are encouraged to follow the Blueprint to prepare and be successful.



**Physician Assistant Studies Program
Mid-Rotation Preceptor Evaluation of Student**

Student Name: _____ Rotation #: _____

Site Name: _____

Preceptor Name(s): _____

Rotation Type (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Family Medicine |
| <input type="checkbox"/> Behavioral and Mental Health Care | <input type="checkbox"/> Elective |
| <input type="checkbox"/> Community Medicine | |

The purpose of this mid-rotation evaluation is for the student and preceptor(s) to discuss the student's level of knowledge, skills, and behaviors at this point in the rotation, with the intention to identify early on any weaknesses, issues, or areas that need improvement, and to allow the student sufficient time to demonstrate the appropriate level of competence at the completion of the rotation.

Please rate this student on each of the following elements using the following scale:

Below expectations – This student demonstrates poor knowledge and/or skills; failing to improve; needs additional knowledge and/or skills to meet expectations

Meets expectations – This student demonstrates adequate knowledge and skills; meets expectations and improving

Exceeds Expectations – Great baseline knowledge and advanced skills, exceeds expectations, Excellent and consistent application of knowledge with superb skills

A. Knowledge, Clinical, and Technical Skills

	Below Expectations	Meets Expectations	Exceeds Expectations
<p>Medical Knowledge – Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease; and apply these to the care of patients (Learning outcomes A1 and A3)</p>			
<p>Evidence-Based Medicine – Student’s ability to demonstrate an understanding of medical research and evidence-based medicine; and apply it in clinical practice of medicine (Learning Outcomes A2, C2, C3)</p>			
<p>Medical Interview – Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients, or their family members, in the following age groups (children, adolescent, adult, and elderly) appropriate for this setting (Learning Outcome B1)</p>			
<p>Physical Examination – Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups where applicable: children, adolescent, adult, and elderly; and recognize normal and abnormal findings (Learning Outcome B2)</p>			

	Below Expectations	Meets Expectations	Exceeds Expectations
Clinical Procedures – Student’s ability to perform or assist in procedures appropriate to the setting and level of training (Learning Outcome B3)			

B. Clinical Reasoning and Problem Solving

	Below Expectations	Meets Expectations	Exceeds Expectations
Differential Diagnosis – Student’s ability to organize information gathered from the interview, physical exam, and diagnostics tests to <u>formulate a differential diagnosis and assessment</u> for patients in this rotation-type (Learning Outcome C1)			
Diagnostic Studies – Student’s ability to choose appropriate diagnostic studies, and interpret the results for the purpose of diagnosis and disease management for patients in this rotation-type (Learning Outcome C2)			
Management Plans (Learning Outcome C3):			
a. Student’s ability to develop, initiate and follow through on appropriate management plans that are consistent with patient’s needs and preferences			
b. Including the ability to identify and recommend appropriate pharmacological therapy where appropriate			

C. Interpersonal Skills

	Below Expectations	Meets Expectations	Exceeds Expectations
Oral Presentation – Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team (Learning Outcome D1)			
Written Documentation – Student’s ability to document clinical information and navigate current health information technology in an accurate and concise manner (Learning Outcome D2)			
Patient Education – Student’s ability to provide appropriate health education and counseling to patients and their families, as appropriate (Learning Outcome D3)			
Patient Rapport – Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity (Learning Outcome D4)			

D. Behaviors

	Below Expectations	Meets Expectations	Exceeds Expectations
Professional Relationships Student’s ability to work with other members of the health care team, showing respect for peers, preceptors, and staff (Learning Outcome E1)			

	Below Expectations	Meets Expectations	Exceeds Expectations
Proactive Behavior – Student's ability to demonstrate self-directed learning, <u>initiative</u> to participate in patient care, and be an active member of the health care team (Learning Outcome E2)			
Attendance and Effort – Student's ability to be punctual, be available when needed, and follow through on assigned work (Learning Outcome E3)			
Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes (Learning Outcome E4)			

Overall Performance of Student During this Clinical Rotation Site

Please check one.

Below Expectations

Meets Expectations

Exceeds Expectations

Preceptor's Comments:

Preceptor Signature: _____

Preceptor Printed Name: _____

Student Signature: _____

Date Completed: ____ / ____ / ____

Student Name: _____ Rotation #: _____

Site Name: _____

Preceptor Name(s): _____

Rotation Type (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Family Medicine |
| <input type="checkbox"/> Behavioral and Mental Health Care | <input type="checkbox"/> Elective |
| <input type="checkbox"/> Community Medicine | |

The purpose of this mid-rotation evaluation is for the student to self-reflect and evaluate their knowledge, skills, and behaviors at this point in the rotation, with the intention to identify any weaknesses, issues, or areas that need improvement, and to allow the student sufficient time to demonstrate the appropriate level of competence at the completion of the rotation.

Please rate yourself on each of the following elements using the following scale:

Below expectations – I'm feeling unprepared with knowledge and/or skills, without improvement over time; or need additional knowledge/skills to meet expectations; or failing to improve

Meets expectations – My knowledge and/or skills are appropriate for the amount of time and experiences on my current rotation, showing improvement

Exceeds Expectations – I've demonstrated great baseline knowledge and advanced skills; excellent and consistent application of knowledge and/or skills.

A. Knowledge, Clinical, and Technical Skills:

	Below Expectations	Meets Expectations	Exceeds Expectations
Medical Knowledge – Your ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease; and apply these to the care of patients (Learning outcomes A1 and A3)			
Evidence-Based Medicine – Your ability to demonstrate an understanding of medical research and evidence-based medicine; and apply it in clinical practice in pediatric medicine (Learning Outcome A2, C2, C3)			
Medical Interview – Your ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients, or their family members, in the following age groups (children, adolescent, adult, and elderly) appropriate for this setting (Learning Outcome B1)			
Physical Examination – Your ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups where applicable: children, adolescent, adult, and elderly; and recognize normal and abnormal findings (Learning Outcome B2)			
Clinical Procedures – Your ability to perform or assist in procedures appropriate to the setting and level of training for this setting (Learning Outcome B3)			

B. Clinical Reasoning and Problem Solving:

	Below Expectations	Meets Expectations	Exceeds Expectations
Differential Diagnosis – Your ability to organize information gathered from the interview, physical exam, and diagnostics tests to <u>formulate a differential diagnosis and assessment</u> for patients in this rotation-type (Learning Outcome C1)			
Diagnostic Studies – Your ability to choose appropriate diagnostic studies, and interpret the results for the purpose of diagnosis and disease management for patients in this rotation-type (Learning Outcome C2)			
Management Plans (Learning Outcome C3):			
a. Your ability to develop, initiate and follow through on appropriate management plans that are consistent with patient’s needs and preferences			
b. Including your ability to identify and recommend appropriate pharmacological therapy where appropriate			

C. Interpersonal Skills:

	Below Expectations	Meets Expectations	Exceeds Expectations
Oral Presentation – Your ability to <u>orally present</u> clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team (Learning Outcome D1)			

	Below Expectations	Meets Expectations	Exceeds Expectations
Written Documentation – Your ability to document clinical information and navigate current health information technology in an accurate and concise manner (Learning Outcome D2)			
Patient Education – Your ability to provide appropriate health education and counseling to patients and their families, as appropriate (Learning Outcome D3)			
Patient Rapport – Your ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity (Learning Outcome D4)			

D. Behaviors:

	Below Expectations	Meets Expectations	Exceeds Expectations
Professional Relationships – Your ability to work with other members of the health care team, showing respect for peers, preceptors, and staff (Learning Outcome E1)			
Proactive Behavior – Your ability to demonstrate self-directed learning, <u>initiative</u> to participate in patient care, and be an active member of the health care team (Learning Outcome E2)			

	Below Expectations	Meets Expectations	Exceeds Expectations
Attendance and Effort – Your ability to be punctual, be available when needed, and follow through on assigned work (Learning Outcome E3)			
Overall Professional Conduct You are ethical, compassionate, patient centered, and acknowledges limitations and mistakes (Learning Outcome E4)			

Your Overall Performance During this Clinical Rotation Site

Please check one.

Below Expectations

Meets Expectations

Exceeds Expectations

Student's Comments (Please explain your rationale for your choice in a few sentences):

Student Name: _____ Signature: _____

Date Completed: ____ / ____ / ____

Please be sure to submit this form into Blackboard no later than the end of the 3rd week of the rotation.



Preceptor Evaluation of the Student Rotation Type: Pediatrics

Pediatrics Evaluation

The following is the preceptor's final evaluation of the student. The learning outcome being assessed by the question follows the question in parenthesis.

Student Name: _____ Rotation #: _____

Site Name: _____ Month/Year: _____

Primary Preceptor: _____

(Individual designated by the program to assess and supervise the student's progress in achieving the learning outcomes.)

Additional Contributors: _____

Suggestions for Preparing the Final Student Evaluation

1. Set a date, time, and meeting place for review of the evaluation with the student.
2. Consider whether this evaluation should include additional staff members, and if so, inform your student of this with an explanation.
3. Involve the student in discussion and interaction as much as possible.
4. Be as detailed and specific as possible, backing up your evaluative comments with illustrations.

Please note that this evaluation form has been designated to meet ARC-PA standards for Supervised Clinical Practice Experiences (SCPEs). Some parts may not apply to you and your setting; feel free to mark "N/A" where needed.

Part I: Student Experiences during this Rotation

1. Which of the following best describes your teaching activities? (Check all that apply)
 - 1:1 Direct supervision with the student
 - Assigned readings
 - Student presentations to you or others
 - Other (please describe)
2. How often did you interact with the student?
 - During every patient encounter
 - Intermittently throughout the day/shift (with other preceptors supervising)
 - Rarely
 - Not at all
3. During this Pediatrics rotation, the student experienced patient encounters in the following settings (check all that apply):
 - Outpatient
 - Inpatient
 - Emergency department
 - Operating room

4. During this Pediatrics rotation, the student experienced the following encounter types (check all that apply):

- Acute (symptoms or conditions for <6 months)
- Chronic (symptoms or conditions for >6 months)
- Preventative (wellness visits, immunizations, or for preventive treatment)
- Emergent (life-threatening condition or likely to become life threatening)

5. During this Pediatrics rotation, did the student have opportunities to interact with other non-PA health care professionals (or students of those professions) as part of their assigned duties?

- Yes (examples: _____)
- No

Part II: Evaluation of Student Competencies Across the Lifespan

Please rate the student's level of competence for each learning behavior across the life span for the following program-defined learning outcomes:

- 1 - Not competent
- 2 – Poor level of competence
- 3 – Fair level of competence
- 4 – Good level of competence
- 5 – Excellent level of competence
- N/A – not applicable to this rotation

PROGRAM LEARNING OUTCOME	Infant (0-2yrs)	Child (2-12yrs)	Adolescent (13-18yrs)	Adult (19-64yrs)	Elderly (65+yrs)
Medical Knowledge					
Interpersonal and Communication Skills					
Patient Care					
Professionalism					
Systems-based Practice					

Part III: Evaluation of Student

Evaluation and Grading

Evaluation is based on the degree of achievement of each of the learning objectives and the general amount and quality of change and growth, including how well the student took advantage of learning opportunities, attitudes toward learning and developing, the quality and content of the supervisory meetings, motivation, and development of professional attitude.

For the following items, please rate the student on each of the following elements using the following scale:

- 1- Inadequate – Unable to demonstrate knowledge/skills at all
- 2- Poor – Demonstrates knowledge/skills as a beginner level inconsistently
- 3- Fair – Demonstrates knowledge/skills as a novice level with some consistency
- 4- Good, Meets Expected Level – Demonstrates knowledge/skills at the level expected of a PA student at their current phase of education
- 5- Excellent - Excellent and consistent application of knowledge with knowledge and skills well above minimum expectations
- Unable to evaluate - Not observed by the preceptor(s)

A. KNOWLEDGE

In the practice of Pediatrics for infant, child, and adolescent patients in the inpatient and/or outpatient settings:

	1	2	3	4	5	Unable to evaluate
1. Evidence-Based Medicine: Student's ability to demonstrate an understanding of medical research and evidence-based medicine and apply it (Course Learning Outcome A2)						

B. CLINICAL AND TECHNICAL SKILLS

In the practice of Pediatrics for infant, child, and adolescent patients in the inpatient and/or outpatient settings:

	1	2	3	4	5	Unable to evaluate
1. Medical Interview: Student's ability to elicit a thorough, problem-focused medical history (Course Learning Outcome B1)						
2. Physical Examination: Student's ability to (Course Learning Outcome B2):						
a. Perform a thorough, problem-focused physical exam						
b. Interpret normal from abnormal physical exam findings						
3. Clinical Procedures: Student's ability to perform the following common tasks/procedures with direct preceptor supervision (Course Learning Outcome B3):	NOTE: See Student Passport for skills					
a. Perform a Wellness H&P						
b. Documentation: Wellness H&P						
c. Documentation: Focused H&P						

C. CLINICAL REASONING AND PROBLEM SOLVING

In the practice of Pediatrics for infant, child, and adolescent patients in the inpatient and/or outpatient settings:

	1	2	3	4	5	Unable to evaluate
1. Differential Diagnosis: Student's ability to complete the following (Course Learning Outcome C1):						
a. Formulate an appropriate differential diagnosis						
b. Identify the most likely diagnosis						
2. Diagnostic Studies: Student's ability to complete the following (Course Learning Outcome C2):						
a. Select appropriate diagnostic studies						

	1	2	3	4	5	Unable to evaluate
b. Justify decisions on ordering diagnostic studies						
c. Interpret the results of diagnostic studies						
3. Management Plan: Student's ability to complete the following (Course Learning Outcome C3):						
a. Develop management plans that prioritize clinical interventions based on patient condition						
b. Monitor management plans						
c. Choose appropriate pharmacologic therapy						
d. Discuss indications and a rationale for the plan that are consistent with the patient's needs and preferences and acknowledges social determinants of health						
e. Discuss indications and a rationale for the plan that are consistent with the patient's health care/insurance coverage (if any) and financial situation						

D. INTERPERSONAL SKILLS

In the practice of Pediatrics for infant, child, and adolescent patients in the inpatient and/or outpatient settings:

	1	2	3	4	5	Unable to evaluate
1. Patient Case Presentation (Course Learning Outcome D1):						
a. Directly <u>present</u> clinical information in a concise and coherent manner						
b. Effectively <u>discuss</u> clinical information in a concise and coherent manner						
2. Documentation (Course Learning Outcome D2):						
a. Document clinical information in an accurate and concise manner						
b. Navigate the Electronic Health Record						
3. Patient Education: Student's ability to provide the following (Course Learning Outcome D3):						
a. Appropriate health education and counseling to patients						

	1	2	3	4	5	Unable to evaluate
b. Appropriate health education and counseling to caregivers						
4. Patient Rapport: Student's ability to complete the following (Course Learning Outcome D4):						
a. Interact with patients and caregivers with respect						
b. Interact with patients and caregivers with cultural sensitivity						
c. Interact with patients and caregivers with positive affect						
d. Interact with patients and caregivers in a manner that establishes trust						

E. BEHAVIORS

In the practice of Pediatrics:

	1	2	3	4	5	Unable to evaluate
1. Professional Relationships: Student's ability to respectfully collaborate with other members of the interprofessional healthcare team (Course Learning Outcome E1)						
2. Proactive Behavior: Student's ability to (Course Learning Outcome E2):						
a. Exhibit self-directed learning						
b. Seek out opportunities to actively participate in patient care						
3. Attendance and Effort: Student's ability to demonstrate (Course Learning Outcome E3):						
a. Professional accountability						
b. Punctuality						
c. Attendance for planned clinical practice experiences and other learning opportunities						
d. Completion of tasks assigned to enhance student learning						
4. Overall Professional Conduct: Student's ability to exhibit (Course Learning Outcome E4):						
a. Ethical behavior						
b. Compassionate behavior						
c. Patient-centered behavior						
d. Acknowledges student's own limitations and mistakes						
e. Acknowledges personal wellness/burnout						

FOR PROGRAM USE ONLY:
Overall Final Score ____/____, ____%, ____pts

This score is part of the final course grade, determining overall success in achieving learning outcomes, meeting program requirements, and demonstrating professionalism and ongoing readiness to become a competent Physician Assistant.

Part IV: Preceptor Comments

At the end of this rotation:

- ____ I have NO concerns about this student.
- ____ I have the following recommendations for the student: _____
- ____ I have concerns about this student; please contact me.

Preceptor Signature: _____ Date: _____

Part IV: Preceptor Comments (Cont'd)

Please use the space below to elaborate on the strengths of this student's performance, especially any of the above areas. (This narrative may be used for letters of recommendation and/or personal references from the program for future academic or professional endeavors.)

Please use the space below to elaborate on the weaknesses of this student's performance, especially any of the above areas. (This narrative may be used for guiding student remediation efforts to ensure their competence before graduation.)

Recommendation for Program:

Do you have any suggestions for the Towson University Physician Assistant Studies program regarding student preparation for this site/experiences, or other weaknesses the program should address?

Questions: Please contact Lucy Fromtling, Clinical Coordinator – fromtling@towson.edu; cell: 908-477-7565



**Student Evaluation of Preceptor & Site
PEDIATRICS**

Preceptor: _____

Clinical Site: _____

Clinical Discipline: _____

Instructions: Carefully read the following statements and indicate your level of agreement with the statement regarding the preceptor and clinical site by making a check in the appropriate box.

5 = Strongly Agree 4 = Agree 3 = N/A 2 = Disagree 1 = Strongly Disagree

Evaluation of the Preceptor					
The Preceptor was familiar with the academic program's objectives and expectations.	5	4	3	2	1
Provides an atmosphere in which I can ask questions without hesitation.	5	4	3	2	1
Demonstrates proper patient care and examination techniques	5	4	3	2	1
Conducts regularly scheduled meetings with me.	5	4	3	2	1
Treats me in a professional manner.	5	4	3	2	1
Provides adequate opportunities for me to determine diagnoses, make decisions, and develop plans of care for patients.	5	4	3	2	1
Provides ample constructive feedback about my performance in a timely and appropriate manner.	5	4	3	2	1
Reviews written documentation and patient notes with me.	5	4	3	2	1
Expresses a sincere attitude toward my learning.	5	4	3	2	1
Plays an active role in helping me learn new skills.	5	4	3	2	1
Exhibits an awareness of cultural diversity with the patients.	5	4	3	2	1
Helps me to identify my strengths and various areas of improvement.	5	4	3	2	1

Evaluation of Site						
The site had a reasonable amount of space for students, providers, and support staff to work in a productive manner.	5	4	3	2	1	N/A
Provided me access to diverse patient populations allowing for relevant clinical experiences.	5	4	3	2	1	N/A
Offered a positive environment for learning.	5	4	3	2	1	N/A
Organized, safe, and prepared for students.	5	4	3	2	1	N/A
Provided me with experiences to providing a plan of care for pediatric patients when appropriate.	5	4	3	2	1	N/A
Provided me with experience speaking with parents of pediatric patients as well as with the patients themselves.	5	4	3	2	1	N/A
The clinical site allowed me to perform basic clinical skills common with pediatric patients (such as venipuncture, administration of immunizations, intradermal skin testing).	5	4	3	2	1	N/A
The clinical site provide the students with an orientation to their rules and regulations.	5	4	3	2	1	N/A
The site/professionals allowed me to identify and assess common pediatric conditions including etiology/pathophysiology and developmental milestones.	5	4	3	2	1	N/A
The clinical site did not require me to substitute for clinical or administrative staff.	5	4	3	2	1	N/A
The clinical site allowed for experience with electronic medical record documentation.	5	4	3	2	1	N/A
The clinical site made me feel part of a healthcare team and allow interprofessional collaboration in the developmental milestones.	5	4	3	2	1	N/A

Circle your overall rating of this clinical site:

5= Exceptional 4= Above Average 3= Average 2= Below Average 1= Poor

I would recommend this site to other PA students: Yes ___ No ___

Please provide any additional comments/complaints about the preceptor:

Please provide any additional comments/complaints about the clinical site:

Student printed name and signature

Date completed: _____



Towson University Physician Assistant Studies Program
 Clinical Year
Written SOAP Note Evaluation

Student: _____

Date: _____

*Are all names or identifying numbers omitted? Yes No (If no – automatic “F” do not grade)

*Proper Signature? Yes No (If no-automatic “F” do not grade)

Scoring: Yes (Y) = 2 points; Partial (P) =1 point; No (N)= 0 points

Subjective			Y	P	N
	1	Opening introductory statement includes identifying data, pertinent past medical history, and “chief complaint.”			
	2	Each complaint explored for all seven dimensions (onset, palliative/provocative, quality, radiation, pain scale, timing, location)			
	3	Current medications			
	4	List allergies (including reaction and when reaction occurred)			
	5	Documents tobacco, alcohol, and illicit drug use			
	6	Relevant past medical history			
	7	Relevant personal/social			
	8	Relevant family history			
	9	Complete list of pertinent ROS			
Objective	10	General survey statement			
	11	Vital Signs (BP; temp, weight)			
	12	Includes vital parts of PE given the history			
	13	Full description of findings for all pertinent portions of exam			
	14	All initial lab results included			
	15	No use of WNL, normal, WDWN or other general terms			
Assessment	16	Numbered in descending order if more than one			
	17	Logically follows history and PE findings			
	18	Assessment is specific (LLQ pain rather than abdominal pain)			
Plan	19	Logically follows H&P and assessment			
	20	Numbered items correspond to number of assessments			
	21	Diagnostic Plan			
	22	Therapeutic (treatment) Plan			
	23	Plan includes patient education plan			
	24	Plan includes patient follow-up			
Other	25	Signature and title are appropriate			
Column totals					
TOTAL POINTS			/50		

Comments:

**Towson University
Physician Assistant Studies Program**



**Physician Assistant Student Policy Agreement
Clinical Year II
Class of 2024**

I, the undersigned, acknowledge the receipt of the Student Clinical Practicum Handbook. I have read and understand the policies and guidelines in this document and I agree to abide by them.

Print Name _____

Signature _____

Date/Time _____

Please submit this page into Blackboard no later than June 5th, 2023.