



Weill Cornell Graduate School of Medical Sciences

PHYSICIAN ASSISTANT PROGRAM *A SURGICAL FOCUS*

Master of Science in Health Sciences for Physician Assistants

CLINICAL YEAR GUIDELINES & SYLLABUS 2017-2018

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TABLE OF CONTENTS

General Guidelines for PA Students on Clinical Rotations	page 3
Clinical Rotation Guidelines	page 5
Rotation Specifics 2017 - 2018	page 10
Student Holiday Schedule 2017 - 2018	page 12
Clinical Schedule Class of 2018	page 13
Grading	page 15
Mid Rotation Site Visits	page 19
Mid Rotation Evaluation Form	page 20
Preceptor Evaluation Form	page 21
Evaluation Explanation	page 22
End of Rotation Meetings	page 25
Rotation Specific Exams	page 25
Clinical Topic Papers	page 25
History and Physical Case Write-ups	page 26
Case Presentations	page 26
EXXAT™ PA Student Tracking	page 27
Grand Rounds Presentations	page 27
PAS 8000 Lectures and Activities	page 28
OSCE Practical Experiences	page 28
Student Evaluation of Rotation Form	page 30
Overall Objectives for Clinical Rotations	page 31
EXXAT Logging Requirements	page 32
Acknowledgement of Receipt	page 32

GENERAL GUIDELINES FOR PHYSICIAN ASSISTANT STUDENTS ON CLINICAL ROTATIONS

The following represents the general guidelines and syllabus for the Weill Cornell Graduate School MSHS Physician Assistant students while functioning on the clinical rotations at New York Presbyterian Hospital-Cornell Campus and/or affiliates. **The material outlined in this syllabus is subject to change by the Program, Weill Cornell Graduate School, Weill Cornell Medical College and/or Cornell University.** Students are advised to refer to the *WCGS MSHS Physician Assistant Program Student Handbook* for specific Policies and Procedures with regard to their responsibilities as students in the MSHS PA Program.

While functioning on the clinical rotations, the Physician Assistant (PA) student will be under the general medical supervision of an attending physician and under the direct supervision of an attending physician, house staff physician or physician assistant assigned by an attending physician. The preceptor will see and examine every patient seen by the PA student. All invasive procedures will be performed under the direct supervision of the preceptor. All laboratory, radiological and medical record entries (i.e. notes, orders) will be co-signed by the preceptor prior to their implementation. PA students may not discharge inpatient, outpatient or emergency department patients until the supervising preceptor has seen the patient and discussed plans, instructions and/or follow-up care with the student and patient.

The following identifies the activities that a PA student may in all cases initially observe, secondly assist with and thirdly perform while under the direct supervision of the physician or physician assistant preceptor.

1. Provide medical care under the direct supervision and co-signature of a physician or physician assistant preceptor for the following:
 - Perform a detailed and accurate history and physical examination (including rectal and pelvic examinations when appropriate).
 - Initiate laboratory, radiologic and special examination procedures as appropriate for the evaluation of illness.
 - Initiate appropriate treatment based upon the presenting diagnosis.
 - Instruct patients regarding therapy in a comprehensive and thorough fashion.
 - Record appropriate information including admission notes, progress notes, intra-operative notes, post-operative notes and discharge summaries in the medical record.
 - Obtain review and counter-signature of the supervising physician on all medical records.
 - Write admission and/or other orders (including medications) while at New York Presbyterian Hospital-Cornell Campus and/or other affiliates where permitted. Obtain review and counter-signature of the supervising physician.

General Guidelines Continued:

2. Perform the following functions in the operating room under the direct supervision of the designated preceptor:
 - Prepare and drape the patient prior to surgery.
 - Serve as an assistant to the surgeon during surgical procedures.
 - Assist in closure of surgical wounds.

3. Perform the following diagnostic and therapeutic procedures under the direct supervision of the designated preceptor
 - Evaluate and participate in the treatment of non-life threatening, well-defined conditions. Initiate the evaluation of less well-defined or emergency conditions.
 - Evaluate and participate in ACLS therapies.
 - Endotracheal intubation, insertion of an oral airway, suctioning and use of bag-valve-mask ventilation devices and application of oxygen therapy.
 - Venipuncture, arterial puncture, intravenous catheterization with fluid therapy and venous cutdown.
 - Intradermal, subcutaneous and intra-muscular injections and administration of medications in accordance with Hospital and/or Nursing guidelines.
 - Cardiopulmonary resuscitation including use of AED, defibrillation and/or synchronized cardioversion.
 - Perform and interpret electrocardiograms.
 - Fracture immobilization including application and/or removal of plaster casts.
 - Gastrointestinal intubation (nasogastric tube insertion).
 - Urethral catheterization in males and females.
 - Thoracentesis and chest tube insertion for pleural effusion, pneumothorax or as appropriate during the emergency treatment of traumatic injuries.
 - Wound care and suturing techniques.
 - Lumbar puncture.
 - Paracentesis and peritoneal lavage procedure.
 - Central venous catheter insertion via subclavian, internal jugular and femoral vein approaches.
 - Assist in endoscopic procedures such as sigmoidoscopy.

4. Further permitted functions of physician assistant students while on clinical rotations as well as specific attitudinal and behavioral objectives may be found in the individual core and elective clinical rotation goals and objectives.

CLINICAL ROTATION GUIDELINES

1. All clinical rotations are four weeks in length and begin on a Monday unless otherwise indicated. All decisions regarding the assignment of the core and elective clinical rotations are made by the Clinical Coordinators. **There will be no changes in the clinical rotation schedule unless approved by the Director of Clinical Education.**
2. Attendance on rotations is mandatory. Absences must be reported verbally to the supervising clinical preceptor, assigned preceptor and the Program office by 9:00 am (messages may be left on 646-962-7277). Students **must** also e-mail the Director of Clinical Education. Requests for planned absences must be made in writing (*Absence Request* forms are available on-line in the learning management system) a minimum of 2 weeks prior and submitted to the Director of Clinical Education for approval. However students are encouraged to submit Absence Requests as far in advance as possible.

It is recommended that any time (no matter the reason) missed on a clinical rotation be made up. All missed time is to be discussed with the Director of Clinical Education. Failure to notify the Program and/or preceptor of absences or failure to make up the missed time within 24 hours of occurrence may result in deduction of (5) points from the student overall grade for the rotation. Continuation of such behavior may result in disciplinary action. Time may be made up during vacations and weekends or at the end of the clinical year with Clinical Coordinator approval. Missed time must be completed before a certificate of completion or a degree will be awarded. Students must provide written documentation of the time made up signed by the preceptor. The Director of Clinical Education must be made aware of when the time is being made up.

Students are expected to leave the rotation when released by the preceptor. Students are not permitted to leave the rotation based on a 'shuttle' schedule.

A preceptor must be present while a student is on a rotation, therefore in the event that a student misses a day from a rotation due to preceptor absence, the student must notify the Director of Clinical Education to discuss the situation and ensure the required contact hours are met.

Students must attend the rotation on the day prior to the End of Rotation meeting. Students who fail to do so will lose five (5) points from their overall grade for the rotation. If this subsequent loss of points results in a failure of the rotation, the rotation must be made up as outlined below.

Holiday/Vacation Time off: Students are not permitted to miss the day prior to a scheduled holiday or vacation. Students are expected to be at their rotations until released by the preceptor. Many rotations require weekend and night call, therefore students should not assume that a Holiday will include a concurrent weekend and must discuss the expectations with the preceptor prior to making any travel arrangements. Students are not permitted to miss the first day back from a scheduled holiday or vacation. As such, students are expected to make all travel arrangements to ensure they comply with this requirement. Students are advised to leave themselves one extra travel day in case of travel delays and/or cancellations.

Clinical Rotation Guidelines Continued:

Time off limits: Students may miss up to five (5) excused days due to illness or other emergencies throughout the entire clinical phase of the Program; students may also request up to three (3) excused personal days throughout the clinical phase. Students may take no more than two (2) sick or personal days during a single rotation. Students may not miss more than 8 excused days throughout the entire clinical year.

Students who are out from rotations more than two (2) consecutive days due to illness must submit a medical provider's note stating that they were seen and may return to rotations.

Students who experience a significant illness or injury must notify the PA Program and report to Student Health for evaluation for medical clearance prior to returning to clinical rotations.

Medical clearance must state that the student is able to return to full duty.

As a reminder, per the discretion of the Director of Clinical Education and/or the clinical preceptor, students may be required to make up any time missed during a rotation, no matter the cause.

In the event of an extended absence (more than five (5) days missed in any given clinical rotation. Students who anticipate an extended absence should discuss their situation with the Director of Clinical Education prior to the absence to make appropriate arrangements for making up time missed. Excessive absenteeism and tardiness may be grounds for dismissal from the Program per the *Standards of Conduct*.

3. Physician Assistant students are required to display their ID at all times and identify themselves as PA students. Students are expected to present a neat, clean, professional appearance at all times. Appropriate dress is required during the clinical rotations and rotation meetings as follows:
 - short white jacket (with Graduate School seal on left shoulder)
 - scrubs while on surgical rotations only
 - man-tailored shirt and tie (men); blouse, tailored shirt or sweater (women)
 - appropriate street clothes (colored or khaki trousers, slacks, knee-length skirts)
 - closed toe shoes, clogs or white leather sneakers with appropriate hosiery; heels < 2 inches
 - denim skirts, jeans, shorts, camisoles, revealing or low cut tops, T-shirts and flip-flops are NOT acceptable attire.
 - The wearing of green scrubs is prohibited in non-patient care areas, including the Medical College library, cafeteria and laboratories.
 - The wearing of green scrubs by all personnel in non-surgical patient care areas or special care areas is prohibited.
 - The wearing of green scrubs outside of the Medical Center or to enter or exit the Medical Center is strictly prohibited.
 - Inappropriately dressed students may be sent home from rotations and/or rotation meetings and will lose 5 points from the overall rotation grade for each infraction.
 - Students can always refer to the formal NYP Scrub policy available on the NYP website.
4. Students are required to be available during a given rotation for a minimum of eight hours per day and at least forty hours per week. Students should not leave at the end of the day until released by the preceptor. Students are required to take call twice weekly on all rotations or as specified by the clinical preceptor. Students may be required to participate in overnight and/or weekend call depending on the clinical site.

Clinical Rotation Guidelines Continued:

Students must attend Grand Rounds, patient rounds and case conferences when applicable to maximize learning opportunities as directed by the clinical preceptor or rotation coordinator.

General Guidelines for Surgical rotations: The culture of surgical education has developed such that very long hours are put in each day by the very dedicated members of a surgical team. While the Program does not provide a strict limitation of hours for students when on rotations, it is suggested that a student work no more than 70 hours per week. However, it is up to the individual student to determine if he/she wishes to spend additional hours on the rotation. This guideline is meant to be beneficial to the student's education as it allows the student to work out his/her individual schedule with the team and allows a student to stay late by personal choice. The Program feels that by imposing a specific work limit, it may impede learning and impose a barrier between the student and the team.

5. Students are required to return to the Program for one day at the end of each clinical rotation for Rotation Meetings (see schedule). Additional required callback days may be scheduled throughout the clinical year. During this time, students will take a rotation specific examination, participate in Grand Rounds presentations, perform practical examinations, attend lectures, etc. **Attendance at all rotation meetings is mandatory. Failure to comply with this requirement will result in a loss of 5 points from the overall grade for that rotation.** If this subsequent loss of points results in a failure of the rotation, the rotation must be made up as outlined below. Students should expect to spend the full day at the Program for the meetings and no travel plans should be made prior to 7:00 pm on those days.
6. As part of the Master of Science in Health Sciences for Physician Assistant Degree, students will participate in PAS 8000 Research Methodology and Application. This course will take place throughout the clinical year. Students are required to complete all components of PAS 8000 as indicated by the Course Syllabus in order to be eligible for the certificate of completion and the MSHS degree. Specific guidelines regarding the PAS 8000 assignments during the clinical year are outlined below and in the course syllabus.
7. In order to facilitate communication, students are required to carry their Program issued pagers at all times during the clinical phase of the PA Program. Students are responsible for supplying their own batteries for the pager. Lost or stolen pagers will necessitate that students pay a \$50 replacement fee. Written information and e-mail messages to students' Program issued WCMC e-mail accounts (@med.cornell.edu) will also be utilized. Therefore students are advised to check both their Program e-mail accounts and the online learning management system on a daily basis.

A student who cannot be reached on a rotation despite repeated attempts to be contacted will be considered absent from the rotation and the attendance policy above will apply.

8. In the event that a student experiences any difficulty during a clinical rotation, he/she is advised to contact the PA Program **immediately**. The student may be given suggestions to manage the problem on their own or if necessary, a faculty member will intervene. It is the student's responsibility to notify the Program of the outcome whether or not resolution is achieved between the student and preceptor.

Clinical Rotation Guidelines Continued:

9. All puncture wounds and other exposures to blood and body fluids should be reported immediately to the Student Health Service and the Program Office per the *Physician Assistant Program Student Handbook*. As a brief review:
 - Students are to immediately contact Student Health Services and the Physician Assistant Program office for immediate guidance.
 - Students should inform their supervisor of the event and initiate the exposure protocol as applicable for that site.
 - Obtain patient name; fill out any required incident reports, send blood for appropriate work up (choose 'needlestick protocol' on lab sheet if available to expedite process).
 - Students are permitted to immediately leave the rotation site to obtain medical care at either Student Health Services or the NYPH Emergency Department (after hours).
 - Student Health Services will direct the care of the student and the follow up of the incident.
10. In order to maximize the clinical learning experience, students must not be used to substitute for regular clinical or administrative staff while on clinical rotations nor may they be permitted to accept payment for services rendered in connection with the performance of their clinical rotation duties. Students must notify the Program office immediately should they be put in such a position, or have any questions or other concerns.

In addition, any student considering engaging in gainful employment or already doing so during the clinical rotations must make the Program Director aware of this. The appropriateness of such employment will be reviewed by the Program Director with the student in light of the student's personal academic history.

11. Student Responsibilities / Honor Code: In order for students to be permitted to continue their studies at the MSHS PA Program, students must demonstrate a range of skills and abilities, such as, maturity, reliability, good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming safe and effective physician assistants. Students must also assume responsibility for the integrity of the content of the academic work performed and submitted, including papers, examinations and reports.

The following are examples of conduct that is not suitable for students at the MSHS PA Program and is subject to disciplinary action (including but not limited to verbal warning, written warning, probation, suspension (required leave of absence) and dismissal):

- knowingly or carelessly representing the work of others as one's own;
- lying, cheating, or falsification of records whether personal or patient-related;
- using or giving unauthorized assistance in any academic work;
- restricting the use of material used to study in a manner prejudicial to the interest of other students;
- purposely misleading or giving false information to another student;
- posting of confidential, inappropriate, unauthorized or copyrighted information (including but not limited to, photos, images, text, audio, video, or lecture materials) on the internet (including but not limited to Facebook, blogs, LinkedIn, and others);
- otherwise committing a breach of academic and/or professional integrity;

Clinical Rotation Guidelines Continued:

- repetitively or egregiously failing to fulfill the professional requirements and responsibilities of a clinical rotation;
- committing an act of physical abuse or violence of any kind;
- disorderly and/or obscene conduct on campus or in the hospital facility or its affiliates;
- bullying (including but not limited to verbal, physical force or the use of electronic technology) which deliberately seeks to harm or humiliate another student, faculty, lecturer, administrative staff or patient;
- obstructing, harassing or interfering with teaching, Program administration or patient care; including the use of information and communication technologies as a means of intimidation, harassment or unwarranted interruption;
- being repeatedly absent, unexcused, from a required course, rotation or end of rotation activities;
- failing to respond in a timely way to communications (phone calls, emails or other correspondence) from the administration, faculty, course leadership or their representatives;
- failing to comply with directive given by supervision authority;
- unauthorized entry to or use of Weill Cornell or hospital facilities or its affiliates;
- theft of or negligent damage to Weill Cornell or hospital property or its affiliates;
- use, possession or distribution of controlled substances on campus or in the hospital facilities or its affiliates;
- unauthorized use and/or possession of alcoholic beverages in the hospital or Weill

- Cornell facilities or its affiliates;
- inappropriate use of the Weill Cornell seal, logo, name, symbol or facsimile.

A student or group of students, knowing of any situation in which a violation of any of the standards of conduct set forth above may have occurred is responsible for providing any such information in writing to the MSHS PA Program Director. Faculty is similarly required to report a violation to the MSHS PA Program Director. Each student matriculated at the MSHS PA Program shall be bound by standards of conduct described above and shall be presumed to be familiar with the above provisions.

When a student's conduct while matriculated at the MSHS PA Program is in violation of the Student Responsibilities/Honor Code or raises a question about his or her suitability to practice medicine, the matter will be directed to the Committee on Promotion and Graduation for consideration and recommendation of corrective disciplinary action.

Any student who fails to adhere to the Student Responsibilities / Honor Code during the clinical phase of the Program will be referred to the Committee on Promotions and Graduation for evaluation.

12. Please refer to the *Weill Cornell Graduate School MSHS Physician Assistant Program Student Handbook* for details of the guidelines and policies regarding professional expectations and terms of successful completion of the clinical year.

ROTATION SPECIFICS FOR 2016 - 2017

1. The rotation schedule for the 2016-2017 clinical year includes 15 four-week clinical rotations and students are required to do ten (10) Core supervised clinical practice rotations:

PAS 7010 and PAS 7020:	four week Internal Medicine Rotation
PAS 7030 and PAS 7040:	four week General Surgery Rotation
PAS 7060	four week Primary Care Rotation
PAS 7070:	four week Pediatric Rotation
PAS 7080:	four week OB/GYN Rotation
PAS 7090:	four week Emergency Medicine Rotation
PAS 7100:	four week rotation in Geriatrics
PAS 7110:	four week rotation in Psychiatry

All core rotations must be done at New York Presbyterian Hospital and/or affiliated sites and will be assigned by the clinical coordinators.

2. The remaining five (5) clinical rotations (PAS 8010 – PAS 8050) are Elective supervised clinical practice rotations. Students may choose from the currently available elective rotations at New York Presbyterian Hospital and/or affiliated sites. Assignments will be made in conjunction with the preceptors and will be based upon availability as well as student academic performance and professional behavior in the pre-clinical phase.

Rotation sites may require additional documentation including but not limited to background checks, drug testing, supplemental applications and interviews for any student desiring to participate in rotations at that institution/practice. Students must complete all paperwork and provide all documentation as requested by the deadlines indicated. Failure to do so may result in a denial of the requested rotation. Elective rotation preceptors have the right to make decisions about accepting students based upon the results of the application and/or interview.

3. External rotations encompass both sites and preceptors not currently utilized by the MSHS PA program for supervised clinical practice. Students may do a maximum of one external clinical rotation. The opportunity to do external clinical rotations is a privilege and is contingent upon approval from the Director of Clinical Education, Program Director, and the University Counsel's office. In order to expedite the process, students are strongly encouraged to consider using sites used by students in the past years. Students are advised that most external sites will require a background check. Students are responsible for this cost as well as all costs incurred in the course of arranging and participating in External rotations.

The opportunity to do International elective rotations is contingent upon approval from the Clinical Coordinator, Program Director, and the University Counsel's office. Students may be required to obtain appropriate immunizations (and must adhere to CDC immunization recommendations for international travel), submit additional paperwork and proof of separate travel insurance prior to the start of such rotations. Students are responsible for all costs incurred in the course of arranging and participating in International rotations. The MSHS PA Program reserves the right to mandate that a student return from an international site at any time during the rotation.

Rotation Specifics Continued:

The opportunity to do external or international rotations is a privilege and as such warrants exemplary professionalism, attitude and academic performance. Therefore, only students who are in good academic standing and have demonstrated exemplary professionalism, attitude and academic performance will be permitted to do external or international rotations. Prior to pursuing an external elective rotation, a student must complete the *Student Request to Pursue an External Elective Rotation* form, which will be reviewed by the Program Director for

appropriateness, and to determine if the student is in good academic standing and exhibits the characteristics outlined above. Once approved, the student may proceed with the process.

Students wishing to do an external elective clinical rotation or an international elective rotation must obtain the application package online in the learning management system. Students are responsible for following all directions and ensuring all documents are completed and returned to the Program office by the indicated deadlines.

Applications for external rotations will be reviewed for approval once all components of the application are submitted. All requests and necessary paperwork for external rotations must be submitted to the Clinical Coordinator no less than six months prior to the start of the requested rotation date.

4. Physician Assistant students are responsible for their own transportation costs to and from all clinical rotation sites including core, elective, external and international rotations.
5. Students must comply with all health requirements of each clinical site including drug screening where required. Students must be prepared to provide evidence of such compliance directly to the clinical site if requested. Students are advised to work with the Office of Student Health as the PA Program does not have access to student medical records. Students are required to update all health information with Student Health Services prior to the start of the clinical year.
6. Students must participate in all HIPAA training required by both Weill Cornell Medical College and Graduate School and each clinical site. Students are expected to comply with all HIPAA guidelines. Failure to comply with HIPAA guidelines may result in dismissal from the Program.

Students are not permitted to take photos/videos of patients. Students may not use their personal cell phones or cameras for this purpose. In the event that a student has taken a photo as directed by the attending physician, these photos may only be shared with the members of the team. No photo may ever be posted or disseminated via a social network, website, e-mail or used in a publication.

Students are reminded that all patient information is protected under HIPAA. Violation of this policy may result in the imposition of fines and sanctions and/or dismissal from the Program.

7. Students are advised to minimize the use of cell phones on rotations. Students should not use their cell phones in patient care areas (including nurses' stations).
8. Students must participate in BCLS, ACLS, Infection Control, Child Abuse Reporting; Cornell required patient safety classes, evaluative examinations, EXXAT evaluations, on-line learning modules and discussion groups and other in-service training or course specific activities as directed by the Program.

Rotation Specifics Continued:

Students must participate in additional training classes at as required by Weill Cornell Medical College and Graduate School and each clinical site. Students must comply with these requests. Failure to do so will result in removal from the rotation and necessitate the student repeat the rotation at the conclusion of the clinical year.

9. Cornell University provides general liability insurance for all students while they are acting within the scope of their duties in an academic program of approved medical instruction.

Coverage afforded by the University's professional liability policy covers students for approved on-site and off-site locations. Off-site (external) locations must be approved by the Director of Clinical Education in conjunction with the University Counsel's office prior to the commencement of the rotation.

Any incident, either actual or alleged should be reported immediately to the PA Program office.

STUDENT HOLIDAY CALENDAR 2017-2018

Memorial Day	Mon, May 29, 2017
Summer Break	June 19-23, 2017
Independence Day	Tues, July 4, 2017
Labor Day	Mon, Sep 4, 2017
Fall Break	Sep 18-22, 2017
Thanksgiving Day	Thurs, Nov 23, 2017
Day After Thanksgiving	Fri, Nov 24, 2017
Christmas Day	Mon, Dec 25, 2017
New Year's Day	Mon, Jan 1, 2018
Martin Luther King Day	Mon, Jan 15, 2018
President's Day	Mon, Feb 19, 2018

Students are not permitted to miss the day prior to a scheduled holiday or vacation or the day following a holiday or vacation. Students are expected to be at their rotations until released by the preceptor. Students should not assume that a Holiday will include a concurrent weekend and must discuss the expectations with the preceptor prior to making any travel arrangements.

CLASS OF 2018

Additional Call back Days may be scheduled as needed throughout the Clinical Year

Clinical Orientation week*: Feb 21-24, 2017

Rot#1 Feb 27, 2017 - March 24, 2017

Rot#2 March 27, 2017 - April 21, 2017

Rot#3 April 24, 2017 - May 19, 2017

Rot#4 May 22, 2017 - June 16, 2017

SUMMER BREAK: JUNE 19- 23, 2017

Rot#5 June 26, 2017 - July 21, 2017

Rot#6 July 24, 2017 - August 18, 2017

Rot#7 August 21, 2017 – September 15, 2017

FALL BREAK: SEPTEMBER 18-22, 2017

Rot#8 September 25, 2017 – October 20, 2017

Rot#9 October 23, 2017 - November 17, 2017

Rot#10 November 20, 2017 – December 15, 2017

WINTER BREAK: DECEMBER 18-29, 2017

Rot#11 January 2, 2018 – January, 26, 2018

Rot#12 January 29, 2018- February 23, 2018

Rot#13 February 26, 2018 – March 23, 2018

Rot#14 March 26, 2018 – April 20, 2018

Rot#15 April 23, 2018 – May 18, 2018

BOARD REVIEW WEEK: MAY 21- 25, 2018

GRADUATION MAY 31, 2018

*Subject to change

GRADING

The grading for all clinical rotations will be as follows:

1. During the clinical phase of the MSHS PA Program, a student must pass all components of each rotation and all additional clinical-year coursework and requirements.
2. Successful completion of ALL rotations is necessary for graduation from the MSHS Physician Assistant Program. A failing grade in a rotation will require that the student successfully repeat ALL components of that rotation. A student may not fail and repeat more than a total of two rotations during the clinical phase. A failure of a repeated rotation will be considered unsatisfactory performance and is grounds for dismissal from the MSHS PA Program. Failure of a third rotation will be considered unsatisfactory overall performance and is grounds for dismissal from the MSHS PA Program. A student who has been dismissed from the Program is not permitted to participate in any clinical year activities.
3. Successful completion of EACH clinical rotation is contingent upon achieving an overall passing grade of 70 and successful completion of each of the individual components of the rotation as outlined below. Should a student receive a failing grade for a given rotation, he/she must successfully repeat ALL components of that rotation after the completion of the clinical year. Students receiving a failing grade will be notified in writing and be asked to speak with the Director of Clinical Education. All cases of rotation failure will be brought before the Program Director and the Committee on Promotion and Graduation per the *Student Handbook*.
4. The preceptor evaluation will account for 50% of the overall grade for the clinical rotation.
 - Preceptors will be provided with evaluations to complete for each student.
 - At the discretion of the Administrative Preceptor, students may ask that an evaluation also be sent to the preceptor with whom they spent the most time. The assigned preceptor must then be indicated on the Evaluation Form. In the event that an evaluation is submitted by another preceptor, this evaluation will be accepted however, the final grade will remain incomplete until the original evaluation is received from the Administrative Preceptor (unless the administrative preceptor has reviewed the second submission and agrees with the evaluation).

Completed evaluations may either be submitted electronically or printed and given to the students and returned to the Director of Clinical Education . Printed evaluations must be in a sealed and signed (by the preceptor) envelope at the end of the rotation meeting. Evaluations that are not submitted by the student in this manner will not be accepted.

 - Preceptor Evaluations must be received by the PA Program office no later than 6 weeks after the completion of a given rotation (with the exceptions of the evaluations for Rotations #14 and #15, which must be received at least 2 days prior to the Commencement Ceremony).
 - It is the students' responsibility to follow up with a preceptor who has not submitted the evaluation in a timely manner. In addition, students may request help from the Program office in obtaining the evaluation if their initial efforts are unsuccessful.
 - Students are not to request copies of their completed evaluations from their preceptor.
 - In the event that more than one preceptor evaluation is submitted per a given rotation, the scores will be averaged together.
 - In the event that a student disputes the grade on a preceptor evaluation, the student must first inform the Director of Clinical Education who will then investigate the situation. Under no circumstances should a student approach the preceptor directly.

Grading continued:

- Students must obtain a passing score of 70 on the preceptor evaluation in order to pass the rotation.

- Students who are permanently dismissed from a rotation will receive a grade of zero (0) for the preceptor evaluation.
 - Failure to achieve a passing score on the preceptor evaluation will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.
4. Rotation specific exams / clinical topic papers will account for 35% of the overall grade for the clinical rotation.
- All exams are competency-based and follow the provided objectives.
 - There is a mandatory pass rate of 70%.
 - Failure to achieve a passing score will necessitate that the student remediates the failed exam material and achieve a passing score in order to pass the rotation. Failure to successfully remediate the examination will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.
 - Remediation of a failed exam must be completed within one calendar week of the failed exam. Instructions for remediation will be given at the time a student is notified of the failing grade.
 - The format of the remediation will be such that a student's area(s) of weakness will be identified and addressed to allow for targeted opportunities to improve knowledge and demonstrate application of such knowledge.
 - Successful remediation of a failed examination will result in a grade of 70 for the examination and an overall grade of PASS for that given clinical rotation provided the student has successfully completed the remaining requirements for the rotation.
 - Persistent poor performance on the rotation examinations will be tracked by the Clinical Coordinators and students will be advised as to how they might improve their clinical performance. Students who continue to demonstrate poor performance may be required to participate in a supplemental enrichment program as determined by the Program.
 - Students who fail three rotation examinations will be required to participate in a supplemental enrichment program as determined by the Program and/or be placed in mandatory tutoring.
5. In the event that a clinical topic paper is indicated in place of the end of rotation examination, it will account for 35% of the overall clinical rotation grade.
- The specific guidelines for the clinical topic papers are outlined below.
 - Papers are to be submitted at the time the rotation examinations are given.
 - Late papers will result in a loss of 5 points from the final grade of the paper for each day late.
 - Any student who fails to achieve a score of 70 or above on the clinical topic paper will be required to submit a revised paper. Failure to achieve a score of 70 or above on the revised clinical topic paper will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.

Grading continued:

- Successful revision of a failing paper will result in a grade of 70 for the paper and an overall grade of PASS for that given clinical rotation provided the student has successfully completed the remaining requirements for the rotation.
6. Submission of one hand-written H & P or other equivalent assignment as directed by the Director of Clinical Education will account for 5% of the overall grade for the core clinical rotations and must be submitted prior to the start of the EOR meeting.

- The specific guidelines for the H & Ps are outlined below.
 - No H & Ps with the patient ID intact will be accepted.
 - Failure to turn in the H & P at the end of rotation meeting will result in a grade of zero.
 - No credit will be given for late H & Ps or H & Ps with patient information; however the grade for that rotation will remain as “Incomplete” until the H & P has been submitted.
 - A student who does not exhibit a satisfactory level of effort on this assignment will not receive full credit.
7. Submission and posting of one case presentation will account for 10% of the overall grade for the elective clinical rotations and must be submitted prior to the start of the EOR meeting.
- The specific guidelines for the case presentations are outlined below.
 - Failure to post the case presentation prior to the end of rotation meeting will result in a grade of zero (0).
 - Case presentations with patient identifying information will not be accepted.
 - No credit will be given for late case presentation posting; however the grade for that rotation will remain as “Incomplete” until the case presentation is properly posted.
 - A student who does not exhibit a satisfactory level of effort on this assignment will not receive full credit.
8. Proper documentation of patient encounters and procedures via the EXXAT™ PA Student Tracking system will account for 5% of the overall grade for all clinical rotations and must be submitted prior to the start of the EOR meeting.
- a. The specific guidelines for reporting standards for each rotation are outlined below.
 - Failure to log their patient encounters by the time of the end of rotation meeting will result in a grade of zero (0).
 - No credit will be given for late submission; however the grade for that rotation will remain as “Incomplete” until the information is properly submitted.

Grading continued:

- 9 All “Incomplete” grades in a given rotation must be satisfied before a student will be given an overall final grade for that rotation. Satisfactory completion of all “Incomplete” grades is necessary for graduation from the MSHS Physician Assistant Program.
10. In the event that a student is assigned a Grand Rounds presentation, the grade for the presentation will replace the grade for the disorder / treatment form and H&P and will account for 10% of the overall grade for the core rotation during which the topic is presented.
11. Site visits will take place throughout the clinical year.
- The specific guidelines for the site visits are outlined below.
 - The Director of Clinical Education or designated faculty may make site visits during each rotation.
 - Students on rotations at remote or elective sites may receive a phone call from the Director of Clinical Education during the rotation in lieu of an on-site meeting.
 - In the event that no site visit takes place, the student may be asked to present the required information to the Director of Clinical Education at the end of rotation meeting.
 - Failure to be prepared for the site visit per the guidelines below or to participate at the site visit when assigned will result in the loss of five (5) points from the overall grade of the clinical rotation.

12. Any student who loses points during a clinical rotation or rotation meeting due to unexcused absences, missed or incomplete assignments or dress code violations, which results in a subsequent grade of less than seventy (70), will fail the rotation. This failure to achieve a passing score will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.
13. In addition to periodic formative faculty advisory / student self-evaluations, an End of Program Summative Evaluation will be required to assess the student's competencies in the areas of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement and systems-based practice.

Components of this evaluation include, but are not limited to:

A written comprehensive examination:

- The content of the exam will reflect the objectives of the core rotations as well as the basic medical sciences.

A practical examination:

- One of the two practical OSCE examination experiences outlined below will be included as a portion of the summative evaluation.

A professional behavior review:

- This review will be conducted utilizing tools that may include, but are not limited to: a preceptor evaluation, a standardized patient evaluation, a faculty evaluation of the student's performance during the practical examination, an evaluation of professionalism and a student self-assessment.

MID ROTATION SITE VISITS

The Director of Clinical Education will be in communication throughout the clinical year with students via e-mail and/or telephone and/or text messages to monitor their progress and clinical experiences. The Director of Clinical Education will also use these methods of communication to identify and address any issues that may arise.

In addition to the above methods of communication, the Director of Clinical Education or designated faculty will make site visits as needed throughout the clinical year. **Physical site visits may be scheduled or unannounced.** In the event that the student cannot be located, he/she will be considered absent and in violation of the Attendance Policy (see above). At the site visit the student must be prepared to:

1. Present a full patient case of an actual patient seen during the rotation including history, physical, assessment, work-up, plan and hospital course to date. All aspects of the history must be included: cc, HPI, PMH, allergies, FH, SOC HX, and ROS.
 - A complete physical exam should also be included. Pertinent positive and negative findings are expected. Physical signs relating to the illness should be included.
 - A complete differential diagnosis is expected. There should be least three different possibilities discussed. The student must be able to explain how each relates to the particular case.
 - Discuss what lab tests were ordered on the patient. Each student must be able to explain why each test was ordered and be able to interpret all test results.
 - The student must explain the final diagnosis that was given to the patient and why.
 - What is the treatment? Students must give alternative treatments when applicable. Students must be prepared to discuss the pros and cons of the treatments and possible side effects.
 - What is the patient's prognosis?
 - The student is expected to discuss the patient and entertain questions from the site visitor and the other students present at the meeting.
 - Follow all HIPPA guidelines during the discussion.
2. Discuss the procedures he or she has done in detail.
3. Demonstrate a working knowledge of all the patients on the service as well as an in-depth knowledge of the patients assigned directly to them.
4. If requested, provide the site visitor with a copy of the completed mid-rotation evaluation.
5. Additional topics may be assigned at the beginning of each rotation for discussion.
6. Site visitors may elect to do a chart review with the student.
7. Site visitors may elect to observe the student performing a history and physical on a patient.

In the event that no physical site visit takes place, students may be asked to present this information to the Director of Clinical Education at the end of rotation meeting.

Mid Rotation Site Visits continued:

Mid-rotation evaluation forms are available on-line in the learning management system for all students. Students are encouraged to print the mid-rotation evaluation and meet with their designated preceptor mid way through the rotation to discuss their performance so that if any problems exist, they may be identified and rectified. The Director of Clinical Education will review these forms during the site visit. **In the event that a student is noted to have difficulty during the clinical year, the Director of Clinical Education may REQUIRE submission of mid-rotation evaluations.**

MID ROTATION EVALUATION FORM

NAME: _____

PRECEPTOR: _____

ROTATION SITE: _____

DATE DISCUSSED: _____

Using the scale below, please evaluate the student in each category. Please feel free to discuss this form with the student and make suggestions.

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	SATISFACTORY
	5	4	3	2	1
A.	PATIENT HISTORY & PHYSICAL EXAMINATION				
B.	WRITTEN RECORD				
C.	PRESENTATION SKILLS				
D.	TECHNICAL SKILLS				
E.	FUND OF KNOWLEDGE				
F.	KNOWLEDGE APPLICATION				
G.	STUDENT'S ATTITUDE				
H.	INTERPERSONAL SKILLS				
I.	PROFESSIONAL BEHAVIOR				
J.	ATTENDANCE				

COMMENTS:

Evaluations will be sent to the Administrative preceptor prior to the start of each rotation. The following represents the areas in which the student will be evaluated. If necessary, students will be notified by the Director of Clinical Education concerning their evaluations. Any deficiencies will be brought to the attention of the student in an effort to improve the effectiveness of the student's performance. Students will have ample opportunity to review all preceptor evaluation forms following review by the Director of Clinical Education.

PRECEPTOR EVALUATION FORM

PLEASE EVALUATE THIS STUDENT BY CHECKING THE APPROPRIATE OBSERVATIONS:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
CLINICAL SKILLS:					
A. Patient History					
B. Physical Examination					
C. Written Record (orders, progress notes, discharge summaries, etc.)					
D. Oral Presentation/discussion					
E. Technical Skills					
COGNITIVE SKILLS:					
A. Fund of Knowledge					
B. Knowledge Application					
C. Laboratory/Test Information and Analysis					
D. Patient Management/Treatment Plans					
E. Patient Education					
STUDENT'S ATTITUDE/ PROFESSIONAL SKILLS:					
A. Attitude Towards Learning					
B. Organizational/Time Management Skills					
C. Interpersonal/Team Skills					
D. Accepts Constructive Criticism					
E. Punctuality/Availability					
COMMENTS:	_____				

Days Late / Absent:	_____				

The following represent the **AVERAGE** levels of performance that each student is expected to achieve during the clinical rotations. Specific student performance requirements / benchmarks may be required for individual rotations. Students will be made aware of these requirements via the learning management system prior to the start of each rotation where indicated. Preceptors will be evaluating students based upon these criteria.

CLINICAL SKILLS	Outstanding	Above Average	Average	Below Average	Unsatisfactory
Patient History	Always very thorough and complete, efficient; consistently excellent in organization, respectful of patient during interview	Always very thorough and complete; elicits important data	History is generally complete, interview technique is good; symptoms are generally all elicited; organization is usually logical	Deficiencies in elicitation of symptoms are evident; important information is often not included or irrelevant information is included	Generally incomplete; frequently disorganized; does not focus on patient's problems at all; information is usually missing
Physical Examination	Always complete; consistently accurate; all findings including subtle ones are elicited; appropriately sequenced	Complete, accurate; all findings elicited including most subtle ones	Generally thorough examinations performed; minor omissions; all major findings elicited; patient's comfort and modesty is maintained	Tendency to do superficial exams; lapses in sequence are frequent; some major findings missed	Usually incomplete; superficial; cursory or inaccurate; major findings are frequently missed
Written Record	Outstanding in every respect; always clear, superior logic in organization	Very thorough; usually clear	Thorough, neatly presented; usually well organized	Generally thorough but some pertinent points are often omitted; excessive use of abbreviations	Generally incomplete, sloppy presentation, major omissions are frequent; disorganized
Oral presentation/discussion	Outstanding; always clear, concise and precise; superior organization; all pertinent facts and relevant negatives included; shortens presentation when appropriate	Usually very clear; well organized presentations; most pertinent facts usually presented; well constructed differential and evaluation plan are always included	Presentations are clear and complete; usually includes a clear differential diagnosis and evaluation plan	Organization is sometimes poor; some key facts are often omitted; incomplete differential diagnosis and/or plan; verbose	Generally poorly organized; multiple key facts omitted; consistent inattention to detail; completely unable to express thoughts clearly; unable to answer questions
Technical Skills	Superb technical skills; outstanding technical ability; organized before beginning procedure	Very good technical skills; always pays attention to patient comfort	Proficient; exhibits appropriate care; minimizes patient discomfort	Minor deficiencies in technical skills noted; occasionally disorganized	Generally careless; frequent disregard for patient comfort; disorganized

COGNITIVE SKILLS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
Fund of Knowledge	Outstanding knowledge of disease; pathophysiology, diagnosis and treatment; always accurate, exceptional understanding; very current	Displays above average knowledge, very good grasp of the discipline	Solid fund of knowledge; generally shows expected knowledge base; equal to the "average" PA student	Displays a minimal level of knowledge; inaccuracies in knowledge base are evident;	Generally inaccurate; knowledge of disease, pathophysiology, diagnosis and treatment is very limited; serious knowledge gaps are evident
Knowledge Application	Integration of clinical presentation with understanding of disease is always reliable; always easily able to utilize new information	Integration abilities are very good, usually able to utilize new information	History and physical examination are integrated with medical knowledge to arrive at a satisfactory differential diagnosis and plan	Some difficulty in developing differential diagnosis and plan	Consistently unable to develop a differential diagnosis or plan; little improvement in integration skills during rotation
Laboratory/ Test Information and Analysis	Good knowledge of routine and special diagnostic tests; tests ordered clinically appropriate and interpreted correctly	Adequate knowledge of routine and special tests; tests ordered clinically appropriate; results interpreted correctly	Adequate knowledge of routine tests, tests ordered clinically appropriate; usually interprets results correctly	Marginal knowledge of routine tests, has trouble interpreting results	Clearly lacks knowledge of lab values or relationship of tests to clinical picture; orders without regard to cost or yield
Patient Treatment / Management Plans	For routine cases, treatment plans are comprehensive; no changes needed; can suggest alternatives; implements plan promptly and efficiently	Treatment plans are generally well done; require only minor revisions; implements in an organized manner	Treatment plans are acceptable in most cases; may require some revisions; able to implement plan; regular follow up	Plans often inadequate or inappropriate; require major revisions; erratic follow up	Has not mastered concept of treatment plans; does not implement plans with out direct guidance and never follows up
Patient Education	Communicates well with patient about disease and treatment; able to adjust to educational/social level of the patient and checks for patient understanding	Communicates with patient about disease and treatment, usually adjusts to social / educational level of patient; checks for understanding	Often communicates with patient about disease and treatment; usually checks to see if patient understands	Sometimes communicates with patient about disease and treatment, does not adjust to patient's social /educational level; does not check for understanding	Rarely communicates with patient about disease or treatment; does not adjust to educational/social level of patient; never checks for understanding

ATTITUDE / PROFESSIONAL SKILLS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
Attitude towards Learning	Demonstrates independent learning, excellent insightful questions, pursues work productively and assertively; enthusiastic	Shows initiative and takes responsibility for extra work; asks many good questions; some independent learning	Cooperative, strives to maintain responsibility and workload appropriate for ability; demonstrates reading based on assigned patients	Generally passive or indifferent, must be reminded, is inefficient, does outside reading if prompted	Apathetic, actively exhibits disinterest or denies responsibility; shows no evidence of outside reading during rotation
Organizational Skills	Functions efficiently with minimal direction	Functions efficiently; promptly performs duties	Strives to function efficiently; responds well to direction and advice on organizing work; productive	Occasionally inefficient use of time; occasionally needs directions	Ineffective use of time; has trouble meeting commitments; constantly in need of direction
Interpersonal / Team Skills	Works well with others, respects others' opinions, consistently exhibits outstanding rapport with patients and families	Sensitive to concerns of other health care professionals, consistently and easily establishes trust with patients	Gets along well with most people; demonstrates appropriate interaction with patients	Does not always work well with team, communication with patients is not always smooth, sometimes has difficulty establishing effective relationship with patient	Often creates friction; disrespectful; unprofessional; consistently fails to communicate with patients
Accepts Constructive Criticism	Seeks input on performance; respectful of other's criticism and responds to improve self; consistently knows limits	Knows limits and seeks guidance before proceeding; responds to criticism positively	Knows limits; seeks guidance before proceeding; responds to criticism; may need occasionally guidance	Occasionally fails to recognize limits; occasionally defensive when criticized	Consistently fails to recognize limitations; overestimates abilities and does not seek guidance or cooperate; defiant when criticized
Punctuality/ Availability	Always responsible and reliable; consistently seeks more work and often stays to help team until complete	Responsible and reliable; stays late when appropriate; seeks additional work	Punctual, dependable; completes assigned tasks and stays until work is complete	Sometimes late; may need to be reminded to complete work prior to leaving	Frequently late, unreliable; leaves without completing assigned tasks

END OF ROTATION MEETINGS

Students will return to the Program Office for rotation meetings on the last day of every clinical rotation unless otherwise specified in the Clinical Schedule or by the Director of Clinical Education. Additional required callback days may be scheduled throughout the clinical year. **Students are expected to remain at the Program for the entire day and no travel plans should be made prior to 7:00 pm on those days.**

1. Rotation Specific Exams

- End of rotation examinations will be administered on-line via ExamMaster. Students are required to bring an ITS-tagged computer to all end-of-rotation meetings.
- Students will take a rotation specific exam with 50 multiple choice questions at the end of rotation meeting that accounts for 35% of the overall rotation grade.
- Examinations are based on the clinical rotation objectives provided. While it is assumed that most if not all, material in the learning objectives will be seen by the student during the rotation, this cannot be guaranteed and students are responsible for all learning objectives.
- All core and many elective rotations will culminate in a written exam. Doing a second rotation in an elective area or a third rotation in Internal Medicine or General Surgery will culminate in a clinical topic paper, which will be due upon completion of the rotation. At the discretion of the Director of Clinical Education, a student may be required to write a clinical topic paper during specialized elective rotations. Information about the requirements of each elective rotation is available online in the learning management system.
- Any student who fails to achieve a score of 70 or above on the end of rotation exam will be required to remediate the exam per the grading guidelines outlined above.
- Students are expected to adhere to the Examination Policy per the MSHS PA Program Handbook; the examination policy is available on the learning management system.

2. Clinical Topic Papers

- Students participating in elective rotations per the above guidelines will submit to the Director of Clinical Education a clinical topic paper based on a topic pertinent to the elective clinical rotation at the end of rotation meeting. Submission of the paper will be made through www.turnitin.com.
- Topics must be discussed with and approved by the Director of Clinical Education midway through the rotation.
- The requirements are as follows:
 - a. Papers must be typed, double-spaced with references and citations per the AMA format.
 - b. The minimum length is five, double spaced pages with one-inch margins and a 12-point font. The bibliography must include a minimum of six current reference sources.
 - c. Papers will be graded on the basis of content, clarity and the proper use of basic grammar, syntax and spelling skills. Equal emphasis will be placed on the utilization of appropriate research sources as well as the incorporation of the topic's relevance to the elective rotation experience.
 - d. Clinical topic paper letter grades will be determined by letter grading system as per student handbook.
- Clinical topic papers will account for 35% of the overall grade for the rotation. Late papers will result in a loss of 5 points from the final grade of the paper for each day late.
- Any student who fails to achieve a score of 70 or above on the research paper will be required to submit a revised paper per the grading guidelines outlined above.

End of Rotation meetings continued:

3. History & Physical Case Write ups

- The student must submit a copy of a complete History and Physical including Assessment and Plan done by the student during the core clinical rotations to the Director of Clinical Education at the end of rotation meeting.
- The H& P must be hand-written and must include the signature of the student. This may be a copy of a hand-written note in a chart; however no computerized, pre-printed forms or check off sheets will be accepted.
- Outpatient and Emergency Medicine settings will require an appropriate chart note. Brief operative notes are not acceptable.
- **All patient names must be removed from the note prior to submission to ensure confidentiality.** No credit will be given for any H & P that contains confidential patient information.
- The H & P write up will constitute 5% of the overall grade for the core clinical rotations.
- At the discretion of the Clinical Coordinators, the H&P write ups may be adjusted to address deficiencies noted in student performance.

5. Case Presentations

- During elective rotations students are required to post to the Blackboard Coursesites® discussion board one patient case encountered during the rotation by the end of the rotation.
- The chief complaint, HPI, pertinent PMH, ROS, and physical examination findings are to be included as well as the initial assessment and plan. However, all patient identifying information must be removed.
- Students are to include the hospital course when applicable as well as describe the management of the patient.
- Students are to include a minimum of two (2) teaching points.
- Students are to include a minimum of one (1) evidence based medicine (EBM) source that corroborates the workup, diagnosis or management of the patient along with a brief summary of how EBM was utilized in the care of the patient.
- Examples will be made available online in the learning management system.
- Guidelines for class review and interaction will be provided in the learning management system.
- Case presentations will constitute 10% of the overall grade for the elective clinical rotations.

End of Rotation meetings continued:

6. EXXAT™ PA Student Tracking of Patient Encounters and Procedures

- Documentation of patient encounters and procedures is mandatory and must be submitted via the EXXAT™ PA Student Tracking system during each clinical rotation.
- Students will be instructed on the proper logging of information prior to the start of the clinical rotations during orientation to clinical year.
- Submissions must be completed by the end of each rotation meeting.
- The EXXAT Patient Encounters will constitute 5% of the overall grade for all clinical rotations.

7. Grand Rounds Presentations

- Students will work in groups of three to prepare one Grand Rounds presentation for an EOR meeting as instructed by the Director of Clinical Education.

- Assignments will be done at the beginning of the clinical year and presentations will take place during core clinical rotations. Topics must be selected from the list provided by the Director of Clinical Education.
- Topic presentations will account for 10% of the overall grade of the clinical rotation during which the topic was presented (this grade replaces the drug card and H&P grade). Grand Rounds presentations should be one hour in length (with a maximum of 100 slides).
- Students will present topics for presentation and discussion to the entire class per the list available from the Director of Clinical Education. Topics will reflect the NCCPA blueprint topics for the PANCE available at www.nccpa.net.
- Students must include the following information during the presentation: brief clinical case, clinical features, epidemiology and risk factors, differential diagnosis, work-up and specific medical and surgical treatment options.
- Students are required to prepare course objectives, syllabus, content, an evaluation tool and pre- and post-presentation questions, all of which must be submitted to the Clinical Coordinator.
- Additional information regarding Grand Rounds presentations, as well as the grading rubric, will be available on-line in the learning management system
- Students should prepare the Grand Rounds as a PowerPoint presentation with input from the Clinical Coordinators.
- Final topic and outline submission of the presentation must be submitted to the Director of Clinical Education/Clinical Coordinators at the end of rotation meeting two months prior to the date of the presentation.
- Rough draft submission of the presentation must be submitted to the Clinical Coordinators at the end of rotation meeting one month prior to the date of presentation. The final presentation must be submitted to the Director of Clinical Education two weeks prior to the date of presentation otherwise points may be deducted from the overall topic presentation grade.

End of Rotation meetings continued:

8. PAS 8000 Research Methodology and Application Course

- As part of the Master of Science in Health Sciences for Physician Assistant Degree, students will participate in PAS 8000 Research Methodology and Application. This course will take place throughout the clinical year. Students are required to complete all components of PAS 8000 as indicated by the Course Syllabus in order to be eligible for the certificate of completion and the MSHS degree.
- Mandatory course lectures will take place during the end of rotation meetings.
- Per the Research Methodology and Application Course, deadlines have been established for each assignment. Failure to adhere to the required deadlines may result in an “In House” suspension at the subsequent EOR meeting.
- A student who has not met the PAS 8000 deadline may not be able to participate in activities scheduled during the EOR meeting. The student will instead be required to meet with the Senior Research Coordinator or designee during that time to complete the assignment.
- As a consequence the student will then miss the Rotation Meeting, for which the above attendance guidelines will be in effect and the student will lose five (5) points from the overall grade from the rotation.

- Students who do not complete the Research Assignment during the EOR meeting may not be allowed to start the next rotation until the assignment has been completed. Forfeited time on rotations MUST be made up and documented per the above attendance guidelines.

8. OSCE Practical Experiences:

- Each student will be required to participate in two (2) directed OSCE practical experiences throughout the clinical year. Assignments will be made during the clinical year. The OSCEs will take place at the Clinical Skills Center of the Weill Cornell Medical College and utilized standardized patients. Additional information regarding the OSCEs will be available on-line in the learning management system.
- **The first OSCE will take place during the first five clinical rotations and constitute a formative evaluation.**
 - Each student must come prepared to do a complete history and physical on a standardized patient.
 - Part One:
 - The student will be given a case presentation and must obtain the proper history and physical examination from the standardized patient. The student is expected to summarize his/her findings and thoughts for the standardized patient.
 - Part Two:
 - The student will present the patient to the faculty proctor and include a differential diagnosis of at least three possibilities, work up and management plan.
 - Part Three:
 - The Proctor will then give immediate feedback to the student regarding the overall performance.
 - The practical will be graded Pass/Fail. In the event of a Failure, the student will repeat all or part of a different practical scenario at a later date to address areas of deficiency. An action plan for improvement in these areas will be outlined and monitored during the subsequent rotations.

End of Rotation meetings continued:

- **The second OSCE will take place during the final five clinical rotations and will constitute a portion of the summative evaluation.**
 - The above steps will remain the same with the following changes/additions:
 - The OSCE will involve a more involved patient presentation and will include two patient interactions.
 - Student will not present the patient to the faculty proctor; instead they will write full summary notes on each patient including a formal assessment and management plan.
 - The standardized patients will be asked to assess the examinees' skills in terms of behavioral and professional attributes that include but are not limited to: interpersonal skills, communication skills, respect and professionalism.
 - The practical will be graded Pass/Fail. In the event of a Failure, the student will repeat a different practical scenario at a later date. The student must obtain a passing grade on the make-up practical in order to be eligible to receive a certificate of completion and the degree. Identification of the nature and cause of the student's failing performance will be used to develop an action plan to address deficiencies. Student performance will be monitored closely during subsequent rotations to ensure compliance with the competencies outlined in the Student Handbook.

At the completion of each rotation, students are given the opportunity to evaluate the rotation. All comments and suggestions are taken seriously. Students are expected to submit evaluations on-line via EXXAT as directed by the Director of Clinical Education. Although the responses will remain anonymous, completion of evaluations will be tracked.

STUDENT EVALUATION OF ROTATION FORM

Please rate your experiences during this rotation in the following areas:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
EDUCATIONAL VALUE					
Overall level of teaching					
Correlation of objectives					
Variety of patient conditions					
Case presentations					
Access to conferences					
Access to medical literature					
CLINICAL VALUE					
Hands-on patient care					
Availability of procedures					
Ability to write notes/orders					
Level of responsibility					
PRECEPTOR/STAFF					
Acceptance as member of the "team"					
Relationships with preceptors/supervisors					
Relationships with team members					
Relationships with support staff					
Professional identity as a PA student					
Preceptor supervision					
OTHER					
Orientation Procedure					

Met your expected needs					
Overall Rating for the Rotation					

Please use this space for additional comments about this rotation: _____

GENERAL GOALS AND OBJECTIVES FOR CLINICAL ROTATIONS

Each student is expected to participate in ten core clinical rotations and five elective rotations as outlined in the *Clinical Year Guidelines and Syllabus*. The general purpose of the clinical rotations is to provide the physician assistant student with practical clinical exposure to patients and the healthcare environment. These rotations allow the PA student to augment, strengthen and refine the knowledge and skills acquired during the pre-clinical phase of the MSHS PA Program. The student will participate as a member of the healthcare team and function under the direct supervision of attending physicians, house staff and physician assistants.

The specific objectives set forth for each core clinical rotation are available on-line in the learning management system. While it is assumed that most, if not all material in the objectives will be seen by the student during the rotation, this cannot be guaranteed and students are responsible for all material in the learning objectives. Students should refer to the *Clinical Year Guidelines and Syllabus* for guidelines regarding the specific clinical rotation requirements and grading policies.

The ten core rotations are as follows: two clinical rotations in General Surgery, two clinical rotations in Internal Medicine, one clinical rotation in Primary Care, one clinical rotation in Pediatrics, one clinical rotation in Obstetrics and Gynecology, one clinical rotation in Emergency Medicine, one clinical rotation in Psychiatry and one clinical rotation in Geriatrics.

Elective rotations may be done in a variety of surgical and medical subspecialties or in any of the core rotations. Objectives for elective rotations are available on-line in the learning management system. It is expected that the student's knowledge will increase in core areas while on elective rotations and the end of rotation examinations will reflect this expected increase (i.e. the Cardiothoracic Surgery EOR exam will contain basic Cardiology questions). Students are advised to speak to the Senior Clinical Coordinator if they have questions regarding the objectives.

While on clinical rotations, students are expected to participate fully as a member of the team, as such they will see patients and perform procedures. The Program utilizes the web-based EXXAT™ PA Student Tracking (PAST) System to monitor student experiences. The following reflects the minimum patient encounters students are expected to log during each rotation and the minimum number of procedures students are expected to log during the entire clinical year. Students are reminded that these are the minimum numbers of patient encounters and procedures that should be performed by a PA student prior to beginning professional practice to ensure a minimum level of competency. Additional patient encounters and procedures will only enhance the student's competency and level of confidence and opportunities to gain these experiences should be sought. Students are advised to not limit themselves to the minimum numbers shown here.

The Program reserves the right to update the objectives as needed. Students will be notified of all changes and will be given updated objectives when appropriate.

MINIMUM EXXAT LOGGING REQUIREMENTS

<u>Patient Encounters (per rotation type)</u>	
Emergency Medicine	30
General Surgery	30
Geriatrics	30
Gynecology / Oncology	30
Internal Medicine	30

Pediatrics	30
Primary Care	30
Psychiatry	30
Elective Rotations	15 for each rotation

These numbers represent the minimum expectations; however, students are expected to log all patient encounters.

Procedures (per clinical year) to be logged under Competencies

Phlebotomy: 50
 IV Access: 25
 Wound Care: 10
 Suture Placement: 25
 Arterial Blood Gas: 5
 Splinting Upper Extremity: 5
 Splinting Lower Extremity: 5
 Injection: Intramuscular: 10
 Injection: Intradermal: 5
 Injection: Subcutaneous: 5
 Staple Placement: 25
 Suture/Staple Removal: 25
 Electrocardiogram: 10
 Nasogastric Intubation: 3
 Urethral Catheterization: Male: 5
 Urethral Catheterization: Female: 5
 Pelvic Examination: 10
 Normal Vaginal Delivery: 2
 Assist in Cesarean Section: 2
 Obtain Culture Specimen: Urine: 5
 Obtain Culture Specimen: Blood: 10
 Obtain Culture Specimen: Wound: 10
 Obtain Culture Specimen: Throat: 5
 Cardiopulmonary Resuscitation: observation and/or participation: 1-2
 Endotracheal Intubation: observation and/or participation: 1-2
 Paracentesis: observation and/or participation: 1-2
 Thoracentesis: observation and/or participation: 1-2
 Tube Thoracostomy: observation and/or participation: 1-2
 Central Venous Catheterization: observation and/or participation: 1-2
 Lumbar Puncture: observation and/or participation: 1-2

Students are strongly encouraged to log all surgical procedures that they participate in and may do so under the CPT codes section if not listed in the competency list.

RECEIPT FOR PROGRAM FILES

(Must be submitted prior to starting clinical rotations)

