



CENTRAL
MICHIGAN UNIVERSITY

Physician Assistant Program

Clinical Education Handbook 2023-2024

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Central Michigan University

Physician Assistant Program

Program Contact Information

Mailing Address

CMU PA Program
Health Professions Bldg.
Office 2075
Mt. Pleasant, MI 48859

Physical Address

1280 E. Campus Dr.
Health Professions Bldg.
Office 2075
Mt. Pleasant, MI 48859

Phone Numbers

989 774-1273 (main)
989 774-2433 (fax)

PA Program Faculty and Staff for Clinical Year

Debra Kimball-Christie, PA-C	Program Director kimba1dj@cmich.edu	989-774-2929 989-289-5633 (cell)
Katie Flannery, PA-C	Director of Clinical Education flann1ka@cmich.edu	989-774-2337 517-775-4780 (cell)
Audrey Shaw, PA-C	Clinical Coordinator patte2aj@cmich.edu	989-774-1479 231-250-3533 (cell)
Elizabeth Frutiger PA-C	Clinical Coordinator fruti1e@cmich.edu	989-774-1140 815-713-8922(cell)
Dale Russell, DMSc, PA-C	Clinical Team Staff russe1de@cmich.edu	989-774-1729 517-881-8503 (cell)
Amanda Scarbrough	Clinical Placement Coordinator scarb1ar@cmich.edu	989-774-2479 989-708-7807 (cell)
Nicole Bailey	Clinical Placement Asst. dent1nj@cmich.edu	989-774-3794
Angie Burdett	Program Assistant burde1a@cmich.edu	989-746-7507

Central Michigan University Resources:

Beth Boman	Clinical Compliance Coordinator boman1ej@cmich.edu	989-774-1850
Registrar	registrar@cmich.edu	989-774-3261 Fax 989-774-3783

Kim Jackson	Financial Aid jacks2kr@cmich.edu	989-774-7436
CMU CARES	cmich.edu/student-life/cmu-cares	989-774-3346
Office of Student Affairs Counseling Center Student Conduct	hutch1m@cmich.edu idema1th@cmich.edu	989 774-3381 989 774-1345

Section 1

Overview

INTRODUCTION

The second year of the Central Michigan University Physician Assistant Program consists of supervised clinical experiences (SCPE) also referred to as clerkships or clinical rotations. The purpose of these experiences is to provide hands-on practical training to physician assistant students enabling them to integrate the knowledge obtained in the basic medical science, applied medical science and behavioral science curriculum, and use this in the diagnosis and treatment of patients in a supervised educational setting. These experiences are designed to build competence in fundamental clinical skills through practice and feedback, and to enhance confidence in preparation for graduation and practice.

PHILOSOPHY

We believe that learning the skills necessary to become a competent, compassionate health care practitioner is best accomplished through organized clinical experiences in a positive nurturing environment through direct observation, hands-on practice, constructive feedback, mentoring, and supplemental reading. We view this process as an active partnership between the student, the clinical supervisor or preceptor, the PA Program, and Central Michigan University.

*****Students must always remember that they represent themselves, the program, the university, and the physician assistant profession.***

PURPOSE OF THIS MANUAL

This manual provides students with the policies, procedures, competencies, and expectations required during the clinical phase of the program. It is a valuable source of information for success during the clinical experiential phase and contains specific instructions, helpful hints, tools and guidelines to assist the student in obtaining the necessary knowledge and skills to competently and successfully complete their training as a physician assistant.

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

1. [CMU Graduate Studies Bulletin](#)
2. PA Program Graduate Program Handbook for Class of 2024

Together these resources provide students with information that will assist them in their academic endeavors at the university: services available to students, policies, an outline of the curriculum, and guidelines to prepare for this challenging academic experience. By enrolling at Central Michigan University, students agree to conform to the rules, codes, and policies as outlined in this publication, in the Bulletin, and in all applicable student handbooks, including any amendments. Students must abide by all the rules, codes, and policies established by the university both on and off campus. – PA Program specific policies are in addition to university policies listed in the CMU Graduate Bulletin. A copy of the handbooks is available on Blackboard, and also our PA program website. The CMU Graduate Bulletin and PA Program Graduate Program Handbook contain important policies, procedures, and rules that are not included in this document. **Please note, in the event that this handbook or any other handbook conflicts with and/or is more restrictive or specific than the CMU Graduate Bulletin, the provision in this handbook shall apply.**

If a student has questions that cannot be answered by these sources, the student should discuss them with the Program Director or Director of Clinical Education. Students are required to sign the attestation statement on the last page of this 2023-2024 Clinical Education Handbook as a condition for participation in the Supervised Clinical Year Experience.

Please read these sources carefully and thoroughly. Ignorance of the rules does not excuse noncompliance.

**The university reserves the right to amend this handbook and change or delete any existing rule, policy, or procedure, or to add new rules, policies, and procedures at any time throughout the clinical year and without prior notice. The student will be notified via email or Blackboard announcement of any changes.

Please note: CMU PA Program policies apply to all students, principal faculty, and the program director regardless of location. Program policies and practices are consistently applied to all student, staff, and faculty groups as stated in each policy and practice. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. (ARC-PA standard A3.01)

Section 2

THE CLINICAL YEAR CURRICULUM

The clinical year (12 months) of the PA Program consists of a total of eight (8) five-week clinical rotation blocks; PHA 690, PHA 691, PHA 692 plus a summative evaluation.

Course Design and Registration:

Course Designator	Course Name	Length; Credits
PHA 690	Clinical Education I SCPE Clerkship 1, 2, 3	16 weeks, 16 credits
PHA 691	Clinical Education II SCPE Clerkship 4, 5, 6	16 weeks, 16 credits
PHA 692	Clinical Education III SCPE Clerkship 7, 8	12 weeks, 15 credits
PHA 6**	Summative Assessments (Part of Clin Education III)	1 credit

Students do not progress to the clinical phase of the program until they have successfully completed all didactic course work with a 3.0 GPA or higher; background checks; documentation of all required immunizations, titers, and health care insurance; and HIPAA, OSHA, ACLS, and PALS training. **Failure to complete any of these requirements by the designated due date as outlined in Appendix A-2, may result in a delayed start to the clinical year.** This may in turn delay the student's graduation from the program. Some rotations have additional requirements which students must complete prior to starting the specific rotation (e.g., drug testing, fingerprinting, physical exam, site orientation or site-specific training). The clinical portion of the program involves in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules vary depending on the site. The organization of the clinical experiences is outlined below, although the order of rotations will vary for each student based on preceptor availability.

REQUIRED CLINICAL ROTATIONS (B3.03, B3.04)

- Family Medicine (five weeks) **must include patients across the lifespan**
- Pediatrics - (five weeks) **must include infant visits**
- Psychiatry and Behavior Health (five weeks)
- Women's Health (five weeks) **must include prenatal visits**
- Internal Medicine – **In-patient vs. out-patient experience will vary by clinical site**, will include acute, chronic and preventative care of the adult and elderly patient (five weeks)
- General Surgery (**must include pre-op, intra-op and post-operative experience**) (five weeks)
- Emergency Medicine (five weeks) **must include emergent cases**
- Elective Clerkship - (five weeks)

Each clinical rotation has a designated preceptor who is responsible for coordination of the student's overall learning experience. Preceptors are licensed clinical instructors (MD, DO, PA-C, NP, CNM or LSW) who have been assigned by the clinical site to supervise you. (For more information, see Section 5.) The preceptor may delegate some of the teaching or coordination functions to other qualified clinicians at the same site or affiliated clinical site throughout the course of your rotation.

Clinical rotations average 40 hours (about 1 and a half days) a week at the designated clinical site(s). Some rotations may involve shorter or longer hours, evening or on-call responsibilities, and weekend hours. The preceptor determines the student's on-site schedule and clinical responsibilities. Students **MUST** adhere to each rotation site schedule and to all assignments developed by the sites and preceptors; if your preceptor is working, you, as a student, should be working also.

CLINICAL YEAR OBJECTIVES COMMON TO ALL ROTATIONS

- **(Specific instructional objectives and learning outcomes in syllabi)**

Over the course of 12 months of supervised clinical training, the student will demonstrate entry-level professional competence in the following cognitive and performance areas characterizing general medical practice.

1. The student will develop rapport and an atmosphere of trust with patients and families by providing patient centered care.
2. The student will obtain an accurate and logical patient history including:
 - Chief complaint
 - History and Physical
 - Past medical history, including Surgical History
 - Family history
 - Psychosocial history
 - Review of Systems
 - Medication

- Allergies
3. The student will perform an accurate, efficient, and detailed physical examination by:
 - Completing a physical exam.
 - Performing an appropriate problem focused physical exam. Appropriately using special physical exam tests to further assess a problem.
 - Consistently using appropriate and accepted physical examination techniques, including the proper selection and use of equipment.
 - Developing rapport with patients to facilitate the examination.
 - Providing for patient comfort and modesty.
 - Using optimal and efficient time with patients.
 4. The student will develop an appropriate and rational differential diagnosis, along with a problem list through the application of evidence-based medicine principles and skills.
 5. The student will consider the patient's overall condition including psychosocial and economic factors in the development of the management plan.
 6. The student will be able to recognize when a problem is beyond the scope of the PA provider and refer the patient to the supervising physician, appropriate specialists, and/or community resources as part of their management plan.
 7. The student will develop and implement a comprehensive management plan to include health promotion and disease prevention measures such as disease screening, risk factor identification, education, diet and nutrition, and immunizations
 8. The student will apply principles of pharmacotherapeutic and non-pharmacotherapeutic modalities as appropriate for patient management.
 9. The student will select appropriate diagnostic studies for the clinical problem.
 10. The student will evaluate and interpret results of diagnostic tests accurately.
 11. The student will recall and apply clinical decision making and problem solving to assess and manage patients.
 12. The student will appropriately select and perform procedure skills for diagnostic or therapeutic purposes.
 13. The student will progress towards competent performance of specific routine, technical, and invasive surgical procedures and assist with more complex procedures.

14. The student will aid in performing, evaluating, and providing therapy in response to life threatening situations.
15. The student will evaluate and validate the management plan based upon patient outcomes, discussion with supervising physicians and review of medical literature, and will modify the plan as necessary.
16. The student will consistently integrate patient education and counseling into their management plan to include common medical and psychological illnesses, common medical procedures, therapeutic regimens, adherence, and health maintenance.
17. The student will interact with patients and their families respectfully, through awareness and sensitivity to cultural, environmental, and socioeconomic aspects that affect the patient, the patient's condition and the patient's family, all while using empathy and active listening techniques.
18. The student will respect and preserve patient confidentiality.
19. The student will utilize effective interpersonal skills in written, oral and electronic communication with patients, their families and other members of the healthcare team.
20. The student will document in a legible, effective, and efficient manner by communicating information into the medical record (written, EMR, or dictated) including:
 - Complete history
 - Physical examination findings
 - Progress notes written in SOAP format
 - Admission notes
 - Problem lists
 - Initial assessment and recommendations for a consult.
 - Diagnostic tests
 - Discharge summaries
 - Communication with other health care providers
21. The student will verbally present data in a concise, logical and professional manner.
22. The student will actively participate in the educational process by recognizing self-limitations and appropriately seeking assistance/advice, applying universal precautions principles, and seeking opportunities to actively participate in the clinical learning environment.
23. The student will cooperate with all people involved in clinical education, including, but not limited to, the preceptor, staff, patient and their family/support persons, other health care providers, other learners, and faculty.

24. The student will conduct themselves in a professional and courteous manner and with the highest ethical and legal standards expected of a health care professional and consistent with the role and responsibilities of a physician assistant.
25. The student will engage and employ lifelong learning skills through on-going self-reflection, active engagement, and professional development.
26. The student will defend their actions and medical decisions exhibiting confidence and decorum when necessary and/or appropriate.

ADDITIONAL CURRICULUM REQUIREMENTS DURING THE CLINICAL YEAR

Capstone Case Study and Presentation – As a requirement for graduation, each student will be required to complete a Capstone Case Study research project, including a formal presentation, based on a case of interest that they encounter during the Clinical year. (Please see Capstone information in syllabi)

Learning description

Each student will have the opportunity to present results of their individual Capstone case study project. This will build upon the initial case presentation given during the first semester of the clinical year.

Instructional Objectives

Upon completion of the course, the student will be able to:

- Demonstrate the ability to produce a document that follows biomedical requirements for scientific journals style.
- Demonstrate the ability to organize, complete, and fulfill project guidelines while meeting proposal deadlines.
- Successfully present the project results through the effective use of multimedia equipment, formal oral presentation, and written documentation.
- Develop a basic appreciation for and comfort with participation in self-generated extra-curricular professional activity that will transfer to similar professional behavior following graduation.
- Analyze a clinical vignette in case study format and develop a basic hypothesis in the form of a differential diagnosis.
- Develop basic critical thinking skills necessary to evaluate a patient with specific signs and symptoms and formulate a differential diagnosis.

Teaching Strategies

- Students will work with the Instructor of Record for the course on the topic of research they are developing.
- The student will communicate with the instructor through email, live chat, one-on-one meetings, and/or telephone to complete the goals and meet the timelines for project development and completion.

- Expectations for the project will be clearly delineated by both parties via a written learning contract/rubric.
- Students will complete the project utilizing one of the following graduate project formats:
 - Case-based study

Schedule: The chart given below outlines the material to be covered during the Capstone learning process. *Dates are subject to change and determined by Instructor of Record

Capstone Due Dates:

Date	Assignment/Activities
2/27/24	Case study topic due for approval
4/10/24	Progress report
5/08/24	Final report
7/24/24	Case study oral presentations.

Course Assessments:

Category	Weight
Case report topic	5%
Progress report	5%
Final case report	40%
Case report oral presentation	40%
Interprofessional Collaboration and professionalism	10%

- See appendix B for further information about the case study presentation.
- See appendix B for guidelines about presenting the case study project.
- A rubric for grading will be available prior to the dates for presentations.

Section 3

CLINICAL YEAR POLICIES AND PROCEDURES

CLINICAL PLACEMENT

1. **Clinical Assignment:** Prior to the start of the clinical year, students have the opportunity to submit their preferences for site placement via a survey. This survey provides the student the opportunity to indicate their most desired/least desired defined clinical area in the state of Michigan and states directly surrounding Michigan (when deemed necessary by the PA Program and facility is part of a health system that is already affiliated with CMU). Students will also have the opportunity to submit a letter of Special Circumstance Placement Consideration. The Clinical team will take these requests into consideration when making placement decisions; however, there is no guarantee students will be placed at one of their top requested sites. Ultimately, students are placed based on several factors-not in order of consideration/importance:
 - Survey Results
 - Hometown
 - Availability of defined clinical area
 - Needs of the PA Program (site maintenance)
 - Special consideration requests

2. **Rotation re-assignments:** Should a core rotation warrant student reassignment due to negative findings from ongoing monitoring of the site or newly identified barriers to an optimal student learning experience (for example, recent staffing shortage, the Clinical Instructor (CI) leaves the practice, the clinic/practice cannot commit to teaching students due to implementation of a new EHR system, or cancellation by the site etc.), the program will re-assign the student using the following guidelines:
 - a. Re-placement within the previously defined clinical area, but possibly necessitating a longer drive or distance to the clinical site (> 90-mile radius).
 - b. Pulling the student from his/her defined area of clinical placement and placing the student elsewhere within the state of Michigan where there is a preceptor/clinical site available and willing to precept the student for the required rotation. This relocation may only be necessary for one 5-week rotation after which the student would return to their defined clinical area.

CLINICAL ROTATION SITES

1. CMU PA Program Supervised Clinical Practical Experiences (SCPE) sites are unique in comparison to other PA programs. As most programs are associated within one specific health system, CMU must rely on multiple health systems and independent clinical sites for its SCPE's. SCPEs take place in program-affiliated hospitals and hospital systems, community health clinics and private medical practices. In some instances, students may also round with their clinical preceptors/instructors (CIs) in a skilled nursing home, hospice care facility/unit, as well as at school clinics and community health fairs. Because of this unique situation, the program creates defined clinical areas based on the number of resources/rotations it can provide. Initial assignment of defined clinical areas will not be offered or considered unless four (4) or more of the seven (7) core rotations can be secured within a 90-mile radius. The number of defined clinical areas vary each year as well as the clinical preceptors/sites that are utilized. Exceptions to this may be made upon consideration by the Program Director or Director of Clinical Education.
 - a. All the mandatory core rotations will be completed in the State of Michigan. Exceptions will be made on a case-by-case basis and will be sought only after all resources in Michigan have been exhausted and only with health systems which already have an existing Affiliation Agreement with CMU.
 - b. Placement at some clinical sites will require special paperwork to be completed by the student and/or require attendance at an orientation which is to be done during callback week when possible. There may also be additional costs for badges, or additional credentialing requirements. **The student is required to pay all associated costs for additional credentialing requirements or any retesting necessary.** Additional requirements may include additional background, drug, alcohol, or other screening such as fingerprinting.
 - c. Students are prohibited from taking part in a clinical experience in which a family member would or may serve as a preceptor.
 - d. Students are prohibited from rotating in a clinical site where they maintain employment or have signed a contract for future employment.
 - e. Unlike the elective, core rotation placement is done at the discretion of the program utilizing sites and preceptors that have been properly vetted. Student input will be considered, *when possible*, but is not a determining factor in placement.
 - f. Students are prohibited from seeking their own SCPE's. A student may provide the clinical team with contact information for a potential preceptor but must not reach out to the preceptor/site on their own behalf.

CORE ROTATIONS

When a student commits to the 27-month program (including the 12-month SCPE) the program has a responsibility to ensure its students are provided and receive the required elements to graduate, meeting all program and ARC-PA standards. **Students must successfully complete one five-week rotation in each of the following areas of practice: Family Medicine, Internal Medicine, Pediatrics, Surgery, Women's Health, Emergency Medicine, and Behavioral Health. (ARC-Standard B3.07)**

ELECTIVE ROTATIONS

- The Elective SCPE is designed to provide the student with an opportunity to gain additional clinical knowledge and skills in a subspecialty during the clinical year.
- Students are asked to submit two elective options via a survey tool. The survey will be issued in early September of the clinical year. **The survey will be due within two weeks of issuance.** There is an opportunity to notify the Clinical Placement Coordinator of preference prior to September if the student knows what their discipline of choice would be for their elective.
- **Students may not change their request once the site is secured.** The only exception will be when both the first and second choices requested are not available.
- Students are encouraged to choose an elective based on clinical areas in which the student feels that they need improvement or desire increased exposure. Alternatively, students are encouraged to choose an elective in a field of medicine that is pertinent to the students' desired area of practice after graduation or in an area which may lead to employment. **Students may not rotate with a current employer or with a preceptor where employment has been accepted in writing.**
- Students can choose from a list of existing clinical sites or initiate a request for a new clinical site. All students are encouraged to meet with their clinical year academic advisor (Director of Clinical Educations or Clinical Coordinator) to discuss the elective rotation selection in collaboration with the Clinical Placement Coordinator prior to the final decision.
- Students are strongly discouraged from selecting an elective with a former Clinical Instructor if that person has supervised the student during a previous rotation. The program wishes to provide the student with a variety of enriching experiences that will further enhance clinical skills; returning to a clinical instructor multiple times will not provide students with this opportunity. Duplicated rotations for the elective will be considered on a case-by-case basis.
- Students may request an elective outside their defined clinical area. However, first preference will be granted to students within their defined clinical area. The elective rotation is the only rotation that can be assigned outside of the state of Michigan and/or outside the United States (ARC-Standard B3.02)
- Once the program begins the process of site development for a student requested site, the student will not be able to opt out of that site. **Submission of the request form does not guarantee that the site will be acceptable or that the student will be placed in the site.**

*****PLEASE NOTE*****

All rotations are scheduled by the Clinical team. Securing electives will depend upon preceptor availability and cannot be guaranteed. Once a rotation has been confirmed, changes will not be permitted. The final decision in scheduling all rotations is at the discretion of the Director of Clinical Education. * **Students, by ARC-PA standard, cannot be tasked to set up their own rotations**

however, if a student has a personal knowledge of a willing preceptor or has discussed the possibility of rotating at a particular site, one may possibly be arranged. In such cases, the student must provide the Clinical Placement Coordinator with the contact information of the clinical site, the preceptor or both to make arrangements on behalf of the student. Again, a student can only provide information and cannot set up rotations.

**(ARC-PA Standard A3.03: The program must define, publish, make readily available and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors.)*

- **Failure of any clinical rotation will result in the student re-taking the entire 5-week rotation. This must be done IN ADDITION to the elective and will not be substituted. The student will continue their rotations into the following Fall semester and delay graduation.**

CALLBACK WEEK

After the completion of each five-week rotation, students are required to return to campus for scheduled events. This is a **mandatory** component of the PA Program's clinical year (*Standard B4.01 The program must conduct frequent, objective, and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components. The evaluations must: a) align with what is expected and taught and b) allow the program to identify and address any student deficiencies in a timely manner*).

The callback days include end of rotation testing (EORE) as well various educational and professional events, seminars, ongoing review and assessment of clinical and presentation skills, student-advisor meetings, summative testing, and Capstone project presentations. **Attendance is REQUIRED for callback days and all scheduled events on those days.** If a student chooses not to attend a callback day or is tardy without advanced notice and approval from the Director of Clinical Education (DCE), a referral will be made to the Student Affairs Committee for possible disciplinary action. Additionally, the student will lose all percentage points for callback of that rotation. All travel and housing expenses for the weeks of callback are the responsibility of the student. **Also, students will need to purchase a temporary/daily pass for parking on campus and this is now done strictly online through [CMU Parking Services](#). They will give you a ticket!**

****See Appendix A1 and A2 for callback dates and tentative schedule of assignments/testing/presentations.**

STUDENT PREPARATION OF SELF AND OTHERS/POLICIES AND PROCEDURES

In anticipation of the clinical year, students need to consider how to best prepare themselves and any significant others/family who will be affected by the student's long hours and time away from home. The time could be affected by hours in clinic, driving to and from clinical sites (especially if a student

chooses to live outside of their assigned area), completing assignments or studying. It is important and recommended that each student schedules some time daily (even if it is only 10 minutes) to rest, relax and refresh by whatever means the student deems helpful.

To provide a clinical experience that is well defined and accountable, Central Michigan University's Physician Assistant Program is supported by the over-arching leadership and management of the university. As such, the Physician Assistant program, its faculty, staff, and students are subject to all University policies. For further information beyond what is provided in this handbook, please refer to the links below:

- https://www.cmich.edu/office_president/general_counsel/Pages/policies.aspx
- <https://www.cmich.edu/ess/studentaffairs/Pages/Code-of-Student-Rights.aspx>

All students enrolled in the CMU Physician Assistant Program obligate themselves to these rules and regulations of the University, the College of Graduate Studies, the program and all clinical institutions in which they practice. Each student is expected to be fully acquainted and comply with all published policies, rules and regulations of the University and the CMU PA Program. **Serious violations of these policies, rules and regulations may result in failed course grades and/or dismissal from the program.**

Housing and Transportation

Students are responsible for securing and paying for their own housing and transportation during the clinical year. This may include additional housing, food and transportation costs, in addition to those of their primary or local residence. Students must plan to ensure they have housing in time for the start of a rotation. Students should also assess the status of their vehicle. You will be required to drive to clinical sites and having a car that is running poorly, if at all, is not an acceptable excuse to miss a clinical day. Students do have the option of commuting from previously available housing if financing additional housing is an issue. The program does not recommend this as an option and is not responsible for any issues that may arise from a long commute. Students who choose to commute a long distance are subject to the same responsibilities and rules as all other students. There will not be special consideration due to inclement weather, lack of study time due to extensive travel time, wear and tear on your car, the excess cost of gasoline or transportation issues. If the extensive commute interferes with a student's ability to successfully complete the requirements of the rotation, they will fail the rotation and must repeat it at a later time. This could delay graduation.

Health Insurance and Immunization Requirements

All students are absolutely required to have health insurance coverage while enrolled in the CMU PA Program. Students are responsible for any costs incurred in treating personal injuries and illness for the duration of the PA Program including during the clinical year (e.g., needle stick or bodily fluid exposure). Students should carefully evaluate their health insurance policies, including coverage and copayments, to fully understand all potential costs that may be incurred due to illness or injury. Students are required to cover the cost of required testing and immunizations.

Prior to starting clinical education experiences, students must update their immunizations to include PPD test (and/or blood test, if needed) along with documentation of all other immunizations. Students

must upload and submit updated immunization records and copies of their current health insurance card to Typhon on or before the due date issued by the PA Program. Students who fail to submit these documents will not be permitted to participate in their SCPE's until all requirements are met. It is the responsibility of the student to keep all required immunizations current (including influenza). **The student will be responsible for demonstrating compliance with all requirements of the assigned clinical site, including immunization requirements, and if the student cannot comply with these recommendations, it may delay their graduation.** If there is any lapse in immunization status, the student will immediately be removed from the clinical site. Students must also immediately report to the program any significant health changes which may affect the student's ability to provide patient care. Failure to notify the program will result in review by the Student Affairs Committee and possible disciplinary actions. Students must always meet the physical examination/technical standards and immunization requirements during their clinical year.

Technical Standards of CMU PA Program:

Our PA program's technical standards establish the essential qualities and abilities one must possess to achieve the knowledge, skills, and levels of competency required for the completion of the PA program. These technical standards are required for admission and must be maintained throughout our program. If you are unable to meet these standards with or without reasonable accommodations at any time, you may be asked to leave the program. A student in our PA program must:

- Have the mental capacity to assimilate and learn large volumes of complex, technically detailed information; to perform clinical problem solving; to synthesize and apply concepts and information from different disciplines to formulate diagnostic and therapeutic judgments, and to be able to distinguish significant deviations from the norm from insignificant deviation from the norm.
- Possess sufficient postural and neuromuscular control, sensory function and coordination to perform appropriate physical examinations utilizing accepted medical techniques; possess the requisite abilities, including sufficient muscle control of the hands and upper extremities, to learn and perform common diagnostic and therapeutic procedures in an efficient fashion; to have the ability to use accepted medical equipment and instruments and to ensure safe and expeditious treatment for patients.
- Be able to communicate effectively and sensitively with patients and colleagues from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and to communicate diagnostic and treatment information effectively to patients and colleagues.
- Be able to record examination and diagnostic results clearly, accurately, and efficiently.
- Have the capacity to maintain composure and continue to function well during periods of high stress.

Background Checks/ Drug and Alcohol Testing

Background Checks

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

Once admitted to the CMU PA Program you will be given information that provides the student with a list of requirements to be completed before the first day of class. This includes a favorable background check and drug screen without unexpected detection of any tested substances. During the clinical year, some sites may require repeat or additional testing of students, such as additional background checks, drug testing, and/or fingerprint screening. In the event a student has an unsatisfactory finding on a background check, such information will be forwarded to the CHP Compliance Coordinator, Beth Boman, to review. A student may be denied enrollment or continued enrollment in the PA Program depending on the circumstances regarding the offense. Failure to submit to a background check will result in dismissal from the program.

Drug Screenings

Drug screenings occur prior to and during clinical experiences. In the event of a drug screening positive for a non-prescribed controlled substance, students will be referred to the Office of Student Conduct for any possible disciplinary proceedings.

The student is responsible for all costs associated with drug screenings at any point during the duration of the CMU PA program.

Other Screenings

A clinical site may request additional testing (e.g., fingerprinting, alcohol testing, color blindness test, respiratory fit testing) to which the student **must** agree to participate and for which the student will be held financially responsible. If a student refuses the testing, they will be referred to the Student Affairs Committee for review of the situation and possible disciplinary actions.

DISCLAIMER:

Please note that a criminal background may affect a student's ability to complete the program or be licensed as a physician assistant. A criminal background may affect a student's ability to enter the program. Once in the program, a criminal background may affect a student's ability to complete the program. For example, participation in clinical experiences is required for graduation. Most clinical sites have different eligibility requirements, some of which may bar participation based on a criminal history. Similarly, different states have different licensure requirements. It is possible that a student with a criminal history could be permitted to participate in and graduate from the program but not meet the licensure requirements of a particular state. Information on state licensure requirements can be found on the website for the American Academy of Physician Assistants at

<https://www.aapa.org/shop/pa-state-laws-regulations-18th-edition/>

***By signing the receipt of this handbook, students agree that they understand and appreciate the risks associated with having a criminal history. These risks include but are not limited to not meeting the eligibility requirements for a clinical site, not finding an acceptable clinical site, inability to meet one or more state licensure requirements, and inability to obtain employment as a physician assistant.

Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS)

All students must become certified in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) during the didactic phase of their Physician Assistant education. This training will be included in your procedures course during your last semester of the didactic year. Prior to starting clinical rotations, students must submit copies of ACLS certification cards and PALS certification cards to Typhon. Students who fail to submit these documents will not be permitted to participate in clinical training until the training and certification are successfully completed. Please note that BLS (Basic Life Support) will also need to be current and maintained throughout the clinical year.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal Regulation dealing with health records. The purpose of the Act is to ensure the privacy and security of Protected Health Information (PHI) regarding patient records and research subject data.

- You will take a formal HIPAA review via online module before mentorship and again prior to the clinical year; this is supplied via online training through Success Factors from CMU.
- HIPAA training may be repeated at any time during the clinical year at the discretion of the clinical placement site administrators, in accordance with the established affiliation agreement.

CMU Physician Assistant Program students must adhere to all HIPAA guidelines, which include:

- Patient information may not be discussed where the information may be overheard by unauthorized individuals (i.e., hallways, elevators, water coolers, at home or at social events).
- Dictation of patient information must occur in a private location where the information cannot be overheard by unauthorized individuals.
- Documents containing confidential information must be stored in a safe and secure location.
- Documents containing confidential information must be picked up as soon as possible from printers, copy machines, mailboxes, fax machines, etc.
- Confidential documents must be disposed of by shredding or otherwise destroying the documents. Tearing up and placing in a standard trash receptacle is not acceptable.
- PHI may not be accessed for personal use. PHI may only be accessed as is necessary to fulfill your professional duties.
- It is the provider's duty and responsibility to keep health care information completely confidential.
- Computer "passwords" must not be written down or shared.

Occupational Safety and Health Administration (OSHA) Precautions

Working in a clinical setting can expose the student to a wide variety of health risks, including infectious disorders. Health care professionals and students can also act as vectors for infectious illnesses to patients who are already ill and sometimes immune-compromised. The safety of the students, patients, and other healthcare providers is critical to the health and well-being of all. Health care practitioners can reasonably anticipate that they will encounter blood and/or other potentially infectious materials.

Therefore, all students will complete OSHA training prior to the clinical year and must be compliant with OSHA and universal precaution requirements, including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures while on clinical rotations. The program provides this training and certificate via an online module. Some institutions will require that a student complete the HIPAA and OSHA through their educators. If that is a requirement for a student to rotate in that institution, then the student must repeat their training.

Failure to comply with these requirements will result in removal from the site as well as a referral to the Student Affairs Committee for any further disciplinary proceedings.

Needle Stick/Bodily Fluids Exposures (ARC Standard A3.08)

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

The accidental exposure policy is composed of three prongs, which are designed to

- 1) reduce the incidence of exposure,
- 2) protect others from being exposed to infected students, and
- 3) train students in what to do in the event of accidental exposure.

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

In the Event of an Accidental Exposure - Take Action:

There are several steps students should take in the event of Accidental Exposure. Those steps include, but may not be limited to, the following:

- Remove soiled clothing and administer immediate aid, including washing skin, flushing eyes 10-15 minutes, etc. Remove contact lenses if eyes are exposed.
- Notify the preceptor immediately. DO NOT DELAY. GET ASSISTANCE IMMEDIATELY.

- Immediately report to or contact the designated person/department at the clinical site to receive information and counseling regarding proper protocol and treatment for accidental exposure. In some cases, this might be the Employee Health or Occupational Health Services Department. PLEASE NOTE: Health **care entities are not obligated to provide students with treatment, although some may do so.** All CMU students are required to carry health insurance for the duration of the program, as financial responsibility will belong to the student.
- Should the clinical site not provide you with treatment, students should go to the closest Urgent Care, Family Doctor or Emergency Department for immediate treatment at their own expense. Student injuries are not work-related injuries and therefore not covered under Workman's Compensation Laws. Students are financially responsible for the fees encountered.
- Following an exposure, once the student has followed the clinical site's protocol the affected students must contact the Director of Clinical Education within 24 hours at (989) 774-2337 or (517)-775-4780. The student must also complete the **STUDENT EXPOSURE FORM (Appendix D)** and follow the directions at the top of the form. The form can also be found in Typhon. Please complete the form as accurately and completely as possible. Subsequently, a CMU Accidental Personal Injury Report must be completed by the DCE or CC, and is filed in the PA office for tracking, with a copy sent to CMU Risk Management.

Director of Clinical Education

Katie Flannery PA-C

989-774-2337 (w)

517-775-4780(c)

Latex Allergy

Latex products are unavoidable in the medical environment. Students with a history of latex allergy are at risk for future reactions resulting from exposure to latex products, ranging from mild symptoms to anaphylaxis and death. Therefore, any student with a known latex allergy, or who develops symptoms consistent with latex allergy, will be required to consult a qualified allergist for evaluation and medical clearance at his or her own expense. Please be advised that although the CMU PA Program will make latex-free gloves available to students with latex allergies for laboratory sessions, the threat of latex exposure cannot be eliminated. Similarly, the Program cannot guarantee that all clinical training sites will be latex-free.

Any student found to have a latex allergy must consider the risks of latex exposure and decide whether to continue with clinical training. If the student elects to continue clinical training, the student will be required to sign a waiver stating that he or she understands the risks associated with possible exposure to latex products and that he or she assumes full responsibility for the results (including liability and financial cost) of any such exposure. This waiver will be forwarded to each of the student's clinical sites. Any student with a history of generalized reactions or true anaphylaxis may also be required to carry an Epi-pen™.

Personal Safety and Security

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

Students should exercise good judgment while on clinical rotations regarding their safety. Please practice the following measures while at all SCPE sites:

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

Faculty Advisors

During the clinical year, students will be assigned to either Katie Flannery, PA-C (Director of Clinical Education), Audrey Shaw, PA-C, or Elizabeth Frutiger (Clinical Coordinators) as their advisor. Students may contact their advisor at any point throughout the clinical year if they have questions or concerns. Students can meet with their advisors during the callback weeks but are encouraged to meet or speak with them more frequently as needed. Every student will receive at least one advising visit at your clinical setting during the clinical year. They may also have a short check-in visit during Callback or virtually, during each semester. The student will be contacted by the DCE or CC at least one week in advance to arrange your in-person meeting. If you know that an advising visit is being planned, please check your email frequently as plans may change or need to be altered and being able to communicate with the student is critical to the intended visitor. The student will also have an in person advising

meeting during a Callback throughout the clinical year. Clinical year students will have at least one advising meeting each semester.

Communication

In all electronic correspondence with CMU faculty and staff, preceptors, clinical sites, classmates, etc., students will be expected to be professional and polite. The University email (cmich) will be used exclusively.

The key core rules of “netiquette” as described by Virginia Shea in *Netiquette* are:

1. Remember the human. Remember that the recipient of your electronic message is a person with feelings, and that it is easy for meaning to be misconstrued over the internet (especially sarcasm and humor). Writing in ALL CAPITALS can be interpreted as angry, rude or aggressive (i.e., yelling), and is unprofessional behavior. Also, ask yourself, "Would I say this to the person's face?"
2. Adhere to the same standards of behavior online that you follow in real life.
3. Know where you are in cyberspace. What is acceptable in one domain of cyberspace may be rude or inappropriate in another. Correspondence relating to the Physician Assistant Program and your role as a student must always be professional.
4. Make yourself look good online. You will be judged by the quality of your writing, spelling and grammar. Know what you're talking about and make sense. Be pleasant and polite.
5. Respect other people's knowledge.
6. Respect other people's privacy.
7. Be forgiving of other people's mistakes.
8. Any negative content noted on a student social media account regarding CMU, the PA Program, peers, faculty/staff, clinical staff/site or patients will result in a referral to the Student Affairs Committee and/or the Office of Student Conduct.

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

Email is the official method of communication used by the program to students. Students are required to check their university email daily (at least once every 24 hours). The program is not responsible if students have inaccurate or missed information because they do not routinely read, check, and clear their email accounts. **Email from accounts other than the student's CMU email will not be accepted or used for any communication.** Students are expected to keep their CMU email inboxes accessible to program communications. If a student's email returns due to a “full” account, the returned email will not be resent, and the student will be responsible for the content of the returned email. Faculty will respond to all communication within 24-48 hours. Students are expected to respond within 24-48 hours as well. The program will also use the Blackboard shell for the current course to communicate information to students when a response is not necessary.

Change of Address or Contact Information

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

Students are **required** to notify the program immediately when there is a change in their address or phone number. The program is not responsible for lost mail or late notification when a student does not provide notification of a change. Please be aware, that when doing clinical site visits, often the faculty member will reach out to the student when they are at the site via cell phone, so it is important to have the correct information in Typhon.

Student Employment while in the Program (A3.15e)

Students are strongly discouraged from having outside employment while in the program. Program expectations, assignments, deadlines, and responsibilities will not be altered or adjusted to accommodate working students. Student employment must not interfere with the student's learning experience, or the time required to be in the clinic.

Use of Students at Clinical Sites

Clinical rotations are an educational experience for the physician assistant student. At no time during the clinical experiences should the student be called upon or used to substitute for regular clinical or administrative staff. If a situation arises where a student is asked to perform in a role other than that of the student or to substitute for a staff member, the student should contact the program immediately for guidance. **The exception would be rooming a patient that you will be seeing for an encounter.** (Standard A3.05b)

Cell Phones and Social Media (Cell/smartphones, iPads, iPods, tablets, pagers, etc.)

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

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

Clinical Attire

While in patient care areas or health care delivery settings, the student will follow the direction of the clinical site. The student will contact the healthcare facility in advance of the first day to determine appropriate attire. "Dress code" will be determined by each site, in each rotation.

Additional rules and regulations apply to students in a clinical setting, and they are as follows:

- **Students are forbidden to wear a white coat of ¾ length or longer to any clinical site and must wear the short white lab coat complete with the CMU PA Program patch and name tag clearly identifying him/her as a Physician Assistant Student. (ARC Standard A3.06 - The program must define, publish, make readily available and consistently apply a policy that PA students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.)**
- The wearing of scrubs is restricted to areas in which the risk of exposure to blood and other bodily fluid exposure is relatively high, i.e., Surgery, OB and ER. Scrubs are NOT to be worn during routine clinic hours unless requested by the clinic preceptor or manager in a specific clinical setting.
- All dress guidelines set forth by the preceptor or clinical site must be followed.
- Limited or be conscious of wearing strong cologne or perfume.

In case of conflict, contact the DCE.

- Failure to comply with these clinical attire requirements will result in an Unprofessional Conduct Citation and advising. Further infractions will result in a referral to the Student Affairs Committee for possible disciplinary action.

Back to Campus Attire

When clinical year students return to campus for callback week, there is no specific dress code. Please keep in mind that guest lecturers will be present. You must wear your badge identification (CMU) when on campus for Callback activities, and when appropriate, for example simulation or practical testing you may need your white coat and/or medical equipment.

Attendance and Promptness

Regular SCPE and callback attendance *are essential to student success*. Attendance at all assigned clinical rotations is considered an aspect of professional responsibility and individual dependability. The student is expected to be in attendance and on-site daily and when asked or requested, to be available for evening and/or weekends hours. The work schedule will be determined by the preceptor or his/her agent. College holidays do not apply in the clinical year. Preceptors are not obligated to give the student days off on weekdays or weekends. (When the preceptor is working or on call, so is the student unless otherwise specified by the preceptor). Additionally, students are not permitted to arrive late to a rotation or leave early without the permission of their preceptor and recording the reason for shortening their day in the time log located in Typhon. If you will be leaving early or arriving late you must also contact either the CC or DCE.

Promptness is another professional trait the healthcare practitioner must exhibit. Students are expected to arrive at the clinical site on time, preferably 10 minutes early. Repeated tardiness is considered unprofessional conduct and may be reflected in your professionalism score on your preceptor evaluation of the student. If a student is tardy 2 or more times for a rotation, it will warrant a meeting with the DCE and possible referral to the Student Affairs Committee. This is considered a professionalism citation.

Repeated tardiness (see above), shortening of assigned clinic day without permission, or non-attendance without an excuse, will result in failure of the rotation and referral to the Student Affairs Committee for possible additional disciplinary action. Attendance for Callback is MANDATORY, and students are expected to be on campus, in the classroom 10 minutes prior to the start of their exam, lectures, etc.

Absence /Time Off

Students are not permitted to take “vacations” during the clinical year. Students must adhere to the schedule of the rotation/ site/ preceptor. Repeated absences are considered a demonstration of unprofessional conduct and may result in failure of the SCPE.

Students must notify the DCE and CC of any time a preceptor may have off, whether planned or unplanned, that will affect their regularly scheduled time in the rotation. For example, if your preceptor is off for a week, or even 3 days and your preceptor cannot find an alternative for you in their absence, you must notify the above, and log this under Preceptor not available in Typhon.

All students must notify the Clinical Coordinator or Director of Clinical Education and the preceptor **before** an absence at a clinical site. Failure to notify the appropriate individuals in a timely manner may result in an Unprofessional Behavior Citation or referral to the Student Affairs Committee. Students must complete a **Request for Time Off Form** for **ALL** time away from clinical rotations. The Clinical Coordinator approves or denies these requests at his/her discretion. This form **MUST** be submitted **ONE WEEK** in advance of the date requested to be considered.

Illness: The student is required to provide a medical note to the Clinical Coordinator from the medical provider (who cannot be a family member or friend) who examined and treated the student in an office/clinic/hospital setting for **absences due to illness of two days or more in length**. Under some circumstances, the student may be required to provide evidence of illness and medical clearance from the health provider who examined and treated him/her before being permitted to return to class or the clinical setting. In the event of an illness, the student MUST notify their preceptor and the DCE or CC as soon as they know they are ill. For example, an email to the DCE or CC first thing in the morning if you are not going to be at the clinical site. We should not hear about an absence mid-day from the student or preceptor. The preceptor should be notified via communication method that is determined during the onboarding process.

In absences of three (3) or more days from a clinical site, students may be required to make up the missed time. If this cannot be achieved at the current clinical site, the program may require the student to complete an additional rotation or additional days at another location or during the callback week when not on campus.

Clinical year students are allowed 3 sick days during the clinical year, roughly one per semester, unless there are circumstances that may warrant further time off. If a student finds they will need to be off for greater than 3 days for some reason, it must be discussed with the DCE and CC before the absence when able.

Students may ask to be excused for religious holidays; however, the Clinical Coordinator or Director of Clinical Education must approve these dates prior to the start of the **first clinical rotation**. Please email the DCE and CC at the beginning of the clinical year for any anticipated time off for religious holidays.

Each student is given two **(2) discretionary days** for the clinical year. The program encourages students to use those days for necessary appointments or employment interviews. **You must request the discretionary day off at least 1 week prior to the desired day off. Please use the provided Request for Time Off form.**

During the clinical year, unfortunate things do happen. Excused leave for bereavement is given, and length will be determined by the Director of Clinical Education. Please notify the DCE and CC as soon as possible. The student must complete the Request for Time Off Form and submit it to the Director of Clinical Education as well as inform the preceptor. Length of time off will be determined based on circumstances and may need to be made up during callback week or on weekends during the rotation if possible.

Inclement Weather

The CMU policy on inclement weather (No. 3-18-Manual of University Policies and Procedures) does not apply to rotation sites as they are off campus. The student must follow the policies of the clinical rotation site regarding attendance during inclement weather and is responsible for exercising their own judgment concerning whether road conditions are safe enough for travel to the clinical site. The student is advised to discuss the inclement weather policy for the assigned rotation site with the preceptor during onboarding at the start of the rotation. If the student decides against attending a clinical site because of inclement weather, the student must notify the preceptor and the Clinical Coordinator by telephone or text as soon as possible once the decision has been made. If you are on call and have a distance to travel, arrange for accommodations near the clinical site prior to your on-call shift.

If weather conditions during Callback days are uncertain, students should check for an email from the Director of Clinical Education or Clinical Coordinator on the status of the callback. Many times, those in the UP will have issues due to road conditions or the closure of the bridge. As with anything, make your best judgment before you set out to travel.

Leave of Absence

As a rule, short- and long-term leaves of absence are not allowed during the Clinical year except for the following reasons:

- Maternity/paternity leave
- Personal illness/health-related
- Family illness
- Crisis of personal or family nature
- Military duty

Any student requesting a leave of absence must submit the request to the DCE and CC, explaining the reason for the request and all activities that the student intends to undertake while on leave. Any relevant supporting documentation should be included, such as a health care provider's note in the case of illness. The DCE will discuss the leave with the Program Director to determine approval in coordination with program and university policy. Approved leaves of absence may be subject to rules and regulations which will be delineated in a contract signed by the student, Program Director and DCE. Please note that CMU Physician Assistant Program students cannot simultaneously attend another Physician Assistant program, medical school, or other institution of higher education while enrolled in CMU's Physician Assistant Program and that this policy also applies to periods of extended leave.

Students who are granted extended leave during their didactic year usually re-matriculate into the next academic year. Students returning from leave granted during their clinical year are placed in clinical assignments at the discretion of the Clinical Placement Coordinator, Clinical Coordinator and/or Director of Clinical Education. Such students will be required to extend their clinical year until all outstanding requirements are met including clinical rotations, testing, and presentations.

Counseling, Health and Wellness

The Clinical Year is an intensive and rigorous period of experiential learning. The program requirements can be highly demanding and stressful, alone or in combination with other events in a student's personal life. We strongly encourage students to utilize the resources available to them on campus.

Students have access to on-campus services including [University Health Services](#) or the [University Counseling Center](#), depending on the concern. Short-term counseling is available for students through the Counseling Center. If further services are required, a student could be referred to providers in the community who are experienced in working with college students.

A student or faculty member may also submit and have access to CMU CARES. <https://www.cmich.edu/student-life/cmu-cares>. CMU CARES provides students with helpful information and support in navigating campus and community resources to support student well-being and success.

We encourage students to inform their faculty advisors in the event they experience problems or stressors that may affect their academic obligations. Students **must** inform their faculty advisors and DCE if they are unable to maintain patient care responsibilities. The faculty advisor and DCE will work with the student to arrive at a solution that is most advantageous to the student.

Faculty is allowed to aid in the referral of a student for necessary medical attention but is not allowed to treat the student. **ARC-PA Standard A3.09/A3.10 (A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation. A3.10 The program must define, publish, make readily available and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.)*

Discrimination and Harassment Policy (A3.15f)

CMU's Nondiscrimination Policy as stated on the CMU Website states that the policy prohibits unlawful acts of discrimination and harassment made by the members of the campus community. This includes students whether they are on or off campus on clinical rotations. You are still a member of the CMU community. CMU lists the following as protected classes under the Nondiscrimination Policy: age, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, height, marital status, national origin, political persuasion, pregnancy, childbirth or related medical conditions, race, religion, sex, sex-based stereotypes, sexual orientation, transgender status, veteran status, or weight.

The [University's Equal Opportunity and Affirmative Action Protocol](#) prohibits unlawful acts of discrimination or harassment on the basis of age, color, disability, ethnicity, familial status, gender, gender expression, gender identity, genetic information, height, marital status, national origin, political persuasion, pregnancy, childbirth or related medical conditions, race, religion, sex, sex-based stereotypes, sexual orientation, transgender status, veteran status, or weight by members of the university community. Prohibited acts of discrimination or harassment include discrimination or harassment in employment, education, housing, public accommodations, public services, and telecommunications. In addition, retaliation for the participation in a protected activity is also expressly prohibited under the University's Equal Opportunity and Affirmative Action Protocol. To discuss a concern please contact the [Office of Civil Rights and Institutional Equity \(OCRIE\)](#) at 989-774-3253.

If found in violation of the policy the university will impose sanctions on the student. Those sanctions are listed and defined in [The Graduate Studies Bulletin](#).

Drug and Alcohol Policy

Central Michigan University acknowledges and respects the rights of individuals to use alcohol in a legal and responsible manner. The University supports the laws of the State of Michigan and strives to create an environment that supports healthy decisions and lifestyles. CMU also respects the rights of individuals who choose not to use alcohol and not experience the impact of others' use or misuse of alcohol. The university's alcohol policy places responsibility for individual and group conduct on individuals who use alcoholic beverages. Drinking alcoholic beverages is not an excuse for irresponsible behavior, and individuals and groups are held accountable for their behavior whether they have been drinking. Additionally, CMU is required by the Drug-Free Schools and Communities Act Amendments of 1989 to adopt and implement a program to prevent the illicit use of drugs and the abuse of alcohol by

students. Drinking alcohol, utilizing marijuana, or use of illegal drugs or being under the influence of the aforementioned products is strictly prohibited while at your clinical site which also includes reports of smelling of alcohol or marijuana. If a student is found to be in violation of this policy, they will be referred to the Office of Student Conduct for further evaluation and possible disciplinary actions which may include dismissal from the PA Program.

Marijuana Policy

As a CMU physician assistant student engaged in clinical activities, you are required to participate in routine drug screening. In addition, many of the sites at which you have clinical rotations may require drug testing, often for marijuana. A positive drug test for marijuana or other substances may be grounds for revoking your participation in clinical activities at that site, including SCPEs and mentoring. There may be other consequences as invoked by the program or university, depending on the severity of the situation. Clinical sites may ask students to complete a drug test with little or no notice.

Regardless of the laws of the State of Michigan, CMU prohibits the distribution, possession, and use of marijuana on university property or during university-sponsored activities. It is still a federal crime to possess and use even small amounts of marijuana on or in any university facility. Additionally, to provide clear, and sober thinking during any clinical encounters or patient-care activities, the CMU PA program maintains a zero-tolerance policy for the use of marijuana or THC products for the duration of the PA program. To clarify, if you test positive for marijuana, or THC, at any time during the program, disciplinary action will take place. *If a student has a medical marijuana card, positive results will be reviewed on a case-by-case basis with the program and university administrators.

Because marijuana may produce a positive urine drug screen from 3-30 days after use, or longer, students are expected to refrain from marijuana for the duration of the program. Students should also be aware that future employers may have similar policies due to the clinical and potentially life-altering patient care that is provided by physician assistants.

The Marijuana/THC Policy will be administered as follows:

- First positive Marijuana/THC drug result – immediate referral to Office of Student Conduct for probable counseling and documentation of testing result and subsequent follow-up. Probation throughout the remainder of the PA program will include a remediation plan as well as random drug screening. If a positive result leads to suspension from a clinical site, graduation will likely be delayed.
- Second (or subsequent) positive THC/Marijuana screenings – immediate referral to Student Affairs committee for further sanctions including possible dismissal from the program.

Academic Misconduct

Because academic integrity is a cornerstone of the University's commitment to the principles of free inquiry, students are responsible for learning and upholding professional standards of research, writing, assessment, and ethics in their areas of study. In the academic community, the high value placed on truth implies a corresponding intolerance of scholastic dishonesty. Written or other work which students submit

must be the product of their efforts and must be consistent with appropriate standards of professional ethics. Academic dishonesty, which includes cheating, plagiarism, and other forms of dishonest or unethical behavior, is prohibited.

A breakdown of behaviors that constitute academic dishonesty can be found on the CMU University Policies website. The definitions and clarifications are meant to provide additional information and examples of these behaviors. They are not intended to be all-inclusive.

Any reports or discoveries of academic misconduct will be referred to the Office of Student Conduct for investigation and possible disciplinary action which may include dismissal from the PA Program. The full policy on Academic Integrity can be found on the CMU website at:

<https://www.cmich.edu/offices-departments/office-of-student-conduct/university-policies>

Academic Integrity and Copy Right Laws:

Per Central Michigan University's Policy on Academic Integrity, **students are not permitted to share information about any examination with other students who have not yet taken the examination.** This includes sharing of examination content amongst different cohorts. Any student found in violation of this policy will be reported to the Office of Student Conduct (OFC).

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

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

If an instructor believes that a student has violated any standard of the academic integrity policy, it is the instructor's responsibility to report this behavior to the Office of Student Conduct (OSC) for a thorough evaluation within 10 business days of the allegation.

If an instructor believes that there has been a violation of academic integrity the following process will be followed or as requested by the OSC:

- 1) The instructor will inform the student and Program Director in writing of the allegation(s).
- 2) The instructor will fill out all required documentation of the Office of Student Conduct (OSC) including but not limited to the course syllabus, copies of alleged test/quiz, plagiarized material, etc.
- 3) The instructor will provide the OSC with a letter describing the allegation(s).

- 4) The “Code of Student Rights, Responsibilities and Disciplinary Procedures” will govern the sanctions which can be imposed, and the appeal process.
- 5) The OSC will determine and notify the instructor if there has in fact been a violation and any sanctions to be imposed.
- 6) Any sanctions imposed by the OSC will become a part of the student’s permanent academic record, subject to release only under the terms of the Family Educational Rights and Privacy Act.
- 7) All determinations/sanctions imposed by the OSC will be followed by the PA Program including but not limited to grade reduction, academic probation, suspension, or dismissal from the PA Program.
- 8) The student may choose to appeal to the OSC determination. The student will be required to follow the appeal process as outlined in the student handbook. The Dean of Health Professions will review the case and make his/her decision, which is final and not appealable.

The instructor and student will abide by the Office of Student Conduct terms of investigation/evaluation of all allegations following the “Code of Student Rights, Responsibilities and Disciplinary Procedures”.

CMU Physician Assistant Program Standards of Professional Conduct

Central Michigan University and the Physician Assistant Program expect each student to exhibit integrity, honesty, professionalism, and good moral character. The program expects all students to always comport themselves in a professional manner, both inside and outside of the program. As representatives of Central Michigan University and future health care providers, behavior unbecoming a professional student will not be tolerated. Physician Assistant students must always display respect for all individuals, including program faculty, staff, and students, as well as clinical mentors, preceptors and patients. Students displaying unprofessional behaviors will be cited for unprofessional conduct. Unprofessional behavior will include:

- Displaying an attitude of arrogance, superiority and/or disdain toward faculty, staff, students, preceptors, mentors, patients and any other individual.
- Being disrespectful, curt, or condescending to Physician Assistant Program faculty, staff, students, preceptors, mentors, patients and any other individual.
- Discussing patients in a public setting (for example, the elevator, shuttle or cafeteria) or outside of a professional context. Discussing patients in a public setting constitutes a serious breach of patient rights.
- Recording (i.e., audio, video) conversations with program faculty and staff, along with clinical sites, preceptors, and patients without consent.
- Unauthorized use of cell phones in classes, laboratory sessions and clinical sites.

Students who validly hold other professional licenses/titles such as a Ph.D., International Medical Graduates, Respiratory Therapist, Laboratory Technician, Licensed Practical Nurse, or Registered Nurse may neither function in those capacities nor utilize these titles in spoken or written communications while enrolled in the Physician Assistant Program.

Students shall not misrepresent their status as students by identifying themselves as anything other than a Physician Assistant Student, nor shall they allow their patients to misrepresent them as a graduate Physician Assistant or Physician. (Standard A3.06)

Students found to violate these guidelines may be issued a Citation for Unprofessional Behavior. When issued a Citation for Unprofessional Behavior, each student will be given an opportunity to defend his/her position regarding the matter. The DCE may recommend counseling, referral and/or education to prevent subsequent episodes of unprofessional behavior; formal sanctions; or immediate dismissal from the Physician Assistant Program depending on the severity of the violation. An issued second violation is an automatic referral to the Student Affairs Committee.

Complaints and Grievances/ The Rights of Students (A3.15g)

In recognition of students' rights and dignity as members of the university community, Central Michigan University is committed to supporting the following principles and to protecting those rights guaranteed by the Constitution, the laws of the United States and the State of Michigan, local ordinances, and the policies adopted by the Board of Trustees. The Code of Student's Rights can be found in the Graduate Bulletin at the following address:

<https://www.cmich.edu/offices-departments/office-of-student-conduct/university-policies>

Student Withdrawal and/or Dismissal (A3.15d)

If a student would like to withdrawal from a course or the PA program, they will need to contact the instructor of record, their advisor, and the CMU PA Program Director. A meeting will be scheduled with the student to discuss circumstances driving request to withdrawal. The information will be presented to the Student Progress Committee. Discussion will include re-matriculation with the upcoming cohort if the student desires, and full withdrawal from the CMU PA program. A decision will be made and discussed in a further follow-up meeting with the student and the Program Director. The Registrar's office will be contacted by the Program Director and the student for further proceedings once a decision has been made. If full withdrawal from the program/dismissal is the decision, the Office of Graduate Studies will also be contacted. (See Student Dismissal policy). Withdrawal information for Central Michigan University can be found [here](#).

In the event a student enrolled in the CMU PA program is of concern for dismissal from the program a specific policy must be followed. The student and CMU PA program will adhere to the policy and procedures set forth by the Office of Graduate Studies. The Program Director and Associate Program Director will be fully involved in this process. The CMU PA program will adhere to the policies for dismissal set forth by the Office of Graduate Studies. ([Graduate Academic and Retention Standards](#)) And [Academic Integrity](#). Professionalism issues will also be addressed and could result in a dismissal based on documentation findings. Students must be on probation prior to dismissal for academic performance.

Student Disability Services

Central Michigan University complies with the Americans with Disabilities Act and Sect 504 of the Rehabilitation Act. If you have a disability and anticipate needing accommodations, please register with the Office of Student Disability Services (Park Library, Room 120, 989-774-3018) and provide your instructors with a letter of accommodations if applicable, as soon as possible. Retroactive requests for accommodations will not be honored. For more information, see [the Student Disability Services website](#). You must provide a letter of accommodation at the beginning of every semester to all instructors for that particular semester as well as the Program Director.

Section 4

GRADING AND EVALUATION

PROGRAM GRADING POLICY

During the didactic year, students must maintain an overall GPA of 3.0 to remain in good academic standing in the PA Program. However, the clinical year is based solely on a pass/fail evaluation and grading system.

Due to this unique system of evaluation, the PA Program will review the overall clinical performance of each student. An unfavorable final evaluation with an average score under 75% and less than 70% on End of Rotation Exam (EORE) will be reviewed by the Director of Clinical Education (DCE) and may result in failure of the rotation. **A student must achieve a total score of 75% or higher on the final evaluation from their preceptor to pass each rotation, along with at least a 70% on the EORE, and ultimately receive a passing grade for the semester. If a student does not achieve at least 75% during any one rotation, they will receive an Incomplete until the rotation/testing can be remediated. Once that is successfully completed, the grade will be updated to passing.**

Evaluation and grading during the clinical phase will be based on the following criteria:

GRADING COMPONENTS OF PHA 690, PHA 691 AND PHA 692

Clinical Rotation Grades will include the following components:

Please note: All assignments, evaluations and logging must be completed for students to receive credit for the rotation. Failure to turn in any of these may result in “No Credit” being awarded, and failure of the rotation. Repeated (more than once) issues with timely submission of assignments may lead to rotation failure, referral to the Student Affairs Committee, and dismissal from the program.

Clinical Knowledge (55%)

Preceptor Evaluations	20%
(Including mid and final-clinical portion)	
EORE	35%

<u>Professionalism/Interpersonal Skills/Communication (30%)</u>	
Preceptor Evaluations (Including mid and final- professionalism/communication portion)	20%
Attendance/Callback	10%
<u>Forms-complete and timely (15%)</u>	
Time Logs/Case Logs	5%
SOAP notes	5%
Evaluation -site, preceptor, self-	5%

*Elective rotations have no End of Rotation Examination or weekly SOAP notes due. During elective rotations, the **preceptor evaluation is worth 75%** of the rotation grade (55% clinical portion, 20% professional) with **15% for completion and timeliness of the forms** as listed above.

Physician assistants are required to be detail oriented and accountable, meet deadlines, communicate effectively, document thoroughly, and demonstrate intellectual initiative. **It is the responsibility of the student to ensure the preceptor completes the required evaluations.** Completed “FORMS” must be received by the PA Program office no later than the designated due dates. Each “FORM” is worth 5% of your overall rotation grade. Submission of incomplete “FORMS” and/or failure to submit any “FORMS” by the designated due date is considered unprofessional conduct and will result in a loss of those points for that rotation. Repeated late submission of forms (**2 or more times without a valid excuse**) will result in referral to the Student Affairs Committee. Based on the recommendation of the Committee, the student will be subject to further deductions of his/her grade or other corrective actions as deemed appropriate.

SOAP note- due weekly (wk. 1-4) by 5 pm on Thursday of each week; one expanded note per rotation.

- o **Onboarding- Due on Wednesday by 5:00 PM of the first week of each rotation.**
- o **Mid-evaluation- Due by Friday at 2:00 PM of the third week of each rotation.**
- o **Preceptor final evaluation- Due by 2:00 PM on the Friday before Callback for each rotation.**
- o **Student evaluation of clinical site- Submitted by 2:00 PM on the last Friday of each rotation.**
- o **Student evaluation of preceptor- Submitted by 2:00 PM on the last Friday of each rotation.**
- o **Student Self-Assessment- Due last Friday by 2:00 PM of rotations 2, 4, 6 and 8.**

*IF THE FINAL PRECEPTOR EVALUATION IS NOT IN BY 2PM OF THE LAST FRIDAY OF ROTATION, THE STUDENT MUST NOTIFY THE CC BY 2PM THAT IT HAS BEEN DISCUSSED (REFER TO ORIENTATION SLIDES) IN ORDER TO RECEIVE CREDIT.

Additional Evaluation/Student Advisory Visits

Students will be visited by a member of the Clinical Team at least once during the Clinical Year. The Clinical Team representative will spend some time (10-15 minutes) with the preceptor to review the student's progress. The visitor will observe the student in a patient encounter when possible and communicate with the student regarding their feelings about the rotation and concerns they may have. Most site visits are a requirement of ARC-PA. It is **mandatory** that the student attend this site visit at the date and time scheduled by the Clinical Team member.

In the event of an issue at the site, the staff or preceptor, or if the program receives a call of concern about a student, a visit will occur within 48 hours to address the situation. If the situation cannot wait, a phone call must be made to the Director of Clinical Education immediately, and further action will be determined.

ROTATION GRADING AND EVALUATION COMPONENTS

End Of Rotation Exams

Exams are written by PAEA (PA Education Association) and follow the topic list and Blueprint for each rotation. The number of questions per exam is 120. It is divided into 2- 60 question exams that you will have 2 hours to complete (unless granted extra time from Student Disability Services). Students must achieve a score equivalent to 70% or higher to pass each exam. If the student does not pass the exam, they will retake the exam two weeks later, and undergo a remediation assignment. If they do not pass the second time with a 70% or higher, they will fail the rotation. In the event the rotation fails, it will be remediated and will delay graduation.

In addition, if a student does not pass the EORE with a 75% or higher, they will be given a remediation assignment/Topic Outline assignment for the next upcoming rotation, due at the end of that rotation.

Evaluations

The evaluation of student performance is ongoing throughout each clinical rotation. The evaluation will focus on Basic and Medical Science Knowledge, History taking, written and oral presentation skills, professionalism, including attendance, interpersonal skills and communication abilities, knowledge of healthcare system, physical exam skills, medical decision making and clinical skills. To ensure that the CMU PA Program retains quality clinical sites, students are asked to give a personal evaluation of their experience at the end of each rotation, which will include the evaluation of the preceptor and the site itself. The following evaluations/forms **MUST** be completed by the end of each rotation to ensure a passing grade for the semester: (see Appendix B- Clinical Documents).

Onboarding Form

The Onboarding form is to be completed **with** your preceptor on the first day you are in the clinic together. The form asks that you and your preceptor go over your schedule for the rotation, your goals for the rotation, preceptor expectations (call or no call, hospital rounding, travel to other offices, call in procedure,

etc.), dress attire, contact information or any other questions or concerns either of you may have. This would also be a good time to discuss the Preceptor quick reference form and what the program's expectations are for you and the preceptor in the rotation. It is encouraged that you use this opportunity to have your preceptor make time in their schedule for reviewing the mid-evaluation and end of rotation evaluation. **This form is to be submitted in Typhon by the first Wednesday of each individual rotation by 5:00 PM.**

Mid-Rotation Evaluation

The purpose of the Mid-Rotation Evaluation is to be completed in Typhon by the preceptor and is to assess the student's preparedness for the rotation as well as to monitor and assess the student's progress and clinical competency/ performance. The evaluation identifies areas of weakness which need to be nurtured and to showcase the student's strengths. Once submitted, the Clinical Coordinator will review all evaluations for unsatisfactory scores or remarks. **These are sent on the Sunday prior to the third week of your rotation, and due by Friday at 2:00PM of the 3rd week.** If a student has an evaluation that is below expectation, a member of the clinical team will be in contact with the student to arrange a meeting. The goal of the meeting would be to help the student identify areas of weakness and develop a plan to help the student be successful overall in the rotation. This form must be reviewed by the preceptor and student before it is submitted.

End of Rotation Final Evaluation: (this will be based on Discipline, i.e., EM, FM, IM etc.)

During the final week of all rotations, your preceptor must complete *The Final evaluation of the Physician Assistant Student*, which will be emailed to the preceptors via Typhon. If the preceptor does not receive the evaluation by Tuesday of your last week of rotation, you can find a blank copy of the evaluation on Blackboard under course materials. If it is printed out and completed by the preceptor, please email it to the Clinical Placement Coordinator Assistant. If it is completed via Typhon, it will automatically be filed. PLEASE DOUBLE CHECK YOUR PRECEPTORS EMAIL DURING ONBOARDING TO ENSURE THE EVALUATION IS SENT TO THE CORRECT PERSON AND ON TIME. The evaluation is an assessment of the student's medical knowledge, their history taking and physical exam skills, their ability regarding medical decision making, their clinical skills, their ability with written and oral presentation skills as well as professionalism and interpersonal communication skills. It is requested that the preceptor and student formally discuss this evaluation before it is submitted. All sections of this evaluation **must be successfully passed with an average score of 75%**. This includes elective rotations as well. Students who do not have a passing preceptor evaluation submitted in Typhon prior to their end of rotation exam during callback will not take the end of rotation exam. **These are due at 2:00 PM on the Final Friday of the Rotation.** It is YOUR responsibility as a student to monitor Typhon that final week, communicate **NOT** pester your preceptor about completion and notify the Clinical Coordinator that it has been discussed for completion if you do not see it in Typhon by the last Friday. This notification to the CC should occur BEFORE 2 PM on that final Friday. If you notify the CC by Friday at 2pm that your preceptor is notified, and the evaluation is not complete by the time you are to sit for your EORE, you will be allowed to sit for the EORE. Communication will be key to the Clinical Coordinator.

Student Evaluation of Clinical Site

To ensure quality clinical sites, students are required to complete an evaluation of each site at the end of each rotation. This form is made available to students through Typhon. This is a place to give the program, and potential future clinical year students, information about the site qualities or areas that may be improved. This is not an area to complain about your commute. This would be a spot to make parking recommendations or advise a student to bring a sack lunch. This feedback should be constructive and positive whenever possible. **It must be completed and submitted by 2:00 PM on the final Friday of rotation.**

Student Evaluation of Preceptor

To continue to place our students with preceptors who provide great clinical experiences, it is essential that each student evaluate their preceptor at the end of each rotation. During some rotations, students will work with more than one preceptor. In that case, complete your evaluation based on the conduct/teaching abilities of the preceptor that you spent the most time with during the rotation. **It must be completed and submitted by 2:00 PM on the final Friday of rotation.** Please note that the preceptor DOES NOT have access to the evaluation, and it is your chance to be honest in your evaluation.

Please note: the Preceptor must sign the **Preceptor Attestation Form** that is located on Typhon. They only need to do this ONCE per Clinical Year. The Clinical Team will notify you if this needs to be done while you are on a particular rotation and will be due with an Onboarding form.

We also required that students track the number of hours spent with every preceptor during the rotation. In addition to the documentation of hours with each preceptor we also need the following information:

FULL NAME WIITH CREDENTIALS

NPI NUMBER

EMAIL ADDRESS

GROUP/FACILITY THEY ARE LOCATED, NAME and ADDRESS

IF ROTATING WITH A PHYSICIAN; PLEASE CONFIRM BOARD CERTIFICATION

This information allows the CMU PA Program to provide the preceptor with Continuing Medical Education (CME) credit that they can apply to their requirements for re-certification. Please double check the numbers you have recorded for your preceptors with the total you have recorded for your time logging in Typhon. **The two numbers should be the same or very, very close. Significant discrepancies will be red flagged, and the student will be contacted by the Clinical Placement Coordinator for explanation or correction. This evaluation must be completed and submitted by 2:00 PM on the final Friday of the rotation.**

Student Self-Evaluation:

This survey is based on the "PA Professions Competencies" and was adapted from a NCCPA self-evaluation tool. ARC-PA requires students to regularly reflect on how they are progressing towards meeting learning outcomes defined in each rotation as related to their knowledge, skills, confidence level and attitude in

their clinical experiences. **This evaluation must be completed and submitted by 2:00 on the final Friday of rotations 2, 4, 6, and 8.**

Patient Logging

Each student will keep a daily patient log using Typhon. **Students must log all patient encounters. All patient logging must be completed weekly, by the following Monday, at 8 am, of each week for the previous week's encounters.** Requirements for logging include documentation of daily patient encounters. The program recognizes that the number of entries varies based on the rotation. You are expected to document all patient encounters you incur throughout your clinic day. Student reports are run each Monday morning throughout the clinical rotation to monitor each student's patient exposure during the rotation. If your encounters are not documented or reflect low numbers, you will receive an email from the DCE or Clinical Coordinator (in the instance that you find you are not having many patient encounters, please notify the Clinical Coordinator to discuss prior to the end of the week). **If you must be contacted more than twice throughout the clinical year, it will result in a referral to the Student Affairs Committee for a review of un-professional behavior.** If a student encounters a situation in which they are unable to document their encounters in a timely manner, please contact the DCE or CC.

Time Logging

In addition to logging patient encounters, students are also required to log their time spent in a clinical rotation. The time is logged daily, recording the hours you worked that day. **Do not log your hours based on the schedule you were given or what hours you anticipate working. Log your actual hours worked please.** If you have the option to attend a presentation or another type of learning opportunity on a day you would be in clinic, please record that as time worked but label it as *conference on your time log*. **If you are absent, or your weekly hours do not meet or exceed at least 36 hours you must comment in the notes section. Please explain the reason for the shortage of hours or absence (illness, discretionary day, holiday, etc.).** As with patient logging, a report is run on Monday, at 8 am, of each week to monitor the total hours that a student spends in clinic.

* If your hours are not recorded, you will be contacted by the DCE or CC. If a student must be contacted **more than twice**, they will be referred to the Student Affairs Committee for an un-professional behavior review. If your hours are low, please contact the DCE or CC to report the circumstance for the low hours. It is understood that if there is a holiday during the work week, or if your preceptor takes vacation or has day(s) off, that it will affect your hours logged. We ask that you still notify the program **AS SOON AS YOU KNOW** and record this in your time logs. If the program is not notified of a reason for the low hours, the DCE or CC will be contacting the student. This will count as one of your reminders.

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

Supervised Clinical Practice Experience (SCPE) Duty Hours

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

Work hour rules have been developed for residents, but similar rules have not been developed for PA students. There are obvious differences in terms of goals, reimbursement, and responsibilities between residents and PA students. Nonetheless, some guidelines for students are as follows:

SCPE WITH call

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

SCPE WITHOUT call

- No more than 80 hours of awake time in the hospital or clinic per week.
- **Feel free to go in early or stay late.** Students may go in early or stay late by the discretion of their preceptor. The program recognizes that family and personal obligations are important and need to be balanced. You must get preceptor AND program approval if you plan to work extra hours/additional schedule etc.
- Students should have at least one full day off per week, averaging over a month.
- **Always check out with the preceptor before leaving for the day.**

Minimum Clerkship Hours:

It is the expectation of the program that students will be present for direct patient care for as much time as possible throughout each SCPE. Logging 36-40 hours per week is the **minimum** acceptable number of hours for each rotation. If you do not have 36-40 hours logged for direct patient care, your Typhon time logging should indicate the reasoning (i.e., preceptor not available, clinic closed, etc.). This does not include situations where your preceptor only works 4 days a week or takes a half a day a week off as their regular schedule. When hours fall too low, we may assign rotation specific research, or you may ask your preceptor to provide guidance on **preceptor guided research** to help augment shorter hours spent in the clinic. This type of research (guided by preceptor or program) will need documentation provided and **does not count** if you choose the topics to study. Either the DCE or Clinical Coordinator can help you with this requirement.

ADDITIONAL GRADING/EVALUATION COMPONENTS (required for graduation)***Program Summative Examinations and Student Assessments***

At CMU's PA Program, we define competence as adequacy of clinical performance. The purpose of these evaluations is not to regurgitate what we have taught in the program rather it is to evaluate entry to practice competencies (knowledge application). We use multiple assessment methods longitudinally to assess learner knowledge, skills, and attitudes.

The summative assessment process is not connected to PHA 692 but rather is a stand-alone requirement/course. This is a requirement for graduation as defined in the ARC-PA standards: *B4.03 The program must conduct and document a summative evaluation of each student within the **final four months** of the program to verify that each student is prepared to enter clinical practice. The ARC-PA expects that a program demonstrating compliance with the Standards will incorporate evaluation instrument/s that correlates with the didactic and clinical components of the program's curriculum and that measures if the learner has the knowledge, interpersonal skills, patient care skills and professionalism required to enter clinical practice.*

Our assessment instruments include:

1. Formative OSCEs- This hands-on examination is designed to test the PA student's clinical competence with immediate group feedback at completion to discuss further clinical improvement and better prepare them for continued success in the clinical year. This is administered at the Health Professions simulation (IPEP) center. These will be held throughout the clinical year during Callback.
2. PACKRAT, - administered in the 4th semester of the first year and 2nd semester second year, the scores as defined in the graphic below which is entitled "average test scores by risk" is used to determine whether students require additional remediation and mentoring during the clinical year. Students with the highest level of risk will be required to complete more extensive remediation assignments defined in the study contract.
3. Final semester second year – OSCEs (Objective Structured Clinical Examination): This hands-on examination is specifically designed to test the PA student's clinical competence. This is administered at Health Professions Simulation (IPEP) center with standardized patients. Students must pass each OSCE station with an 80%, or otherwise will undergo remediation with a Clinical Team faculty member and repeat the failed OSCE stations to determine competence.
4. Final semester 2nd Year: - A written summative exam of 300 multiple-choice questions. This comprehensive examination tests the student's knowledge base for all organ systems. Students will be able to meet with their advisor and discuss a study strategy that students can pursue to prepare for the PANCE.
5. PAEA End of Curriculum Exam (EOCE) - This 300-question exam is built using a blueprint and content area list developed by PA educators and national exam experts. A minimum cut-score based on collected data will be used to determine qualification for graduation. The 2023 cohort utilized a cut-score of 1475, but this is subject to change. If the cut score is not achieved on the first try, another EOCE test will be given **60 days after the date of the first test**. This will delay graduation and allow the DCE to formulate a remediation plan to better prepare you for the PANCE.
6. Final semester second year: - Summative Professionalism Assessment. Evaluation of professionalism is an on-going process throughout the program. Prior to graduation, the DCE will complete the summative tool, Professionalism evaluation in Typhon along with the student in a 1:1

discussion and discuss their strengths and weakness in this area. Students need to score 80% or above to pass.

7. PANCE study schedule – During the last 3 months of the program, approximately the last two rotations, the students will develop a PANCE study plan to prepare for the upcoming certification examination. This will be due prior to the final Rotation 8, at Callback 7. This will be reviewed by the DCE and remediation team to determine any actions/meetings to discuss. This will be used in conjunction with the PANCE predicted scoring system to identify areas of weakness or needs of remediation to allow for success on the PANCE.
8. To receive a final signature for graduation students must complete all formative and summative assessments in the 2nd year and any required remediation as defined by the risk stratification score system.

The grade in these courses is not based upon the numerical score achieved in these formative and summative examinations. The scores as defined in the graphic below which is entitled “average test scores by risk” is used to determine whether students require additional remediation and mentoring during the clinical year. Students with the highest level of risk will be required to complete more extensive remediation assignments defined in a remediation plan developed by the Program Director and Clinical Coordinator. Failure to satisfy the required remediation as defined by the remediation plan results in a delay in program completion.

9. Summative evaluations and testing are housed in PHA 69*, Summative Courses and the CMU PA student must pass this in total with Credit to graduate. This includes:
 - a. Summative Exam
 - b. OSCEs (80% to pass)
 - c. PANCE study plan
 - d. Capstone paper and presentation
 - e. EOCE (1475 to pass -subject to change)
 - f. Professionalism evaluation (80% to pass)

PHA 690, PHA 691, PHA 692, and PHA 69*are CR/NC courses. The Instructor of Record for this series of courses is the DCE. To obtain a “CR” grade for each semester, you must meet the following criteria:

- Pass each End of Rotation Exams with a raw score of 70%. A student failing any End of Rotation Exams will receive a grade of “Incomplete” for that semester, until the exam is passed.
- Pass each component of the preceptor’s evaluation as explained previously
- Submit all required assignments
- Pass all Summative testing for the Summative Course PHA 69*

Semester grades can only be provided to the Registrar if all End of Rotation Exams are successfully completed and all administrative requirements have been fulfilled, including all required Typhon entries. If these criteria are not met at the time grades are submitted, students will receive an incomplete for the semester. **Please note that an incomplete semester grade may put a student’s financial aid in jeopardy.**

The DCE submits the semester grades. The DCE also oversees the end of rotation status. That breakdown of the student's score is provided on Blackboard after each rotation.



PA Program Graduation Requirements

- Successful completion of each didactic course is defined by a GPA of 3.0 or higher on a 4.0 scale.
- Successful completion of all OSCEs (**O**bjective **S**tructured **C**linical **E**xam).
- Successful demonstration of competence in clinical skills through written SOAP notes, and/or verbal case presentations.
- A passing grade of at least 70% on all EOREs.
- Successful completion of all clinical rotations as defined by the final preceptor evaluation of the student. (Total average score of 75% or greater).
- Demonstration of acceptable interpersonal and professional behavior throughout the didactic and clinical years, both in and out of the classroom/clinical setting relating to clinical preceptor and staff as well as all CMU PA Program faculty and staff. This is reflected in the Final Evaluation and also CMU PA Program Professionalism evaluation.
- A grade of “CR” in PHA 690, PHA 691, PHA 692, and PHA 6** (Summative Course)
- Completion of the formative and summative testing process described above, including end of curriculum score that meets minimum established standard.
- Successful completion of the Capstone paper, poster, and presentation.

- Application for graduation ☺

REMEDIATION

If a student fails an EORE with a score of less than 70%, or fails a portion of the preceptor evaluation (scores a 2 on an evaluation component) based on the preceptor evaluation or lack of professionalism in the clinical or classroom setting, that student would be referred for advanced/remediation advising for the implementation of a remediation plan. The Director of Clinical Education, with input and assistance from the Clinical Coordinator will develop an individualized plan for the student based on their deficiencies. Once the plan is implemented, the student will be regularly monitored. Additionally, as part of the remediation process, the student will receive an assignment to aid in increasing their medical knowledge base, clinical skill abilities, or professionalism. This assignment will be due 1 week from the date of the failure of the EORE, or final evaluation. If the assignment is not completed as required, the student will be delayed in retaking the EORE or resuming clinical rotations. The repeat EORE is administered 2 weeks from the original test date. If a student fails the EORE a second time, they fail the rotation, in which it will have to be repeated at a different site later in the clinical year, extending into the fall semester after the clinical year is completed. This will delay your graduation. Failure of a final preceptor evaluation, with confirmation of failure from the preceptor will result in a failed rotation and the student will not be allowed to sit for the EORE.

Clinical Year Academic Policy

Any student who does not meet the minimum requirements for successful completion of a clinical rotation will be entered into a remediation plan. The following outcomes will result in remediation:

- Failure of any End of Rotation Exam on two occasions - < 70% for the same clerkship.
- Final Preceptor evaluation score that fails to meet the passing score of at least 75% average for any clerkship.
- Failure to submit **any** required assignments, evaluations, or other remediation requirements set forth by the PA program by the designated date and time during the clinical year.
- Less than 70% on any professionalism evaluation at any time during clinical year; either by a member of the PA faculty or a preceptor, in any rotation.

The student will be entered into a remediation plan after the first rotation failure for any of the above causes. If, after already failing one rotation, for any reason, a student fails a second rotation, the program will conduct an all-faculty meeting (Faculty Executive Committee) to discuss concerns regarding the student. The committee will provide recommendations to the Program Director and Director of Clinical Education for further action by the PA Program. Actions include the possibility of dismissal from the program.

- After the first SCPE failure, a student will be entered into a remediation plan. The SCPE will be repeated at the end of the clinical year, when available, and will result in a delay in graduation.
- These remediation plans will be considered on a case-by-case basis with consideration for the cause of rotation failure being prioritized.

- Any student in remediation will be monitored regularly.
- If a student fails to comply with any of the remediation assignments, faculty appointments, or other remediation requirements issued because of failing any one clinical rotation, they will be referred to the Student Affairs Committee for further recommendations which may include dismissal from the program.
- If a student fails the same SCPE more than one time, for any reason, they will be dismissed from the program.
- Please review the Clinical Year Remediation Policy in the Appendix of this handbook.
- If the student fails a rotation due to a professionalism issue, this will be referred to the Student Affairs Committee for further action and possible remediation. Failures due to professionalism issues will be evaluated on a case-by-case basis to determine further discipline. Based on the nature of the failure, it could result in a referral to the Office of Student Conduct and/or dismissal from the program.
- Once the committee has met, the details will be brought to the Faculty Executive Committee. The student will be invited to attend the FEC, all faculty meetings, to present their position on the issues being addressed.
- All meetings regarding remediation action(s) in which deceleration or dismissal are possible outcomes will be recorded via meeting notes and filed in the student's program file.

Section 5

CLINICAL PRECEPTOR RESPONSIBILITIES

The role and responsibility of the preceptor are central to the clinical experience of the student. Along with the program, the preceptor plays a vital role in the educational process. The preceptor must be a licensed healthcare provider and is responsible for the on-site supervision, training, assessment, and evaluation of the physician assistant student. While on rotation, the physician assistant student must be supervised in all his/her activities commensurate with the complexity of care being given and the student's own abilities. Rotations are designed to expose the physician assistant student to patient care in a variety of settings. The student shall be directly involved in the evaluation and management of patients to the extent that the clinical preceptor or supervisor is comfortable, based on the level of knowledge and skills of the physician assistant student. The responsibilities of the clinical preceptor and/or his/her designee are as following:

Orientation - A tour and orientation to the practice, which includes staff introductions, operating practices, scheduling system, medical records, and documentation systems should occur within the first day or two. It is also important for the preceptor and student to discuss expectations and goals at the start of the rotation and periodically throughout the rotation to ensure educational needs and responsibilities are being met for each.

Student Schedule - The preceptor determines the student's schedule. Students are expected to adhere to the preceptor's work schedule. Students are expected to work at the site approximately 40 hours per week, but this can vary depending on the site. When a preceptor is seeing patients, it is expected that the student will be working as well. Students are expected to work nights and weekends and to be on-call if required by the site.

If it is necessary for the student to return to the campus for administrative and/or educational reasons, the program will notify the preceptor regarding these events.

Clinical Experience - Students should spend as much time as possible involved in **supervised hands-on patient care activities** by seeing patients with as wide a variety of complaints, diagnoses, and diverse backgrounds as possible at the given site to enhance their learning experience.

Instructional Objectives and Learning Outcomes – Rotation syllabi contain instructional objectives and learning outcomes to guide student learning and to focus study efforts for the end-of-rotation exam. The program acknowledges that it is not possible for the site to expose the student to every condition on the topic list or to provide experience in all the clinical skills; however, the program does ask that the preceptor review the learning outcomes for the rotation. In any case, the student is responsible for all learning objectives and outcomes.

Supervision - The preceptor is responsible for the overall supervision of the physician assistant student's educational experience at the clinical site. The preceptor and/or his/her designee are to supervise, demonstrate, teach, and observe the student's clinical activities to aid in the development of clinical skills and to ensure proper patient care. An assigned qualified practitioner (attending physician, resident physician, PA, NP) **must be always on the premises and available** while the student is performing patient care tasks. The student must know who this person is and how to contact him/her. The preceptor must confirm unusual or abnormal physical findings. Students require supervision for all procedures. **A licensed provider must see all patients PRIOR to their leaving the facility.**

Assignment of Activities - The preceptor should assign the students to appropriate clinically oriented activities to include but not limited to obtaining patient histories and performing physical examinations; recommending, ordering and interpreting diagnostic studies; developing a treatment plan; providing patient education and counseling; performing clinical procedures; searching and reviewing medical literature; and preparing and delivering presentations on medical topics. If the practice uses an electronic medical record system and the student does not have access to the system or if the system uses checklists predominately, the program encourages the preceptor to assign (and subsequently evaluate) written notes and/or additional case presentations to the student. **Students must not substitute for regular clinical or administrative staff.** (ARC-PA standard A3.05)

Oral Presentation – On a regular basis, preceptors should have the student give oral presentations on the patients they encounter. Students may also be assigned journal reading and be asked to present medical topics or cases.

Documentation - **Preceptors must review and countersign all student documentation and charting.** If a student is unable to directly document on the patient's chart or enter the data in the electronic medical record, preceptors should require the student to write up a note on paper and then review it for accuracy and appropriateness.

Teaching - The preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments, informal consultations between patient encounters, and/or recommending specific conferences. It is expected that the preceptor will model, expose students to, and teach in accordance with current practice guidelines and the accepted standards of care.

Evaluation - The preceptor, or his/her designee, must observe and assess the student performing clinical functions, including documentation, on a regular basis and provide constructive verbal feedback to the student periodically over the course of the rotation. The preceptor may also be asked to give feedback on student performance to faculty members during site visits. The preceptor is responsible for completing an evaluation of the student's preparedness midway through the rotation. At the end of the rotation, the preceptor is responsible for evaluating the student's clinical skills, medical knowledge and professionalism using the designated forms. Receiving honest critique and constructive feedback is critical to the academic and professional progression of a student.

Problems – Preceptors and students should initially attempt to handle minor problems directly with each other; however, the preceptor should notify the Director of Clinical Education or the Program Director promptly of any circumstances that might interfere with the accomplishment of the items stated above or diminish the overall training experience. Additionally, if the student still feels there is a problem in the rotation (inexperience, personality conflicts, communication issues, ethical issues, or inadequacy of learning opportunities), they should contact the DCE or CC urgently.

Vacation – On-site supervision is a critical component of the clinical experience; therefore, it is imperative for the preceptor or clinical site to inform the Clinical Placement Coordinator if he/she will be taking a vacation of one week or greater while supervising a student at the time the rotation is approved. Student supervision may be delegated to another licensed healthcare provider during the period of absence with program approval.

Licensure – All preceptors must have active and current state licenses in place in order to work with students. (ARC-PA standard A2.16). Should licenses be expired or revoked for any reason, the preceptor must notify the program immediately.

Section 6

PROGRAM RESPONSIBILITIES

The program maintains the following responsibilities to ensure the educational environment and activities during the clinical phase of the program.

Preparation - The program prepares the students adequately for their clinical experiences.

Assignment - The program is responsible for assigning students to clinical sites that will provide a quality learning experience.

Site Objectives and Rotation Syllabi – The program provides Instructional objectives and Learning outcomes for each rotation to the student and preceptor as a guide of expected rotation experiences. Clinical experiences may vary depending on patient population and site variation. It is the student's responsibility to review the objectives and augment clinical experiences with independent study, research and discussion with the preceptor and clinical faculty.

Affiliation Agreements- The program develops and maintains affiliation agreements with all clinical sites.

Insurance - Students are covered under the University's malpractice insurance ONLY for those preceptors and clerkships the Program has assigned for them. The University's malpractice insurance WILL NOT cover students who follow clinicians at sites or in departments that are not assigned to them and are in violation of program rules. For example, if a student has been assigned to general surgery in a particular hospital, s/he cannot participate in a procedure in interventional radiology unless his/her preceptor is responsible for that patient/procedure.

Grading - The program is responsible for assigning a final grade (CR, NC, or Incomplete) to every student for all semesters. Each student will be able to access their percentage after each rotation.

Problems - The program interacts with all preceptors, sites, and students and is available to respond to any problems or concerns. In addition, should problems arise at the clinical site, the program retains the right to remove a student from the rotation.

Health and Safety- The program will work with the preceptor and site to ensure a healthy and safe clinical learning environment. Preceptors must notify the program immediately of any student

whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff, or fellow students. The program retains the right to immediately remove the student from a clinical rotation if such behavior occurs.

The program provides and ensures each student has completed training in HIPAA and OSHA prior to beginning clinical rotations and that all students have received instruction regarding risk of exposure and reporting procedures should an exposure occur.

Background Checks, Fingerprinting and Drug/Alcohol Screens: The program requires background checks on all PA students prior to their matriculation to the program. Students are informed that additional background checks or testing, including drug and alcohol screening or fingerprinting, may be required by a clinical site. Students are responsible for the cost of any additional screening. The Compliance Coordinator will assist students in where to have fingerprinting done.

Student Advisors: The Clinical Coordinator(s) and the Director of Clinical Education serve as the students' faculty advisors during the clinical year.

REVISION OF CLINICAL YEAR POLICIES AND PROCEDURES

***The program reviews these policies and procedures at least once a year and revises them as needed to facilitate the mission and goals of the program and the university. *The program reserves the right to make changes to all aspects of this Clinical Education Handbook at any time with or without notice.* The program notifies students and provides copies of any substantial changes. Students are expected to remain current on all policies and procedures.

APPENDIX

Appendix A-1

Class of 2023 Clinical Rotation Schedule

PHA 690

Rotation 1- 8/21/2023-9/23/2023

Rotation 2- 10/2/2023-11/3/2023

Rotation 3- 11/13/2023-12/15/2023

OFF WEEK - 12/20/23 -12/31/24

PHA691

Rotation 4- 1/1/2024-2/2/2024

Rotation 5- 2/12/2024-3/15/2024

Rotation 6- 3/25/2024-4/26/2024

PHA 692

Rotation 7- 5/6/2024-6/7/2024

Rotation 8- 6/17/2024-7/19/2024

All clinical rotations are 5 weeks in length. The student is required to work whatever schedule the preceptor does. The preceptor does not have to be just one person, nor does it have to be a physician. A student may work with several different providers within one office and the preceptor may be a PA, NP, CNM, or LSW.

The following is a list of the 7 areas of practice in which each CMU PA student must have a clinical rotation.

- Family Medicine
- Internal Medicine
- Behavioral Health/Psychiatric Medicine
- Pediatrics
- Women's Health
- Surgery
- Emergency Medicine

Appendix A-2

Class of 2024 Timeline for Clinical Year

August 21, 2022 - Clinical year begins.

August 21– September 22, 2023 - Rotation #1 (PHA 690)

September 25- September 29, 2022 - Callback #1

October 2 – November 3, 2023 - Rotation #2

October 2, 2023 *Influenza vaccine due in Typhon*

November 6– November 10, 2023- Callback #2

November 13 – December 15, 2023 - Rotation #3

December 18, 2023 - Callback #3

December 19, – December 31, 2023 – BREAK

January 1 – February 2, 2024 - Rotation #4 (PHA 691)

February 5 – February 9, 2024 - Callback #3

February 12 – March 15, 2024 -Rotation #5

March 18- March 22, 2024 - Callback #5

March 25 – April 26, 2024 - Rotation #6

April 29-May 3, 2024 - Callback #6

May 6– June 7, 2024 - Rotation #7 (PHA 692)

June 10- June 14, 2024- Callback #7

June 17 – July 19, 2024 - Rotation #8

July 22- July 26, 2024 - Callback #8

July 26, 2024 – **Graduation of Class of 2024 (tentative)**

Class of 2024 Reminders

- Callback weeks are mandatory and require time on campus for End of Rotation Exams (EORE), Continuing Education, Advising, Assignments/Case Presentations, Study time for EORE/PANCE and prep time for your next rotation.
- It is strongly recommended you do not schedule vacations during callback week; attendance is mandatory, and the schedules/days/times are subject to change and will not always be the same days of the week.
- *The only break during your clinical year is December 20, 2023–December 31, 2024.*
- All evaluations, assignments, and documentation are due on the Friday before Callback week by 2:00 PM or you will NOT be able to take your scheduled End of Rotation Exam.
- Your clinical year allows for TWO Discretionary Days. These MUST be requested at least one week in advance.

Appendix B

CAPSTONE INFORMATION

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

During your clinical rotations, you are bound to run across some patient cases that present with unusual symptomologies or treatment reactions, exhibit a rare condition, or present a diagnostic or treatment challenge. These are the kinds of cases that may be worthy of a 'reportable case', to share with your classmates, and perhaps even be suitable for presentation and publication.

Your supervising physician or PA will be of great help in recognizing these kinds of cases (please mention to him/her that you are in search of such cases). However, you will have to take the initiative too, so keep an eye out for interesting or unusual cases. A good case provides the opportunity to provide a clear message, which is relevant to clinicians. Case reports usually deal with one or more of the following:

1) A rare condition. These are the 'classic' case report type. Rare, or unreported, conditions are certainly a subject worthy of a case report! These types of reports have a good chance of publication. However, few of you will have the opportunity to describe a novel clinical condition in your career. However, if such a case does come up in your clinical rotations, make sure to write it up as a case report! This would be a great publication.

2) Unusual presentation of a relatively common pathology. This could be a case with unusual symptoms, odd combinations of symptoms, or confusing symptoms. If the unusual presentation provides a message or lesson that could be valuable to clinicians, this kind of case report may be publishable. Certainly, this kind of case will be informative for your classmates and a good case report for this course, even if it is not publishable. These make great 'teaching style' case reports.

3) Adverse responses to therapies. When a patient has adverse responses to a drug or treatment that have not been reported before, this may be a good case report for you to write up. It is important for this kind of information to be communicated via a case report.

If you come across such a situation in your clinical rotations, this is very likely to be publishable!

4) Timely/topical. You may run across a patient with a disease of note, even if the disease itself is not novel. For example, if in your pediatrics rotation you come across children with acute flaccid myelitis (AFM) of unknown etiology, perhaps the first child with the disease in the region or state, that would be worthy of a case report. For example:

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

Assembling information for your case report

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

1) Patient consent. You will need patient permission to use his/her medical information in the case report. This is called 'informed consent', an ethical requirement. All journals require *written* patient consent upon submission of the manuscript, and for this course, even a manuscript not destined for publication will have a corresponding patient consent form. If the case report involved a minor, legal guardian, consent is required. Make sure that the possible participant reads the form completely and be available to answer any questions that the patient may have. It is important for you to stress how you will maintain the anonymity of the patient. The form you will use is posted on Blackboard. You can give the first two pages of the form to your consenting patient but keep the third page for your records. When you turn in your written case report, you will also turn in the consent form.

When to obtain consent and the role of your preceptor. Generally, it is easiest to obtain consent at the time of the clinic visit, so you should make sure to carry plenty of consent forms with you (just in case). Only obtain consent for a case that you (and perhaps your preceptor) think has a good chance of being suitable for your case report. Also, make sure you tell your

preceptor about your case report goal and enlist either approval and/or assistance in the informed consent process, as well as the writing of the case report. *Make sure to mention that the preceptor will be listed as a co-author if publication results.*

The case report (to be turned in during this course (Capstone, Spring 2023) must have a filled-out patient consent form.

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

About IRB and HIPAA rules in case reports. If your case report does not involve the analysis of over three patient cases, your report should be exempt from IRB (institutional review board) review. However, the author must comply with HIPAA. This involves signed authorization by the patient, guardian, or legally authorized representative (the patient consent form, discussed above), and removing all identifiers from the report (making the health information 'de-identified').

The purpose is not to disclose any information that may reveal patient identity. Make sure to remove or edit the below patient information:

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

In addition, you must be confident that the information provided in the case report cannot be used alone or in combination with other information to determine the identity of the subject.^{4,5}

2) Assemble information. Acquire the patient case history and physical, diagnostic images, pathology reports, any hospital or outpatient progress notes, discharge summaries, or any other information needed. Remember, this information must remain private, so do not allow others to read the material. That means being careful not to peruse material in public, and certainly not losing material. Ideally, all material with identifiers will be either altered to remove the identifying information, and/or returned to the source site following use. If you talk about the case in the process of writing the report, make sure not to mention possible patient identifiers.

You also need to gather relevant scientific publications. Textbooks are a great place to start. Online databases are available, such as PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>), PubMed Clinical Queries (go to previous URL, click on 'clinical queries' under 'PubMed tools'), and TRIP database (<http://www.tripdatabase.com/>). You can also search journals that specialize in the publication of case reports (many are open access), such as Clinical Case Studies (<http://ccs.sagepub.com/>), NEJM (<http://nejm.org/medical-articles/clinical-cases>), Clinical Case Reports archive (<http://www.ncbi.nlm.nih.gov/pmc/journals/2542/>) and current articles ([http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2050-0904](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2050-0904)), JSM Clinical Case Reports (<https://www.jscimedcentral.com/CaseReports/aims-scope.php>), Journal of Medical Case Reports (<https://jmedicalcasereports.biomedcentral.com/>), and many others. And, of course, JAAPA frequently contains case reports.

Focus on the key points of what you want to say in the report and try to determine the key background information necessary. As you get more specific about the content, you may need to go back and search for more supporting literature.

Student Exposure Form

This form is to be completed when there has been a student needle stick or bodily fluid exposure and submitted via fax (989-774-2433) or email (adado1aa@cmich.edu) to the Director of Clinical Education **within 24 hours** of the exposure.

Date: _____

Name of Student: _____

Date and Time of Exposure: _____

Rotation #: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

Rotation Type: ___ IM ___ FM ___ Surgery ___ ER ___ WH ___ Peds ___ Psych ___ Elective

Name of Site: _____

Name of person notified at the site:

Date _____ Time _____

Please provide a brief description of incident, including how the exposure occurred and location (body part).

Did you receive medical evaluation and/or treatment? ___ Yes ___ No

Did you notify the PA Program (Dir. Of Clinical Ed.)? ___ Yes ___ No

Date _____ Time _____

Name of person notified at the Program: _____

Signatures: Student: _____

Director of Clinical Education: _____

- Please include any paperwork with reports that may have been received as a result of treatment post-exposure

Appendix C

Technical Standards

The Technical Standards (Standards of Conduct) were designed by Central Michigan University's Physician Assistant Program, faculty, and administration to ensure students in the P.A. Program were prepared for the study and practice of medicine. As such, the approved standards require students to demonstrate capacity/ability in five broad areas:

1. Perception/Observation
2. Communication
3. Motor/Tactile Function
4. Cognition
5. Professionalism (Mature and Ethical Conduct)

These five general competencies provide the framework for all teaching and learning activities. In keeping with our mission and vision, all students must be able to:

- Consistently display integrity, honesty, empathy, caring, fairness, respect for self and others, diligence, and dedication:
- Promptly complete all assignments and responsibilities attendant to the diagnosis and care of patients in both the didactic and clinical years.
- Communicate with, examine, and provide care for all patients –including those whose gender, culture, sexual orientation, or spiritual beliefs are different from students' own.
- Develop mature, sensitive, and effective relationships with patients and all members of the physician assistant program and healthcare teams.
- Maintain sobriety in all academic and clinical environments, refrain from illegal substances at all times, and refrain from inappropriate, illegal, or excessive use of legal substances including but not limited to alcohol and marijuana.
- Abide by all state, federal, and local laws, as well as CMU and Physician Assistant Program codes of conduct.
- Tolerate physically, emotionally, and mentally demanding workloads.
- Function effectively under stress, and proactively make use of available resources to help maintain both physical and mental health.
- Adapt to changing environments, display flexibility, and be able to learn in the face of uncertainty.
- Take responsibility for themselves and their behaviors.

- Recognize that involvement in patient care is a privilege and must be always treated this way.
- Embrace a service orientation towards patient care.

Each technical standard will be described in terms of opportunities for development with examples of materials/encounters in which students throughout the 27-month program will have the ability to meet each standard.

1. Perception/Observation: Students must be able to accurately perceive, through the use of senses and mental abilities, the presentation of information.

Opportunities for Development:

- Small group discussions and presentations.
- Large-group, team-based learning sessions.
- One-on-one interactions.
- Faculty demonstrations Patient encounters in the clinical and classroom settings
- Diagnostic findings
- Procedures
- Written material; Audiovisual material

Materials/Encounters throughout Program:

- Books.
- Diagrams/photographs
- Discussions
- Gross and microscopic studies of organisms and tissues
- Diagnostic imaging scans (X-ray, MRI, CT)
- Cadaver dissections
- Live human case presentations
- Patient interviews and physical exams
- Examinations with stethoscopes, otoscopes, ophthalmoscopes, sphygmomanometers, and reflex hammers.
- Verbal communication and non-verbal cues (as in taking a patient's history or working with a medical team).
- Live surgical procedures
- Online computer searches

2. Communication: Students must be able to communicate skillfully (in English) with faculty members, other members of healthcare team, patients, families, and other students, to elicit, convey, and clarify information, as well as create rapport, develop therapeutic relationships, and demonstrate each of these competencies.

Communication requirements in the first didactic year (15months) of program:

- Answering oral and written exam questions
- Eliciting a focused and complete history from a patient
- Presenting information in oral and written form to faculty and program administration as well as mentorship preceptor.
- Participating in small group discussions/interactions with other students/faculty
- Participating in group dissections

Communication requirements in the last year (clinical) of the program:

- Answering oral and written exam questions
- Eliciting a focused and complete history from a patient
- Presenting information in oral and written form to preceptors and other members of the healthcare team.
- Participating in small group discussions/interactions
- Presentation of Capstone project to classmates, faculty and program administration

3. Motor/Tactile Function: Students must have sufficient motor function and tactile ability to acquire the knowledge and skills required for the practice of medicine.

Opportunities for motor/tactile function development:

- Attend and participate in all classes, groups, and activities that are part of the curriculum.
- Perform a physical examination on a variety of patients.
- Perform diagnostic procedures and tests.
- Provide general and emergency patient care.
- Function in outpatient, inpatient, and surgical venues.
- Perform in a reasonably independent and competent manner, with appropriate preceptor supervision, in the clinical setting.

Activities designed to assist students in the development and refinement of motor/tactile functions throughout the program:

- Transporting themselves from location to location.
- Participating in classes, small groups, patient presentations, review sessions, dissections, and laboratory/procedures lab work.
- Write proficiently
- Use a computer proficiently
- Performing a complete physical exam including observation, auscultation, palpation, percussion, and other diagnostic maneuvers.
- Performing simple lab tests.
- Performing cardiopulmonary resuscitation

- Accompanying staff on rounds and conferences.
- Performing, when appropriate venipunctures, thoracentesis, endotracheal intubation, arterial puncture, foley catheter insertion, and nasogastric tube insertion.
- Taking the overnight call in the hospital as determined by the preceptor.

Demonstrate these competencies:

- Performing physical, neurological, gynecological, pediatric, and obstetric examinations (with the appropriate instruments).
- Maintaining appropriate medical records.
- Acting as the second assistant in the OR (retracting, suturing, etc.).

4. Cognition: Students must be able to demonstrate higher-level cognitive abilities.

Required Cognitive Abilities:

- Rational thought
- Measurement
- Calculation
- Visual-spacial comprehension
- Conceptualization
- Analysis Synthesis
- Organization
- Memory
- Clinical Reasoning
- Ethical Reasoning
- Sound judgment

Examples of Opportunities to develop and demonstrate required cognitive abilities:

- Understanding, synthesizing, and recalling material presented in classes, labs, small groups, patient interactions, and meetings with preceptors.
- Understanding 3-dimensional relationships, such as those demonstrated in the anatomy lab.
- Successfully passing oral/OSCE, written, and laboratory exams.
- Understanding ethical issues related to the practice of medicine.
- Engaging in problem solving, alone and in small groups/health care teams.
- Analyzing complicated situations, such as cardiac arrest, and determining the appropriate sequence of events to effect successful treatment.
- Integrating historical, physical, social, and ancillary test data into differential diagnosis and treatment plans.
- Understanding indications for various diagnostic tests and treatment modalities from medication to surgery.

- Understanding methods for various procedures, such as lumbar punctures and inserting venous catheters.
- Ability to think through medical issues and exhibit sound judgement in a variety of clinical settings, including emergency situations.
- Identifying and understanding classes of psychopathology and treatment options.
- Making concise, cogent, and thorough presentations based on various kinds of data collection, including web-based research.
- Knowing how to organize information, materials, and tasks in order to perform efficiently on service.
- Understanding how to work and learn independently and in groups.
- Understanding how to function effectively as part of a healthcare team.

5. Professionalism (Mature and Ethical Conduct): Students should be able to conduct themselves with dignity and be conscientious of a multitude of behaviors that can affect their careers as students and as professionals.

Examples of professional behavior expected throughout the program:

- Attending required experiences on time and with an appropriate level of preparation.
- Handing in assignments on time.

- Zero tolerance for plagiarizing or cheating.
- Treating faculty, staff, patients, and their families, and other students with respect.
- Accepting constructive feedback from faculty with open-mindedness and the intention to improve.

- Trying to understand prejudices and preconceptions that might affect patient interactions or collegial relationships (especially in race, ethnicity, sexual orientation, gender, disability, age, socioeconomic status, and religious differences.)
- Developing successful working relationships with preceptors, staff, and peers by accepting constructive feedback.

Examples of professional behavior aligned with clinical experiences in the program:

- Maintaining a professional demeanor while on service (e.g., white coat, name tag, appropriate attire, neat appearance, respectful speech, and sobriety).
- Representing oneself accurately.
- Appreciating and preserving patient confidentiality.
- Responding sensitively to patients' social and psychological issues; developing empathic listening skills.
- Understanding social biases and stigmas, and not reinforcing them.
- Advocating for patients when appropriate.

- Using hospital/clinic resources responsibly.
- Being present, prepared, and on time for rounds, lectures, conferences, and procedures.
- Being present, prepared, and on time for all call-back activities.
- Obtaining advice when handling ethical dilemmas.
- Accepting constructive feedback from precepting providers and residents with an open mind and the intention to improve.
- Contributing to the effectiveness, efficiency, and collegiality of healthcare teams.

REQUEST FOR TIME OFF FORM (DISCRETIONARY DAY)

Name: _____ Today's Date: _____

Requested Dates for Time Off: _____ Scheduled

Rotation and Location: _____

STEPS FOR REQUESTING TIME OFF:

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

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

Please indicate the dates you were off from the rotation:

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

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

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

Student Signature: _____ Date: _____

Clinical Faculty Signature: _____ Date: _____

Action Taken: Denied _____ Approved _____

GETTING THE MOST OUT OF YOUR CLINICAL ROTATIONS

The program has prepared your preceptors for their role as your teacher. We have contacted each of your preceptors and discussed their responsibilities, the role of a PA student, the objectives of your clerkship, and the evaluation guidelines.

How do you ensure, as much as possible, that you get the most out of your clinical experience? Preceptors inevitably test their students: How serious are you about your education? How much initiative are you willing to take? Do you expect to be spoon-fed? Do you demand constant direction to meet your educational goals? During a short five-week clerkship, in a busy practice, the preceptor usually will not get to know you in depth, so first impressions concerning your assertiveness and responsibility for your own education are very important. Obviously, for some students this is more difficult to learn and do than for others. However, it is an invaluable and necessary skill.

- On day one, review your objectives and Student Profiles with your preceptor: State what educational background and experience you already have, your strengths and weaknesses, and areas on which you would like to focus.
- Continue to review your objectives and learning outcomes: It may be useful to review your objectives with your preceptor two or three times during the clerkship. If there are skills or conditions you are not familiar with, point out that you would like to focus on those areas where possible within the scope of the practice.
- Organize your own seminar series with your preceptor: For example: “Dr. /Mr. / Ms. _____ I’m still confused about the treatment for “X”. Tonight, I plan to read up on “X”. Tomorrow, can we take ten minutes to answer some questions I might have? Can you suggest some good articles for me to read?”
- Ask questions: Clinical instructors need to know that you are interested in learning. Asking questions is the primary way the preceptor measures your initiative and your involvement in your education. However, make sure you ask questions at appropriate times. Ask your preceptor to identify suitable times for him or her to take your questions. **(Note: It is inappropriate to ask questions in front of a patient or while the surgeon is operating).**
- Do not be confrontational: Your preceptors are providing their teaching expertise free of charge. You are in a clinical setting to learn. If you have an ethical concern, politely present it to your preceptor. If you do not feel comfortable with the outcome of the conversation, call DCE.
- Take advantage of resources within the facility: Consider asking your preceptor if you can spend time with a specialist who seems particularly interested in teaching: radiologists, gastroenterologists, pulmonologists who have consulted your patient. Ask to spend an afternoon in the lab reading U/A’s and CBC’s. **Find out what conferences are available and attend them.**

- Read daily: You may be asked to attend and participate in conferences or present on assigned topics during your clerkship. Also, remember that it is your responsibility to read and fill in the gaps between what you see on the site and the objectives on which you'll be tested. It is not possible for a clinical site to provide you with experiences for every objective.
- Seek out the interns, residents, and medical students: When you work in a teaching hospital you'll often be in contact with residents, interns, and 3rd and 4th-year medical students. Seek out the help and advice of some of these individuals. Often, you'll find someone who's interested and good at teaching. Often there will be a classmate in the same facility. Be "on call" for each other to share exciting cases.
- Do other "work": Start IV's, get lab test results, find lost charts, and arrange for patient transportation. This will save time for your preceptor and help make his/her life easier in return for all the extra time s/he spends teaching you. It will also show him/her that you can work as a team player. Be especially nice and polite to nurses, secretaries, clerks, and housekeeping staff. Nurses can become vital allies. Secretaries and clerks know the paperwork system and can save you much time in locating forms, charts, and lab work. As for housekeeping staff, you may not need their help often, but you will be eternally grateful to the person who can arrange a rapid clean-up when some sort of mess occurs because of an ill patient.
- Knowing your Limitations Students must be aware of their limitations as students, and of the limitations and regulations pertaining to the Physician Assistant profession. **Students must seek advice when appropriate and must not always evaluate or treat patients without direct supervision from and access to a supervising physician. When in doubt, ask for help.** At no time is a student permitted to make any decisions on medical care for any patient. This means that you should not be admitting or discharging or changing treatment plans without permission from your preceptor. All such documentation must be documented in the chart. **Students must follow clinic institutional policies about co-signing orders/progress notes/H&P/discharge summaries.** If an entity does not have such a policy, the student needs to discuss the parameters with the preceptor of record in regard to the timeliness of the co-signing of the records. EVERY MEDICAL DECISION SHOULD BE APPROVED BY THE PRECEPTOR OF RECORD OR HIS DESIGNEE.
- Don't forget the standards we taught you: You will be exposed to many variations on the theme of physical examinations, including shortcuts, omissions, and legitimately different approaches. **Remember the way we instructed you and before you omit - think.** Reason through what information each part of the physical examination gives you before leaving out parts of the exam solely to speed up. If you omit an exam element, it should be because it is not necessary, not because you forgot it or don't know it. There are acceptable ways to speed up and streamline techniques. When in doubt, talk to your preceptor. Besides maintaining your technical proficiency, you must continue to master full and directed physical examinations. To do this effectively, you must have a good knowledge base in pathophysiology, and you must practice the thinking process for a wide variety of patient problems. We will continue to work with you on these skills on Call Back Days (explained later in the Clinical Year Course Handbook) to strengthen your thinking process, but the burden of practicing lies solely with you. It is up to you to develop, maintain, and broaden your knowledge base in medicine.

STUDENT RESOURCES

Below is a list of available resources to all students enrolled at Central Michigan University. This information is not intended to be comprehensive, and additional information can be found at the websites listed below:

- <https://www.cmich.edu/about/emergency-management/resources>

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Health Professions Building Hours of Operation

The Physician Assistant Program administrative suite is located at 2075 Health Professions Building (HPB).

The Program hours are:

- Monday-Friday 8:00 am - 5:00 pm.

The HBP is open the following hours:

- Monday-Thursday 7:30 am - 10:00 pm; Friday 7:30 am - 6:00 pm.

Use of PA Graduate Room (HPB 2152), Clinical Lab Room (HPB-1308), Knowledge Bar (K-Bar, on the 2nd floor above the west doors

These study spaces are available during hours that the HPB is open to students. Students have after-hours and weekend access to the HPB by using their key “fob” issued by the Physician Assistant Program.

- Long-distance calls are not permitted. Food and non-alcoholic beverages are allowed so long as students keep a reasonable level of cleanliness and clean up after spills. The privilege of having food in the Physician Assistant Graduate Student Room will be withdrawn if cleanliness is not maintained.
- State-of-the-art instructional and student technology rooms equipped with Mac and PC workstations, laser printers, copiers and scanners are strategically located throughout the campus to provide easy access for students. For a full list of computer labs on campus, visit: <http://www.it.cmich.edu/it/labs.asp>.
- **Parking at Central Michigan University** is at a premium, and Campus Police are vigilant in enforcing parking rules. Students should obtain an appropriate parking permit online.

University Health Services

University Health Services is in Foust Hall. Clinic Hours are Monday-Friday 8 am to 5 pm. Walk-in service for urgent problems is available in the Primary Care Suite, Foust 202. Appointments may be scheduled by calling (989) 774-5693 [TDD: (989)774-3055].

All regularly enrolled CMU students, their spouses and other authorized users are eligible to use Health Services. For more information on University Health Services, please visit the University Health Services website at <https://www.cmuhealth.org/services>

IT Help Desk

The IT Help Desk can troubleshoot a variety of hardware and software problems with its two tiers of technical support. In addition, computer repair technicians are available to support more complex hardware and software issues. Problems escalated to this level may be subject to time and material charges. To obtain technical support, call the Help Desk at (989) 774-3662 or visit the Help Desk located at Park Library 101.

- **Media Services** provides a wide range of audio/visual resources as well as on-call educational technical support for the classroom needs of students and faculty. For a full list of media services, visit http://www.it.cmich.edu/it/it_media_srvc.asp.
- **Printer/Copier services** - Students are expected to purchase their own personal printers and ink cartridges for printing assignments/course materials at home. Printers and copy machines are also located in public computer labs, within departments and elsewhere around campus, including the second floor of the Health Professions Building and Park Library. CMU Printing Services provides a full-service printing operation in the Combined Services building along with a copy center for students. A copy center is also located in the lower level of the Bovee University Center. For a list of copy center services, visit: <http://www.print.cmich.edu/>.
- **IT Training**
 - CMU routinely provides university-wide information technology training courses. The Woldt Computer Lab offers a variety of technology workshops focusing on the areas needed most by students. Online computer-based training is also available through the Michigan Virtual University at <http://lab.oit.cmich.edu/workshops.php>.
 - Students are expected to have a working knowledge of Word Processing, Internet browsing techniques and PowerPoint presentation. If you do not feel comfortable with your knowledge in these areas, please contact the IT Help Desk to be scheduled for training.
- **CMU Student Portal** - CMU offers a student-centered web portal containing comprehensive information on several pertinent topics. The CMU student portal can be found at <https://portal.cmich.edu>.
- **Wireless Internet Access** - The Health Professions Building has full wireless coverage. Wireless network cards should be WiFi compliant. All access points support 802.11A, B and G. Use of the Wireless system is subject to the terms of the CMU Network and Resource Acceptable Policy, CMU Wireless Policy (PDF), CSA and Port Registration and Network Bandwidth Quota System.

University Library Resources

Park Library Hours

Monday - Thursday: 7:50 am - 12:00 am

Friday: 7:50 am - 6 pm

Saturday: 9:00 am - 6 pm

Sunday: 12:00 pm – 12:00 am

EXTENDED STUDY HOURS

Monday - Thursday: 7:00 am - 2:00 am

Friday: 7:00 am - 12:00 am

Saturday: 9:00 am - 12:00 am

Sunday: 10:00 am - 2:00 am

Clarke Historical Library Hours

Monday - Friday: 8:00 am – 5:00 pm

Selected Saturdays: 9:00 am – 1:00 pm

Student Disability Services Hours

Monday - Friday: 8:00 am – 12:00 pm; 1:00 pm - 5:00 pm

**Interim and break period hours vary.*

Librarian for the Physician Assistant Program

Robin Sabo is your contact in the library. She will be able to assist you in obtaining research appointments and locating information for a specific project. Should you have any questions about library services and resources, please contact her at (989) 774-1927, sabo1r@cmich.edu.

Reference, Research and Instructional Support

Knowledgeable professional librarians are available to assist you with your library research at the reference desk on the 2nd floor. The reference desk is staffed with librarians or student assistants during library hours. Students may also wish to schedule a one-on-one reference consultation with the health science bibliographer for literature searches or any other research need.

- You can contact reference librarians in person (Reference Desk 2nd floor), by phone (774-3470), by email (libref@cmich.edu) or live online using the ASK A LIBRARIAN service from the CMU Libraries home page.
- **Group study rooms** are available at the Park Library and must be reserved. To reserve a group study room, visit or call the Book Checkout Desk located on the 2nd floor of Park Library at 989-774-3114 to make your advance reservation. Rooms may be reserved up to one week in advance.

Library resources

The CMU Libraries online catalog, CENTRA, can be accessed from the Libraries homepage (<http://www.lib.cmich.edu>). CENTRA includes books, periodicals, musical scores, videos, compact disks, software and electronic resources available through the Park Library as well as portions of the Clarke Historical Library collection.

In addition to the extensive book and journal collections housed in the library, the library maintains subscriptions to over 600 electronic journals. Students have access to a wide variety of online research databases and online journals within the library and remotely via the internet. Some of the periodical indexes that support the Physician Assistant Program include:

- Medline
- CINAHL (Cumulative Index to Nursing and Allied Health Literature)
- Health and Wellness Resource Center
- Health Source
- PsychInfo
- Wilson Select
- Sport Discus
- Biological Abstracts
- Dissertation Abstracts

Interlibrary Loan Services

Research material not available in the campus library collection can be obtained through the Interlibrary Loan office. This service is free for students. Through Interlibrary loan and ILLiad, students can obtain books, journal and newspaper articles, dissertations and theses. The average response time for photocopies of articles is seven days, although some items may arrive in as little as 24 hours. Books arrive in 3-10 days (about 1 and a half weeks) depending on the distance to the mail.

Students may request materials through the Interlibrary Loan service via web forms located on the library's web page: <http://www.lib.cmich.edu/forms>.

Services for Students during Clinical Rotations

A special document delivery and literature search service have been implemented for Physician Assistant students in internships or clinical rotations. Those students who are unable to access literature databases from their remote location may request a literature search through the health sciences librarian. In addition, these students may request that documents be sent to them from the libraries' collections. Students using these services must first inform the library that they will be using this service throughout the semester. A complete description of this service is available at: <http://www.lib.cmich.edu/bibliographers>.

STUDENT SIGNATURE SHEET

I attest that I have received, read, fully understand, and agree to comply with all policies and procedures set forth in the **CMU Physician Assistant Clinical Education Manual 2023-2024**.

I understand the following:

- 1) HIPAA and patient safety are a priority, and these protocols must be adhered to at all times.
- 2) It is my responsibility to stay current on all vaccines and credentialing requirements of the hospitals and systems where I rotate.
- 3) Body fluid/Needlestick injuries should follow appropriate protocol and seek immediate treatment. A completed Student Exposure Form is required within 24 hours.
- 4) Students have minimum patience requirements that are required for graduation. Students are responsible for tracking this data in every rotation.
- 5) Students have a requirement to fulfill 180 hours of total clinical time for each rotation unless fewer hours are approved by Clinical Coordinator or Director of Clinical Education.
- 6) All time off must be recorded on a Time Off Request Form and approved by the Clinical Coordinator.
- 7) I attest to, understand, and will abide by the technical standards put forth by the CMU PA Program.

Student Signature

Date

Student Name (Print)

This form must be returned to Amanda Scarbrough by July 21, 2023, at 12pm



Clinical Year Remediation Policy

Applies To: Students

Date of Revision: February 2023

BACKGROUND:

Clinical year students are required to take an End of Rotation Exam (EORE) administered through PAEA (Physician Assistant Education Association) at the end of each core rotation, excluding the Elective rotation.

There is a total of 7 EORE disciplines including Family Medicine, Internal Medicine, Women's Health, Psychiatry, General Surgery, Pediatrics, and Emergency Medicine. PAEA provides access to two versions of each exam for all disciplines except for Family Medicine which has three. Each EORE, for each discipline is taken the week following the completion of a particular rotation.

The PA program is responsible to ARC-PA (Accreditation Review Commission on Education for the Physician Assistants) for maintaining ongoing remediation for students, (per Standards A3.15, A3.17) particularly in the case of the clinical year students that did not meet the passing score required for the EORE.

The scoring requirements for the EORE are determined by the faculty in consideration of the national average scores and self-assessment data and findings as well as the PANCE predicted scores for the CMU PA student

PURPOSE:

To define clear guidelines and action steps for students in the Clinical year regarding remediation for those that are unable to fulfill the academic requirements of the EORE.

DEFINITIONS:

EORE: End of Rotation Exam

Remediation: The process of improving or correcting a situation. Remediation is an ARC-PA requirement for those students that do not show mastery in a subject. (B4.01b)

Callback: The week between each rotation in which the students return to CMU Campus for testing and lectures

POLICY:

Students will be allowed two attempts to pass an EORE specific to one of the 7 required disciplines. If they do not pass the second version of the exam, they will fail the rotation.

After one failed rotation due to poor performance in academic testing they will be allowed to move on to the next rotation but are required to repeat the failed rotation later in their clinical year. They will be required to sit for another EORE; determined by PAEA or the PA program for the repeated rotation.

If a clinical year student does not meet the passing score on the first EORE of a rotation subsequent to the failed rotation, they will be paused from the next scheduled 5-week rotation.

During the 5-week timeframe, the student will enter and participate in remediation with the Clinical Education Director and PA program faculty.

Remediation will incorporate the creation of a weekly study plan and weekly face-to-face meetings with a designated faculty member. The faculty member will participate in the remediation of the student at all

points of the process. The face-to-face meetings will consist of discussions about content directly related to the most recent failed EORE.

*The goal of the program is to assign faculty to remediating students based on their area of interest, instruction, or clinical practice.

Once the 5 weeks of remediation is complete, the student will sit for the second version of the EORE that was failed during callback for their most recent clinical rotation. The student will sit for version 2 of the EORE exam at the same time as their cohort in the callback week.

If they fail the second EORE after completing remediation, they will be paused from progression in the clinical year and attend a scheduled meeting of the Student Progress Committee to determine the program and student's next steps in the student pursuit of PA Education.

PROCEDURE:

1. If a student were to fail a clinical rotation by failing both versions of the EORE exams for the completed discipline, that student is required to repeat the rotation later which will result in a delay in their graduation date.
2. As student progresses to the next scheduled clinical rotation, if they successfully complete the clinical training but fail the first EORE on that discipline, the student will be "paused" in the clinical schedule to implement 5 weeks of remediation.
3. The student will spend the 5 weeks participating in remediation activities as determined by Clinical Education Director and take the second version of the EORE from the most recent clinical rotation at the upcoming Callback.
4. If the student does not pass their 2nd attempt at the EORE, which would at that point equate to a total of 4 failed EORE's and subsequently 2 failed clinical rotations of the 8 required, the student will be paused in the clinical year with the following as possible outcomes.
 - Audit of the courses offered in the didactic year that are remaining and restart the clinical year the following fall with the next PA cohort.
 - Dismissal from the program
 - Further remediation/pause from Clinical Rotations
5. Once a student has done one pause for a 5-week remediation, any further failure of an EORE will equate to a total of 5 failed EORE exams and result in the following:
 - Audit of the courses offered in the didactic year that are remaining and restart the clinical year the following fall with the next PA cohort.
 - Dismissal from the program
 - Further remediation/pause from Clinical Rotations

The result of the students standing in the program will be determined after a meeting between the student and the Student Progress Committee.