

**School of Pharmacy and Health Professions**



**Graduate Studies**

**Department of Physician Assistant**



**Clinical Education Year Handbook**

**2025**

The Physician Assistant (PA) program 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 program and without prior notice. The student will be notified via email or Canvas announcement of any changes.

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**Table of Contents**

[Physician Assistant Department Directory 5](#_Toc172839731)

[Section 1 ~ Overview 7](#_Toc172839732)

[Section 2 ~ The Clinical Year Curriculum 9](#_Toc172839733)

[Course Design and Registration 9](#_Toc172839734)

[Learning description 12](#_Toc172839735)

[Instructional Objectives 12](#_Toc172839736)

[Teaching Strategies 13](#_Toc172839737)

[Academic Dishonesty 14](#_Toc172839738)

[Alleged violations of the UMES Policy on Academic Integrity involving academic dishonesty 14](#_Toc172839739)

[Professionalism 15](#_Toc172839740)

[Student Mistreatment (A3.15f) 16](#_Toc172839741)

[Summary 17](#_Toc172839742)

[Section 3 ~ Clinical Year Policies and Procedures {A3.03}; {B3.01}; {B3.02}; {B3.03}; {B3.04}; {B3.05}; {B3.06}; {B3.07} 18](#_Toc172839743)

[Hazard Prevention and Exposure (A3.08) 28](#_Toc172839744)

[In the Event of an Accidental Exposure - Take Action: 29](#_Toc172839745)

[Cell Phones and social media 33](#_Toc172839746)

[Section 4 ~ Student Assessment, Evaluation, and Grading {A3.15, B4.01} 45](#_Toc172839747)

[Evaluations 48](#_Toc172839748)

[Onboarding Form – Start of each SCPE 48](#_Toc172839749)

[Mid-Rotation Evaluation of the PA Student (MRES) 49](#_Toc172839750)

[Student Evaluation of the Preceptor and Site (EvPSi) 49](#_Toc172839751)

[Preceptor Evaluation of the PA Student (PES) 49](#_Toc172839752)

[SCPE LOGS 51](#_Toc172839753)

[SCPE Logs: Clinical Skills Passport Logging 53](#_Toc172839754)

[SCPE Logs: Time Logging 53](#_Toc172839755)

[Learning Experiences and Educational Equivalency (B1.04, B4.04) 54](#_Toc172839756)

[Withdrawal and Dismissal – Clinical Year (A3.15c) 58](#_Toc172839757)

[PA Program Requirements for Progression and Completion (A3.15b) 64](#_Toc172839758)

[Section 5 ~ Clinical Preceptor Responsibilities {B3.07} 66](#_Toc172839759)

[Section 6 ~ Program Responsibilities {B3.01}; {B4.01}; {B4.03} 69](#_Toc172839760)

[Student Resources 74](#_Toc172839761)

[Appendix A-1 ~ Class of 2025 Clinical Rotation Schedule {B3.07} 79](#_Toc172839762)

[Appendix A-2 ~ Class of 2025 Timeline for Clinical Year 80](#_Toc172839763)

[Appendix B ~ Capstone Case Criteria/Assembling Your Capstone Information {B2.13} 82](#_Toc172839764)

[Appendix C ~ Student Exposure Form 86](#_Toc172839765)

[Appendix D – Dress Code Policy 87](#_Toc172839766)

[**Guide to Business Casual Dressing for the Physician Assistant Department** 87](#_Toc172839767)

[Appendix E ~ Technical Standards for the PA Student {A3.13e} 91](#_Toc172839768)

[Appendix F ~ Student Request for Time Off Form 94](#_Toc172839769)

[Appendix G ~ Student Clinical Year Onboarding Form 95](#_Toc172839770)

[Student Signature Sheet {3.02} 96](#_Toc172839771)

[ARC-PA Standards 97](#_Toc172839772)

The Physician Assistant program reserves the right to amend this handbook and add, change, or delete any existing rule, policy, or procedure. Students will be notified via email or Canvas of any changes.

In addition to the Clinical Education Handbook, contained herein are policies pertaining to students within the School of Pharmacy and Health Professions, Department of Physician Assistant Program. Students enrolled in the University of Maryland Eastern Shore (UMES) Physician Assistant Program must adhere to all policies as notated below.

1. University of Maryland Eastern Shore Student Handbook
2. School of Graduate Studies Graduate Catalog
3. Department of Physician Assistant Program Handbook

All students, faculty and staff are responsible for adherence to UMES Physician Assistant (PA) Program policies and procedures. On very rare occasions, clinical rotation site(s) policies, may supersede clauses in the clinical handbook. {A3.01}[[1]](#endnote-1) {A3.02}[[2]](#endnote-2)

# Physician Assistant Department Directory

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The UMES PA Program uses Adjunct Faculty and Guest Lecturers to assist in various courses with curricular delivery, instruction, and student learning.

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# Section 1 ~ Overview

Introduction

The second year of The University of Maryland Eastern Shore (UMES) Physician Assistant Program consists of supervised clinical practice experiences (SCPE) also referred to as clinical rotations. The purpose of these experiences is to afford students to hone on their knowledge and clinical skills gained in the didactic year. Student will enhance their clinical skills to be able to diagnose and treat patient while being supervised in the clinical setting. These experiences are designed to build competence in fundamental clinical skills through practice and feedback, as well as enhance confidence in preparation for graduation and practice.

Philosophy

Theprogram believes acquisition of the skills necessary to become a competent, empathetic 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 preceptor, the PA Program, and UMES. ***Students must always remember that through their words and actions, they represent themselves, the PA Program, UMES, and the PA profession.***

Goal/Objective

This manual provides students with the policies, procedures, competencies, and expectations required during the clinical phase. It is a valuable resource for students to succeed while on clinical rotations as well as throughout the students’ academic of endeavors.

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

1. [UMES Student Handbook](https://www.umes.edu/uploadedFiles/_DEPARTMENTS/Student/Content/Student%20Handbook%202017%20-%202018.pdf)
2. PA Program Handbook

**Attention:** **Please note, in the event that this handbook or any other handbook conflicts with and/or is more restrictive or specific than the UMES Graduate School Catalog, the provisions in this handbook shall apply.**

Should a student have questions that cannot be answered by these sources, the student must discuss first with the Clinical Education Director, and if no resolution then the Program Director. Students are required to sign the attestation statement on the last page of this 2025 Clinical Education Handbook as a condition for participation in the Supervised Clinical Year Experience.

The program requires all clinical year students to read these sources *carefully* and *thoroughly*. **Ignorance of the rules does not excuse noncompliance.**

# 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; PHAS 690, PHAS 691, PHAS 692 plus a Summative Evaluation, occurring in PHAS 697.

Course Design and Registration:

|  |  |  |
| --- | --- | --- |
| **Course Designator** | **Course Name** | **Length; Credits** |
| PHAS 690 | Clinical Education I  SCPE Rotations 1, 2, 3 | 16 weeks, 9 credits |
| PHAS 691 | Clinical Education II  SCPE Rotations 4, 5 | 10 weeks, 6 credits |
| PHAS 692 | Clinical Education III  SCPE Rotations 6, 7, 8 | 16 weeks, 9 credits |

Students will not progress to the clinical phase of the program until they have successfully completed all didactic course work including passing the Summative I assessment; complete without results a clear criminal background check and a clear 12-panel drug screen; documentation of all required immunizations, titers, and health care insurance; and HIPAA, OSHA, BLS, ACLS, PALS training and certification as listed in the UMES PA Programs Health Requirements (Appendix X). Failure to complete any requirements by the designated due dates as outlined in Appendix A-2, may result in a delayed start to the clinical year. This could lead to the delay of the student’s graduation or dismissal from the program. There are some rotations that have additional requirements which students must complete prior to starting the specific rotation, such as, drug testing, 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 {B3.07}**[[3]](#endnote-3)**

* Family Medicine (five weeks)
* Pediatrics - (five weeks)
* Behavioral Health/Medicine (mental health; psychiatry) (five weeks)
* Women’s Health (including gyn and prenatal care) (five weeks)
* Internal Medicine - **Inpatient experience will vary by clinical site** (five weeks)
* Surgery (**must include pre-op, intra-op and post-operative experience**) (five weeks)
* Emergency Medicine (five weeks)
* Elective Rotation - (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, or other licensed health care providers qualified in their area of instruction as per ARC-PA recommendations)[[4]](#endnote-4) 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 throughout the course of your rotation.

Clinical rotations average 40-60 hours 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 {B3.03}**[[5]](#endnote-5)**

**(Specific goals and objectives 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:
3. Chief complaint
4. History and Physical
5. Past medical history
6. Family history
7. Psychosocial history
8. Review of Systems
9. Medication
10. Allergies
11. The student will perform an accurate, efficient, and detailed physical examination by:
12. Completing a physical exam.
13. Performing an appropriate problem specific physical exam. Appropriately using special physical exam tests to further assess a problem.
14. Consistently using appropriate and accepted physical examination techniques, including the proper selection and use of equipment.
15. Developing rapport with patients to facilitate the examination.
16. Providing for patient comfort and modesty.
17. Using optimal and efficient time with patients.
18. The student will develop an appropriate, rational differential diagnosis, and problem list through the application of evidence-based medicine principles and skills.
19. The student will consider the patient's overall condition including psychosocial and economic factors in the development of the management plan.
20. 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.
21. 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, and patient education, diet and nutrition, and immunizations.
22. The student will apply principles of pharmacotherapeutic and non-pharmacotherapeutic modalities as appropriate for patient management.
23. The student will select appropriate diagnostic studies for the clinical problem.
24. The student will evaluate and interpret results of diagnostic tests accurately.
25. The student will recall and apply clinical decision making and problem solving to assess and manage patients.
26. The student will appropriately select and perform procedure skills for diagnostic or therapeutic purposes.
27. The student will progress towards competent performance of specific, routine, technical and invasive and surgical procedures, and assist with more complex procedures.
28. The student will provide assistance with performing, evaluating and providing therapy in response to life threatening situations.
29. 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.
30. 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.
31. 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.
32. The student will respect and preserve patient confidentiality.
33. The student will utilize effective interpersonal skills in written, oral and electronic forms of communication with patients, their families and other members of the healthcare team.
34. The student will document in a legible, effective and efficient manner by communicating information into the medical record (written, EMR or dictated) including:
35. Complete history
36. Physical examination findings
37. Progress notes written in SOAP format
38. Admission notes
39. Problem lists
40. Initial assessment and recommendations for a consult.
41. Diagnostic tests
42. Discharge summaries
43. Communication with other health care providers
44. The student will verbally present data in a concise, logical and professional manner.
45. The student will actively participate in the educational process by recognizing self -limitations and appropriately seeking assistance/advice, applying universal precaution principles, and seeking opportunities to actively participate in the clinical learning environment.
46. 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.
47. 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.
48. The student will engage and employ lifelong learning skills through on-going self-reflection, active engagement, and professional development.
49. The student will defend their actions and medical decisions exhibiting confidence and decorum.

Additional Curriculum Requirements during the Clinical Year

Capstone Case Study and Presentation {B2.13}[[6]](#endnote-6)

### 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 successful completion of this course, the student will be able to:

1. Define EBP and its importance to healthcare decision-making.
2. Discuss the societal and healthcare trends leading to a growing interest in EBP.
3. Explain how to conduct a systematic review of the literature, narrow the evidence, critically appraise the evidence, synthesize the evidence and determine the clinical bottom line.
4. Apply information technology to manage information, access online medical and healthcare information, support professional growth and advance the medical profession.
5. Define a clinical uncertainty and formulate a relevant, focused, clinically important question from such uncertainty.
6. Construct a search, utilizing appropriate resources to locate relevant evidence to address a health science discipline-specific problem.
7. Analyze the quality of individual research used to address a clinical problem.
8. Synthesize existing evidence related to a health science discipline-specific problem.
9. Analyze how to improve an existing practice pattern for more effective, efficient patient care.
10. Identify gaps in existing evidence related to health science discipline-specific problems.
11. Prepare evidence in a format suitable for professional use (e.g., practice guidelines).
12. Prepare evidence in a format suitable for consumer use.
13. Successfully present the project results through the effective use of multimedia equipment, formal oral presentation, and written documentation.
14. Demonstrate HIPPA practices and polices when obtaining and presenting patient data.
15. Apply a systematic approach to obtaining informed consent.

### Teaching Strategies

* Students will work with the course instructor 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.

Schedule:

The chart given below outlines the material to be covered during the Capstone learning process.

|  |  |
| --- | --- |
| **Date** | **Assignment/Activities** |
| See Syllabus | Case study topic due |
| See Syllabus | First draft of case study to be submitted for approval. |
| See Syllabus | Second draft of case study due. |
| See Syllabus | First draft of poster due. |
| See Syllabus | Case study Presentations. Poster Presentations. |

Course Assessments:

Please refer to the course syllabus for course assessments.

* See course syllabus for further information about the case study presentation.
* See course syllabus for guidelines about presenting the case study project.
* Specifications and examples for the poster will be available in the course syllabus.
* A rubric for grading will be available in the course syllabus.

Academic Integrity and Copyright Laws:

Per the University of Maryland Eastern Shore’s Policy on Academic Integrity, **students are not permitted to share information about an examination with other students who have not yet taken the examination**. Any student found in violation of this policy will be reported to the Progress and Promotion Committee (PPC) initially, and then after further review, the violation may be presented to the Office of Student Conduct Affairs.

PAEA Exams and ExamDriver

All End of Curriculum examinations (EOC/EOCE) and End of Rotation examinations (EORE) 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.

These examinations are confidential, in addition to being protected by federal copyright and trade secret laws (PAEA). **Students, who undertake 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 its 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 de-matriculation.

**The Program Director of the UMES PA Program has completed the required Attestation of Eligibility for administration of PAEA Assessment examinations.**

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 Progress and Promotion Committee (PPC) through the **Academic Dishonesty Procedures Below**:

## Academic Dishonesty

Alleged violations of the UMES Policy on Academic Integrity involving academic dishonesty such as falsification, collusion, plagiarism or cheating will be resolved through the proceedings of the Promotion and Progression Committee (PPC). Complaints can be made confidentially. Every effort should be made to maintain the confidentiality of all the members involved in the alleged incident. However, if a full hearing is warranted, the accused will have the opportunity to review the evidence against them including information about witnesses involved in the case. Faculty, preceptors and staff who become aware of academic dishonesty may choose to first counsel that student. However, in all cases the incident should be documented and submitted to the Progress and Promotion Committee (PPC) for inclusion in the student’s file. If the issue is not resolved, the student should be told that he/she is being referred to the student to the Office of Student Conduct Affairs.

## Professionalism

UMES Physician Assistant Program supports the University Student Code of Conduct. As members of the UMES community and future health care practitioners, students are expected to uphold these fundamental values including honor, personal and academic integrity, justice, freedom, leadership, civility, and loyalty to the University. Students are also to respect diversity, spirituality, and personal and property rights of others. We have established this professionalism policy, which forms the model of conduct for student members of our academic community. Like all other communities, the school will function properly only if its members (faculty, students and staff) adhere to clearly established goals and values. Essential to the fundamental purpose of the program is the commitment to the principles of truth and academic honesty, and the University Student Code of Conduct. Accordingly, the professionalism policy is designed to ensure that the principles of academic honesty lie with the student. It also addresses e-professionalism, professional attire and attendance.

All UMES PA students share the following responsibilities: to read, become acquainted with, and adhere to the School of Graduate Studies, The School of Pharmacy and Health Professions and, the University Student Code of Conduct; to respect personal and property rights of others, and to act in a responsible manner at all times, on or off campus; to protect and foster the intellectual, academic, research, cultural, and social missions of the university; and, to observe the laws of local, state and federal government agencies.

The PPC serves as a hearing board for violations of the UMES PA Program Professionalism Policy. The PPC will make recommendations to the Program Director. The Program Director will then notify the student in writing of actions concerning alleged violations. A record of disciplinary action normally is maintained by the Office of Student Conduct Affairs until the student graduates or leaves the School of Pharmacy and Health Professions or university. Students may examine the contents of their file by appointment with the Program Director.

An existing objective of the Physician Assistant Program is to promote the highest standards of professionalism among its students. The integrity of work performed is the cornerstone of professionalism. Acts of falsification, cheating, and plagiarism are acts of academic dishonesty, which show a failure of integrity and a violation of our educational objectives; these acts will not be accepted or tolerated. The following definitions and guidelines describe violations related to academic dishonesty.

1. ***Plagiarism*** as a form of cheating is unacceptable. Plagiarism is the act of presenting as one‘s own creation works actually created by others. Plagiarism consists of:
   * Taking ideas from a source without clearly giving proper reference that identifies the original source of the ideas and distinguishes them from one‘s own;
   * Quoting indirectly or paraphrasing material taken from a source without clearly giving proper reference that identifies the original source and distinguishes the paraphrased material from one‘s own compositions;
   * Quoting directly or exactly copying material from a source without giving proper reference or otherwise presenting the copied material as one‘s own creation.
   * Submitting your own work use from other sources or classes. This includes resubmitting, copying, or paraphrasing already submitted assignments without proper citations. **Students are not permitted to resubmit work from previous coursework.**
2. ***Falsification*** is unacceptable. Falsification includes but is not limited to:
   * Creating false records of academic achievement;
   * Altering or forging records;
   * misusing, altering, forging, falsifying or transferring to another person, without proper authorization, any academic record;
   * Conspiring or inducing others to forge or alter academic records.
3. ***Cheating*** is also unacceptable. Cheating includes but is not limited to:
   * Giving answers to others in a test situation without permission of the tester;
   * Taking or receiving answers from others in a test situation without permission of the tester;
   * Having possession of test materials without permission;
   * Taking, giving, or receiving test materials prior to tests without permission;
   * Having someone else take a test or complete one‘s assignment;
   * Submitting as one‘s own work, work done by someone else;
   * Permitting someone else to submit one‘s work under that person's name;
   * Falsifying research data or another research material;
   * Copying, with or without permission, any works, (e.g., essays, short stories, poems, etc.), from a computer hard drive or discs and presenting them as one‘s own.
4. ***Collusion*** is also unacceptable. Collusion includes but is not limited to:
   * Completing any portion of an assignment, report, project, experiment or exam for another student;
   * Claiming as their own work any portion of an assignment, report, project, experiment or exam that was completed by another student, even with that other student’s knowledge and consent;
   * Providing information about an exam (or portions of an exam) to another student without the authorization of the instructor;
   * Seeking or accepting information provided about an exam (or portions of an exam) from another student without the authorization of the instructor.

## Student Mistreatment (A3.15f)[[7]](#endnote-7)

If a student encounters mistreatment while on clinical rotation or from a preceptor even while not physically at the clinical site (e.g., through written communications such as emails), the clinical year student must contact the Clinical Education Director (or Clinical Team), or secondarily, the PA Program Management Specialist immediately. Student safety – emotional, mental, and physical – is a priority for the program and may warrant the student being directed to leave the site (see *Personal* *Security and Safety* Section in the Clinical Education Year Handbook, and policies in the *PA Program Handbook* regarding *Safety* and *Security*). If the allegation is sexual in nature, the Title IX Coordinator for the UMES institution will be contacted by the program for investigation and advisement.

*Note: For policies and procedures related to allegations of student mistreatment, misconduct, harassment (A1.02j)[[8]](#endnote-8) (including sexual harassment), Title IX, and grievances, refer to the UMES PA Program Handbook and University policies and procedures located on the UMES website. Additionally, these policies are summarized and included in program syllabi.*

## Summary

The program and university expect all students to be honest and exhibit the highest standards of personal integrity. Student(s) will be severely penalized for acts of dishonesty, academic or otherwise. Students are urged to have conscience and conduct as they pursue their career at the University of Maryland Eastern Shore. Students should be aware of the UMES System Policy on misconduct. The students conduct policy can be found in the UMES Student Handbook and the UMES PA Program Handbook.

# Section 3 ~ Clinical Year Policies and Procedures {A3.03}[[9]](#endnote-9); {B3.01}[[10]](#endnote-10); {B3.02}[[11]](#endnote-11); {B3.03}[[12]](#endnote-12); {B3.04}[[13]](#endnote-13); {B3.05}[[14]](#endnote-14); {B3.06}[[15]](#endnote-15); {B3.07}[[16]](#endnote-16)

Clinical Sites Placement:

Students (prospective or enrolled) are not allowed to provide or solicit clinical sites or preceptors. All clinical site placements will be done by the Clinical Team - Clinical Education Director and Clinical Coordinator.

Clinical Assignment:

Prior to the starting the clinical year, students have the opportunity to submit their preferences for site placement via a wish list/survey provided by the Clinical Year Team (CYT). This survey provides the student the opportunity to indicate their most desired/least desired defined clinical area in the state of Maryland and states directly surrounding Maryland (when deemed necessary by the PA Program). Students will also have the opportunity to submit a letter of Special Circumstance Placement Consideration. The CYT will take these requests into consideration; however, there is no guarantee students will be placed at one of their top requested sites. Ultimately, students are placed based on a number of factors:

* Survey Results
* Hometown
* Availability of defined clinical area
* Needs of the PA Program (site maintenance)
* Special consideration requests

Rotation re-assignments:

Should a core rotation warrant student reassignment due to detrimental findings from ongoing monitoring of the site or newly identified barriers to an optimal student learning experience (for example, recent staffing shortage, the preceptor leaves the practice, the clinic/practice cannot commit to teaching students due to implementation of a new EHR system, etc.), the PA Program will re-assign the student using the following guidelines:

1. Re-placement within the previously defined clinical area, but possibly necessitating a longer drive or distance to the clinical site (> 60-mile radius).
2. Pulling the student from his/her defined area of clinical placement and placing the student elsewhere within the state of Maryland 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 (A3.03)[[17]](#endnote-17)

UMES 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, UMES must rely on multiple health systems and independent clinical sites for its SCPEs. Because of this unique set up, the program has been fortunate to create a specific location and/or PODS based on the number of resources it can provide. This means that the majority of core rotations would be conducted with the same clinical site. The number of PODS varies per year and PODS are not necessarily available every year.

*\*The program reserves the right to place students in SCPE's outside of the generalized 60-mile radius if necessary. The program also may find it necessary to reassign a student to a new POD or SCPE location altogether during the course of the clinical year.*

1. Every attempt will be made to ensure that all of the mandatory core rotations will be completed within the State of Maryland and surrounding areas (Delmarva Area). Exceptions will be made on a case-by-case basis and will be sought only after all resources stated above have been exhausted and only with health systems which already have an existing Affiliation Agreement with UMES.
   1. 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 any and 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.
   2. Students are prohibited from taking part in a clinical experience in which a family member would or may serve as a preceptor.
   3. Students are prohibited from rotating in a clinical site where they maintain employment or have signed a contract for future employment.
   4. **Students are prohibited from soliciting clinical sites or preceptors.**

Core Rotations {B3.07}**[[18]](#endnote-18)**

When a student commits to the 28-month program (including the 12 months of SCPEs) 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. {B3.07}[[19]](#endnote-19)

Match Process for SCPE Assignments

The match process is an exciting rite of passage for PA graduate students that is a culmination of hard work, dedication, and matriculating from the didactic to the clinical year. This process will align students with an experiential encounter in which they will train for the majority of the clinical year, if possible. Utilizing the online wishlist/survey tool forms, the program will do its best to match students with their top preferences.

* The program makes all decisions with regard to rotation assignments, content and sequencing. The PA Program reserves the right to modify the above referenced clinical rotation assignments in accordance with accreditation standards, preceptor availability, clinical site resources and program need.
* Students are permitted to identify a potential preceptor outside of the established PA Program network. Students are asked to provide contact information for the potential preceptor. The Clinical Coordinator and/or the Program Management Specialist will contact the site to inquire about the interest and appropriateness of the site. Once the site is vetted via phone, a site visit will be made by a member of the clinical team to determine if the site meets the expectations for servicing as acceptable clinical experiences.
* The Clinical Team and PMS will coordinate site contact, vetting of site and preceptor(s), associated documentation and onboarding.
* Students are not allowed to have a relative serve as a preceptor for himself or herself. The provider (relative) may serve as a preceptor to a classmate.
* Students are not allowed to have clinical rotations with a current employer. If a student has a signed contract to work with a particular office or preceptor after graduation, the student may not use that provider as a preceptor during the clinical year. This includes the elective rotation.

Elective Rotations {B3.02}**[[20]](#endnote-20)**

1. The Elective rotation SCPE is designed to provide the student with an opportunity to gain additional clinical knowledge and skills in a subspecialty during the clinical year and this is a **MANDATORY ROTATION.** This elective rotation will preferably be assigned during one of your last three rotations.
2. Students are asked to submit two elective options via the wish list/survey. The survey will be issued no later than during the second rotation of the clinical year. The survey will be due prior to starting the third rotation.
3. Students may not change their request after the wish list/survey is submitted. The only exception will be when both the first and second choices requested are not available.
4. 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.
5. 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 academic advisor, Clinical Education Director, and/or Clinical Coordinator to discuss the elective rotation selection prior to the final decision. The list of potential elective sites will be posted in Exxat prior to the issuance of the wish list/survey.
6. 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.
7. Students who fail a core SCPE will have to remediate the failed rotation during the period after the last rotation, which will delay their graduation. **Students cannot substitute a failed rotation for an elective. All students are required to complete ALL seven core rotations and one elective rotation.**

Solicitation of Clinical Sites\*

All rotations are scheduled by the Clinical Education Director or their representative. 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 Clinical Education Director. \*Students, by ARC-PA standard, cannot 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 Education Director with the contact information of the clinical site and the preceptor 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[[21]](#endnote-21): Students must not be required to provide or solicit clinical sites or preceptors. The Program must coordinate Clinical Sites and preceptors for program required rotations.)*

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 {B4.01}[[22]](#endnote-22).These callback days include End of Rotation Examinations as well as 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 Clinical Education Director, a referral will be made to the Progress and Promotion Committee for possible disciplinary action and the student will lose all percentage points for Callback of that rotation. **All travel and housing expenses for these seminars are the responsibility of the student.** **Also, students will need to have a current parking pass to park on campus.** You will be ticketed by campus police!

\*\***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 schedule some time daily (even if it is only 10 minutes) to rest, relax and refresh by whatever means the student deems helpful.

All students enrolled in the UMES Physician Assistant Program obligate themselves to these rules and regulations of the University, UMES Graduate School, the UMES PA 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 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 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 ahead 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, the excess cost of gasoline or transportation issues, etc. If the extensive commute interferes with a student’s ability to successfully complete the requirements of the rotation, they will fail the rotation and have to repeat it at a later time. This could delay graduation.

CDC Recommendations for Health Maintenance and Screening (A3.07)[[23]](#endnote-23)

The UMES PA Program policies and procedures regarding student health requirements follow current Centers for Disease Control and Prevention (CDC) recommendations for health professionals (HCPs) (or healthcare workers – HCWs) and state specific mandates for Maryland. These apply to and are required of all students, are subject to change at any time, and students are expected to comply accordingly. Should a change occur, students will be notified, at minimum, electronically.

While the program does not offer elective international curricular components, students who may have a need to travel internationally, such as due to immediate family illness or emergency outside of the U.S., students must consult with the Clinical Education Director for direction of appropriate next steps. This includes health, safety, maintenance of CDC standards, and referral to other program policies and procedure as necessary (e.g., leave of absence, etc.).

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Description automatically generated

Students are encouraged to download the free “CDC Vaccine Schedules” smartphone application to receive alert updates.

Health Insurance and Immunization Requirements {A3.07}**[[24]](#endnote-24)**

Students are required to maintain personal health insurance during enrollment in UMES Physician Assistant Program. Proof of insurance coverage must be provided prior to orientation. Students are responsible for all personal health care costs incurred while enrolled in the PA Program. These costs may include but are not limited to: immunizations, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program mandated training activities. Due to the potential for exposure to infectious materials, insurance should cover screenings, diagnostics, treatments, and short- and long-term disability compensation that may result from any potential exposure. All screening, treatment, or disability maintenance costs that insurance does not cover will be the sole responsibility of the student. All covered, uncovered, or related costs are the exclusive responsibility of the student and **not** the responsibility of the University of Maryland Eastern Shore.

Prior to starting clinical education experiences, students must be up to date on health screenings and update their immunizations to include PPD test (and/or chest x-ray 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 into Exxat.** **Students who fail to submit these documents will not be permitted to participate in their SCPE’s until all requirements are met.** If a student refuses to receive the COVID vaccine they will be required to sign a waiver that explains that failure to receive the COVID vaccine will delay their graduation due to the inability of the student to complete their clinical rotations. All students must be up to date before the start of clinical rotations.

It is the responsibility of the student to keep all required immunizations current (including influenza)**.** 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 PPC and, upon further review, the Office of Student Conduct Affairs and possible disciplinary actions. Students must meet the program standards, physical examination, and immunization requirements **at all times** during their clinical year.

Vaccinations required include the following: *(See PA Program Handbook - Student Health and Immunization requirements for details.)*

* COVID-19 vaccine– recommended to receive each Fall w/influenza- Sept/Oct
* Chickenpox vaccine (varicella)
* Flu vaccine (influenza) – recommended to receive each Fall - Sept/Oct
* Hepatitis B vaccine
* Meningococcal vaccine
* MMR vaccine (measles, mumps, and rubella)
* Tdap (tetanus, diphtheria, and whooping cough)

*Note: CDC* [*Recommended Immunization Schedule*](https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf) *(CDC revised 6/27/2024)*

CDC Updates (A3.07)[[25]](#endnote-25)

As of June 27, 2024 –Updated [2024-2025 COVID-19 and Flu Vaccination](https://www.cdc.gov/media/releases/2024/s-t0627-vaccine-recommendations.html) Recommendations:

**COVID**-**19**: “CDC recommends **everyone** ages 6 months and older receive an updated 2024-2025 COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 this fall and winter whether or not they have ever previously been vaccinated with a COVID-19 vaccine. Updated COVID-19 vaccines will be available from Moderna, Novavax, and Pfizer later this year.”

*For additional information on prevention and testing, see* [*Healthcare Workers: Information on COVID-19*](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html) *on the CDC website.*

**Influenza**: “CDC recommends everyone 6 months of age and older, with rare exceptions, receive an updated 2024-2025 flu vaccine to reduce the risk of influenza and its potentially serious complications this fall and winter.”

As of May 14, 2024, CDC Recommendations for [up-to-date status for COVID-19 vaccination](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html):

**People aged 12 years and older who are unvaccinated should get either:**

* 1 updated Pfizer-BioNTech or updated Moderna COVID-19 vaccination OR
* 2 doses of updated Novavax COVID-19 vaccine.

**People aged 12 years and older who are got previous COVID-19 vaccine(s)**

Pfizer or Moderna before Sept 12, 2023, or Novavax before Oct 3, 2023, should get:

* 1 updated Pfizer-BioNTech, Moderna, or Novavax COVID-19 vaccine.

Johnson & Johnson/Janssen COVID-19 vaccination previously:

* 1 updated COVID-19 vaccine (Pfizer, Moderna, or Novavax)

Background Checks/ Drug and Alcohol Testing {A3.07}**[[26]](#endnote-26)**

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

Once admitted into the PA Program you will be given paperwork that instructs the student on what requirements are mandated prior to the first day of class. This includes a favorable background check and drug screen **without 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 Office of Institutional Equity and Compliance, for review. A student may be denied enrollment or continued progression depending on the circumstances regarding the offense. Failure to submit to a background check will result in dismissal from the program.

Drug Screenings

As a prerequisite to participating in patient care, UMES PA students may be required to undergo one or more random drug screenings. Such randomized testing is necessary in order to adhere to the requirements of our clinical affiliates. When required by clinical facilities, students must complete drug screening prior to the onset of the given clinical experience. **Students are financially responsible for services related to urine drug screening.** Depending on the specific clinical site requirements, this may need to be repeated annually or more frequently.

Drug screening results that limit the program’s ability to secure clinical experiences may prevent a student from being promoted within the program or recommended for graduation. By accepting admission into the UMES PA Program, students agree to submit to a drug screening, and also agree to pay expenses associated with these requirements.

Acceptance into and successful completion of the UMES PA Program does not imply or guarantee that the student will be able to obtain state licensure upon graduation.

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 Office of the Vice President for Academic Affairs for possible disciplinary proceedings.

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 any state. Information on state licensure requirements can be found on the website for the American Academy of Physician Assistants at <https://www.aapa.org/advocacy-central/state-advocacy/state-laws-and-regulations/>.

**STUDENT ACKNOWLEDGEMENT:** 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.

Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS)

All students must become certified in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) during the end of the didactic phase of their Physician Assistant program. This training must be completed prior to starting clinical rotations; students must submit copies of BLS, ACLS and PALS certification cards to Exxat. Students who fail to submit these documents will not be permitted to participate in clinical training until it the training and certification are successfully completed.

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) with regard to patient records and research subject data.

* Students will take a formal HIPAA review during the Applied Ethics and Law course during the Spring semester and a certification during the Second Winter semester during the Rotation (SCPE) Preparation course, just prior to your SCPE year.
* 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.

**UMES 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.
* Personal health information (PHI) should not be transmitted via unsecure sources including but not limited to email, text messaging, group me, WhatsApp, social media, discussion boards, etc.
* PHI may not be accessed for personal use including writing SOAP notes, oral case presentations, capstone research, etc. 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.

UMES Physician Assistant Program HIPAA Security Reminder

UMES faculty, staff and students who access electronic PHI are reminded that they are responsible for maintaining the security of their personal account and of their workstation. Violations of UMES PA Program policies regarding the security of PHI are punishable by disciplinary steps up to and including termination from the program.

HIPAA Certified or Labeled computers hold access to electronic PHI, such as medical records/health information and are designated for use only for charting or review of PHI. Only “pre-approved” software is to be installed on HIPAA computers in coordination with your department’s information tech representative. If a student does not have a technical representative, he/she should call the Help Desk for guidance regarding which HIPAA technician is assigned to assist your department. In order for the UMES PA Program to comply with federal HIPAA regulations, remember:

* To maintain the security of your account:
* All users must change their password at least 3 times per year.
* Use a strong password that includes a mix of letters, both upper and lowercase, numbers and special characters.
* Never write down your password unless it is to be kept in a securely locked area for disaster recovery/emergency purposes.
* Do not give your password to anyone else or let someone work under your account/password—each account can be tracked and the designated user will be held responsible for privacy violations.
* Report to your supervisor any problems with an account, such as an account that has been locked out for multiple incorrect logon attempts without your knowledge.
* To maintain the security of your workstation:
* Always lock your workstation when you are away from it.
* Log out of the application and/or computer after completing PHI work.
* UMES policy prohibits storing PHI on removable media, such as floppy disks or CDs, or on your computer’s hard drive, such as the “My Documents” folder. PHI may only be stored within the appropriate primary system (SAP, Pyramed, etc.) or in the HIPAA protected network.
* Ensure that only pre-approved software is installed on the workstation.
* Report to your supervisor any new or suspicious software installed without your knowledge.

### Hazard Prevention and Exposure (A3.08)[[27]](#endnote-27)

Prevention and management of hazardous exposure for students is addressed in the next several sections. Please review this information carefully.

Occupational Safety and Health Administration (OSHA) Precautions {A3.08}[[28]](#endnote-28)

Working in a clinical setting can expose the student to a wide variety of health risks, including exposure to hazards, such as 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. Safety of the student, patients, and other healthcare providers is critical to the health and well-being of all. Health care practitioners can reasonably anticipate that they will come in contact with blood and/or other potentially infectious materials. ***Therefore, all students will complete OSHA training***prior to the clinical mentorship and clinical rotation 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 mentorship and clinical rotations. The program provides this training and obtained certificates must be uploaded to Exxat by the student. Some institutions will require that a student complete HIPAA and OSHA training 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 or declination from the site as well as a referral to the PPC for any further disciplinary proceedings.

For more information about exposure to hazards and infection control, see Appendix X - *Infection Control, Safety and Personal Security policy*. [insert appendix from PA Program handbook OR we can make reference to locate it there]

Needle Stick/Bodily Fluids Exposures {A3.08}**[[29]](#endnote-29)**

The Physician Assistant Program recognizes that as students begin to interact with patients as part of their clinical training, they will encounter the risk of exposure to infectious diseases. Recognizing that there is no way to totally eliminate this risk and continue to provide a meaningful and quality medical education, the UMES 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 comprised 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 what to do in the event of an accidental exposure.

Before a clinical rotation begins- **Most hospitals and/or healthcare systems have set protocols and a contact person for accidental exposure cases.** Students are responsible for making themselves aware of both the protocol and contact person **BEFORE** the rotation begins. **Many students will receive this information during a hospital or rotation orientation. However, if a site does not provide such information to students in advance, 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 UMES students are required to carry health insurance for the duration of the program.
* Should the clinical site not provide you with treatment, students should go to the closest Urgent Care 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.
* Following an exposure, once the student has followed the clinical site’s protocol the affected student must contact the Clinical Education Director within 24 hours. The student must also complete the STUDENT EXPOSURE FORM (Appendix C) and follow the directions at the top of the form. Please complete the form as accurately and completely as possible. Subsequently, a UMES Accidental Personal Injury Report must be completed by the CED, and is filed in the PA office for tracking, with a copy sent to UMES Office of Institutional Equity and Compliance.

For more information about exposure to hazards and infection control, see Appendix X - *Infection Control, Safety and Personal Security policy*. [insert appendix from PA Program handbook OR we can make reference to locate it there]

Latex Allergy {A3.08}**[[30]](#endnote-30)**

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 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 or not 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 Security and Safety {A1.02g}**[[31]](#endnote-31)**

Student safety and security is of utmost importance while on clinical rotations. The 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 Clinical Education Director, Clinical Coordinator, or Program Management Specialist immediately by email or telephone. This includes any form of harassment or bullying behaviors. The program investigates all concerns or allegations promptly.

Students should exercise good judgement while on clinical rotations regarding their safety. Please practice the following common-sense measures while at all rotation 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 students still perceive 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 Education Director, Clinical Coordinator, or Program Management Specialist immediately.

**Security and personal safety for instructional faculty across educational locations is supported.** Faculty are also encouraged to practice the above precautions, as outlined for students. Classrooms, labs, office suites, and storage rooms are locked when not in use, with only designated personnel given keys to access these locations. Security patrols the campus and stationed security according to academic and University schedules and according to use areas. Faculty are provided with contact numbers for the UMES program and for on-campus security. Additionally, they are encouraged to contact 911 should an emergency issue arise. Security and safety are ensured with clinical rotation sites. Faculty visiting or present on a clinical site are required to be informed of the site-specific security supports, hours of operation, who has access to rooms to be used, and onsite contacts for immediate concern. Faculty are also required to contact the Clinical Team, with priority of the CED as first measure, if there is any security or personal safety concern. The CED and/or Clinical Team will review the concern and make reasonable decisions to ensure and maintain the person’s security and safety.

For more information about exposure to hazards and infection control, see Appendix X - *Infection Control, Safety and Personal Security policy*. [insert appendix from PA Program handbook OR we can make reference to locate it there]

Faculty Advisors

During the clinical year, students will be assigned to their advisor. Students may contact their advisor at any point throughout the clinical year if they have questions or concerns. Students have the opportunity to 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 a site visit at your clinical setting twice during the clinical year.** The student will be contacted by the Clinical Education Director or Clinical Coordinator at least one week in advance to arrange your meeting. If you know that a clinical site 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.

Communication

In all electronic correspondence with UMES faculty and staff, preceptors, clinical sites, classmates, etc., students will be expected to be professional and polite.

**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 on a daily basis (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 UMES email will not be accepted or used for any communication.** Students are expected to keep their UMES 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 during business hours. Students are expected to respond within 24-48 hours as well. The program will also use the Canvas 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.

Student Employment Policy {A3.04}[[32]](#endnote-32); {A3.05}[[33]](#endnote-33) {A3.15e}[[34]](#endnote-34)

Employment is **strongly discouraged**. The Physician Assistant curriculum has been designed to be a full-time activity for students. It consists of a very demanding course load with a great deal of time spent in class and in clinical experiences. There are also many special seminars, films and guest lecturers that may be available to students on relatively short notice. We encourage you to seek outside sources of financial support (scholarships, loans, etc.) so that you may devote as much time as possible to your professional education. **In addition, students are in the program to learn and thus do not work for the program nor will be required to as a student. (**A3.04)[[35]](#endnote-35)

Use of Students - Clinical Sites and PA Program {A3.05}[[36]](#endnote-36) {A3.15e}[[37]](#endnote-37)

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.

**Furthermore, students cannot function as faculty or staff in the PA program, just as they are not to substitute or fulfill a clinical or administrative role on a clinical site.** A student may contribute to learning environments from their perspective and prior experiences, but not from an instructional standpoint. For example, a student who formerly worked as a PT aide and notes their experience performing a certain rehabilitative maneuver for a patient during a related physical exam course.

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** 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 EXXAT 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 CED, and then, if found to be necessary after further review, to the PPC for disciplinary measures.

Clinical Setting {A3.01}[[38]](#endnote-38)

**Identification in the Clinical Setting {A3.06}[[39]](#endnote-39)**

**Proper identification must be clearly displayed identifying that the student is a UMES Physician Assistant Student. UMES PA Student ID badges must be worn at all times, as it distinguishes students in the clinical setting from other health profession students and practitioners.** The Professional ID badge must be worn so that it is easily readable by patients and hospital/clinic personnel. ID badges must not be obscured or altered in any manner except as determined by clinical necessity, (e.g. special stickers for newborn nursery access). Names should be embroidered on the left-hand side above the left breast pocket. Embroidery should be in black, and names should be in block lettering. White coats must be worn as a part of each clinical rotation, unless otherwise instructed by the preceptor onsite. **This is another form of PA student identification, noting your name, your program phase (e.g., PA-SII), and further identifying your associated program via the upper arm sleeve emblem.** These will be issued to students prior to the clinical year.

**White Coats**

Student-style white coats are required for clinical settings and during certain laboratory sessions, simulation exercises, competency evaluations and any other times as designated by the Course Director; they must be clean and neat. They will possess the UMES Physician Assistant Student patch. Exceptions to this rule are at the discretion of the clinical preceptor and must be approved by the Clinical Education Director. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

**Patches**

Each student will be provided with two University of Maryland Eastern Shore school patches for placement on white lab coats. The patch should be placed 3 inches down from the left shoulder seam of the white coat and centered from left to right.

**Scrubs**

In general, scrubs should not be worn outside of the hospital or clinic. Scrubs are expected to be clean when worn in a public area and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual clinical sites.

**Shoes**

Footwear must be clean, in good condition, and appropriate. **For safety reasons, open-toed shoes and sandals are not allowed in patient care areas or designated laboratory components of didactic courses.**

**Style**

No sweatshirts or shirts with messages, lettering or logos (except UMES). No shorts, cut-offs, etc. *Jeans are not to be worn even if it is clinical site policy to allow providers to wear jeans!* A tie is recommended for men, unless described as optional in specific policy for that clinical setting.

**Fragrance**

No wearing of colognes, perfumes or scented lotions in clinical settings as patients may be sensitive to fragrances.

**Hands**

Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Artificial nails and decorative nail designs are prohibited. Some clinics/hospital settings do not permit any colored polish.

**Hygiene**

Daily hygiene must include personal cleanliness, including use of deodorant. Clothing should be clean, pressed, and in good condition, including the white coat.

**Hair**

Mustaches, hair longer than chin length, and beards must be clean and well-trimmed. Students with long hair who participate in patient care should wear hair tied back to avoid interfering with performance of procedures or having hair come into contact with patients.

**Jewelry**

Jewelry should not be functionally restrictive or excessive. Students should avoid wearing long or dangling earrings for their own and for patient safety. There should be no visible jewelry in body piercings with the exception of earrings. In the case of religious requirement, certain piercings may be acceptable. Please consult the Program Director or the Program Director’s designee if you have a religious requirement for piercings. No other facial jewelry (e.g., tongue, eyebrow piercings, etc.) is allowed.

**Tattoos**

Tattoos shall be appropriately covered when possible.

In case of conflict, contact the CED.

* Failure to comply with this clinical attire requirements will result in an Unprofessional Conduct Citation. Further infractions will result in a referral to the PPC for possible disciplinary action.

Back to Campus Attire

When clinical year students return to campus for callback week, they should wear “business casual” dress as defined below: Please follow the UMES PA Program Dress Code Policy which can found in Appendix D in the UMES Physician Assistant Program Handbook.

Attendance and Promptness

Regular clinical rotation and callback attendance *is 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 evenings 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).*** In addition, 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 on the time log. Promptness is another professional trait the healthcare practitioner must display. Students are expected to arrive on site on time, preferably 5-10 minutes early. Repeated tardiness is considered unprofessional conduct and may be reflected in your professionalism score on your preceptor evaluation of the student.

Repeated tardiness, shortening of assigned clinic day or non-attendance will result in failure of the rotation and referral to the CED, and then, upon further review if found to be necessary, to the PPC for possible additional disciplinary action.

Absence

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 reflection of unprofessional conduct and may result in failure of the rotation.

All students must notify the Clinical Education Director, Clinical Coordinator, or Program Management Specialist via email ***and*** the preceptor before the absence at a clinical site.

Failure to notify the appropriate individuals in a timely manner may result in an Professional Behavior Citation and/or referral to the Progress and Promotion Committee. Students must complete a **Request for Time Off** **Form** for **any and all** time away from clinical rotations. The Clinical Education Director approves or denies these requests at his/her discretion.

The student is required to provide a medical note to the Program (Clinical Education Director or Clinical Coordinator) from the medical provider (who **must not** be a family member or friend) who examined and treated the student in an office/clinic/hospital setting for **absences due to illness of more than two days** **in length or more than 3 absences in a rotation.** This needs to be completed on the first day of return to a clinical rotation.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 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 at another location or during the callback week when not on campus.**

Students may ask to be excused for religious holidays; however, the Clinical Education Director must approve these dates prior to the start of the **first clinical rotation**.

Each student is given three (3) 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 one (1) week prior to the desired day off.** Students must submit a **Request for Time Off** **Form** and upload this form to Exxat and notify the CED and the advisor.

Excused leave for bereavement is limited to 3 days total and first-degree family members. In the case that the student’s situation does not fall within the requirements, the Clinical Education Director has the ability to authorize the leave after discussing the matter with the student. The student must complete the **Request for Time Off Form** and submit it to the Clinical Education Director as well as inform the preceptor. Time off will be required to be made up during callback week or on weekends during the rotation if possible.

Inclement Weather

The UMES policy on inclement weather *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 Education Director by telephone or email as soon as possible.

If weather conditions during Callback days are uncertain, students should check for an email from the Clinical Education Director, Clinical Coordinator, or Program Management Specialist on the status of the callback. There may be an occasion when an individual will have issues due to road conditions. As with anything, use your best judgment before you set out to travel. If you are on call and have a distance to travel, arrange for accommodation near the clinical site prior to your on-call shift.

Leave of Absence

As a rule, short- and long-term leaves of absence are not allowed 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 a written request to the Clinical Education Director (CED) 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 CED, in conjunction with the Program Director, must approve all requested Leaves of Absence. Approved Leaves of Absence may be subject to rules and regulations which will be delineated in a contractual agreement executed by the student and the program. Please note that Physician Assistant Program students cannot simultaneously attend another Physician Assistant Program, medical school or other institution of higher education while attending UMES’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 in the next academic year. Students returning from leave granted during their clinical year are placed in clinical assignments at the discretion of the Clinical Education Director. Such students will be required to extend their clinical year and/or their graduation until all outstanding requirements are met including clinical rotations, testing, and presentations.

Counseling, Health and Wellness {A3.10}[[40]](#endnote-40)

The Clinical Year is an intensive and rigorous program 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 such as the Student Health Services on campus. The Charles R. Drew Health Center is located on the campus of the University of Maryland Eastern Shore. The link is: <https://wwwcp.umes.edu/studenthealth/contact-us/>.

In addition, the university offers a counseling service on its campus. Services available include individual counseling, crisis assistance and support groups. All services are confidential. The link is <https://wwwcp.umes.edu/counselingservices/>

Faculty advisors meet with student advisees each semester. This creates a routine opportunity for faculty to check-in with students and provide referral to student services that also correspond to timely access. Should other students’ needs arise outside of advising time, such as relating to performance concerns, students are asked to meet and supporting their success by way of addressing areas of need, are explored. This further supports timely access and referral to student services, on and off campus. We encourage students to inform their faculty advisors in the event they experience problems or stresses that may affect their academic obligations. Students **must** inform their faculty advisors if they are unable to maintain patient care responsibilities. The faculty advisor will work with the student to arrive at a solution that is most advantageous to the student.

Program faculty cannot provide health care services or treatment to students. A faculty member is allowed to provide resource recommendations or referral of a student for necessary health, wellness, or medical support, but is not allowed to personally provide treatment for the student. *{A3.09}[[41]](#endnote-41)*

Racism, Discrimination, and Diversity

PA Program Diversity, Equity, and Inclusion (DEI) Initiatives {A1.11}[[42]](#endnote-42)

1. Identify, attract, and retain a diverse student body, faculty, and staff including members of underrepresented minorities (URM) consistent with applicable law.
2. Recruit students from groups underrepresented in medicine consistent with applicable law.
3. Foster an environment where all students want to learn, faculty wants to stay, and staff feels valued by providing an educational environment that promotes diverse perspectives, mutual respect, and inclusiveness for all.
4. Promote cultural humility and responsiveness in the didactic educational experience, service, and scholarship.
5. Prepare students to care for all patients, including those from vulnerable and underserved communities.

Refer to the PA Program website, [Diversity, Equity, and Inclusion | Physician Assistant Department (umes.edu)](https://wwwcp.umes.edu/pa/diversity-equity-and-inclusion/) for more information.

The Program Director, Assistant Program Director, Medical Director, Principal Faculty, and Staff review and will revise the mission, vision, goals, and DEI Initiatives as deemed necessary in January at the PA Department retreat. Following the retreat, the Program Executive Committee will approve or deny the changes made at the retreat. {A2.05a}[[43]](#endnote-43)

Drug and Alcohol Policy

The University actively supports applicable county, state and federal laws pertaining to the illegal use of alcohol and drugs. Violations of the University’s Student Code of Conduct‐which involve the unlawful possession, use or distribution of drugs or alcohol, or alcohol abuse by students‐will result in disciplinary action up to and including expulsion from the University. Such disciplinary action does not preclude civil and/or criminal prosecution under county, state or federal laws.

Alcohol

The University of Maryland Eastern Shore’s policy regarding alcohol is consistent with the laws of the State of Maryland. The consumption, distribution, or service of alcoholic beverages must be in compliance with the Maryland liquor and crime codes, which define the lawful consumption and service of alcohol and prescribe sanctions for violations.

The consumption, distribution, or service of alcoholic beverages must also comply with university regulations and policies.

Violations of the University alcohol policy include, but are not limited to:

* Possession, use, or distribution of alcohol by underage persons.
* Disruptive conduct due all or in part to being under the influence of alcohol.
* Providing alcohol to underage persons or providing a space for the consumption of alcohol by underage persons.
* Possession of an open alcohol container in a public area regardless of the individual’s age.
* Possession or use of bulk containers on campus including, but not limited to, kegs, beer balls, or any other object that would promote binge drinking.

Drugs/Drug Paraphernalia

The term “drugs” broadly includes, without limitation, any stimulant, intoxicant (other than alcohol), nervous system depressant, or other chemical substance, compound or combination when used to induce an altered state, including any otherwise lawfully available product used for any purpose other than its intended use (for example, prescription or drugs or household product misuses).

The term “drug paraphernalia” includes any definition found in state and/or federal law, but broadly includes any material, product, instrument or item used to create, manufacture, distribute, use or otherwise manipulate any drug and includes, but is not limited to, hypodermic needles, syringes, baggies and/or rolling papers (when used for the purpose of drug use), strainers, grinders, scales, any devices used to ingest drugs including bongs or pipes.

The University of Maryland Eastern Shore is unequivocally opposed to the misuse of lawful drugs and the possession and use of unlawful drugs. Pursuant to the requirements of the Drug‐Free School and Community Act Amendments of 1989 (PL 101‐226), UMES has adopted and implemented drug and alcohol policies and programs designed to prevent drug and alcohol problems within the university setting. The policies and programs are designed to identify problems at the earliest stage, motivate the affected individuals to seek help, and to direct the individual toward the best assistance available.

The University of Maryland Eastern Shore Student Code of Conduct expressly prohibits the manufacture, distribution, sale, offer for sale, or possession of drugs or narcotics. The Student Code of Conduct also prohibits the possession and/or use of marijuana, and the unauthorized use of alcohol. Students found to be in violation of this standard will be subject to the full range of sanctions available under the Student Code of Conduct, including potential suspension or expulsion from the University. Being under the influence of drugs and/or alcohol does not diminish or excuse the violation of the Student Code of Conduct. A student admitted to the University of Maryland Eastern Shore accepts the responsibility to conform to all of the University rules and regulations. Proven failure to meet this obligation will justify appropriate disciplinary sanctions, including expulsion, suspension, disciplinary probation or reprimand. A disciplinary sanction may include the completion of an appropriate rehabilitation program. Students and employees are guaranteed due process.

Drinking alcohol or use of illegal drugs is strictly prohibited while at your clinical site which also includes reports of smelling of alcohol. If a student is found to be in violation of this policy they will be referred to the Clinical Education Director, and then, upon further review, if found to be necessary, will be presented to the Progress and Promotion Committee for further evaluation and possible disciplinary actions which may include dismissal from the PA Program.

Physician Assistant Program’s Standards of Professional Conduct

The University of Maryland Eastern Shore and the Physician Assistant Program expect each student to exhibit integrity, honesty, professionalism and good moral character. The program expects all students to comport themselves in a professional manner at all times, both inside and outside of the program. As representatives of the University of Maryland Eastern Shore 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.
* Displaying anger toward any individual in the classroom or professional setting.
* Being disrespectful, curt or condescending to Physician Assistant Program faculty, staff, students, preceptors, mentors, patients and any other individual.
* Addressing superiors, patients or patients’ relatives by their first name, unless instructed to do so. It is proper to always confer respect by use of surname and title (i.e., Dr. Smith, Mr. Jones, Ms. Thomas). When referring to superiors, patients or patients’ relatives to a third party, surname and title must always be used.
* 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.
* Use of cell phones in classes, laboratory sessions and mentoring 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.

Students found to violate these guidelines may be issued a Citation for Professional Behavior. When issued a Citation for Professional Behavior, each student will be given an opportunity to defend his/her position regarding the matter. The CED 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 PPC, and, if upon further review, to the Student Affairs Committee.

Complaints and Grievances/The Rights of Students {A3.15g}[[44]](#endnote-44)

The student found to be in violation of the professionalism policy, or other matters unrelated to grades or dismissal from the program, may appeal the decision of the Progress and Promotion Committee to the Program Director in writing including a date and signature (if e-mail must be from the student's UMES email account) within five (5) business days of the program's decision. All grievances must be based upon the following:

1. A substantial mistake of fact occurred

2. A fundamental misinterpretation of official policies is evident

3. A significant procedural error took place.

The Program Director, the Dean of the School of Graduate Studies, appropriate personnel, and/or University Committee(s) will review the appeal or grievance. When applicable, the Program Director will refer the grievance or appeal to the Dean of the School of Graduate Studies for review. If the situation is not resolved, the student can appeal to the next in the organizational chain of command if the committee is not available; and finally, the Provost/Vice President (VP) of Academic Affairs outlined below. The Program Director may appoint the Assistant Program Director to rule on the appeal if he/she is unavailable.

**Initial requests sent to anyone other than the Program Director will not be considered. Non-written complaints or written complaints received after the deadline will not be accepted under any circumstance. Students who enter a plea of “guilty” will forfeit their right to appeal the decision.**

A student seeking a professionalism appeal will proceed in the stated order in the following table:

|  |  |
| --- | --- |
| **Appeal Step** | **Maximum number of business days in each step of the appeals process** |
| Student submits appeal to the Program Director and Department Chair | 5 |
| Program Director and Department Chair or Assistant Program Director rules on the appeal (First appeal level) | 5 |
| Student submits appeal to the Dean of the School of Graduate Studies | 3 |
| Dean of the School of Graduate Studies Rules on the Appeal (Second appeal level) | 5 |
| Student submits appeal to the Provost/VP for Academic Affairs | 3 |
| Provost/VP for Academic Affairs Rules on the Appeal (Final appeal level) | 5 |
| Students will be invited to attend a meeting to present their case and respond to any questions the committee or Dean may have. As this meeting is a purely academic proceeding, no legal counsel will be allowed to attend or participate. The student may, however, request participation by other students or non-program faculty with approval of the Program Director. Proceedings may not be recorded in any manner (audio, video, digital, etc.)  All parties involved in the appeals process may respond/rule as soon as the ruling/request is received.  If the person responsible for receiving the appeal is not available, another faculty member or administrator may be designated by that person or by the Program Director to function in his/her stead.  The Program Director or Assistant Program Director collaborates with the faculty/Preceptor involved in determining the ruling.  The student, Program Director, and Dean of the SPHP will be informed of the Dean’s ruling.  If program/university cannot make decisions within the five (5) business days due to extenuating circumstances (including but not limited to illness, seeking legal counsel, or request for additional information), such delay will be documented in an e-mail that will be sent to the student and the time extended accordingly. In such cases, all reasonable efforts will be made to expedite the process to reach a final decision. | |

# Section 4 ~ Student Assessment, Evaluation, and Grading {A3.15[[45]](#endnote-45), B4.01}[[46]](#endnote-46)

Academic Standards (A3.15a)[[47]](#endnote-47)

**Throughout the program, students must maintain an overall GPA of 3.0 to remain in good academic standing in the PA Program. Refer to the *PA Program Handbook* for the academic standards across the didactic and clinical year.**

Program Grading Policy

This unique system of evaluation, the PA Program will review the overall clinical performance of each student. A preceptor evaluation that falls below the benchmark of “3” for a rotation will result in remediation and/or failure.

Preceptor Evaluation Scoring for the Rubric

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5 –100%** | **4 – 90%** | **3 – 80%** | **2 – 70%** | **1 – 60%** | **0 – N/A** |
| **Expert:**  Excellent and consistent application of knowledge with superb skills | **Proficient:**  Great baseline knowledge and advanced skills; exceeds expectations | **Competent:**  Adequate knowledge and skills; meets expectations and improving | **Advanced Beginner:**  Needs additional knowledge and/or skills to meet expectations; improving | **Novice:**  Newly learned basics, fundamental knowledge, and specific rules of action | **N/A:**  Unable to evaluate/Not observed |

Rotation grades are given per semester within the Clinical Education Course Series PHAS 690, 691 and 692. Students must achieve a total score of 75% or higher to pass each rotation 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 a grade of “F” and will have to repeat the rotation at the end of the Clinical Year. This may delay graduation. Once the rotation(s)/program requirements have been successfully completed, the grade will be updated. This information will be presented to the PPC for appropriate action. Evaluation and grading during the clinical phase will be based on the following criteria:

End of Rotation Examinations

Students are required to complete an online [PAEA EOR](https://paeaonline.org/assessment/end-of-rotation/content) exam at the conclusion of each rotation. This occurs for all seven (7) of the core area SCPEs. Students are tested in accordance with the PAEA EOR [Content](https://paeaonline.org/assessment/end-of-rotation/content) (blueprint & topic lists), [Core Task Areas and Objectives](https://paeaonline.org/assessment/core-tasks-and-objectives). [see Appendix D] *See Tables below for grading details, minimum passing requirements, and bell curve with student performance example.*

Website: [www.paeaonline.org](http://www.paeaonline.org)

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Requirements for End of Rotation (EOR) Exams** | | | |
| **Student Score Range based on National Mean (NM) Performance** | **Lower Range** | **Upper Range** | **Outcome** |
| ≥ +1.5 SD NM | 95% | > 95% | PASS |
| +1 to < +1.5 SD above NM | 90% | 94.99% | PASS |
| NM to < +1 SD | 85% | 89.99% | PASS |
| -1 SD to < NM | 80% | 84.99% | PASS |
| **-1.5 to < -1 SD below NM** | **75%** | 79.99% | **MIN. PASS ≥ 75%** |
| **More than -1.5 SD < NM** | **0%** | **74.99%** | **Fail**; remediation & x1 reattempt |

A diagram of a performance measurement

Description automatically generated with medium confidence

Grading Components of PHAS 690, PHAS 691 AND PHAS 692

Clinical rotation grades will be passed on the following components:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Evaluation Tools** | **# of Items** | **Value per Item** | **Item Totals** | **Minimum Passing Requirements** | **Weighted % of Grade** |
| 1 | Mid-Rotation Evaluation of Student (MRES) | 1 | 25 | 25 | *Required* | 2% |
| 2 | Preceptor Evaluation of Student (PES) | 1 | 100 pts | 100 pts | ≥ 80% (Rating of “3”) | 30% |
| 3 | End of Rotation Examination (EOR/EORE) | 1 | 100 pts | 100 pts | ≥ 75%  (≥ -1.5 SDs above NM) | 30% |
| 4 | SOAP Notes | 2 | 75 pts | 150 pts | ≥ 75% | 10% |
| 5 | Oral Case Presentation | 1 | 75 pts | 75 pts | ≥ 75% | 10% |
| 6 | SCPE Logs: Encounters, Clin. Skills Passport, & Time | 3 | 50 pts | 150 pts | *Required* | 6% |
| 7 | Student Eval of the Preceptor and Site (EvPSi) | 1 | 25 | 25 | *Required* | 2% |
| 8 | RoshReview: Board Prep Q-bank | 1  (200 Qs) | 1 pt | 200 pts | ≥ 80% | 5% |
| 9 | Professional Behaviors | 5 | 10 pts | 50 pts | ≥ 80% | 5% |
| *10* | *Elective Rotation Only: Community Project\*\** | *1* | *100 pts* | *100 pts* | *≥ 75%* | *30%* |
| **Totals** | | 16 | -- | 875 pts | 657/875 pts = 75% | **100%** |

Table abbreviations: SD = standard deviation; NM = national mean; Required = must be completed, not based on quality of student performance.

**Late Assignments or Missed Exams**

Late assignments will receive **a 10% grade deduction**. **Repeat offenses related to late assignment submission will result in a grade of zero (“0”). Students who miss an exam, quiz, or assignment without prior permission will receive a grade of zero (0%).**

**COURSE ASSIGNMENTS and DUE DATES**

**Each rotation follows the Course Assignment and Due Dates Schedule:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# Weeks** | **Assignments** | **Prep Steps** | **DUE:**  **Date & Time** | **Submission** |
| Week 1 | **Onboarding Form** | Day 1 on-site (*student reviews w/ preceptor*) | Thurs 11:59pm | Exxat – by **student** |
| **SCPE Logs:** Encounters, Clin Skills Pass, & Time | Mon 12am: *Log opens* | Sun 11:59pm: *Log closes* | Exxat – by **student** |
| Week 2 | **Mid-Rotation Evaluation of the PA Student (MRES)** | *Part 1: link via email* | Wed 11:59pm | Exxat – by **student** |
| **SOAP Note #1** | *Select case* | Wed 11:59pm | Exxat – by **student** |
| **SCPE Logs:** Encounters, Clin Skills Pass, & Time | Mon 12am: *Log opens* | Sun 11:59pm: *Log closes* | Exxat – by **student** |
| Week 3 | **Mid-Rotation Evaluation of the PA Student (MRES)** | *Part 2: Link via email* | Thurs 11:59pm | Exxat – by *preceptor* |
| **SCPE Logs:** Encounters, Clin Skills Pass, & Time | Mon 12am: *Log opens* | Sun 11:59pm: *Log closes* | Exxat – by **student** |
| Week 4 | **SOAP Note #2** | *Select case* | Wed 11:59pm | Exxat – by **student** |
| **SCPE Logs:** Encounters, Clin Skills Pass, & Time | Mon 12am: *Log opens* | Sun 11:59pm: *Log closes* | Exxat – by **student** |
| Week 5 | **Preceptor Eval of the PA Student (PES)** | *Link via email* | Wed 11:59pm | Exxat – by *preceptor* |
| **Evaluation of the Preceptor & Site (EvPSi)** | *Link via email* | Wed 11:59pm | Exxat – by **student** |
| **SCPE Logs:** Encounters, Clin Skills Pass, & Time | Mon 12am: *Log opens* | Wed 11:59pm: *Log closes* | Exxat – by **student** |
| ***Callback Days 1 and 2:*** *see Course Schedule for other assignments* | -- | -- | -- |

Note: SCPE Logs for *patient encounters* and *time* *logging* opens on Mon at 12am (Weeks 1-5) and closes on Sun at 11:59pm (Weeks 1-4) and Wed at 11:59pm (Week 5).

Additional Evaluation/Student Site Visits

**Students will be visited by a member of the Clinical Education Team two times 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 (ideally) 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). However, in the event of an issue at the site, or, if the program receives a call of concern about a student, a visit will occur within 48-72 hours to address the situation. If the situation cannot wait, a phone call must be made to the Clinical Education Director immediately. It is mandatory that the student attend this site visit at the date and time scheduled by the Clinical Education Director or Program Management Specialist.

Rotation Grading and Evaluation Components

### 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 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 – Start of each SCPE

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. Students are encouraged to use this opportunity to have your preceptor make time in their schedule for reviewing the mid-evaluation and end of rotation evaluation. The Onboarding form is to be submitted via EXXAT the first week of each individual rotation, as outlined in *Course Assignments and Due Dates*.

### Mid-Rotation Evaluation of the PA Student (MRES)

The Mid-Rotation Evaluation is to be completed via Exxat, with Part 1 completed by the student Week 2, and then Part 2 to be completed by the preceptor with final submission by the **3rd Wednesday** of the rotation (see *Course Assignments and Due Dates*). The purpose of the mid-rotation evaluation 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 in need of improvement which need to be nurtured and to showcase the student’s strengths. Once submitted, the Program will review all evaluations for unsatisfactory scores or remarks. 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 students identify areas in need of improvement 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 as outlined in *Course Assignments and Due Dates*.

### Student Evaluation of the Preceptor and Site (EvPSi)

To ensure quality clinical sites and to continue to place our students with preceptors who provide great clinical experiences, it is essential that each student evaluate each site and 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. This form is made available to students through Exxat. An email will be sent to each student’s UMES email account providing notification that the survey is open and available to complete. It must be completed and submitted by Wednesday of Week 5, prior to callbacks, as outlined in *Course Assignments and Due Dates*.

It is 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 each preceptor’s FULL NAME and TITLE. This information allows the 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 EXXAT. The two (2) numbers should be the same or very, very close. Significant discrepancies will be red flagged, and the student will be contacted by the Program Management Specialist for clarification.

### Preceptor Evaluation of the PA Student (PES)

During the final week of all rotations, the student’s primary preceptor must complete The *Preceptor Evaluation of Physician Assistant Student*, which will be emailed to the preceptors via Exxat. If the preceptor does not receive the evaluation by Tuesday of Week 5, please contact the program to resolve this issue. A blank copy of the evaluation on Exxat under course materials or at the end of your handbook. If it is printed out and completed by the preceptor, please fax it to the PA Program Office. If it is completed via Exxat it will automatically be filed. Submission is as outlined in *Course Assignments and Due Dates*.

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 required that the preceptor and student formally discuss this evaluation with the student before submission.**

**PES - Student Performance Scale**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5 –100%** | **4 – 90%** | **3 – 80%** | **2 – 70%** | **1 – 60%** | **0 – N/A** |
| **Expert:**  Excellent and consistent application of knowledge with superb skills | **Proficient:**  Great baseline knowledge and advanced skills; exceeds expectations | **Competent:**  Adequate knowledge and skills; meets expectations and improving | **Advanced Beginner:**  Needs additional knowledge and/or skills to meet expectations; improving | **Novice:**  Newly learned basics, fundamental knowledge, and specific rules of action | **N/A:**  Unable to evaluate/Not observed |

**PES Student Performance Scale and Grading:** All sections of the PES evaluation are graded on a Likert scale from 0 – 5 with scoring indicated in the rubric above. Students are required to achieve a minimum passing score rating of ≥ “3” (80%) for each item. The student’s overall or “holistic” average rating score determines the assignment’s grade**.** Items that receive a rating of < “3” does not meet the minimum pass rating score and requires that the student remediate each item. A successful remediation outcome occurs when the student meets the minimum passing score of the item(s) during remediation efforts. Students are only permitted one (1) remediation per SCPE PES. Additional points are not added to the student scores. An unsuccessful remediation outcome results in failure of the SCPE rotation, requiring it to be repeated and thus, delaying graduation from the program.

**Passing the PES**

✓ Receives a scaled rating of≥ “3” (80% or above) on all items

✓ Successfully remediates any item(s) of < “3” rating (79% or below)

✓ Overall averaged performance rating is ≥ “3” (80% or above)

**Failing the PES**

🗷 Receives a scaled rating of< “3” (79% or below) on at least one (1) item

🗷 Overall averaged performance rating is < “3” (79% or below)

🗷 Unsuccessfully remediates item(s) of < “3” rating (79% or below) *AND* the overall averaged performance rating remains < “3” (79% or below)

🗷 Egregious professionalism allegation that is investigated and substantiated, in violation with program and university policy.

### SCPE LOGS

**SCPE Logs: Patient Encounters Logging**

Students are required to maintain patient logs using Exxat during the weekly logging windows. **For the purposes of logging, “patient encounters” are defined as having any interaction with a patient orparticipation in a patient’s care at any time or point of care.** **Students must log all patient encounters.** Patient encounter logging windows are open for *seven (7) days only*, which means the student must enter the patient encounter information within 7 days of seeing the patient. Otherwise, the window will close and the ability to log that day of patient encounters will be lost. Outside of an emergency or true exception, If students have to contact the program to reopen the windows to document patients, students will incur at least a one-percentage (1%) grade reduction from the overall course grade for unprofessionalism.

All patient logging must be completed by Sunday at 11:59pm each week (see *Course Assignments and Due Dates*). Logging is monitored on a weekly basis by the program. Students will NOT receive prompts to complete encounters. If encounters are not documented, students may be referred for professionalism concerns to the PPC. If a student encounters a situation in which they are unable to document their encounters in a timely manner, please contact the Clinical Team and/or PMS. The number of required log entries varies based on the rotation type, setting, and other factors.

**Students are required to log ≥ the minimum total # per SCPE, outlined in the table below:**

**Required TOTAL Patient Encounters per Rotation:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Encounter Logs** | | | **# Logs *per* week** | | | **Total # *per* SCPE** | |
| **#** | **Rotations (SCPE)** | **# Logs per day (shift)** | **3 shifts** | **4 shifts** | **5 shifts** | **Min** | **Max** |
| 1 | **Behavioral Health (BH)** | 5-10 patients | 15-30 | 20-40 | 25-50 | 75 | 250 |
| 2 | **Emergency Medicine (EM)** | 8-10 patients | 24-30 | 32-40 | 40-50 | 72 | 250 |
| 3 | **Family Medicine (FM)** | 8-10 patients | 24-30 | 32-40 | 40-50 | 72 | 250 |
| 4 | **Internal Medicine (IM)** | 2-3 patients | 6-9 | 8-12 | 10-13 | 35 | 65 |
| 5 | **Pediatrics (Peds)** | 8-10 patients | 24-30 | 32-40 | 40-50 | 72 | 250 |
| 6 | **Surgery (Surg)** | 3-10 patients | 9-30 | 12-40 | 15-50 | 45 | 250 |
| 7 | **Women’s Health (WH)** | 5-10 patients | 15-30 | 20-40 | 25-50 | 75 | 250 |
| 8 | **Elective Rotation** | 8-10 patients | 24-30 | 32-40 | 40-50 | 72 | 250 |
| **TOTALS** | | | -- | -- | -- | **518** | **1,815** |

Note: SCPE calculations based on 3-5 days (or shifts) per week and 15-25 days per 5 weeks; 36 hrs per week on rotation Weeks 1-4 and 24 hrs Week 5 = 168 hrs.

**PATIENT ENCOUNTER LOGS - Types and Settings**

|  |  |  |  |
| --- | --- | --- | --- |
| # | **Condition Types** | | **Required** |
| 1 | **Acute** (B2.08b[[48]](#endnote-48), B3.03a[[49]](#endnote-49)) | Symptoms or conditions for **<** 6 months | ✓ |
| 2 | **Chronic** (B2.08b[[50]](#endnote-50), B3.03a[[51]](#endnote-51)) | Symptoms or condition for **≥** 6 months | ✓ |
| 3 | **Preventive** (B2.08b[[52]](#endnote-52), B3.03a[[53]](#endnote-53)) | Wellness visits or for preventative treatment/care | ✓ |
| 4 | **Emergent** (B2.08b[[54]](#endnote-54), B3.03a[[55]](#endnote-55)) | Life threatening condition or likely to become life threatening | ✓ |
| 5 | **Rehabilitative** (B2.08b)[[56]](#endnote-56) | Visits for restorative treatment/care to a former or improved capacity | ✓ |
| # | **Age Groups – Across the Life Span** (B3.03b) | | **Required** |
| 1 | **Infant** | 0-1 years old | ✓ |
| 2 | **Child** | 2-12 years old | ✓ |
| 3 | **Adolescent** | 13-17 years old | ✓ |
| 4 | **Adult** | 18-64 years old | ✓ |
| 5 | **Geriatric / Elderly** | 65 years old + | ✓ |
| # | **Other Encounter Care Types** | | **Required** |
| 1 | **WH: Prenatal care** (B3.03c[[57]](#endnote-57)) | Condition(s) requiring pregnancy management with known or suspected pregnancy status. | ✓ |
| 2 | **WH: Gynecologic care** (B3.03c[[58]](#endnote-58)) | Condition(s) requiring reproductive and sexual health service management. | ✓ |
| 3 | **Surg: Pre-operative** (B3.03d[[59]](#endnote-59)) | Condition(s) requiring surgical management whereby a patient is being prepared and managed prior to surgery. | ✓ |
| 4 | **Surg: Intra-operative** (B3.03d[[60]](#endnote-60)) | Condition(s) requiring surgical management whereby a patient is undergoing surgical intervention and associated ancillary care during the operation. | ✓ |
| 5 | **Surg: Post-operative** (B3.03d[[61]](#endnote-61)) | Condition(s) requiring surgical management whereby a patient is recovering from and receiving care following and related to a surgical operation. | ✓ |
| 6 | **BH: Behavioral and Mental Health Conditions** (B3.03e[[62]](#endnote-62)) | Condition(s) requiring psychiatric management, are directly related to behavioral and social sciences, and/or meet diagnostic criteria from the DSM-V-TR. | ✓ |
| 7 | **Palliative and End-of-life care** (B2.08e[[63]](#endnote-63)) | Condition(s) requiring specialized care for quality-of-life improvement impacting persons with terminal illness, surrounding stressors for transition planning and family. | ✓ |
| # | **Setting Types** | | **Required** |
| 1 | **Emergency Department** (B3.04a[[64]](#endnote-64)) | A medical treatment facility specializing in emergency medicine for the acute care of a presenting patient without an appointment, whereby transported by personal means or by emergency service personnel (e.g., ambulance), typically co-located with a hospital. | ✓ |
| 2 | **Inpatient** (B3.04b[[65]](#endnote-65)) | A medical treatment facility specializing in various types of patient care that require admission approval to stay at least one (1) night (or ≥ 24 hrs), typically located in a hospital. | ✓ |
| 3 | **Outpatient** (B3.04c[[66]](#endnote-66)) | A medical treatment facility specializing in various types of patient care without admission to the facility or hospital. Treatment length is same day, typically requires an appointment, and may be called a “clinic.” | ✓ |
| 4 | **Operating Room** (B3.04d[[67]](#endnote-67)) | A medical treatment facility specializing in performing surgical operations and whereby these “rooms” are typically located within a hospital. | ✓ |

Note: Patient encounter logs (types and settings) included in the tables above are a minimum and in accordance with ARC-PA standards 5th ed.; additional logging categories and requirements may change with or without notice, will be reflected on Exxat (and program materials), and relevant persons made aware as soon as possible.

### SCPE Logs: Clinical Skills Passport Logging

Students are required to obtain SCPE preceptors to “sign-off” or “authenticate” that clinical and technical skills were performed. These are considered part of a Clinical Skills Passport, enabling preceptors to view specific skills that have been endorsed thus far, and serve as a roadmap for experiences that the student must still encounter. The Clinical Passport Skills include rotation-specific competencies, care, procedures, and technical skills supporting students in meeting the course learning outcomes. These are located on the Exxat platform. Submission is outlined in *Course Assignments and Due Dates*.

### SCPE Logs: Time Logging

In addition to logging patient encounters and clinical skills, students are also required to log their time spent in a clinical rotation and participating in clinical experiences. The time is logged based on a shift daily, recording the hours you worked that day**. This is based on logging ≥ 36 hours per week. Log your actual hours worked, do not log hours based on the schedule you anticipate working.** If you have an opportunity 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***. In the case of an absence, please document only 10 minutes on that day to have Exxat recognize it as the day you recorded. In the notes section, please explain the reason for the absence (illness, discretionary day, holiday, etc.). Students must also submit an Absence Form to the CED, which is in the Program Handbooks. 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 may impact the hours logged. If this is the case, students are required to notify the program as soon as possible, as additional clinical experience hours may be needed to enable students to meet the rotation’s learning outcomes. As the program monitors logging routinely, if the program is not contacted in a timely fashion by a student regarding a reason for the low hours, this creates unnecessary delay for the program providing student success support and may result in referral to the PPC for professionalism review. Submission is as outlined in *Course Assignments and Due Dates*.

**Rotation Duty Hours**

The goals of PA students and the faculty are one and the same: to get the best medical education and the most 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:

**Preceptors and Rotations 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, averaged over a month.
* **Always check out with the preceptor before leaving for the day.**

**Preceptors and Rotations 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.
* 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.**

### Learning Experiences and Educational Equivalency (B1.04[[68]](#endnote-68), B4.04[[69]](#endnote-69))

In rare instances, the program may require students to participate in supplemental or adjunctive learning experiences to meet some of the program defined learning outcomes for SCPEs. The program will monitor student progress, conduct ongoing gap analyses, and ensure educational equivalency.

Remediation and Early Intervention - Clinical Year (A3.15c)

For primary reference regarding overall, course and program remediation indications, efforts, outcomes, decisions, and referrals, please see the *PA Program Handbook*, as process and procedures apply across the program. Additional detail pertaining remediation for courses during the clinical year and clinical rotations (SCPEs) is included in the CY Syllabi.

Remediation occurs for performance below benchmark on the following:

**Assessments** (the following are graded based on student performance – CY courses)

* Preceptor Evaluation of the PA Student (PES)
  + Benchmark: ≥ 80% (Rating of “3”)
    - Indication: Student will remediate if falling below benchmark for each of the PES items. (see CY syllabus)
    - Efforts: Review of performance with student and may remediate one (1) time per rotation.
    - Outcome: Successful if the outcome results in an overall average scale performance ≥ 3. Failure to remediate successfully to the overall average score ≥ 3 results in failing both the PES AND the rotation. Student will be required to repeat the rotation.
* End of Rotation Examination (EOR/EORE)
  + Benchmark: ≥ 75% (≥ -1.5 SDs above national mean)
    - Indication: Student will remediate if falling below benchmark for composite score. (see CY syllabus)
    - Efforts: Review of performance with student and may remediate to a maximum of one (1) time.
    - Outcome: Successful if the outcome results in meeting the minimum benchmark. Failure to remediate successfully with pass on second attempt results in failing the EOR AND the rotation. Student will be required to repeat the rotation.
* SOAP Notes
  + Benchmark: ≥ 75%
    - Indication: Student will remediate if falling below benchmark.
    - Efforts: Student will remediate with a written assignment to address the area(s) of deficits. Student may remediate one (1) time per assignment within a course.
    - Outcome: Successful if the outcome results in meeting the minimum benchmark for the remediation assignment. Failure to remediate successfully may be subject to an academic performance review and AIP with the PPC and advisor. Student’s grade will be reduced according to the Grading Plan locate in the course syllabus, with only points earned on whichever attempt yielded the highest grade/points value.
* Oral Case Presentations
  + Benchmark: ≥ 75%
    - Indication: Student will remediate if falling below benchmark.
    - Efforts: Student will remediate with an oral assignment to address the area(s) of deficits. Student may remediate one (1) time per assignment within a course.
    - Outcome: Successful if the outcome results in meeting the minimum benchmark for the remediation assignment. Failure to remediate successfully may be subject to an academic performance review and AIP with the PPC and advisor. Student’s grade will be reduced according to the Grading Plan locate in the course syllabus, with only points earned on whichever attempt yielded the highest grade/points value.
* RoshReview (Board Preparation Q-bank)
  + Benchmark: ≥ 80%
    - Indication: Student will remediate if falling below benchmark.
    - Efforts: Student will remediate and address the area(s) of deficits if failing on the first attempt. Students may remediate assigned items/tests as much as necessary to achieve success in passing the benchmark.
    - Outcome: Successful when the outcome results in meeting the minimum benchmark for the remediation. Failure to remediate successfully by not completing the requirement prior to the end of the course will result in a failure of the assignment and may be subject to an academic performance review and AIP with the PPC and advisor, delay in starting the next rotation, and delay in graduation. Student’s grade will be reduced according to the Grading Plan locate in the course syllabus, with only points earned.
* Professional Behaviors
  + Benchmark: ≥ 80%
    - Indication: Student will remediate if falling below benchmark.
    - Efforts: Student will remediate and address the area(s) of deficits. Students may remediate one (1) time per course.
    - Outcome: Successful when the outcome results in meeting the minimum benchmark for the remediation. Failure to remediate successfully or by not completing or meeting the requirements prior to the end of the course will result in a failure of the professional behaviors assessment and may be subject to an academic performance review and AIP with the PPC and advisor, disciplinary action, delay in starting the next rotation, and delay in graduation. Student’s grade will be reduced according to the Grading Plan locate in the course syllabus, with only points earned.
* Community Project Assignment (elective rotation only; in place of EOR)
  + Benchmark: ≥ 75%
    - Indication: Student will remediate if falling below benchmark.
    - Efforts: Review of performance with student and may remediate to a maximum of one (1) time.
    - Outcome: Successful if the outcome results in meeting the minimum benchmark. Failure to remediate successfully with pass on second attempt results in failing the assignment, which could result in failure of the rotation based on weighted % (see course syllabus). Student may be required to complete an additional rotation, at the program’s discretion, and subject to an academic performance review and AIP with the PPC and advisor, delay in starting the next rotation, disciplinary action, and delay in graduation.

Early intervention (or at-risk) prior to remediation can occur for the following:

**Other Assessments**

Formative assessments or assignments that are *required* but are not graded according to quality of student performance. These support student performance and program measurement of students meeting program learning outcomes, as well as program self-assessment studies. Thus, not completing the assignments can result in halting program progression, graduation, and disciplinary action including professionalism violation or citation with referral to the PPC and/or grade reduction according to the course syllabi and grading policies. These are described in respective course syllabi, the *PA Program Handbook,* and in this *Clinical Education Year* *Handbook*.

These other assessments and assignments include the following:

* Mid-Rotation Evaluation of the PA Student (MRES) (see course syllabi)
* Student Evaluation of the Preceptor and Site (EvPSi) (see course syllabi)
* SCPE Logs – Encounters, Clinical Skills Passport, and Time
  + Capstone (see *Additional Curriculum Requirements during the Clinical Year* and course syllabi PHAS 680/681)
* PACKRAT I/II; see sections below
* Summative Evaluations (within 4 months prior to program completion; see course syllabus PHAS 697)
  + OSCE II
    - Benchmark: ≥ 80%
      * Indication: Student will remediate if falling below benchmark.
      * Efforts: Review of performance with student and may remediate each area until minimum requirement is met.
      * Outcome: Successful if the outcome results in meeting the minimum benchmark.
  + PDAT
    - Benchmark: ≥ 80%
      * Indication: Student will remediate if falling below benchmark.
      * Efforts: Review of performance with student and may remediate each area until minimum requirement is met.
      * Outcome: Successful if the outcome results in meeting the minimum benchmark
  + End of Curriculum Exam (EOC)
    - Benchmark: ≥ 1480
      * Indication: Student will remediate if falling below benchmark for composite score.
      * Efforts: Review of performance with student and may remediate. Re-take may occur one (1) additiona time after waiting 60 days for retake.
      * Outcome: Successful if the outcome results in meeting the minimum benchmark. Failure to remediate successfully with pass on second attempt results in additional remediation intervention required, included, but not limited to enrollment in a winter Special Topics I course and other study plan assignments (see PHAS 698 course syllabus) (NOTE – this will delay graduation).

**Passing the Clinical Rotation Course (SCPE)**

Successful completion of the clinical rotation course requires the following:

* Final course grade is ≥ 75%
* All required course assignments are completed and submitted
* Any remediation indicated has been successfully completed
* Meets the minimum EOR pass score
* Meets the minimum PES pass score

*Note: Throughout the program, students are required to meet and maintain the minimum academic and technical standards, and average GPA ≥ 3.0 throughout the duration of the program. See program Handbooks for more information.*

**Failing the Clinical Rotation Course (SCPE)**

Failing the clinical rotation course occurs from the following:

* Final course grade is < 75%
* Does not complete and/or submit all required course assignments or documents
* Does not successfully remediate (if applicable)
* Fails to meet the minimum EOR pass score on 1st attempt *and* does not pass on the 2nd attempt
* Fails to meet the minimum PES pass score *and* is unsuccessfully remediated

## Withdrawal and Dismissal – Clinical Year (A3.15c[[70]](#endnote-70))

Student-initiated or program-initiated **withdrawal** of a student during the Clinical Year from the program follows detailed guidelines provided in the *PA Program Handbook* along with the required completion of a “Withdrawal Form”. Leave of absence requests can also be located in the primary *PA Program Handbook.*

A student during the Clinical Year will be **dismissed f**rom the program for the following:

* Failure to pass a course at the minimum final grade ≥ 75%
* Does not meet or maintain the minimum academic performance standards (GPA < 3.0), or requirements from an AIP.
* If student has one (1) failed rotation and fails a PES on another rotation *with* *unsuccessful* *remediation outcomes* (< 3 overall average), the student is dismissed from the program, as it would result in > 1 allowed failed rotation.
* A student is only allowed to fail one (1) rotation. Upon the second rotation failure, the student will be dismissed from the program.
* Refusal to remediate or comply with program requirements.
* Egregious professionalism violation(s), such that it causes harm (intentional or unintentional) to another person, the program, program partnerships, the University, or the community, determined by the PPC.

Deceleration - Clinical Year (A3.15c[[71]](#endnote-71))

ARC-PA Definition (5th ed.): The loss of a student from the entering cohort, who remains matriculated in the physician assistant program.

Reasons for student deceleration may include, but is not limited to, the following:

* Academic performance
  + Final didactic or clinical course grade = “F”
    - Students with an “F” grade in majority of their semester courses will not be considered for deceleration
  + Continued academic probation
  + Unsuccessful Summative I Examination remediation outcomes
  + Ongoing, unsuccessful completion of remediation attempts for the summative evaluation components
  + Unsuccessful OSCE remediation outcomes
  + Repeat of failed SCPE at the end of the Program
* Professionalism (behavior or conduct)
  + Unsuccessful remediation outcomes that become a barrier for maintaining progression
* Extenuating circumstances, such as a leave of absence

Failure to successfully pass each course, maintain performance at or above the program standards, meet the program learning outcomes, and meet the program’s progression and completion requirements for graduation, may result in deceleration, withdrawal, or program dismissal. The student will be responsible for all tuition costs incurred by the failed SCPE or need for special topics courses.

Deceleration is not an option in lieu of significant academic deficiencies or disciplinary action, including but not limited to, persistent and excessive unsuccessful completion of courses and assessments, university suspension or any other professional/ethical violation that would be considered grounds for permanent dismissal from the program. If deceleration is due a leave of absence, a student is required to follow the procedure outlined in the *PA Student Handbook*.

*Proceeding with Deceleration*(A3.15c[[72]](#endnote-72))

To proceed with the option of deceleration, a student must accept the recommendation of the PPC and notify the UMES PA Program and the School of Graduate Studies in writing and complete a *Reinstatement Application* via the School of Graduate Studies website (<https://wwwcp.umes.edu/grad/readmission-or-reinstatement/> ) within **five (5) business days** of his/her notification of dismissal. Reinstatement if granted, the Dean of the School of Graduate Studies will collaborate with the Program Director to notify the student in writing including conditions for reinstatement and a time period in which to complete them. Cases of reinstatement are considered on an individual basis and are not automatically granted. The student’s acceptance will be placed in the student’s file.

The UMES PA curriculum is designed to be delivered on a full-time basis to students in a cohort. All skills and knowledge must be maintained through the Program; therefore, a decelerated student will be required to repeat all UMES PA Program courses even if the student did not receive an “F” grade in all courses. The student will restart and graduate the program with a new cohort. The student will follow curriculum and policy revisions for the new cohort. **The student is responsible for all tuition costs incurred by deceleration.** The student may need to submit an appeal for financial aid to the Office of Student Financial Aid. Refer to the Office of Student Financial Aid, [Satisfactory Academic Progress (SAP) | Financial Aid (umes.edu)](https://wwwcp.umes.edu/financialaid/satisfactory-academic-progress-sap/), for more details. A second failure after deceleration will result in a dismissal from the Program. All Program coursework is still required to be completed within four (4) years from the original date of matriculation.If the student is unable to complete the Program within the required four (4) year timeframe, the student must obtain approval from the Dean of the School of Graduate Studies by completing a Petition of Waiver of Regulation for the Department of Physician Assistant Form located on the [UMES PA Program Website](https://wwwcp.umes.edu/pa/wp-content/uploads/sites/110/2024/07/Petition-of-Waiver-for-the-Dept-of-PA.pdf) and in [Appendix K](#_Appendix_K_–).

Additional Assessment, Evaluation, and Grading Components (req. for graduation)

Program Summative Examinations and Student Assessments

At UMES’s PA Program, we define competence as adequacy of performance. The purpose of this evaluation is not 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 connected to the PHAS 697 course. However, this is a separate requirement for graduation as defined in the ARC-PA standards: {B4.03}[[73]](#endnote-73)

PHAS 697 is the PANCE Preparation Course. Students are graded on the course content, participation and performance. All assessments (academic, clinical and professionalism) are graded via predictive analysis. All students will be required to score within the “5” category to successfully complete the course. Students who do not perform at the required benchmark will be required to participate in PANCE Preparation Remediation.

**UMES PA Program assessment instruments include:**

1. **Summative I** – First semester, second year. The scores as defined below are used to determine whether students require additional remediation and mentoring during the clinical year. Students with the highest level of risk will have received a score below 225 (out of a possible 300) and will be required to complete more extensive remediation assignments defined in the Academic Improvement Plan. Students will be allowed to retake the summative **once** after an initial failure.
2. **PACKRAT I**– First semester, second year. The scores, as defined below and entitled “Average Test Scores by Risk”, are 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 Academic Improvement Plan.
3. **PACKRAT II** – Occurs in the last semester, second year. This is used as a formative assessment of student performance and is used by the program to identify students at risk of failing the PANCE. It serves as a guide to provide additional student support and is not graded. This occurs during the PHAS 691 rotation course.
4. **OSCE I** – First semester, second year. This “hands-on” examination is specifically designed to test the PA student’s clinical competence. This will be administered at UMES or at another designated location.
5. **Summative OSCE II** – End of the clinical year. This “hands-on” examination is designed specifically to test the PA student’s clinical competence. This will be administered at UMES or at another designated location.
6. **Summative End of Curriculum Exam (EOC)** (or “Summative II”) – This is 300-question (250 scored) multiple-choice examination, vignette format, 5 hours in length (5 sections, 60 questions each), 10-min breaks between sections, and is actively proctored. This examination tests the student’s critical thinking and problem solving across through clinical knowledge application across the lifespan, all organ systems, different encounters and setting types, and how care is navigated from start to end of treatment. Students will be able to meet with their advisor and discuss a study strategy that students can pursue to prepare for the PANCE, including need for ADA accommodations (available). *Attestation of Eligibility has been completed by the UMES PA Program Director for requesting scheduling of the EOC with PAEA.*
7. **Summative Professionalism Development Assessment Tool (PDAT**) - Evaluation of professionalism is an on-going process throughout the program. Prior to graduation, students and their advisor will complete the summative tool and discuss their strengths and weakness in this area.
8. **Graduation Approval:** To receive final signature for graduation students must complete all formative and summative assessments in the 2nd year. The scores, as defined below and entitled “Average Test Scores by Risk”, are 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 and may delay graduation and program completion.\*\*
9. **“Average Test Scores By Risk”** The program will use the risk analysis score stratification to determine whether a student requires remediation and mentoring during the clinical year. Any student who achieves scores within category (three-risk) stratification or below risk category will be required to participate in a learning contract during the clinical year. If the student shows sufficient improvement during subsequent formative or summative examinations, they may be released from the supervised study contract. Any student who achieves scores in the critical risk or fail category on the EOC (Summative II), or the PHAS 697 PANCE Preparation Course will be required to complete all elements of a study contract supervised by a faculty advisor. The faculty advisor can determine if the student has not satisfied the required remediation which can result in a delay in graduation. The Program Director will acknowledge that the student has met graduation requirements only upon satisfying the remediation agreement.

\*\*Failure on any attempts of the summative evaluation components may result in delayed graduation, with extended year study planning (see below section). If there is delay to graduation, such as due to failure on EOC and waiting period for re-take while remediating, students may be required to re-demonstrate successful performance on the other summative evaluation components again, as these *must* occur within four (4) months prior to the completion of the program, per accreditation requirements.

Additionally, failure on any attempts of the summative evaluation components will result in referral to the Progress and Promotion Committee (PPC) to review student performance in a timely manner. The CED will lead development of remediation plans to support targeted student success in addressing the performance deficits.

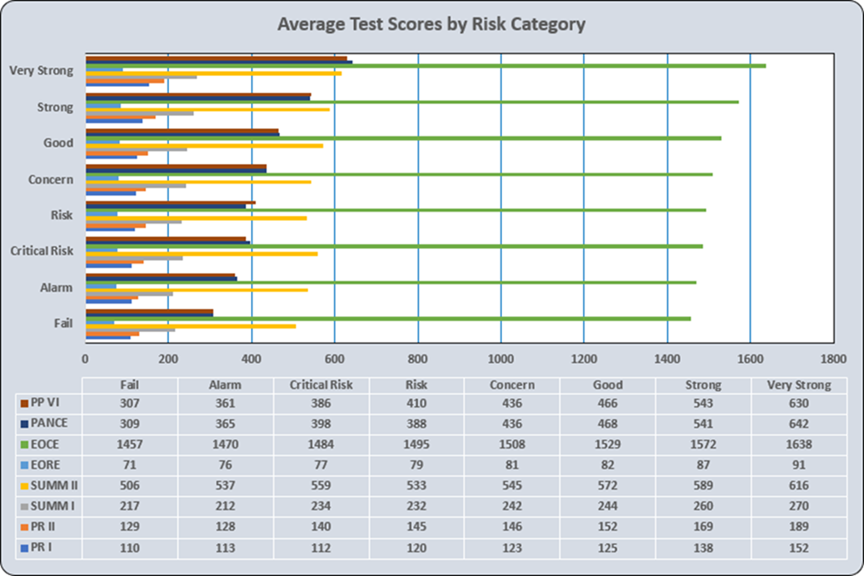
**Extended Programming, Incomplete Grades, and Graduation Delay**

Students who have delay in successful performance on the summative evaluation components will be delayed in graduation and must mandatorily participate in an extended year study plan. This constitutes completion of a Special Topics I course in the Winter semester and adequate demonstration of competence to therefore successfully complete the program. If the student does not perform successfully in meeting the requirements of Special Topics I, an additional Spring course – Special Topics II – will be required.

Students with failed performance on any of the summative evaluation components may result in an “incomplete” (“I”) grade. Delay in graduation results in ineligibility to participate in the white coat ceremony.

**Student Risk and Success Monitoring**

Student performance on the summative evaluation is additionally used by the program to monitor student risk for future PANCE performance. Students will be notified of their risk category (“fail,” “alarm,” or “critical risk” – see below) and will be provided supportive interventions (e.g., success coaching, study plan) to address areas of weakness.



PHAS 690, PHAS 691, and PHAS 692 are graded courses. The Instructor of Record for this series of courses is the Clinical Education Director and the Clinical Coordinator (the Program Director, if necessary).

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 EXXAT entries. If these criteria are not met at the time grades are submitted, students will receive an “F” for the semester. Please note that a Failure or “F” semester grade may put a student’s financial aid in jeopardy. The CED submits the semester grades. The CED also oversees the end of rotation status. The breakdown of the student’s score is provided on Canvas after each rotation.

## PA Program Requirements for Progression and Completion (A3.15b[[74]](#endnote-74))

Graduation and Completion Requirements\* (A3.15b)

To graduate from the PA Program and earn a Master of Medical Science in Physician Assistant Studies degree, students must:

1. Successfully complete all course work according to program defined academic standards including demonstration of meeting all Program Learning Outcomes.
2. Successfully pass all components of the summative evaluation.
3. Demonstrate they have met program expectations and acquired the competencies needed for entry into clinical PA practice with patients seeking medical care across the lifespan, in a variety of settings, with a range of conditions, preventive through to treatment, and across diverse population encounters.
4. Submit a completed graduation application to the School of Graduate Studies.
5. Be in good academic standing. If a student is on academic probation when entering the final semester, the student must complete the final semester with the required overall G.P.A. of 3.0 to be awarded the degree.
6. Be in good professional standing. If a student is on professionalism probation as he/she enters the final semester, the student must successfully meet program-established conditions prior to the end of the final semester to successfully transition off professionalism probation prior to graduation.
7. Complete all requirements for graduation within four (4) years of the original date of matriculation.
8. Students who have not completed coursework or program requirements, or have failures will not be approved for graduation. All program requirements **must be met\*\*** before students are approved for graduation/white coat ceremony.
9. Approval of the Progress and Promotion Committee

\**See PA Program Handbook for details regarding progression and completion of the program.*

*\*\*Students* ***must apply*** *for graduation during the initial part of their final semester before all requirements for the MMS degree are complete. The graduation application is available on the UMES system website. Completing a graduation application does NOT guarantee that students have met all requirements.*

# Section 5 ~ Clinical Preceptor Responsibilities {B3.07}[[75]](#endnote-75)

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.

Learning Objectives and Outcomes

Rotation syllabi contain learning objectives and 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 on the premises and available at all times** 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.**

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 counter-sign 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 PMS or the CED 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 CED or PMS urgently.

Vacation

On-site supervision is a critical component of the clinical experience; therefore, it is imperative for the preceptor to inform the PMS 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 to work with PA students. Should licenses be expired or revoked for any reason, the preceptor must notify the program immediately.

# Section 6 ~ Program Responsibilities {B3.01}; {B4.01}; {B4.03}[[76]](#endnote-76)

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 objectives and 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.

Clinical Sites and Preceptors

The program maintains ongoing efforts for acquisition and retention of clinical sites and preceptors. Preceptors and sites are vetted and follow a maintenance schedule for meeting qualifications and required certifications/licensure for serving as instructional faculty. Sufficiency of clinical sites is evaluated based on the max approved class size and cohort overlap.

Insurance

Students are covered under the University’s malpractice insurance ONLY for those preceptors and rotations 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 (Pass, Fail or Incomplete) to every student for all semesters. Each student will be able to access their percentage after each rotation. The grading plans are detailed in the course syllabi.

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 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 administrative staff of the department will assist students in where to have fingerprinting done.

Academic Advisors

The Clinical Education Director will assign advisors to students 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 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.

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 rotations, 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 rotations, 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 Student Profiles:* It may be useful to review your objectives with your preceptor two or three times during the rotations. 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 the CED.
* *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 rotations. Also, remember that it is your responsibility to read and fill in the gaps between what you see at 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, 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 preceptor. When in doubt, ask for help.** At no time is a student permitted to make any decisions on medical care on 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 regarding the timeliness of the co-signing of the records. EVERY MEDICAL DECISION SHOULD BE APPROVED BY THE PRECEPTOR OF RECORD OR HIS/HER 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 Callback Days (explained earlier in the Clinical Education Handbook) to strengthen your thinking process, but the burden to practice 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 the University of Maryland Eastern Shore. This information is not intended to be comprehensive, and additional information can be found at the websites listed below:

UMES Physician Assistant Website: <https://www.umes.edu/pa>

UMES Student Handbook: [Program Handbook](https://wwwcp.umes.edu/pa/wp-content/uploads/sites/110/2022/08/Program-Hdbk-2023.docx)

Hazel Hall Building Hours of Operation

The Physician Assistant Program administrative suite is located at Suite 1034, Hazel Hall.

The Program hours are:

Monday-Friday 8:00 am - 4:30 pm.

Hazel Hall is open the following hours:

Monday-Thursday 8:00 am - 10:00 pm; Friday 7:30 am - 6:00 pm.

**Use of PA Graduate Room** (Hazel Hall #1056) **and Clinical Lab Room** (Hazel Hall #1045)

* These study spaces are available during hours that the Hazel Hall is open to students.
* Food and non-alcoholic beverages are allowed as 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.
* Campus Labs offer an opportunity to use specialized software that the student may not wish to purchase, but may need to use for a specific class assignment. Visit the UMES IT page <https://www.umes.edu/it> for more information on computing resources we offer.
* The University has both restricted and unrestricted parking areas, please pay close attention when parking on campus. Be aware that you can only parking in designated parking lots where your permit authorizes you to park. Handicapped parking regulations are strictly enforced. Vehicles found parked illegally in these locations will be ticketed and towed. Remember an authorized parking space is a lined designated parking space.

**Health and Wellness Center**

The Health and Wellness Program, located in Tawes Gymnasium, provides blended health promotion and illness prevention services with on-site fitness management. Health promotion services include, monthly health communication campaigns, presentations to residence halls, classrooms and student organizations, free health promotion items, workshops/seminars, growth groups, special events and exhibits. The fitness center management provides safe, effective, efficient and enjoyable exercise programs; equipped with state-of-the-art cardiovascular machines, spin bikes, free and machine assist weights. For additional information on wellness programs, health promotion and fitness management, contact the Health and Wellness Office at (410) 651-7665.

* **In case of Emergency:** Dial 911 for ambulance and police assistance. Emergency care is provided by the Peninsula Regional Medical Center Emergency Room.
* [UMES Graduate Student Handbook](http://catalog.umes.edu/content.php?catoid=17&navoid=510)

**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 (410) 651-TECH (8324) or visit the Help Desk located in Waters Hall.

* ***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 <https://www.umes.edu/FDL/Pages/Media-Services-Center/>
* ***Printer/Copier services -*** WEPA printers are available in Hazel Hall (1st & 3rd floors) and at various locations throughout campus.
* ***Wireless Internet Access -*** Full audio/video services are available in each classroom, as well as wireless internet capabilities throughout Hazel Hall.

**University Library Resources**

The Frederick Douglass Library houses books, scholarly and popular periodicals and newspapers, microforms, multimedia, government documents, and agricultural extension materials. As a member of the University System of Maryland and Affiliated Institutions (USMAI) Consortium, the library is linked with the USMAI’s sixteen libraries via a shared integrated library system and discovery layer, and consortia licensing of database and e-journal subscriptions. Library faculty and staff develop and maintain the collections and provide instruction services to the campus community. There are nine departments within the library: Acquisitions/Collection Development, Information Technology, Cataloging, Circulation, Interlibrary Loan, Media Services, Reference and Instruction, Serials/Documents, and Special Collections. Library faculty and staff are competent and courteous individuals with a variety of skills, knowledge, and training. All are committed to providing quality service. Library technology continues to emerge, providing global access to collections. Electronic databases, eBooks, and e-journals enable patrons to fill their information needs. Please visit the library website www.umes.edu/fdl for further information about the Library, including Library hours.

**Reference, Research and Instructional Support**

Acquisitions/Collection Development (410) 651-6615

This is the purchasing unit of the Frederick Douglass Library. Library materials in all formats: books, periodicals, audiovisuals, and computer media are purchased and paid for by the Acquisitions staff. The Coordinator of Acquisitions and Collection Development is responsible for coordinating the selection of library materials with the help of other professional librarians and the faculty at UMES. The department, as a whole, is responsible for the planning and organization, as well as the selection and acquisition of all library materials.

Automation (410) 651-6612

The Automation Department provides technical support and development services for the library information management system (LIMS). The on-line public access catalog provides comprehensive information on library holdings in the Frederick Douglass Library as well as each of the 14 University System of Maryland and Affiliated Institutions libraries. The Online Catalog is accessible from all library locations supporting Internet access. Access the Online Catalog from a remote site using: <https://catalog.umd.edu/>.

Cataloging (410) 651-7697

The Cataloging Department is responsible for cataloging and processing all new material received by the library. These materials include books, audiovisuals, serials, dissertations, and theses. It is also the maintenance unit within the library, responsible for 1) correcting database problems, 2) withdrawing lost or damaged material from the library's collection, and 3) verifying name and subject authority work on the online catalog.

Circulation (410) 651-7691

All circulating material at the Frederick Douglass Library is checked out at the Circulation Desk on the first floor. Books may be returned there or in the book drops located outside the library. The Circulation Department offers services such as recalls on circulating materials and requesting materials from other USMAI campuses through the Intercampus Request Service. Laptops for use in the library are checked out here. The Circulation Department pays bills for late returns and lost items. Also, the Circulation Department houses the reserves collection. These are books placed on reserve by professors for limited time use. These books do not circulate outside the library and often come from a professor’s collection. Many textbooks and supplemental materials are usually included in the reserves collection.

Photocopying is available (Self-Service) both coin-operated or with the Hawk Card.

Interlibrary Loan (410) 651-6609

The Interlibrary Loan Department, located on the first floor, provides access to journal articles not available in the Library. The Department also requests books that do not belong to the Library, or to any of the other USM libraries. Requests may be made electronically via ILLiad.

Media Services Center (410) 651-6275

The non-print collection is housed in the Media Services Center on the lower level. This collection consists of videotapes, slides, and cassettes. Services include audiovisual equipment loans and non-print loans, videotaping, editing, videotape, and audio cassette duplication. Other services such as banner and poster designs, transparency production, spiral binding and lamination are provided for a small fee.

The Media Services Center also provides access to the Interactive Video Network (IVN) System. UMES faculty, staff and students must present a valid university ID to borrow nonprint materials and audiovisual equipment. Borrowers who are not associated with the campus will need approval from the Dean of Library Services.

Reference Department (410) 651-7937

The Reference Department is located on the first floor to the rear as you enter the library. The collection consists of standard reference material, such as bibliographies, dictionaries, directories, encyclopedias, handbooks and manuals, indexes and abstracts (print and electronic), biographical sources, atlases, yearbooks, and almanacs. The department also has a strong humanities collection, and a Maryland Reference Collection. Computerized reference sources include the online catalog, a large variety of web-based databases, and access to the World Wide Web.

Services include course-related bibliographic instruction as well as one-to-one instruction on individual resources.

Serials/Documents Department (410) 651-6610

The Serials/Documents Department (lower level) houses journals, magazines, newspapers, newsletters, and state, federal, and international documents. The Serials Title List, Subject Guide to Serials, and Guide to Documents in the Frederick Douglass Library, are available at the Serials desk to aid patrons in locating material. Most items are cataloged and may also be located using the Online Catalog system. Please note that journals and magazines are arranged in Library of Congress call number order.

The Micro Media Room is located in the Serials/Documents Department. Titles on microfiche and microfilm are housed here. Six coin-operated reader/printers are available for microform reading and reproduction. Microcomputers are available for access to e-mail and the Internet. There is a printer available.

All departmental material is non-circulating. Photocopying is available.

Special Collections (410) 651-7695

Rare books, manuscripts, theses/dissertations and archival material are housed in the Special Collections Department which is located on the second floor of the library. The particular strengths of the collection are Afro-American studies and literature, juvenile literature, and the social life, history, and customs of the Eastern Shore. University Archives houses the documentary records of the university, including official publications, reports, photographs, and miscellaneous documents relating to the history of the institution. The Manuscript Collection features the papers of public figures of the Eastern Shore and elsewhere. Most of the material is non-circulating. Photocopying is available.

Below is a list of resources available to all students enrolled at the University of Maryland Eastern Shore. This information is not intended to be comprehensive, and additional information can be found at the websites listed below: [https://www.umes.edu/uploadedFiles/ \_DEPARTMENTS/Student/Content/Student%20Handbook%202017%20-%202018.pdf](https://wwwcp.umes.edu/pa/wp-content/uploads/sites/110/2022/08/Program-Hdbk-2023.docx)

# Appendix A-1 ~ Class of 2025 Clinical Rotation Schedule {B3.07}[[77]](#endnote-77)

Rotation 1 Monday, January 27, 2025 – Friday, February 28, 2025

Rotation 2 Monday, March 3, 2025 – Friday, April 4, 2025

Rotation 3 Monday, April 7, 2025 – Friday, May 9, 2025

**Off Week** **Saturday, May 12, 2025 – Sunday, May 16, 2025**

Rotation 4 Monday, May 19, 2025 – Friday, June 20, 2025

Rotation 5 Monday, June 23, 2025 – Friday, July 25, 2025

Rotation 6 Monday, July 28, 2025 – Friday, August 29, 2025

Rotation 7 Monday, September 1, 2025 – Friday, October 3, 2025

Rotation 8 Monday, October 6, 2025 – Friday, November 7, 2025

**\*\***All clinical rotations are 5 weeks in length. The student is required to work the schedule set by the preceptor. **Primary preceptors consist primarily of practicing physicians and PAs (B3.05).** The preceptor does not have to be just one person and a student may work with several different providers within one clinical site and the preceptor may be an MD, PA, NP, CNM, or LSW, as several examples.

**\*\***The following is a list of the 7 areas of practice and 1 elective rotation in which each UMES PA student must have a 5-week experience.

* Family Medicine
* Internal Medicine
* Behavioral Health/Medicine (mental/behavioral health conditions; psychiatry)
* Pediatrics
* Women’s Health (including gyn and prenatal care)
* Surgery
* Emergency Medicine
* Elective Rotation

# Appendix A-2 ~ Class of 2025 Timeline for Clinical Year

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dates** | **Program Calendar** | **Time & Location** |
| Winter II | Jan 6-Jan 24 | Rotation Prep Course (PHAS 675) | *See course syllabus* |
| Jan 20 | *Holiday: MLK Jr.* | -- |
| Spring II | Jan 27-Feb 26 | SCPE Rotation #1 (PHAS 690) | *See Exxat* |
| Feb 17 | *Holiday: President’s Day* | -- |
| Feb 27-28 | Callback #1: Days 1 and 2 | *See course syllabus* |
| Mar 3-Apr 2 | SCPE Rotation #2 (PHAS 690) | *See Exxat* |
| Apr 3-4 | Callback #2: Days 1 and 2 | *See course syllabus* |
| Apr 7-May 7 | SCPE Rotation #3 (PHAS 690) | *See Exxat* |
| May 8-9 | Callback #3: Days 1 and 2 | *See course syllabus* |
| May 11-17 | ***BREAK*** | -- |
| Summer II | May 19-Jun 18 | SCPE Rotation #4 (PHAS 691) | *See Exxat* |
| May 26 | *Holiday: Memorial Day* | -- |
| Jun 19-20 | Callback #4: Days 1 and 2  *No callback day 1 – Juneteenth holiday* | *See course syllabus* |
| Jun 19 | *Holiday: Juneteenth* | -- |
| Jun 23-Jul 23 | SCPE Rotation #5 (PHAS 691) | *See Exxat* |
| Jul 4 | *Holiday: Independence Day* | -- |
| **Jul 19** | **PACKRAT II** | 8am, remote |
| Jul 24-25 | Callback #5: Days 1 and 2 | *See course syllabus* |
| Jul 28-Aug 27 | SCPE Rotation #6 (PHAS 692) | *See Exxat* |
| **Aug 28-29** | Callback #6: Days 1 and 2  **Summative Eval: OSCE II** (PHAS 697) | *See course syllabus*  Henson center |
| Fall III | Sep 1-Oct 1 | SCPE Rotation #7 (PHAS 692)  *Start Sept 2 due to Holiday: Labor Day (Sep 1)* | *See Exxat* |
| **Sept 24-27** | **MdAPA Conference** | TBA, Cambridge, MD |
| Oct 2-3 | Callback #7: Days 1 and 2 | *See course syllabus* |
| Oct 6-Nov 5 | SCPE Rotation #8 (PHAS 692) | *See Exxat* |
| **Oct 20-Oct 21** | **Summative Eval: EOC Exam** (PHAS 697) | 8am, on-campus  *See course syllabus* |
| Nov 5 | *PANCE Prep Live Webinars* (PHAS 697) | TBA, on-campus |
| Nov 6-7 | Callback #8: Days 1 and 2  *PANCE Prep Live Webinars* (PHAS 697) | *See course syllabus*  On-campus, TBA |
| Nov 13 | *PANCE Prep Exam #1* (PHAS 697) | 8am, on-campus |
| **Nov 14** | **Summative Eval: PDAT Interviews** (PHAS 697) | TBA, on-campus  *See course syllabus* |
| Nov 20 | *Capstone Presentations* (PHAS 697) | 3:30-5pm, TBA  *See course syllabus* |
| Nov 27-28 | *Holiday: Thanksgiving Break* | -- |
| Dec 6 | *PANCE Prep Exam #2* (PHAS 697) | 8am, on-campus  *See course syllabus* |
| **Dec 10** | **PPC Graduation Clearance Meeting** | TBA |
| Dec 12 | Long White Coat Ceremony | TBA |
| Dec 19 | University Graduation | TBA |

* Callback days 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.**
* The only break during your clinical year is after PHAS 690.
* All evaluations, assignments, and documentation are due on the **Thursday** of Callback week by 8:00 am or you will **NOT** be able to take your scheduled End of Rotation Evaluation.
* Your clinical year allows for **two (2)** discretionary days.
* Students must inform the program and CED prior to starting the Clinical Year of any observed religious holidays.

# Appendix B ~ Capstone Case Criteria/Assembling Your Capstone Information {B2.13}[[78]](#endnote-78)

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

**4) Timely/topical.** You may run across a patient with a particular disease, though 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 similar to 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.

**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 Canvas. 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 2024) 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.***As long as 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:

* 1. Names.
  2. All geographic subdivisions smaller than a state (such as street address, city, county, precinct, and zip code).
  3. 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.
  4. Telephone or fax numbers, electronic mail address, social security numbers, medical record numbers, health plan beneficiary numbers, etc.
  5. 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

***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> ), 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.

# Appendix C ~ Student Exposure Form

Student Exposure Form

This form is to be complete when there has been a student needle stick or bodily fluid exposure and submitted via or email to the Clinical Education Director 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  M  Surgery  ER  WH  Peds  Psych  Elective

Name of Site:

Name of person notified at the site:

Date and Time of Notification:

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 (CED)?  Yes  No

Date and Time of Notification:

Name of person notified at the Program:

Signatures:

Student Clinical Education Director:

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

# Appendix D – Dress Code Policy

As a representative of the UMES Physician Assistant Program, a student’s personal appearance is an extension of the Program and will, to some degree, determine how customers, patients, and colleagues view the student, the program, and the profession of Physician Assistant.

*The following standards for attire apply to all students enrolled in the UMES Physician Assistant Program. These standards shall be followed during all hours in which the School is open to the public (generally 8:00 A.M. to 5:00 P.M., Monday through Friday) and cover any Clinical site.*

The School of Pharmacy and Health Professions and Physician Assistant Department has established a business casual dress code to allow our students to work and study comfortably in the classroom, laboratory and clinical settings, as well as project a professional image for customers/patients, potential employers, and school visitors.

Casual clothing is not suitable for Physician Assistant students expect during assessment days; therefore, these guidelines will help the student determine what is appropriate to wear to class, laboratory or clinical sites. Clothing that works well for the beach, yard work, dance clubs, exercise sessions, and sports contests are *not appropriate* for a professional appearance. Clothing that reveals cleavage, back, chest, stomach or underwear is *not appropriate* for the school. Torn, dirty, or frayed clothing is *unacceptable*. Any clothing that has words, terms, or pictures that may be offensive to other students, faculty or staff is *unacceptable*.

**Guide to Business Casual Dressing for the Physician Assistant Department**

In addition to the above guidelines, a more specific overview of appropriate business casual attire is being provided below. Items that are not appropriate for the office are listed too. Both lists are all-inclusive and both are open to change. The lists tell a student what is generally acceptable as business casual attire and what is generally not acceptable as business casual attire.

No dress code can cover all contingencies so students must exert a certain amount of judgment in their choice of clothing to wear to the Program. If a student experiences uncertainty about acceptable, professional business casual attire for the Program, the student should ask the Program Director, Didactic Education Director, or Clinical Education Director.

Slacks, Pants, and Suit Pants

Slacks that are similar to Dockers and other makers of cotton or synthetic material pants, wool pants, flannel pants, dressy Capri, and nice-looking dress synthetic pants are acceptable. Inappropriate slacks or pants include jeans (pants which contain rivets), sweatpants, athletic pants, Bermuda shorts, short shorts, shorts, bib overalls, leggings, and any spandex or other form-fitting pants people wear for biking or exercise. Pants must be worn properly at the hips. No student shall dress in a way that his/her underwear is partially or totally exposed and proper undergarments shall be worn.

Skirts, Dresses, and Skirted Suits

Casual dresses and skirts, and skirts that are split at or below the knee are acceptable. Dress and skirt length shall be no shorter than one inch above the knee (when standing). Short, tight skirts that ride halfway up the thigh are inappropriate for the Program. Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses are inappropriate for the Program.

Shirts, Tops, Blouses, and Jackets

Casual/dress shirts (for males, shirts must have a collar), sweaters, tops, tailored blouses, golf-type shirts, and turtlenecks are acceptable attire for the Program. Most suit jackets or sport jackets are also acceptable attire for the Program. Inappropriate attire for the Program includes tank tops, midriff tops, spaghetti straps, tube tops, swim tops, shirts with potentially offensive words, terms, logos, pictures, cartoons, or slogans, halter-tops, tops with bare shoulders, hoodies, sweatshirts and articles of fleece, and t-shirts unless worn under another blouse, shirt, jacket, or dress. Additionally, students should wear professional lab coats with name tags during school related health fairs and campus activities.

Shoes and Footwear

Conservative athletic or walking shoes, oxfords, loafers, clogs, boots, flats, dress heels, and leather deck-type shoes are acceptable for the Program and shall be clean and in good condition. Flashy athletic shoes, thongs, flip-flops, slippers, platforms, work boots, hiking boots, and any non-dress shoe with an open toe are not acceptable in the program. Closed toe and closed heel shoes are required in laboratories.

Hats and Head Covering

Hats, caps, and other head gear may not be worn in the building halls aforementioned during the hours that the dress code is in effect. Only headgear worn for bona fide religious purposes or to honor cultural tradition is permissible.

General Personal Care Standards

Adequate precautions shall be taken to maintain good personal hygiene. These precautions include regular bathing, use of deodorants and regular dental hygiene.

Hair Maintenance

Hair shall be neatly groomed and clean, styled off the face and out of the eyes. Hair longer than shoulder length shall be secured. Spiked hair is not allowed.

Cologne, Perfume or Aftershave

The use of cologne, perfumes, body sprays, scented body lotions or aftershave shall be used with restraint. It is not recommended in the patient care setting due to patient allergies and sensitivities.

Cosmetics

Cosmetics shall be applied in good taste and moderation.

Skin

No tattoos or body piercings are allowed to be visible (other than earrings).

Nail Maintenance

Nails shall be well groomed, manicured and of short to medium length that will not interfere with the patient's care.

Jewelry

Jewelry and accessories shall be non-distracting and in good taste, with limited visible body piercing. Gauges or stretchers are not appropriate.

Dress-down Casual Days

At certain times the Program Director or designated member of the PA Faculty may declare a dress-down day. Clothing should be in good condition, not torn or worn out. On such days, the guidelines for Business Casual found above remain in effect except jeans, t-shirts and sweatshirt may be worn. All other restrictions pertaining to casual clothes still apply. The prohibition of potentially offensive words and logos continues, as does the prohibition of tank-tops, shorts and flip-flops.

**Dress Code in a Clinical Setting**

White Coats

Student-style white coats are required for clinical settings and during certain laboratory sessions, clinical activities, simulation exercises, clinical competency evaluations and any other times as designated by the Course Director. They must be clean and neat. They will possess the UMES Physician Assistant Student patch on the left upper arm with the student’s full name embroidered on the pocket. Exceptions to this rule on clinical site are at the discretion of the clinical preceptor and must be approved by the Clinical Education Director. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

Scrubs

In general, scrubs should not be worn outside of clinical courses, the hospital or clinic. Scrubs are expected to be clean when worn in a public area and should be covered with a white coat. The student’s ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual clinical sites or course instructor.

Shoes

Footwear must be clean, in good condition, and appropriate. For safety reasons, open-toed shoes and sandals are not allowed in patient care areas or designated laboratory components of didactic courses.

Style

No sweatshirts or shirts with messages, lettering or logos (except UMES). No shorts, cut-offs, etc. *Jeans are not to be worn even if it is clinical site policy to allow providers to wear jeans!*

Fragrance

Do not wear colognes, perfumes or scented lotions in clinical settings as patients may be sensitive to fragrances.

Hands

Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Artificial nails and decorative nail designs are discouraged. Some clinics/hospital settings do not permit any colored polish.

Hygiene

Daily hygiene must include personal cleanliness, including use of deodorant. Clothing should be clean, pressed, and in good condition, including the white coat.

Hair

Mustaches, hair longer than chin length, and beards must be clean and well-trimmed. Students with long hair who participate in patient care should wear hair tied back to avoid interfering with performance of procedures or having hair come into contact with patients.

Jewelry

Jewelry should not be functionally restrictive or excessive. Students should avoid wearing long or dangling earrings for their own and for patient safety. There should be no visible jewelry in body piercings with the exception of earrings. In the case of religious requirement, certain piercings may be acceptable. Please consult the Program Director or the Program Director’s designee if you have a religious requirement for piercings. No other facial jewelry (e.g., tongue, eyebrow piercings, etc.) is allowed.

Tattoos

Tattoos shall be appropriately covered when possible.

# Appendix E ~ Technical Standards for the PA Student {A3.13e}[[79]](#endnote-79)

Applicants to the University of Maryland Eastern Shore Master of Medical Science in Physician Assistant Studies (MMS-PAS) program are selected based on their academic, personal and extracurricular attributes. Applicants must also have the intellectual, physical and emotional capabilities to meet the requirements of their program’s curriculum and of a successful career in medicine.

These standards specify the attributes and behaviors considered essential for successfully completing PA training and enabling each graduate to enter clinical practice. Because these standards describe the essential functions that students must demonstrate to meet the requirements of PA training within a generalist education model, they are prerequisites for admission, continuation, and graduation.

UMES will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. Our institution is committed to considering all qualified applicants without discrimination or based on any protected characteristics such as race, sex, age, religion, national origin, disability, sexual orientation, gender identity, or veteran status. It is the policy of the PA Program that all students must possess the intellectual, physical and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner without having to rely on intermediaries and that all students must be able to achieve the levels of competence required by the faculty. All candidates for admission, those both with and without disabilities, are expected to be competitive with others in the applicant pool across defined cognitive and non-cognitive factors. The institutional policy is to make admissions on a case-by-case basis and the basis of each applicant’s qualifications to contribute to UMES PA Program educational mission. For purposes of this document and unless otherwise defined, the term “applicant” or “candidate” means applicants for admissions to the PA Program as well as enrolled PA students who are candidates for promotion and graduation.

**Technical standards for PA Program admission, continuation, and graduation**

A candidate for the Master of Medical Science (MMS-PAS) degree earned after successful completion of the PA Program must have abilities and skills in the five functional areas described below and must have the physical and emotional stamina and capacity to function in a competent manner, and consistent with these standards, in the classroom and in clinical and laboratory settings, including settings that may involve heavy workloads, long hours and stressful situations.

1. **Observation**

* Observe demonstrations and conduct experiments in the basic sciences.
* Observe a patient accurately at a distance and close at hand, noting non-verbal as well as verbal signals. This ability requires functional vision, hearing, and somatic sensation.

1. **Communication**

* Relate effectively with patients, conveying a sense of respect, compassion, and empathy. A student must be able to communicate clearly with and observe patients in order to elicit information, accurately describing changes in mood, activity and posture, and perceive verbal as well as non-verbal communications.
* Communicate with patients, their family members, and the health care team through oral, written, and electronic forms.

**3. Sensory and Motor Coordination or Function**

* Demonstrate sufficient sensory and motor function to perform a physical examination utilizing palpation, auscultation, percussion, and other diagnostic maneuvers.
* Execute prompt, precise, and appropriate responses to provide general and emergency care to patients.
* Manipulate equipment and instruments to perform medical procedures required to attain curricular goals and patient care (e.g. needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel).
* Perform basic laboratory tests (urinalysis, complete blood count, etc.), and diagnostic and therapeutic procedures (phlebotomy, arterial blood gas drawings, lumbar puncture, arthrocentesis, etc.).

**4. Cognitive, Integrative and Quantitative Abilities**

* Conceptualize, integrate and qualitatively analyze information derived empirically and rationally for problem solving and decision-making.  This includes abilities to reason, calculate, analyze, measure and synthesize information in a variety of settings, including those that may be urgent with increased transient stress and distractions.
* Comprehend three-dimensional relationships and spatial relationships of structures, including anatomical structures.
* Collect, organize, prioritize, analyze, and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings.

**5. Behavioral and Social Attributes**

* Demonstrate empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation as these personal qualities are all required during the educational training process and in patient care.
* Possess the emotional health required for full use of their intellectual abilities, that include the exercise of good judgment, prompt of all educational and clinical responsibilities, and the development of mature, sensitive, and effective professional relationships with patients and member of the medical team.
* Possess adequate endurance to tolerate mentally and physically taxing workloads and adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients.be able to use supervision appropriately and act independently, when indicated.

**Process for assessing the applicant’s compliance with the technical standards**

Applicants are required to attest at the time they apply and accept an offer to matriculate that they meet these technical standards and thereafter must attest on an ongoing basis that they continue to meet these standards. These standards are not intended to deter any student who might be able to complete the requirements of the curriculum with reasonable accommodation. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum if it lowers academic standards or if it poses an undue administrative or financial burden. Requests from applicants for reasonable accommodations in meeting the technical standards will be reviewed and considered by an officer appointed by the University to evaluate student requests for accommodations. Information required within a request for accommodations includes, at a minimum, the following, and these required elements must be provided at the applicant’s expenses:

* Documentation of the disability from a licensed professional
* The diagnosis of the disability using standard nomenclature
* A description of the student’s functional limitations due to the disability
* Copies of the evaluation report(s) on or accompanied by a letter on the evaluating professional’s letterhead
* A description of the requested accommodation
* For additional information about the University’s process for assessing an applicant’s compliance with the technical standards, please contact the PA Program.

# Appendix F ~ Student Request for Time Off Form

Student Request for Time Off Form

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 Education Director

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 (CED or PC) also need to be notified of absence. Student 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 CED at least 1 weeks in advance to seek approval. CED 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

# Appendix G ~ Student Clinical Year Onboarding Form



SCHOOL *of* PHARMACY *and* HEALTH PROFESSIONS

Physician Assistant Department

**Onboarding Form**

**Site Orientation**: provide student a tour of the facility and discussing where to park, restrooms, exam rooms, office, library, and campus security location. Inform student of dress code and proper student identification to be worn at clinical site at all times.

**Site schedule:** provide student schedule for the rotation and expectations of following schedule including call schedule and weekend shifts.

**Learning outcomes:** discuss the clinical objectives and learning outcomes with student and the expectations of the student to be a successful student. Set aside time each day or week to discuss student questions or student progress at the clinical site.

**Evaluations:** acknowledge the importance of constructive feedback. Acknowledge that the mid-rotations and end of rotations evaluations will be reviewed with the student.

**Accidental Exposure:** Review protocols and obtain contact person information for accidental exposure procedures.

Please indicate the **main** preceptor for this rotation and supply their contact information. This is the individual that will be completing your evaluations.

Name/Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Thank you.

# Appendix X – Infection Control, Safety and Personal Security Policy {A1.02g}24 {A3.08}[[80]](#endnote-80)

**Associated Forms:**

“Notice of Incident” Form\*

*\*See PA Program Website for Associated Forms*

**Background and Purpose**

To keep students,faculty, staff, preceptors and SCPE-sponsoring institutionsup-to-date on program and University policies and procedures for exposure to bodily fluids, provider safety, and personal security.

**Policy Statement**

**Policy on Safety and Infection Control**

Compliance with all safety practices is not just a good procedure - it is a mark of your professionalism. **Persistent failure to observe and practice Standard Precautions may result in adverse/disciplinary action for unprofessional behavior and referral to the Progress and Promotion Committee.**

Students will be required to complete any clinical site-specific safety or security training requirements in preparation for supervised clinical practice rotations.

The safety of all students, faculty, staff, patients and clinical personnel is of primary concern. PA students, staff and faculty must adhere to all established UMES safety policies and all School of Pharmacy and Health Professions safety policies. Didactic students must notify their course instructor and the Didactic Education Director as soon as possible of any exposure to bodily fluids or potentially serious infectious diseases. Clinical students must notify their clinical preceptor and the Clinical Education Director as soon as possible of any exposure to bodily fluids or potentially serious infectious diseases. All faculty, staff and students will utilize **Standard Precautions** during all activities that present a risk of exposure to bodily fluids, potentially serious infectious diseases or chemical hazards. Failure to do so will be grounds for disciplinary action.

**Standard Precautions {A3.08}[[81]](#endnote-81)**

Standard precautions are the minimum safety and infection prevention practices that apply to **all** patient care, laboratory or technical skills training experiences in any setting where healthcare or healthcare training is delivered. These practices are designed to protect healthcare professionals (HCP) and prevent HCP from spreading infections to others. Students will be instructed in Standard Precautions early in the program during orientation and throughout the didactic phase of the program.

**Standard Precautions include:**

* **Hand hygiene.** Good hand hygiene is critical to reduce the risk of spreading infection. Current CDC guidelines recommend use of alcohol-based hand rub for hand hygiene except when hands are visibly soiled (e.g. dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea, in which cases soap and water should be used. Key situations where hand hygiene should be performed include:
* Before touching a patient, even if gloves will be worn.
* Before exiting the patient’s care area after touching the patient or the patient’s immediate environment.
* After contact with blood, body fluids or excretions, or wound dressings.
* Prior to performing an aseptic task (e.g. placing an IV, preparing an injection).
* If hands will be moving from a contaminated-body site to a clean-body site during patient care.
* After glove removal.
  + **Use of personal protective equipment (PPE):**
* *Exam gloves* will be worn when there is risk of contact with or when handling blood or body fluids or when there is a potential for contact with mucous membranes, non-intact skin or body orifice areas, or contaminated equipment.
* *Facial masks, protective eyewear and/or gowns* (as well as gloves) will be worn when performing/assisting procedures with a risk of body fluid or other hazardous material splashes or sprays.
  + **Safe injection practices:**
* No recapping of needles unless required by the specific procedure being performed.
* Use of self-sheathing needles and/or needleless systems when available.
* All needles and other disposable sharps will be placed in designated puncture resistant containers as soon as possible after their use.
  + **Safe handling of potentially contaminated surfaces or equipment:**
* Environmental cleaning: Areas in which patient care activities are performed will be routinely cleaned and disinfected at the conclusion of the activity as outlined by the laboratory course director/instructor.
* Medical equipment safety. Reusable medical equipment must be cleaned and disinfected (or sterilized) according to the manufacturer’s instructions. If the manufacturer does not provide guidelines for this process the device may not be suitable for multi-patient use.
  + **Respiratory hygiene/Cough etiquette:**
* Cover mouth/nose when coughing or sneezing.
* Use and dispose of tissues.
* Perform hand hygiene after hands have been in contact with respiratory secretions.
* Consider using a mask to prevent aerosol spread. Consult with your clinical preceptor regarding specific clinical policy on when masks must be used.
* Sit as far away from others as possible when ill with respiratory symptoms.

**Student Safety During SCPEs {A3.08}[[82]](#endnote-82)**

UMES PA program will ensure that appropriate OSHA training is provided to students prior to SCPEs. The facility at which the SCPE takes place shall provide to UMES PA students access to the facility’s rules, regulations, policies and procedures with which the UMES PA students are expected to comply, including, the Facility’s OSHA, personal and workplace security and personal safety policies and procedures and shall address all appropriate safety measures for all UMES PA students and any UMES PA instructors on site. It will be the preceptor’s responsibility to take reasonable steps to ensure personal safety and security of students during the SCPE. This is clearly communicated to preceptors and agreed upon in a signed Preceptor Agreement obtained prior to the SCPEs.

**Post-Exposure Protocols {A3.08}[[83]](#endnote-83)**

Should an exposure to blood and/or other body fluid or a needle stick injury occur, the procedure for obtaining appropriate medical care is as follows:

**When an exposure occurs:**

* 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 all though some may do so.** All UMES students are required to carry health insurance for the duration of the program.
* 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.

Following an exposure, once the student has followed the clinical site’s protocol the affected students must contact the Clinical Education Director within 24 hours. The student must also complete the Student Exposure Form (See UMES Clinical Education Handbook) and follow the directions at the top of the form. Please complete the form as accurately and completely as possible. Subsequently, a UMES Accidental Personal Injury Report must be completed by the CED or PMS, and is filed in the PA office for tracking, with a copy sent to UMES Conduct Administrator.

**Insurance:** The student’s insurance identification card should be shown when medical evaluation is needed. Students will be financially responsible for all costs incurred during compliance with this policy. (See Student Health Policy).

**Policy on Campus Security {A1.02g}[[84]](#endnote-84)**

**Prevention Education**

The Department of Public Safety distributes materials specific to UMES campus safety at the Enrollment 101 presentations and New Student Orientation. Flyers are also posted throughout the campus and copies of the safety materials may be requested from the Department of Public Safety or downloaded from the Public Safety website. In addition to the UMES specific safety information, publications recommended by the National Crime Prevention Council and by Maryland Crime Watch on various topics, including general crime prevention, sexual assault/date rape, awareness, self-protection and operation I.D. are available via the Public Safety website and in the Campus Police office. Information is also provided to the University community through lectures, videos, bulletins and workshops conducted throughout the academic year. Officers are available to give presentations on a number of public safety topics as requested.

**Emergency Response Plans**

The UMES Crisis Management Committee routinely meets to review, exercise and critique the University’s emergency response plans. The plans are published and available from the Department of Public Safety upon request or may be found on the UMES Public Safety Website. Questions or clarification regarding the published plans may be made through the Department of Public Safety at 410- 651-6590.

# Student Signature Sheet {3.02}[[85]](#endnote-85)

I attest that I have received, read, fully understand, and agree to comply with all policies and procedures set forth in the **UMES Physician Assistant Clinical Program Handbook 2021-2022.**

**I understand the following:**

1. HIPAA and patient safety is a priority and these protocols must be adhered to at all times.
2. The program reserves the right to replace a student’s elective rotation with a program determined core rotation.
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 patient requirements that are required for graduation. Students are responsible for tracking this data in every rotation.
5. Students have a requirement to fulfill 200 hours of clinical time for each rotation unless fewer hours are approved by Clinical Education Director or Program Management Specialist.
6. All time off must be recorded by a Time Off Request Form and approved by the Clinical Education Director.
7. COVID-19 Vaccine Clause: We anticipate our clinical partners will require the COVID-19 vaccine and booster vaccinations; thus, students could experience a delay in progression if they cannot meet the onboarding requirements of a clinical site. If a student refuses to receive the COVID-19 vaccine they must attest that they are aware that this may delay and/or defer their graduation due to the inability of the student being allowed on-site and the programs clinical site availability.

Printed Name Student Signature Date

**This form must be returned to the Clinical Education Director**

# ARC-PA Standards

ARC-PA Standards, 5th Ed. First Published September, 2019. Effective September 2020. With clarifications 11/2019, 9/2020, 3/2021, 3/2022 & 9/2022 <https://www.arc-pa.org/wp-content/uploads/2022/10/Standards-5th-Ed-September-2022.pdf>

1. sA3.01: Program policies must apply to all students, principal faculty and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. [↑](#endnote-ref-1)
2. A3.02: The program must define, publish, make readily available and consistently apply its policies and practices to all students. [↑](#endnote-ref-2)
3. B3.07: Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

   1. family medicine,
   2. emergency medicine,
   3. internal medicine,
   4. surgery,
   5. pediatrics,
   6. women’s health including prenatal and gynecologic care, and
   7. behavioral and mental health care.

   [↑](#endnote-ref-3)
4. B3.06: Supervised clinical practice experiences should occur with:

   1. physicians who are specialty board certified in their area of instruction,
   2. NCCPA certified PAs, or
   3. other licensed health care providers qualified in their area of instruction.

   [↑](#endnote-ref-4)
5. B3.03: *Supervised clinical practice experiences must* enable all students to meet the program’s *learning outcomes:*

   for preventive, emergent, acute, and chronic patient encounters,

   across the life span, to include infants, children, adolescents, adults, and the elderly,

   for women’s health (to include prenatal and gynecologic care)

   for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

   for behavioral and mental health conditions. [↑](#endnote-ref-5)
6. B2.13 The curriculum must include instruction to prepare students to search, interpret and evaluate the medical literature to include:

   framing of research questions,

   interpretation of basic biostatistical methods,

   the limits of medical research,

   types of sampling methods, and

   the use of common databases to access medical literature. [↑](#endnote-ref-6)
7. A3.15f The program must define, publish, consistently apply and make readily available to students upon admission:

   any required academic standards,

   requirements and deadlines for progression in and completion of the program,

   policies and procedures for remediation and deceleration,

   policies and procedures for withdrawal and dismissal,

   policy for student employment while enrolled in the program,

   policies and procedures for allegations of student mistreatment, and

   policies and procedures for student grievances and appeals. [↑](#endnote-ref-7)
8. A1.02j The sponsoring institution is responsible for:

   supporting the planning by program faculty of curriculum design, course selection, and program assessment,

   hiring faculty and staff,

   ensuring effective program leadership,

   complying with ARC-PA accreditation Standards and policies,

   conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,

   ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations,

   documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs,

   teaching out currently matriculated students in accordance with the institution’s accreditor or federal law in the event of program closure and/or loss of accreditation,

   defining, publishing, making readily available and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment,

   defining, publishing, making readily available and consistently applying to students, its policies and procedures for processing student allegations of harassment, and

   defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees. [↑](#endnote-ref-8)
9. 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. [↑](#endnote-ref-9)
10. B3.01 The program must secure clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program’s learning outcomes for supervised clinical practice experiences. [↑](#endnote-ref-10)
11. B3.02 Clinical sites and preceptors located outside of the United States must only be used for elective rotations. [↑](#endnote-ref-11)
12. B3.03 Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-12)
13. B3.04 Supervised clinical practice experiences must occur in the following settings:

    emergency department,

    inpatient,

    outpatient, and

    operating room. [↑](#endnote-ref-13)
14. B3.05 Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs. [↑](#endnote-ref-14)
15. B3.06 Supervised clinical practice experiences should occur with:

    physicians who are specialty board certified in their area of instruction,

    NCCPA certified PAs, or

    other licensed health care providers qualified in their area of instruction. [↑](#endnote-ref-15)
16. B3.07 Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

    1. family medicine,
    2. emergency medicine,
    3. internal medicine,
    4. surgery,
    5. pediatrics,
    6. women’s health including prenatal and gynecologic care, and
    7. behavioral and mental health care.

    [↑](#endnote-ref-16)
17. 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. [↑](#endnote-ref-17)
18. B3.07: Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

    1. family medicine,
    2. emergency medicine,
    3. internal medicine,
    4. surgery,
    5. pediatrics,
    6. women’s health including prenatal and gynecologic care, and

    behavioral and mental health care. [↑](#endnote-ref-18)
19. B3.07: Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

    1. family medicine,
    2. emergency medicine,
    3. internal medicine,
    4. surgery,
    5. pediatrics,
    6. women’s health including prenatal and gynecologic care, and
    7. behavioral and mental health care.

    [↑](#endnote-ref-19)
20. A3.02 The program must define, publish, make readily available and consistently apply its policies and practices to all students. [↑](#endnote-ref-20)
21. 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. [↑](#endnote-ref-21)
22. B4.01: The program must conduct frequent, objective and documented evaluations of student performance for both didactic and supervised clinical practice experience components. The evaluations must:

    align with what is expected and taught and

    allow the program to identify and address any student deficiencies in a timely manner [↑](#endnote-ref-22)
23. A3.07 The program must define, publish, make readily available and consistently apply:

    a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.

    written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components. [↑](#endnote-ref-23)
24. A3.07: The program must define, publish, make readily available and consistently apply:

    1. a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.
    2. written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.

    [↑](#endnote-ref-24)
25. A3.07: The program must define, publish, make readily available and consistently apply:

    1. a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.
    2. written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.

    [↑](#endnote-ref-25)
26. A3.07: The program must define, publish, make readily available and consistently apply:

    1. a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.
    2. written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.

    [↑](#endnote-ref-26)
27. A3.08: The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-27)
28. A3.08: The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-28)
29. A3.08: The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-29)
30. A3.08: The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-30)
31. A1.02: The sponsoring institution is responsible for:

    1. supporting the planning by program faculty of curriculum design, course selection, and program assessment,
    2. hiring faculty and staff,
    3. ensuring effective program leadership,
    4. complying with ARC-PA accreditation Standards and policies,
    5. conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,
    6. ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations,
    7. documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs,
    8. teaching out currently matriculated students in accordance with the institution’s regional accreditor or federal law in the event of program closure and/or loss of accreditation,
    9. defining, publishing, making readily available and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment,
    10. j) defining, publishing, making readily available and consistently applying to students, its policies and procedures for processing student allegations of harassment, and
    11. defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees.

    [↑](#endnote-ref-31)
32. A3.04 The program must define, publish, make readily available and consistently apply a policy that PA students must not be required to work for the program. [↑](#endnote-ref-32)
33. A3.05: The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as:

    1. instructional faculty and

    clinical or administrative staff. [↑](#endnote-ref-33)
34. A3.15e: The program must define, publish, consistently apply and make readily available to students upon admission:

    a) any required academic standards,

    b) requirements and deadlines for progression in and completion of the program,

    c) policies and procedures for remediation and deceleration,

    d) policies and procedures for withdrawal and dismissal,

    e) policy for student employment while enrolled in the program,

    f) policies and procedures for allegations of student mistreatment, and

    g) policies and procedures for student grievances and appeals. [↑](#endnote-ref-34)
35. A3.04 The program must define, publish, make readily available and consistently apply a policy that PA students must not be required to work for the program. [↑](#endnote-ref-35)
36. A3.05: The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as:

    1. instructional faculty and

    clinical or administrative staff. [↑](#endnote-ref-36)
37. A3.15e: The program must define, publish, consistently apply and make readily available to students upon admission:

    a) any required academic standards,

    b) requirements and deadlines for progression in and completion of the program,

    c) policies and procedures for remediation and deceleration,

    d) policies and procedures for withdrawal and dismissal,

    e) policy for student employment while enrolled in the program,

    f) policies and procedures for allegations of student mistreatment, and

    g) policies and procedures for student grievances and appeals. [↑](#endnote-ref-37)
38. A3.01: Program policies must apply to all students, principal faculty and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. [↑](#endnote-ref-38)
39. 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. [↑](#endnote-ref-39)
40. 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. [↑](#endnote-ref-40)
41. 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. [↑](#endnote-ref-41)
42. A1.11 The sponsoring institution *must,* in a manner consistent with its own mission and applicable laws demonstrate a commitment to student, faculty and staff *diversity, equity,* and *inclusion* by:

    1. supporting the program in having a documented action plan for diversity, equity and inclusion,
    2. supporting the program in implementing recruitment strategies,
    3. the program in implementing retention strategies, and
    4. supporting making available, resources which promote diversity, equity and inclusion.

    [↑](#endnote-ref-42)
43. A2.05 *Principal faculty* and the program director *must* be responsible for, and actively participate in the processes of:

    1. developing, reviewing and revising as necessary the mission statement, goals and competencies of the program,
    2. selecting applicants for admission to the PA program,
    3. providing student instruction,
    4. evaluating student performance,
    5. academic counseling of students,
    6. assuring the availability of remedial instruction,
    7. designing, implementing, coordinating, and evaluating the curriculum, and
    8. evaluating the program.

    [↑](#endnote-ref-43)
44. A3.15: The program must define, publish, consistently apply and make readily available to students upon admission:

    1. any required academic standards,
    2. requirements and deadlines for progression in and completion of the program,
    3. policies and procedures for remediation and deceleration,
    4. policies and procedures for withdrawal and dismissal,
    5. policy for student employment while enrolled in the program,
    6. policies and procedures for allegations of student mistreatment, and

    policies and procedures for student grievances and appeals. [↑](#endnote-ref-44)
45. A3.15 The program must define, publish, consistently apply and make readily available to students upon admission:

    a) any required academic standards,

    b) requirements and deadlines for progression in and completion of the program,

    c) policies and procedures for remediation and deceleration,

    d) policies and procedures for withdrawal and dismissal,

    e) policy for student employment while enrolled in the program,

    f) policies and procedures for allegations of student mistreatment, and

    g) policies and procedures for student grievances and appeals. [↑](#endnote-ref-45)
46. 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 [↑](#endnote-ref-46)
47. A3.15c The program must define, publish, consistently apply and make readily available to students upon admission:

    any required academic standards,

    requirements and deadlines for progression in and completion of the program,

    policies and procedures for remediation and deceleration,

    policies and procedures for withdrawal and dismissal,

    policy for student employment while enrolled in the program,

    policies and procedures for allegations of student mistreatment, and

    policies and procedures for student grievances and appeals. [↑](#endnote-ref-47)
48. B2.08b: The curriculum must include instruction in:

    the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,

    preventive, emergent, acute, chronic, and rehabilitative patient encounters,

    pre-, intra-, and post-operative care,

    psychiatric/behavioral conditions, and

    palliative and end-of-life care. [↑](#endnote-ref-48)
49. B3.03a: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-49)
50. B2.08b: The curriculum must include instruction in:

    the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,

    preventive, emergent, acute, chronic, and rehabilitative patient encounters,

    pre-, intra-, and post-operative care,

    psychiatric/behavioral conditions, and

    palliative and end-of-life care. [↑](#endnote-ref-50)
51. B3.03a: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-51)
52. B2.08b: The curriculum must include instruction in:

    the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,

    preventive, emergent, acute, chronic, and rehabilitative patient encounters,

    pre-, intra-, and post-operative care,

    psychiatric/behavioral conditions, and

    palliative and end-of-life care. [↑](#endnote-ref-52)
53. B3.03a: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-53)
54. B2.08b: The curriculum must include instruction in:

    the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,

    preventive, emergent, acute, chronic, and rehabilitative patient encounters,

    pre-, intra-, and post-operative care,

    psychiatric/behavioral conditions, and

    palliative and end-of-life care. [↑](#endnote-ref-54)
55. B3.03a: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-55)
56. B2.08b: The curriculum must include instruction in:

    the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,

    preventive, emergent, acute, chronic, and rehabilitative patient encounters,

    pre-, intra-, and post-operative care,

    psychiatric/behavioral conditions, and

    palliative and end-of-life care. [↑](#endnote-ref-56)
57. B3.03c: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-57)
58. B3.03c: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-58)
59. B3.03d: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-59)
60. B3.03d: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-60)
61. B3.03d: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-61)
62. B3.03e: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

    for preventive, emergent, acute, and chronic patient encounters,

    across the life span, to include infants, children, adolescents, adults, and the elderly,

    for women’s health (to include prenatal and gynecologic care),

    for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

    for behavioral and mental health conditions. [↑](#endnote-ref-62)
63. B2.08e: The curriculum must include instruction in:

    the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,

    preventive, emergent, acute, chronic, and rehabilitative patient encounters,

    pre-, intra-, and post-operative care,

    psychiatric/behavioral conditions, and

    palliative and end-of-life care. [↑](#endnote-ref-63)
64. B3.04a: Supervised clinical practice experiences must occur in the following settings:

    emergency department,

    inpatient,

    outpatient, and

    operating room. [↑](#endnote-ref-64)
65. B3.04b: Supervised clinical practice experiences must occur in the following settings:

    emergency department,

    inpatient,

    outpatient, and

    operating room. [↑](#endnote-ref-65)
66. B3.04c: Supervised clinical practice experiences must occur in the following settings:

    emergency department,

    inpatient,

    outpatient, and

    operating room. [↑](#endnote-ref-66)
67. B3.04d: Supervised clinical practice experiences must occur in the following settings:

    emergency department,

    inpatient,

    outpatient, and

    operating room. [↑](#endnote-ref-67)
68. B1.04: The sponsoring institution must provide academic support and student services to PA students that are equivalent to those services provided to other comparable students of the institution. [↑](#endnote-ref-68)
69. B4.04: The program must document equivalency of student evaluation methods and outcomes when instruction is:

    conducted at geographically separate locations and/or

    provided by different pedagogical and instructional methods or techniques for some students. [↑](#endnote-ref-69)
70. A3.15c The program must define, publish, consistently apply and make readily available to students upon admission:

    any required academic standards,

    requirements and deadlines for progression in and completion of the program,

    policies and procedures for remediation and deceleration,

    policies and procedures for withdrawal and dismissal,

    policy for student employment while enrolled in the program,

    policies and procedures for allegations of student mistreatment, and

    policies and procedures for student grievances and appeals. [↑](#endnote-ref-70)
71. A3.15c The program must define, publish, consistently apply and make readily available to students upon admission:

    any required academic standards,

    requirements and deadlines for progression in and completion of the program,

    policies and procedures for remediation and deceleration,

    policies and procedures for withdrawal and dismissal,

    policy for student employment while enrolled in the program,

    policies and procedures for allegations of student mistreatment, and

    policies and procedures for student grievances and appeals. [↑](#endnote-ref-71)
72. A3.15c The program must define, publish, consistently apply and make readily available to students upon admission:

    any required academic standards,

    requirements and deadlines for progression in and completion of the program,

    policies and procedures for remediation and deceleration,

    policies and procedures for withdrawal and dismissal,

    policy for student employment while enrolled in the program,

    policies and procedures for allegations of student mistreatment, and

    policies and procedures for student grievances and appeals. [↑](#endnote-ref-72)
73. 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 meets the program competencies required to enter clinical practice, including:

    a) clinical and technical skills,

    b) clinical reasoning and problem-solving abilities,

    c) interpersonal skills,

    d) medical knowledge, and

    e) professional behaviors. [↑](#endnote-ref-73)
74. A3.15c The program must define, publish, consistently apply and make readily available to students upon admission:

    any required academic standards,

    requirements and deadlines for progression in and completion of the program,

    policies and procedures for remediation and deceleration,

    policies and procedures for withdrawal and dismissal,

    policy for student employment while enrolled in the program,

    policies and procedures for allegations of student mistreatment, and

    policies and procedures for student grievances and appeals. [↑](#endnote-ref-74)
75. B3.07 Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

    family medicine,

    emergency medicine,

    internal medicine,

    surgery,

    pediatrics,

    women’s health including prenatal and gynecologic care, and

    behavioral and mental health care. [↑](#endnote-ref-75)
76. B3.01: The program must secure clinical sites and preceptors in sufficient numbers to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences. [↑](#endnote-ref-76)
77. B3.07: *Supervised clinical practice experience*s *must* occur with *preceptors* who enable students to meet program defined *learning outcomes* for:

    1. family medicine,
    2. emergency medicine,
    3. internal medicine,
    4. surgery,
    5. pediatrics,
    6. women’s health including prenatal and gynecologic care, and
    7. behavioral and mental health care.

    [↑](#endnote-ref-77)
78. B2.13: The curriculum must include instruction to prepare students to search, interpret and evaluate the medical literature to include:

    1. framing of research questions,
    2. interpretation of basic biostatistical methods,
    3. the limits of medical research,
    4. types of sampling methods, and
    5. the use of common databases to access medical literature.

    [↑](#endnote-ref-78)
79. A3.13: The program must define, publish, consistently apply and make readily available to prospective students, policies and procedures to include:

    1. admission and enrollment practices that favor specified individuals or groups (if applicable),
    2. admission requirements regarding prior education or work experience,
    3. practices for awarding or granting advanced placement,
    4. any required academic standards for enrollment, and

    any required technical standards for enrollment. [↑](#endnote-ref-79)
80. A3.08 The program *must* define, publish, make *readily available* and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices *must*:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-80)
81. A3.08 The program *must* define, publish, make *readily available* and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices *must*:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and clearly define financial responsibility.

    [↑](#endnote-ref-81)
82. A3.08 The program *must* define, publish, make *readily available* and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices *must*:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and clearly define financial responsibility.

    [↑](#endnote-ref-82)
83. A3.08 The program *must* define, publish, make *readily available* and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices *must*:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-83)
84. A1.02g The sponsoring institution is responsible for:

    1. supporting the planning by *program faculty* of curriculum design, course selection, and program assessment,
    2. hiring faculty and staff,
    3. ensuring effective program leadership,
    4. complying with ARC-PA accreditation *Standards* and policies,
    5. conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,
    6. ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations,
    7. documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs,
    8. *teaching out* currently matriculated students in accordance with the institution’s accreditor or federal law in the event of program closure and/or loss of accreditation,
    9. defining, publishing, making *readily available* and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment,
    10. defining, publishing, making *readily available* and consistently applying to students, its policies and procedures for processing student allegations of harassment, and

    defining, publishing, making *readily available* and consistently applying to students, its policies and procedures for refunds of tuition and fees. [↑](#endnote-ref-84)
85. A3.02: The program must define, publish, make readily available and consistently apply its policies and practices to all students. [↑](#endnote-ref-85)