Marywood University Physician Assistant Program Handbook
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Faculty and Staff Contact Information

**Program Director**, Lori Swanchak, Ph.D., PA-C  
swanchak@marywood.edu  570-961-4711  
(cell) 570-947-0087

**Medical Director**, Stanley Blondek, MD, DPM, FAAP  
swblondek@marywood.edu  570-348-6298

**Academic Director**, Abigail Davis, MPAS, PA-C  
abidavis@marywood.edu  570-961-4543

**Academic Coordinator**, David Isgan, MHS, PA-C  
isgan.d@marywood.edu  570-961-4542

**Clinical Director**, Justine Samanas, MPAS, PA-C  
samanas@marywood.edu  570-340-6084

**Clinical Coordinator**, Marie Bonavoglia, Ph.D., PA-C  
msbonavoglia@marywood.edu  570-340-6005

**Clinical Coordinator**, Jessica Frawley, MPAS, PA-C  
jfrawley@marywood.edu  570-340-6054

**Administrative Assistant**, Robyn Hachan  
rmhachan@marywood.edu  570-348-6298

**Clinical Secretary**, Maria Gentilezza  
mgentilezza@marywood.edu  570-348-6298

*Contact information for didactic adjunct faculty will be listed on their syllabus*
Mission and Goals

The Mission and Goals of the Physician Assistant Program are consistent with the Mission Statement and Goals of Marywood University.

The Physician Assistant Program Mission Statement

The Physician Assistant Program at Marywood University is committed to providing students with an exceptional education in a supportive and nurturing environment. This professional education will include the biomedical and clinical knowledge necessary to diagnose, treat, educate, and empower patients in a variety of settings across the lifespan.

The Program is committed to preparing the student to deal with the changing healthcare environment while promoting the PA profession.

The Program emphasizes the importance of creating a knowledge community for future PA students to succeed while providing leadership to promote the PA profession within the community.

The Program acknowledges that patients are more than his or her physical body; therefore, the Program is dedicated to teaching our students to appreciate the patient’s spirit in addition to caring for his or her body.

The Program has an awareness of the need for quality healthcare, both regionally and globally, and the Program prepares each student to undertake the challenges of an ever-changing healthcare environment.

Goals of the Physician Assistant Program

Goal 1: To provide students with the knowledge, skills, and experience necessary to be successful, competent physician assistants.

Goal 2: To prepare students to participate as effective members of interdisciplinary healthcare teams in the promotion of health, prevention of illness, and care of diverse populations across the lifespan.

Goal 3: To develop effective interpersonal and communication skills within the medical community.

Goal 4: To encourage students to incorporate Marywood University’s goal of learning to live and practice medicine responsibly in an interdependent world.

Goal 5: To develop professionalism and leadership skills at the local, state, and national level, shaping future policy and legislation to promote Physician Assistant practice.

Technical Standards

A Physician Assistant is a health care professional that possesses the knowledge and skills required to provide high quality patient care to a diverse patient population. They must be able to integrate all information received by whatever sense(s) employed consistently, quickly, and accurately, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data. A candidate for the physician assistant profession must have the abilities and skills of observation, communication, motor, integrative, and behavioral and social. Reasonable accommodation can be made for some handicaps but on an individual basis, such a candidate should be able to perform in a reasonably independent manner.
• Observation
  o Candidates must be able to observe in the lecture hall, laboratory, and both the inpatient and outpatient setting. Vision, hearing, and tactile sensation must be adequate to observe a patient’s condition and elicit information from a physical examination that includes inspection, auscultation, and palpation.

• Communication
  o Candidates must be able to communicate effectively in the academic and health care settings. Candidates should possess effective written and verbal communication skills to allow for communication with patients in order to elicit information, describe changes in mood, activity, posture, and perceive nonverbal communications.

• Motor
  o The ability to perform the basic diagnostic and therapeutic maneuvers and procedures such as palpation and percussion, is required. Candidates must have sufficient motor function to execute movements reasonably required to provide care to patients. Candidates must be able to move between settings such as clinical, classroom, and hospital. Physical stamina is also required to complete the rigorous course of didactic and clinical study required. Long periods of sitting, standing, and moving are required throughout both the didactic and clinical phases.

• Intellectual-Conceptual, Integrative and Quantitative Abilities
  o Candidates must be able to measure, calculate, reason, analyze, and synthesize. Problem solving is one of the critical skills required for physician assistants. The candidate should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures. Candidates must be able to read and comprehend medical literature.

• Behavioral and Social Attributes
  o Candidates must possess the emotional health and stability required for full utilization of their intellectual abilities. The candidate must exercise good judgment, and the prompt completion of all academic and patient care responsibilities. The development of mature, sensitive and effective relationships with patients and other members of the health care team is essential. The ability to function in the face of uncertainty is inherent in clinical practice. Flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are requirements of the profession. The ability to function under stress is essential.

**Graduate Competencies**

Upon completion of the Marywood University Physician Assistant Program, the graduate will be able to:

• Elicit a medical history
  o Ensure patient comfort
  o Establish rapport with the patient and/or family
  o Review medical records
  o Recognize and interpret verbal and nonverbal cues
  o Include all relevant components
  o Adjust according to reason for visit, patient demographics, etc.
• Elicit psychosocial factors which may impact upon patient’s health

• Perform a physical examination
  o Explain examination procedures
  o Ensure patient comfort and privacy
  o Utilize diagnostic tools appropriately
  o Assess general status of patient
  o Utilize the skills of inspection, palpation, percussion, and auscultation
  o Obtain vital signs
  o Examine/assess appropriate systems
  o Employ special procedures where appropriate
  o Adjust according to reason for visit, patient demographics, patient condition, etc.
  o Use principles of economy of motion, economy of time

• Develop a diagnostic management plan
  o Differentiate normal from abnormal findings
  o Order appropriate diagnostic tests
  o Perform diagnostic tests as appropriate
  o Consider cost, sensitivity, specificity, invasiveness, appropriate sequencing, etc.
  o Repeat or orders additional tests as indicated
  o Consider referral as option

• Analyze data and develop a differential diagnosis
  o Analyze subjective and objective findings
  o Recognize diagnostic patterns
  o Recognize impact of social and behavioral issues
  o Apply principles of epidemiology and principles of evidence-based medicine
  o Use problem oriented systems

• Develop a therapeutic management plan
  o Apply principles of pharmacotherapeutics
  o Consider patient’s overall condition including socioeconomic factors
  o Develop plan with patient and/or family
  o Include non-pharmacologic modalities as appropriate
  o Consider referral as option
  o Ensure implementation
  o Ensure follow up
  o Adjust plan as needed
  o Obtain patient’s informed consent as appropriate

• Provide patient education
  o Maximize patient autonomy
  o Apply principles of adult learning
  o Instruct patients in health promotion and disease prevention principles
  o Assist patient/family with utilization of community services
  o Develop patient education materials
  o Include family members as appropriate

• Maintain medical records
  o Obtain biographical data for patient
- Document history, physical examination, progress notes, orders, etc.
- Utilize proper medical charting principles
- Prepare summaries as needed (admission, discharge, surgery, etc.)
- Use written and oral (dictation) communication techniques
- Obtain physician signature
- Maintain confidentiality of records

- Perform medical and surgical techniques
  - Perform basic and advanced cardiac life support
  - Provide wound care including suturing and removal of foreign bodies
  - Obtain specimens (blood, fluid, or tissue)
  - Administer medications by various routes
  - Assist in surgery (first or second assist)
  - Apply casts and other forms of immobilization
  - Uses principle of aseptic technique and universal precautions

- Utilize administrative, management and research skills
  - Comply with local, state, and federal laws and regulations
  - Monitor patient care for quality outcomes and cost effectiveness
  - Follow guidelines for third party reimbursement
  - Develop research proposal
  - Utilize technology, including computer technology, to enhance patient care
  - Participate in active scholarship and teaching

- Demonstrate professionalism
  - Demonstrate clear and effective oral and written communication skills
  - Maintain patient confidentiality
  - Maintain high moral and ethical standards
  - Function as a member of the health care team
  - Participate in service to the community and the profession
  - Demonstrate respect for individual and cultural diversity
  - Recognize limitations and seek physician counsel as appropriate
  - Promote the physician assistant profession and philosophies
  - Apply humanistic approach to health care

- Acknowledge the importance of lifelong learning and professional education
  - Maintain certification status
  - Provide education to the community and/or profession
  - Keep abreast of technological advances

Code of Ethics of the Physician Assistant Profession

The American Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible health care services. The following principles delineate the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals, and the general public. Realizing that no code can encompass all the ethical responsibilities of the physician assistant, this enumeration of obligations in the code of ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned.
Physician Assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of humans.

Physician Assistants shall extend to each patient the full measure of their ability as dedicated, empathetic health care providers and shall assume responsibility for the skillful and proficient transactions of their professional duties.

Physician Assistants shall deliver needed health care services to health consumers without regard to sex, age, race, creed, socio-economic, and political status.

Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patient’s health care.

Physician Assistants shall seek consultation with their supervising physician, other health care providers, or qualified professionals having special skills, knowledge, or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the physician assistant regarding the care of the patient.

Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.

Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

Physician Assistants shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law, or such information becomes necessary to protect the welfare of the patient and the community.

Physician Assistants shall strive to maintain and increase the quality of individual health care services through individual study and continuing education.

Physician Assistants shall have the duty to respect the law, to uphold the dignity of the physician assistant profession, and to accept its ethical principles. The physician assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.

Physician Assistants, ever cognizant of the need of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.

Physician Assistants shall strive to maintain a spirit of cooperation with their professional organization and the general public.

Program Accreditation

STANDARD A3.01 Program policies must apply to all students, principal faculty and the program director regardless of location.

STANDARD A3.02 The program must inform students of program policies and practices.

Marywood University’s Physician Assistant Program has been granted accreditation by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).
This handbook is based on the Accreditation Standards for Physician Assistant Education. The Standards provide the requirements to which each program is to be held accountable. Based on compliance with the Standards, ARC-PA will confer or deny program accreditation. For more information on the accreditation process or detailed information regarding Accreditation Standards for Physician Assistant Education, please refer to [http://www.arc-pa.org/](http://www.arc-pa.org/).

**Financial Policies and Tuition Costs**

Detailed information regarding the current financial policies, tuition, and fees of Marywood University can be found at [http://www.marywood.edu/cashier/financial-facts/tuition-and-fees.html](http://www.marywood.edu/cashier/financial-facts/tuition-and-fees.html).

**Attendance Policy**

In so much as motivation, enthusiasm, and commitment to the study of medicine are directly reflected in the discipline of prompt, regular attendance and preparation for classes, the Program has an important obligation to maintain a positive rapport with the visiting physicians and other health care professionals who are faculty of the Program. These relationships are vital to the ongoing success and development of the Program and the support of the clinical rotation experiences. Attendance is a minimum demonstration of this commitment. Given the importance of attendance, the following policy will be enforced:

- Attendance is mandatory in all classes, labs, seminars, small group discussions, field experiences, clinical rotations, and any other activities designed by the Program staff and administration. Personal appointments should be scheduled outside of class time. Full time or part time employment is discouraged because of the rigors of the Program.
- Students are expected to be in their respective classes, labs, small groups, clinical rotation, etc. at the scheduled time ready to begin class participation (i.e. properly prepared for labs regarding equipment and dress).
- Tardiness disrupts the entire class and clinical site and will not be tolerated.
- An unexcused absence is defined as any absence from a class or clinical rotation without prior approval from the instructor, Academic Director, Clinical Director, or Program Director.
- Unexcused absences in any class or activity may automatically lower the final letter grade in that class or the clinical rotation.
- Three unexcused absences from any class or program activity may result in dismissal from the program.
- The first two (2) episodes of unexcused absences will require a 10 page paper covering the topic/ material missed for each one hour session. The paper is to be submitted to the Academic Director.
- Any examination missed due to an unexcused absence will not be graded higher than 80%.
- Any absence due to illness during the didactic phase or clinical phase must be reported to the Academic Director, Clinical Director or Program Director prior to the scheduled activity the student will be missing.
  - This should not occur after the absence has occurred unless in the case of an emergency.
It is the responsibility of the student to obtain any missed work or make up assignments or make up missed clinical time. If notification is not made prior to the start of the activity, the absence will be considered unexcused.

- Any examination missed during an absence due to an illness or major life event must be made up within 24 hours of return to class or as otherwise scheduled by the instructor or Academic Coordinator, Clinical Director, and/or Program Director.
- Any student missing two (2) or more total days from class or clinical rotation during any semester due to a physical or emotional illness will be required to submit a letter from their health care provider. The Academic Director, Clinical Director, and Program Director will review the letter and determine the student’s ability to continue in the Program.

Absence due to Bereavement or Military Duty

Any absence due to a death in the family or military duty must be reported to the Academic Director, Clinical Director or Program Director prior to the scheduled activity the student will be missing. This should not occur after the absence has occurred unless in the case of an emergency. It is the responsibility of the student to obtain any missed work or make up assignments or make up missed clinical time. Any examination missed during the absence must be made up within 24 hours of return to class or as otherwise scheduled by the instructor or Academic Coordinator, Clinical Director, and/or Program Director.

- Death in the immediate family: 3 days per occurrence
- Death in extended family: 2 days per occurrence
- Military duty: 2 weeks for maneuvers

Severe Weather Policy / Class Cancellation

Although Marywood University is committed to keeping its campus open at all times, inclement weather may result in necessary cancellations. Cancellation announcements will specify classes, offices, and/or special events.

*The PA Program does not follow a compressed schedule. The regular schedule will be in effect for the remainder of the delay regardless of the campus opening time. Students will be notified by the Academic Director when missed classes will be rescheduled.*

*Students in the clinical year of the Program do not follow the Marywood campus delay and cancellation schedule. Students are asked to use their best judgment when traveling. If weather does not permit attendance at their clinical rotation or if arrive late, students are responsible for notifying their clinical site and the Clinical Director prior to the start of the clinical day.*

If a particular class does not follow a standard starting time, the individual instructor should determine the meeting time closest to the standard for that day of the week. All information will come from the Academic Director.

It is understood that weather conditions can vary by geographic location. Therefore, in times of inclement weather, when the University classes are in session, students and faculty members should use their own discretion in determining whether it is safe to travel to campus.
Accordingly and preferably, when a faculty member cancels an individual class, he/she should notify the students a minimum of ninety minutes before the start of the class meeting time. The faculty member should notify his/her Department Chair and Dean at that time. Similarly, a student should notify the faculty member, Academic Director and Program Director that he/she will be absent from a class as a result of severe weather conditions. This notice should also be given in a timely fashion, preferably ninety minutes before the meeting time of the missed class. Where possible, the student should be afforded the opportunity to make up missed class contents without penalty. It is the responsibility of the faculty member to arrange for the student to receive, by an alternative means of the faculty member’s choice, all material covered in that class. Upon the student’s satisfactory completion of this class material, the absence will be designated as an “excused absence.”

Any absences during the clinical phase must be reported to the clinical site and the Clinical Director prior to the start of the clinical day. This should not occur after the absence has occurred unless in the case of an emergency. The Clinical schedule does not follow the campus schedule, and clinical students do not follow Marywood’s compressed schedules or snow days.

Procedures

Members of the Marywood Community should access the following sources for official announcements:

- Marywood University Homepage: [www.marywood.edu](http://www.marywood.edu)
- Inclement Weather Hotline: 570-961-4SNO
- Text Messaging: e2Campus Notification System
  http://www.marywood.edu/news/e2campus.html

Extracurricular Activities

Students are encouraged to be as active in their state, national, and professional organizations as their time and academic commitments will allow. During the first year, only class representatives or student participants may be excused from classes to attend a state or national conference at the discretion of the Program. Judgment will be rendered on a case by case basis.

Students are discouraged from participating in an excessive amount of non-professional extracurricular activities as this will take away time from their academic studies.

Students may be excused from a clinical site to attend one board review conference. Students must submit a written request for permission to the Clinical Director to attend a conference at least 4 weeks in advance of the event.

- These requests are not to exceed 5 days per event
- Students must also be agreeable to make up all assignments missed during their absence
- Students must supply the Program with proof of registration for the conference
- Students may be required to submit a certificate of completion following the conference

Request for Time Off

When a student would like to be excused from class or their clinical rotation during the didactic and clinical year for a non-emergency cause, a written request to the Academic Director, Clinical Director or
Program Director, must be made at least 4 weeks prior to the event. All such absences must have prior program approval before a student may notify the preceptor or instructor.

If the clinical preceptor is on vacation for longer than a 2 day time period, the student must report this to the Program so they can be reassigned to another supervisor for additional clinical hours. Failure to comply with the above stated policy will result in the student being placed on professional probation for the remainder of the clinical year.

Leave of Absence

A written request to the Program Director must be made when a leave of absence is needed. Leave of absences may be granted at the discretion of the faculty within the following guidelines:

- The student is in good academic and clinical standing.
- The student has successfully completed at least one semester of coursework.
- The requested leave of absence will not exceed one year.
- Each student will only be allowed one leave of absence while matriculating in the Marywood University Physician Assistant Program.
- Re-entry requirements will be determined by the Program Faculty and may include repeating coursework.
- Permission to re-enter will be granted on a space available basis and a case by case basis.
- Re-entry is not automatic.
- Documentation of satisfactory resolution of the problem necessitating the leave of absence must be provided to the PA Program prior to the return to coursework.
- Signed technical standards must be provided to the Program prior to return to coursework.
- Any period of time in excess of one year will require the student to repeat the entire program beginning with the didactic year.

A leave of absence may be granted for medical illness. The student must meet with the Program Director to discuss the problem. The attending health care provider should supply proper documentation regarding the reason for the leave of absence plus expected duration of disability. If a leave of absence is needed for a situation other than illness, the student will need to meet with the Program Director. A leave of absence will be granted only if deemed necessary.

A maximum one (1) year leave of absence may be applied for by a student in either phase (didactic or clinical) of the Program. Approval of leave will be dependent upon academic status and reason for the request. All decisions concerning leave of absence will be made by the principal faculty of the Program. All students must present a written release from their health care provider stating that they are cleared to return to the Program and they are able to abide by the technical standards.

Withdrawal Information

STANDARD A3.17 The program must define, publish, and make readily available to students upon admission academic performance and progression information to include:

a) Policies and procedures for withdrawal and dismissal
If a student withdraws from Marywood University for any reason, a percentage of the semester’s tuition fees and room and board costs will be cancelled according to a schedule as determined by the Registrar’s office. Information concerning refunds can be found at http://www.marywood.edu/studenthandbook/services/cashiers-office.html. A withdrawal form must be completed. This form can be found at http://www.marywood.edu/dotAsset/103113.pdf. This information can also be found via the academic calendar published each semester by the Registrar’s office. This can be found at http://www.marywood.edu/registrar/academic-calender.html. Requests for refunds must be submitted in writing to the manager of the Cashier’s Office. The percentage of tuition and fees due the University, as listed, must be paid in full at the time of withdrawal, if full payment was not made at time of registration. That is, the amount owed the University is not affected by the payment plan (deferred tuition plan, financial aid deferred, employer deferred) selected by the student. Please see http://www.marywood.edu/cashier/financial-facts/withdrawal-and-refund-policies.html for more detailed information concerning withdrawal and refunds.

Professionalism and Behavior Policy

“The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient’s welfare are essential attributes of the graduate PA.” Accreditation Standards for Physician Assistant Education© 2017 http://www.arc-pa.org/about/pas/

Classroom Behavior

If a student demonstrates a basic incompatibility with and/or inability to perform professionally in the Program’s classroom based on requirements, he/she may be placed on Professional Probation or dismissed from the Program. A student may demonstrate an overall pattern of incompatibility with and/or inability through (but not limited to) the following:

- Inability to follow instructions as demonstrated by being consistently late in meeting academic deadlines and failing to complete requirements.
- Being consistently late and/or absent from required classes.
- Failure to respect other opinions in classroom discussions as demonstrated by verbal abuse and labeling of others.
- Disrespect of faculty and/or classmates either in or out of the classroom setting.
- Unprofessional behavior in or out of the classroom.
- Misuse/ damage to property.
- Misuse/ wasting of clinical supplies.
- Cell phones are not to be used at any time during class. This includes making or receiving phone calls, and/or text messaging, and/or accessing the internet. In addition, cell phones cannot be used as a calculator; if a calculator is needed, one must be brought to class. Cell phones should be turned off or silenced so they do not interrupt classroom activities. During examinations or quizzes, cell phones must be stored and not accessible.
- Friends and/ or family members are not permitted in any class, lab or clinical space.
Clinical Rotation Behavior

Appropriate clinical rotation behaviors are necessary to promote learning while maintaining professional, respectful interactions among students, preceptors, site staff, faculty, and colleagues. If a student demonstrates a basic incompatibility with and/or inability to perform the Program’s clinical rotation requirement, that student may be placed on Professional Probation or dismissed from the Program. This incompatibility/inability may be demonstrated through (but not limited to) the following:

- Persistent noncompliance with the policies of the Program to include unexcused absences, excessive tardiness, and inability to maintain the required GPA.
- Inappropriate behavior that may include, but not limited to, the inability to accept the student role in the learning process, persistent angry or hostile mood, and recurring behavior or mood conflicts with the staff, preceptors, or faculty.
- Persistent failure to appear at the designated rotation site at the prescribed time and/or days.
- Failure to meet end of rotation deadlines.
- Failure to complete assignments in a timely manner.
- Current illegal activities including, but not limited to, drug trafficking, trouble with the law, fraud on Program documents, sexual harassment, assault, intentional intimidation of others, and/or violations of the personal rights of others.

Interpersonal Behavior

Appropriate interpersonal behaviors are pleasant and professional to maintain, and perpetuate an environment of respect and collegiality. If a student demonstrates interpersonal behaviors which are incompatible with the Program’s classroom or clinical rotation behavioral policies, they may be placed on Professional Probation or dismissed from the Program. Students may demonstrate an overall pattern of incompatibility with and/or inability through the following but not limited to:

- Inability to establish and maintain positive and constructive interpersonal relations including the inability to deal with conflict.
- Emotional instability and/or immaturity as measured through repeated difficulties in forming professional relationships with faculty, staff, other rotation personnel, and peers (e.g. physical or verbal abuse, acts of relational impropriety, and/or criminal violation of the personal and/or property rights of others).
- Persistent personality deficits that consistently and significantly interfere with student’s learning or classroom integrity.
- Behaviors that show symptoms of sufficient dysfunction or personal distress so as to compromise the patient/provider integrity, or the inability to function as a member of the health care team.

Professional Image

The professional image is designed to maintain and perpetuate professionalism and respect among students throughout the program. By adhering to professional standards of dress, safety, and hygiene, students will project competence and credibility during their interactions with patients, colleagues, and the general public. Professional dress code includes, but is not limited to, the following criteria:
- Clothing should allow for adequate movement during patient care. It should not be tight, low cut, or exposing the trunk or undergarments.
- Watches, wedding bands, and/or engagement rings are permissible. Excessive or dangling necklaces or bracelets, more than 2 earrings per ear, and dangling earrings are not permissible.
- No other body piercings are permitted, including but not limited to nose and tongue piercings.
- Fingernails should be kept clean and trimmed and meet the length requirements of the clinical site.
- Students may not exhibit offensive tattoos. Students may be required to cover tattoos.
- Excessive or heavy perfumes or aftershaves/colognes are not permitted.
- Hair should be clean and arranged so as not to interfere with patient care. Hair should be of a color that occurs naturally.

If a student does not follow the Program’s policy of Professional Image, he/she may be placed on Professional Probation or dismissed from the Program. Students may demonstrate significant difficulties in forming a professional image through, but not limited to, the following:

- Severe and persistent problems with personal hygiene which inhibit interaction with others. This may stem from a severe lack of self-awareness, emotional instability/immaturity, a cultural incongruence with accepted minimum professional standards, and/or disregard for minimum public health standards.
- Severe and persistent disregard for University dress codes of a degree to be considered disruptive to the learning environment or run counter to the professional integrity of the University, the Program, or the clinical site.
- Seriously inappropriate affect as demonstrated by extremely withdrawn personality style, persistent incongruent affective responses in the classroom and/or clinical site, violent and inflammatory responses, or persistent angry and hostile mood.
- Personal problems of such a magnitude that the student is unable to work effectively with colleagues and/or patients.

**Professional Behavior**

In addition to mastery of cognitive skills and knowledge, a comprehensive evaluation of a student’s performance includes appraisal of professional behavior and attitudes. Students are periodically evaluated on the following:

- Adherence to professional code of ethics
- Sensitivity to patient and community needs
- Ability to work with and relate to peers, faculty, and other members of the healthcare team
- Attitude
- Attendance and punctuality
- Professional behaviors
- Appearance/image
- Appropriate dress – clean and pressed while wearing a white lab coat bearing Marywood University Physician Assistant Program patch and name tag
Dismissal for Non-Academic Reasons

Students may be dismissed for reasons other than academic deficiency in either the didactic or clinical phase of the Physician Assistant Program. A student’s advancement in the Program may be delayed or terminated for any deviation from professional performance criteria (see Professional Image and Professional Behavior). The policies and practices in this area have been established and are to be abided by in order to protect the rights of students, the well-being of patients, the reputation of the Program and the clinical sites, and the integrity of the profession.

Academic Honesty Policy

The Marywood University community functions best when its members treat one another with honesty, fairness, and trust. The entire community, students and faculty alike, recognize the necessity and accept the responsibility for academic honesty. Students must realize that deception for individual gain is an offense against the entire community.

Students have a responsibility to understand and adhere to the University’s Academic Honesty Policy. Violations of this Academic Honesty Policy or the intent of this statement carry consequences. Any violations of academic honesty in the didactic or clinical phase will result in the assignment of a grade of 0 (zero) for the coursework in which the infraction occurred.


The policy identifies the following types of violations. These examples do not cover all varieties of academic dishonesty, but they do serve as a reasonable general guide.

Cheating is defined as, but not limited to, the following:

- Having unauthorized material and/or electronic devices during an examination without the permission of the instructor
- Copying from another student or permitting copying by another student in a testing situation
- Communicating exam questions to another student
- Completing an assignment for another student, or submitting an assignment done by another student, e.g., exam, paper, laboratory, or computer report
- Taking pictures of exams/exam materials
- Collaborating with another student in the production of a paper or report designated as an individual assignment
- Submitting work purchased from a commercial paper writing service
- Submitting out of class work for an in class assignment
- Changing grades or falsifying records
- Stealing or attempting to steal exams or answer keys, or retaining exams without authorization
- Submitting an identical assignment to two different classes without the permission of the instructors
- Falsifying an account of data collection unless instructed to do so by the course instructor
- Creating the impression, through improper referencing, that the student has read material that was not read
- Artifically contriving material or data and submitting them as fact
- Failing to contribute fairly to group work while seeking to share in the credit
- Collaborating on assignments that were not intended to be collaborative

Plagiarism is defined as the offering as one’s own work the words, ideas, existing imagery, or arguments of another person without appropriate attribution by lines for the correction of accurate or misleading data through informal and formal hearings. A policy statement explains in detail the procedures to be used by Marywood University for compliance with the provisions of the act. Copies of the statement can be found in the Offices of the Registrar and Deans. Plagiarism is considered unprofessional behavior by the Physician Assistant Program and therefore may result in dismissal from the Physician Assistant Program.

- All students must complete the plagiarism module and examination found at https://www.indiana.edu/~istd/plagiarism_test.html and submit certification of completion to program administration.

**Academic Accommodations**

Marywood University complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended by the ADA Amendments Act of 2008. Students with disabilities who need special accommodations must submit documentation of the disability to the Office of Student Support Services, Liberal Arts Center 223B, in order for reasonable accommodations to be granted. The Office of Student Support Services will partner with students to determine the appropriate accommodations and, in cooperation with the instructor, will work to ensure that all students have a fair opportunity to perform in this class. Students are encouraged to notify instructors and the Office of Student Support Services as soon as they determine accommodations are necessary; however, documentation will be reviewed at any point in the semester upon receipt.

Specific details of the disability will remain confidential between the student and the Office of Student Support Services unless the student chooses to disclose or there is legitimate academic need for disclosure on a case by case basis. For assistance, please contact Diane Webber, Associate Director of Student Support Services, at 570-348-6211, ext. 2335 or dtwebber@marywood.edu

For additional information on Student Support Services, consult the following website: http://www.marywood.edu/disabilities/

**Grading Policies and Procedures**

Student’s grades are the responsibility of the Program Director, Academic Director, Clinical Director, and Faculty. Final grades will be based on knowledge of the subject matter as determined through testing and/or assessment. It will also be based on professional considerations such as attendance, punctuality, dependability, initiative, and ability to accept and utilize constructive criticisms, ability to relate to other health care professionals, and adherence to professional standards and the professional code of ethics.
Academic Regulations and Evaluation Guidelines

- In the computation of grade point averages, the following grading system is used:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>97-100</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>92-96</td>
<td>3.67</td>
</tr>
<tr>
<td>B+</td>
<td>88-91</td>
<td>3.33</td>
</tr>
<tr>
<td>B</td>
<td>84-87</td>
<td>3.0</td>
</tr>
</tbody>
</table>

B is the minimum acceptable grade for the Physician Assistant Program Clinical Phase.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-</td>
<td>80-83</td>
<td>2.67</td>
</tr>
</tbody>
</table>

B- is the minimum acceptable grade for the Physician Assistant Program Didactic Phase.

- PA students must pass all courses to continue on to the next semester of course work. Courses cannot be re-taken. All professional didactic courses are pre-requisites for clinical rotations.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>Unofficial Withdrawal (Failure to resolve I or X)</td>
<td>The grade of F indicates that the student has not obtained any credit for semester’s work.</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>The grade of I is given to a student who has done satisfactory work in a course but has not completed the course requirements because of illness or some other emergency situation. The student must submit to the course instructor a written request for the grade I. This grade must be resolved within 1 month after opening of the following semester or the grade will become a permanent F. The I grade will not be figured into GPA.</td>
</tr>
<tr>
<td>W</td>
<td>Withdrew Officially</td>
<td>The grade of W will not be figured into the GPA.</td>
</tr>
<tr>
<td>X</td>
<td>Temporary Delay</td>
<td>The grade of an X means there is a temporary delay in reporting the final grade. The X grade will not be calculated in the GPA.</td>
</tr>
</tbody>
</table>

Didactic Examination and Grading Policy

Course objectives, examinations, and materials are continuously being reviewed and revised in order to approximate more closely the intent and reality of a competency-based curriculum. Didactic course objectives will be provided for each class by the appropriate instructor at the start of the semester. They are also available for review in the Academic Director’s office.

Cognitive skills and knowledge are measured by evaluative methods. Examinations consist primarily of objective items (e.g. multiple choice, matching or short answer questions that may include diagrams to label, projected photographic slides, or audio clips for clinical descriptions or diagnosis).

*STANDARD A3.17f* The program must define, publish, and make readily available to students upon admission academic performance and progression information to include: f) policies and procedures for remediation and deceleration.

- There will be no questions allowed by students during an examination.
- If a student feels a question or answer is in error, he/she may challenge the question/answer in writing to the course instructor, Academic Director, and/or Program Director (in that order) within 48 hours of review of the examination. The written appeal must include a minimum of 3 supporting sources. The decision reached by faculty will be final. If a decision is made to award
credit for the challenged question, this will only be awarded to the student challenging the question.

- If a student feels a grade posted on Moodle is incorrect, they have 1 week after the grade is posted on Moodle to contact the faculty member for clarification of the grade.
- If resolutions cannot be made at the department level for any questions, the matter will be referred to the Marywood University Grade Appeal Committee.
- It is the student’s responsibility to make certain that all eraser marks are complete. There will be no adjusting of grades due to poor eraser marks. If a student makes an error and requests to complete a new Scantron answer sheet, this will be provided during the allotted examination time only. If allotted examination time has elapsed, the original Scantron answer sheet will stand as completed.
- There will be no adjusting of grades due to failure to properly transfer answers from the examination to the Scantron answer sheet.
- It is the student’s responsibility to submit Scantron answer sheets with proper marks for reading by the equipment.
- The Scantron answer sheet is the FINAL answer sheet. Grades will not be adjusted based on answers marked on hard-copy examinations.
- All examinations will be secured in student’s files.
- All students will be evaluated at mid-semester. Any student with an average of below 80% in any course or component will be placed on academic probation.
- At the end of the semester, if a student’s final grade is below an 80%, remediation will take place, and the student will take a comprehensive examination encompassing all material in that course from the entire semester.
- If the student receives an 80% or above on the comprehensive examination, the student will receive a B- in the component, which is the lowest passing grade in the didactic phase.
- Each student is allowed 2 comprehensive examinations per didactic year.
- These guidelines may be modified either at the discretion of the Program principal faculty, individual course instructor, and/or Academic Performance Committee.
- Examinations include but are not limited to all written tests, history and physical exams (H&Ps), quizzes, verbal/oral assessments and any other form of evaluative methods used by course instructors.

Didactic Exam Review Policy

All students have the ability to review any exams and/or assessments during the didactic year. There will be a designated time on the schedule for one hour per week when students will be allowed to access their exams. This will be the only time during the week that students will be allowed to review their exams. The time will be proctored by either the program secretary or one of the faculty.

During this time:

- Students will be required to sign in to the classroom.
- Students must leave all personal belongings in the front of the classroom or outside the room.
- There will be no cell phones, cameras, recording devices, etc. allowed in the classroom.
• Note-taking is prohibited. If a student would like to discuss a particular exam or question, they must bring it to the attention of the proctor who will record the question or concern to be addressed with the course instructor or Academic Director.
• There will be no talking among students.
• Marking or writing on the exam or Scantron sheet is prohibited.

Any violation of the above policy will constitute academic dishonesty and that student may subject to review by the Academic Performance Committee with potential for dismissal from the Program.

Students have one week after his/her grade is distributed and/or posted on Moodle to question the numerical grade on an exam.

Remediation Policy

Didactic year:
• All students will be evaluated at mid-semester. Any student with an average of below 80% in any course or component will be placed on academic probation.
• At the end of the semester, if a student’s final grade is below 80%, remediation will take place, and the student will take a comprehensive examination encompassing all material in that course from the entire semester.
• If the student receives an 80% or above on the comprehensive examination, the student will receive a B- in the component, which is the lowest passing grade in the didactic phase.
• Each student is allowed 2 comprehensive examinations per didactic year.

Clinical year:
• All students will be evaluated after each clinical rotation.
• In the event a student fails an end of rotation (EOR) examination with a score below 70%, students will be placed on academic probation. Remediation will be available. Students will be limited to 2 EOR examination retests during the entire clinical phase of the Program.
• If the student receives 70% or above on the EOR examination, the student will receive a B, which is the lowest passing grade for the EOR exam. If the student is successful in remediation, the student will progress to the next clinical rotation.
• If a student is unsuccessful in remediation, the student will be recommended for dismissal from the Program. These guidelines may be modified either at the discretion of the Program principal faculty, individual course instructor, and/or Academic Performance Committee.

Advisors

STANDARD A1.05 The sponsoring institution must provide academic and student health services to PA students that are equivalent to those services provided other comparable students of the institution.

Each physician assistant student is assigned to a member of the Program faculty for academic counseling and advisement. Each student must meet with their assigned advisor at least one time during each semester of the didactic year. This meeting will typical be at or near the mid-term to review academic standing at that time. Students may need to meet with assigned advisors or any principal faculty member as needed. Should there be a personal conflict between student and advisor; the student may
make an appointment with the Program Director or Dean of the College of Health and Human Services (CHHS) to discuss the issue. Additionally, professional counseling services, if needed, are available through Marywood University’s Counseling Center. Tutoring services are available through Marywood University’s Academic Excellence Center.

Academic Problems

**STANDARD A3.11** The program must define, publish and make readily available to faculty and students policies and procedures for processing student grievances and allegations of harassment.

If a student is having any academic difficulty, that student should see the instructor promptly. If not addressed, academic problems have a way of multiplying themselves and making their repercussions felt in other courses in a cumulative manner.

Academic problems which arise during the didactic year should be resolved by seeking advice in the following sequence:

1. Instructor
2. Advisor
3. Academic Director and/or Academic Coordinator
4. Program Director and/or Medical Director
5. Dean of the College and Health and Human Services (for graduate students) or the Dean of the College of Liberal Arts and Sciences (for undergraduate students or in the Pre-PA program)

Clinical Problems which arise should be resolved by seeking advice in the following sequence.

1. Preceptor
2. Clinical Coordinator
3. Clinical Director
4. Program Director and/or Medical Director
5. Dean of the College of Health and Human Services

Probation, Grievance Process, and Harassment

**STANDARD A3.11** The program must define, publish, and make readily available to faculty and students policies and procedures for processing student grievances and allegations of harassment.

**STANDARD A3.17 d, e, g** The program must define, publish, and make readily available to students upon admission academic performance and progression information to include:

- d) policies and procedures for processing student grievances
- g) policies and procedures for processing allegations of harassment

Students dismissed from the Program or those placed on probation for reasons such as academic, professional, clinical, or unsafe practices may appeal the action.

- The student will receive a letter from the PA Program outlining the actions taken by the Program and the rationale for that action.
- The student may contact the Program Director for further explanation of the action.
The student may appeal the decision in writing to the Program Director within seven (7) days of having received the letter of action.

The Program Director may invite the student to attend and present his/her position to the Physician Assistant Academic Performance Committee.

The Physician Assistant Academic Performance Committee decides on a course of action and communicates the decision and the recommendation in writing to the student and the Dean of the College of Health and Human Services. The final decision on the appeal and regarding recommendations for dismissal is made by the Dean of CHHS.

The student may then appeal in writing as per the Marywood University Academic Appeals Policy. More information regarding academic appeal can be found at http://www.marywood.edu/studenthandbook/policies-and-procedures/index.html?id=247073&crumbTrail=Grade%20Appeals&pageTitle=Grade%20Appeals

Academic and Professional Probation Policy

Using collective judgment, the faculty reserves the right to recommend the withdrawal or dismissal of a student whose health, scholastic standing, clinical performance, or professional conduct makes it inadvisable for that student to continue in the Program.

Professional Probation

Any student not adhering to the above policies (Professionalism and Behavior Policy), will be placed on professional probation. Additionally a student may be placed on professional probation if the Faculty has identified behaviors deemed as unprofessional that are not listed in the above policy. This may include failure to complete appropriate background screenings, failure to complete paperwork for clinical sites, etc. Professional probation will remain in place until determined by the Program Director. Student’s placed on professional probation for a second time (a second act of unprofessionalism occurs within the didactic year or clinical year or a student is placed on professional probation in both the didactic and clinical year) may be recommended for dismissal from the Program. Additionally, a student who is placed on both Academic and Professional Probation at any time in the Program may be recommended for dismissal from the Program. Professional probation may negatively impact the student’s ability to set up clinical sites or their eligibility for a clinical track.

When considering a recommendation for dismissal from the Program, the Faculty and the Academic Performance Committee will review all Academic and Professional Probations in both the didactic and clinical year at the time the recommendation is made. A student placed on multiple probations of any kind throughout the Program, may be recommended for dismissal from the Program.

Safety Concerns

STANDARD A1.03 The sponsoring institution is responsible for: g) Addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs

All students and faculty should feel safe at all times while on campus or at an assigned clinical rotation. On campus safety concerns should be directed to the PA program office, campus security or dial 911. If a student is at their clinical rotation site, they are to contact security at the site or call 911. Marywood
University Campus Safety Department can be reached at any time at 570-348-6242. Campus Safety Policies and Reports are available at [http://www.marywood.edu/campus-safety/policies/](http://www.marywood.edu/campus-safety/policies/).

**Significant Exposure Guidelines**

**STANDARD A3.08** The program must inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk.

In the event of a significant exposure from a needle stick, puncture wound, or contamination of any open wound or the mucous membranes by saliva, or other body fluids, the following guidelines will be followed:

- If exposure occurs at an off-campus site, the off-campus site’s protocol will be followed.
- If exposure occurs at Marywood University, or if the off-campus site will not extend protocol, the following procedure will be followed:
  - Immediately cleanse the wound with soap and water.
  - The student should immediately report the incident to Marywood University’s Clinical Director/Academic Director and Marywood University’s Student Health Services.
  - An incident report needs to be completed by the Security Office at Marywood University.
- Guidelines to be followed off campus or on campus:
  - Determine the source’s HIV and Hepatitis C status if possible. Obtain the patient’s age and exposure recipient’s permission for possible blood testing as possible and arrange for pre-test counseling.
  - The person who has been exposed should have baseline blood drawn to test for anti-Hbs, anti-Hep C, and anti-HIV within 24-72 hours of the exposure.
  - The treatment recommendations are as per current CDC guidelines for exposure. Information can be found at [http://www.cdc.gov/niosh/topics/bbp/emergnedl.html](http://www.cdc.gov/niosh/topics/bbp/emergnedl.html)
  - Any expenses occurring as a result of a significant exposure is the responsibility of the student.
  - The Academic Director, Clinical Director and Program Director must be notified of the incident as soon as possible.
  - If a significant exposure results in disease or disability impairing the student to progress either during the didactic or clinical year, the student must notify the Program Director immediately for further instruction. Continued academic progression will be determined by the student and principal faculty on an individual basis.
Anti-Discrimination Policy

Marywood University (the “University”) declares and reaffirms a policy of equal educational and employment opportunity and non-discrimination in its educational programs and all other activities that it operates both on and off University property. Marywood University does not condone and will not tolerate discrimination, harassment, or assault by any member of the faculty, staff, administration and student body as well as volunteers on and visitors to the University upon another individual, regardless of whether the action is based on race, sex (including sexual harassment and sexual violence), color, gender, national or ethnic origin, age, creed, ancestry, religion, disability, or any other legally protected status. Anyone believing she/he has been the victim of or a witness to, or otherwise has reason to believe or become aware of, discrimination, harassment or assault by, or involving, any member of the University community, guests or visitors on University property or any property controlled by the University, including off campus University sponsored events, should report the incident as soon as possible after the conclusion of the incident to the Title IX Coordinator or Deputy Title IX Coordinator or a member of the University faculty, staff or administration.

The University’s Anti-Discrimination Policy applies to all faculty, staff, administration, supervisors, employees, students, volunteers, and visitors both on and off campus property. Off campus property includes but is not limited to, University programming, internships, student abroad programs, and sporting events.

In order for the University to be able to remedy alleged discrimination, harassment or assault, it is imperative that claims are immediately brought to the attention of administration. University faculty, staff, and administrators who know, or in the exercise of reasonable care should have known, or discrimination, harassment or assault and fail to appropriately handle the report may be subject to disciplinary action. Failure to report claims of such conduct hamper the University’s ability to take appropriate steps to remedy such situations. Every report of perceived discrimination or harassment will be fully investigated and corrective action will be taken when appropriate.

Marywood University will not allow any form of retaliation against individuals who report claims of discrimination or harassment or who cooperate in the investigation of such reports in accordance with this Policy. The University strongly encourages and expects all members of the University community to report suspected or actual incidents involving discrimination, harassment, and violence.

Contact information for the Title IX Coordinator and Deputy Title IX Coordinator is as follows:

Dr. Patricia E. Dunleavy, Assistant Vice President for Human Resources, Title IX Coordinator
dunleavy@marywood.edu
570-348-6220
570-961-4740 (fax)
86 Liberal Arts Center

Dr. Amy Paciej-Woodruff, Dean of Students
Deputy Title IX Coordinator
apaciej@marywood.edu
570-340-6016
Marywood University is committed to taking all necessary steps to comply with any obligations it may have under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Title IX of the Civil Rights Act of 1964, as amended. These are explicit civil and legal applications of the formulation of beliefs already cherished in Marywood University’s religious commitment, objectives, and practices.

Marywood University Counseling/Student Development Center

**STANDARD A3.10** *The program must have written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA Program.*

All students currently enrolled at Marywood University are welcome to use the Marywood University Counseling/Student Development Center for any type of personal or academic problems. Often times it is advisable to utilize this service before problems begin to impact a student’s academic progress.

The Counseling Center staff is bound by ethical and legal guidelines to protect a student’s right to confidentiality. No information, written or spoken, is released to other persons without the student’s written permission. The only exceptions to these guidelines are information released that is governed by law. These are specific to situations where there is reason to believe that there is intent to harm oneself, or another, and to situations where one may be court-ordered in cases of involvement in a lawsuit.

Appointments may be scheduled in person at the Counseling/Student Development Center which is located in the McGowan Center 1017, or by calling the office at (570) 348-6245 or through email at csdc@maryu.marywood.edu. Evening and weekend appointments are sometimes possible. The Center’s office hours are Monday through Friday, 8:30AM – 4:30PM.

In the event of an emergency, students may walk-in and meet with a therapist during regular business hours, 8:30AM to 4:30PM. In the event of a psychological crisis after hours and on weekends, the Center’s Director, Assistant Director, or Staff Counselor can be reached for phone consultation and support. Students may call the center at (570) 348-6245 to obtain the on-call phone number. This service is available when school is in session. Students may also call the Scranton Counseling Center at (570) 348-6100 and a crisis worker there will assist the student.

Social Networking/Technology/Electronic Communication Policy

The PA Program faculty recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, Snapchat, Twitter, and Tumblr are an important and timely means of communication. However, students who use these websites and other applications must be aware of the critical importance of privatizing their applications so that only trustworthy “friends” have access to the web sites/applications. They must also be aware that posting certain information is illegal under HIPAA rules and regulations. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from the Program.
The following actions are strictly forbidden:

- In your professional role of caregiver, you may not present the personal health information of other individuals. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment, or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from a medical outreach trip) may still allow the reader to recognize the identity of a specific individual.
- You may not report private (protected) academic information of another student or trainee. Such information might include, but is not limited to course or clinical rotation grades, narrative evaluations, examination scores, or adverse academic actions.
- In posting information on social networking sites, you may not present yourself as an official representative or spokesperson for the PA Program.
- You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions above and below.
- You may not utilize web sites and/or applications in a manner that interferes with your official academic commitments. This including, but is not limited to, monopolizing a hospital or clinic computer with personal business when others need to access to the computer for patient related matters. Moreover, do not delay, completion of assigned clinical responsibilities in order to engage in social networking.

In addition to the absolute prohibitions listed above, the actions listed below are strongly discouraged:

- Display of vulgar language
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation
- Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity

Please be aware that no privatization measure is perfect and that undesignated persons may still gain access to your networking site. A site such as YouTube, of course, is completely open to the public. Future employers often view these network sites when considering potential candidates for employment. Therefore, think carefully before you post any information on a website or application. Always be modest, respectful, and professional in your actions.

When communicating electronically with the Program, only Marywood University email accounts will be recognized for student communication. In accordance with proper technology and professional communication, texting between faculty and students is prohibited.

Violations of these guidelines may be considered unprofessional behavior and may be the basis for disciplinary action, including dismissal from the Program.

**Alcohol and Controlled Substances Policy**

Students are expected and required to report to classes and clinical rotations on time and in appropriate mental and physical condition. It is the Program’s intent and obligation to provide a drug-free, healthy, safe, and secure environment. Students are to refer to the Marywood University Student Handbook on
Drug and Alcohol Abuse for policies, clinical agencies, and/or appropriate workplace protocol at [http://www.marywood.edu/studenthandbook/policies-and-procedures/?id=247110](http://www.marywood.edu/studenthandbook/policies-and-procedures/?id=247110).

**Background Screenings and Drug Testing**

Criminal background checks (CBC), child abuse clearances, fingerprinting, and 10 panel drug screening must be done yearly as part of the requirements of the Marywood University Physician Assistant Program. Clinical sites require annual screenings and testing. The background checks and testing will be done by First Contact HR Background Screening and Human Resource Solutions (First Contact HR) in May of the didactic year and clinical year of the Program. The students will receive instructions via email on how to proceed with completing the background checks and drug screens from First Contact HR.

First Contact HR will come to campus in May of each year to complete the fingerprinting and any outstanding paperwork. The results of background checks, fingerprinting, and drug screening will be forwarded from First Contact HR directly to the Program. The cost of the annual CBC, child abuse clearance, drug screening, and fingerprinting completed during the didactic year and clinical year will be covered by the student. All billing will be handled by First Contact HR directly to the student.

A student failing to have all background screenings and drug testing completed with a hard copy provided to the PA Program office by the last Friday in September of both the Didactic and Clinical Year will be placed on Professional Probation. In addition, the student’s entrance into the clinical year can be delayed along with graduation.

**Student Health Services**

*STANDARD A1.05* The sponsoring institution must provide academic and student health services to PA students that are equivalent to those services provided to other comparable students of the institution.

*STANDARD A3.07* The program must have and implement a policy on immunization of students and such policy must be based on current Centers for Disease Control recommendations for health professionals.

*STANDARD A3.09* Principal faculty, the program director and the medical director must not participate as health care providers for students in the program, except in an emergency situation.

*STANDARD A3.21* Student health records are confidential and must not be accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and tuberculosis screening results which may be maintained and released with written permission from the student.

Marywood University Student Health Services is available to all students currently enrolled at Marywood University. The professional staff of Health Services is committed to meeting today’s highest health standards. A registered nurse is available to provide health care that is sensitive to the needs of all students. A certified registered nurse practitioner is available Monday through Friday, 8:30AM to 4:00PM, either by appointment or walk in. A physician is available at posted times and dates.

Students are not permitted to ask or seek medical advice or treatment from any faculty, the Medical Director, or the Program Director of the Physician Assistant Program unless in the case of an emergency.
Health Records and Medical Insurance

Upon acceptance into the Physician Assistant Program, students are required to obtain a physical examination by a licensed MD, DO, PA-C, or CRNP of their choice and have that provider complete Marywood University’s “Student Health Services: Health History, Physician Examination and Immunization Record.” This form can be found at http://www.marywood.edu/dot/Asset/d06852cd8e3a-4608-9b-7447fd12e0c4.pdf

This form must be completed and submitted to the office of Marywood University’s Dean of the College Health and Human Services by May 1st, before the first day of classes in the Physician Assistant Program. Failure to submit the appropriate paperwork in a timely manner may affect the student’s eligibility to start the Program. This record will be maintained by Marywood Student Health Services.

The clinical facilities that are used for clinical training require additional immunizations and proof of immunity (titers). Therefore, all Physician Assistant students must provide dates of all the immunizations listed below and must submit titer results for Measles, Mumps, Rubella and Varicella.

The Physician Assistant Program Immunization Policy is based on, but not limited to, current Center for Disease Control recommendations for health professionals and is subject to change at any time in order to stay in compliance with those recommendations. Students who are not correctly immunized pose a significant public health risk to patients, coworkers, and themselves. If immunizations are not up to date, it is not guaranteed that you will be accepted at educational clinical sites. This could impact your timely progression through the Program, prevent you from participating in a variety of clinical experiences, and ultimately prevent you from graduating.

To ensure confidentiality, student medical records are neither seen, nor reviewed by the Physician Assistant Program faculty or staff. Student medical information is sent by the student, healthcare facility, or Dean’s office directly to Student Health Services. The staff of Student Health Services reviews the medical information and the Physician Assistant Program receives a health clearance form. Health clearance forms may be released with written permission from the student and forwarded to clinical facilities as necessary to schedule and secure clinical rotations.

Some clinical facilities may require additional immunizations, titers, or screenings which students must obtain prior to starting clerkships at those sites. Failure to comply with the immunization policy or failure to complete additional immunizations, proof of immunity, or required clearances/screenings may result in the inability to enter, continue, or complete clinical rotations.

Tetanus, Diphtheria, & Pertussis (TDaP)

- Completed primary series of tetanus-diphtheria immunizations
- 1 dose within the last 10 years

Measles, Mumps & Rubella (MMR)

- Serologic proof of immunity (positive titers) for all 3 and
- Dates of 2 dose MMR series, if received

Hepatitis B

- Dates of 3 dose series or
• Serologic proof of immunity (positive titer)

Varicella (Chicken Pox)
• Serologic proof of immunity and
• Dates of 2 dose Varicella series, if received
• Written documentation of disease by health care provider will no longer be accepted as prior of immunity

Tuberculosis (TB)
• 2 step tuberculin skin test (TST) initially
• Annual 1 step TST in subsequent years
• Yearly chest X-ray if TST is positive or with previous history of reaction

Influenza
• Annual vaccine each fall by November 1st

Polio
• Written documentation of completed series as a child

All costs incurred in complying with this policy are the responsibility of the student. It is also the student’s responsibility to remain current with all immunizations and to maintain current copies of their health and immunization records.

It is recommended that the PA student carry this record to the clinical site on the first day of each rotation in case proof of immunization is requested by that site.

Health Clearance Forms will be updated annually based on the information provided by the student to the Student Health Services Office at Marywood University. It is the responsibility of the student to provide health information annual to student health.

All students are required to maintain medical insurance throughout the duration of the Program. Students must provide a copy of their insurance coverage to be maintained in the Program office.

Didactic General Announcements

**STANDARD A3.06** Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.

**STANDARD A3.18** Programs granting advanced placement must document within each student’s file that those students receiving advanced placement have:
  a) Met program defined criteria for such placement  
  b) Met institution defined criteria for such placement and  
  c) Demonstrated appropriate competencies for the curricular components in which advanced placement is given

**STANDARD A3.20** PA students must not have access to the academic records or other confidential information of other students or faculty.
• Each student will be given a Marywood University email address when initially registered. Each student is responsible for checking their Marywood email account daily. This is the primary source of communication from the PA Program.
• Students will be required to practice physical examinations on one another as assigned. These may include male/female examinations with appropriate attire.
• Students are NOT required to act as patients during skills education or practice when skills involve needles. This includes but is not limited to intravenous, venipuncture, and injections. Students have the right to refuse to have another student practice needle skills without providing a reason. All students must perform needle skills as directed by faculty.
• Personal appointments should be scheduled outside of class time whenever possible. Usual classroom hours are Monday through Friday, 7:30AM – 8:00PM; however Saturdays may be required.
• Students are required to set up a Moodle account at the start of the Physician Assistant Program. Information can be found at https://moodle2a.marywood.edu/login/index.php
• In an attempt to reduce paper consumption, the instructor will not be making copies of handouts, PowerPoint presentations, supplementary materials, etc. Course materials will be available to all students on Moodle and it is up to the student if they choose to print the materials. The instructor reserves the right to make exceptions to this policy.
• Full time or part time employment is strongly discouraged because of the rigors of the Program.

**STANDARD A3.04** PA students must not be required to work for the Program.

• PA students are not required or permitted to work for the PA Program.

**STANDARD A3.05** Students must not substitute for or function as instructional faculty.

• Physician Assistant students are not permitted to function as or substitute for instructional faculty.
• It is the student’s responsibility to register for each semester at the appropriate time.
• All students are required to notify the Program secretary immediately of any address or phone number changes or any updated emergency contact information or change in medical insurance during the didactic and the clinical phases of the Program.
• Students are not permitted to take non-Physician Assistant courses during the duration of the Program.
• Graduation will depend on acceptable performance in both the didactic and clinical phases of the Program.
• Using collective judgment, the faculty reserves the right to recommend the withdrawal or dismissal of a student whose health, scholastic standing, clinical performance, or professional conduct makes it inadvisable for that student to continue in the Program.

**STANDARD A3.18** Programs granting advanced placement must document within each student’s file that those students receiving advanced placement have:

  a) Met program defined criteria for such placement
  b) Met institution defined criteria for such placement and
c) **Demonstrated appropriate competencies for the curricular components in which advanced placement is given**

- Marywood University’s Physician Assistant Program offers no advanced placement.

**STANDARD A3.20** PA students must not have access to the academic records or other confidential information of other students or faculty.

- All evaluative materials and academic records are maintained in locked cabinets.
- Students are not allowed to enter the PA Program office unless accompanied by a faculty member and/or the student is requested to enter. Students are not allowed to make personal phone calls in the PA Program office.

**Learning Resources**

- **Learning Commons**
  - A collection of current texts, journals, periodicals, and reference materials applicable and related to the curriculum and the continued professional growth of the physician assistant student is housed in the Learning Commons and is available for student use. Various texts are kept on reserve at the Learning Commons for on premise use only. A mini-reference section is housed in the Program student lounge area. Students may use these resources within the department only. A copy of each current text is available in the Academic Director’s office.

- **Physical Assessment Laboratory (PAL)**
  - The Physician Assistant Program maintains a number of audio-visual and manual demonstrative teaching modalities. Examination rooms, models, and equipment are available to practice clinical skills in the PAL.

- **Internet**
  - Internet access is available for all students. The PA Program is housed in a Wi-Fi enabled building.

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**Required Equipment List**

All of the physician assistant students are required to obtain diagnostic equipment that will be used throughout the Program. The following is a list of required equipment, as well as the estimated cost of purchase of the equipment. A student can purchase their equipment prior to starting in the Program. Equipment vendors will be available during orientation week if a student elects to purchase their equipment from them.

<table>
<thead>
<tr>
<th>Required Equipment</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stethoscope</td>
<td>$75 - $300</td>
</tr>
<tr>
<td>Oto/Ophthalmoscope</td>
<td>$450 - $700</td>
</tr>
<tr>
<td>Aneroid sphygmanometer (BP cuff)</td>
<td>$25 - $75</td>
</tr>
<tr>
<td>Percussion Hammer</td>
<td>$10 - $20</td>
</tr>
<tr>
<td>Tuning Fork</td>
<td>$15 - $30</td>
</tr>
<tr>
<td>- Auditory testing (un-weighted)</td>
<td></td>
</tr>
<tr>
<td>- 256-1024Hz (ideal is 512Hz)</td>
<td></td>
</tr>
<tr>
<td>- Vibratory/Neurologic testing (weighted)</td>
<td></td>
</tr>
</tbody>
</table>
### Malpractice Insurance

All students are required to carry malpractice insurance when participating in clinical experiences. This applies to clinical experiences which occur during the didactic phase of the Program, as well as those in the clinical year. The cost is approximately $90.00/year and this is added to the base tuition. Marywood University provides this coverage through Global Risk Management, LLC. The policy provides each student coverage with $1,000,000 per occurrence and $3,000,000 per aggregate as required in Pennsylvania. This certificate will be provided to each student prior to any clinical experience. Students are not covered by the Program’s malpractice insurance during personal volunteered activities not coordinated by the Program. Malpractice insurance is renewed annually.

### Didactic Curriculum

<table>
<thead>
<tr>
<th>Summer</th>
<th>Credits</th>
<th>Fall</th>
<th>Credits</th>
<th>Spring</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA 303/503</td>
<td>2</td>
<td>PA 332/532 Orthopedics</td>
<td>1</td>
<td>PA 363/563 Professional Practice</td>
<td>2</td>
</tr>
<tr>
<td>Culturally Competent Medicine and Underserved Populations</td>
<td></td>
<td>PA 311/511 Clinical Assessment and Diagnosis II</td>
<td>2</td>
<td>PA 312/512 Clinical Assessment and Diagnosis III</td>
<td>2</td>
</tr>
<tr>
<td>PA 310/510</td>
<td>2</td>
<td>PA 331/531 Clinical Medicine II</td>
<td>3</td>
<td>PA 333/533 Clinical Medicine III</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Assessment I</td>
<td></td>
<td>PA 345/545 Laboratory Medicine II</td>
<td>1</td>
<td>PA 347/547 Critical Care Medicine</td>
<td>1</td>
</tr>
<tr>
<td>PA 330/530</td>
<td>3</td>
<td>PA 320/520 Pathophysiology I</td>
<td>2</td>
<td>PA 321A/521A Pathophysiology II</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Medicine I</td>
<td></td>
<td>PA 343/543 ECG Interpretation</td>
<td>1</td>
<td>PA 352/552 Emergency Medicine</td>
<td>1</td>
</tr>
<tr>
<td>PA 342/542</td>
<td>1</td>
<td>PA 344/544 Radiology</td>
<td>1</td>
<td>PA 353/553 General Surgery</td>
<td>1</td>
</tr>
<tr>
<td>Laboratory Medicine I</td>
<td></td>
<td>PA 350/550 Pharmacology I</td>
<td>2</td>
<td>PA 351/551 Pharmacology II</td>
<td>2</td>
</tr>
<tr>
<td>PA 322/522</td>
<td>4</td>
<td>PA 371/571 Pediatrics I</td>
<td>1</td>
<td>PA 373/573 Pediatrics II</td>
<td>1</td>
</tr>
<tr>
<td>Medical Anatomy and Physiology</td>
<td></td>
<td>PA 301/501</td>
<td>2</td>
<td>PA 302/502 Clinical Correlations II</td>
<td>2</td>
</tr>
<tr>
<td>PA 340/540</td>
<td>1</td>
<td></td>
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32
**Clinical Correlations I**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA 362/562 Psychiatry</td>
<td>1</td>
</tr>
<tr>
<td>PA 374/574 Obstetrics and Gynecology</td>
<td>1</td>
</tr>
<tr>
<td>PA 354/554 Medical Nutrition</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Credits**

<table>
<thead>
<tr>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
</tr>
<tr>
<td>18</td>
</tr>
<tr>
<td>18</td>
</tr>
</tbody>
</table>

*Students can refer to [www.marywood.edu/catalog/previous-editions/.../GradCatalog2014-16.pdf](http://www.marywood.edu/catalog/previous-editions/.../GradCatalog2014-16.pdf) for specific descriptions of each course.*

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**Comprehensive Knowledge Examination**

An electronic Comprehensive Physician Assistant Core Knowledge Examination (ePACKRAT) will be administered to first and second year PA students. It is a nationally based examination in which the students and the Program receive pertinent feedback on student’s strengths and weaknesses. The feedback data is designed to be used as a study guide of the Physician Assistant National Certifying Examination (PANCE) and as a curriculum guide of the Program.

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**BCLS and ACLS Certification**

All physician assistant students are required to maintain current BCLS certification. A BCLS (Basic Cardiac Life Support) certification/recertification course is provided by the Program for first year students prior to the clinical rotations. A student may be excused from participation if he/she provides documentation of current certification and continued coverage through the end of their clinical phase.

ACLS (Advanced Cardiac Life Support) certification is required prior to the clinical rotation year. A mandatory course is offered during the spring semester by Marywood University for all first year students. A student may be excused from participation if he/she provides documentation of current certification and continued coverage through the end of their clinical phase.

Maintaining current BCLS and ACLS after the didactic phase is the responsibility of each student. The cost to the student for BCLS is approximately $75. The cost to the student for ACLS is approximately $175-200. These fees are part of the student’s tuition.

Copies of the certification cards will be kept in the student’s file throughout the clinical phase.

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**Purpose of the Clinical Phase of the Program**

- To give the student supervised exposure to the many facets of the practice of medicine in various disciplines, specifically Emergency Medicine, Family Medicine, Internal Medicine, Women’s Health, Pediatrics, Surgery, and Psychiatry.
- To expose students to the various aspects of primary health services across the life span, to include appropriate assessment, diagnoses, treatment, ordering and interpreting diagnostic tests, patient education, and applying the principles of preventive medicine.
- To provide the student with hands-on teaching and supervision by clinical preceptors in actual clinical settings.
- To initiate and foster the process of self-learning in the development of a competent health care provider.
To develop a realistic awareness and understanding of the role of the Physician Assistant as a functioning member of a health care team.

To facilitate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

To provide students the opportunity to interact with patients seeking medical care across the life span, to include infants, children, adolescents, adults, and the elderly.

To provide students with the experience of providing care for conditions requiring surgical management, pre-operative, intra-operative, and post-operative care, management of emergent, acute and chronic conditions, preventative care, care for behavioral and mental health issues, and women’s health issues to include prenatal and gynecologic care in both the inpatient and outpatient setting.

Clinical General Announcements

For the past 12 months, PA students have been learning the science of medicine, now the student will begin the practice of the art of medicine. Now is the time to make the transition from theory to practice, and from simulated cases to real patients.

Remember, the PA student is a guest in Preceptor’s home and must act like one. During the clinical education experience, the PA student is expected to behave and perform in a manner consistent with the highest standards expected of health care professionals. The PA student must be respectful to all people at all times.

The clinical phase of the PA Program consists of 10 clinical rotations. The clinical rotations occur in the following categories: Emergency Medicine, General Surgery, Elective, Pediatrics, Women’s Health, Psychiatry, Family Medicine, Internal Medicine, and an optional Clinical Track. Students may elect to apply to a Clinical Track in the area of Surgery, Emergency Medicine, Hospitalist, or Orthopedics.

STANDARD A3.03 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.

- Students have the opportunity to request preceptors/sites. Students are not required to find preceptors/sites. Schedules will be finalized by the Clinical Director only after preceptors/sites are fully assessed by Program Faculty. All student requests may not be utilized based on the Program’s evaluation. Requests for clinical rotations and clinical tracks are due after students return from Christmas break at the start of the spring semester in the didactic year.
- The student must contact the preceptor/clinical site at least 1 week PRIOR to the start date of the rotation. Keep in mind all sites are aware you are coming, however, this is a courtesy call to remind them. This is also a great opportunity for you to inquire about start times, scheduling, directions, and any other details related to the rotation.
- All paperwork required for clinical sites is located on Typhon. It is the student’s responsibility to have all paperwork completed and sent to the clinical site a minimum of 6 weeks prior to the start of the rotation. Some clinical sites may have different deadlines for completing paperwork. Failure to complete necessary paperwork can result in cancellation of the scheduled rotation and a delay in graduation.
• Students are expected to be available for clinical experiences whenever the preceptor is available. Therefore, oftentimes students are expected to be available on weekends, evenings or holidays, or to spend more time than originally planned during certain periods. Students are expected to work a minimum of 40 hours a week. A preceptor should expect a student to be dependable and prompt, and to demonstrate professional integrity. The clinical schedule does not follow the Marywood University academic schedule.

• Self-directed learning is an important aspect in the education of any health care provider, especially in the clinical phase of the PA Program. The PA student should show a willingness to learn, an interest in assuming professional responsibilities, and initiative in approaching his/her work. It is important for the PA student to use their time wisely and to read guidelines and instructions in a thorough and efficient manner.

• Ask questions! Clinical preceptors not only like to be stimulated, it shows them that the students is interested in learning. Keep in mind there are better times to ask questions than others. Use the best judgment, be appropriate, or make a list of questions to ask at the end of a busy day.

**STANDARD A3.06 Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.**

• PA students cannot be used to substitute for hospital or office staff. Students may NOT receive monetary or other compensation for their services at a clinical site.

**STANDARD B3.05 Instructional faculty for the supervised clinical practice portion of the education program must consist primarily of practicing physicians and PAs.**

**STANDARD B3.06 Supervised clinical practice experiences should occur with: a) physicians who are specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction or c) other licensed health care providers experienced in their area of instruction.**

• Preceptors during the clinical phase are primarily practicing physicians and physician assistants. On occasion, you may be assigned to a preceptor other than a physician or PA. For instance, you may be assigned to a certified nurse midwife or nurse practitioner during portions of your Women’s Health rotation. Any questions, please contact the Clinical Director/Coordinators as soon as possible.

• The PA student at Marywood University is covered by liability (malpractice) insurance; however, the preceptor has ultimate legal responsibility for the actions of the PA student while under his/her supervision. Students are not allowed to see patients in an office or clinical setting without the clinical preceptor present.

• Students are referred to individual institutional policy regarding the types of entries which can be made by students on medical records. All student’s entries must be countersigned by the supervising physician. If there is any doubt as to the correct format, students must consult with their immediate supervisor.

• All students will maintain Health Insurance Portability and Accountability Act (HIPAA) compliance regulations per facility.
• Patient data will remain confidential and is not to be documented on any assigned/completed paperwork to be collected by the Clinical Director/Coordinator.

• Once student’s clinical schedules are confirmed with preceptors, clinical site, and student, no change will be made unless due to unforeseen emergency on the part of the preceptor and/or clinical site.

• All students will have a minimum of two (2) site visits per clinical phase.

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Clinical Regulations and Evaluation Guidelines

• Students must achieve a 3.0 or higher for each Clinical Rotation to advance to the next clinical rotation in good standing. Any student scoring a final rotation grade below a B will be required to repeat the clinical rotation after successful completion of succeeding clinical rotations ultimately delaying graduation.

• Students will return to campus the last 2 days of their clinical rotation and other dates as assigned by the Clinical Faculty. During these times, students will enhance their knowledge by participating attending NCCPA blueprint topic lectures by medical professionals, taking their EOR exam, and participating in student presentations.

• EOR exams will be administered after every clinical rotation. All EOR exams will be given at 10AM on the first EOR day. This examination is worth 30% of the final grade of the current clinical rotation. EOR exams will be computerized examinations as determined by the PA faculty throughout the clinical phase. In order to prepare students for boards, EOR exams will be 120 board style questions. Students will not be able to review questions after they take an EOR exam nor challenge any questions on EOR exams.

• In the event a student fails an end of rotation (EOR) examination with a score <70%, the student will need to re-take the exam with a minimum score of 70% in order to proceed to the next clinical rotation.

• Students will be limited to 2 EOR examination retests during the entire clinical phase of the Program. Failure of EOR examinations may result in Academic Probation, review by the Academic Performance Committee, and the possibility of recommendation of Program dismissal.

• All students are required to document clinical skills, patient logs, data, etc. via Typhon Clinical Tracking Program. All students will receive Typhon training and will be given a unique ID and password. See Clinical Director/Coordinators for more information or visit www.typhongroup.net/marywood. Remember to record your clinical cases daily whenever possible. You will only have a 15 day window to log cases via Typhon Clinical Tracking Program. Daily activity logs via Typhon are required to be recorded by students for every clinical rotation. Activity logs are graded as 10% of the final grade of the current clinical rotation. It is the student’s responsibility to be familiar with Typhon and record all patient encounters and clinical skills within the specific timeframe. These will be evaluated throughout each clinical rotation/experience.

• Clinical paperwork assignments change per rotation (see specific clinical syllabus for details). All written assignments will be graded as part of the final grade for the current clinical rotation.

• Mid-Point Clinical Evaluations are required for each student for each clinical rotation and preceptorship. Mid-Point Clinical Evaluations and Preceptor Evaluations are located on the
Marywood PA Program webpage under “Student Resources.” Preceptor Evaluations are specific to each specialty with the exception of the student’s elective. It is the student’s responsibility to provide the Preceptor(s) the Mid-Point Evaluation Form(s) at least one week prior to the end of week 3 of the clinical rotation to allow ample time for completion. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of their clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

- Preceptor Evaluations are required for each student for each clinical rotation. It is the student’s responsibility to provide the Preceptor(s) the Evaluation Form(s) at least one week prior to the end of the clinical rotation to allow ample time for completion. Students must submit the Evaluation Form with all EOR paperwork on the EOR day. The Preceptor Evaluation is worth 30% of the final grade for the current clinical rotation.
- Student evaluation of the clinical site is to be completed after the conclusion of each clinical rotation. This is completed on Typhon under “EASI Evaluations.” Failure to do so will result in a deduction of the final Typhon grade by 1 letter grade.
- All papers and assignments must be submitted using Microsoft Word in APA style with appropriate citation if necessary. Details of this format can be found on Marywood University’s Learning Common’s webpage at https://owl.english.purdue.edu/owl/resource/560/01/.
- All students must complete a minimum of 100 Exam Master Questions related to the specialty for each clinical rotation. All documentation of Exam Master Questions is to be submitted at each EOR day before the EOR examination.
- Students failing to comply with any of the above or earn below the required minimum grade, may be placed on academic probation for the remainder of the clinical year. Additional documentation (i.e. may include but not limited to weekly subjective, objective, assessment, and plan (SOAP) notes, additional research paper, repeating EOR exam) may be required for the student for the remainder of the rotation. Failure to comply may result in the dismissal from the Program. Subsequent failures will result in probation and/or dismissal.

Clinical Guidelines

**Conduct**

- Students are required to spend a minimum of 40 hours per week during each clinical rotation to which they are assigned. In addition, each student may take call, usually in the same schedule to which he/she is assigned.
- In the event of an illness, students are required to notify both the Clinical Director and the clinical site/preceptor prior to the start of the clinical day unless in the case of an emergency. Make up time for all unexcused absences may be assigned by the Clinical Director or preceptor.
- When a student would like to be excused from clinicals for a non-emergency cause (i.e. professional or educational conferences, job interviews, etc.), a written request to the Clinical Director must be made at least 4 weeks prior to the event. All such absences must have prior program approval before a student may notify the preceptor. Failure to comply with the above stated policy may result in the student being placed on probation for the remainder of the clinical year.
Students are excused from their clinical sites on New Year’s Day, Good Friday, Easter Monday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and/or other requested and approved religious holidays and observances. Students may be at a clinical site that is open these days; however the student is not required to attend.

If the clinical preceptor is on vacation for longer than a 2 day time period, the student must report this to the Clinical Director so they can be reassigned to another supervisor for additional clinical hours. Failure to comply with the above stated policy will result in the student being placed on probation for the remainder of the clinical year.

Students are required to travel to clinical sites and are responsible for their own transportation. “Local” rotations may be scheduled at a location within 1 hour drive from the University.

Students may request rotations at clinical sites near their home, but these are not guaranteed.

There may be additional fees required for housing at certain clinical sites. This fee is the student’s responsibility.

Problems encountered on clinical rotations should be reported to the Clinical Director/Coordinators as soon as possible.

Attire and Identification

It is the belief of Marywood University’s Physician Assistant Program that we, as healthcare professionals, have a responsibility to our patients and colleagues to maintain the highest standards with regard to appearance and identification. Students are expected to be neatly dressed and groomed.

STANDARD B3.01 PA students must be clearly identified in the clinical setting to distinguish them from physicians, medical students and other health profession students and graduates.

- Name tags must be clearly displayed and contain the following information: Marywood University, and the student’s name with the designation of Student. Students are also required to display the Marywood University Physician Assistant Program patch to be worn on the left shoulder.
- Students must always clearly identify themselves as a physician assistant student. Verbally: The student must introduce themselves by their first and last name followed by Marywood University Physician Assistant Student. Written documentation: The student must sign their first and last name followed by PA-S in any medical documentation.
- Name tags must be clearly displayed to ensure student identification in the clinical setting. This also serves to distinguish the student from physicians, medical students, and other health profession students and graduates.
- Failure to comply with the above attire and identification criteria may result in probation for the remainder of the clinical rotation and/or a recommendation for dismissal from the Program.

Clinical Issues

Clinical issues or problems on a clinical rotation occasionally arise. The best way to prevent a serious problem is to address a minor problem at onset. Some examples include, but are not limited to; conflict with the preceptor, experience taking on a role of “observer”, and unprofessionalism or disrespect.
If a problem arises, students should seek advice in the following order:

1. Preceptor
2. Clinical Coordinator
3. Clinical Director
4. Program Director
5. Dean of the College of Health and Human Services

Under all circumstances, it is the student’s responsibility and the Program faculty’s expectations that students will notify the Clinical Director/Coordinators of any issues that may arise as soon as possible and initiate procedures to obtain academic and/or clinical assistance.

The Clinical Director/Coordinators expect all clinical sites to assure student safety while at the clinical site or facility. Student security and personal safety are of the utmost importance to the faculty and staff of the PA Program. This is addressed during the Clinical Transition Day prior to beginning the clinical phase when students are reminded to contact the Program immediately if they ever feel threatened in any way.

Role of the Physician Assistant Student

The Physician Assistant Student (PA-S) shall be considered an extension of his/her specific Preceptor and is permitted to perform tasks delegated to him/her by the Preceptor. Although the specific role of the PA student will vary from rotation to rotation, there are certain broad procedures which should be followed by both Preceptor and PA student.

- To monitor the activities of the student in a manner that will afford the Preceptor, together with the PA Program Faculty, a continual and objective assessment of the student’s performance throughout his/her practical training.
- To provide a mechanism to enable the PA student to be a lifelong learner. The continuous feedback system of the clinical phase will provide students with the foundation necessary to continue throughout their medical career and life in accordance with the Mission Statement and values of Marywood University and the PA Program.

Job Placement

The Physician Assistant Program does not guarantee its graduates employment as a physician assistant upon successful completion of the Program. The Program can, however, act as a liaison for the student in the employment process.

State Laws and Regulations

Each student should review the law and regulations of the state in which he/she is planning to work. Please refer to the specific state’s website. It is the duty of each graduate to register in the state of employment and request all required transcripts from the Registrar’s Office.
Learning in a clinical setting presents a unique set of challenges to both the preceptor and the student. The traditional educational structure of classroom and examination is replaced with the highly personal and loosely structured mentor relationship of preceptor and student. Each student/preceptor relationship is very subjective, based on the style of the practice, and is not necessarily generalized or transferred to other clinical situations.

There are some principles which apply to clinical education which may help preceptors both to conceptualize and to specify their own objectives in the teaching situation. They are presented here to focus preceptor’s thinking about the clinical rotation experience as a teaching model, and to help develop an individual teaching plan.

The needs of students and instructors:

- Clearly identified objectives: an understanding of what is to be learned/taught
- A commitment by instructor and student to achieve these objectives
- A clearly stated plan for achieving these objectives, which emphasize practice by the learner and observation and review by the instructor
- An evaluation process, based on formal and informal feedback mechanisms, which measure the student’s progress in achieving the objectives

Feedback is an essential learning ingredient in the preceptor/student relationship. Evaluation of clinical learning must attempt to achieve the same validity and objectivity as evaluation of classroom learning. To do this, there must be similar sets of well-defined objectives, and standardized criteria must have been met. The defined objectives and evaluative mechanisms enhance student learning; most of them are utilized as teaching aids which are used before and during the clinical learning experience.

The Marywood University PA Program has written specific objectives for behavioral and intellectual skills, and established methods of evaluating these skills. These tools are designed to give the preceptor and students a clear understanding of the learning goals of the Program, provide a means of measuring the achievement of these goals, and enhance the learning process through the use of ongoing feedback.

Responsibilities expected of preceptors:

- Task Assignment: The specific tasks delegated to the PA-S should be examined as to the skill and training required to adequately perform the task(s) and the competence of the PA-S in performing the task. Task delegation, during this segment of the curriculum, should emphasize developing strong skills in the area of data interpretation, history and physical examination, diagnosis, and development of treatment plans, as well as placing the student in a position which will begin a trend of competent problem solving skills.
- Student Supervision: Preceptors serve as Clinical Faculty of Marywood University by providing clinical direction and supervision during the clinical experience.
- Course Objectives: Please refer to the listed clinical objectives within the related discipline. These should serve as a guide for providing clinical exposures and teaching. We do not expect the preceptor to attempt to provide exposures unrelated to your practice.
• Student Schedule: We expect the clinical preceptors to create a schedule for the student to maximize the clinical exposure for the PA students. We would like the students to experience a varied, but typical exposure, to clinical practice in the preceptor’s field. The students are expected to be available and in close association with the preceptor during the hours of practice. We request that students accompany the preceptor to the hospital(s), nursing home(s), and/or other clinical practice facilities. We recognize evenings and weekends are beneficial to the student experience, and therefore request if the preceptor practice during such hours, please involve the student as well. Students are required a minimum of 40 hours a week and should be limited to 60 hours.

• Student Academic Responsibilities: Each student should play an active role in his/her learning experience during the clinical phase of the PA Program. The student is expected to show initiative, ask questions and complete reading assignments as given. Students will be given an EOR examination at the end of each clinical rotation on materials pertinent to the objectives as outlined in this manual.

• Agree to Precept and Clinical Site Pre-Assessment Form: All preceptors are required to have a signed copy of an Agree to Precept form on file with Marywood University prior to the clinical rotation.

• Liability Insurance: Proof of insurance is forwarded to each preceptor prior to the start of clinical rotations. Please retain this copy in your office during the duration of the student’s rotation.

• Student Identification: Students are required to properly identify him/herself as such at all times. It is also important that the office staff understands the role of the PA student while assigned to your facility. Patients are also entitled to a brief introduction as well.

• Troubleshooting: It is necessary that the PA Program become aware of any potential problems as soon as they arise. If you or your office staff has any concerns regarding a student, please notify the PA Program as soon as possible.

• Evaluation: All preceptors are expected to provide feedback to the students throughout the clinical rotation based on their performance and progress. In addition, all preceptors are required to complete a mid-point clinical evaluation as well as a final clinical evaluation of the student. The mid-point clinical evaluation form will be provided to the preceptor by the student half way through the clinical rotation. The purpose is to provide the student and preceptor the opportunity to assess progress to date, redefine expectations, and provide a plan for continued development of knowledge and skills. After completion by the student and preceptor, the mid-point clinical evaluation will be submitted to and reviewed by the Program midway through the clinical rotation. The final clinical evaluation form is completed near the end of the clinical rotation based on knowledge for level of training, interpersonal skills, and professionalism. The students will provide the form during the last week of the clinical rotation and are responsible for returning this form to the Program as part of their clinical assignments. We request that you meet with the students to discuss your evaluation and sign the form indicating whether it has been reviewed with the students.
Marywood University Physician Assistant Program Clinical Syllabus

Summer Semester: 9 credits

Clinical Rotation 1: PA 600 3 credits
Clinical Rotation 2: PA 601 3 credits
Clinical Rotation 3: PA 602 3 credits

Fall Semester: 9 credits

Clinical Rotation 4: PA 603 3 credits
Clinical Rotation 5: PA 604 3 credits
Clinical Rotation 6: PA 605 3 credits

Spring Semester: 12 credits

Clinical Rotation 7: PA 606 3 credits
Clinical Rotation 8: PA 607 3 credits
Clinical Rotation 9: PA 608 3 credits
Clinical Rotation 10: PA 609 3 credits

Instructors

Justine Samanas MPAS, PA-C  Clinical Director  570-340-6084  samanas@marywood.edu
Marie Bonavoglia PhD, PA-C  Clinical Coordinator  570-340-6005  mbonavoglia@marywood.edu
Jessica Frawley MPAS, PA-C  Clinical Coordinator  570-340-6054  jfrawley@marywood.edu

Offices

Healthy Families 111, 114, and 110 respectively with office hours by appointment

This syllabus represents all Clinical Rotation experiences for the clinical phase of the Program. Each student is required to complete a clinical rotation in: Emergency Medicine, Surgery, Pediatrics, Women’s Health, Psychiatry, Family Medicine, Internal Medicine, and an elective chosen by the student. If a student chooses to complete a Specialty Track during the clinical year, it may be in Orthopedics, Emergency Medicine, Hospitalist Medicine, or Surgery. This specialty track experience will be completed in addition to required time spent in Internal Medicine and Family Medicine.
Course Description

PA 600-609, Clinical Rotations 1-10

Clinical Rotations are 5 week clinical courses that provide students with experience in inpatient and outpatient medicine in areas of Emergency Medicine, Surgery, Pediatrics, Women’s Health, Psychiatry, Family Medicine, Internal Medicine, and an elective chosen by the student. The student will elicit a medical history, perform a physical examination, initiate the proper evaluation through ordering and interpreting of appropriate diagnostic studies, and correlate with all findings to develop an appropriate differential diagnosis, final assessment and treatment plan.

Course Objectives

STANDARD B3.02 The program must inform students of program policies and practices.

Primary practice requires specific skills in many disciplines, including Emergency Medicine, Surgery, Pediatrics, Women’s Health, Psychiatry, Family Medicine, and Internal Medicine. The PA student is expected to develop basic diagnostic and therapeutic skills related to preventive, chronic, acute, emergent, rehabilitative, and end of life problems commonly arise in each of these disciplines. General objectives for the student’s level of performance, which should be applied to all of the disciplines of primary care, follow.

- Given a patient with a medical problem in any primary care setting, the PA student will:
  - Collect the data relevant to the diagnosis of the presenting problem:
    - Take a thorough history, which includes a chief complaint, history of present illness, relevant aspects of the patient’s past medical history, social history, family history, and appropriate review of systems
    - Perform a thorough and logically ordered physical examination directed at evaluating physical findings related to the patient’s complaint
    - Be familiar with the laboratory tests and procedures which would be useful in diagnosing the patient’s problem, and understand basic interpretation of their results. The student will also be aware of the risks and limitations of such tests and procedures
  - Present the data
    - The student will be able to present the results of their history, physical examination, and previous laboratory and diagnostic studies to the Preceptor. The presentation may be oral or written and will be logically ordered in a problem oriented format. In the presentation, the student will demonstrate an understanding of the relevant positive/negative findings in evaluating the patient’s problems.
    - Assess the data
      - The student will begin to formulate an accurate list of the patient’s problems. He/she will provide a specific diagnosis for relatively uncomplicated problems, and list major elements of the differential diagnosis for more complicated problems
      - Comprehend principles of treatment for the patient’s particular problem
• Develop and implement appropriate treatment plans to include the proper use of medications in treating the medical problem, including dosage, route of administration, side effects, and drug interactions. Write prescriptions to be countersigned by the physician. Demonstrate the appropriateness of other diagnostic testing and procedures relevant to the patient diagnosis.

- Document the data
- Use appropriate SOAP and H&P formats in patient records and/or electronic medical recording system and as assigned by the Clinical Faculty
- Appropriate referral of patients
  - Understand the network and teamwork of healthcare professionals and demonstrate an awareness of appropriate referrals as needed per patient diagnosis

**STANDARD B2.04** The program curriculum must include instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals.

**STANDARD B2.09** The program curriculum must include instruction in basic counseling and patient education skills.

- The PA student will demonstrate effective communication skills that results in the effective exchange of information and collaboration with patients, their families, and other health professionals

**STANDARD B2.05** The program curriculum must include instruction in patient evaluation, diagnosis and management.

- The PA student will demonstrate the ability to interview, elicit a medical history, perform a physical examination, order and interpret tests/diagnostic studies, develop and implement treatment plans, present data in an oral format, and document data of patients that present across the life span.

**STANDARD B2.10** The program curriculum must include instruction to prepare students to search, interpret, and evaluate the medical literature including its application to individualized patient care.

- The PA student will demonstrate the necessary skills to search, interpret, and evaluate medical literature in order to maintain a critical, current, and operational knowledge of new medical findings and apply it to individualized patient care.

**STANDARD B3.04** Supervised clinical practice experiences must occur in the following settings: outpatient, emergency department, inpatient, and operating room.

- The PA student will have supervised clinical experiences in the following settings:
  - Outpatient
  - Emergency room/department
  - Inpatient
- Pre-operative, intra-operative, post-operative care
- Acute care
- Chronic care
- Preventive care

**Minimum Competencies**

Students are required to meet specific minimum competencies during their clinical rotations prior to graduation. This information will be tracked using the Typhon system. If a student anticipates having difficulty meeting a specific minimum competency, it is their responsibility to contact the Clinical Director or Clinical Coordinators as soon as possible and not when the rotation is complete. Students failing to meet specific minimum competencies may face a delay in graduation where additional experiences will be scheduled.

<table>
<thead>
<tr>
<th>Type of Patient Encounter</th>
<th>Number of Patient Encounters Required</th>
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<tbody>
<tr>
<td>Preventive</td>
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</tr>
<tr>
<td>Acute</td>
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<tr>
<td>Chronic</td>
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<td>Emergency</td>
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<tr>
<td>Pediatrics</td>
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<td>Internal Medicine</td>
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<td>Family Medicine</td>
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<td>Prenatal</td>
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<tr>
<td>Pre-Operative</td>
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<tr>
<td>Intra-Operative</td>
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<tr>
<td>Post-Operative</td>
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<tr>
<td>Behavioral and Mental Health</td>
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<tr>
<td>Outpatient setting</td>
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<tr>
<td>Emergency department setting</td>
<td>100</td>
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<tr>
<td>Inpatient setting</td>
<td>100</td>
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<tr>
<td>Operative room setting</td>
<td>50</td>
</tr>
</tbody>
</table>

**Teaching Methods**

Practical clinical experience, examinations, documentation to include SOAP notes and H&Ps, research papers, peer reviewed presentations, class discussions, and lectures.

**Recommended Texts**

Various texts are available for students to be signed out from the Clinical Director/Coordinator’s offices to be used for the duration of clinical rotations. Based on the student’s interest, it may be in their best interest to purchase certain texts. Preceptors will assign readings throughout clinicals based on patients seen during the rotations or assign readings on a weekly basis. The student may be required to purchase certain texts based on the preferences of the office. This will be handled on an individual basis per preceptor/clinical site. Below is a list of suggested texts.
Emergency Medicine

Gomella, L. & Heist, S. Clinician’s Pocket Reference. (The Original Scut Monkey) McGraw-Hill.


Boren and Alpern, Emergency Medicine Pearls. FA Davis Company.

Stone, C. K & Humphries, R. CURRENT Diagnosis and Treatment Emergency Medicine, (Lange Current Series). McGraw-Hill.

Cline, D., Ma, O.J., Cydulka, R., & Meckler, G. Tintinalli’s Emergency Medicine Manual, American College of Emergency Physicians.


Women’s Health


Pediatrics

Hay, W. et al. CURRENT Pediatric Diagnosis and Treatment. Lange Medical Books/ McGraw-Hill.


Surgery


Psychiatry

DSM V, American Psychiatric Publishing.

Family Practice/Internal Medicine

Cecil’s Textbook of Medicine
Ferri’s Clinical Advisor
Current Medical Diagnosis and Treatment
The Washington Manual of Medical Therapeutics
Differential Diagnosis of Common Complaints
Appleton and Lange’s Physician Assistant Review
Primary Care for Physician Assistants Pretest: Self-Assessment and Review
Clinical Survival Guide for PA Students
Tarascon Pocket Series (e.g. Tarascon Pocket Pharmacopoeia 2014 Deluxe Lab-Coat Edition)
Cecil Essentials of Medicine
CURRENT Diagnosis & Treatment in Family Medicine
The Merck Manual
The Family Medicine Handbook: Mobile Medicine Series by University of Iowa
First Aid Series (e.g. USMLE, Wards, etc.)

Requirements

- Attendance at all clinical sites and all scheduled end of rotation or clinical days is mandatory.
- All assignments, evaluations, and examinations are to be completed by published deadlines and submitted to the Clinical Director and/or Clinical Coordinators.
- A minimum of one case presentation during an EOR day. The date will be assigned by the Program.
- Obtain a minimum of a 3.0 for all clinical rotations.

Specific Clinical Rotation Assignments

The written assignments in the clinical phase of the PA Program are designed to document attendance, daily activities, patient demographics, clinical encounters/experiences, and skills (whether observed/assisted/performe). Additional assignments will allow students to share their clinical experiences and knowledge gained and will serve as a means of evaluation of student’s’ performance throughout this phase of the PA Program.

Clinical Rotation 1/PA 600: 3 credits

- Daily logs recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 1. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.
- Complete H&P on any case of particular interest, usual presentation, etc. The H&P equals 10% of the final Clinical Rotation 1 grade.
- Case Study Paper: The case study is a 3-5 page paper reflecting on the patient in the H&P. The student’s focus should be their own learning experience, the interaction between student-patient, and the diagnosis and treatment of the patient. This is a reflection of the case encountered. Research may be included and if so, must be from current, peer reviewed medical journals and cited with current APA style. All papers must be type written using 12 point Times New Roman font. The case study paper equals 20% of your final Clinical Rotation 1 grade.
- Mid-Point Clinical Evaluation is required for each student for each clinical rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.
- Preceptor Evaluation in which the preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final clinical rotation grade.
- The EOR examination will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking
the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final clinical rotation grade.

- **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

**Clinical Rotation 2/PA 601**: 3 credits

- **Daily logs** recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 2. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

- **Complete H&P** on any case of particular interest, usual presentation, etc. The H&P equals 10% of the final Clinical Rotation 2 grade.

- **Research Paper**: This Research Paper is a 3-5 page paper focusing on the diagnosis of the patient presented in the H&P. This paper must include current research of the diagnosis, prognosis, treatment, and/or patient education. Research must be from current, peer reviewed medical journals and cited with current APA style. All papers must be type written using 12 point Times New Roman font. The Research Paper equals 20% of your final Clinical Rotation 2 grade.

- **Mid-Point Clinical Evaluation** is required for each student for each Clinical Rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

- **Preceptor Evaluation** in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final clinical rotation grade.

- **The EOR examination** will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final Clinical Rotation grade.

- **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

**Clinical Rotation 3/PA 602**: 3 credits

- **Daily logs** recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 3. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

- **Research Question/Thesis Statement/Introduction (1st stage of Professional Contribution)**
The research question should be posted in the form of a strategic question. This should not be a question easily answerable by yes/no. It can be a compare/contrast question such as: *Is sterile water preferred over Betadine as the most appropriate cleansing solution for acute wounds in the Emergency Department?* Students must use and submit a PICO style question. In addition to the research question, students must provide a Thesis Statement. The Thesis Statement of the example above may be: *Sterile Water is more effective than Betadine as a cleansing solution in the ER for acute wounds.* In addition, students must submit a 1 page 12 point, Times New Roman font introduction of why this research is important, current statistics, and/or practical implications related to the thesis. A reference page should be included using APA style with APA citation used throughout the text. The Research Question/Thesis Statement/Introduction equals 30% of your final Clinical Rotation 3 grade.

- **Mid-Point Clinical Evaluation** is required for each student for each clinical rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

- **Preceptor Evaluation** in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final Clinical Rotation grade.

- The **EOR examination** will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final clinical rotation grade.

- **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

**Clinical Rotation 4/PA 603:** 3 credits

- **Daily logs** recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 4. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

- **Background and Title Page (2nd stage of Professional Contribution)**
  - The Title Page should be submitted in APA format. The background section should summarize the epidemiology, incidence, etiology, pathophysiology, clinical presentation, diagnostic evaluation, differential diagnosis, treatment, prognosis and prevention of the topic. This should concentrate on the section most important to your topic (For example, if your question is about a surgical procedure, the treatment section of your background should be the most comprehensive) The background should be a minimum of 2 pages with a maximum of 5 pages, 12 point font, Times New Roman. A revised introduction should be included. A reference page should be included using APA
Mid-Point Clinical Evaluation is required for each student for each Clinical Rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

Preceptor Evaluation in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final Clinical Rotation grade.

The EOR examination will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final Clinical Rotation grade.

Exam Master Questions are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

Clinical Rotation 5/PA 604: 3 credits

Daily logs recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 5. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

Methods Section (3rd stage of Professional Contribution)

This section will discuss the inclusion and exclusion criteria used to select articles. The level of evidence chosen should be discussed and an explanation of why certain articles were chosen. The methods section should be a minimum of 1 paragraph with a maximum of 1 paragraphs, 12 point font, Times New Roman. A revised introduction, background, title page, discussion of articles and reference page should be included. A reference page should be included using APA style with APA citation used throughout the text. The Background and Title page equals 30% of your final Clinical Rotation 5 grade.

Mid-Point Clinical Evaluation is required for each student for each Clinical Rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

Preceptor Evaluation in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final Clinical Rotation grade.

The EOR examination will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking
the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final Clinical Rotation grade.

- **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

**Clinical Rotation 6/PA 605:** 3 credits

- **Daily logs** recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 6. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

- **Mid-Point Clinical Evaluation** is required for each student for each Clinical Rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

- **Discussion of Articles: Summary and Critical Analysis (4th stage of Professional Contribution)**
  - This review should be comprised of at least 5 current peer reviewed articles or texts related to the research question and comprehensively reviewed (published within the past 5 years). The articles should be summarized and then critically analyzed. The discussion of the articles should be a minimum of 5 pages with a maximum of 8 pages, 12 point font, Times New Roman. A revised introduction, background, title page, and reference page should be included. A reference page should be included using APA style with APA citation used throughout the text. The Background and Title page equals 30% of your final Clinical Rotation 6 grade.

- **Preceptor Evaluation** in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final Clinical Rotation grade.

- The **EOR examination** will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final Clinical Rotation grade.

- **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

**Clinical Rotation 7/PA 606:** 3 credits

- **Daily logs** recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 7. Students are also to complete an evaluation of the clinical site after the completion
of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

- **Conclusions/Areas for Future Research related to the Professional Contribution (final stage of Professional Contribution)**
  - This section will provide any and all conclusions derived by the student related to the research area. In addition, the students will discuss areas for further inquiry or research and the important of future research. This conclusion section must be at least 2 pages in length not to exceed 3 pages. In addition, all previous sections must be submitted with necessary revisions per faculty feedback. This document should include your PICO question and thesis statement, a title page, introduction, background section, discussion of articles, methods section, and conclusion with future related to PC with appropriate headings. Two copies of your final paper are to be submitted. All written work must be completed in current APA style. The conclusion equals 30% of your final Clinical Rotation 7 grade.

- **Mid-Point Clinical Evaluation** is required for each student for each Clinical Rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

- **Preceptor Evaluation** in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final Clinical Rotation grade.

- The **EOR examination** will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final Clinical Rotation grade.

- **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

- **Clinical Skill**
  Students will be required to perform a randomly assigned clinical skill. All skills assigned were taught previously in the didactic year. The Clinical Skill is scored as pass/fail. If a student fails the Clinical Skill, they will be required to successfully pass prior to graduation. Clinical Skill re-take will be scheduled by the faculty prior to graduation.

- **Interpretation**
  Students will be required to accurately interpret diagnostic studies. This can include X-rays, EKGs, and labs. Students can be provided with more than 1 diagnostic study or lab and will need to make an accurate interpretation. The Interpretation is scored as pass/fail. If a student fails the Interpretation, they will be required to successfully pass prior to graduation. Interpretation re-take will be scheduled by the faculty prior to graduation.
Clinical Rotation 8/PA 607: 3 credits

- **Daily logs** recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 8. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

- **SOAP Note** on any case of particular interest, usual presentation, etc. The SOAP note equals 30% of the final Clinical Rotation 8 grade.

- **Objective Structured Clinical Exam (OSCE)**
  - Students will be required to perform an OSCE. OSCEs will test not only the student’s medical knowledge but their interpersonal skills in interacting with a patient, patient care skills, and their professionalism during the exam. Students are expected to act as if the experience is a real patient and include all aspects of patient care. In the clinical year, there is a higher emphasis placed on the assessment and plan portions of the OSCE than in the didactic year. Students are expected to obtain an appropriate HPI, conduct a problem focused physical examination, and make an accurate diagnosis along with providing an appropriate plan for the patient. Patient education should also be given during the OSCE.
  - The OSCE is scored as pass/fail. If a student fails the OSCE, they will be required to successfully pass prior to graduation. OSCE re-take will be scheduled by the faculty prior to graduation.

- **The EOR examination** will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final Clinical Rotation grade.

- **PACKRAT** will be completed during EOR days for Clinical Rotation 8. PACKRAT will not be part of the Clinical Rotation 8 grade but is used as a self-assessment tool.

- **Mid-Point Clinical Evaluation** is required for each student for each Clinical Rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

- **Preceptor Evaluation** in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final Clinical Rotation grade.

- **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

Clinical Rotation 9/PA 608: 3 credits

- **Daily logs** recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment
provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 9. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

- **Presentation of the Final Professional Contribution**: Students are to give a presentation of their professional contribution. Students are to present the main findings of their research to 2 faculty members. Students are expected to be knowledgeable about their topic and to answer questions that the faculty members have regarding their research. Students are able to prepare using note cards. No power point presentations will be utilized. Students have a maximum of 10 minutes to present. PC Presentations are worth 20% of the student’s Clinical Rotation 9 grade.

- **Mid-Point Clinical Evaluation** is required for each student for each Clinical Rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

- **Preceptor Evaluation** in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 20% of your final Clinical Rotation grade.

- **The EOR examination** will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the General Surgery exam following their General Surgery rotation. The EOR examination equals 20% of the final Clinical Rotation grade.

- **Mock Boards**
  - Mock boards are a computer generated Moodle Exam that consists of 300 board style questions that tests the student’s medical knowledge. Students are expected to score no less than a B on the Mock Boards prior to graduation. Below is the grading scale for the Mock Boards.

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;250</td>
<td>A</td>
</tr>
<tr>
<td>240-250</td>
<td>A-</td>
</tr>
<tr>
<td>230-240</td>
<td>B+</td>
</tr>
<tr>
<td>220-230</td>
<td>B</td>
</tr>
</tbody>
</table>

  - The lowest score students can obtain on the Mock Boards in order to successfully pass is a 220. Mock Boards are worth 30% of the student’s Clinical Rotation 9 grade. If a student fails the Mock Boards, they will be required to successfully pass prior to graduation. Mock Board re-take will be scheduled by the clinical faculty prior to graduation. If a student fails the Mock Boards, despite the grade achieved on a Mock Board re-take, the highest score that will be calculated for the Clinical Rotation grade is a B.

- **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

**Clinical Rotation 10/PA 609**: 3 credits
• **Daily logs** recorded through Typhon, clinical tracking software, to include the date, start time, and end time, and all patient encounters/cases including the patient’s age, diagnosis, treatment provided/assisted/observed by the student. The logs equal 10% of the final grade of Clinical Rotation 10. Students are also to complete an evaluation of the clinical site after the completion of each clinical rotation in the EASI system. Failure to do so prior to taking the EOR exam will result in a deduction of the final log grade by one letter grade.

• **Mid-Point Clinical Evaluation** is required for each student for each Clinical Rotation. Students must submit the Mid-Point Clinical Evaluation form to the Clinical Director or Clinical Coordinators by 8AM on Friday of week 3 of the clinical rotation. Failure to do so will result in a deduction of the final rotation grade by one letter grade.

• **Preceptor Evaluation** in which the Preceptor will assess your professionalism, knowledge for level of training, interpersonal skills, and assign a letter grade. The preceptor evaluation equals 30% of your final Clinical Rotation grade.

• The **EOR examination** will be administered by 10AM on the EOR day 1. The EOR examination will focus on the rotation completed by the students, for example, a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the General Surgery exam following their General Surgery rotation. The EOR examination equals 30% of the final Clinical Rotation grade.

• **Board Review Preparation Questions** will be given at the start of Clinical Rotation 10. These questions are to be completed and turned in prior to the start of the Board Review Course. Board Review Preparation Questions are worth 30% of the Clinical Rotation 10 grade.

• **Attendance at Board Review Course** that will conducted on campus is mandatory. Failure to attend the Board Review Course will result in failure of Clinical Rotation 10.

• **Exam Master Questions** are to be completed prior to taking the EOR exam with a minimum of 100 questions completed. Proof of completion of these questions needs to be provided when handing in paperwork on EOR day 1.

**Discipline specific objectives will be provided during the clinical year.**