



AUGUSTA UNIVERSITY
**COLLEGE OF ALLIED
HEALTH SCIENCES**

Department of Physician Assistant

Clinical Curriculum Policies



Changes and updates to these policies may occur at any point during your enrollment with timely notification.

In addition to the clinical curriculum policies outlined in this document, students are expected to comply with all items presented and/or discussed in clinical curriculum meetings with the cohort, clinical curriculum orientation, and email correspondence from representatives of the program. Students are also responsible for compliance with the AU PA Student Handbook, the CAHS resources and policies for current students, the AU Student Manual, and the policies of the Board of Regents.

Table of Contents

<u>Appendices List</u>	4
<u>Promotion to the Clinical Year</u>	5
<u>Standards for Progression in the Clinical Year</u>	6-10
<u>Academic Probation</u>	6-7
<u>Professionalism Violations</u>	7-8
<u>Recommendation for Dismissal</u>	8-9
<u>Promotion to Graduation</u>	10
<u>Professionalism in the Clinical Year</u>	11-17
<u>Professionalism Defined (adapted from “Behaviors Reflecting Professionalism,”</u>	11-12
<u>National Board of Medical Examiners)</u>	
<u>Professionalism Expectations</u>	12-17
<u>Clinical Year Courses & SCPEs</u>	18
<u>Benchmarks</u>	19-21
<u>Contact Hours</u>	19-20
<u>Patient & Procedure Encounters</u>	20-21
<u>Evaluation & Grading</u>	22-28
<u>EOR examinations</u>	22-24
<u>Clinical Competency Evaluation (CCE)</u>	24-26
<u>Professionalism</u>	26-28
<u>Rotation/SCPE Assignment</u>	29-30
<u>Housing & Transportation</u>	31
<u>Additional Costs in the Clinical Year</u>	32-33
<u>Credentialing</u>	32
<u>Visiting Student Fee</u>	32
<u>Parking</u>	32
<u>Drug Screens & Background checks</u>	33
<u>Conflict Resolution</u>	34
<u>Student Responsibilities while on Rotation/SCPE</u>	35-44
<u>SCPE site paperwork</u>	35
<u>Schedule/Duty Hours</u>	35-37
<u>One45 Logs</u>	37-38
<u>Benchmark Form</u>	39
<u>Dress Code</u>	40
<u>Schedule Reporting Form (SRF)</u>	40
<u>Blood & Body Fluid Exposure Procedure Attestation Form (BBF)</u>	41
<u>Clinical Rotation Site Survey (CRS)</u>	41
<u>Mid-SCPE evaluation</u>	41
<u>Clinical Competency Evaluation (CCE)</u>	42

Student Evaluation of SCPE (SES)	42
Student Evaluation of Preceptor (SEP)	43
EOR activities	43-44
End of Semester Form	44
Computer use at rotation/SCPE site	44
Attendance & Leave	45-49
Medical Appointments	46-47
Sickness	47-48
COVID guidelines	47-48
Personal Day	49
Blood & Body Fluid Exposure	50
Inclement Weather	51-52
Amorous Relationships	53
Job Interviews/Shadowing	54-55
Preceptor Benefits	56
Preceptor Tax Incentive Program (PTIP)	56
NCCPA Category 1 CME	56

Appendices

CY.1	Benchmarks Described
CY.2	Conversion Table
CY.3	Honor Code/Scratch Paper for EOR Exam
CY.4	Benchmark Form
CY.5	Clinical Competency Evaluation Form
CY.6	Examples of Procedures
CY.7	Student Evaluation of SCPE Form
CY.8	Mid-SCPE Evaluation Form
CY.9	Blood & Body Fluid Exposure Form
CY.10	Schedule Reporting Form
CY.11	Medical Absence Form
CY.12	Personal Day Form
CY.13	Clinical Rotation Site Survey
CY.14	Rotation Site Request Form
CY.15	General Rotation Checklist
CY.16	AU Parking Rates
CY.17	End of Semester Assignment Form
CY.18	Student Evaluation of Preceptor Form

Promotion to the Clinical Year

To be eligible for promotion to the clinical phase of the program, each student must meet the following requirements:

1. Have successfully passed or successfully remediated all examinations, assignments, and coursework required by the PAD during the didactic phase.
2. Have earned a satisfactory letter grade of A, B, or C for all required didactic courses.
3. Have a minimum cumulative program GPA of 3.0.
4. Is considered to be in satisfactory academic standing **OR** determined (*by majority faculty vote*) to be sufficiently meeting the expectations and requirements of his/her/their academic probation to progress in the program. [*Students on academic probation at the time of promotion to the clinical phase may be issued an updated probation letter to outline expectations and requirements in regard to their probationary status in the clinical phase*].
5. Have satisfactorily completed American Heart Association Health Care Provider Courses “Basic Life Support” (BLS) and “Advanced Cardiac Life Support” (ACLS) before promotion to the clinical phase. [*Students may be responsible for completing the BLS course and/or ACLS course on their own time and must submit documentation of course completion to the PAD clinical team.*]
6. Sufficiently meeting the professional and technical standards of the program (as *determined by the PA faculty*) for a student at the end of the didactic phase

Any student who does not achieve all of these requirements will be recommended for dismissal from the PA program. If the PAD chair determines that circumstances in the student’s case warrant review, the PAD faculty will review the case and majority faculty vote will determine if the student:

- is recommended for dismissal, **OR**
- is allowed to remain in the program with a plan for remediation and progression as determined by the faculty [*student will be placed on academic probation if allowed to remain in the program*].

Standards for Progression in the Clinical Year

Uninterrupted progression through the clinical year requires that the student achieve a final grade of "B" or higher in all clinical year courses and remain in satisfactory academic and professionalism standing.

Students are expected to grow in their achievement of program expectations and competencies throughout the curriculum. In the clinical phase, the program is evaluating student mastery of these expectations and competencies and has a higher academic standard regarding final course grades. If a student makes a grade lower than a "B" during the clinical phase of the program, this will result in faculty review of student performance and recommendation for:

1. progression with student improvement plan and placement on academic **probation**
OR
2. **dismissal.**

Academic Probation:

A student will be placed on probationary status when any of the criteria below are reached:

1. If the student's overall **GPA falls below a 3.0.**
2. If the student **fails to pass a remediation** effort (*i.e., failure of a remediation exam or exercise*) and majority faculty vote allows student to remain in the program.
3. If the student fails a total of **four [4] major graded activities** (*including EOR exams and summative evaluation components*) while in the program.
4. If the student scores a final grade of **"C"** in any clinical phase course and majority faculty vote was to allow student to remain in the program.
5. Student is **on academic probation at the time of completion of the didactic phase** of the program and majority faculty vote is that student is adequately meeting the expectations of his/her/their academic probation and is allowed to progress to the clinical phase.

A student placed on academic probation during the clinical phase will receive an official letter from the program outlining the expectations and requirements of that probationary period. A student on academic probation while completing the didactic phase who is allowed to progress to the clinical phase, may receive an updated official probation letter outlining the expectations and requirements of their probationary status while in the clinical phase of the program. Refer to the **AU PA Student Handbook** for additional policies pertinent to academic probation.

Note: A student with a remediation failure, 5 major graded activity failures, or a

grade below “B” in any clinical curriculum course may also be recommended for dismissal from the program if agreed upon by a majority of the faculty.

Probationary status ends with either CAHS Dean dismissal from the program, student withdrawal from the program, or reinstatement to satisfactory academic standing.

Reinstatement from probationary status to satisfactory academic standing:

If a student is on academic probation during the clinical phase, they may be reinstated to satisfactory academic standing if **all** of the following criteria are met:

1. GPA is brought up above 3.0
2. Student has less than four [4] major graded activity failures throughout the program
3. Student has fulfilled requirements of her/his/their academic probation or has demonstrated that she/he/they can meet the academic standards of the program to the satisfaction of a majority vote of the PA Faculty.

Professionalism Violations

Students who violate any of the professional expectations of the PA program or Augusta University will be issued written advisories or warnings for each offense in addition to a required remediation effort specific to the violation. The faculty must vote and majority must agree with the professionalism violation before it is issued. The requirements for remediation are not negotiable and will be communicated during the counseling for the violation. The remediation requirement may vary based on the offense and will be more extensive if a higher number of offenses is reached and/or the offense is severe. It is the student’s responsibility to clarify if he/she/they do not understand what the remediation effort includes. If a student is in violation of another professional standard before they complete the remediation effort for the previous professionalism advisory or warning, another advisory or warning may be issued and the student will have additional remediation expectations or recommended to the CAHS Dean for dismissal (*if reach 5 violations*).

The first two professional violations (*if not considered egregious by a majority of the faculty*) will be considered **professional advisories**. The advisories will be documented in the student’s file, but this information will not be disclosed to future employers unless the student later reaches the level of *professional warnings* and has a total of 4 violations (*advisories + warnings*).

Professional warnings will be issued for any violation occurring after the first two advisories have been issued and for any violation considered *egregious* by a majority of the faculty (*even if no advisories have been issued*).

All professional violations (*advisories and warnings*) are documented in the student’s file.

If a student is in violation of multiple professional standards at one time, the student is subject to multiple professional advisories and/or warnings at one time.

A student who has accrued 4 professional violations will be ineligible to be inducted into an honor society and may lose other privileges, including class officer positions.

If a student has received 4 professional violations, this is reportable to future employers, licensing boards, academic programs, and any other entities the student releases the program to complete forms/references for regarding the student's tenure in the program.

Additionally, the PA program has a responsibility to clinical training sites, preceptors, and patients to reasonably ensure that any student assigned to train with them does not pose a risk to the practice, facility, site staff, patients, or community.

If a student is identified by the faculty (*majority vote*) to have concerning deficiencies in meeting the professional and technical standards of the program given the student's level of study, the faculty will review the student regarding progression in the program.

If the student has accrued 5 professional violations while in the program, the student will be recommended to the CAHS Dean for dismissal (*and will be issued a course grade of "F" in the clinical course associated with the 5th violation*).

If the student has less than 5 professional violations but has been determined by a majority faculty vote to have behaviors concerning for continued attendance at regular clinical site, the student will have an interruption in regular training until professionalism deficiencies identified are remediated successfully. The term of this interruption is dependent on the case.

In the clinical phase, remediation activities for professionalism may include (*but are not limited to*):

- Graded written assignment(s);
- Self-evaluation and reflection assignments(s); **AND/OR**
- Modified clinical practice experience(s) [*with preceptor(s) aware of identified deficiencies in the student's professionalism who have agreed to monitor and evaluate the student on professional behaviors and conduct*];

Remediation activities assigned for professionalism deficiencies are tailored to the student case.

Recommendation for Dismissal

A student who consistently and persistently fails to meet the academic, professional and/or technical standards of the Physician Assistant Program will be referred to the CAHS Dean for dismissal.

Only the CAHS Dean can dismiss a student from a CAHS program (*including the PA program*). If a student is dismissed by the CAHS Dean from the program, they will be ineligible to reapply to the program in the future.

The PA program will communicate the decision to recommend a student for dismissal to both the student and the CAHS Dean. The student will have five [5] business days to submit a written request for appeal at the program level; this request must be given by the student to the PA Department Chair. If no request for appeal or withdrawal from the program is received within the 5 business days, the PA Department Chair will notify the CAHS Dean to proceed with the recommendation for dismissal.

Once a recommendation for dismissal of a **clinical** student has been made by the PAD and communicated to the student, the clinical student will be removed from their course(s) and/or clinical rotation(s). The student will not be allowed to continue to participate at any clinical rotation site once a student has been notified of PAD decision to recommend for dismissal from the program. In the event a student appeals the recommendation for dismissal and is successful in appeal (*at any level*) such that reinstatement to the curriculum results, this may result in a delay of graduation.

Refer to the AU PA Student Handbook for additional policies regarding administrative decisions and appeals processes.

If a student meets any of the following criteria, the student will be recommended for dismissal from the PA Program:

- fails ***any didactic or clinical phase*** course while in the PA program
- accrues 5 major graded activity failures
- on academic probation and fails to meet requirements of probation
- fails to successfully remediate professionalism deficiencies
- incurs 5 professionalism violations
- commits an egregious professional act (*as determined by the faculty*)
- fails to pass or successfully remediate the summative evaluation components
- at the end of the curriculum but has failed to achieve program competencies (*as determined by a majority of the PAD faculty*)
- at the end of the curriculum but has failed to meet or remediate the academic, professional or technical standards of the program (*as determined by the PA faculty*)

Any exception to this policy must be agreed upon by a majority of the PAD faculty.

Promotion to Graduation

To be eligible for graduation from the PA program, each student must meet the following requirements:

1. Have successfully passed or successfully remediated all major graded activities, clinical training, and coursework as required by the PAD during the clinical phase
2. Have met the program defined benchmarks for patient encounters, technical skills, and clinical training hours
3. Remained in satisfactory academic standing throughout the clinical phase **OR** have met the expectations to be eligible for graduation outlined by the student's academic probation
4. Have a minimum cumulative program GPA of 3.0.
5. Maintained AHA BLS and ACLS certification for the entire clinical year.
6. Achieved program competencies (*as determined by the PA faculty*).
7. Successfully passed or successfully remediated all components of the summative evaluation.
8. Successfully met and/or remediated the academic, professional, and technical standards of the program (*as determined by the PA faculty*).

Any student who does not achieve all of these requirements **will not** be forwarded for graduation. If a student has reached completion of the curriculum and does not achieve all of these requirements, the PAD faculty will review the case and majority faculty vote will determine if the student:

- is recommended for dismissal, **OR**
- is allowed to remain in the program with a plan for remediation and progression as determined by the faculty; this will result in delayed graduation [*student will be on academic probation if allowed to remain in the program*].

Professionalism in the Clinical Year

Professional behavior is as critical to good medical practice as any other quality, skill, or fund of knowledge. When unprofessional behavior is observed during any aspect of a student's tenure in the program, there is great concern for future issues with regulatory boards, legal problems, and poor patient outcomes.

Training in professionalism therefore shares equal importance with content knowledge and technical skills at Augusta University. The PAD considers violations of professional conduct to represent a significant deficiency and, in some cases, warrants recommendation for dismissal.

Students are expected to demonstrate professional behavior AT ALL TIMES while in clinical training (*this includes interactions with preceptor and/or clinical instructional faculty, site staff, patients, families of patients, PAD faculty, PAD staff, classmates, and the community at large*).

Students must adhere to all professional standards of the AU student manual, AU PA Student Handbook, CAHS Policies and resources for students, and the policies of the Board of Regents. Students are responsible for reading, understanding, and abiding by all of the above policy documents.

Professionalism Defined:

Here we provide the behaviors consistent with professionalism as described by the *National Board of Medical Examiners*:

“Professionalism Defined

Altruism:

- 1. Helps colleagues and team members*
- 2. Takes on extra work to help the team*
- 3. Serves as a knowledge or skill resource to others*
- 4. Advocates for policies, practices and procedures that benefit patients*
- 5. Endures inconvenience to meet patient needs*

Honor and Integrity:

- 1. Admits errors and takes steps to prevent reoccurrence*
- 2. Deals with confidential information appropriately*
- 3. Does not misuse resources (i.e. school or clinical site property)*
- 4. Attributes ideas and contributions appropriately for other's work*
- 5. Upholds ethical standards in research and scholarly activity*
- 6. Requests help when needed*

Caring and Compassion:

- 1. Treats patients as individuals, and considers lifestyle, beliefs and support systems*
- 2. Shows compassion to patients and families*
- 3. Maintains appropriate boundaries in professional relationships*
- 4. Responds to patient needs appropriately*
- 5. Optimizes patient comfort and privacy when conducting examinations*

Respect:

1. *Respects institutional colleagues, faculty, and staff*
2. *Demonstrates respect for patients*
3. *Participates constructively as a team member*
4. *Adheres to institutional and departmental policies and procedures*
5. *Adheres to dress code*

Responsibility and Accountability:

1. *Presents self in an appropriate manner*
2. *Completes assignments and tasks in a timely manner*
3. *Responds promptly when notified*
4. *Intervenes when unprofessional behavior presents a clear and present danger*
5. *Responds appropriately to an impaired colleague*
6. *Responds professionally to other's lapses in conduct and or performance*
7. *Elicits patient's understanding to enhance communication of information*
8. *Facilitates conflict resolution*
9. *Remains flexible to changing circumstances and unanticipated changes*
10. *Balances personal needs and patient responsibilities*
11. *Provides constructive feedback*

Excellence:

1. *Has internal focus and direction*
2. *Sets goals to achieve excellence*
3. *Takes initiative in organizing and participating with peer groups and faculty*
4. *Maintains composure under difficult situations"*

(Adapted from Behaviors Reflecting Professionalism National Board of Medical Examiners.)

Professionalism Expectations:

The AU PA program expects all students to embody the behaviors, attitudes, and goals consistent with professionalism as outlined above. In addition to these general values and virtues, professionalism expectations for clinical students are further described below:

1. Honesty, Integrity and Reliability:

Students must be truthful in all communications and interactions. Students must adhere to the AU Student Manual academic honesty policy; this includes not making false statements. Students must not make statements to misled or hide information from program or university representatives, including preceptors.

Students must demonstrate strong integrity in coursework and program requirements.

Students must be reliable and follow through on commitments they make to PAD faculty and staff, clinical preceptors and patients, classmates, and

any other individuals with whom they interact.

Students are expected to take the initiative to follow-up if unclear on expectations, including details and deadlines. Students should always assume there is a deadline and seek clarification of that deadline unless specifically communicated by the supervisor for the item that the student has unlimited time.

2. Communication: Communication with faculty, staff, and fellow students is always respectful and timely.

All email correspondence related to the clinical curriculum should include all members of the AU PAD clinical team.

Emails should include:

- a) a polite greeting
- b) professional and respectful tone (not commanding/challenging/demanding)
- c) Appropriate use of Dr./Mr./Ms.

Student should NOT address faculty, staff, clinical instructional faculty, clinical site representatives, AHEC representatives, or any other individuals involved in the clinical curriculum of a student by first name. Some preceptors or individuals may advise a student to call them by their first name, if so it is acceptable to address them by first name in oral communication but written correspondence (including emails) should still contain a respectful address of Dr./Mr./Ms.

- d) a polite salutation

During the clinical curriculum, the need often arises for more urgent communications. Students are expected to check email at least twice per day and respond as quickly as possible.

During a semester in which a student is actively enrolled, response to routine e-mail/phone messages should occur as soon as possible and no later than 48 hours after the communication was sent from the program representative (*even during weekends and holidays*). Failure to comply will result in loss of professionalism points and/or professional violation.

3. Feedback: Students should routinely seek feedback on their performance and receive that feedback in a constructive manner.

Students are encouraged to seek feedback from preceptors on their performance each week of a clinical rotation. Students are expected to receive and respond to this feedback in a respectful and professional manner. Students should not be commanding or challenging in discussion with preceptors. Preceptor feedback may differ from student's own perception of their performance. Students should receive that information in a constructive way and process it as an opportunity to learn, grow, and improve their performance.

If after self-reflection a student feels an evaluation was not accurate or appropriate and should be further explored, the student must contact the AU PAD clinical team in a timely manner (*within 5 business days as outlined in the AU Student Manual*) to discuss these concerns and not contact or challenge the preceptor directly.

4. Attendance: Students are expected to attend all dates/times scheduled for each clinical rotation.

Start and end date/times are set by the AU PAD clinical team. Attendance within those dates is determined by the clinical site/preceptor. Students should not ask for additional days off unless approved by the AU PAD clinical team (*ie personal day; medical absence; bereavement; expected hours exceed 200 for the rotation and the clinical team directed the student in how to communicate about limiting that time*).

A student who misses time they were scheduled to be at a clinical site without approval from the AU PAD clinical team (*even if only part of a day*) will be considered to have an **unexcused absence** and the student will receive loss of professionalism points and a professional violation.

A student who stops attending a site during a scheduled rotation without approval from the AU PAD clinical team is considered to have **abandoned** the rotation and will receive a grade of "F" for that rotation/course.

Additional Expectations & Notes on Attendance:

- a) **Punctuality** must be maintained
- b) Student must **not** expect to be granted a lunch/meal break during the day. Students should be prepared to bring their lunch and/or snacks for nutrition needed throughout the day without leaving the site. *Some preceptors may intend for the student to attend a meeting, presentation, or working lunch during the scheduled shift and the student should be prepared to attend.*
- c) Excessive absences (*even if initially approved*) may impact completion of program expectations and requirements. If absences total 5 days or greater, a student may need to withdraw or request a leave of absence from the program. If there are circumstances which may result in a student missing ≥ 5 days, he/she must contact the PAD clinical team immediately.
- d) A medical absence request form must be completed and submitted to the AU PAD clinical team for approval **prior to** all scheduled medical appointments that affect attendance during the clinical curriculum. For urgent/emergent medical absences, the form must be completed and submitted as soon as is feasible.
- e) After any medical absence (*even if approved in advance*), students must submit a school/work excuse from the appointment.

5. Paperwork: All paperwork and required forms must be submitted and/or distributed in a timely manner, including the following:

- a) Mid-SCPE Evaluation form(s)
- b) Clinical Competency Evaluation form(s) (CCE)
- c) Benchmark form(s)
- d) Schedule Reporting Form (SRF)
- e) Blood and Body Fluid Exposure Procedure Attestation (BBF)
- f) Clinical Rotation Site Survey (CRS)
- g) Student Evaluation of Supervised Clinical Practice Experience form (SES)
- h) Any forms, documents, or online activities as required by the PA program and/or rotation sites (i.e. BLS, PPD, background/drug testing)
- i) Requirements such as BLS certification and PPD testing must be kept up to date during the clinical year.

6. EOR activities: Complete all required EOR activities by due date

Including but not limited to:

- a) patient logs
- b) procedure logs
- c) benchmark form(s)
- d) schedule reporting form
- e) duty hours
- f) distribution of evaluation forms in One45 to preceptor and/or clinical instructional faculty
- g) student evaluation of SCPE
- h) student evaluation of preceptor(s)

7. Attire: Dress Code must be maintained at all times

Students must follow specific dress code/policy for the each attended rotation site(s). Students should seek out this information if it is not provided to them.

Students should default to professional attire with white coat & ID badge and complying with dress code policies in the AU PA student handbook if unable to obtain policies from site.

8. Student Safety:

Each student should discuss clinical practice safety protocol with preceptor(s) in advance of a true emergency. Information regarding who to contact during an emergency situation should be obtained during the first day of the rotation.

9. COVID: Adhere to requirements related to COVID pandemic:

During the COVID Pandemic, the AU PA program has implemented the following additional requirements:

- a) **NO COVID CONTACT:** Students must not have contact with persons suspected to have COVID or with persons confirmed to have COVID.
- b) **IF CONTACT OCCURS:** Despite best efforts, we understand there remains a possibility a student may have contact with an individual discovered to be COVID+. If this occurs, the student should follow the university guidelines

regarding exposure.

- c) **PPE:** Students should be prepared to supply their own PPE as needed and students must comply with PPE requirements of their clinical sites.
- d) Students are encouraged to wear an appropriate face mask (covering nose and mouth) **at all times** while on all clinical rotations.
- e) Students entering emergency medicine departments while on clinical rotations are encouraged to wear a N95 or KN95 mask and eye protection at all times while in the emergency medicine department.

10. Register for Courses: Students must register in appropriate timeframe for their courses each semester.

Students must update their registration each semester to reflect any changes that occur to their clinical rotations up to the add/drop date. If rotation occurs later in the semester and the student is unable to update their registration on their own, the student must request assistance from the AU PAD clinical team in updating their registration appropriately.

11. EMR use/notes: At some clinical sites, students may have access to document in the EMR. Students must ensure that they sign/complete all open documents in the EMR in a timely manner.

Please note that in most EMRs, if a document is re-opened after signing/submitting it must be signed/submitted again. Even if preceptor has written a separate note and the student note was for practice, facility billing may be affected if student note is not finalized appropriately.

12. Computer use at clinical sites: Students may use facility computers while on rotation. Students must ensure that they have permission to use computers and approval for scope of use.

Students should never visit sites or download anything to a facility computer without appropriate permission.

Students may need to bring their laptop to use while at some clinical rotations and should be prepared for this need in advance of the start date.

13. PTIP: Students must appropriately document preceptor hours on benchmark form.

The Georgia Preceptor Tax Incentive Program (PTIP) is an important incentive for many medical providers serving as preceptors for our students. Students must communicate with preceptors at the beginning of a clinical rotation about how to attribute the clinical training hours received at that site and subsequently document the hours appropriately on the benchmark form.

If a student or preceptor has any questions about the PTIP program or how to document hours, that must be communicated to the AU PAD clinical team by the student early in the rotation.

14. Cell phone use at clinical sites: Students should ensure that cell phone use while on rotation is appropriate and respectful.

Unless directed by the preceptor to access phone while in the room with a patient, students should avoid using their phone in this setting. Even if the student is looking up information pertinent to the visit, the patient/family may perceive that the student is disinterested, disrespectful, or distracted.

Students should discuss cell phone use while at a clinical site with the preceptor early in the rotation. Some preceptors may be comfortable with a student using their phone to research topics or access resources pertinent to the clinical rotation throughout the day, other preceptors may prefer that students not access their phone during active rotation time.

Personal communications, social media, or other activities unrelated to the clinical experience should always be avoided while actively on site. These activities should only occur during preceptor approved breaks or after being dismissed for the day.

Clinical Year Courses & SCPEs

The following chart lists the 12 required courses which compose the clinical year of the PAD curriculum. The first 11 courses will vary in order of completion; course tracks for the clinical year will be assigned by One45 match/lottery system. All students will complete their clinical year with the *Professionalism and Summative Evaluation (PASE)* course. The first 9 courses in the list below are clinical rotations which qualify as *supervised clinical practice experiences* in the ARC-PA accreditation standards. [Definitions provided below.]

PHAS	6020	Surgery Practicum*
PHAS	6027	Adult Medicine Practicum
PHAS	6028	Adult Medicine Practicum II*
PHAS	6035	Family Medicine Practicum*
PHAS	6040	Emergency Medicine Practicum*
PHAS	6050	Pediatrics Practicum*
PHAS	6060	Psych & Addiction Med Practicum*
PHAS	6070	Women's Health Practicum*
PHAS	6090	Elective Clinical Practicum
PHAS	6110	Research/Masters Project
PHAS	6120	Prof & Teaching Practicum
PHAS	6081	PASE (Professionalism and Summative Evaluation)

* Indicates courses/rotations which contain an EOR examination

Term	ARC-PA 5 th edition definition
<i>Rotation</i>	<i>“A supervised clinical practice experience for which there are published expected learning outcomes and student evaluation mechanisms”</i>
<i>Supervised Clinical Practice Experiences</i>	<i>“Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management”</i>

Benchmarks

In order to successfully complete the clinical year and graduate from the Augusta University PA program, students must meet established benchmarks for clinical contact hours, patient encounters, and technical training.

Contact Hours:

(160-200 hours per 4 weeks)

All 4-week rotations have a goal of **160 contact hours** with a maximum of 200 hours. If a student's preceptor has scheduled the student to exceed 200 hours of clinical training time during a rotation, the student must notify the PAD clinical team.

Over the course of the clinical phase, students must accrue a **minimum of 1400** clinical contact hours. If a student is not receiving the goal of 160 contact hours for each rotation, they are at risk for not reaching the 1400 hour requirement by anticipated graduation date. Student must immediately notify the clinical team if he/she/they are not scheduled for sufficient hours to reach 160 for the block or due to changes in schedule, will fall below originally scheduled hours. Additional shifts and clinical make-up days may be assigned by the clinical team.

Additional details regarding contact hours:

1. Students must complete and submit the *schedule reporting form* (SRF-appendix CY.10) by day 3 of each SCPE.
2. If the anticipated schedule falls below 160 hours for any SCPE, then the student should ask for opportunities to increase their contact time and ensure they meet the goal of 160 hours for each block.

During each SCPE it is the student's responsibility to notify the PAD clinical team by email (*by day 3 of the rotation*) if expected contact hours are less than 160 and the preceptor/clinical instructional faculty is unable to provide additional opportunities for more contact hours.

Should unexpected schedule changes arise resulting in a drop in anticipated hours below 160 for the rotation (*i.e. illness, preceptor absence/facility holiday*), the student should notify the PAD clinical team immediately.

Contact hours will be reviewed by the PAD clinical team cumulatively throughout the clinical year and may be supplemented with additional contact hours during weekend breaks between rotations, on clinical make-up days at the end or beginning of a semester, or the PASE course if warranted.

3. Students should **not** accept days off from rotation to study. Student should work the original schedule assigned by the preceptor and not limit clinical training opportunity by accepting offer for time off to study. Students are expected to organize their free time in after-hours, weekends/days off from rotation and prioritize their studies during the clinical phase. Clinical training

commitments, study needs, and program requirements are demanding in the clinical phase; students must keep this in mind when planning for personal commitments. Students should reach out to clinical team if postponement of EOR exam is needed and **NOT** accept time off from rotation to study. Students must **never** *request* time off to study from a preceptor or *imply* time off is needed. Students must always communicate any change to their clinical training schedule to the clinical team, including any time that was not originally scheduled to be off. If a student accepts time off without approval from the clinical team, this will be considered an unexcused absence.

4. Activities that are counted as contact hours include:

- a) Time at clinical facility/SCPE with preceptor (*e.g. seeing patients, charting, learning about the practice or facility*)
- b) Formal educational opportunities at the clinical site (*e.g. grand rounds, departmental lectures, sponsored lectures*)
- c) Time spent with preceptor/clinical instructional faculty reviewing material, going through cases

5. Activities that are NOT contact hours (and should not be included in *duty hours* in One45):

- a) Study time
- b) Job interviews
- c) Shadowing at other facilities unrelated to the SCPE
- d) Time student is at personal medical appointments
- e) Travel time to and from SCPE site

Patient & Procedure Encounters:

All students are expected to complete benchmark forms and have preceptor/clinical instructional faculty sign that it is an accurate reflection of the student's encounters at their clinical training site. This should occur on the last day the student is scheduled at that clinical site for that block and must be uploaded to the student's PAD BOX folder on the final day of the 4 week block.

If a student is completing time at more than 1 site during a 4 week block, a benchmark form specific to each clinical site must be completed and submitted. It is unfair to ask a preceptor to sign off on a cumulative benchmark form for the rotation that includes patient encounters from another clinical training site; students must upload separate forms for each clinical site assigned in the rotation.

If a student is unable to obtain signature of every benchmark form associated with a rotation by the last day of the 4 week block, the student **must** upload the completed (*but not yet signed*) benchmark forms to the PAD BOX folder on the final day of the 4 week block, email the clinical team the plan for obtaining signature, email any update or change in plan regarding completed form, and update the clinical team when the signed version of all forms has been uploaded to the folder.

Please see appendix CY.1 for the established benchmarks and descriptions regarding patient and procedure experiences for the AU PA program.

1. Students are expected to track their own benchmark performance throughout the clinical year and take initiative to seek out opportunities on SCPEs to fulfill these standards as needed.
2. Students must promptly notify the PAD clinical team if there are any areas in which they anticipate falling below expectations. The PAD clinical team will assign additional opportunities during weekends, breaks, clinical make-up days, and/or PASE course as needed. Students must notify the clinical team as early as the end of block 1 if deficiencies are noted (*e.g. insufficient prenatal exposures in WH during block 1*).
3. If a student fails to meet a benchmark by the end of block 10, the requirement must be remediated and fulfilled during the PASE course. If benchmark deficiency is too great to complete during the scheduled PASE course, delayed graduation may result.

Evaluation & Grading

Grade Structure – rotations/SCPEs which contain an EOR	
EOR Exam	50%
Preceptor/clinical instructional faculty Evaluation	50%
*Professionalism	PASS/FAIL

Grade Structure – rotations/SCPEs without an EOR	
Preceptor/clinical instructional faculty Evaluation	100%
*Professionalism	PASS/FAIL

** Any behaviors or issues regarding professionalism may result in points lost from the overall grade for the course even if this section is considering passing.*

EOR Examinations:

End of rotation (EOR) exams are associated with 7 required rotations/SCPEs in the clinical year (see “Clinical Year Courses & SCPEs” above) and compose 50% of the course grade for those courses. The AU PA program utilizes the PAEA (Physician Assistant Education Association) EOR exams for these assessments. EOR exams are considered major graded activities, as are tracked throughout a student’s tenure in the program.

Details regarding the PAEA EOR exams and administration:

- 1. Exam structure & development:** PAEA EOR exams contain 120 multiple choice questions each, covering published content blueprint and topic lists specific for each rotation. These exams are developed by PA educators and national exam experts experienced in the content area(s) covered by the exam. The questions are peer reviewed and statistically validated.
- 2. Exam Scoring:** These exams are utilized for EOR evaluation at PA programs throughout the United States and provide the AU PA program and our students with an opportunity to compare performance with students across the nation. AU PA students must make a minimum score of **390** on the scaled PAEA EOR exams to pass the exam; this corresponds to a **75%** for our program benchmark. *Appendix CY.2* provides the conversion table for PAEA scaled scores into AU PAD exam grades.
- 3. Exam Proctoring:** The EOR exams are administered in a proctored environment on campus (*typically this is in EC2216 for those without accommodations and at the testing center for those with accommodations*).

Students are only allowed to have **1 beverage and 2 writing utensils** (*pen or pencil*) for the exam.

Note: *Students at the testing center are only allowed to have beverages in clear containers (bottle or cup). See testing center policies for more details.*

In the in-person environment, the EOR exam proctor will pass out *(to each student)* a sheet of paper containing the PAEA and PAD honor codes, which must be filled out, signed, and turned in to the proctor at the end of the exam. The back of this sheet of paper can be used as scratch paper during the exam *(students are NOT allowed to have any other paper during the exam)*. See *appendix CY.3*.

4. **EOR exam timing:** EOR exam dates for each block are provided on the master schedule set by the AU PAD clinical team. There may be instances when a student is not sufficiently prepared to sit for the EOR exam as scheduled. Students should promptly notify the PAD clinical team if there is concern regarding the timing of an EOR exam. In some cases, a postponement may be approved and scheduled.

Important notes regarding postponement of EOR exams:

- a) The PAD clinical team will not postpone EOR exams for personal reasons related to social activities or events.
 - b) Postponed EOR exams must be proctored in person by a representative of the PA department. Thus, the postponed EOR exam must be taken on either a scheduled EOR day for another block or a make-up date scheduled and approved by the PAD clinical team.
 - c) Students are **NOT** allowed to continue in clinical training if they have more than 1 outstanding exam at any given time. If a student has a pending EOR exam that was postponed or a pending remediation exam, the student **MUST** take an EOR exam on or by the exam date for the next block. (Example 1: If a student postpones their WH exam from block 1 and has FM in block 2, the WH or FM EOR exam **MUST** be taken on or by the EOR date for block 2; Example 2: If a student fails their EM exam in block 3 and has SURG in block 4, the EM remediation or SURG EOR exam must be taken on or by the EOR date for block 4). The PAD clinical team will determine the order and timing of these exams, though may consider student's preferences.
 - d) If a student has more than 1 outstanding EOR exam or remediation exam, the student must either request a leave of absence or withdraw from the program. The student will not be permitted to start another rotation or continue in clinical training with more than 1 outstanding exam in the clinical curriculum.
5. **EOR exam failure:** If a student fails an EOR exam *(scores below 390 or 75%)*, he/she must successfully remediate the exam *(must earn a 390 or higher on repeat examination with a different version of the PAEA EOR exam)* to pass the course.

Important notes regarding EOR exam failures:

- a) **Until and unless the remediation is successful, this will be considered a course failure.**
 - b) If the student has not yet reached 5 major graded activity failures during their stint in the AU PA program, the remediation will be automatic. A remediation is **not** automatic if a student has reached or exceeded the threshold for exam/major graded activity failures (5 or more) but will instead be sent for faculty review with regard to progression. Refer to AU PA Student Handbook policy regarding exam failures.
 - c) **The failing grade from the first attempt will be used to calculate course grade.**
 - d) The highest possible grade for a course when an EOR failure has occurred is "B."
 - e) The PAD clinical team will work with the student to set up date/time for the remediation exam. The remediation should occur within the same semester.
 - f) In the event that an EOR exam is failed, the student may be responsible for paying the \$35 cost (charged by PAEA) of the additional exam. This is handled through the PAD clinical coordinator.
 - g) In the clinical year, students are still subject to the PA program policy regarding 5 major graded activity failures (*this is cumulative throughout the curriculum*).
- Example:** if a student has 4 major graded activity failures in the didactic year and fails 1 EOR exam in the clinical year, that student will have reached the threshold of 5 major graded activity failures and the program will follow appropriate policies outlined in the AU PA Student Handbook.
- h) If the remediation attempt is not successful (*student again scores below 390 or 75%*), this will result in **course failure** and the program will follow the policies outlined in the AU PA Student Handbook.

Clinical Competency Evaluation:

Each preceptor/clinical instructional faculty evaluates the student's performance at the end of the rotation/SCPE by using the *Clinical Competency Evaluation (CCE)* form in One45. See *appendix CY.5*.

This evaluation is the responsibility of the preceptor and/or clinical instructional faculty and constitutes 50% of the final rotation grade when an EOR is associated with the course; or 100% of the final grade when there is not an EOR. The minimum passing score is 75%.

Failure to achieve a 75% on the final evaluation will result in course failure for that rotation (regardless of EOR exam score).

Important details regarding CCE:

1. **Dismissed from site:** If a student is dismissed/canceled from a clinical site/rotation due to behavior, negligence or other reason that falls under the student's responsibility, the student automatically fails the rotation/course regardless of whether a CCE was completed and regardless of scoring of any CCE that is submitted for the rotation/course.

Example: A student was assigned to 2 clinical sites for a 4 week rotation. Preceptor 1 gives the student an A on CCE for the time at their practice. Preceptor 2 dismisses the student because he/she inadvertently downloaded a virus onto the workstation computer. This student would automatically fail this rotation/course.

2. **Multiple Preceptors:** On some rotations/SCPEs, students will be supervised by more than one preceptor and/or clinical instructional faculty.

- a) In those cases, students should send a CCE form to each preceptor with whom the student has worked **at least 20 hours**.
- b) When multiple CCE forms are completed for a student, the evaluations will be **averaged** to determine the preceptor portion of the course grade.
- c) If a student receives a failing grade from the coordinating or primary preceptor, the student **will fail** the rotation regardless of average of completed evaluations.
- d) If a student receives multiple evaluations and **>1** is failing, the student will fail regardless of the average of the completed evaluations.

3. **Form Grade:** One45 automatically calculates a grade for the CCE form based upon the selections made by the preceptor and/or clinical instructional faculty on each likert scale item on the form. One45 does not use the preceptor's suggested grade (*typed/written in at the bottom of the CCE form*).

If the preceptor/clinical instructional faculty's suggested grade is higher than the calculated grade by One45, the PAD clinical team will adjust the course grade by adding "*form credit*" in the One45 grading algorithm. The PAD clinical team is unable to directly alter the "*form grade*."

In the event multiple CCE forms are received, the suggested grades will be averaged and if that average is higher than the averaged form grade determined by one45, form credit will be added.

Students may not be able to see the algorithm components and be unaware of this adjustment on the back-end.

If the form grade or averaged form grades are higher than the preceptor suggested grade (*or average of preceptor suggested grades*), the student receives the benefit of this higher form grade. Thus, on some rotations a student's final course grade in One45 may appear higher than the student

expected based upon the preceptor's suggested grade on the form.

Students should contact the PAD clinical team if they have an questions about scoring their evaluations or course grades.

- 4. Handling of CCE:** Students are prohibited from handling or transporting evaluation forms that have been completed by the preceptor/clinical site.

If preceptors prefer to submit CCE on pdf or paper, this must be directly emailed, faxed, delivered, and/or mailed to the PAD clinical team.

Professionalism:

If *any* unprofessional behavior or negligence of duties is exhibited during the clinical phase, a student is subject to loss of professionalism points from overall course grade **in addition to** a professionalism violation (*advisory or warning*).

The AU PA Program expects that students will grow in their mastery of program standards and achievement of competencies as they progress in the curriculum. If a student in the clinical phase of the curriculum accrues 5 professionalism violations (*over his/her/their tenure in the program*), the student will fail the clinical curriculum course associated with the 5th violation. The program considers the accrual of 5 professional violations to be failure to meet the professional standards or the program which are a component of every clinical course.

In the clinical year, students are expected to adhere to policies regarding behavior outlined in the AU Student Manual, CAHS policies and resources for students, AU PA Student Handbook, Board of Regents policies as well as this document. Students should thoroughly read and review the current/updated AU Student Manual and AU PAD Student Handbook prior to the clinical year. These documents are updated during a student's tenure in the program and students are responsible for the content in the current/updated document during the clinical phase.

Professionalism points: To avoid loss of points from the overall course grade, student must fulfill **ALL** professionalism expectations (*see Professionalism in the Clinical Year & Student Responsibilities sections*). Failure to do so may result in loss of professionalism points from the overall course grade and a professionalism violation.

The PAD clinical team may allow students a transitional period to the clinical phase during the **first 2 blocks** where leniency may be granted for some violations, allowing students to acclimate to the demands and deadlines associated with the clinical phase. This will only be granted for violations such as those related to form deadlines, logging, and EOR activity deadlines. Any professionalism concern that has the potential to impact the clinical practice site, patient care/outcomes, or a student's ability to attend rotations as scheduled will **not** be granted leniency. Any professional violation related to unprofessional behaviors, communications, dress, unexcused absence, abandonment of rotation, dismissal from rotation, failure to

identify self correctly or medical documentation will **not** be granted leniency.

Examples of violations and corresponding point deductions are given below:

This is not an exhaustive list, merely a few examples. Depending on severity and specifics of each case, the PAD clinical team may deviate from the deductions listed below, as appropriate. In the event a student incurs multiple professional violations associated with a single course/rotation, the PAD clinical team will review the case and may deviate from the point deductions outlined below.

1. Inappropriate or insufficient logging of patients, procedures, or duty hours; failure to submit any form by deadline; failure to complete EOR activities by deadline – loss of 2-11 points depending on severity and recurrence of issue; and a professional violation.
2. Failure to comply with AU PAD dress code or violation of clinical site requirements regarding appearance - loss of 2-11 points depending on severity and recurrence of issue; and a professional violation.
3. Failure to complete medical documentation in EMR and facility contacts PAD clinical team– the student will lose 5 points and receive a professional violation. *(will go up to 11 point loss if not completed by deadline given by PAD clinical team).*
4. Failure to notify clinical team of deficiencies in contact hours or patient encounters on a rotation *(student is expected to notify clinical team if hours are expected to be below 160 for a 4 week rotation AND if not receiving sufficient encounters for surgical items while on surgery rotation; WH items while on WH rotation; or age groups pertinent to pediatrics rotation)* - loss of 2-11 points depending on severity and recurrence of issue; and a professional violation.
5. Unexcused absence – the student will lose 11 points and receive a professional violation.
6. Failure to be a registered student during an active semester and at a SCPE – the student will lose 11 points and receive a professional violation.
7. ANYTHING within student's purview that causes the student to be pulled off SCPE or start SCPE late *(failure to complete paperwork on time, lapsed PPD, behavioral issue)* – the student will lose 11 points and receive a professional violation. The student will be required to make –up the missed time.
8. Unprofessional behavior/communication with anyone at rotation site, PAD faculty/staff/classmates – the student will lose 11 points and receive a professional violation.
9. Challenging a preceptor and/or clinical instructional faculty regarding your work schedule, patient care, directives and assessments (i.e., final preceptor evaluation) – the student will lose 11 points and receive a professional violation.

10. Abandonment of rotation: If a student truncates a clinical rotation or stops attending a clinical rotation without the approval and direction of the AU PAD clinical team, this will be considered abandonment of the rotation and there will be a loss of 26 points from the overall course grade and professional violation issued. *The program will follow policies regarding a **course failure**.*
11. Dismissed/kicked off rotation: If a student is removed from the rotation by the preceptor or clinical site for behavior, negligence, or anything within the student's preview or responsibility, the student will receive a loss of 26 points from the overall course grade and professional violation will be issued. *The program will follow policies regarding a **course failure**.*

Note 1: If severity of behavior in ANY violation (*enumerated above or otherwise*) is such that majority of faculty deem it to be egregious, the program will follow policies outlined in the AU PA Student Handbook regarding egregious behaviors. *The program action in the event of egregious violation is recommendation for dismissal.*

Note 2: Throughout the clinical curriculum, the PAD clinical team can audit any students' records to ensure compliance with all requirements. If a violation or negligence is then discovered, professionalism points may be deducted from the corresponding course or PASE course and professional violation may be given.

Note 3: Though *professionalism* is a component of the CCE form, it only composes a small portion of the preceptor and/or clinical instructional faculty evaluation grade and does not adequately capture need for grade penalties with violations of professional standards. Preceptors and clinical instructional faculty are not typically aware of student performance/conduct across all aspects of the course, student's record of professionalism throughout the program, or specifically how the AU PAD handles violations of professional standards within the program. The PAD faculty and clinical team must thus grade students on professionalism independent of the preceptor and clinical instructional faculty evaluation to ensure the program makes an appropriate and consistent response to professionalism concerns.

Note 4: Though leniency may be granted on items such as form deadlines in the first 2 blocks, the PA program considers compliance with deadlines and details to be necessary for achievement of program competencies. A PA practicing medicine must be detail-oriented, organized, and reliable and must take personal responsibility and initiative regarding their medical practice and patients. A student who does not demonstrate ability to meet all expectations and competencies outlined by the program is not ready for clinical practice, or graduation.

Rotation/SCPE Assignment

The PAD clinical team is responsible for the assignment of students to individual rotation/SCPE sites. Students may only attend a clinical site with approval of the PAD clinical team and when current affiliation agreement(s) is/are in place. This includes any healthcare facility that the student will train in during the SCPE (e.g. *outpatient clinic, hospital, surgical center, or nursing home*).

Students should **never** attend a clinical facility or SCPE site without sanction from the PAD clinical team (*also see policy on job interviewing/shadowing below*).

The PAD clinical team may take into account factors such as dependent children and medical diagnoses when making rotation assignment decisions if able. The PAD clinical team is not able to take into account factors such as significant others' location or pets when making assignments.

New SCPE sites:

The addition and development of new SCPE sites is encouraged but not required.

1. **Permission:** Students are prohibited from setting up their own SCPE sites without explicit permission from the PAD clinical team.
2. **Timing of Site Request:** The process of acquiring appropriate clearance for the use of a new site takes approximately 4-6 months, so new site requests must be submitted to the PAD clinical team with sufficient advanced notice. See the *Rotation Site Request Form (RSRF) - appendix CY.14*.
3. **Approval:** The clinical director must approve all new clinical sites. Students should also keep in mind that all SCPEs are assigned by the PAD clinical team. Even if a new SCPE site meets requirements of the program, the PAD clinical team may decline the request and assign the student to an existing site. After the schedule of students has been communicated to preceptors and rotations in One45 have been confirmed, the PAD clinical team is less likely to allow or approve a change to a new site if the program already has a confirmed site for that student. The student may still inquire about possible new site approval and submit the form, but should not expect this to be approved.

SCPE locations:

Due to the limited availability of clinical sites in some areas, students should expect to be assigned to sites anywhere in Georgia or neighboring areas of SC. The clinical team may take into account a student's preferred location (*whether locally or otherwise*) but will not be able to schedule all rotations in preferred area(s) in most cases. Students should expect to be assigned to rotations outside of their preferred area(s). The AU PA program is based in Augusta, GA and most clinical training opportunities for the program are in this area. Students should expect that even if preferred area is not Augusta, they may be scheduled to rotations in the Augusta area (or anywhere in the state of Georgia).

Preceptors:

Preceptors of record should be either a board-certified physician in the rotation specialty **OR** a certified physician assistant. In some cases, qualified nurse practitioners or other health professionals may supervise physician assistant students. (Note: Please see [Augusta University's Preceptor Handbook](#) regarding the program's expectations of clinical instructional faculty.)

Rotation order:

Requests to change the master schedule for a student's rotations will only be considered in cases of illness or other extenuating circumstance deemed to warrant a schedule change (*determined by the PAD clinical team*). Successful modifications are not guaranteed. All requests for changes must be submitted to the PAD clinical team.

Housing & Transportation

Housing will be at the student's expense for the clinical year.

Students must have sufficient housing in the Augusta area to attend campus as needed (*could be daily*) during the TA rotation and PASE course.

Every effort will be made to ensure that housing is available at remote clinical sites, but there are no guarantees.

If a student elects not to utilize available housing, the student must inform the clinical director of this choice.

On occasion, male and female students may be asked to share housing (*not sleeping rooms*). This will be avoided when possible.

Important notes regarding housing:

- 1. Guests & Pets:** No pets or family members are allowed where AHEC housing is provided.
- 2. Special Accommodations:** A student who has a health problem that requires special consideration for housing (i.e., allergies) should inform the PAD clinical team.
- 3. Fee Waiver:** Students who will be on clinical rotations/SCPEs away from the CSRA may be eligible for waiver of mandatory fees for Augusta University. The *request for release from mandatory fees* form **MUST** be completed by the student and submitted to Ms. Watkins at least 3 business days prior to the deadline. The policies and link to form are available here: <https://www.augusta.edu/compliance/policyinfo/policy/mandatory-student-fee-waiver-policy.pdf>

Transportation will be at the student's expense in the clinical year.

The PAD clinical team considers rotation sites within a 60 mile radius (*or within estimated drive time of 1 hour*) of student's available housing (*whether personal housing or AHEC housing*) to be local for that area.

Students are expected to have reliable transportation to attend rotation sites with up to a 60 mile/1 hour driving time radius of their housing. Students are also expected to have reliable transportation to re-locate to more remote areas as assigned during the clinical year.

Additional Costs in the Clinical Year

Students should anticipate that in addition to housing, transportation, study resources, and personal needs that will be at the students' expense throughout the clinical year, there may also be additional expenses incurred related to clinical sites.

These costs are not charged by (*or paid to*) the AU PA program but are expenses that arise in the process of credentialing, clearing, and attending clinical sites.

Credentialing:

Many clinical facilities which accept students for rotations use a 3rd party to credential learners (*i.e., clear and house the student's background check, drug screen, vaccinations, etc. for the facility*).

There is often a fee for the student to register for these sites and submit their application which is at the student's expense (*i.e., ACEMAPP- ~\$50*).

Visiting Student Fee:

There are also some rotation/SCPE sites which charge their own non-refundable visiting student application fee (*can be hundreds or thousands of dollars*); this cost falls on the student.

Parking:

Students should be prepared in advance for parking at clinical sites.

Important notes regarding parking:

- 1. Non-AU Sites:** Some sites may require students to pay for parking or due to limited parking, students may have to pay for space at a private lot.
- 2. AU Health sites:** Students completing rotation(s) on AU campus must obtain parking through the AU parking office which may provide rates for daily, weekly or monthly parking as needed. Please use *Park Mobile app*.
- 3. TA rotation & PASE course:** Students are expected to be on campus for these courses and must obtain appropriate parking for these blocks through AU parking office.
- 4. EOR exams:** Students are required to return to campus for in-person proctoring of EOR exams. Students should obtain appropriate parking through AU parking office as needed. Please use *Park Mobile app*.

Drug Screens & Background checks:

Many clinical facilities require recent drug screen and/or background check.

Often these must be done within a short time span prior to the start of the rotation/SCPE.

Some students may have to purchase multiple drug screens and/or background checks during their clinical year.

Facilities may also specify a particular company that must be used for this and may not accept one already completed through a prior company.

Cost example: *Advantage* charges \$78.50 for a package that includes a background check and drug screen. They charge an additional fee of \$24-29 for each of the following states if a student has lived in these: FL, TN, SC

Conflict Resolution

If a student has a conflict or negative experience while at a SCPE, the student is expected to address the concern in a professional manner.

We encourage students to attentively address concerns early on to prevent small issues and disagreements from growing into larger problems which may have a negative impact on the clinical experience.

Guidelines for addressing conflict/concerns:

1. If possible and appropriate, the student should address their concern directly with the individual in a respectful and professional manner.
2. If the student does not feel able or is not comfortable with addressing the individual directly, the student should discuss the situation with the preceptor and/or clinical instructional faculty.
3. **If the student is unable to discuss with the preceptor and/or clinical instructional faculty or unable to resolve the conflict in this way, the student should contact the PAD clinical team.**

Note: If a student is unsure how to proceed or whether steps 1 or 2 are appropriate, the student should seek guidance from the PAD clinical team.

Student Responsibilities while on Rotation/SCPE

Please see *appendix CY.15* for a general rotation checklist.

SCPE site paperwork:

Students must complete all required paperwork for access to the practice or other facilities (e.g. hospitals) 6 weeks **prior** to the first day of the rotation. Failure to comply may result in a deduction of professionalism points and/or professional violation.

Note: Some sites require paperwork earlier. If a member of the PAD clinical team requests paperwork or other needed items to set-up rotation, **it must be completed as soon as possible or penalty may incur.**

Schedule/Duty Hours:

After the PAD clinical team has assigned the dates a student is to attend a clinical site, the schedule of duty hours/contact hours at that site is determined by the preceptor and/or clinical instructional faculty. As stated above, the PAD clinical team has an expectation of 160 contact hours for each rotation/SCPE (please see *Benchmarks* above for contact hour expectations).

Duty hours, holidays, on-call schedules and other details pertaining to the rotation are determined by the clinical site within the assigned dates.

Important notes regarding schedules:

1. **Sunday shifts:** Some students may be assigned to a shift on the Sunday preceding the general dates for the rotation block.

Example: A student completing a WH rotation from may be assigned to a labor and delivery night shift starting at 7pm on Sunday night before the Monday start date.

Students should ensure that they have reviewed the schedule assignments for each block (*typically outlined in the notes section of the block assignment in One45*) to catch any shifts assigned outside of the general rotation block dates and seek clarification from the PAD clinical team if needed.

The clinical phase is dynamic and the PAD clinical team may have to change or assign shifts on short notice. Students are expected to regularly review their assignments in One45 and make note of any updates or changes to avoid missing a shift and incurring an unexcused absence.

- 2. Shift assignments:** Some SCPE sites have students work night shifts, long shifts, or numerous days in succession.

As long as the total contact hours do not exceed 200, the student should work the schedule as structured by the SCPE site.

Thanksgiving Day is the only student holiday officially observed while on rotations. Students do not attend rotation on Thanksgiving Day and should let the preceptor/clinical instructional faculty and PAD clinical team know if this conflicts with proposed schedule.

Students **ARE** expected to be on site the day before and/or day after Thanksgiving if the SCPE requests.

- 3. SRF:** Students will need to complete a schedule reporting form for each SCPE in One45 by midnight of the 3rd day of the rotation.
- 4. Duty Hours:** Students must record their duty hours in One45 on a daily basis. In the comments section for each day, students must report reason if there is any deviation from the schedule reported on the SRF (*i.e. Finished clinic early and released by preceptor*).
- 5. Slow days:** As students are expected to obtain 160 contact hours on SCPEs, students are encouraged **to report daily** and to stay on rotation even if the patient load and workflow are “slow” to maximize opportunities to see patients.
- 6. Days off:** Students should not accept a change in schedule to study if there is opportunity to attend the clinical training site, even if preceptor offers. Students are never allowed to request time off from rotation to study or imply to preceptor that time off is needed. Students are never allowed to ask for personal time off unless the date has been approved as the student’s personal day by the PAD clinical team.
The PAD clinical team can discuss whether EOR exam can be postponed if student is not prepared for exam, but students are expected to prioritize their need for study time during after-hours and days not scheduled to be on site.

7. As noted in prior section:

Activities that are counted as contact/duty hours include:

- Time at clinical facility with preceptor/clinical instructional faculty (*e.g. seeing patients, charting, learning about the practice or facility*)
- Formal educational opportunities at SCPE site (*e.g. grand rounds, departmental lectures, sponsored lectures*)
- Time spent with preceptor/clinical instructional faculty reviewing material, going through cases together

Activities that are NOT contact/duty hours (and should not be included in *duty hours* in one45):

- Time off from SCPE to study

- b) Job interviews
- c) Shadowing at other facilities unrelated to the SCPE
- d) Time student is at personal medical appointments
- e) Travel time to and from SCPE site
- f) Time student invests completing assignments given by preceptor(s)

8. Below 160 hours: If a student has fallen below the goal of 160 hours and has not attempted to remedy this or discuss it with the PAD clinical team in a timely manner, professionalism points may be deducted and/or professional violation given.

One45 Logs:

ARC-PA (*Accreditation Review Commission on Education for the Physician Assistant*) requires that PA programs monitor patient exposures throughout the curriculum and ensure that students are receiving comparable experiences despite differences in SCPE sites. Additionally, credentialing paperwork for many health entities require a review of patient and procedure records for potential candidate hires.

Students must log every patient seen and every procedure observed/performed in One45 during their stint in the AU PA program.

All patient and procedure encounters for a SCPE are due by the closing of the block; students should seek guidance from the clinical team on the specific date/time all entries must be completed (*if not already communicated to the students*).

- 1. Patient log:** Students must enter every patient they encounter on SCPEs into the One45 log.
 - a) **Daily entry:** Students are encouraged to log patients on a daily basis; these encounters will accumulate quickly and the burden will be great if procrastinated.
 - b) **Encounters to include:** Students should log patients that they observe, interview, examine, encounter in any way while on SCPE.
 - c) **COVID patients:** During the COVID pandemic while students are prohibited from having contact with persons with suspected or confirmed COVID, students are also allowed to log and count COVID cases that they discuss in detail with their preceptor as patient encounters. When appropriate, students are encouraged to learn about these patients and their care despite being prohibited from coming into contact with them.
 - d) **Log with Mobile Device:** Some students find it easy to log patients in one45 using their mobile device as they see them throughout the day.
 - e) **Log from paper list:** If a written list is kept to enter in one45 later,

students should ensure they collect the necessary information. Each patient logged should include:

- Date of encounter
- Age of patient
- Race of patient
- Level of involvement (*observed or interviewed/examined*)
- **Primary diagnosis, secondary diagnosis, tertiary diagnosis.**
We encourage students to list up to 3 diagnoses for each patient they see as it contributes to the complexity of the case.
For example: A patient with DM and PAD seen in an urgent care for a foot ulcer should be logged with primary diagnosis of *“leg/foot ulcer;”* secondary diagnosis of *“type 2 diabetes”* and tertiary diagnosis of *“peripheral arterial disease”*
- Resources used to learn more about the case (*e.g. preceptor/clinical instructional faculty, internet, journal, textbook*)

Note: If a student is rotating on an inpatient service and sees the same patient multiple days, they should log the patient each new encounter/evaluation of the patient and their condition (*up to once per day*). Primary, secondary, and tertiary diagnosis for such patients may vary from day to day and should be appropriately reflected when logging.

2. Procedure log: Students must enter every procedure they observe and /or participate in while on SCPE into the one45 log.

- a) **Daily Entry:** Students are encouraged to log procedures on a daily basis; these encounters will accumulate quickly and the burden will be great if procrastinated.
- b) **Encounter to include:** Similar to patient log, students are encouraged to log procedures they observe/perform while on SCPE either through their mobile device on one45 or at the end of each day.

Note: Please see *appendix CY.6* for a list of examples of procedures that should be logged. If a student is not sure whether something counts as a procedure, they should contact the PAD clinical team for guidance.

- c) **What to include:**
 - Date of encounter
 - Supervisor
 - Procedure (*a selection must be made from a standard list of procedures – if the type of procedure is not included on the list, select “others,” and then in the “other (if selected)” field name/describe the procedure performed*).
 - *If observed only - in the field for “other (if selected),” students should note “observed”

Failure to **appropriately and accurately log all** patients and procedures on a SCPE may result in a deduction of professionalism points and/or a professional violation.

Benchmark Form:

The benchmark form(s) must be completed at the end of each SCPE tallying the patient/procedures for that SCPE.

This **must** be initialed/signed by the preceptor/clinical instructional faculty on the last day the student is on site and must be turned into the PAD clinical team on or by the last day of the SCPE (*by uploading into the student's PAD box folder*).

Important notes regarding benchmark forms:

- 1. Daily Updates:** Students are encouraged to track a spreadsheet with benchmark data on a daily basis as this will make it easier to tally at the end of every rotation.
- 2. How to tally encounters:** Each patient may be tallied under multiple benchmarks.

Example: 55 year-old woman presenting to the ER with psychosis would be tallied in 5 places:

- setting (ED)
- age (adult 19-64)
- reason for visit (acute care)
- specialized care (emergency care)
- specialized care (psychiatric/behavioral care)

- 3. Requirements:** See *appendix CY.4* for established benchmarks for the clinical year.

Students who are not on track to meet benchmarks for the clinical year, may be required to complete additional patient experiences during breaks.

Students who have not met all established benchmarks at the end of block 10 will be required to remediate and meet those standards during the PASE course.

If benchmark deficiency is too great to complete during the scheduled PASE course, delayed graduation may result.

- 4. Penalties:** If a student fails to turn in their benchmark form(s) or appropriately tally their patient and procedure exposures, there may be a deduction of professionalism points from the SCPE and/or a professional violation.

Note: Students are ultimately expected to track and record patients/procedures they see on rotation in 2 ways:

1. One45 individual patient and procedure logs
2. Benchmark form(s)

Failure to appropriately record encounters in **BOTH** of these formats is subject to loss of professionalism points and/or professional violation.

Dress Code:

Students should ask preceptor/clinical instructional faculty/SCPE site contact person prior to the start of the SCPE for dress code/proper attire while on site.

Students **must** wear their official AU name badge and at all times while on rotation/SCPE.

In the absence of specific instructions regarding dress code by the site, students should wear professional attire as outlined by the AU PAD departmental dress code along with white coat.

As noted above, during the COVID pandemic students are required to adhere to policies regarding PPE for each clinical site and are encouraged to wear an appropriate face mask at all times while on all clinical rotations. Students must ask each site about PPE requirements prior to the rotation/SCPE and be prepared to supply their own as needed. All students who enter an emergency medicine department are encouraged to consider wearing a N95 or KN95 face mask and eye protection.

Schedule Reporting Form (SRF):

Students will need to complete a schedule reporting form for each SCPE in One45 by midnight of the 3rd day of that block. See *appendix CY.10*.

Failure to comply with this policy may result in a deduction of professionalism points from the SCPE and/or a professional violation.

Important notes regarding SRF:

- 1. Delayed start:** If there is a delayed start to the rotation/SCPE or other reason that the SRF cannot be completed by day 3, student must notify the PAD clinical team prior to the day 3 deadline for an extension.
- 2. Rotation with multiple sites:** Students who are completing a rotation that involves multiple sites/preceptors should complete the SRF form to the best of their ability and knowledge by day 3 of the SCPE and then update the clinical team as they know more regarding their schedule at all sites.

Blood & Body Fluid Exposure Procedure Attestation Form (BBF):

By midnight on day 3 of EVERY block/course/SCPE, students must submit the BBF in one45. This is a review of the procedures that should be followed in the event of potentially infectious exposure to blood or body fluid. See *appendix CY.9*.

Failure to complete the BBF on time or failure to follow steps after an exposure is subject to loss of professionalism points and/or professional violation.

Clinical Rotation Site Survey (CRS):

By midnight on day 3 of every clinical rotation/SCPE, students must complete and submit the CRS form in one45. See *appendix CY.13*.

Failure to appropriately complete the CRS on time is subject to loss of professionalism points and/or professional violation.

Mid-SCPE evaluation:

Students are responsible for meeting with the preceptor/clinical instructional faculty to complete a mid-SCPE evaluation at the end of the second week of the SCPE. See *appendix CY.8*.

This gives students an opportunity to get feedback on their performance and improve before completing the SCPE and receiving final evaluation by the preceptor/clinical instructional faculty.

The mid-SCPE evaluation is housed in one45; students will have the form assigned to them in one45 to distribute to the appropriate preceptors/clinical instructional faculty during the SCPE.

Note: If the preceptor/clinical instructional faculty decline completing the mid-SCPE evaluation for a student, the student should seek verbal feedback at the end of week 2 of the SCPE and report this feedback to the PAD clinical team by email.

Failure to obtain a timely mid- SCPE evaluation from preceptors/clinical instructional faculty may result in a deduction of professionalism points and/or a professional violation.

Clinical Competency Evaluation (CCE):

As noted above, the student's preceptor portion of the course grade is determined by the CCE completed by the preceptor/clinical instructional faculty and submitted to the PAD clinical team. See *appendix CY.5*.

Note: appendix CY.5 is an example of a generic CCE form, there are rotation specific questions added to most CCE forms connected to most rotation types (*ie pediatrics, surgery, women's health*).

Important notes regarding CCE:

1. **Form distribution:** This form is housed in one45 and will be assigned to the student to distribute to the appropriate preceptor(s)/clinical instructional faculty as designated by the PAD clinical team.
2. **Preceptor reminders:** We expect students to keep up with any CCEs that are missing from their SCPEs and gently remind preceptor(s)/clinical instructional faculty of the need for this form to complete their grades for the semester.

If a student has attempted to reach out to the preceptor(s)/clinical instructional faculty multiple times and is not successful in having the form completed, the student should consult the PAD clinical team.

3. **Incomplete Grade:** If a preceptor/clinical instructional faculty evaluation is not received in time to record grades for the semester, the student will receive a grade of *incomplete (I)*. Per the AU registrar, incomplete grades automatically revert to a grade of "F" at the end of the following semester if the evaluation has not been received.

Students with incomplete grades will not be allowed to graduate.

Failure to obtain a timely CCE/final evaluation from preceptors/clinical instructional faculty may result in a deduction of professionalism points and/or a professional violation.

Student Evaluation of SCPE (SES) form:

At the end of the SCPE, students will be assigned in one45 an SES form to complete on the clinical experience. See *appendix CY.7*.

Important notes regarding SES:

1. **Deadline:** This must be completed by deadline communicated by the PAD clinical team.

For most SCPEs, this deadline is 48 hrs after completion of the last day on the SCPE.

2. **Penalty:** Failure to complete the SES form on time may result in a deduction of professionalism points and/or a professional violation.

Student Evaluation of Preceptor (SEP) form(s):

At the end of the SCPE, students will be assigned SEP form(s) to complete on primary preceptors for the SCPE (*preceptors with whom the student is estimated to have spent 20+ hours; this will often be the same preceptors to whom the student should distribute CCE forms to*).

Important notes regarding SEP:

- 1. Whom to complete SEP on:** If a student is unsure whom all to complete SEP forms on, the student should seek guidance from the PAD clinical team before the end of the block.
- 2. Insufficient SEPs assigned to student in One45:** In some instances, a student may need additional SEP forms assigned to them and should request these from the PAD clinical team in a timely manner.
- 3. Deadline:** All SEP forms must be completed by deadline communicated by the PAD clinical team.

For most SCPEs, this deadline is 48 hrs after completion of the last day on the SCPE.

- 4. Penalty:** Failure to complete the SEP form(s) on time may result in a deduction of professionalism points and/or a professional violation.

EOR activities (on campus):

End of rotation (EOR) activities may require return to campus as scheduled. This schedule will be determined by the PAD clinical team.

- 1. EOR exams:** All EOR exams require return to campus for proctored examination (see EOR exam section above).
- 2. MPA presentations:** Dates for MPA presentations are set by the PAD clinical team.

All students in the clinical year are required to attend all MPA presentation dates and are expected to be **in professional attire**.

Students should anticipate the schedule for MPA presentations to be from 8am-5pm, unless informed otherwise.

Note: The MPA presentation days are NOT allowed to be used as personal leave days.

- 3. Other EOR activities:** Students are also required to come back to campus for

other EOR activities as needed.

EOR activities (D2L):

Online EOR assignments are required to be completed by the posted deadlines.

Professionalism points will be deducted for any missed EOR assignments; professional violation may also occur.

End of Semester Form:

Students must complete an end of semester form to report cumulative benchmark items (contact hours and patient encounters); reflection on program defined competencies; identify own strengths and weaknesses with respect to program defined competencies; plan strategies for improvement. This form must be uploaded to the PAD BOX folder for the student by the deadline for the semester.

Computer use at rotation/SCPE site:

Students must not use SCPE site computers unless such use is approved by the clinical site.

Accessing the internet, downloading a file, downloading a program or any other potentially altering activity on SCPE computers without permission is expressly forbidden.

Use of SCPE site computers without clearance may result in deduction of professionalism points, professional violation, or dismissal from the SCPE (*and a course failure*).

Attendance & Leave

Students are expected to be on time and present for all scheduled hours on SCPE.

Augusta University attendance policies apply to rotations/SCPEs. Please refer to the [Augusta University Student Manual](#).

The PAD clinical team may periodically call or drop by in person to confirm students are on site as scheduled.

If a student needs to take time away from a SCPE for any reason this must first be approved by both the PAD clinical team **and** the SCPE preceptor/clinical instructional faculty.

If a student does not have prior approval from **both** the PAD clinical team and the SCPE preceptor/clinical instructional faculty and is discovered to be absent from their expected SCPE at any time, the student will receive a professional violation and loss of professionalism points for that rotation, as an unexcused absence.

The PAD and clinical team understand that circumstances may arise during the clinical phase of the program that result in a student requesting to miss time from courses/rotations. If appropriate, absences may be approved for bereavement, medical needs/illness, and/or the student's 1 personal day. However, if a student has medical or personal needs that result in missing **excessive** time (*even if approved*) from any SCPE/clinical year course or overall missing excessive time during the clinical phase of the program, the student will need to make-up the missed time, repeat the course, or withdraw from the program. If the student remains in the program, making up missed days and/or repeating the course(s) may result in delayed graduation.

If a student exceeds 2 missed days total (*4 half days*) from any 1 course in the clinical curriculum **OR** does not meet the minimum required hours for a course in the clinical curriculum, the student must make-up the days exceeded or lacking hours **regardless of approval** (*eg, even if approved as medical absence, bereavement, or personal day*).

If a student has a personal need/appointment or becomes ill during a day on site and attended **at least** 4 hours of the course that day, it will be considered a half day absence.

Additionally if a student exceeds **6 missed days total** (*12 half days*) throughout the clinical phase of the program (*regardless of the reason and regardless of approval*), the student must make-up the exceeded days/time.

The PAD clinical team will identify days available to be used as clinical make-up days each semester and throughout the clinical year. Students should plan to make-up days at the soonest available make-up day and not expect to postpone to make-up days later in the year. It is the responsibility of the student to reach out to the PAD clinical team for assignment to a site for clinical make-up days as needed. If

time needed to be made up exceeds available make-up days remaining, delayed graduation will occur.

Required number of make up days may be **rounded up to the nearest whole day**, depending on preceptor schedule and availability. For example: if a student needs to make up a half day for the semester but preceptors available to be placed with only work full shifts, the student will be scheduled to complete a full shift/day.

Medical appointments:

Students are encouraged to schedule routine medical appointments during semester breaks during the clinical year.

When medical appointments occur during rotations or program activities, students **must** submit the Medical Absence (MA) form prior to the appointment and a school/medical excuse from the provider after the appointment. The MA form must include whether the student will be missing a full day or half day (*will count as a half day if the student is still able to attend a minimum of 4hrs*). These forms should be submitted to the PAD clinical team. See *appendix CY.11* for MA form.

Important notes regarding medical appointments:

- 1. Appointments during the semester:** The PAD clinical team understands that students will have personal medical appointments that may need to be scheduled during SCPE time without yet knowing their day to day schedule.

If a student has a medical appointment in the clinical year that may affect their attendance on SCPEs, they must submit a MA form to the PAD clinical team as early as possible for approval.

The student should also notify the preceptor/clinical instructional faculty at the beginning of the SCPE and receive preceptor/clinical instructional faculty approval as well.

- 2. Urgent appointments:** Urgent medical appointments should be communicated to the PAD clinical team and preceptor/clinical instructional faculty as soon as they arise.

The MA form should be submitted as soon as the student is able.

The student must also submit a school/medical excuse after completion of the appointment.

- 3. School Excuse:** Students who miss time from a SCPE for any medical appointment need to provide the PAD clinical team with a school/work excuse for the absence.

- 4. Contact hours:** Time away from SCPEs for medical appointments cannot be included in duty hours. Students must ensure that they still obtain the goal 160 contact hours on SCPE.

If a medical issue will cause the student to drop under 160 hours, they must

immediately notify the PAD clinical team. These contact hours must be made up on approved make-up days.

Excessive absences may result in need for leave of absence from the program (which may include delayed graduation) or withdrawal.

- 5. Make-up Days:** If the student misses more than 2 days in total from a course/rotation or more than 6 days total from the clinical phase (*regardless of reason and regardless of approval*), the days will have to be made up (see discussion in **Attendance & Leave**).

Sickness:

Students will periodically become sick while on rotation. We encourage students to use good judgement and not unnecessarily expose patients to an infectious illness by being on SCPE without notifying preceptor/clinical instructional faculty of symptoms.

In the case of illness:

- 1. Attendance at site:** Students should notify their preceptor of illness/symptoms and seek their guidance on whether attendance at the site is appropriate even if the student feels well enough to attend.
- 2. If missing time:** In the event that the student misses time from the SCPE due to illness, the student must:
 - Promptly notify the PAD clinical team
 - Seek medical care and turn in a school/medical excuse/note from the provider **as well as MA form** to the PAD clinical team
 - appropriately log the reason for missed time in duty hours comments on one45
 - ensure they still reach the goal 160 contact hours; *if a student will fall below the 160 hours due to illness they need to promptly notify the PAD clinical team*
 - Make-up Days:** If the student misses more than 2 days in total from a course/rotation or more than 6 days total from the clinical phase (*regardless of reason and regardless of approval*), the days will have to be made up (see discussion in **Attendance & Leave**).
- 3. During the COVID pandemic students are also required to adhere to the following:**
 - Self-monitoring:** Students must self-monitor for signs and symptoms of COVID per the College of Allied Health Sciences guidelines. These guidelines require that students self-monitor for 14 days before attending a new clinical site. As students are frequently moving between sites, we advise to ensure compliance that students self-monitor every day while on rotation and for 14 days prior to the start of each semester.
 - Do you have new muscle aches not related to another medical condition or another specific activity (e.g. due to physical

exercise)? If so, take temperature.

- Do you feel like you may have a temperature greater than 100.0°F or chills?
- Do you have a sore throat, runny nose or congestion not related to another medical condition (e.g. allergies)?
- Do you have a new or worsening cough that is not related to another medical condition?
- Do you have shortness of breath that is not attributable to another medical condition?
- Do you have a recent (<5days) loss of smell or taste?
- Do you have a new onset of vomiting or diarrhea not related to another medical condition?
- Do you have unexplained headache or fatigue?

If yes to any of the above, take temperature and follow the appropriate steps outlined by the CAHS protocol.

- b) Review and understand assigned training modules (see CAHS student protocol for COVID 19)
- c) Review specific clinical guidelines for each clinical site or area one week prior to beginning any rotation, even if you have already reviewed these materials. This ensures you have the most current understanding of expectations at your site.
- d) If exposed, complete the Student COVID reporting form at augusta.edu/students-report-covid. Contact Student Health at 706-721-3448 for questions about symptoms or to schedule an appointment. Student Health Services is open M-F from 8 am to 5 pm. Student Health staff will instruct you to call the AU Hotline at 706-721-1852 (Press #1) for testing.
- e) Stay home if:
 - You are sick (especially if with a fever $\geq 100.0^{\circ}\text{F}$ or a cough or shortness of breath or symptoms of an upper respiratory infection)
 - You have been tested for COVID (stay home until test results are returned and are negative)
 - You have tested positive for COVID (stay home for at least 5 days since symptoms first appeared and at least 24 hrs with no fever (without taking fever reducing medication) and improvement of symptoms)
 - You have been exposed (per AU criteria) and are not considered fully vaccinated.

NOTE: Fully vaccinated individuals do NOT need to quarantine or isolate upon exposure to a confirmed positive COVID-19 individual. Please see AU COVID-19 Resources for guidance on what is considered “fully vaccinated.”

Personal Day:

Students are permitted **1 personal day** during the clinical year.

The student must submit the request form (see *appendix CY.12*) to the PAD clinical team at least 2 weeks and **10 working days** prior to the requested date off.

The requested date must be approved by the PAD clinical team **AND** the appropriate preceptor/clinical instructional faculty.

Submission of the form **does not** guarantee approval.

Students are required to coordinate their absence with their preceptor and make up the time missed if preceptor desires. Students must also ensure that the personal day absence does not cause them to fall below the goal 160 hours for the SCPE (*this time may need to be made up or result in denial of the request*).

Make-up Days: If the student misses more than 2 days in total from a course/rotation or more than 6 days total from the clinical phase (*regardless of reason and regardless of approval*), the days will have to be made up (see discussion in **Attendance & Leave**).

Unexcused absence will result in loss of professionalism points for the rotation and a professional violation.

Blood & Body Fluid Exposure

While on clinical rotations/SCPEs, student may experience exposure to blood or body fluid from another individual.

Exposure incidents may occur through the following:

- Needle sticks or cuts from sharp objects and instruments contaminated with another person's blood or potentially infectious body fluids
- Contact of the eyes, nose, mouth or broken skin with another person's blood or other potentially infectious body fluids.

If a student is exposed to another person's blood or body fluids, they **must follow** the instructions outlined in the BBF form. See *appendix CY.9*.

To cover the cost of testing and other items related to blood and body fluid exposure should it occur during the clinical year, all students are required to purchase the exposure insurance policy (*typically included in student fees for fall semester of the clinical year*).

Inclement Weather Policy

To determine whether or not to attend classes or your SCPE site during severe weather conditions or other emergencies, proceed according to the following guidelines:

Go to <http://jagwire.augusta.edu/alert> and check announcements.

Distant Rotations:

(i.e., greater than 60 miles from AU campus)

1. In the event of severe weather or emergency affecting the Augusta, GA area (CSRA) resulting in class cancellation for the AU campus:

If applicable, notify your preceptor/clinical instructional faculty at your designated rotation/SCPE site that Augusta University classes have been suspended.

An official email communication will be sent to all students regarding campus closing with instructions regarding campus safety and the emergency protocol.

If there is no concern of severe weather conditions or emergencies in your SCPE area, you should continue to attend SCPE as scheduled unless instructed otherwise by the PAD clinical team.

If you have any additional concerns you should contact the PAD clinical team or AU PA program for further questions regarding campus closing or your SCPE.

2. In the event of severe weather or emergency affecting your SCPE area:

Contact the PAD clinical team as able to discuss safety precautions and whether there should be continued attendance at the SCPE.

Student safety is our first priority; exercise good judgement in making decisions with regard to SCPE attendance in the event you are unable to reach the PAD clinical team.

Often preceptors/clinical instructional faculty (as licensed medical providers) are expected to endure dangerous conditions to continue delivering healthcare in emergency situations. We do **NOT** expect this of students.

Even if preceptors/clinical instructional faculty remain at the SCPE site, students are encouraged to seek safe shelter in the event of severe weather conditions or emergencies.

Local Rotations:

(i.e., at the Augusta University Medical Center and/or other facility in the CSRA)

1. **AU Campus:** Students should not come to campus for any reason if the campus is officially closed.
2. **Non –AU sites locally:** Students at other SCPE sites in the CSRA that may also be affected by the severe weather condition/emergency are also not expected to report if the AU campus is officially closed.
3. **Communication:** A university wide email will be sent to enrolled students.
You will also receive an official email communication from the PA program notifying you of the campus closing.
Students are expected to stay safe and not to take risks.
4. **Student safety is our first priority;** exercise good judgement in making decisions with regard to SCPE attendance in the event you are unable to reach the PAD clinical team.

Often preceptors/clinical instructional faculty (as licensed medical providers) are expected to endure dangerous conditions to continue delivering healthcare in emergency situations. We do **NOT** expect this of students.

Even if preceptors/clinical instructional faculty remain at the SCPE site, students are encouraged to seek safe shelter in the event of severe weather conditions or emergencies.

Be prepared; learn more from the Augusta University Critical Event Preparedness and Response ([CEPaR](#)).

Classes are cancelled and/or suspended to reduce the loss of life and/or property during critical events; do not take unnecessary risks. Students are expected to stay safe.

Amorous Relationships

Board of Regents (BOR) Policy No. 8.2.18.6:

“A University System of Georgia (USG) employee, including a graduate teaching assistant, is prohibited from having a romantic or sexual relationship with any student or USG employee who the individual supervises, teaches, or evaluates in any way.

Additionally, a USG employee is prohibited from having a romantic or sexual relationship with any student or USG employee whose terms or conditions of education or employment the individual could directly affect.”

Note: External clinical instructional faculty are viewed as a proxy of the University System of Georgia’s employee policy and must comply as well.

Please consult the PAD clinical director or program regarding any questions specifically relating to university policies regarding this issue.

Job Interviews/Shadowing

During the clinical year, students often begin their job search and may schedule interviews during this time.

While at an interview or shadowing, students are **not** covered by the AU malpractice policy as this is not a program required activity. Job interviews are thus subject to the AU PAD student handbook policy on shadowing.

Students must:

1. **Use their personal day** to attend a job interview/shadow if this means the student will miss time from a SCPE.
2. **Receive approval** from BOTH the PAD clinical team and appropriate preceptor/clinical instructional faculty for any job interview that occurs during a SCPE block.

If a student attends a job interview during the clinical year without prior approval of the PAD clinical team and preceptor/clinical instructional faculty, this will be considered an unexcused absence and subject to professional violation and loss of professionalism points for that SCPE.

3. **Ensure** that the time missed from SCPE for job interview/shadow does not drop them below the goal **160 contact hours** for that block.
4. **Review and adhere to the policies** on shadowing as outlined in the AU PAD student handbook– excerpt repeated here:

“Shadowing refers to non-PAD-sanctioned or required clinical experiences that the student initiates independently of the PAD.

A. I acknowledge that No white coat or AU name badge can be worn while shadowing – nothing to identify me with our institution or program.

B. I acknowledge that I must identify myself as an observer.

C. I acknowledge that I am NOT allowed to shadow in an OR or other scrub area UNLESS I have completed our asepsis program and have been signed off in that regard.

D. I acknowledge that I am NOT allowed to shadow in an inpatient setting unless I have completed all credentialing required by that hospital/institution; that I as a student should typically only shadow in a private practice, outpatient setting.

E. I acknowledge that shadowing is only OBSERVING – I cannot

touch patients or talk to patients beyond a greeting and introducing myself as “Jane Doe”. Taking patient histories, examining patients, administering shots/etc., discussing treatment plans, patient counseling and education, and all other medically related activities are off limits.

F. I acknowledge and understand that I am NOT covered by our malpractice insurance while shadowing which is why I should refrain from all patient contact, counseling, and discussion of any condition.”

Note: The PAD clinical team acknowledges that students may feel a need to attend multiple job interviews during the clinical year. We do want our students to be successful in their search and find a great first job. However, the first priority of the AU PA program and PAD clinical team is ensuring that students have met all of the curriculum requirements and professional standards needed for graduation from our program. If a student’s personal day has already been exhausted and a student would like additional time off from SCPEs for more interviews, this may be allowed by the PAD clinical team as long as it does not interfere with completion of required contact hours, SCPE requirements, benchmarks, and required on-campus activities. Students will be required to complete an assignment to make up for additional time away from SCPE, if the absence is approved.

Preceptor Benefits

There are limited benefits available for our clinical preceptors. Students have more direct contact with preceptors and are a primary resource for communicating these potential benefits. Students should help ensure preceptors are aware.

Preceptor Tax Incentive Program (PTIP):

Georgia medical providers who generously invest their time in educating health professional students may be eligible for a significant tax credit through the PTIP program.

To be eligible:

1. Preceptor cannot already be paid for teaching (examples: cannot be faculty for AU or another program with part of their salary attributable to teaching; AND cannot accept money for precepting students from other programs)
2. Preceptor pays state income tax in Georgia
3. Preceptor has completed the one-time registration for PTIP by deadline

Note: Please notify clinical team if preceptor needs additional information about PTIP program.

NCCPA Category 1 CME credits:

PAs who serve as preceptors may be eligible for category 1 CME credit for the hours they invest in teaching.

Please let clinical team know if a preceptor needs additional information on this benefit.

Appendix CY.1 Benchmarks Described

Key Experience Measures (B4.01)				
Type	Item	Measure / ARC 5th Std	Total required	When to record a patient here:
Setting				
	Inpatient	B3.04b	250	Any patients you see that are admitted to a hospital or rehab facility where they are being monitored 24/7. This could be patients in an ICU, patients in labor and delivery, patients admitted for a surgery. Keep in mind that even if the admission is short term - they are admitted and can be counted as an inpatient encounter.
	Outpatient	B3.04c	600	
	In-person			Any patients you see that are in an outpatient facility (NOT ED)
	Telemedicine			Any patients that you see by telemedicine
	Emergency Department	B3.04a	90	Any patients that you see in the emergency department setting. Most of these will come from your ED rotation but you may see patients in the ED on other rotations. An example: You could be rotating with a surgical team and consult a patient in the ED - you can count that patient as an ED setting patient. You can also count them in the OR if you then see the patient's case in the OR. Note: Patients you see only in the ED go here and DO NOT go under inpatient or outpatient encounters.
	Operating Room	B3.04d	30	ANY patient case that you observe or assist with in the OR. Even if you do not see the whole case, if you are in the OR on a case you can count the encounter here.
Age				
	Infant <1 year	B3.03b	20	
	Children 1-12 years	B3.03b	70	
	Adolescent 13-18 years	B3.03b	30	
	Adult 19-64 years	B3.03b	500	
	Elderly >65 years	B3.03b	225	
	TOTAL patients	B3.03b	1200	
Reason For Visit				
	Acute Care	B3.03a	600	Acute care is a broad term. This means basically any issue that has either recently developed or is a recent exasperation of a chronic condition . Emergency care <i>IS</i> a type of acute care. Thus if you record 20 patient encounters that are Emergency care, these should also be counted under acute care. If you are seeing a patient for a chronic condition and they have a new or worsening symptom that you address in the visit - that can also be counted as acute care.

	Chronic Care	B3.03a	300	Chronic care is the management of on-going issues the patient may have. You will often be addressing both acute and chronic care in a patient and can count the patient in both of these sections if so.
	Preventive Care (Screening / Health Promotion)	B3.03a	150	If you see a patient for a well-visit or screening exam this is preventative care. You can also count a patient encounter here if they came in for something else but you discuss and/or administer an appropriate vaccine or other preventive measure (<i>flu shot for example</i>). If you discuss preventive measures in the visit, you can include the encounter here.
Specialized Care Provided (if appropriate)				
	Emergency Care	B3.03a	90	This one is challenging to define. Certainly many patients are seen in the ED for non-emergent reasons. However, when you are on an ED rotation and a patient presents with a symptom - even if it ends up being a non-emergent diagnosis - you have had to rule-out emergencies . You are thinking from an ED perspective and thus can count all encounters in the ED in this section. You can also count patients in this section that you see on other services if they have a true emergent condition that arises. For example , you are in FM and someone comes in complaining of chest pain and you determine they may be having an MI and you call an ambulance - this can be counted as emergency care as you addressed a clinical emergency to the best of your ability in the setting where you were.
	Prenatal Care	B3.03c	22	If you see a patient for any reason that is pregnant, you can count her encounter here. Pregnancy changes everything, so any condition you are treating - you had to factor the pregnancy into your assessment and plan. If you see a woman for other issues and a pregnancy test comes back positive and you have that discussion with her - that can be counted here as well. Ultimately, if she is pregnant and that factors into the visit (<i>even if just found out</i>) you can count the encounter as prenatal.
	Gynecologic Care	B3.03c	65	If you see a patient and discuss/address/treat any gynecological issues or screenings you can count here. Gynecology refers to the female reproductive organs. Though a breast exam is often included with a gyn visit, a breast exam ALONE does not count as a gynecologic encounter. To count in this section, you must be addressing a pelvic question/issue with the patient.
	Psychiatric / Behavioral Care	B3.03e	75	Regardless of the reason for the visit, if you discuss mental health (<i>anxiety, depression, bipolar, hallucinations, delusions, impulse control disorder, etc</i>) - you can count that as a psych encounter.
Surgical Management				
	Pre-operative	B3.03d	30	There are often pre and post op visits scheduled with surgical practices in the outpatient setting and titled as such. Certainly those count as pre and post op for these sections. However, any time you see the patient prior to

				surgery, are is discussion about the surgery, and the patient is awake - you can count that as pre-op. If you go in to see them before they go under anesthesia, that counts as pre-op even if it is not their official pre-op visit per the insurance definition.
	Intra-operative	B3.03d	30	Any cases you see in the OR should be counted here.
	Post-operative	B3.03d	30	Like pre-op, any patient that you see that is awake AFTER surgery you can count as post-op. If you see them in the recovery room as they are coming to, or if you round on them to check the wound - these can all be counted as post-op.
Technical Skills				
	Finger-Stick/POC testing	B2.09	*50	
	Injections/Phlebotomy	B2.09	25	
	Scrubbing in/sterile technique	B2.09	35	ANY time you are in the OR you are practicing sterile technique even if you do not scrub in. You have to be aware of what you touch and what you cannot touch - you are thinking about sterile field and thus practicing these skills. Any time you give an injection or do a procedure where you have to think about being sterility and avoiding contamination - you can count that here as well.
	Minimally Invasive procedures	B2.09	70	These are minimally invasive procedures in which the patient is conscious .
	Invasive/OR procedures	B2.09	45	These are invasive procedures in which the patient is under anesthesia and taken to the OR for it to be performed or the patient is in the ICU and sedated such that they perform the procedure there in the room.
Contact Hours				



PAD conversion table for EOR scaled score exams

SS = PAEA EOR Scaled Score

Grade = Grade entered for the EOR exam when calculating course grade

SS	Grade	SS	Grade	SS	Grade	SS	Grade
300	27	349	56	398	78	447	92
301	28	350	57	399	79	448	92
302	30	351	57	400	79	449	92
303	31	352	58	401	79	450	93
304	32	353	58	402	80	451	93
305	33	354	59	403	80	452	93
306	33	355	59	404	80	453	93
307	34	356	60	405	81	454	93
308	34	357	60	406	81	455	93
309	35	358	61	407	81	456	94
310	36	359	61	408	82	457	94
311	37	360	62	409	82	458	94
312	37	361	62	410	82	459	94
313	38	362	63	411	83	460	94
314	38	363	63	412	83	461	94
315	39	364	64	413	83	462	95
316	39	365	64	414	84	463	95
317	40	366	64	415	84	464	95
318	40	367	65	416	84	465	95
319	41	368	65	417	85	466	95
320	41	369	66	418	85	467	95
321	42	370	66	419	85	468	96
322	42	371	67	420	86	469	96
323	43	372	67	421	86	470	96
324	43	373	68	422	86	471	96
325	44	374	68	423	87	472	96
326	44	375	69	424	87	473	96
327	45	376	69	425	87	474	97
328	45	377	69	426	87	475	97
329	46	378	70	427	88	476	97
330	46	379	70	428	88	477	97
331	47	380	71	429	88	478	97
332	47	381	71	430	88	479	97
333	48	382	72	431	89	480	97
334	48	383	72	432	89	481	98
335	49	384	72	433	89	482	98
336	49	385	73	434	89	483	98
337	50	386	73	435	90	484	98
338	50	387	73	436	90	485	98
339	51	388	74	437	90	486	98
340	51	389	74	438	90	487	98
341	52	390	75	439	90	488	99
342	52	391	75	440	91	489	99
343	53	392	76	441	91	490	99
344	53	393	76	442	91	491	99
345	54	394	77	443	91	492	99
346	54	395	77	444	91	493+	100
347	55	396	78	445	92		
348	56	397	78	446	92		

Appendix CY.3: Honor code/scratch paper for EOR exam

Student Name: _____

Date: _____

EOR student is taking: _____

PAEA Exam Honor Code: I am aware that the content of PAEA PACKRAT and End of Rotation exams is confidential and that this content is being disclosed to me today in a limited context to permit me to test and for no other purpose. I have been informed that the exams and exam questions are copyrighted and protected by US and international copyright and trade secret laws. I agree that in the interest of honoring the legal rights of PAEA and the integrity of this testing process, I will not discuss or disclose PAEA Assessment exam content orally, in writing, on the internet, or through any other medium. I agree that I will not copy, reproduce, adapt, disclose, or transmit exams or exam questions, in whole or in part, or assist anyone else in doing the same, for any reason. I further agree that I will not reconstruct exam content from memory, by dictation, or by any other means, for the purpose of sharing that information with any other individual or entity. I understand that prohibited acts include, but are not limited to: describing questions, passages, or graphics from the exam; identifying terms or concepts contained in exam questions; sharing answers to questions; referring others to information I saw on the exam; reconstructing a list of topics on the test; and discussing exam questions, answers, passages, graphics, or topics on internet chat rooms, message boards, forums, or through other means. Furthermore, I agree to abide by all rules set forth by the proctors to ensure proper administration of the exam. This includes:

- All papers, preparation materials, and personal effects (including, but not limited to: notes, textbooks, electronic devices, phones, calculators, purses, and translation devices) must be powered down and stowed away now. No items, other than those provided to you, are allowed to be used for any purpose during the exam. •
- All other computer programs, applications, and web browsers must be closed before and during the exam. The ExamDriver system will notify proctors with an alert if you access other material. PAEA RESPONSIBILITIES PAEA ASSESSMENT: EXAM POLICIES 18 •
- Do not take photos or screen captures of the exam, per your student exam agreement. The ExamDriver system will notify the proctor with an alert if you do so. •
- Talking is not permitted during the testing process. •
- No assistance may be provided to you regarding any exam content. Please raise your hand if you are experiencing an issue with the exam portal or your computer.

If a violation of this honor code is suspected or reported, I agree to cooperate with any investigation, and I understand that the violation will be reported to my institution and that my exam score will be withheld until investigation of the violation is completed and PAEA has made a determination, in its discretion, whether a violation was committed.

I understand that I am allowed a 10min break between sections of the exam and must have submitted the first section to take this break. I understand that I am not allowed to leave the testing building during a break; all sections of the exam must be completed and submitted before I can leave the testing building. I understand that if I exceed the allowed break time, I may not be permitted to continue testing which may result in a failing grade on the exam.

I have read and agree to the PAEA exam Honor Code, the Augusta University Student Code of Conduct as well as the AU Physician Assistant Department Student Handbook and policies.

Signature of student: _____



AUGUSTA
UNIVERSITY

Student Name: _____ Date(s) of rotation/SCPE/activity: _____

Supervising Provider Name and type of Practice (printed): _____

Type	Item	Measure / ARC 5th Std	Total required by graduation	
Setting				
	Inpatient	B3.04b	250	
	Outpatient	B3.04c	600	
	In-person			
	Telemedicine			
	Emergency Department	B3.04a	90	
	Operating Room	B3.04d	30	
Age				
	Infant <1 year	B3.03b	20	
	Children 1-12 years	B3.03b	70	
	Adolescent 13-18 years	B3.03b	30	
	Adult 19-64 years	B3.03b	500	
	Elderly >65 years	B3.03b	225	
	TOTAL patients	B3.03b	1200	
Reason For Visit				
	Acute Care	B3.03a	600	
	Chronic Care	B3.03a	300	
	Preventive Care (Screening / Health Promotion)	B3.03a	150	
Specialized Care Provided (if appropriate)				
	Emergency Care	B3.03a	90	
	Prenatal Care	B3.03c	22	
	Gynecologic Care	B3.03c	65	
	Psychiatric / Behavioral Care	B3.03e	75	
Surgical Management				
	Pre-operative	B3.03d	30	
	Intra-operative	B3.03d	30	
	Post-operative	B3.03d	30	
Technical Skills				
	Finger-Stick/POC testing	B2.09	*50	
	Injections/Phlebotomy	B2.09	25	
	Scrubbing in/sterile technique	B2.09	35	
	Minimally invasive procedures	B2.09	70	
	Invasive procedures	B2.09	45	
Contact Hours			1400	
Preceptor 1 Name:		# of hours with preceptor 1:		
Preceptor 2 Name:		# of hours with preceptor 2:		
Preceptor 3 Name:		# of hours with preceptor 3:		
Preceptor 4 Name:		# of hours with preceptor 4:		
Preceptor 5 Name:		# of hours with preceptor 5:		
				Total # of hours for this SCPE:

**this is a new item designation and there is not an required number for this activity (50 is a suggested goal)*

I agree that the numbers above accurately reflect what this student has seen/performed during this clinical experience.

Signature of supervising provider/clinical instructional faculty/preceptor: _____

Date: _____



AUGUSTA UNIVERSITY

MEDICAL COLLEGE
OF GEORGIA

Augusta University

CAHS: Phys Assist-Yr 2 Clinical

Evaluated :evaluator's name
ByEvaluating :person (role) or
moment's name (if
applicable)Dates :start date to end
date

* indicates a mandatory response

Clinical Competency Evaluation Form

INSTRUCTIONS: Please evaluate each student by CHECKING the number that most accurately reflects his/her performance while under your supervision. Please rate ONLY those competencies that can be assessed in your particular setting (e.g. inpatient, outpatient). Ratings should reflect your assessment of how well a student has performed.

CLINICAL COMPETENCY

I. KNOWLEDGE

	Unable to Judge	Unsatisfactory (F)	Below Average (D)	Average (C)	Above Average(B)	Excellent (A)
Demonstrates good basic fund of knowledge, knows and understands the pathophysiology of common disorders.	<input type="radio"/>					
Asks appropriate questions to develop a knowledge base of patient's problems.	<input type="radio"/>					
Patient presentations are organized and clearly expressed.	<input type="radio"/>					

II. INFORMATION GATHERING

	Unable to Judge	Unsatisfactory (F)	Below Average (D)	Average (C)	Above Average(B)	Excellent (A)
Performs appropriate physical exams making accurate clinical assessments.	<input type="radio"/>					
Records history and physical exam in a thorough, legible and organized manner according to recommended guidelines. Evaluates and records responses to treatment in concise, organized written progress notes.	<input type="radio"/>					
Uses resource materials (books, journals, faculty, house staff, etc.) to help understand and assess patient problems.	<input type="radio"/>					

III. CLINICAL PROBLEM SOLVING

	Unable to Judge	Unsatisfactory (F)	Below Average (D)	Average (C)	Above Average(B)	Excellent (A)
Demonstrates logical thinking.	<input type="radio"/>					
Integrates data obtained from history, physical exam and laboratories into logical formulation of patient's problems.	<input type="radio"/>					
Formulates major differential diagnoses and outlines plan of action/treatment for each problem.	<input type="radio"/>					

	Unable to Judge	Unsatisfactory (F)	Below Average (D)	Average (C)	Above Average(B)	Excellent (A)
Able to perform assigned technical procedures. (e.g. throat cultures, venipuncture, etc.)	<input type="radio"/>					

IV. INTERPERSONAL RELATIONSHIP WITH PATIENTS/FAMILY

	Unable to Judge	Unsatisfactory (F)	Below Average (D)	Average (C)	Above Average(B)	Excellent (A)
Demonstrates consideration, tact and courtesy with patients.	<input type="radio"/>					
Explains procedures (diagnostic and therapeutic) in an effort to relieve patient/family anxiety.	<input type="radio"/>					
Establishes a relationship with patient's family responding to their need for information and involving them appropriately in treatment plans.	<input type="radio"/>					
Gains cooperation and confidence of patients, devotes time and effort necessary for establishing rapport.	<input type="radio"/>					

V. INTERPERSONAL RELATIONSHIP WITH PROFESSIONALS

	Unable to Judge	Unsatisfactory (F)	Below Average (D)	Average (C)	Above Average(B)	Excellent (A)
Works cooperatively with and accepts justifiable criticism from those in a supervisory role.	<input type="radio"/>					
Shows motivation and initiative when undertaking tasks demonstrating the attributes of self-reliance and self-direction.	<input type="radio"/>					
Dependable in making rounds, meetings, classes, and attending conferences.	<input type="radio"/>					
Demonstrates ability to communicate effectively.	<input type="radio"/>					
Recognizes his/her professional capabilities and limitations.	<input type="radio"/>					

VI. IMPROVEMENT IN PERFORMANCE DURING ROTATION

	Unable to Judge	Unsatisfactory (F)	Below Average (D)	Average (C)	Above Average(B)	Excellent (A)
Growth in knowledge, indication of outside reading and studying, improved patient management skills, proficiency in procedures attempted.	<input type="radio"/>					

VII. STUDENT PREPAREDNESS FOR ROTATION

	Unable to Judge	Unsatisfactory (F)	Below Average (D)	Average (C)	Above Average(B)	Excellent (A)
Please provide feedback on the student's preparedness for rotations.	<input type="radio"/>					

VIII. STUDENT COMPETENCY IN LEVELS OF ACUITY

Did the student demonstrate competency in patients encounters for the following levels of acuity? (B3.02)

	n/a	No	Yes
Preventive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IX. STUDENT COMPETENCY ACROSS THE LIFE SPAN

Did the student demonstrate competency during patient encounters across the life span as follows? (B3.03 a)

	n/a	No	Yes
Prenatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
< 1 yr.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1-12 yrs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13-18 yrs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19-64 yrs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
> = 65 yrs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OTHER COMMENTS REGARDING STUDENT PREPAREDNESS AND PERFORMANCE:

RIME Framework for Student Progress:

Reporter - has consistently good interpersonal skills and reliably obtains and communicates clinical findings.

Interpreter - prioritizes and analyzes patient problems.

Manager - consistently proposes reasonable options and includes the patient's preferences.

Educator - demonstrates consistent level of knowledge of current medical evidence; critically applies knowledge to specific patients; demonstrates leadership and educates other members of the health care team.

	Reporter	Interpreter	Manager	Educator
Please indicate student progress:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Days Absent:

[0, or positive number only, no decimals]

What do you think would be an appropriate grade for this student for this rotation?

[0, or positive number only, no decimals]

90-100 Excellent, the student was an excellent reporter and very good interpreter.

80-89 Above Average, the student was an excellent reporter with a good start on interpreting.

75-79 Average, the student was a good reporter only but not at same level as other students

0-74 Unsatisfactory, FAILING the student did not perform at the reporter level.

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

Appendix CY.6 Examples of Procedures

List of procedures in one45	Others (some example es)
Anesthesia – Local (MI)	Abdominal drain removal (MI)
Arterial Puncture/ABG (MI)	Barium Swallow study (MI)
Assist in surgery (1st/2nd) (Inv)	Biopsy (only Inv if done in OR under sedation)
Bone marrow aspirataion (Inv)	Breathing treatment/neb (MI)
CPR (MI)	Cardiac stress test (MI)
Casting/splinting (MI)	Carpel tunnel release (Inv)
Cauterization/cryosurgery (Inv)	Central line placement/removal (MI)
Central Venous Catheterization (Inv)	cerumen removal (MI)
Chest tube insertion (Inv)	Colonoscopy (Inv)
Circumcision (MI)	Colposcopy (MI)
Cultures, bacterial and viral (MI)	CT (MI)
EKG (MI)	Culture (throat, sputum, etc) (MI)
Endotracheal intubation (Inv)	Dialysis (MI)
Foreign body removal (only Inv if in OR)	Echocardiogram (MI)
Gram, AFB, India ink stains (MI)	EMG (MI)
I & D abscess (MI)	Enoscopy (Inv)
IV, start (MI)	Flu test (MI)
Injections (MI)	Fluorescein stain (MI)
Joint Injection (MI)	Hgb fingerstick (MI)
Laceration repair (MI)	IV Ig therapy (MI)
Lesion removal (only invasive if done in OR under anesthesia)	Joint aspiration (MI)
Lumbar puncture (MI)	Morgan lens (MI)
Maintain sterile technique	MRI (MI)
NG tube insertion (MI)	Nerve block (Only Inv if done in OR)
Normal delivery (Inv)	ORIF (Inv)
OBGYN exam (MI)	PEG tube placement (Inv)
PFTs (MI)	PET scan (MI)
Pap smears (MI)	Prostate Exam (MI)
Pelvic exam (MI)	Radiation therapy (MI)
Stool guaiac (MI)	Rectal exam (MI)
Subclavian insertion (Inv)	Sigmoidoscopy (Inv)
Surgical scrubbing/gowning	Sling for fracture (MI)

Toenail removal (MI)	Staple insertion/removal (MI)
Tonometry (MI)	Strep swab (MI)
Tympanometry (MI)	Stress Test (MI)
Urinalysis (MI)	Suture removal (MI)
Urinary catheterization (MI)	Suturing/wound closure (MI)
Venipuncture (MI)	Total knee replacement (Inv)
Wet prep (MI)	Ultrasound (MI)
Wound care and debridement (only Inv if done under sedation)	Wound dressing (MI)
	Wound vac (MI)
	X-ray (MI)

****MI= Minimally Invasive

****Inv= Invasive

* indicates a mandatory response

PHYSICIAN ASSISTANT DEPARTMENT

Student Evaluation of SCPE (Supervised Clinical Practice Experience)

The primary purpose of this evaluation is to provide the faculty with information concerning your clinical year. Please answer all questions as candidly as possible.

	A. 0-5	B. 6-10	C. 11-20	D. > 20
1. On average, while on this rotation approximately how many patients did you see each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A. Strongly disagree	B. Disagree	C. Not sure	D. Agree	E. Strongly agree
2. There was an appropriate amount of patient contact on this rotation.	<input type="radio"/>				

Comments:

For items 3-8, please use the following scale and choose the one that most accurately applies.

On average, my evaluation of the patients on this rotation included:

	1 Never	2 Rarely (< 20% of the time)	3 Occasionally (20 50% of the time)	4 Frequently (50 80% of the time)	5 Consistently (> 80% of the time)
3. Formulating a problem list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Formulating a differential diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Formulating a tentative management plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Presenting to your preceptor/clinical instructional faculty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Providing patient education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Documenting the encounter in the patient record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For items 9-13, please use the following scale and choose the one that most accurately applies.

	n/a	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
9. There was sufficient opportunity for performing technical skills on this rotation overall.	<input type="radio"/>					

Comments:

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
10. The first year (didactic) courses provided a sufficient foundation to further build upon on this rotation.	<input type="radio"/>				

Comments:

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
11. I was well accepted by the staff during this rotation.	<input type="radio"/>				

Comments:

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
12. The program should continue to use this rotation/SCPE on a regular basis.	<input type="radio"/>				

Comments:

	Recommend discontinued use of this rotation	Unacceptable, but marginally useful	Adequate	Above Average	Excellent
13. My overall evaluation of this rotation/SCPE is best described by :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How was time on this rotation spent when not seeing patients? Please indicate the time beside each item.

Lecture

Conference

Rounds

If other, please indicate (including time)

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No



* indicates a mandatory response

Physician Assistant Department Mid-SCPE (Supervised Clinical Practice Experience) Evaluation

This evaluation should be completed and discussed with each student during the third week of the rotation. Please indicate for each category your judgment of how the student is performing by circling the appropriate description. Specific written comments are encouraged in order to provide the student candid and detailed feedback.

	Inadequate	Below Average	Average	Above Average	Excellent
1. Obtains appropriate history (complete and/or pertinent):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
2. Performance and interpretation of physical examination (identifies normal variants, significant vs. insignificant abnormal):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
3. Formulation of problem list and differential diagnoses (can rank problems in order of importance):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
4. Patient presentations (appropriate format, clarity, and conciseness):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
5. Knowledge of medicine (comprehension of disease processes, pathophysiology and presentation):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
6. Management of patients (appropriate use and appropriate interpretation of diagnostic lab studies, development of treatment plans):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
7. Recording in the medical record (legible, correct format, consistent with assigned responsibilities):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
8. Communication with patients, families and staff (appropriate, effective, consistently develops rapport):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
9. Professional demeanor (appearance, initiative, promptness, dependability, ability to accept constructive criticism):	<input type="radio"/>				

Major Strengths or Weaknesses:

	Inadequate	Below Average	Average	Above Average	Excellent
10. Improvement in performance during first 2 weeks of rotation (growth in knowledge, indication of outside reading and studying, improved patient management skills, proficiency in procedures attempted):	<input type="radio"/>				

Major Strengths or Weaknesses:

Specific Areas Needing Improvement:

1

2

3

4

5

6

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes
- No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

- Yes
- No



AUGUSTA UNIVERSITY

**MEDICAL COLLEGE
OF GEORGIA**Augusta University
CAHS: Phys Assist-Yr 2 Clinical

Evaluated :evaluator's name
By
Evaluating :person (role) or moment's name (if applicable)
Dates :start date to end date

* indicates a mandatory response

Read the following information and at the bottom of the form complete section D:

A. Present your insurance card to outside facilities during your exposure visit(s) so your insurance information may be filed or documented accordingly. Student Health is not responsible for charges incurred as a result of your exposure incident and you will be responsible for any charges not covered by your insurance plan.

Follow the instructions below pertinent to your rotation location.

B. Exposure on campus or within 30 minutes of Augusta University campus:

1. Immediately cleanse wound with soap and water or irrigate splash areas (eyes, mucous membranes) with normal saline or water.
2. Notify attending physician/nurse supervisor to report your incident.
3. Labs should be ordered on the source patient: HIV Ab, HCV Ab, HBV Ag (and other labs if necessary). Be sure to write "Augusta University STUDENT EXPOSURE" on the lab requisition of the source patient.
4. Complete hospital/clinic incident report and Student Health Intake Form: SH Exposure Incident Form. Please include the source patient's medical record number and source code (if assigned) on the incident form. Keep a copy of all paperwork.
5. Within 3 hours of exposure, report to Student Health (706-721-3448) located in Pavilion II, Mon-Fri, 8:00 am - 4:30 pm. If Student Health is closed, report to nearest emergency room for lab testing and HIV prophylaxis assessment.
6. If the treating provider has questions concerning your exposure, contact the PEP Line at 1-888-448-4911.
7. Submit a copy of your exposure paperwork to Student Health.
8. Follow-up at Student Health or designated clinic as indicated.

C. Exposure at another facility outside of Augusta University campus (over 30 minutes away from campus):

1. Immediately cleanse wound with soap and water or irrigate splash areas (eyes, mucous membranes) with normal saline or water.
2. Notify the facility's attending physician/nurse supervisor to report your incident.
3. The following labs should be obtained on the source patient: HIV Ab, HCV Ab, HBV Ag (and other labs if necessary).
4. Complete hospital/clinic incident report and Student Health Intake Form: SH Exposure Incident Form. Keep a copy of all paperwork.
5. Within 3 hours of exposure, report to facility Employee Health or nearest emergency room for lab testing and HIV prophylaxis assessment (where you will report depends on the facility's exposure policy).
6. If the treating provider has questions concerning your exposure, contact the PEP Line at 1-888-448-4911.
7. Submit a copy of your exposure paperwork to Student Health.
8. Follow-up at Student Health or designated clinic as indicated.

***D. Please attest your understanding of the procedure for handling exposure to another person's blood or body fluids while on rotation by clicking next to the following three statements.**

- I understand the instructions for managing an exposure to another person's blood or body fluids.
- I will follow the instructions pertinent to my rotation location for managing exposure to another person's blood or body fluids.
- I understand I am responsible for charges incurred as a result of an exposure incident and not covered by my insurance plan.

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No



Evaluated :evaluator's name
By
Evaluating :person (role) or
moment's name (if
applicable)
Dates :start date to end
date

* indicates a mandatory response

SCHEDULE REPORTING FORM

SENIOR ROTATION WORK SCHEDULE & CONTACT INFORMATION

Complete this form by the 2nd or 3rd day of your rotation. Failure to do so will result in a reduction of your final rotation grade. This information is mandatory and required to maintain our records.

HOUSING TELEPHONE #:

CELL #

HOUSING MAILING ADDRESS:

PERMANENT ADDRESS:

EMAIL:

EMERGENCY CONTACT NAME & #

FACILITY/SUPERVISOR'S EMAIL (required):

FACILITY PHONE #:

DEPARTMENT NAME:

CONTACT PERSON (full name):

PRECEPTOR (full name):

PRECEPTOR EMAIL:

MID-LEVEL PROVIDER(S) (full name and emails):

HOURS OF OPERATION (PRACTICE):

YOUR PROJECTED SCHEDULE:

If there are any changes in the above, notify the PA Department Office immediately.

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes
 No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

- Yes
 No

Medical Absence Request Form

Please submit all requests to the clinical team.

Name:

Date of Requested Day:

Reason for Requested Absence:

Date Request Submitted:

Do not write below this line.

Date Request Received:

Approval: Yes

No

Reason for Decision:

Date Student Notified of Decision:

Comments:

Personal Day Request Form

Please submit all requests to the clinical team.

Name:

Date of Requested Day:

Reason for Requested Absence:

Date Request Submitted:

Do not write below this line.

Date Request Received:

Approval: Yes

No

Reason for Decision:

Date Student Notified of Decision:

Comments:

	<p>AUGUSTA UNIVERSITY MEDICAL COLLEGE OF GEORGIA</p> <p>Augusta University CAHS: Phys Assist-Yr 2 Clinical</p>	<p>Evaluated :evaluator's name By Evaluating :person (role) or moment's name (if applicable) Dates :start date to end date</p>
---	--	--

* indicates a mandatory response

Clinical Rotation Site Survey

*Rotation Name

*Location (City and State)

1. How many practitioners for the facility?

MD and/or DO

 [0, positive or negative number, no decimals]

Physician Assistants

 [0, positive or negative number, no decimals]

Nurse Practitioners

 [0, positive or negative number, no decimals]

Others

 [0, positive or negative number, no decimals]

How many of the providers will the PA student typically work with while on rotation at this site?

Are other students (MD, DO, PA, NP) rotating through the practice?

- Yes
 No

If yes, how many total students are usually with a provider at any given time?

*2. What is the average daily patient load per practitioner?

- <20
 20 - 30 patients
 >30 patients

3. What is the breakdown of age groups seen by this practice? Please indicate percentage:

Pediatrics (aged 0-18)

 [0, or positive number only, no decimals]

OB

 [0, or positive number only, no decimals]

Adult (aged 19-64)

 [0, or positive number only, no decimals]

Elderly (aged 65+)

 [0, or positive number only, no decimals]

4. Please estimate what percentage of the patient population compose the following ethnic groups:

Caucasian

[0, or positive number only, no decimals]

African American

[0, or positive number only, no decimals]

Hispanic or Latino

[0, or positive number only, no decimals]

American Indian

[0, or positive number only, no decimals]

Asian

[0, or positive number only, no decimals]

Other

[0, or positive number only, no decimals]

5. What type of practice setting? Please indicate percentage of time in:

outpatient clinic

[0, or positive number only, no decimals]

hospital

[0, or positive number only, no decimals]

nursing home/long term care facility

[0, or positive number only, no decimals]

emergency room

[0, or positive number only, no decimals]

operating room

[0, or positive number only, no decimals]

6. Student's involvement with patients at site? Please indicate percentage of time:

Observing only

[0, or positive number only, no decimals]

working actively alongside preceptor

[0, or positive number only, no decimals]

evaluating patients independently, presenting to and developing plan with preceptor

[0, or positive number only, no decimals]

7. Student's Involvement w/Procedures (on this rotation):

observing only

[0, or positive number only, no decimals]

student assists with procedure

[0, or positive number only, no decimals]

student performs procedure with supervision

[0, or positive number only, no decimals]

8. On site laboratory, radiology, or pharmacy services? (check all that apply)

Laboratory

Radiology

Pharmacy

9. Types of student resources available (check all that apply):

- Dedicated space
- Printed resources
- Internet access

Other:

10. Does the student have access to the site's electronic health records?

- Unlimited access
- Limited access
- No access
- Not applicable

11. Student's involvement with electronic health records at site? Please indicate percentage:

observing only

[0, or positive number only, no decimals]

student enters note for preceptor (acting as scribe)

[0, or positive number only, no decimals]

student enters separate student note

[0, or positive number only, no decimals]

12. Is there a resource room/work space for students?

- Yes
- No

Please describe student workspace.

13. Is there a break room for students to have meals as needed?

- Yes
- No

14. Are there any student safety issues we should be aware of such as parking, arriving early or leaving late from clinical sites?

15. Other student opportunities for learning? (i.e. lectures, grand rounds, pathology conferences, pharmaceutical sponsored dinners/meetings)

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes
- No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

ROTATION SITE REQUEST Form

Rotation Dates: _____ Date Form Submitted: _____

Student Name: _____

Practice Name: _____

Type of practice: _____

Preceptor Name: _____

Contact Person: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

County: _____

Phone Number: _____ Fax Number: _____

Email: _____

Hospital Name _____

Contact Person: _____

Address 1: _____

Address2: _____

City: _____

State: _____ Zip: _____

County: _____

Phone Number: _____ Fax Number: _____

Email: _____

APPENDIX CY.15 General Rotation Checklist

Well in advance of rotation:

1. AHEC housing: As soon as you see that the PAD clinical team is “working on” a rotation for you that is out of your housing area, contact the AHEC coordinator for that area and reserve housing for that block of time (“working on” is a note in the rotation block before the site is confirmed – you should reserve the housing even before the site is confirmed to make sure it is available to you if needed). Be sure to monitor this rotation closely even after it is confirmed. If your site is changed and you no longer need the housing, you must notify the AHEC and cancel the reservation before their deadline to avoid a financial penalty.

6 weeks prior to rotation day 1:

1. check one45 & complete all rotation paperwork for the block and submit to Cyndi Watkins.
2. Note: if site is not yet confirmed, keep checking one45 daily (as you go in to log for your current block) so that you can complete the paperwork as soon as a site is confirmed.

2 weeks prior to rotation day 1:

1. call/email the contact person or preceptor (per the site contact information in one45) to obtain information about when/where to start that Monday and any other things you need to know (ie what equipment you need, etc).

1 week prior to rotation day 1:

1. continue to reach out to the site if you have not heard back from them from your first attempt to reach them. a. If you have not heard back from the site after multiple attempts to reach them – contact classmates who have been to that site and learn from them what to wear/where to go/etc.; let clinical team know you have not heard from the site
2. Review the objectives for the rotation

Day 1 of rotation:

1. Show up ON TIME (which means early) for the rotation, dressed as directed from your prior communication with the site and with the proper equipment.
2. Ask preceptor for their expectations of you (will you be presenting/documenting and if so how do they like they to be done, etc.)
3. Ask your preceptor how the site would like you to attribute hours for PTIP (preceptor tax incentive program) and let clinical team know if they need to contact preceptor to discuss directly with them
4. Ask preceptor for your schedule for the 4 weeks you are there
5. Offer to share the rotation objectives with them if they need them
6. Let clinical team know if any foreseen issues (ie hours not within target range)

7. Create a study plan for the rotation a. Review the topic list for the EOR b. Make a calendar for the 4 weeks with when you will be on site and when you will study c. List which topics you will be studying on which day to ensure all topics covered d. When studying - with each topic on the list you should outline the patient presentation, etiology, pathophysiology, imaging/labs/tests/diagnostic work-up, prognosis, treatment plan (including first and second line), important demographics, any other important notes about the topic (ie genetics, associated issues, etc)
8. Ensure your flu shot, PPD, etc are all up to date for upcoming rotations

Every day of rotation:

1. Log patients in one45
2. Log procedures in one45 (include even if only observed)
3. Tally your benchmark items for the day and keep record for yourself
4. Log duty hours in one45
5. Study for EOR exam (if on a block with no EOR exam – you should be preparing for an exam you will have in the future or working on your MPA project)
6. Check your EMAIL before and after clinic and respond as needed
7. Let clinical team know of any major changes to your schedule, or anything that may cause you to have too few hours on site
8. Get approval in advance for any absence from rotation – see policies on this
9. Let clinical team know of any issues on rotation that unsure how to handle – see policies
10. Stay informed – keep us informed ☑

Day 3 of rotation:

1. Submit SRF (schedule reporting form) in one45
2. Submit BBF (Blood & Body fluid exposure form) in one45
3. Submit CRS (Clinical Site Rotation Survey) in one45

~Day 10-12 of rotation:

1. Distribute mid-rotation evaluation to preceptor(s)

~Day 12-13 of rotation:

1. Discuss mid-rotation eval/progress with your preceptor and make note of any improvements you need to make
2. This is typically about 2 weeks prior to next block – you should be reaching out to your next preceptor to get ready for that rotation

3. Look at the paperwork needed for 2 rotations out and start to complete it (ie if you are currently in block 1, you should have already completed all paperwork for block 2 a month ago. You should now complete and submit paperwork for block 3)

~Day 22-26 of rotation:

1. Distribute CCE form for rotation to preceptor(s)
2. Discuss performance with preceptor
3. Complete total tallies for benchmark worksheet for that rotation and have preceptor sign it on last day at site. If your rotation involves multiple sites, you should have each site sign the benchmark form specific to your time with them on your last day at that site (which may be much earlier in the rotation).

Day 27 of rotation:

1. EOR day - If you have an EOR exam for this block, you will have this day off from rotation to take the exam. If you do not have an EOR exam – you are expected to report to your site and this will be last your last day on that rotation.
2. Turn in benchmark work sheet(s) to clinical team (can bring original to EOR if in-person, if not in-person, upload to BOX folder for your benchmark forms).
3. IF EOR exam is failed – must meet with Ms. Clayton that day.

Rotation is now complete

By Sunday midnight after the completion of the rotation:

1. Complete the Student evaluation of the rotation AND the Student Evaluation of the Rotations in one45
2. Ensure all patient/procedure logs are completed in one45
3. Ensure all duty hours are correct in one45 (should match the hours you have claimed on your benchmark forms)
4. Ensure all EOR activities assigned in D2L are completed

1 week after rotation (and every week thereafter):

1. Contact preceptor with gentle reminder to complete CCE form if not yet done
2. Let clinical team know if you have contacted preceptor multiple times and CCE form still not done



AUGUSTA UNIVERSITY PARKING RATES

STUDENT PARKING PERMITS

Student parking is \$150 annually, paid by semester.

DCG & MCG students have two (2) semester payments, and all other students have three (3) semester payments. Permits are required when for every type of student [commuter, residential, on-line, hybrid, etc.] who chooses to bring a vehicle to campus for that term.

STUDENT PARKING PERMITS	TYPE	SEMESTER RATE	ANNUAL RATE
	Undergraduate or Graduate student	\$50 (x 3)	\$150
	DCG or MCG student	\$75 (x 2)	\$150

Certain student types are eligible for reserved parking. Reserved rates are paid in addition to the standard parking permit. Students living in on-campus housing are assigned to specific lots.

STUDENT RESERVED PARKING	TYPE	SEMESTER RATE	
	Lot 1 [Elm Hall]	\$50/75 + \$200	Fall / Spring
	Georgia Cyber Center Parking Deck	\$50 + \$200	Fall / Spring

FACULTY/STAFF/EMPLOYEE PARKING PERMITS

Parking permits can be paid monthly via payroll deduction, or annually at the Parking Office.

EMPLOYEE PARKING RATES	PERMIT TYPE	MONTHLY RATE	ANNUAL RATE
	Non-Reserved	\$25	\$300
	Reserved	\$88	\$1,056
	Reduced Rate Status	\$5	\$60

Please Note: Augusta University leases parking at Augusta University on Broad and the Georgia Cyber Center Parking Deck. Rates are contracted with outside providers and subject to change. Please contact the Parking Office or call 721-PARK (7275) if you have questions about rates at these lots.

SHORT-TERM PARKING PERMITS

Individuals with an intermittent need to be present on campus may elect to obtain a daily permit using the ParkMobile app. The daily rate is \$4.00, and permits can be scheduled in advance or upon arrival to campus. Daily use is limited to available perimeter lots. Users can download the ParkMobile app or visit <https://parkmobile.io/locations/> and search for Augusta University.

*updated July 2021



END OF SEMESTER ASSIGNMENT

Cumulative Benchmarks and Self-reflection Exercise

Student Name: _____ Semester : _____

Type	Block ____	Block ____	Block ____	Block ____	Semester Total	Year to date total	Total required by graduation
Setting							
Inpatient							250
Outpatient							600
Emergency Department							90
Operating Room							30
Age							
Infant <1 year							20
Children 1-12 years							70
Adolescent 13-18 years							30
Adult 19-64 years							500
Elderly >65 years							225
TOTAL patients							1200
Reason For Visit							
Acute Care							600
Chronic Care							300
Preventive Care							150
Specilaized Care Provided (if appropriate)							
Emergency Care							90
Prenatal Care							22
Gynecologic Care							65
Psychiatric / Behavioral Care							75
Surgical Management							
Preo-perative							30
Intra-operative							30
Post-operative							30
Technical Skills							
Finger-Stick/POC testing							*50
Injections/Phlebotomy							25
Scrubbing in/sterile technique							35
Minimally invasive procedures							70
Invasive/OR procedures							45
CONTACT HOURS							Total Hours /1400

**this is a new item designation and there is not an required number for this activity (50 is a suggested goal)
I agree that the numbers above accurately reflect what this student has seen/performed during this clinical experience.*



Please review the program competencies (*as appended in the handbook*).

Reflect on your strengths as a clinical student. Which 5 competencies correlate to your strengths?

- 1.
- 2.
- 3.
- 4.
- 5.

Reflect on ways you can improve with achievement of program competencies. Which 5 competencies do you most need to improve on?

- 1.
- 2.
- 3.
- 4.
- 5.

Please list the strategies you will employ to improve your achievement of the program competencies over the next semester.

Signature of student: _____

Date: _____

* indicates a mandatory response

PHYSICIAN ASSISTANT DEPARTMENT

Student Evaluation of Preceptor

The primary purpose of this evaluation is to provide the faculty with information concerning your clinical year. Please answer all questions as candidly as possible.

1. Did the preceptor/clinical instructional faculty review the objectives and his/her expectations with you?

- No
 Yes

2. Did the preceptor/clinical instructional faculty provide feedback regarding your progress before the end of the rotation?

- No
 Yes

Comments:

	A. 0-5	B. 6-10	C. 11-20	D. > 20
3. While with this preceptor, approximately how many patients did you see each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A. Strongly disagree	B. Disagree	C. Not sure	D. Agree	E. Strongly agree
4. This was an appropriate amount of patient contact.	<input type="radio"/>				

Comments:

For items 5-10, please use the following scale and choose the one that most accurately applies.

With this preceptor, my evaluation of the patients included:

	1 Never	2 Rarely (< 20% of the time)	3 Occasionally (20 50% of the time)	4 Frequently (50 80% of the time)	5 Consistently (> 80% of the time)
5. Formulating a problem list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Formulating a differential diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Formulating a tentative management plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Presenting to your preceptor/clinical instructional faculty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Providing patient education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Documenting the encounter in the patient record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For items 11-17, please use the following scale and choose the one that most accurately applies.

	n/a	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
11. There was sufficient opportunity for performing technical skills with this preceptor, given their field of practice.	<input type="radio"/>					

Comments:

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
12. The first year (didactic) courses provided a sufficient foundation to further build upon on this rotation.	<input type="radio"/>				

Comments:

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
13. I was well accepted by the staff at this preceptor's practice.	<input type="radio"/>				

Comments:

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
14. I was appropriately supervised by the preceptor/clinical instructional faculty.	<input type="radio"/>				

Comments:

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
15. Teaching by the preceptor was excellent.	<input type="radio"/>				

Comments:

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
16. The program should continue to use this rotation/SCPE on a regular basis.	<input type="radio"/>				

Comments:

	Recommend discontinued use of this preceptor	Unacceptable, but marginally useful	Adequate	Above Average	Excellent
17. My overall evaluation of this preceptor is best described by :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How was time at this preceptor's practice spent when not seeing patients? Please indicate the time beside each item.

Lecture

Conference

Rounds

If other, please indicate (including time)

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No