SUPERVISED CLINICAL PRACTICE EXPERIENCE (SCPE) MANUAL

Class of 2021

Clinical Coordinating Team:
600 Moye Blvd, Mail Stop 668
4310 Health Sciences Building
Greenville, NC 27834
Main Office Number 252-744-1100
Fax 252-744-1110

Kelley Hulihan, MS, PA-C
Director of Clinical Education
Office: 252-744-1108
Cell: 518-231-5506
Email: hulihank19@ecu.edu

Branigan Brann, MSPAS, PA-C
Clinical Coordinator
Office: 252-744-6273
Cell: 252-907-2219
Email: brannb20@ecu.edu

Susan Eckert
Associate Clinical Coordinator/Office Manager
Office: 252-744-1750
Email: eckerts14@ecu.edu

INTRODUCTION TO SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPE)

Congratulations! You are now entering the clinical phase of your PA education. This manual is intended to inform you of policies, standard operating procedures, and expectations applicable to the clinical year. The SCPE Manual does not supersede the *PA Student Handbook*. Students are expected to adhere to **all** standard operating procedures in both the *Student Handbook* and the SCPE Manual and the policies herein.

The outcome of your SCPEs will largely depend upon what you put into them. This is your opportunity to learn from experts in different fields of medicine, expand your medical knowledge base, and prepare for certification and practice as a physician assistant. This is an opportunity to hone professional behaviors and self-directed learning skills that you will rely on throughout your career as a PA.

General Information

The Physician Assistant Studies Program at East Carolina University strives to provide an exemplary education to students for careers in primary health care. ECU PA students are taught to work as part of the medical team supervised by a physician in providing preventive and primary health care services to patients. As a PA student entering the clinical year, you have received 15 months of intensive education in basic, behavioral, and clinical sciences. This includes intensive instruction in anatomy and physiology, pathophysiology, and clinical medicine. You have trained to take medical histories, perform physical examinations, and perform medical procedures before entry into the clinical year. You have taken courses on clinical decision-making and should be able to identify historical and physical findings common to frequently encountered forms of disease. You have also studied ethics and been exposed to ethical conduct as befitting of a medical professional. You've learned the role of the PA in interdisciplinary teams and how teamwork relates to patient safety and quality care.

Purpose of SCPEs

Supervised Clinical Practice Experiences (SCPEs) enable PA students to sharpen their primary care skills and learn the intricacies of medical practice. It is useful to compare the SCPEs to practicums performed by third- and fourth-year medical students. A preceptor should typically allow the student to assess the patient, establish a working diagnosis, present the patient to the preceptor, and work with the preceptor to plan therapy. The primary goal is for the student to gain practical experience, develop skills as a health care practitioner, and learn the role of other members of the healthcare team. The SCPEs also emphasize the Physician-Physician Assistant collaborative model.

To facilitate this, students are available for clinical activities a **minimum** of 32 hours per week (with 40 being optimal). **Days off and holidays will follow the schedule of the supervising preceptor, except for, five personal days which are to be agreed upon between the primary preceptor and student, then communicated with the clinical team**. *See also standard operating procedures (pg.17) As* per the Accreditation Council on Graduate Medical Education for residents and medical schools, ECU PA program students will follow the common core **maximum** hours of work per week as 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities. They should be scheduled for a minimum of one 24-hour day free of duty every week (1 day off in 7) and duty periods *must not exceed 24 hours in duration.*
(https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs_07012015.pdf)

Goals of the clinical coordinating team for the clinical year:
- Ensure student safety and well-being, with support and mutual respect
- Ensure sites are available to meet program goals and outcomes (including timely graduation)
- Develop excellent student practitioners (academically and professionally)
- Encourage development of self-directed learning
- Celebrate with a cohort of PAs ready to take the board exam!

Note: Students are at the top of this list. Should you have a need or concern, please contact the clinical team and let us assist you.

Reasonable goals of each student in each SCPE in the clinical year students should include:
- Being present whenever the office is open/your preceptor is present
- Being an active participant in the care of patients (more than shadowing)
- Guiding self-directed study from personal reflection, feedback, and topics/tasks addressed in clinic
- Garnering an understanding of the rural and/or underserved patient perspective

What is expected of PRECEPTORS?
Preceptors are expected to:
- Provide a safe environment conducive to learning (i.e., free of harassment or bullying, sexual inuendo; available to the learners; treat learners with respect)
- Supervise students' clinical activities:
  - Patients may only be seen by the student while an appropriately qualified preceptor is at the clinical site (MD/DO/PA/NP)
  - The preceptor may assign the student to a coworker who is also an APP or MD/DO with full understanding of the coworker that they are responsible for the PA student. This includes residents on the service
  - PA students can be expected to evaluate all types of patients, BUT they are not yet licensed practitioners
- Provide a fair and honest evaluation, including timely feedback, of the student's abilities (including clinical work and interpersonal skills) during and on completion of the SCPE; preceptors are encouraged to give students feedback throughout the rotation.
- Assure that students will not be used to substitute for regular clinical or administrative staff
- Complete a final evaluation form at the end of the SCPE and verify patient and procedure logs with sign-off
- Allow the student to attend any required meetings and/or on-site training
- Ensure all students follow all HIPAA and Universal Precautions standard operating procedures, regulations or laws and reports any infectious disease exposures to the PA Program immediately
- Provide guidance as a mentor and role model
- Provide direction for the student to become a self-directed lifetime learner
- Encourage readings or cases associated with clinical experience to augment or stimulate learning and/or ensure that the student follows the reading assignments in the syllabus (of their site-delivered courses).

What is expected of HOSPITALS/FACILITIES/SITES?
The hospital or facility is expected to:
- Provide a safe learning environment for the student with space to be part of the team
- Maintain records of student participation per their bylaws which may include policies regarding safety trainings, immunizations, HIPAA, background checks and/or drug screens
- Notify ECU PA of any changes that affect the learning environment, including loss of preceptor or inability to accept a student previously confirmed
- Assure that the non-physician professional staff is aware of the medical staff bylaws allowing student participation in the hospital setting
- Uphold professionalism policies and regulations as they apply to their facility (this could include policies regarding piercings, tattoos, dress code, etc.), as well as immunizations, background checks or other credentialing requirements
- Collect information on students in their facilities to meet credentialing standards of the institution and JCAHO (www.thejointcommission.org)

What is expected of the ECU PA PROGRAM?
The training program is expected to:
- Provide program learning outcomes to guide curriculum, including courses, course goals, and instructional objectives.
- Train the student in basic sciences, pathophysiology, interviewing and physical examination skills, basic life

support and appropriate treatment modalities
- Provide hospital and facilities with the names of each student, sponsoring physician and specialty prior to the SCPE
- Monitor student progress periodically during the clinical year
- Be informed and consulted immediately should management problems arise with any student
- Furnish proof of liability insurance for each student
- Maintain a clinical coordinating team to monitor clinical year curriculum and student progress
- Oversee curriculum as it pertains to clinical competencies for graduation

What is expected of the CLINICAL COORDINATING TEAM?
Clinical coordinators are expected to:
- Be available for consultation should an urgency or emergency arise in the clinical year
- Be available by e-mail, *Yammer* or phone to respond to any problems that may affect the student's SCPE and learning experience. *(Note: you can set Yammer notifications to email you with updates)*
- To hear student concerns and advise students as they navigate clinical settings and/or professionalism situations that may arise
- Schedule SCPEs and keep the schedule up to date for student communication
- Recruit and maintain clinical sites for training
  - Make the **first contact** with any new site and **establish a learning affiliation** with the site in advance of students' SCPE attendance, including making an initial site visit (students DO NOT set up their own SCPE)
  - Provide clinic sites with the name and dates students will be within their facility
  - Maintain a database of clinical sites and associated preceptors with current contact information, licensure and contracts
  - Maintain a clinical site list for each student on Typhon that includes contact information for the site, as well as credentialing information when available
  - Adjust student schedules (change SCPE) if needed to ensure student safety and that program outcomes are being met by the site/preceptor
  - Replace sites that are lost in a timely manner with an adequate replacement site/preceptor to keep theF student on schedule for graduation
- Provide each student with access to up-to-date course syllabi, manuals and evaluation tools used for grading in the clinical year (rubrics, preceptor evaluations, etc.)
- Monitor student progress throughout the clinical year and address any areas of concern, including professional, academic or remedial concerns as needed. This process includes:
  - A visit to **each student** at clinical sites a minimum of one (1) time during the clinical year. These visits will be to evaluate the student's performance, *when possible*, by "shadowing" the student as he/she works up a patient by taking a history, performing an appropriate exam, and developing a treatment plan. Clinical performance and professionalism are evaluated during site visits via direct observation and interview of the preceptor(s).
  - Student assessment to ensure learning outcomes are met: final preceptor evaluations, end of rotation (EOR) exams, end of curriculum (EOC) exams, midpoint exams, midpoint check ins, summative evaluation, PACKRAT2, etc.
  - Schedule EOR exams with PAEA and make the exams available through the UNC proctoring center(s); be available to proctor on EOR testing dates
  - Assign professionalism and final course grades
- Ensure sites & preceptors are providing a productive learning environment
  - Site visits: during site visits, the CC team looks for a safe working environment with enough space for a student to work. Initial visits are done for new or re-establishing sites. Maintenance site visits are done every 2 years after the initial and as needed
  - On-going site/preceptor feedback review: the CC team will review feedback from students received from impromptu discussions, monthly student site evaluations (SSE) and aggregate annual data to identify significant site concerns or concerning trends.

- o Investigate concerns and dismiss clinical site/preceptors as needed
  - o Provide tips and resources to clinical preceptors that augment learning environments
- Monitor programmatic feedback annually to identify trends or sites needing rehabilitation/remediation or augmentation
- Curricular overview
  - o Organize call-back day content into meaningful material that enhances the foundations of the didactic year, offers new insight into your future clinical practice, prepares you for employment and/or aids in the evaluation of outcomes and/or on-going program self-analysis
  - o Generate plans of remediation or support for students who may need academic or professional assistance
  - o Refer to Student Progress Committee (SPC) or serve on this committee as needed

What is required and expected from students in the clinical year

At all times during SCPEs:
- Be aware of and abide by the guidelines set forth in this SCPE manual as well as the *ECU PA Student Handbook*
- If you are having **any** problems, call, email, or *Yammer* your clinical coordinating team ASAP. You are not in this alone and you do not have to "tough it out". After attempting to contact the Clinical Coordinating team, talk to any faculty member if your clinical coordinator is not available. (Possible examples: preceptors not present, bullying, mistreatment, sexual harassment, unsafe office practices). YOU are our number 1 priority!
- Remember you are in SCPEs to gain practical understanding. *If you are still primarily shadowing beyond the 3rd day of the SCPE, ask the preceptor to begin seeing patients for initial assessments on your own and contact the Clinical Coordinating Team immediately for guidance and/or intervention if told this is not possible.*

The student is expected to:

Conduct: *attendance, professional behaviors and interactions*	**Always behave in a professional manner** as outlined in the *PA Student Handbook* and as presented in the AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession (https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=815), and any professionalism resources listed in this manual. *This entails exercising the highest levels of professionalism including, but not limited to, tone and nature of relationship with the preceptor; communications with site, staff, preceptor and patient; integrity, morals and ethics.* **Adhere to professionalism and other policies of facilities and sites, as well as those laid out in the SCPE manual and PA student handbook.** - On site, *always* introduce yourself as a Physician Assistant <u>student</u>. It is appropriate, and **it is the law**. - Accept only tasks for which you have been properly trained and perform procedures only with the direct supervision of a preceptor. - Patients may only be seen by the student while an appropriately qualified preceptor is *physically on the clinical site* - Notify the preceptor immediately of any patient problems observed while functioning without direct supervision. - Keep all patient information strictly confidential and sign any required clinical or hospital confidentiality forms. Be courteous to the people with whom you work. Most preceptors are not paid for the education they are providing. The staff are just as important as the preceptors. - Be courteous to the patients and their families. They are why the PA profession exists. **Be on duty when your preceptor is on duty**. As this is not a 9 to 5 job, you may work nights, weekends, holidays, or have call. - <u>Be the first to arrive and the last to leave.</u> - Do not miss scheduled clinic or hospital time. **It is not appropriate to tell preceptors that you need to arrive late or leave early.** You are expected to complete your work prior to leaving each day. *See standard operating procedure on making up missed SCPE*

	time.
	    ○ If you are going to be absent from a clinic site for ANY reason, you need to let the CC team know either via phone, Yammer or email ASAP.
	    ○ Notify the CC administrative assistant in advance of when personal days will be taken (if possible) or as soon as possible (in the case of an accident or emergency)
	• **Attend ALL call back day events**. There are no excuses for arriving late or leaving early. Students are notified of the dates well in advance and are advised to schedule life events around an assumed 8a-5p schedule on these days. (This means no flights planned for 5pm or earlier. Don't ask for early release.) Professionalism grades (per SCPE) will be affected by missed call back days and more (see policy that follows re: progression, grading, professionalism). See Appendix A for the schedule of your clinical year.

Credentialing: *providing information to clinic sites to "onboard" and be a learner in their site*	• The ability to complete on-boarding paperwork per the schedule laid out by the clinical site and/or in Typhon is considered part of professionalism grading. Furthermore, failure to complete onboarding requirements can cost a student a SCPE placement and delay graduation. • Obtain any background criminal investigation and/or drug screening, if required by the clinical site, at the student's expense. It is also the student's responsibility to sign for release of any CBC results directly to a site (this is for all sites individually if requested) *in CASTLEBRANCH* • Complete credentialing packets and/or on-boarding requirements of sites in a **timely manner** to assure an efficient on-boarding process at clinical sites *(Note: **Some groups require these be done 6-8 weeks in advance.** This information is found in Typhon. Do not rely on your classmates' previous experiences. Be sure to check the notes sections in Typhon for each of your assigned clinical sites and contact the sites yourself.* • **Utilizing CASTLEBRANCH**: Submit to background testing and/or drug screening as required or requested by clinical sites or by the program. *See "CBC" below*
Health/ Safety	• <u>Report any infectious disease exposures</u> (needle sticks, blood borne pathogen exposure, etc.) to the preceptor, hospital/site employee health, ECU Student Health (regardless of your geographical location), and a clinical coordinator **<u>immediately</u>**. *See exposure policy below.* • <u>Maintain and keep records of</u> current health insurance, maintain current BLS certification, and keep all required immunizations (including PPD/CXR) up to date throughout the clinical year. It is the **student's responsibility** to be aware of expiration dates and provide documentation of updated testing to the clinical coordinators. The immunization requirements are available in the *PA Student Handbook*. CASTLEBRANCH is the preferred place to keep these records. A flash drive also works. • **International travelers** MUST follow all ECU Global Health guidelines for international travel including a visit to the travel clinic for required/suggested immunizations https://www.ecu.edu/cs-dhs/ecuphysicians/upload/1115_Letter_for_Prospective_Travelers.pdf • **COVID:** All students are expected to follow University, CDC and site-specific guidelines. **See section:** Health and Safety in the clinical year.
Forms and Evaluations	Students are expected to complete several pieces of documentation for their course grades. These include: • **Final Preceptor Evaluations**: see below. Provided to preceptors. Students are responsible for getting them completed and submitted (digitally through Typhon or on paper submitted to eckerts14@ecu.edu) • **Midpoint check ins:** short forms for discussing rotation to date (2 weeks in) with preceptors (see below). *Submitted on Canvas to the grade center*. • **Student Site Evaluation**: a place to record feedback on the rotation to the clinical team. Done at the end of each SCPE. No evaluations or EOR grades will be released for review

	until these are submitted by every student. *Submitted in TYPHON per SCPE*.
Travel	Clinical Year students **will** be expected to travel in order to complete SCPEs. Students are "hubbed" for convenience in various areas of Eastern NC, however, students **must** travel to meet the needs of the clinical year. Students should anticipate additional costs related to travel and plan accordingly. Students should be ready for travel by personal vehicle up to **1.5 hours** one way from their designated hub (or AHEC housing if needed). "Hubs" are requested by the students and final designations are made by the clinical team in the Spring of the didactic year. Additional information is collected from students in these planning stages to help match students to areas where they have available non-paid housing options. Every effort will be made to place students in areas where they have indicated available housing on these intake forms. However, this is not a guarantee, as some sites are difficult to obtain and the curriculum guidelines must be met in order meet program outcomes and graduate. A rough draft of the clinical year schedule will be provided to the students in Fall 2 of the didactic phase. If sites change, the students must demonstrate flexibility, including additional travel and housing, in order to maintain the graduation timeline. AHEC housing can be applied for if needed. If additional financial support is needed, reach out to financial aid-- Contact Deana Summerlin (summerlind@ecu.edu)

Housing/ Expenses	• Students are expected to arrange and secure housing and transportation to and from clinic sites (at the cost of the student).
	 • AHEC HOUSING
	     o Students may apply online for low-cost AHEC housing that may be much closer to SCPE sites, when available; however, neither AHEC nor the PA Program guarantees to provide housing. This housing is available on a first come – first serve basis here: http://my.ncahec.net .
	     o It is the responsibility of each individual student to reserve and pay for use of housing.
	     o When notified of clinical placement, you should consider your housing situation and contact AHEC in a timely manner (e.g., ASAP) to make a housing request.
	     o Email the CC team any paperwork that needs to be signed in advance.
	     o Students should *avoid reserving AHEC space for "convenience" or just as a backup plan*. For every student reserving AHEC housing, there could be up to 4 people waiting for that space. Strongly consider if you need it before you reserve it, and if you DO reserve it, use it or be responsible and inform the housing office ASAP so the waiting list person can be reached. *An example of "convenience"* (i.e., misuse) is reserving AHEC housing in Jacksonville when you are hubbed in Wilmington 1 hour away. This is a reasonable commute. A more appropriate example of a time to use AHEC housing would be if you are a Greenville based student who is placed in a Jacksonville site for a rotation, we cannot get anywhere else.
	     o Payment for AHEC housing does NOT come through the Dept of PA Studies or CC team members, rather through the CAHS Dean's Office (Debbie Pettaway)
	 • If AHEC housing is unavailable or found unacceptable by the student, it is the student's responsibility to secure alternate housing at their cost. Additional funds are available through the financial aid office if anticipated funds are exhausted. Contact Deana Summerlin (summerlind@ecu.edu) if there are additional questions regarding financial aid.

Schedule/ Site	• Monitor their clinical year schedule in Typhon frequently for potential additions or changes • See criteria for site changes below

Standard Operating Procedures Related to the Clinical Year

Student expectations for managing day to day operations

PRIOR TO THE FIRST SCPE
- Review the schedule provided by the CC team
- Complete a "Core Orientation" through AHEC as well as complete any additional trainings assigned by the clinical team OR the first 1-2 sites at which you will be completing a SCPE. This may include how to scrub for surgical environments, electronic health record training(s), etc.
- Complete TYPHON ORIENTATION/OVERVIEW
- Complete EPIC/HEALTHSPAN TRAINING: Ambulatory and Inpatient
- Complete VMC Scrub Training (any students going to ECU FM for WH, any "Vidant" for surgery)
- Wilmington-hub students: contact SEAHEC for hospital EMR training and any scrub trainings
- Login to ROSH to activate your account

PRIOR TO EACH INDIVIDUAL SCPE
- Print and Sign the Covid Liability Waiver> This can be found in Canvas under important documents/forms.
- Upload to Canvas within your specific rotation. This MUST BE completed and uploaded prior to the start of EVERY rotation.

TWO-FOUR WEEKS (NOW) PRIOR TO FIRST SCPE
- Call the site contact and/or preceptor to ensure they have all required documentation
    - Please contact the site sooner than above, if indicated, based on site notes in Typhon
- Let the CC team know if you run into any problems

WEEK 1 through WEEK 4 of the SCPE
- **Day 1: Review the PAEA topic list and content blueprint for your current SCPE. These are in the SCPE module in Canvas under Start Here: resources/tools**
- Daily: arrive early and be prepared for the day, appearing rested and well-groomed. Professionalism is key in all interactions with sites, patients, staff, family and preceptors
- Maintain an accurate *patient encounter log* using the Typhon PAST program. Best practices:
    - **Log patient encounters daily** if possible. This helps ensure accuracy of your logging.
    - Weekly patient logs should be completed by Monday of the following week to ensure you are able to keep up with the task (i.e., if a CC asked to see your log on Monday it would be complete).
    - **EVERY patient seen/encounter performed should be documented (shadowing or otherwise)**. This documentation ensures our clinical experiences meet accreditation standards. If you have any concerns about low patient volume, notify the clinical team immediately so that the situation can be addressed (some sites will naturally be lower than others). The clinical team will review Typhon logs during/following the SCPEs. At any time, the Clinical Coordinators may contact the preceptor to verify that the logs are accurate and complete.
- Maintain an accurate Typhon *clinical procedure log* with documentation of procedures performed and date. This log will be reviewed by the clinical coordinators at the end of each SCPEs.
    - **The patient encounter log will be a component of the final grade for each SCPE. The accuracy and timeliness of Typhon logging will factor into the grading of the SCPE.**
    - **Log Everything. This is especially important if we are forced to pause at any point due to the Covid pandemic or any other unforeseen circumstance.**
    - I**t is important for you take advantage of all opportunities when you are in clinical spaces. Be proactive. Log everything.**

WEEK 1 of the SCPE
- Student reviews next site in Typhon and contacts next preceptor and site to complete all onboarding requirements. If you fail to complete onboarding requirements in a timely manner it can delay your start date

and possibly your ability to complete the SCPE. Ultimately, this can delay your program completion date and graduation.

- When contact with the site is made, get directions to the site, day one expectations, and complete any additional onboarding requirements such as background checks, drug screening, etc., for the next SCPE.

WEEK 2-3 of the SCPE
- Submit a **Mid-Point check in document** to the clinical team through your SCPE Canvas course.
  Due: 3rd Monday of each SCPE
- Continue to work on **portfolio** documents that are due at end of rotation
  Due: The last day of the rotation

WEEK 4 of the SCPE
- **Submit a *Student Site Evaluation (SSE)* on Typhon for each SCPE. This is a mandatory requirement. Your whole cohort exam scores and final course grade will not be released until every SSE is received.**
- Thursdays and Fridays: Call-back Day, as scheduled. Attendance at ALL Call-back Day events is mandatory.
  - End of rotation testing will occur on either Thursday or Friday. All exams are proctored either via WebEx or UNC-supported Proctoring Centers (pending re-opening).
  - You will be notified of Call-back Day schedules/locations by the clinical coordinators.
- Completed Typhon logs must be printed out and then signed by the preceptor. The completed Typhon log must be submitted along with the Final Preceptor Evaluation at the end of each SCPE.
  - This is a mandatory requirement and counts as a portion of your portfolio grade. If this is not included in the submitted portfolio, the portfolio will be marked as "incomplete".

*Recall, it is the **student's responsibility** to ensure preceptor evaluations and signed Typhon logs make it back to the program for grading in a timely manner.*
Delays may result in lowered professionalism grading and/or delayed program completion.

Other student requirements and responsibilities:
- Keep Typhon student profile up to date
- Keep Castlebranch up to date
- Keep Rotation Manager up to date*
  - Some rotation sites will be transitioning to Rotation Manager in 2021. You will be notified by the program when this becomes effective and for what clinical sites. You will receive additional training when the transition occurs.
- Notify the PA Department administrative staff via email and update the Typhon student account with any *personal contact information changes*. This includes your address, phone numbers, and emergency contact information.
- **Check ECU e-mail account, *Yammer* site and voicemail daily (every 24 hours).**
  - Respond in a timely manner (in most cases, this means within 24 hours).
  - Set your canvas notifications per SCPE to email you
- **Pagers** are required at some clinical sites. Students are responsible for obtaining pagers and should respond promptly to pages from preceptors and ECU Faculty.
- Maintain professionalism standards as outlined below

PROGRESS AND GRADING IN THE CLINICAL YEAR

Clinical year students are evaluated in multiple ways, including multiple choice exams, preceptor evaluations, written documentation assignments, oral presentations, professionalism, quizzes, mid-point check-ins and OSCEs to evaluate professionalism and patient care skills, a **clinical skills** checklist, a clinical year PACKRAT, a summative OSCE and stations and the PAEA EOC Exam.

Continue reading to learn more about each assessment/evaluation:

PROGRESSION IN THE CLINICAL PHASE OF ECU PA PROGRAM:
Progress of students in the clinical year is measured per SCPE as well as in larger units of time in the clinical year, specifically mid-year, and end of curriculum.

Ongoing checkpoints (per SCPE): To progress in the clinical year, students must have satisfactory SCPE (course) grades, EOR exam scores, Final Preceptor Exam patient care skills scores, AND professionalism scores per SCPE.

"Satisfactory performance" is defined as:
- **Final SCPE course grade ≥69.50 (C or better)**
- **Final Z-score converted EOR exam score ≥63.50% (aka a "low pass" or better, ~1.5 standard deviation from national mean)**
- **Final Preceptor Evaluation (patient care skills only) average ≥80%**
- **Final Preceptor Evaluation (professional behaviors only) average ≥80%**
- **"Satisfactory" professionalism from the PA program faculty**
- **"Satisfactory" completion of SCPE specific authentic assessment (rubrics)**

Due to heavy weighting of EOR exam grades and final preceptor evaluations, unsatisfactory scores on EOR exams, Final Preceptor professionalism score may result in an unsatisfactory final SCPE grade.
- *If the **final SCPE (course) grade** is a "C"* and this is the first "C" the student has received in the PA program curriculum the student will receive a letter of academic warning, just as students in the didactic phase.
- *If the **final SCPE (course) grade** is less than C* (<69.50%) and this is an additional occurrence of "C" in a student's time in the PA program, this will result in immediate referral to the Student Progress Committee (SPC) for consideration of program dismissal (see the PA Student Handbook for more details on SPC decisions). Student progress will be "paused" (e.g., the student cannot continue clinical practicum experiences) until the SPC has reached a decision.

In addition to a passing SCPE course grade, **all students must complete each SCPE with a satisfactory score on the EOR exam, Final Preceptor Evaluation (patient care skills and professional behaviors separately) AND authentic assessment AND satisfactory professionalism from the clinical faculty per SCPE**. If a student scores less than satisfactory on ANY component, the clinical team will reach out to the student to evaluate the situation and the student must complete a remedial process *before* being cleared by the program for progression. This process will be individually tailored to the student by the Clinical Coordinating team. Examples of these processes may include remedial written work, EOR re-examination, oral presentations, online modules, authentic assessments, self-reflections, peer-reviews, etc.
If EOR re-examination is included in the remediation of an unsatisfactory EOR score, the converted score of the first exam and the second exam will be averaged together and this averaged grade will be used for SCPE course grading. The maximum recorded score of a retaken exam will be no higher than the "low pass" designation score (63.5%). Example: First exam 55%, Second exam 75%. Average=65%. Recorded grade for gradebook=63.5 (low pass).

NOTE: "low pass" EOR scores will stand (cannot be retaken for a higher grade). To reiterate, if a student scores a "low pass" there is no retake.

ADDITIONAL CHECKPOINTS
Mid-year assessment:
At the mid-year assessment, students will complete an OSCE and/or additional exercises to assess knowledge, skills, attitudes, and behaviors. This will include a review of progress to date.
- Students **must** satisfactorily complete the mid-point OSCE by being within 2 standard deviations of the cohort. Students who fall >2 standard deviations below the cohort will be contacted by the clinical team re: support and advising.
- Students **must** be at the *level of a clinical year PA* student on ALL DOMAINS of the final preceptor evaluations.

- Students who are not at the level of a clinical year PA will have an SPC formed on their behalf.

End of year assessment:
In the last 4 months of the PA program, the clinical team will review ALL performance measures to date, including PACKRAT2, to help students' direct study for PANCE and ensure they are ready to complete the program. This includes review of clinical performance (from preceptor evaluations), a review of clinical skills lists, and performance on the "Summative Evaluation".
- READINESS TO ENTER CLINICAL PRACTICE (per direct supervisors): Students must overall be at the level of a *NEW GRADUATE PA* on each domain of the final preceptor evaluations.
  - Students who are not at the level of a NEW GRADUATE PA will have an SPC formed on their behalf with a remediation plan that must be completed prior to program completion. This may delay program completion/graduation and the ability to take PANCE.
- CLINICAL SKILLS: Students **MUST** have completed the clinical skills checklist (100%)
- Performance on the SUMMATIVE EVALUATION:
  - Students **MUST** pass ALL components with satisfactory performance (>70% on all components scored by OSCE, "at the level of new grad" in the narrative rubric).
    - The exam consists of:
      - Summative WRITTEN evaluation: A standardized PAEA End of Curriculum exam
      - Summative Patient Care Skills OSCE: A standardized patient experience (could be 1 evaluation or a series)
      - Summative Professionalism Skills OSCE: A standardized patient experience (could be 1 evaluation or a series)
      - Summative Stations: A clinical and technical skills practicum

GRADING/COMPONENTS of the Clinical Year

The SCPE grade calculation is a combination of: EOR score, portfolio grade, final preceptor evaluation (patient care skills), and professionalism score.

Where the SCPE grades come from:	
CORE ROTATIONS	50% End of Rotation Exam (adjusted) 30% FPE-Patient Care Skills only 10% FPE-Professional behaviors only 10% Portfolio (more info in this manual and in syllabi) *S/U Professionalism per PA Program faculty* *S/U Mid rotation check in (submitted, not submitted)* *S/U Authentic (other) assessment*
Elective Rotations	(NO EOR) 25% FPE-Patient Care Skills 25% FPE-Professional Behaviors 50% Portfolio *S/U Professionalism per PA Program faculty* *S/U Mid rotation check in*
Capstone Elective (alternate elective) (2020/2021 only)	*25% assignment 1* *25% assignment 2* *25% assignment 3* *25% assignment 4*

End of Rotation (EOR) Examinations
Following each core clinical SCPE, students will be required to complete an End of Rotation (EOR) Examination. EOR exams (except for the Geriatrics exam) are written and administered by the Physician Assistant Education Association

(PAEA) through "exam driver". Students should prepare for EOR exam questions with self-directed readings in the text(s) used during the didactic year or postings to the Canvas courses, covering topics laid out in the PAEA designated blueprint for their exams. **Blueprints and topic lists are available in each individual SCPE module under START HERE-resources/tools.** PAEA provides statistics and exam maintenance for all their exams, then provides students with a list of topics for review. (For the geriatrics exam, the topic list is included in the course syllabus and the text is the final authority in any disputed question or answer.) These exams are challenging and should be well prepared for by students. BEST PRACTICE: READ EVERY DAY. (Be sure to read about patients you see on rotations as you go along)

Conversion of EOR scores (from scale score to recorded grade)
Following EOR exams, PAEA will release a scale score for each student, along with the national mean and standard deviation for each EOR exam. This scale score will then be transformed to a Z-score (*i.e.,* the number of standard deviations above/below the national mean) and then converted into a conventional numerical grade. The table below contains the scale used to convert each Z-score into a numerical grade.

PAEA EOR SCORE CONVERSION FOR GRADING		
	Student performance (scale score) against national mean:	*Grade Recorded*
SATISFACTORY	1.33 standard deviations or more above mean	96.5
	Between 1 (inclusive) and 1.33 (exclusive) standard deviations above the mean	91.5
	Between 0.67 (inclusive) and 1 (exclusive) standard deviation above the mean	88.5
	Between 0.33 (inclusive) and 0.67 (exclusive) standard deviations above the mean	85
	Between 0 (inclusive) and 0.33 (exclusive) standard deviations above the mean	81.5
	Between 0.33 (inclusive) and 0 (exclusive) standard deviations below the mean	78.5
	Between 0.67 (inclusive) and 0.33 (exclusive) standard deviations below the mean	75
	Between 1 (inclusive) and 0.67 (exclusive) standard deviations below the mean	71.5
*LOW PASS**	*Between 2 (inclusive) and 1 (exclusive) standard deviation below the mean*	*63.5*
Unsatisfactory	*More than two standard deviations below the mean*	*55*

This grading system allows for the identification of students with a "low pass" designation. Students who score in the "low pass" range may benefit from meetings with the clinical team for advisement/clinical pearls and/or need additional PANCE preparation support. *"Low pass" is defined as students who score between 1 and 2 standard deviations (SD) from the national average on the EOR exam but may pass the SCPE (with a score of C or higher).* The low pass designation is designed to assist learners through early recognition of potential academic concern and to allow for intervention, especially in students who may not have had previous academic concerns in the program.

- Any student performance identified as "low pass" will be placed on a clinical team watchlist so trends in performance can be better monitored and intervention tailored to needs of the student.
  - o Students will be asked to complete a remedial assignment as developed by the clinical team
  - o All remediation assignments **must** be satisfactorily completed before program completion confirmed with NCCPA (for PANCE)
- The student will receive a letter of academic warning from the PA program if the "low pass" score results in a SCPE course grade of C. See "progression" above.
- Upon a second low pass performance, there will be a referral to SPC for review of student performance

Final Preceptor Evaluations
Due at end of rotation. Final Preceptor Evaluations should be submitted prior to starting the subsequent clinical SCPE. Your preceptor of record will receive a form electronically through a link provided to them by the CC team OR they can complete a paper evaluation provided by the student for submission. The student should always ASK the preceptor if they prefer electronic or paper and have a paper evaluation form ready. **DO NOT assume the preceptor will complete**

the evaluation without being prompted. It is the responsibility of the student to ensure evaluations are submitted. Do NOT assume the Clinical Coordinating team will request the evaluation from a preceptor on your behalf at a later date.

The FPE is comprised of patient care skills and professional behaviors. The patient care skills portion accounts for a higher percentage of your course grade because it addresses the key skills needed to meet program outcomes related to patient care. The professional behaviors component also counts towards the final course grade with a separate weight. These skills are more directed at interpersonal skills, health system science (the business of medicine, patient safety, etc.) and other professional development concerns.

The scoring system utilized is different than the pre-clinical phase of the program and focuses on level of competency. Satisfactory performance is defined as "at the level of a clinical year PA student". Unsatisfactory performance is defined as any domain beneath this level and will trigger a discussion with the clinical team for advising and support. The Likert scores do correlate to actual numbers for grade calculation. What the student needs to know is that a 2 is equivalent to a C, a 3 is equivalent to a mid-B (average performance), a 4 to a low A, and a 5 to a high A. The student should use the information gathered from reviewing these scores to self-identify areas of improvement, ultimately moving from mostly 3's to mostly 4's, etc. *NOTE: Just as there are no 100% scores given for EORs in the clinical year, there are no 100% scores given for evaluations either.*

Sample of Likert scoring from FPE

DIRECTIONS: PLEASE MARK WHICH CHOICE ON THE SCALE BEST DESCRIBES THE STUDENT'S PERFORMANCE					
MEDICAL KNOWLEDGE	At a level that jeopardizes patient safety	Below the level of a CLINICAL YEAR PA STUDENT	At the level of a CLINICAL YEAR PA STUDENT	At the level of a NEW PA GRADUATE	At the level of a CLINICALLY EXPERIENCED, PRACTICING PA
Basic science concepts: The student demonstrates knowledge of basic science concepts in relationship to patient care	1	2	3	4	5
Depth of medical knowledge: The student demonstrates a medical knowledge base	1	2	3	4	5
Knowledge of health system science: The student demonstrates an understanding of the health care system, and socioeconomic contexts of patient care	1	2	3	4	5

- Digital evaluations: A form link will be provided on the Yammer course for students to provide the name of and number of alternate preceptors (someone besides the preceptor of record). *Reviewing evaluations*: For digital evaluations, once all SSE are received, the survey will open, and the student can review responses about themselves. If the evaluation is completed online (through the link provided by the clinical team), then no paper copy is necessary.
- Paper evaluations: If submitted on paper, students should submit the Final Preceptor Evaluation *in a sealed envelope with the preceptor's signature over the envelope flap*. Any alterations in the envelope will result in a perception of cheating and will be dealt with as such. *Submitting paper evaluations*: For SCPEs with a scheduled Call-back Day, paper evaluations should be handed in. For SCPEs with no scheduled Call-back Day, preceptors may fax (252-744-1110) or email forms for preliminary grading, but the original forms must also be mailed/delivered to the Clinical team. *Reviewing evaluations*: The evaluations will be opened by the CC team, scored and placed in the student file where students may come by to read and/or copy evaluations. Please allow the CC team at least 2 weeks to get everything recorded and placed into the file(s). Consider emailing our office administrators in advance to ensure the files are available before you come to the office. The Clinical Coordinating team or PA administrative staff will not scan a paper evaluation and email it to you for review.

A limit of 2 evaluations may be submitted on behalf of any student for one SCPE. If evaluations are received from more than one preceptor, the grades will be averaged. If a student has multiple preceptor evaluations, the student will be asked which two preceptors they would like to be counted (without viewing the evaluations in advance). *To be clear: the preceptor of record ALWAYS receives a digital link (if email on file) and additional links can be provided at the request of the student on the provided form link.*

REQUIRED ASSIGNMENTS/OTHER SUBMITTED WORK PER SCPE
Due the day of the EOR exam (or last day of SCPE for electives). Each SCPE has an associated Canvas course and course syllabus that outlines the needs for completion of the SCPE. This includes: a "portfolio" (varies per rotation), a mid-point check-in form, a completed student site evaluation (SSE) in Typhon, and a final preceptor evaluation (FPE).
- ❑ Mid-rotation check in form (completed by 3rd Monday of Rotation)
- ❑ Final Preceptor Evaluation (may come in digitally and be entered by program)
- ❑ EOR exam completion (score entered by program)
- ❑ "Portfolio": Instructions included on Canvas
- ❑ Authentic assessment: Instructions available on Canvas

Professionalism scoring (clinical team)
In addition to the professional behaviors linked to program outcomes in the final preceptor evaluation, the clinical team faculty and staff will assign a "S" or "U" (satisfactory/unsatisfactory) designation per SCPE. Any "U" scores must include a remediation process prior to program completion/graduation.

See "professionalism" section of this manual for more information regarding expectations of learners in the clinical year. The criterion for the FPE professionalism scoring is included in the FPE document.

The criterion for program derived grading include:
- Completion of all paperwork for onboarding, including international travel requirements
- Response to clinical year communications (from clinical team, ECU PA, preceptors, sites, etc.)
- Completion of portfolios and other SCPE documentation BY DUE DATES
- Attitude and behaviors with staff, faculty, preceptors, colleagues, and classmates (program and at facilities)

Clinical Skills Checklists (formerly known as 'the competency list')
Due by the end of the clinical year. In addition to logging all clinical encounters in Typhon, each student will have a clinical skills checklist that must be completed (100%) before program completion. If a student completes SCPE 12 and has not completed the checklist with satisfactory scoring, a remedial plan will be developed for the student. The remedial plan must be satisfactorily completed before the student can be cleared for program completion.

The clinical skills checklist is divided per SCPE but you can cross lines if needed (e.g., if you are in a family med rotation and happen to read bone films, you can get the bone films signed off from the emergency medicine list). It is **imperative** the student is aware of what is in this list and what remains to be completed.

"Satisfactory" performance on the clinical skills checklist is defined as completion of the skill with competence (at the level of a new graduate PA). For items marked "perform" or "interpret", etc. this means you may not get the skill signed off the first time you complete it, thus practice makes better (keep applying the skills until you reach competence). Additionally, there are a few "participate" items in the list. These items may be checked off after completing them. The skills list may be signed by a precepting physician or advanced practice provider (PA/NP) for most skills, and/or RN for limited skills. This designation is noted in the checklist.

Each student will be provided a clinical skills checklist booklet before clinical rotations begin. This booklet should be kept WITH the student and should not be lost. **Best practice**: As items are signed off, take a picture of the page with your phone to submit with your portfolios. These signatures cannot be recreated, thus protecting this document is vital to success in the program.

Professionalism Standards for the Clinical Year

As students enter the ECU PA Program, they are expected to develop behaviors and habits expected of a professional physician assistant. To facilitate the development of professional behavior in the clinical year, the PADP faculty and clinical preceptors will not only be evaluating the students' academic achievements during the program but will also be evaluating professional behaviors. This includes attitudes, behaviors, and interactions between all staff of hospitals or clinics, proctoring centers, family members, faculty members, classmates, clinicians/preceptors, and patients.

Upon entering the ECU PA Program, you became professional graduate students. *It is your responsibility to develop professional attitudes and clinical judgment.* ECU PA faculty and staff are completely committed to supporting the students in their academic and clinical endeavors and are available to help students in their commitment to furthering their education, even when it involves professionalism and interpersonal skills. *From time to time, this may also mean having uncomfortable feedback sessions and discussions, but professionalism is just as important as academics when it comes to lifelong success in medicine.*

Professionalism resource documents:
- Section Four of the ECU PA Student Handbook https://www.ecu.edu/cs-dhs/pa/upload/PA-HANDBOOK-August-2019.pdf
- American Academy of Physician Assistants Code of Ethics of the Physician Assistant Profession
- American Academy of Physician Assistants Statement of Values of the Physician Assistant Profession. http://www.aapa.org/WorkArea/DownloadAsset.aspx?id=815
- ECU Student Code of Conduct, available at: http://www.ecu.edu/PRR/11/30/01

Professional standards considered include academic integrity, ethical behaviors, and dress code (below); strict avoidance of controlled substances; avoidance of violent behaviors (towards others or self), harassment, bullying, nepotism and fraternization, as well as adherence to ECU PA program work policies. Students should not fraternize with preceptors, clinic/hospital staff or persons directly involved in the clinics/hospitals in which they are placed. Students will not be placed (and should not request) SCPEs with family members (fathers, mothers, spouses, siblings, stepsiblings, grandparents, in-laws, etc.), even if the family member is not the direct supervisor. (Example: a father wants his daughter on his hospital service. He says, "She can work with my PA.") In addition, students must adhere to all patient confidentiality standard operating procedures addressed in HIPAA. **If a student suspects another student or preceptor of substance abuse, harassment (including sexual inuendo) or other aggressive behavior, they should report this immediately to the clinical coordinating team. ECU PA students are not permitted to work during the clinical phase of the program per the PA Student Handbook.** Should a student find themselves considering taking on employment in the clinical year, please reach out to the clinical team for advisement before securing the job.

- **Under no circumstances** should the following occur from a student in the classroom, lab, facility, or clinic setting dishonesty, cheating, disruption of activities, expression of derogatory or disrespectful comments, inappropriate/ unprofessional or undiplomatic confrontations, harassment, bullying, sexual assault, verbal or non-verbal aggression, or an outburst of temper. Such behavior will be immediately referred to the clinical coordinating team and/or SPC Committee, as this type of behavior is not conducive to learning and is potentially detrimental to other students, patients, team members, or could cause a loss of clinic site. The professional progress policy can be found in Section FOUR of the student PA student handbook. If faculty/preceptors are responsible for these types of unprofessional behaviors, the PA program will deal with them separately and the student will be moved to a safe environment. Students *should not* avoid reporting due to fear of changing sites or delaying graduation. Student safety is of upmost importance.

- **Dress Code:** While on SCPEs, students are expected to wear a short white lab coat with the ECU PA patch and a student nametag with "Physician Assistant Student" spelled out completely as required by the NC Medical Board. Nametags should also include the name of the University. The dress code reflects professional integrity

and the special needs of the individual SCPE or classes. Professional dress is always expected of students. The student should check with the preceptor regarding expected and professional attire prior to the SCPE or classroom activity. Standards of dress should reflect good judgment as to the appropriate clothing which is comfortable, professional, and that meets safety standards. There may be times when scrubs are appropriate, such as surgical SCPEs or in the emergency department. You MUST still wear your ECU PA Student name tab. Tank tops, shorts, cut-offs, soiled or offensive clothing are never appropriate. Open toe and/or backless shoes are not permitted, as they do not provide adequate protection from biohazard splashes, dropped needles and other hazards according to OSHA. Refusal to abide by the appropriate dress standards may lead to dismissal from the SCPE. NOTE: some sites may have additional requirements which are specific to their professionalism or safety policies. This may include coverage of any tattoos, removal of some jewelry or piercings, facial hair, hair color, policies against leggings or denim, etc. Students are expected to follow the rules of the sites in which they are placed.

- **Privacy:** Always Respect the patient's privacy. Do not discuss the patient, his/her family, or medical problems with individuals not directly involved with providing patient care. Do not discuss patients when you are away from the office/site or where others can overhear you. Annual training on the Health Insurance Portability and Accountability Act (HIPAA) is required for all students. Students may only access patient care information for patients with whom they are directly involved.

Professionalism Grading:
Professionalism is of the upmost importance in the clinical year and is something the clinical team is asked to attest to in professional references and every time we send students to a site. For the purposes of the clinical year, the "professionalism" grade encompasses the ability to:
- Utilize professional communications with the clinical team and PA department staff, sites, preceptors, and others encountered in the clinical year
- Complete credentialing and grading requirements in a timely manner
- Ensure timely communication with the CC team regarding EOR testing (see SCPE manual for this policy)
- Generate and complete/submit **all** assigned SCPE coursework, including final Typhon logs and portfolio documents
- Complete and submit the mid-point check in forms at the midpoint

Professionalism grading has 2 components: Preceptor derived and Program Derived
- *Preceptor derived* (10%): This score is taken directly from the Final Preceptor Evaluation as an average of the professionalism domains (see Final Preceptor Evaluation/FPE)
- *Program derived* (s/u): This scoring is derived from the student's ability to complete required coursework and documentation within expected timeframes, to communicate with team and with sites/preceptors, to work as an effective team member, to be present for all required activities (EORs, call-back days, PACKRAT, etc.), and respectfulness of time and persons.

Program derived professionalism scores may be deemed unsatisfactory due to:
- Repeated negligence to turn in things within the student's control by the end of the rotation. Examples: portfolios, mid-point check ins, etc.
- Failure to respond to the clinical team communications in a timely manner (emails, Yammers, messages posted that require sign up/attention)
- Failure to complete site credentialing in a timely fashion (as noted in Typhon).
- ***An "unsatisfactory" professionalism score of this nature also includes a letter professional warning. Repeated concerns after warning may result in professional probation and delay program completion and/or licensure.***

Additionally, professionalism concerns brought to the identified by the faculty or brought to the attention of the faculty by a site, colleague, or preceptor will be investigated by the clinical team. **More serious or egregious professionalism violations may result IMMEDIATE referral to SPC.** The SPC policies can be found in the ECU PA Student Handbook. SPC recommendations may include remediation, warning/probation and/or program dismissal. These types of issues may include, but are not limited to integrity concerns, substance abuse, arrest, disruptive behavior, non-appearance for rotation, inappropriate reactions to criticism or inappropriate behaviors while on site, HIPAA violations, etc.

Satisfactory professionalism is required to progress in the clinical year, separately from overall course performance. See the SCPE manual "clinical year progress" section.

STANDARD OPERATING PROCEDURES FOR MISSED CLINICAL TIME

Physician Assistant Program Missed Clinical Experience Standard Operating Procedure
It is the standard operating procedure of the East Carolina University Physician Assistant Program for all students to participate as directed in clinical experience opportunities. All students must attend SCPE assignments as designed by the PA Program faculty and approved preceptors. ***Other than the five allowed personal days (below), all missed clinical days must be recovered on a day for day basis***. Missed clinical days may be recovered during the SCPE if time allows or at other times as approved by the clinical coordinators. To successfully complete the PA program curriculum on time, SCPEs must be started and completed as scheduled. Any absences must be brought to the attention of the clinical coordinator as soon as possible. **All anticipated absences must be approved by the preceptor and clinical coordinator in advance, and illnesses must be reported immediately to the clinical coordinator.**

Should a preceptor grant a student permission for absence from scheduled clinical experiences, the student is responsible for notifying a clinical coordinator by Yammer/email AND COMPLETING THIS FORM: https://ecu.az1.qualtrics.com/jfe/form/SV_74e1TZ2yuOAnijH   The ECU Department of Physician Assistant Studies **does not** have a standing "Reading Day" on the day prior to Call-back Day or end of rotation testing, and students **MUST NOT** inform their preceptors that a Reading Day is expected. Missed time is not approved until a clinical coordinator has agreed to the absence.

Contingency Assignments:
Missed clinical time should be made up in clinic time when possible. From time to time, inclement weather or extenuating circumstances make this complicated. When this is the case, a "CONTINGENCY ASSIGNMENT" will be made for the affected student(s). See Appendix B.

PERSONAL DAYS:
Each student will be allowed **FIVE** personal days off during the clinical year. It is recommended that these days be used to plan job interviews, etc., during the final months of the clinical year. There are three basic rules regarding these personal days:
1. These days must be approved by the preceptor and clinical coordinator in advance (don't make plans and assume, ask up front).
2. They cannot be used during Call-back Day/Call-Back Days.
3. A limit of **TWO** personal days may be used within the same 4-week rotation.

- Note: as mentioned above, leaving early or arriving late for your clinical day is considered unprofessional behavior. Reports of such behavior will result in loss of personal time, not as an hour per hour, but rather as a day per violation. Example: the CC team is notified of a student leaving clinic 2 hours before the preceptor to run a personal errand/excuse. This would result in one entire personal day being removed from the students 5 allowed days rather than just 2 hours (i.e., a partial day).
- "Make up time": Sometimes an acute illness (say a GI illness) will have someone out of clinic for a day, but the office has Saturday hours or a way to make up the time missed. In this case, a personal day does not have to be

used. Schedule changes are permitted to make up lost time with approval from the clinical team. Students should not request schedule changes to suit their personal needs.

- Severe illness/hospitalization: Students undergoing surgery or on-going therapy/treatment for medical conditions will likely exhaust the personal day limit and should consider medical withdrawal. Medical withdrawal, in good academic standing, can be taken for various periods of time and the conditions vary per student. If you find yourself in this situation, please contact the director of clinical education for advice on how to proceed. Additional information on medical withdrawals can be found here: http://www.ecu.edu/cs-studentaffairs/dos/medical_Withdrawals.cfm

Extenuating circumstances:

From time to time, students will encounter extenuating circumstances that impede clinical education due to prolonged missed clinical time. These may include personal illness or injury, illness/injury of a loved one, or need for other types of leave. Students who recognize the need to use more than 2 personal days per rotation due to these issues or who may become impaired from illness/injury intervention should contact the clinical team immediately. We will need to develop a plan. Students should also report to the ECU Dean of Students office. When considering plans, students should review the ECU PA program technical standards (Appendix C).

Health and Safety during the Clinical Year

Wellbeing and Mental Health:

Selfcare is the key to a successful clinical year and transition to clinical practice. However, time and access to selfcare (gyms, yoga studios, safe running/walking areas) and access to others to commiserate with due to time or physical constraints are a problem in the clinical year. Clinics and services may not even stop for meals. Here are some suggestions:

- Food: carry snacks in your pockets or in your bag that are healthy and easily accessible
- Exercise: if all else fails, find the local Wal-Mart or hospital and walk around in the halls; find some YouTube yoga videos and make them a pre-bed or first thing up routine.
- Mental release: get your work schedule, then set a time to video chat with family/friends. Use Yammer/social media to your advantage. JOURNAL as a practice. Should you feel the need for counseling, you can access the Navigate clinic exists here on campus. We can connect you by phone, if are not in the immediate area (example: Wilmington hub students).

Social isolation is also something described by students in rural rotations. They do not feel connected to the community, are away from their normal routine (social groups) and feel awkward trying to connect. In rural areas, you may have to drive a few minutes (15-20), but you can usually find a local coffee shop, a beach, a river to sit by, or a small restaurant to try. Ask for advice from the locals (patients, staff, providers). Also, make friends with your AHEC roommates. They are trying to figure out the world, too. (If in doubt, go to a local high school sporting event and just people watch or try out a local house of worship!)

Personal safety at clinic sites:

Each SCPE is held in a different site and each site has their own rules and policies regarding personal safety, some even include learning modules and/or specific "lock down" procedures. Larger sites typically hold an orientation for student learners to make you aware of these policies, procedures and plans.   In general, safety within larger clinic sites such as ECU BSOM, Vidant Medical Center or other area hospitals includes being aware of your surroundings, noting where emergency phones/stations are within the facility and/or parking lots and using discretion when leaving facilities when it is dark outside. This includes parking in well-lit areas when you know you will be arriving/leaving in the dark, a buddy system (not walking to your car alone), walking with a purpose and without lots of extraneous items and considering calling a police escort to your vehicle.   At smaller sites (i.e., a solo practice), listen to the advice of your office managers and preceptors regarding personal safety. This may include suggestions on parking, which doors to enter through or what equipment to leave at home (example: your behavioral medicine site may instruct you to leave a stethoscope at home).

HIPAA and Occupational Safety and Health Administration (OSHA) Precautions *(A3.08)*

As per the *PA Student Handbook*, students are required to successfully complete the initial training for Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) Precautions during the first didactic semester and must also repeat and successfully complete this training **annually**. The training is free of charge. **It is the students' responsibility to print and maintain a hard copy of the completion certificate as well as provide the program with a copy**. Be advised that students should not begin clinical rotations without timely and appropriate documentation of these trainings. This training is included in the AHEC Core/PASSPORT

Working in a clinical setting can expose the student to a wide variety of health risks and infectious disorders. Health care professionals and students can also act as vectors carrying infectious illnesses to patients who are already ill and sometimes immune-compromised. Safety of the student, patients and other health care providers is critical to the health and well-being of all. Health care practitioners can reasonably anticipate that they will come in contact with blood and/or other potentially infectious materials. Thus, the requirement that all students will complete OSHA training and must be compliant with OSHA and universal precaution requirements including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures.

Failure to complete, update and maintain the training as required will result in the student not starting a rotation or immediate removal from the scheduled rotation site. This may result in additional clinical time required to make up missed time and may delay graduation.

Infection Control and Blood Borne Pathogens

Exposure to blood, infectious body fluid, serum or unfixed tissue by sharp stick, cut or splash onto mucous membrane or non-intact skin constitutes an exposure. If an exposure occurs during the clinical year, **the supervising physician or supervisor must be notified IMMEDIATELY.** Students must also notify the Clinical Coordinator of the exposure and complete the Post Exposure Risk Assessment Form (click to load) **PLUS** COMPLETE ANY POLICIES OF THE SITE IN WHICH THE INCIDENT OCCURRED.

All expenses for the care and potential treatment are the responsibility of the student. Clinical sites are under no obligation to provide the student with free medical care. Students must report any infectious disease exposure to the preceptor, the hospital/clinic employee health department, ECU Student Health, and your clinical coordinator, program director or other available faculty **immediately**.

For all exposures, refer to The Department of Physician Assistant Studies *Student Handbook* **or the Blood Borne Pathogens policies located at www.ecu.edu/pa under the Resources tab. http://www.ecu.edu/prospectivehealth/**

COVID-19 Protections, Considerations and Policies

The Covid-19 pandemic has added additional restrictions and regulations which are unique and unprecedented. Recommendations from the University and the CDC are constantly evolving. Students are required to comply with both University regulations in addition to, all site-specific and CDC recommendations for protection. Please refer to the "Return of Pirate Nation:" https://returnofpiratenation.ecu.edu/ and the CDC: https://www.cdc.gov/coronavirus/2019-nCoV/index.html for the most up to date recommendations.

Every student will need to sign the **INTERNSHIP ASSUMPTION OF RISK AND LIABILITY RELEASE (for each rotation).** This can be found on Yammer and within the Canvas course. Please submit on Canvas prior to the start date of each rotation.

Due to the highly infectious nature of Covid-19, and the potential for aerosol, person-to-person, or person to surface transmission, the following Personal Protective Equipment (PPE) and procedures are required at a minimum:

- **All** students are required to comply with regulations/recommendations concerning face coverings.

- Students should have a clean mask which should always be worn, **even in non-patient care areas (e.g., charting areas, the cafeteria, etc.)**. Please change your mask if it is soiled.
- The students mask should cover the nose <u>and</u> mouth.
- Students should **avoid touching their faces**.
- The use of **shared equipment** and supplies should be minimized as much as possible. Whenever shared equipment must be used, it should be **disinfected when transferred between individuals** with a disinfectant.
- Students should **avoid unnecessary touching of surfaces**, including cell phones.
- **Work areas and equipment should be disinfected** by the student on arrival and prior to leaving.
- All students should **thoroughly wash their hands before and after work, as well as before and after every patient encounter, any time they are soiled and before and after eating.** If handwashing facilities are unavailable, an approved hand sanitizer should be used.
- When possible, maintain a minimum of 6 feet between you and those you are working with, but please understand, the clinical year poses situations where this will not be possible.
- Conduct a daily health screening using the CDC's <u>COVID-19 symptoms</u> list. We recommend registering your mobile device with ECU through PiratePort (if you have not done so already) in order to receive a daily text message with the symptom screening tool.
    1. Do **NOT** go to your site if you are experiencing symptoms of COVID-19. Please contact the clinical team and your preceptor for instructions.
    2. If you have symptoms, please seek guidance from student health (**https://studenthealth.ecu.edu/**) and communicate their recommendations to the clinical team as soon as possible
    3. If you have had a POSITIVE COVID TEST OR KNOWN EXPOSURE complete the Covid Reporting form found in Reporting Links in Canvas
    4. Students should maintain regular communication with instructors regarding their health status and communicate any changes in their ability to complete coursework and academic responsibilities immediately.
    5. The clinical team will follow the recommendations of health officials regarding quarantine, isolation, and/or return to clinic instructions.
- **If you must miss clinical time due to an exposure or illness, please discuss a plan with the clinical team immediately.**

<u>**Latex Allergy**</u>
As part of the "Universal Blood and Body Fluids Precautions" to limit the transmission of various pathogens, use of gloves is required when appropriate. With increased use of latex products in healthcare the emergence of various forms of latex sensitivity and/or allergy have been identified as a problem both for patients and staff. The course directors recommend preventing or minimizing latex use and exposure to help 1) minimize or prevent the student from developing an allergic reaction and 2) to prevent latex exposure to patients that have or may develop such sensitivities. We want to protect both ourselves and others.

Natural latex rubber is potentially found in, but not limited to rubber bands, erasers, elastic, bandages and dressings, gloves, catheters and drains, blood pressure cuffs, stethoscope tubing, balloons, balls & toys and nipples and pacifiers. Latex exposure occurs most commonly through skin via gloves, tape, masks etc., but can also occur through mucous membranes, inhalation, intra-uterine devices or intravascular.

Common reactions are almost indistinguishable from irritant contact dermatitis of the skin; however more serious reactions are possible, including symptoms of anaphylaxis. Latex avoidance is the best prevention. Careful history taking from patients should identify the high-risk group or those with preexisting allergy.

<u>The student is ultimately responsible for avoiding self-exposure and patient-exposure to prevent reactions or the</u>

development of sensitivity. The course directors recommend the use of non-latex products in all situations, but they cannot guarantee availability. It is the students' responsibility to provide non-latex products for their own use.

MISCELLANEOUS

Criteria for Change of SCPE
SCPE site selection is based on the type of practice, the demographics of the population served, an adequate number of patients to provide clinical experiences for students and the knowledge and commitment of preceptors. SCPE selection is also dependent on the preceptor's knowledge of the role of the PA, the adequacy of physical facilities for teaching and the geographic location of sites with priority given to rural, underserved areas. **These decisions are made by Clinical Coordinators**. Students will not negotiate with potential preceptors or with AHECs. Students may inform clinical coordinators of a SCPE prospect and then provide the clinical coordinator with site contact information. Communication with potential preceptors or their representatives will be made **only** by ECU PA Program personnel.

Changes in clinical SCPE sites will be made only according to the needs of the program and/or the needs/desires of the site/preceptor. Site assignments are not guaranteed, and placements are always subject to change. **Once a site has been confirmed on your clinical year schedule (i.e., is visible to the student on Typhon), it will not be changed.** Changing previously arranged rotations reflects poorly on the program and may jeopardize future rotations at that clinical site.

Difficulty finding housing, financial difficulty, travel expenses, distance from family members or pets, and student-desired change in elective preferences does not justify an assignment change. It is expected that students will accept their rotation schedules with professionalism and without complaint. Should a student be offered a "working interview" and have interest in doing it, they should speak to the Clinical Coordinating team ASAP; confirmation from the site will be required.

APPENDIX A: Call-back day schedule with exam dates

2021 Rotation Schedule with Call Back Day Dates**		
Rotation	**Dates**	**Events/call back days**
1	1/4/21-1/29/21	1/14/21- Transition Ceremony, 1/18/21- Return to Hub *Bootcamp- full schedule to follow
2	2/1/21- 2/26/21	EOR Exam 2/26/21 @ 9 am; Clinical Year Check-in 2/8/21 @ 7pm, WebEx *NCAPA Winter Conference 2/20-2/23/21
3	3/1/21- 3/26/21	EOR Exam 3/26/21 @ 9 am; Clinical Year Check-in 3/8/21 @7 pm, WebEx
4	3/29/21- 4/23/21	EOR Exam 4/22/21 @ 9 am 4/23/21- Interprofessional event with PT/OT 8:30- 12:30 @ AHEC 4/23/21- Career Prep Workshop 1:30-4:30 TBD time/location
5	4/26/21- 5/21/21	EOR Exam 5/21/21 @ 9 am Clinical Year Check-in 5/3/21 @7pm, WebEx Grades due 5/10 *AAPA conference 5/22-5/26/21
6	5/24/21- 6/18/21	EOR Exam 6/17/21 @ 9 am; Midpoint OSCE 6/18/21 TBD time/location
7	6/21/21- 7/16/21	EOR Exam 7/16/21 @ 9 am; Clinical Year Check-in 6/28/21 @ 7pm, WebEx
8	7/19/21- 8/13/21	EOR Exam 8/13/21 @ 9 am; Licensure Day TBD time/location
9	8/16/21- 9/10/21	EOR Exam 9/10/21 @ 9 am; Clinical Year Check-in 8/23/21 @7pm, WebEx
10	9/13/21- 10/8/21	EOR Exam 10/7/21 @ 9 am; Year 2 PACKRAT 10/8/21 TBD time/location
11	10/11/21- 11/5/21	EOR Exam 11/5/21 @ 9 am; Clinical Year Check-in 10/18/21 @7pm, WebEx
12	11/8/21- 12/3/21	EOR Exam 12/3/21 @ 9 am; Clinical Year Check-in 11/15/21 @7pm, WebEx
Summative Week		12/6/21: Summative exam; Clinical Pearls, other; TBD 12/7/21: Summative exam; TBD 12/8/21: Summative exam; TBD 12/9/21: Summative exam/Remediation and testing TBD 12/10/21: Remediation and retesting *PLANNED PROGRAM COMPLETION DAY
	ECU GRADUATION:	TBD by class
Notes:		• **Yellow highlighting indicates a "CALL BACK DAY" event. These are MANDATORY.** These events may be live or virtual. These are days that you report back to ECU for additional training face to face or attend live virtual presentations. *Note, some are 1 day, some are 2 day. 1-day events are always on FRIDAYS.* • *EOR= end of rotation* examinations. • **All EOR exams are scheduled from 9-11 a.m. unless otherwise specified. ADA accommodations may be applied for with letter provided IN ADVANCE to clinical faculty** • The mid-point OSCE is meant to evaluate your skills at (almost) mid-year and identify anyone who may need additional support. • The PACKRAT examination will be administered during the latter half of the clinical year to help students prepare for the PANCE. • "Remediation and retesting" may refer to full class remediation of topics/concepts identified through preceptor evaluations, summative evaluations and/or PACKRAT. It may also be utilized for individual members of the class or small groups. These dates should be considered flexible, yet mandatory. As soon as we have something planned and know the audience required, we will let you know. • Summative Week: Students must pass each section of the Summative Exam with 70% to progress to graduation.

- The career prep workshop, mid-point OSCE and PACKRAT schedules listed above are subject to change. *

  Note: ATTENDANCE AT CALL-BACK EVENTS IS MANDATORY. Students should expect to be on campus or attend synchronous event for 8 hours (8a-5p) for any scheduled Call-back Days. We will not approve time off for weddings, graduations, or other life events. Life events include but are not limited to, family events, holiday travel plans, weddings, and doctor visits.
- **These dates have been provided to you well in advance. You may not take a personal day on a call back day.**
  - **Unexcused absence from <u>any part</u> of a Call-back Day may result in unsatisfactory performance in a SCPE; any student with an unexcused absence from Call-back Day will be referred to the Department Chair for consideration of referral to the Student Progress Committee.**
- Should the need arise for *additional* call back days, you will be notified with as much advance notice as possible with dates and expectations.

APPENDIX B: Contingency Plan Assignments

Contingency plans for SCPE (2016_10_23)- *updated 2018_09_10*
In the event of missed days due to inclement weather, natural disasters, Covid pause or other unforeseen circumstances, students may need to complete a contingency plan to make up for missed SCPE time at the discretion of the Course Director/Director of Clinical Education. An example of a contingency plan is given below:
The BEST option for completing clinical time is to go to clinic if you can reasonably get to clinic and it is safe.

<u>IF YOU CANNOT GET TO CLINIC</u>
1. **NOTIFY THE CLINICAL TEAM AND ENSURE YOU SHOULD COMPLETE A CONTINGENCY ASSIGNMENT. Do not work ahead without asking first.**
2. **Choose 3 of the following items to complete EACH DAY you miss from clinic (equivalent to 6-8 hours of work each day and/or a 32-hour work week):**
- Complete 20 relevant sample questions from Exam Master-- ecu.edu/libraries -->Laupus-->medical-->exam master. Make a free account and have at it
- Generate a ROSH review exam with at least 25 items that are RELEVANT TO YOUR CURRENT SCPE
- Use AccessMedicine (or AccessSurgery) and work through 5 cases relevant to your rotation
- Review your PACKRAT or EOR score reports and write a summary on any 3 items you missed or need improvement RELEVANT TO YOUR CURRENT SCPE
- Use a PANCE review book to study relevant topics and work through 20 questions (if there are sample questions in your book). If you don't have questions in yours, ask a friend for some.
- Investigate a topic of medicine relevant to your current SCPE, write a brief summary (of at least 2 articles you read on the subject).
- Work through online modules RELEVANT TO YOUR CURRENT SCPE, some examples per rotation are provided below

AT THE END OF THE WEEK, PLEASE UPLOAD YOUR DOCUMENTATION TO THE CONTINGENCY AND/OR COVID SUPPLEMENTAL SUBMISSIONS MODULE IN CANVAS.

Training Module Examples	
Electives	Choose the material that most closely matches your experience. (PICU/NICU- Peds content, etc.)
Derm	• American Academy of Dermatology modules (generate a free account, GREAT content)
Pediatrics	• Complete modules from AAPA Learning Central re: peds—these are free to members of AAPA including student members. This link is for the self-assessment (SA) CME modules b/c they take a longer and are more application (better retain the info), but you can play around in the site.

	On this page, scroll down for "free for all PAs" to see a great list: https://www.aapa.org/learning-central/self-assessment-cme/ • Complete modules form AAP: https://pedialink.aap.org/visitor • Complete modules from CHOP: https://www.chop.edu/centers-programs/chop-open-access-medical-education • Working through a PANCE prep text/program; counts hour per hour self-reported • Alternate sites/trainings you would like to submit (we'd be willing to look at some and pre-approve for you if you know of some or find something of interest)
Women's	• Complete a module from the CDC women's health training site (create a free account and go for it): https://www.cdc.gov/women/ceu/index.htm • Schedule yourself into Sim lab by emailing Jessica Cringan. They can help you with the SimMom so you can practice deliveries if you want and set up cervical trainers if you want to check your ability to estimate cervical dilatation (if facility is open) • Complete at least 25 questions on Rosh Review related to women's health • Complete modules from AAPA Learning Central re: women's health—these are free to members of AAPA including student members. This link is for the self-assessment (SA) CME modules b/c they take a longer and are more application (better retain the info), but you can play around in the site. On this page, scroll down for "free for all PAs" to see a great list: https://www.aapa.org/learning-central/self-assessment-cme/
Surgery	• Complete modules of learning through the American College of Surgeons learning website (create a free account): https://learning.facs.org/ • Complete modules through e-Learning for Healthcare's e-Surgery https://www.e-lfh.org.uk/programmes/surgery/ • AccessSurgery cases through Laupus Library resources • Trauma: https://aotrauma.aofoundation.org/Structure/education/self-directed-learning/online-learning/elearning-modules/Pages/elearning-modules.aspx#null • University of Washington Online learning modules re: general surgery: https://wish.washington.edu/online-learning-modules/ (Includes: self-assessment and expert assessments) • Any AAPA eLearning modules related to surgery.
FM/IM	• Review old FM or IM EOR score reports and work through any missed content areas with a paragraph about missed topics; counts hour per hour self-reported • Work through the Rosh FM, IM and/or Peds EOR questions; 25Q=2 hour • Work through modules from any of the AAPA catalog related to primary care (FM/IM/Peds). I would estimate these modules would likely take 2 to 4 hours each, some potentially longer. Always choose "free" ones vs. cost: Complete modules from AAPA Learning Central re: primary care—these are free to members of AAPA including student members. This link is for the self-assessment (SA) CME modules b/c they take a longer and are more application (better retain the info), but you can play around in the site. On this page, scroll down for "free for all PAs" to see a great list: https://www.aapa.org/learning-central/self-assessment-cme/ • Working through a PANCE prep text/program; counts hour per hour self-report • Current (no more than 2 years old) videos re: primary care topics-- hour per hour, self-reported list with links to videos watched. Examples: • National Family Medicine Board Review Cardiology series (there are 4 of them): https://youtu.be/5gb8VI-mB-U • PA Board Reviews videos: https://www.youtube.com/user/paboardreview/video • Univ. of Louisville resident lecture series (FOAMed): https://youtu.be/nwH7s9cXAs8 • CRASH! Medical Review Series: https://youtu.be/gsDeGxHAEuw • Alternate sites/trainings you would like to suggest (we're open to hearing your ideas for pre-approval if you know of some or find something of interest)
Behavioral	• Any AAPA e-learning central modules related to behavioral medicine, psychiatry, addictions, etc.

	• Society of behavioral medicine webinars/online trainings: https://www.sbm.org/training • MyCME modules re: psychiatry https://www.mycme.com/psychiatry/section/4694/ • Massachusetts General Psychiatry Academy—free online learning modules: https://mghcme.org/page/free_cme
GERI	• Use the AGS GWEP directory to find free CME online: https://www.americangeriatrics.org/programs/geriatrics-workforce-enhancement-program • https://engageil.com/ • Portal of Online Geriatrics Education (PoGOE) www.pogoe.org (check dates on materials)

APPENDIX C: ECU PA PROGRAM TECHNICAL STANDARDS

A student admitted into the East Carolina Physician Assistant Program must meet basic and essential requirements that are necessary for obtaining employment and performing as a physician assistant. The technical standards each student must master include cognitive, physical, and behavioral characteristics. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. All students must possess the intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty.

The following skills are required, with or without accommodation:
- Critical Thinking. The ability to solve problems, a skill that is critical to the practice of medicine, requires the intellectual abilities of measurement, calculation, reasoning, analysis, and synthesis. Students for the program must be able to perform demonstrations and experiments in the basic sciences.
- Communication Skills. A student should also be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. The student must be able to communicate effectively and efficiently in oral and written forms.
- Visual Ability. Students must also be able to observe a patient accurately, both at a distance and close at hand. This ability requires the functional use of vision
- Hearing and Tactile Abilities. Students should have sufficient motor and auditory function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic techniques.
- Mobility and Fine Motor Skills. A student should be able to execute movements reasonably required to move from area to area, maneuver in small places, calibrate and use large and small equipment, position and move patients, and provide patients with general care and emergency treatment.
- Interpersonal Abilities. A student for the PA program must possess the emotional health required for full utilization of his or her intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities required for the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients, families, and colleagues.
- Resilience. PA program candidates should be able to cope despite setbacks, barriers or limited resources. Ability to use self-reflection, observation, and feedback to adapt to changing academic and clinical situations.

Demands and Performance Requirements:
The following outlines some examples of the demands and performance requirements required of the ECU PA student, with or without accommodation.
- Mental Demands--The ECU PA student must possess the ability to:
  a. Process, retain, comprehend, integrate, analyze, synthesize, and apply a large volume of data related to the art and science of medicine, including legal, ethical, and moral concepts
  b. Be present during long hours in the following settings: classrooms, laboratories, clinical, and self-directed study situations and environments
  c. Respond appropriately and in a timely manner (if applicable) to feedback and provide feedback for others
  d. Effectively communicate through written and verbal communication

e. Participate in educational activities that include tests, examinations, demonstrations, simulations, presentations, written communication skills development, frequent and exacting evaluations
f. Demonstrate the ability to gather patient data, perform the physical examination, conduct patient assessment and evaluation, formulate a treatment plan, and perform patient education
g. Demonstrate resiliency, adaptability and flexibility

- Physical Demands--The ECU PA student must possess:
    a. Full range and control of body motion, including assisting patient movement,
    b. manual and finger dexterity, and hand-eye coordination
    c. Normal visual and hearing acuity
    d. Physical capacity to stand and walk for extended hospital and clinic visits and
    e. during frequent and prolonged patient and professional interactions
    f. Physical capacity to sit for long periods during classroom and laboratory
    g. experiences
    h. Capability to work in physically and mentally stressful situations with long
    i. and irregular hours and with exposures to communicable diseases and body
    j. fluids
    k. he ability to be present for long hours in the following settings: classrooms,
    l. laboratories, clinical, and self-directed study situations and environments

- Working Conditions--The ECU PA student must be able to:
    a. Work in clinical and classroom environments with possible exposure to communicable diseases, toxic substances, ionizing radiation, medicinal preparations, hostile individuals, and other such conditions common to the medical and surgical environments
    b. Interact with diverse patient populations of all ages with a range of acute and chronic medical and surgical conditions

ASSISTANCE FOR INDIVIDUALS WITH DISABILITIES (A1.03F; A1.05) East Carolina University seeks to comply fully with the Americans with Disabilities Act (ADA). The Department for Disability Support Services (DSS) is responsible for ensuring that individuals with disabilities have access to reasonable accommodations and services. Registration with DSS is required if the individual wishes to access reasonable accommodations. East Carolina University Department for Disability Support Services (DSS) http://www.ecu.edu/cs-admin/accessibility/ Main Office Slay 138 Building (252) 737-1016 dssdept@ecu.edu Monday through Friday 8:00 AM through 5:00 PM Stephen Gray Director of Student Services (252) 737-1016 grays@ecu.edu It is the standard operating procedure of East Carolina University College of Allied Health Sciences to conduct educational programming in a place and manner accessible to individuals with disabilities, and to make reasonable modifications and accommodations necessary to achieve this purpose in compliance with Americans with Disabilities standards.

Requesting ADA accommodations: 1. A student must apply and be accepted for admission to East Carolina University through regular admissions standard operating procedures in the Graduate School. a) Students requesting accommodations based on a disability must comply with the policies of the Department for Disability Support Services (DSS). b) The student must complete and return an Application and Accommodations form to the East Carolina University Disability Support Services. c) The student must submit sufficient evidence of a physical or mental impairment which substantially limits one or more major life activities, as defined by Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990. d) During the first week of every term enrolled (or as soon as an accommodation letter is available), it is the students' responsibility to pick up copies of their accommodation letter. This letter is to be hand-delivered by the student to their instructors as it notifies the instructor of the individuals' approved accommodations. 3) It is the Department's responsibility to see that all reasonable provisions of the accommodation are implemented in a fair and reasonable method.

APPENDIX D: MIDPOINT CHECK IN FORM (example)

ECU PA MID-POINT CHECK-IN

INSTRUCTIONS: Student, do your part before meeting with your preceptor 2 weeks into the rotation.

STUDENT SECTION

Rate your personal *OVERALL* performance as a student on this service to date:

☐ Needs
Improvement

☐ Meets
Expectations

☐ Exceeds
Expectations

What do you enjoy most about this rotation?

How could this site/preceptor better serve you (choose all that apply)?

- ☐ More teaching
- ☐ More orientation
- ☐ More organization
- ☐ I want to see more patients
- ☐ I want to do more procedures
- ☐ I want to present more patients with a plan
- ☐ OTHER:

What goals could you set to improve performance as you complete this rotation and move into the next?

PRECEPTOR SECTION

Rate the student's *OVERALL* performance on this service to date:

☐ Needs
Improvement

☐ Meets
Expectations

☐ Exceeds
Expectations

Please rate the student in the following areas:

Clinical Skills: (History, Physical, Oral presentations)

☐ Needs
Improvement

☐ Meets
Expectations

☐ Exceeds
Expectations

Critical Thinking/Problem Solving Skills (ddx and more)

☐ Needs
Improvement

☐ Meets
Expectations

☐ Exceeds
Expectations

Diagnostics: (Appropriate labs/tests; interpretation)

☐ Needs
Improvement

☐ Meets
Expectations

☐ Exceeds
Expectations

Treatment Plan:

☐ Needs
Improvement

☐ Meets
Expectations

☐ Exceeds
Expectations

Technical skills: (any procedures specific to your area of practice)

☐ Needs
Improvement

☐ Meets
Expectations

☐ Exceeds
Expectations

Professionalism:

☐ Needs
Improvement

☐ Meets
Expectations

☐ Exceeds
Expectations

What advice would you give this student to improve performance?

Do you feel ECU PA program adequately prepared the student for this rotation? (Circle one) Y   N

Student Signature: _____

Printed Name: _____

Rotation #/Type: _____

Preceptor Signature_____

Printed Name: _____

Date: _____

APPENDIX F: Student Clinical Practicum Experience (SCPE) Attestation Statement
Signed by students transitioning from didactic to clinical phase of the PA program after clinical year orientation.

By signing below, you are indicating:

- I have received instruction regarding the online copy of the Student Clinical Practicum Experience (SCPE) Manual for the Physician Assistant Studies Program at ECU.
- I am aware of the academic and professionalism progress policies as they apply to the clinical year
- I understand that I am responsible for the information contained in this **SCPE** manual, and I will abide by the standard operating procedures as stated in this manual, in addition to any additional standards previously attested to in the Physician Assistant Student Handbook.
- I also understand that, at any time, the Physician Assistant Studies Program may change policies related to the clinical year, and that I will be responsible for any changes.
- I have been aware of the technical standards and attest I can complete these program requirements as noted

Name:

Print: _____

Signature_____   Date: _____