



**SUPERVISED CLINICAL PRACTICE  
EXPERIENCE (SCPE) MANUAL**

**Class of 2025**

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## 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 gain experience 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, PA or other licensed advanced practice provider in the emergency department, in the inpatient and outpatient setting, and in the operating room in the provision of preventive, emergent, acute and chronic care to patients across the life span to include infants, children, adolescents and the elderly as well as prenatal and gynecologic care to women, care for conditions requiring surgical management including pre-operative, intra-operative, post-operative, and for behavioral and mental health conditions. 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 been 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 befitting a medical professional. You have 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 develop the knowledge and skills needed to master program learning outcomes and develop the competence needed to enter the workplace. 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 forty 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. 9)* 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/globalassets/pdfs/program-director-guide---residency.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 innuendo; 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/CNM)
  - 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 PA program 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 lifelong 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 training, 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: <https://www.jointcommission.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 learning outcomes, and instructional objectives.
- Train the student in basic sciences, pathophysiology, interviewing and physical examination skills, basic life support and appropriate treatment modalities.
- Provide hospitals 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 or phone to respond to any problems that may affect the student's SCPE and learning experience.
- 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 lost promptly with an adequate site/preceptor to keep the 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 at least 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 and proctor EOR, PACKRAT2, EOC exams with PAEA
  - 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 made to new or re-establishing sites. Maintenance site visits are done every 5 years after the initial visit 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.
  - Investigate concerns and remediate or dismiss clinical site/preceptors as needed.
  - Provide tips and resources to clinical preceptors that augment learning environments. (Preceptor Manual)

- Monitor programmatic feedback annually to identify trends or sites needing rehabilitation/remediation or augmentation.
- Curricular overview
  - 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.
  - Generate plans of remediation or support for students who may need academic or professional assistance.
  - 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:

- Students are expected to follow all policies of the clinical sites **and** ECU PA Program. In all cases that clinical site policy is more lenient than program policy, students are expected to abide by program policy. The ECU PA Program policies apply to all students, principal faculty, and the program director during the didactic and clinical phases of the program, regardless of location. Students, program faculty, instructional faculty, and anyone else under the umbrella of a clinical affiliation agreement/memorandum of understanding must follow all policies within the agreement.
- If you are having **any** problems email, or call/text if urgent 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 3<sup>rd</sup> 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.***

## **OVERVIEW OF STUDENT EXPECTATIONS:**

### 1.CONDUCT:

- All program policies and procedures apply to all students, faculty, staff and program director regardless of location.
- 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/wp-content/uploads/2017/02/16-EthicalConduct.pdf>). *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 student. **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. 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 take call.
  - Be the first to arrive and the last to leave.
  - 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 or email ASAP.
  - Notify the Clinical Coordinator or Clinical Director 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**).

## 2. CREDENTIALING:

- Complete on-boarding paperwork per the schedule laid out by the clinical site and/or in Typhon. This is considered part of professionalism grading. 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.*

- Utilize CASTLEBRANCH: Submit to background testing and/or drug screening as required or requested by clinical sites or by the program. See "CBC" below.

### 3. HEALTH/SAFETY

- Report any infectious disease exposures (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 **immediately**. See *exposure policy* below.
- Maintain and keep records of 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://medicine.ecu.edu/global-health/>
- **COVID:** All students are expected to follow University, CDC, and site-specific guidelines. See **section:** Health and Safety in the clinical year.

### 4. FORMS AND EVALUATIONS

- Students are expected to complete several pieces of documentation for their course grades:
  - **Midpoint check ins:** short forms for discussing rotation to date (2 weeks in) with preceptors (see below). *Submitted on Canvas to the grade center.*
  - **Final Preceptor Evaluations:** see below. Provided to preceptors. Students are responsible for getting them completed and submitted (digitally through Typhon or paper copy uploaded to Canvas)
  - **Student Site Evaluation:** a place to record feedback on the rotation to the clinical team. Done at the end of each SCPE. No EOR grades will be released for review until these are submitted by every student. *Submitted in TYPHON per SCPE.*

### 5. INTRASTATE TRAVEL

Clinical Year students **will** be expected to travel 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 to 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 by Fall

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 to meet program outcomes and graduate. A rough draft of the clinical schedule (Spring Semester Rotations) 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, 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](mailto:summerlind@ecu.edu))

## 6. 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
  - **AHEC Housing requires student to be fully vaccinated as defined by the CDC.**
  - 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> .
  - It is the responsibility of each individual student to reserve and pay for use of housing.
  - 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.
  - Email the CC team any paperwork that needs to be signed in advance.
  - 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.
  - 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](mailto:summerlind@ecu.edu)) if there are additional questions regarding financial aid.
- 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

## PRIOR TO THE FIRST SCPE

- Review the schedule provided by the clinical 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, additional electronic health record training(s), etc.
- Complete TYPHON ORIENTATION/OVERVIEW
- Complete EPIC/HEALTHSPAN TRAINING: Ambulatory, Inpatient and Emergency Room
- Scrub Training: Locations no longer require scrub training prior to arrival. Training will be done on site.
- Login to ROSH to activate your account.

## ❖ EOR LOCKDOWN BROWSER

- Students will need to download SecureClient through a PAEA link.
- After the clinical team sets up the EOR, the student will receive an eight-digit keycode by email (from PAEA) to enter the day of the exam.
- This eight-digit number may be written down on your blank sheet of paper prior to the exam.

## TWO-FOUR WEEKS 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 clinical team know if you run into any problems.

## WEEK 1 THROUGH WEEK 4 OF THE SCPE

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.
2. 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.
3. Maintain an accurate *patient encounter log* using the Typhon PAST program. Best practices include:
  - **Log patient encounters daily** if possible. This helps ensure accuracy of your logging.
  - Complete weekly patient logs by Monday of the following week to ensure you can keep up with the task (i.e., if a CC asked to see your log on Monday it would be complete).
  - **Document EVERY patient seen/encounter performed (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.

4. 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.**
  - It is important for you to take advantage of all opportunities when you are in clinical spaces. This often means you need to postpone your logging until a time when you are not seeing patients.

### WEEK 1 SPECIFIC TASKS:

1. 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 your ability to complete the SCPE. This can delay your program completion date and graduation.
  - a. 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 SPECIFIC TASKS:

1. Submit a **Mid-Point check in document** to the clinical team through your SCPE Canvas course. **Due:** 2<sup>nd</sup> Friday of each rotation. Please notify the clinical team in advance if this will be late.
2. Continue to work on **portfolio** documents that are due at end of rotation.
  - **Due:** Sunday at midnight following the end of the rotation. Please notify the clinical team in advance if your portfolio will be late.

### WEEK 4 SPECIFIC TASKS:

1. 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.
2. Attend Call-Back Day as scheduled. These will occur on Thursday and/or Fridays. Attendance at ALL Call-back Day events is mandatory.
  - a. End of rotation testing will occur on either Thursday or Friday. All exams may be proctored live, remotely or utilizing a lockdown browser at the discretion of the program. You will be notified of Call-back Day schedules/locations by the clinical coordinators.
3. Print out Typhon Time Logs and Case Logs and have both SIGNED by preceptor. This is a mandatory requirement and counts as a portion of your SCPE grade.
  - a. 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/My Clinical Exchange up to date.
- 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 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 professional standards as outlined below.

## **PROGRESS AND GRADING IN THE CLINICAL YEAR**

### EVALUATION IN THE CLINICAL YEAR-PER SCPE

Mid-point check ins

Final Preceptor Evaluations-Patient Care Skills and Professionalism

Multiple choice exams after each rotation (except electives)

Portfolio submissions with written documentation assignments, +/- Oral presentations

Clinical Skills Check List

### Other Evaluations in the Clinical Year

OSCE'S to evaluate patient care skills and professionalism.

PACKRAT II\*\*

Summative OSCE'S and Stations

PAEA EOC Exam\*\*

**PACKRAT:** Based upon a rigorous statistical analysis a student with a PACKRAT II scores less than 150 and a score less than or equal to the 10th percentile respective to their cohort are at risk for poor performance on the PANCE. Therefore, these students will be required to review their PACKRAT performance under the supervision of the clinical team before they can take the End of Curriculum Examination (EOC). This will include, but is not limited to, writing an adequate reflective statement and creating a satisfactory NCCPA blueprint-based outline of content areas specialties that fell below the 40th percentile relative to the national cohort.

**EOC:** Based upon a rigorous statistical analysis a student with an EOC score of less than 1500, and a score less than or equal to the 10th percentile respective to their cohort, are at risk for poor performance on the PANCE. Therefore, these students will be required to remediate their EOC performance under the supervision of the clinical team before they are eligible for program completion. Remediation may include, but is not limited to, writing an adequate reflective statement and creating satisfactory content and task-based blueprint-outline, completion of ROSH Review questions. Students must retake the EOC with a score of at least 1500 to complete program requirements. Per PAEA guidelines, students will only be allowed to take the EOC two times.

### **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 evaluation patient care skills and professionalism scores (and associated commentary), program professionalism scores, and portfolio grades per SCPE. Failure to meet any of these criteria will result in progression delay: student will not be allowed to move on to the next SCPE.

#### **Minimum Requirements for progression from SCPE to SCPE:**

- **Final SCPE course grade  $\geq 69.50$  (C or better)**
- **Final Z-score converted EOR exam score  $> 55\%$  (less than 2 standard deviations from national mean)**
- **Satisfactory Final Preceptor Evaluation quantitative score and qualitative remarks.**
  - **Quantitative benchmark: Must earn at least 85% in both patient care skills and professional behavior sections.**
  - **Qualitative benchmark: Must not receive any feedback that raises significant concern regarding patient safety or demonstrates substantial deficit regarding of medical knowledge, clinical technical skills, clinical reasoning capabilities, interpersonal skills.**
- **“Satisfactory” professionalism from the PA program faculty**
- **“Satisfactory” completion of SCPE specific portfolios  $\geq 85\%$**
- **Achieve at least 128 hours of clinical work.**

Please note due to the heavy weight of the EOR exams (60% of SCPE Course Grade) and Final Preceptor Evaluation (30%), “low pass” EOR scores or deficient performance on the Final Preceptor Evaluations may result in an unsatisfactory final SCPE course grade.

#### **❖ EOR EXAM SCORES**

- If a student scores in the “low pass” range on one EOR exam (61.5 to 68.5%) the student will meet with the Director of Clinical Education (DCE) (or faculty designee) for mentoring, and



will receive a letter of **Academic Warning**

- If a student scores in the “low pass” range on a second EOR exam an SPC will be formed, and the student will be placed on **Academic Probation with the PA program and with the Graduate School**. The student will have a one-month progression delay during which time they must complete a formal remediation as designed by the DCE. Students must demonstrate successful remediation and retesting to progress in the program. This one-month formal remediation and progression delay **will result in a delay of program completion**.
- If a student scores in the “low pass” range on a third EOR exam they will be referred to the SPC and will be **subject to dismissal**.
- **Note: For rotations 3-12, based on the grading calculations, any “low pass” EOR exam will automatically result in a SCPE course grade of “C”.**
- **NOTE: “low pass” EOR scores will stand (cannot be retaken for a higher grade). To reiterate if a student scores in the “low pass” range there is no retake.**
- If a student **fails an EOR Exam** (55% = > 2 SD below the mean) the student will be referred to the Student Progress Committee (SPC), will be placed on **academic probation, and clinical year progression will be paused X 1 month during which time they will complete a formal remediation** assignment as determined by the DCE. The student must demonstrate successful remediation which includes retaking the EOR Exam. The student must score >68.5 (above “low Pass”) on the EOR Exam to progress in the program. With successful remediation the student’s recorded EOR Exam score will be what they earned on the second EOR. This one-month formal remediation and progression delay **will result in a delay of program completion**.
- If a student **fails a second EOR exam** (55% X 2) an SPC will be formed, and the student is **subject to dismissal**.

#### ❖ FINAL SCPE COURSE GRADES

- *If the **final SCPE (course) grade** is a “C” and this is the first “C” the student has received in the clinical curriculum the student will receive a **letter of Academic Warning** and meet with the DCE (or faculty designee) and receive formal written recommendations for improvement.*
- *If the student earns a second **final SCPE (course) grade** of “C” the student will be placed on **Academic Probation with the PA Program and the Graduate School**, meet with the DCE/Clinical Faculty, and receive formal written recommendations for improvement.*
- If the student earns a third **final SCPE (course) grade of “C”** the student will be referred to the Student Progress Committee (SPC) and will be **subject to dismissal**.
- *If the **final SCPE (course) grade** is less than C (<69.50%) will result in immediate referral to the Student Progress Committee (SPC) and the student in question is **subject to 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** portfolio/authentic assessments **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 remediation process may result in delay of program completion.** This process will be individually tailored for the student by the Director of Clinical Education or faculty designee. Examples of these processes may include remedial written work, EOR re-examination, oral presentations, online modules, authentic assessments, self-reflections, peer-reviews, etc.

#### ❖ 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 PACKRAT 2, 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".

- CLINICAL SKILLS: Students **MUST** have completed the clinical skills checklist (100%)

- Performance on the SUMMATIVE EVALUATION:

- Students **MUST** pass ALL competencies with satisfactory performance (>70% overall on patient care skills and professionalism OSCEs and summative stations.
- Satisfactory EOC score is 1500. Students must remediate any score <1500.
  - The exam consists of:
    - Summative WRITTEN evaluation: A standardized PAEA End of Curriculum exam
    - Summative Patient Care Skills OSCE: one or more standardized patient experiences
    - Summative Professionalism Skills OSCE: standardized patient experience (could be 1 evaluation or a series)
    - Summative Stations: A clinical and technical skills practicum

## DELAYED PROGRESSION

Any student who has delayed graduation due to remediation or leave must, upon return to assigned clinical rotations, abide by the processes established by the Clinical Year SCPE manual including participating in all EOR testing procedures and call back schedules.

## 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	60% End of Rotation Exam 25% FPE-Patient Care Skills only 5% FPE-Professional behaviors only 10% Portfolio/Authentic assessments (more info in this manual and in syllabi) <i>S/U Professionalism per PA Program faculty</i> <i>S/U Mid rotation check in (submitted, not submitted)</i>
Elective Rotations	(NO EOR) 25% FPE-Patient Care Skills 25% FPE-Professional Behaviors 50% Portfolio-including elective presentations <i>S/U Professionalism per PA Program faculty</i> <i>S/U Mid rotation check in</i>

### ❖ 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) with utilization of their lockdown browser included in the platform. Students should prepare for EOR exam questions with self-directed readings in the text(s) used during the didactic year, postings to the Canvas courses, covering topics laid out in the PAEA designated blueprint and topic list 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)**

**A word of caution: PANCE review books (SMARTY PANCE/PANCE PREP) ARE NOT IN-DEPTH ENOUGH TO BE THE EXCLUSIVE SOURCE FOR EOR PREPARATION.**

### 2025 PAEA EOR SCORE CONVERSION FOR GRADING Rotations 3-12

	<i>Student performance (scale score) against national mean:</i>	Letter Grade	Grade Recorded
<i>Pass</i>	1.33 standard deviations or more above mean	A+	96.5
	Between 1 (inclusive) and 1.33 (exclusive) standard deviations above the mean	A	91.5
	Between 0.67 (inclusive) and 1 (exclusive) standard deviation above the mean	B+	88.5
	Between 0.33 (inclusive) and 0.67 (exclusive) standard deviations above the mean	B	85
	Between 0 (inclusive) and 0.33 (exclusive) standard deviations above the mean	B-	81.5
	Between 0.33 (inclusive) and 0 (exclusive) standard deviations below the mean	C+	78.5
	Between 0.67 (inclusive) and 0.33 (exclusive) standard deviations below the mean	C	75
	Between 1 (inclusive) and 0.67 (exclusive) standard deviations below the mean	C-	71.5
<i>Low Pass</i>	Between 2 (inclusive) and 1 (exclusive) standard deviation below the mean	D	<b>65</b>
<i>Failure</i>	More than 2 standard deviations below the mean	F	<b>55</b>

### 2025 PAEA EOR SCORE CONVERSION FOR ROTATIONS 1-2:

The transition from didactic to clinical year is accompanied by heightened demand for time management skills and self-directed study. In anticipation of this adjustment, the “low pass” threshold for EOR exams in Rotation 1 and 2 is more lenient.

<b>Low Pass</b>	Between 1.33 (inclusive) and 1 (exclusive) standard deviation below the mean	D+	68.5
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<b>Low Pass</b>	Between 1.67 (inclusive) and 1.33 (exclusive) standard deviations below the mean	D	65
<b>Low Pass</b>	Between 2 (inclusive) and 1.67 (exclusive) standard deviations below the mean	D-	61.5

**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 above contains the scale used to convert each Z-score into a numerical grade.

**This grading system allows for the identification of students with a “low pass” designation.**

Students who score in the “low pass” range are **required** to meet with the Director of Clinical Education (or faculty designee) 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) below 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.

**❖ 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 later.**

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 mid 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, moving from mostly 3's to mostly 4's, etc.

*Sample of Likert scoring from FPE*

	Jeopardizes patient safety	Below Avg CLINICAL YR Student	Average CLINICAL YR Student	Above Avg CLINICAL YR Student	At the level of a NEW PA GRAD
Position	Column Label				Point Value
1	Jeopardizes patient safety				1
2	Below CLINICAL YEAR PA STUDENT				75
3	Average CLINICAL YR PA Student				85
4	Above CLINICAL YEAR PA Student				95
5	At the level of a New PA Grad				100

- Electronic evaluations: An email will be sent during the third week of the rotation requesting students 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 by uploading the evaluation to Canvas for the corresponding rotation.
- **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

Each SCPE has an associated Canvas course and course syllabus that outlines what's required 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 2nd Friday of the rotation)
- Final Preceptor Evaluation (may come in digitally and be entered by program) *Due the day of the EOR exam (or last day of SCPE for electives).*
- EOR exam completion (score entered by program)
- Portfolio/Authentic assessment: Instructions included on Canvas **Due by midnight the Sunday before the subsequent rotation (it is expected that students who are unable to meet this deadline will notify the clinical team prior to the deadline for further discussion)** Failure to contact the clinical team prior to the deadline will result in points being deducted from your portfolio grade.

\*\*Portfolios are subject to change based on availability of modules

#### ❖ 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

*Due by the end of the clinical year.* In addition to logging all clinical encounters and clinical skills 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 satisfactorily 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 with 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, 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: [link to current handbook dated Aug. 2023](#)
- American Academy of Physician Assistants Code of Ethics of the Physician Assistant [see pdf under "Student is expected to" Profession <http://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf>](#)
- American Academy of Physician Assistants Statement of Values of the Physician Assistant Profession. <https://www.aapa.org/about/>
- ECU Student Code of Conduct, available at: <https://policy.ecu.edu/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, siblings, 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 innuendo) or other aggressive behavior, they should report this immediately to the clinical coordinating team. ECU PA students are not allowed to work during the program's clinical phase per the PA Student Handbook.** Should a student consider taking on employment in the clinical year, please contact 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 the utmost 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 or hospital issued name badge.**

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 utmost 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, time logs, portfolio documents and clinical skills check list.
- Complete and submit the mid-point check in forms at the midpoint.

Professionalism grading has 2 components: Preceptor derived and Program Derived

- *Preceptor derived* (5%): 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 clinical team communications in a timely manner (emails, Yammer, 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 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 in 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 feedback 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\\_bju3p6Ak1ExIOTY](https://ecu.az1.qualtrics.com/jfe/form/SV_bju3p6Ak1ExIOTY)

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/SUPPLEMENTAL ASSIGNMENTS:

Missed clinical time should be made up **in clinic** time whenever possible. If this is not possible due to inclement weather or extenuating circumstances a “CONTINGENCY/SUPPLEMENTAL ASSIGNMENT” will be made for the affected student(s). Students will be provided with a spreadsheet to document their time and assignments completed. The spreadsheet is to be uploaded in Canvas under “Supplemental Work” for each individual SCPE. Total hours for the SCPE Clinic + Supplemental must meet the minimum requirement of 128 hours for the rotation. Supplemental work will not be provided to accommodate personal days.

### 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.
  4. **A personal day cannot be used if it will cause you to be short on total rotation hours (128 hours). Supplemental work will not be provided to make up time for a personal day.**
- 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 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 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:  
<https://deanofstudents.ecu.edu/home/withdrawals/>

### 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 PA Student Handbook Section 2.

## 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 in the morning 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 need counseling, you can access the Navigate clinic on campus. <https://dars.ecu.edu/navigate/>

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. Look for events taking place in the area (free concerts etc.) (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, ECUH 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 eliminate distractions (cell phone use) and without lots of extraneous items and considering calling a police/security escort to your vehicle. At smaller sites (i.e., 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). Please inform the clinical staff immediately if you develop any safety concerns while at a clinical site.

## HIPAA AND OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

### PRECAUTIONS

**It is the students' responsibility to print and maintain a hard copy of the completion certificate.**

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* (pg. 52-53) for the Blood Borne Pathogens policies located: <https://pa.ecu.edu/PA-HANDBOOK.Class-2025-Finalv3-08.16.23> and Prospective Health <https://prospective-health.ecu.edu/>**

If an exposure occurs during the clinical year, the supervising physician or supervisor must be notified IMMEDIATELY. Students must also contact prospective health as soon as possible. Students must also notify the Director of Clinical Education/Clinical Coordinator as soon as possible after the exposure.

### COVID-19 PROTECTIONS, CONSIDERATIONS AND POLICIES BOOSTERS

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 "Covid 19 at ECU:" <https://covid-19.ecu.edu/> and the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.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 document is located within each SCPE 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:

- Covid Vaccination is highly recommended for all clinical year PA students before starting rotations. Covid boosters are also highly recommended. Most clinical rotation sites are requiring vaccination for students. All AHEC housing requires students to be fully vaccinated as defined by the CDC. If a student chooses not to be vaccinated it is highly likely that their graduation will be delayed because of the inability to secure rotations. The clinical team will not be scheduling rotations to accommodate student vaccination preferences.
- **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 and mouth.
- Students should **avoid touching their faces**.
- The use of **shared equipment** and supplies should be minimized as much as possible. Whenever shared equipment is used, it should be **disinfected when transferred between individuals** with a disinfectant.
- Students should **avoid unnecessarily touching 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.
- Enrolled ECU students should contact [ECU Student Health Services](#) at 252-328-6841 to schedule an appointment if they wish to be tested for COVID-19 or are symptomatic. Students can also make an appointment to receive a COVID-19 vaccination.
  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 complete the Covid Self Report in Pirate Port. Link at <https://news.ecu.edu/2020/07/01/ecu-covid-19-self-reporting-form/>
  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. You will need to provide the clinical team with a return-to-work note clearing you to be back on rotations.
- **If you must miss clinical time due to an illness, please discuss a plan with the clinical team immediately.**

## LATEX ALLERGY

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 or intravascular devices.

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.

The student is ultimately responsible for avoiding self-exposure and patient-exposure to prevent reactions or the 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 population served, enough 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 the Clinical Coordinators.** Students may make suggestions to clinical coordinators for sites and preceptors but are not required to do so. Students will not negotiate with potential preceptors or with AHECs. The students are not to cold-call medical practices to secure rotations. This practice jeopardizes program relations with potential sites. Students may inform clinical coordinators of a SCPE prospect and then provide the clinical coordinator with site contact information. Provision of potential SCPE site/preceptor information does not guarantee use of the site. These decisions are made by the clinical team based on the needs of the program.

**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 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. If a student is offered a "working interview" and has interest in doing it, they should speak to the Clinical Coordinating team ASAP; confirmation from the site will be required.



## APPENDIX A: CONTINGENCY PLAN ASSIGNMENTS

*In the event of missed days due to inclement weather, natural disasters, Covid pause or other unforeseen circumstances, students may need to complete a supplemental assignment to make up for missed SCPE time at the discretion of the Course Director/Director of Clinical Education. The BEST option for completing clinical time is to go to clinic if you can reasonably get to clinic and it is safe to do so.*

### IF YOU CANNOT GET TO CLINIC

1. **NOTIFY THE CLINICAL TEAM AND ENSURE YOU SHOULD COMPLETE A SUPPLEMENTAL ASSIGNMENT. Do not work ahead without asking first.**
2. You will be assigned supplemental work for your SCPE in Canvas. You will be provided with a spreadsheet to log your hours. Please follow the instructions carefully. Documentation must be provided, certificates, screenshots, study guides etc.

## APPENDIX B: ECU PA PROGRAM TECHNICAL STANDARDS

A student admitted into the East Carolina Physician Assistant Program must meet basic and essential requirements 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 people with documented disabilities will be considered individually, but a candidate must perform independently. All students must have the intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and achieve the competence required by the faculty.

The following skills are required, with or without accommodation:

- Critical Thinking. The ability to solve problems, a skill critical to 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, hear, and observe patients 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 extended periods during classroom and laboratory experiences.
- g. Capability to work in physically and mentally stressful situations with long and irregular hours and with exposure to communicable diseases and body fluids.
- h. The ability to be present for long hours in the following settings: classrooms, 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**

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)

<https://accessibility.ecu.edu/students/>

Main Office

138 Slay Hall

(252) 737-1016

Monday through Friday

8:00 AM through 5:00 PM

DSSTesting@ecu.edu

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:**

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 East Carolina University Disability Support Services.
- C. Once accommodations have been assigned by DSS, students must use the Clockwork Web portal to preregister for their exams.
- D. Students may only sign up for accommodations in the Clockwork Web portal for the current semester.

# APPENDIX C: 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?

Student Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Rotation #/Type: \_\_\_\_\_

### 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**

Preceptor Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX D: 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 instructions 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.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

