



Physician Assistant Program

Clinical Student Handbook
Clinical Year 2023-2024

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Introduction and General Program Overview

Welcome Letter from Program Chair

Welcome to the clinical year!

Over the past 12 months, during the didactic year, you have been in a classroom, lab setting, and most recently in virtual learning environments. All these experiences have been preparing you to become practicing Physician Assistants and now it's time to take everything you learned and put it into practice in a clinical environment, under direct supervision. Throughout the clinical year you will have opportunities to work in a hospital/in-patient environment as well as in out-patient clinics. You will be exposed to different areas of medicine from Surgery, and ER to Family Medicine and Women's Health. This broad experience will not only help prepare you for your PANCE exam, but it will ultimately train you to be the best Physician Assistant you can be when you enter the healthcare workforce following graduation.

This clinical year handbook serves as a resource for your clinical year and is full of policies, procedures and guidelines that you should familiarize yourself with prior to starting your rotations. It is critical that you remember that while you are on your clinical rotations you are representing the University of Detroit Mercy PA Program, as well as the PA profession. You are expected to ALWAYS conduct yourself in a professional manor and use common sense and good judgement over the next 12 months and throughout your career. Failure to comply with the policies and procedures listed in this handbook could result in disciplinary actions including delayed graduation and/or dismissal from the program.

I hope each of you use this exciting time to learn and grow professionally so that you are best prepared for graduation and ready to join the ranks of the many successful Physician Assistant Alumni who have graduated from our program. I wish you the best of luck and look forward to seeing you succeed in your clinical year.

Sincerely,

Amy Dereczyk, PhD, PA-C, DFAAPA
Chairperson, Physician Assistant Program

Program Contact Information

Physician Assistant Program
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Nour Lyon, PA-C

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PA Program Clinical Year Supervisor:

Rahima Ahmed, MSIA

Office CHP 118

Ph: (313)578-0438

Fax: (313)769-9635

ahmedra@udmercy.edu

Other Important Phone Numbers

Registrar: 313.993.3313

Financial Aid: 313.993.3350

Student Health Center

Appointments

Personal Counseling: 313-993-1459

Health Clinic: 313-993-1185

Fax: 313-993-1777

Hours

Personal Counseling Hours

Monday-Friday: 8:30 a.m. - 5 p.m.

Health Clinic Hours

Fall/Winter

Monday, Tuesday, Thursday, Friday

9:00 a.m. – 4:00 p.m.

Wednesday

12:00 p.m. – 7:00 p.m.

Spring/Summer

Monday-Friday

9:00 a.m. – 2:00 p.m.

2023-2024 Clinical Year Calendar

Tentative Schedule – dates are subject to change

Clinical Rotation	Dates	Scheduled Activity(ies)
BOOTCAMP	8/29/2023 - 9/1/2023	<ul style="list-style-type: none"> Classes Begin – 8/28/2023
1	9/04/2023 – 9/30/2023	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 9/22/23 Seminar/MGM (10am-5pm) - 9/22/23 EOR Remediation (8am-10am) – 9/29/23
2	10/1/2023 – 10/31/2023	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 10/20/23 Seminar/MGM (10am-5pm) - 10/20/23 EOR Remediation (8am-10am) – 10/27/23
3	11/1/2023 – 11/30/2023	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 11/17/23 Seminar/MGM - none EOR Remediation (8am-10am) – 11/27/23
Call Back Days	12/1/2023 - 12/15/2023	TBD
	Holiday Break	
4	01/01/2024 – 01/31/2024	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 1/19/24 Seminar/MGM (10am-5pm) - 1/19/24 EOR Remediation (8am-10am) – 1/26/24
5	02/01/2024 – 02/29/2024	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 2/16/24 Seminar/MGM (10am-5pm) - 2/16/24 EOR Remediation (8am-10am) – 2/23/24
6	03/1/2024 – 03/31/2024	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 3/22/24 Seminar/MGM (10am-5pm) - 3/22/24 EOR Remediation (8am-10am) – 3/29/24
7	04/1/2024 – 04/30/2024	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 4/19/24 Seminar/MGM (10am-5pm) - 4/19/24 EOR Remediation (8am-10am) – 4/26/24
8	05/1/2024 – 05/31/2024	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 5/24/24 Seminar/MGM (10am-5pm) – 5/24/24 EOR Remediation -TBD EOC Exam (9am-3pm) – 5/31/24
9	06/01/2024 - 06/30/2024	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 6/21/24 Seminar/MGM (10am-5pm) – 6/21/24 EOR Remediation (8am-10am) – 6/28/24
10	07/01/2024 – 07/31/2024	<ul style="list-style-type: none"> EOR Exam (8am-10am) – 7/19/24 Seminar/MGM (10am-5pm) – 7/19/24 EOR Remediation (8am-10am) – 7/26/24
Call Back Days	08/01/2024 - 08/08/2024	TBD
Comprehensive Exams	TBD	TBD

Clinical Year Expectations

The clinical year is a transitional year for all students. The clinical year is designed to be challenging and prepare students to successfully function as a physician assistant. Students will be progressing from an academic classroom environment to the professional world of practicing as a physician assistant. Students will be evaluated by clinical preceptors who are determining the student's ability to successfully practice as a physician assistant.

A physician assistant operates as part of a clinical team that includes administrative staff, nursing staff, physicians and various other clinical staff or professionals. Clinical rotations vary in their hours of training depending on specialty and individual provider preferences. For example, surgical rotations typically train longer hours associated with performing surgery and then all subsequent care for the surgical patient, whereas some psychiatry rotations may have telehealth visits with minimal physical patient interaction or examination. **Students should be flexible in their expectation of training hours and consult with their advisor in regard to concerns around training.**

Clinical year sites can be anywhere in the state of Michigan, from Munising to Grand Rapids, Kalamazoo and anywhere in between. **Students are responsible for travel to and from clinical sites with expectation to arrive 15 minutes prior to scheduled start time. Students are also responsible for arranging suitable accommodations.**

Disability and Accessibility Support Services

Disability Support Services:

The University of Detroit Mercy is committed to providing equitable access to learning opportunities for all students. The Office of Disability Support Services collaborates with students who have disabilities to arrange reasonable accommodations. If you encounter any barrier(s) to full participation in this course due to the impact of your disability, please contact DSS at the email and number below. Our office will confidentially discuss the barriers you are experiencing and explain the eligibility process for establishing academic accommodations.

Chyelle Pitts-Chatman, Coordinator
Disability Support Services
Student Success Center
Library, Room 319
Email: pittsccm@udmercy.edu
dss@udmercy.edu
313-993-1158

<https://www.udmercy.edu/current-students/support-services/disability.php>

It is important that if you require an academic accommodation due to a documented disability, emergency medical condition, temporary disability or require special arrangements to be proactive in this process by requesting the accommodations before or at the start of every semester.

Title IX

Sexual violence and sexual harassment are contrary to our core values and have no place at the University of Detroit Mercy. In accordance with Title IX and related laws, Detroit Mercy prohibits sex and gender-based discrimination, including discrimination toward pregnant and parenting students. If you experience sexual violence or sexual harassment that limits your ability to participate in this course or any other Detroit Mercy program or activity, there are resources and options available. Please be aware that I am not a confidential resource, and that I will need to disclose alleged incidents of sex or gender-based discrimination to the university's Office of Title IX. You may also contact Megan Novell, the Title IX Coordinator, directly by calling 313.993.1802 or emailing novellme@udmercy.edu to learn about supportive measures and options that are available to students alleging or alleged to have engaged in sex or gender-based discrimination.

Student Support Resources:

The University of Detroit Mercy has a wide array of support services available for free to all students. We encourage all members of the community to be aware of this list of student support resources—including contact information for reporting incidents or concerns. Students can also refer to the webpage for Current Students. COVID-related concerns, about yourself or anyone else, should be reported through the COVID referral form.

Student support group

The College of Health Professions Diversity and Inclusion Committee discusses and advises a student support group designed to assist students in discussing challenges and experiences of the clinical year. Please reach out to your class representative for the groups meeting times and communications.

Technology Recommendations:

University of Detroit Mercy Information Technology Services (ITS) posts current recommendations for student technology needs—including hardware, software, and internet connectivity—on their website.

Important Announcements:

Important messages will be communicated through Blackboard and/or emailed to your Detroit Mercy email address.

Instructional Continuity and Class Cancellation: Instructional continuity refers to the continuation of instruction during unforeseen campus closure or instructor absence. Should the need to cancel a class session occur, students will be contacted through

Blackboard and/or their Detroit Mercy email address. The following procedures will be in place to ensure continuity of instruction in this course: students will be notified by the faculty of additional instruction. Students are responsible for all course material provided through this instructional continuity plan.

Compliance with Student Policies:

University of Detroit Mercy students are expected to be familiar with and comply with student-related policies and practices, including those found in the Detroit Mercy Student Handbook. The Student Handbook also contains contact information for the Dean of Students and the Dean of each College/School.

Academic Integrity:

As members of an academic community engaged in the pursuit of truth and with a special concern for values, University of Detroit Mercy students must conform to the highest standard of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of their own efforts. Among the most serious academic offenses is plagiarism, submitting the ideas or work of another source without acknowledgment or documentation. The consequences of plagiarism or any act of academic dishonesty may range from failure in a course to dismissal from the university.

Course copyright:

All course materials students receive or have online access to are protected by copyright laws. Students may use course materials and make copies for their own use as needed, but unauthorized distribution and/or uploading of materials without the instructor's express permission is strictly prohibited. Students who engage in the unauthorized distribution of copyrighted materials may be held in violation of the Student Code of Conduct, and/or liable under Federal and State laws. In addition, distributing completed essays, labs, homework, exams, quizzes, or other assignments constitutes a violation of the Student Conduct policy.

Blackboard:

In this course we will be using Blackboard for assignments, activities, and/or discussion. Students should have regular access to Blackboard and their Detroit Mercy email. The use of student data in Blackboard conforms to the Family and Educational Rights and Policy Act (FERPA) and information policies of University of Detroit Mercy. Downloading the Blackboard mobile app will also allow you to view content and participate in courses on an iOS or Android mobile device.

Recording of Class Sessions:

Video/audio recordings of class sessions (face-to-face or online) may be recorded for the benefit of students in the class. Recordings will be shared via platforms with access limited to other members of the class. The university will attain consent from individual students if recordings of student comments or images are shared with a broader audience.

Universal Design for Learning:

I am committed to the principle of universal learning. This means that our classroom, virtual spaces, practices, and interactions have been designed to be as inclusive as possible. If you have a particular need, please email me or arrange a meeting with me so I can help you learn in this course. I will treat any information that you share as private and confidential. Contact Disability and Accessibility Support Services to seek official accommodations due to a disability or emergency medical condition.

Learning Environment:

Universities provide a safe haven for multiple perspectives and for disagreement and dissent. However, all of our conversations should be pursued in the spirit of mutual respect and civility. Together we will work to create an environment in which every voice and perspective is heard and respected. The use of harmful or exclusionary language, including language that is racist, sexist, homophobic, or transphobic, would erode what we are trying to accomplish in our course and is not acceptable in the university classroom.

Religious Observances Statement

It is the policy of the University of Detroit Mercy to respect the faith and religious obligations of each student. Students with exams and classes that conflict with their religious observances **should notify their instructor at the beginning of the clinical year** to work out a mutually agreeable alternative. Please note that, regardless of whether an absence is “excused” or “unexcused,” the student is responsible for all missed course content and activities.

Course Evaluations

The University of Detroit Mercy provides a secure, anonymous, and easy to use resource for submitting your faculty/course evaluations. Faculty/course evaluations are used to gather information which aids faculty in improving courses and the curriculum. Evaluation of faculty and their courses is a part of the overall faculty evaluation and accreditation processes.

The tool is completely anonymous; there is no method by which your evaluation can be linked back to you. To use the online evaluation tool, go to the course evaluation site:

<https://www.udmercy.edu/evaluate/>

Clinical Rotations: Policies and Procedures

Procedure for Scheduling Rotations

The Detroit Mercy PA Program uses Typhon for scheduling all clinical rotations and tracking patient cases. All students are required to keep their Typhon profile updated throughout the clinical year.

The program also uses ACEMAPP to track rotations in select health systems. Students are required to always be compliant in ACEMAPP throughout the clinical year. If you have questions about your compliance at any time you may reach out to your advisor or Rahima Ahmed. Before students can begin the clinical year, they must successfully complete the Bloodborne Pathogens, OSHA, and HIPAA Assessments found on ACEMAPP.

It is important to remember that rotation placement is determined, and scheduled, with many considerations and are done so in a way to ensure that all students receive a well-rounded diverse mix of clinical rotations. Some of the factors that go into scheduling include rotation availability, location, student's experience and strengths, preceptor requirements, etc.

For these reasons, it is required that the PA program schedules all clinical rotations including major rotations, electives and preceptorship. All rotations can be anywhere in the state of Michigan, a reliable car or means of transportation is essential. Housing options are the responsibility of each student and can be limited, so plan in advance. Students are responsible for the costs of transportation and housing. Please discuss concerns in regard to clinical rotation with your clinical advisor.

Clinical Rotation Scheduling Process

All student rotations, once finalized between the program and the site/preceptor, will be scheduled in Typhon. The student can find their upcoming rotations listed in Typhon. Once a rotation is scheduled in Typhon, the student should complete the following steps:

- Students are expected to check the notes section in Typhon within 24 hours of the Typhon assignment to see if there are any special instructions. Some clinical sites may require additional paperwork and/or training up to one month in advance of the rotation start date. **This information will be in the notes section**, and it is the student's responsibility to ensure completion of these requirements in the timeframe required. If there are no special instructions, the student **MUST contact the site at least 7 business days before, or within 24 hours from Typhon posting if later than 7 business days** before the rotation starting date to confirm details including the starting time and place to meet on the first day of the rotation. If the student has been unsuccessful in contacting the site on multiple attempts, they should notify the student's clinical advisor at least 5 business days prior to the beginning of the rotation. If the student fails to contact the site/preceptor and notify their clinical advisor within 5 days of the start

date, the student may forfeit the rotation and be delayed in graduating.

- Unless otherwise directed by the notes in the “Clinical Site Directory,” the student should contact the site using the contact person listed in Typhon approximately 2 weeks prior to the rotation. DO NOT CONTACT THE SITE any earlier than 4 weeks prior to your start date.
- The student should find out the start time for the first day, details about parking, proper attire, and any other details necessary to begin the rotation.
- If there is any issue/concern with the rotation once the student has reached out to the site, the student must contact their advisor immediately.

Requesting a Clinical Site/Preceptor

While the program is responsible for scheduling all clinical rotations, students have the opportunity to request a specific site/preceptor. The program will take requests from students into consideration; however, no guarantees can be made of a specific rotation. Students should understand that clinical rotations are designed to challenge a student’s current educational experience and professionalism. To facilitate this request, the following procedures must be followed.

- FIRST obtain permission to contact the site (or medical education office, and/or preceptor) from your advisor to ensure this is not an already established site or a site with which there have been problems in the past.
- Make initial verbal contact with the preceptor at the clinic site to ascertain **interest only. Confirmation** of the rotation comes from the **program only**.
- The student must submit the request by completing the CY New Site Request Form (see Blackboard). The form must be completed with all information including the preceptor’s name, practice name, practice type, address, contact person, contact phone number and email, and whether you have initiated contact with the site. Please note that sufficient lead- time, typically 8-12 weeks, must be given for the clinical team to contact the site and to ensure all the proper paperwork is in place by the start of the rotation.
- After the final confirmation from the site is completed by the program, the student will be notified via Typhon of the dates of the rotation and the contact person at that rotation as described in the clinical rotation scheduling process above.

Clinical Program Faculty and Staff Responsibilities as it pertains to scheduling rotations

- Contact the preceptor to determine the viability of the site i.e., that it meets educational requirements and initiate documentation.
- Assure that all pertinent information is provided to the clinical site in a timely manner to confirm a student placement.
- Complete all pertinent paperwork requirements for the site and the program including legal memorandum or affiliation documents.

NO SITE WILL BE CONSIDERED/CONTACTED UNTIL A WRITTEN SITE REQUEST FORM IS SUBMITTED ONLINE OR EMAILED TO YOUR ADVISOR.

Student Responsibilities and Policies

The student will secure knowledge, consistent with rotation objectives from clinical experiences, readings, lectures, discussions, and other presentations throughout the year on a formal and informal basis. The progression of knowledge will span the cognitive domain from the simple level of recall and comprehension through application to the higher levels of analyzing, synthesizing, and evaluating data. This will be evaluated by the student's ability to:

- Assess the patient problem through development of a comprehensive and concise history and physical examination.
- Formulate an accurate and complete list of differential diagnoses
- Construct a comprehensive, cost effective, patient centered management plan.
- Update the data and revise the management plan as appropriate.

The student will also embrace the ideals identified as necessary to function as a **professional** using the title of Physician Assistant. These skills and behaviors will be evaluated through the student's ability to:

- Demonstrate clinical knowledge and competence
- Conduct him/herself ethically.
 - The student should always be clearly identified as a Physician Assistant Student by his/her appropriately embroidered short white coat and program badge and site supplied badge as indicated. These articles should always identify him/her as a PA student as should be the case in both verbal introductions and written documentation by the student (See also **Medical Records**). There are rare circumstances in which the site may request that you do not wear a lab coat (peds or psych). Always comply with the site request but always wear your program badge and explain to your clinical coordinator if you have a site visit why you are not wearing your coat.
- Adhere to the professional decorum policies faithfully and be mindful that manner of dress will represent him/her in a positive or negative way to patients, future colleagues and potential employers (See also **Dress Code**)
- **All students are required to submit their current rotation schedule on Typhon to their advisor by the Friday of week one of the rotation.**
- Adhere to the schedules at the individual clinical sites as determined by the site, not the PA program. Clinical hours can vary by site with some sites requiring a training schedule of up to 80 hours per week. Students can be expected to train night-time shifts, weekends and holidays depending on scheduled assignment. This does not include travel time to the rotation. **The student should identify in writing to the site at the beginning of the rotation, any program related absences that will occur during that rotation (e.g., Major Group Meeting, End of Rotation exams, etc.).**
- Each student must keep all information on "Your Information" in Typhon current including all contact information, healthcare information and any other demographic information listed as well as with the PA program, College of Health Professions, and the University.

- Attending clinical rotations. Students **must contact their Advisor and the clinical site** if tardy or absent as soon as possible on the day in question (see also **Reporting Absence/Tardiness**). **Time lost must be made up** to complete program requirements. Failure to do so could result in disciplinary actions, the most severe of which would be dismissal from the program.
- Keep your advisor informed of activities, which may impact on his/her ability to secure an adequate clinical experience with the understanding that no rotation will meet all the student's needs and/or program/ rotation objectives. **It is ultimately the responsibility of the student to meet all the objectives outlined for each rotation by whatever means necessary.** This may involve discussions with your preceptor or using other available resources to ensure you meet the objectives.
- Adhere to the confidentiality policies regarding all privileged information. (See section on **Confidentiality**)
- Seek opportunities to advance knowledge and skills. Demonstrate motivation and enthusiasm to learn during **every** rotation. Preceptors appreciate enthusiastic students and look for opportunities to advance the student's knowledge and skills. Be there early and be willing to stay late. Look for opportunities to assist and truly be a team player.
- Know his/her limits and acknowledge them
- Develop an awareness of his/her strengths and weaknesses and develop mechanism(s) with preceptor/faculty support, to correct the identified deficits.
- Expand his/her ability to perform clinical procedures. Identify and utilize the knowledge base acquired in the didactic year and develop new clinical skills by progressing from levels of imitation and manipulation through precision and articulation to the naturalization of the psychomotor skills required for a PA and document those skills appropriately on Typhon.
- Be a dependable team member and work well with others
- Work under authority or supervision. While students may, after demonstrating proficiency, be permitted to undertake certain defined activities, they are always to be under appropriate supervision and direction. Students are never to be substituted for regular staff and any student in this situation must contact the program immediately.
- Organize activities with priority of the patient's welfare as foremost by considering patient health promotion, risk reduction, education, and time management. Decisions made regarding diagnostic and therapeutic plans must be patient centered with patient safety a central theme and always cleared with the preceptor or his/her designee before implementation.
- Seek and accept constructive peer and mentor criticism. Discuss the clinical evaluation and rotation objectives (have an extra copy of each for review) with the preceptor on the **first day, midway through and at the end of each clinical rotation.** To make review time possible, try to schedule the midpoint and end of rotation reviews at the beginning of the day. This is the student's responsibility to arrange. Midway and at the end of each rotation, he/she should review and sign the preceptor evaluation with the clinical preceptor(s). Mid rotation evals are **due by the end of the second week** of a rotation and should be sent to your advisor.
- **Prior** to completion of the rotation, the student must ensure that the EOR evaluation

has been completed by the preceptor.

- Be responsible to the clinical site. On the last clinical day of any rotation, return any identification, parking documentation, scrubs or borrowed literature to the appropriate department at the clinical site and check to make sure all charting responsibilities have been completed. Be sure to thank not only your preceptor but the office manager and staff for the opportunity they have provided. Remember that every rotation is a potential job offer in the future! A simple, personal, hand written, Thank you note/email to your preceptor.
- Provide constructive criticism. At the end of each rotation the student will complete a constructive critique of the clinical experience for that rotation through Typhon. The student's input is important to the program and the preceptors and is reported to the clinical sites anonymously and in aggregate once a year for the purpose of quality improvement. Be sure to promptly let your advisor know if you have any concerns with your site or preceptor.
- Maintain an updated health status, and current ACLS/BLS, OSHA, HIPAA, and Bloodborne Pathogen Assessments. Immunizations must be updated by the end of the month, one month prior to when the immunization will expire. For example, if TB test/PPD expires in February, the student must show proof of a negative PPD by the end of January.
 - Per the program Policy Manual: "The Physician Assistant program reserves the right to limit or curtail the student's clinical opportunities in the event that proof of Covid, influenza, hepatitis B, rubella, mumps, rubella and varicella immunity as well as tetanus vaccination and TB screening is not provided."
- Enjoy the challenge of clinical medicine

When you are in doubt on any issue, contact the program and/or your advisor for information. We are here to help.

Please refer to PA Policy Manual for complete discussion of both professional decorum and academic misconduct. The student is responsible for upholding both the professional decorum and the academic misconduct policies in their entirety in both the clinical and educational settings. The clinical PA student is an ambassador to the medical community. Each student represents the profession, the PA program, the University of Detroit Mercy and future PA students. Because of the high visibility of the clinical student, it is expected that the student will be courteous, respectful, and clearly always identified as a PA student. The student should convey acceptance of and concern for patients and family through appropriate interpersonal behavior. The student will not discriminate against patients, clinical staff, fellow students, or others involved with the student's education based on color, creed, race, sexual orientation, physical disabilities, national origin, or socioeconomic status.

Preceptor Responsibilities

Clinical preceptors are expected to conduct themselves in a fair and conscientious manner in accordance with the ethical standards generally recognized within the academic community as well as those of the medical professions they represent.

Preceptors are expected to:

- Be a credentialed and licensed practitioner
- Meet scheduled appointments, rounds and clinical teaching opportunities, be available to supervise all activities of student practitioners and approve implementation of all treatment plans (or delegate this responsibility to a licensed practitioner who has such authority)
- Delegate to students, defined duties, with appropriate supervision and direction
- Be available at reasonable times for teaching and evaluation of students
- Perform student evaluations in a timely manner
- Communicate with students regarding clinical performance and provide written mid-rotation and end of rotation evaluations
- Communicate to students, at the beginning of the rotation, the expectations, and standards of evaluation
- Communicate with students regarding safety and security policies and procedures for the clinic/health system
- Communicate immediately with the program any concerns regarding the student including the ability to meet the objectives of the rotation
- Base all academic evaluation upon good faith professional judgment
- Not consider in academic evaluation factors such as race, color, religion, gender, age, national origin, handicap, sexual orientation, political or cultural affiliation, lifestyle, activities, or behavior outside of the academic setting unrelated to academic and professional achievement
- Respect confidentiality of student academic information
- Not exploit professional relationships with students for private advantage and refrain from soliciting the assistance of students for private purpose
- Give appropriate recognition to student contributions in clinical activities
- Refrain from any activity which involves risk to the health and safety of a student
- Respect the dignity of each student individually and all students collectively in all academic contexts

Site Visits

The student must pass this portion of the course independent of the entire course grade to successfully progress in the program. A faculty member may make a site visit at any time, Covid permitting. The supervising preceptor evaluates the day-to-day activities of the student. The faculty evaluates the students on the following criteria:

The student may be asked to present a current patient, discuss the pathophysiology, describe the diagnostic work up, the management plan and outline patient education for the case. The faculty may evaluate the student's medical record entries; assess student professional appearance including attire and identification, motivation to learn, as well as professional conduct and attitude. The faculty member may also discuss progress with the clinical preceptor(s). This may be during a site visit, phone, video-conference interview, or e-mail communication. **Site visits may be planned or may occur spontaneously by schedule information submitted by the student the first week of a rotation. If there is a schedule change from the originally reported schedule, it is the student's responsibility to inform the program right away.**

All students are required to submit their current rotation schedule on Typhon to their advisor by the Friday of week one of the rotation. Site visits may be unannounced with the expectation that the student will be at the site per the submitted schedule.

Medical Records

Students will be expected to document clinical data into actual medical records at the clinical sites throughout the clinical year as dictated by the clinical site. All students must abide by strict guidelines associated with the acquisition and maintenance of these legal documents for the student's protection and the welfare of the patients seen by professionals in training. Students must also adhere to policies regarding these legal documents determined by individual clinical sites. It is the responsibility of the student to be aware of the policies for the respective clinical site. All required documentation must be completed by the student before the end of rotation. All medical records must be signed by the student immediately with the student's name and **Physician Assistant Student (PA-S)** designation. All records must also be signed by the supervising preceptor as soon as possible and it is the student's responsibility to secure the countersignature. Please note, not all sites provide students with medical record access. Students should take notes of patients suitable for providing patient care and presentation, and dispose of notes appropriately in compliance with HIPAA guidelines (see below).

Confidentiality

Please refer to PA Policy Manual for complete discussion.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. Standards have been set for health care providers who transmit health care transactions electronically. While in Clinical Practice, most of the health care providers the student will encounter will be under the HIPAA guidelines and requirements. In studies, and during clinical practice, the student needs to be aware of these requirements, and additionally, the health care provider will often train the student on their HIPAA policies and practices.

Some of the pertinent requirements of HIPAA are:

- Notifying patients about their privacy rights and how their information is used.
- Adopting and implementing privacy procedures for the practice or hospital.
- Training employees so that they understand the policies.
- Designating an individual as a Privacy Officer, who is responsible for seeing that the privacy procedures are followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those that do not need them.

All data gathered about the patient and his/her illness, including all items within a patient's medical history is privileged information. Therefore, students should not discuss or present a patient's data in a manner or situation which would violate the confidential nature of the record. Also, any information or supporting data obtained directly or indirectly is not to be construed as the property of the student. Medical records are not to be removed from the hospital or clinical setting. Any copies of patient information (e.g., discharge summaries) must have all patient information blacked out before submission as an assignment or a failing grade will be issued for the assignment.

Students will be required to review selected readings on HIPAA guidelines and meet a minimum of 80% on a post quiz before beginning clinical rotations. Students should also be aware that individual rotation sites may require them to attend their own HIPAA training as part of their rotation experience.

Preceptor Review and Countersignature

On each clinical rotation, it is the student's responsibility to ensure that **all** patients seen by the student are also seen by the supervising preceptor. The preceptor must also review all student notes written in medical records and countersign these documents. Countersignatures by a supervising preceptor are required before any student order may be executed. **It is the student's responsibility to secure the countersignature.** Under no circumstances should a student initiate orders for any patient on any rotation without immediate consultation and countersignature of the clinical preceptor.

Prescriptions

Under no circumstance is a student to sign or electronically submit prescriptions. The only signature which should appear on the prescription is that of the licensed supervising preceptor. The student may, however, prepare the prescription for signature at the discretion of the supervising preceptor.

Professionalism

CHP Honor Code

Students in the College of Health Professions at the University of Detroit Mercy are expected to exhibit behaviors that epitomize academic, professional, and personal integrity. Detroit Mercy is committed to the traditions of the Sisters of Mercy and the Society of Jesus that emphasize values, respect for others, and academic excellence. Adherence to such lofty standards is necessary to ensure quality in education and clinical care in all College of Health Professions programs. A student's acceptance into a program of the College of Health Professions is conditional upon signing an affirmation of the Honor Code. *To view the entire Honor Code copy and paste this link into your browser:* <http://healthprofessions.udmercy.edu/about/pph.php>

Addressing Faculty and Preceptors

Students should address all faculty members as Professor. Students should address all physician preceptors as Dr. and should ask all other preceptors how they would prefer to be addressed.

Dress Code

- The short white “intern” type lab jacket is required during a student’s clinical experiences. The lab coat should be consistent with the short white coat purchased by students for the White Coat Ceremony. The jacket should have the proper identification embroidered on the left breast (i.e., student’s name, Detroit Mercy PA Student, and the Detroit Mercy logo patch on the shoulder.)
- The white jacket must be worn over business attire during a student’s clinical experiences. The image presented by the style of clothing worn by the practitioner often supports or undermines the acceptance of the care plan for the patient by both the preceptor and the patient. It should always be clean and neat. "Blue jeans" or other casual type dress is not acceptable during any student learning activity when in a professional setting. Hospital “scrubs” may be substituted for business attire if consistent with the clinical site’s policy and supplied by the site. “Scrubs” must not leave the clinical facility’s grounds.
- It is expected that you will arrive at your sites daily well-groomed and exhibiting optimal hygiene. Hair must be clean and the student free of body odor or dishevelment. If makeup is worn, it should be minimal and conservative.
- Clothing should not be too tight; chests or cleavage should not be visible, and dresses or skirts should be at or below the knee. Professional footwear are close toed shoes. Athletic shoes are only to be worn with scrubs, should be clean, and conservative. Students must be clearly identified by wearing the University of Detroit Mercy program student identification tag when participating in any educational experience. On occasions, the clinical site may provide a nametag in addition to the university-supplied badge. Regardless of institutionally supplied ID tag, the student must be clearly always identified as a University of Detroit Mercy Physician Assistant Student.
- Hair must be clean and cleared away from the face and if longer than shoulder length should be tied back or pinned up. Facial hair should be neatly trimmed. Hair harbors higher levels of bacteria and should not be in the patient contact zone. Long or loose hair may also pose a safety risk when dealing with confused, intoxicated, or otherwise impaired patients.
- Nails must be clean and short (no longer than the end of the fingertip) and free of polish. Acrylic nails, extensions, tips, or applications are not permitted. Long nails are difficult to clean and can potentially penetrate gloves and procedures with longer length nails may be uncomfortable for patients and may injure a patient.
- Jewelry must not be worn on the hands or arms during patient procedures. If jewelry is to be worn it should be small and conservative in appearance. Loose jewelry i.e., hoop earrings, necklaces may also be grabbed by uncooperative, aggressive, or mentally impaired patients.
- Colognes, perfumes, strongly scented lotions, aftershaves, or deodorants should not be worn in patient areas. Heavily scented personal products can trigger patient’s allergies and asthma.

Email Etiquette

Students are expected to follow the UDM Code of Conduct and professional policies outlined in the program Student Handbook. Communication between students and faculty is expected to always be professional. This also includes email communication and being courteous and treating others with civility.

Allow 48 hours for email responses, excluding weekends from your advisor/clinical coordinators. Your responsiveness should be the same with any communication from your professors, **maximum 48-hour response time**. Emails should be professional in tone and grammatically correct. Always proofread your email messages prior to sending. **You are required to use your UDM student email account to email UDM faculty and staff and clinical sites and preceptors.** You are expected to check your UDM email daily while on your rotation to ensure prompt responses and attention to important matters.

Detroit Mercy Student Email Policy:

<http://it.udmercy.edu/policies/ITS-0024%20Student%20E-Mail%20Policy.pdf>

Detroit Mercy Email Etiquette Policy:

<http://it.udmercy.edu/email/emailetiquette.htm>

Attendance in the Clinical Year

Please refer to PA Policy Manual for complete discussion.

Because of the limited clinical training time available to the PA student, it is expected that each student will fully participate in all training opportunities. Therefore, it is expected that a student does not miss any time during the clinical year. On occasion, a student may require time off and in which case it is expected that:

- A student misses no more than 5 days of clinical or program training activities due to any reason throughout the year.
- Loss of clinical experience of more than 2 days on a major rotation may result in the student being required to repeat the clinical rotation.
- A cumulative loss of >5 days throughout the clinical year may result in the delayed graduation to allow for the student to make-up the time for the missed clinical experience.
- It is expected that any absence from the clinical site will be made up so that the student will have ample opportunity to gain clinical experience. It will be his/her responsibility to coordinate the makeup time with the clinical preceptor / site and to notify your advisor via email of the absence and plan for making up the time missed.

When an absence occurs students **must notify both** the **preceptor** at the clinical site **and** the **PA Program** of any absences or tardiness at the earliest possible time. Failure to notify the clinical

site and PA program could negatively impact the student's promotion through the clinical year. Messages for the program should be sent to the e-mail address of your advisor.

An Absence Request Form must be filled out and sent to your advisor for approval ***IN ADVANCE*** of the requested planned absence. The form can be found in the Appendices section of the handbook.

Unexcused Absences

Any unexcused absence or early departure (or failure to report these to your advisor) from a scheduled clinical year activity is unacceptable and is considered professional misconduct. This violation of policy will be brought before the Promotion and Progress Committee who will determine the program's response. This behavior may result in warning, probation, or dismissal from the PA Program.

Snow Days

When the Detroit Mercy campus is closed due to inclement weather or any other unexpected problem, students are not required to attend class held on campus, however, they are still required to attend scheduled clinical experiences.

If you do not feel that you can travel safely, please contact your site and notify your advisor. It is expected that time off from your clinical site be made up. It is the student's responsibility to coordinate this make-up time with the clinical preceptor and the course instructor. See above for further information.

Sick Time

Any excused absence of > 2 consecutive days due to illness requires that a health care provider's note be submitted to your advisor upon return. This documentation will be placed in the student file and will be reviewed as necessary by the Promotion and Progress Committee. You will be expected to arrange to make up for your missed time.

Other Excused Absences

Please refer to the PA Program Policy Manual. Anticipated absences for reasons other than those listed previously must be discussed with the course instructor in advance. Documentation explaining the nature of the absence is required as well. Leave of absence for

any reason must be discussed with the program director and your advisor and be following university and program policy.

Professionalism Grade

Each student will receive a professionalism grade during each clinical rotation and will be assigned by clinical faculty based on compliance with professional rubric. This makes up 5% of the grade for each rotation. (See Blackboard for rubric) Professionalism issues will be taken to the Promotion and Progress committee for discussion and any disciplinary actions.

Clinical Rotation Dismissal

A student dismissed from clinical rotation will be considered to have failed that clinical rotation, even if a formal evaluation has not been completed. The student will advise their clinical advisor immediately and the advisor will update Promotion and Progress committee with appropriate disciplinary action to follow.

Student Disciplinary Action

During the clinical year students are subject to disciplinary action for academic and or professional issues.

Disciplinary actions can include, but are not limited to:

- Additional supplementary assignments
- Letter of Reprimand
- Probationary period
- Repeat clinical rotation
- Delayed graduation
- Dismissal from program

Clinical Year Curriculum

Documentation of Clinical Experiences (Typhon)

The program will monitor the degree to which students are achieving the educational objectives of its curriculum and the appropriate balance and diversity of patient care experiences. Students will be required to document their clinical rotation experience during major rotations, virtual rotations, and their preceptorship via the “Typhon” electronic tracking system employed by the program. **Students should document ALL procedures, including Ultrasound, suturing, I&D’s, pelvic exams, etc., ALL Women’s Health (pre-natal) encounters, ALL Behavioral Health encounters, and ALL infant/child encounters.** This documentation must be completed to progress to the next scheduled rotation. Failure to document **ALL** patients by the required deadline may require a student to repeat a clinical rotation. Documentation of the clinical experience through the Typhon Patient Tracking System will **constitute 15% of the clinical rotation grade. ALL Typhon documentation must be completed by the last day of the rotation.**

A student must document all patients seen during their rotation in Typhon. If a student is having difficulty seeing a specific patient category/volume, they should contact their clinical year advisor.

Students will attend a mandatory in-service on the electronic tracking system (Typhon) prior to beginning the clinical year where they will be registered in the tracking system.

End of Rotation (EOR) Exams

Students will be required to take an EOR Exam and, or complete an assignment specific to that rotation. Students are expected and required to be seated for their EOR examination 15 minutes prior to the examination start time. This is to minimize any disturbance to students taking the EOR examination. A student late to an EOR examination will not be allowed entry to the examination and must contact their advisor. The student will be subject to disciplinary action for professionalism with grade deduction (see above). **Students must achieve the minimum standard of competency for each EOR examination (70%) and assignment independent of overall grade to successfully progress in the program. Should a student fail to achieve competency on an examination, the student must contact their advisor. Students must retake the failed exam on the scheduled retesting date.** After re-testing, the maximum-recorded score is 70% for the examination. There are no EOR examinations following the Preceptorship or Elective rotation.

All EOR exams consist of 120 multiple choice questions. It is a two-hour timed exam. The exams are administered through PAEA (Physician Assistant Education Association) *Exam Driver*. The content for each discipline can be found at: <https://paeaonline.org/assessment/end-of-rotation/content/>

PAEA EXAM Guidelines:

Test-Taking Rules and Procedures

Certain test-taking actions will trigger alerts that indicate potentially unacceptable conduct. The system generates the following alerts: Viewing Other Content, Inappropriate Key Stroke, and Screen Capture Detected. Students must understand these alerts to know what actions are prohibited. Proctors must understand these alerts to enforce academic integrity and exam policies. In each case, the proctor becomes aware and — to the extent needed — becomes involved in warning, corrective, or punitive action. The key tool for proctoring exams is the set of system alerts. After a certain number of alerts (which varies by alert type), the student's exam will automatically pause. After two additional alerts, the student's exam will automatically end, and they will not be permitted to continue with their exam. A more detailed explanation for this process is in the Proctor Responsibilities section.

The following are the most important and often used system alerts:

Viewing Other Content (formerly Lost Focus)

- What causes it: Students are looking at content on their computer other than the exam screen (e.g., other browser windows or tabs, applications, chat boxes — including those used by remote proctoring services — or system alerts) for 10 seconds or more.
- What it isn't: It is not a definitive indication of inappropriate behavior. System alerts like an email, or update notification can become the primary application without a student's knowledge. Also, it is not triggered when a student merely hovers over an exam question for an extended period to read the item. PAEA does not track what application or website students may have been looking at to trigger the alert. Thus, timely and thorough investigation is required to make a final determination.
- Auto-Pause rules: After three Viewing Other Content alerts, a student's exam will be paused. When investigating the alert, the proctor is expected to look for other browser windows, browser tabs, or applications that indicate inappropriate behavior, or adjustments in browser settings that do not.
- Auto-End rules: After two additional alerts, for a total of five alerts, the system will end a student's exam, and they will be unable to continue. When collecting additional evidence for an investigation, be sure to examine the student's browser history.

Inappropriate Key Stroke (formerly System Command Detected)

- What causes it: This alert is triggered if a student using a Mac uses a keystroke combination that includes the Command (⌘) and Shift keys together. This includes many of the shortcuts listed here: <https://support.apple.com/en-us/HT201236>.

The most common examinee actions that trigger this alert include:

1. Benign actions such as:

- Zoom (no longer needed due to accessibility features)
- ⌘-Shift-+
- Logout • ⌘-Shift-Q or
- Option-⌘-Shift-Q
- Center aligns (does not do anything) • ⌘-Shift-Space bar
- Page set-up (does not do anything) • Shift-⌘-P
- Help menu • Shift-⌘-?

2. Inappropriate actions such as:

- Screen capture • ⌘-Shift-3 (full screen) or 4(selected area)
- Open Spelling and Grammar app (which does include a medical dictionary)
- ⌘-Shift-:
- Switch windows • ⌘-Shift-~
- Select text (could be used with copy and paste actions; look for other open documents)
- ⌘-Shift and any arrow key

3. Paste and match style • Option-⌘-Shift-V

- #### 4. What it isn't: It is not a definite indication of inappropriate behavior. PAEA cannot tell what specific action the student took to trigger the alert. Thus, timely and thorough investigation is

required to make a final determination.

- Auto-Pause rules: After one Inappropriate Key Stroke alert, a student's exam will be paused. During the investigation, if the student is found to have taken screencapture images, those files must be deleted from the computer and permanently deleted from the Recycle Bin if kept digitally or destroyed if they are in hard copy form. Also, please notify Exam Support so that PAEA can investigate whether exam content has been published online.
- Auto-End rules: After two additional alerts, for a total of three, the system will end a student's exam. As above, programs must investigate whether screen capture images or documents have been made, destroy them, and notify PAEA so they may conduct additional investigation.

Screen Capture Detected (formerly Print Key Detected)

- What causes it: This alert is triggered when a PC user hits the Print Screen key. This is used for screen captures but may also send a document to a networked printer. Be sure to check the PC's default printer for any exam content.
- What it is not: This one is straightforward. This alert can only be triggered by pressing the Print Screen key.
- Auto-Pause rules: After one Screen Capture Detected alert, a student's exam will be paused. If, during the investigation, the student is found to have taken screen capture images, those files must be deleted from the computer and permanently deleted from the Recycle Bin if kept digitally or destroyed if they are in hard copy form. Also, please notify Exam Support so that PAEA can investigate whether exam content has been published online.
- Auto-End rules: After two additional alerts, for a total of three, the system will end a student's exam. As above, programs must investigate whether screen capture images or documents have been made, destroy them, and notify PAEA so they may conduct additional investigation.

Other System Alerts

- Disconnected: This alert occurs any time a student disconnects from the exam window. This could be due to an internet outage, system disruption, or a closed browser window. If a student is in the middle of the exam, they will raise a flag that there is an issue. The proctor may reauthorize them to continue the exam or contact PAEA Exam Support if they are unable to continue. It could also mean that the student is done and did not hit Complete before exiting the browser. If they have time remaining, the proctor may allow them to log back into their exam, reauthorize them to continue, and hit the Complete button. If they do not have time remaining or have left the room, you must wait 12 hours until the exam window closes for the exam to be auto completed or scored.
- Completed: The student has affirmed that they are finished with the exam. They may not go back into the exam.

End of Rotation (EOR) Examination Scheduling

EOR exams will be scheduled and administered in week 3 of the 4-week clinical rotation. Exact

location and timing will be communicated via Blackboard and through automated announcement from PAEA Examdriver management software. **Students are responsible for obtaining sign-in information to Examdriver prior to examination.**

If there are discrepancies in timing of your exam, contact your clinical advisor. If you have accommodations for examinations, you need to ensure they are current with the office of Disability & Accessibility Support Services. Accommodations need to be renewed on a semester basis when registering for clinical rotation classes.

It is expected that students **arrive 15 minutes ahead of the scheduled exam start time** to allow for setup, login and preparation for the exam. Students take EOR exams on their own laptops. If a student does not have a laptop available to them, they must notify their advisor as soon as possible, prior to the examination date. Students will begin their exam when instructed by the examination proctor. All laptops should be secured with all external communications turned off; all extra windows should be closed to ensure no appearance of misconduct during the examination. Students may have a laptop, one blank sheet of paper, pen/pencil at their seat. No other items including backpack, jacket/coat, cellphone, food/beverages, etc. are not allowed in the testing area.

Students who miss an exam or arrive late will be given a zero for that exam unless previous arrangements were approved by the instructor. A student who anticipates being late to the exam, should contact their advisor ASAP. A student who is late for examination with no clear communication to their advisor will be subject to disciplinary action.

Re-testing of EOR Examinations

See Re-examination Policy in the PA Policy Manual for full discussion.

If a student does not achieve the minimum standard (70% on the end of rotation exams) on their initial attempt for a specific EOR examination they must contact their advisor to re-test on the scheduled re-testing date. The student's advisor will update and inform the Progress and Promotion Committee of a student's examination status.

The student must notify the current clinical site, in the case of a re-examination, of the 2-3-hour absence required to retake the examination once the date/time is established. Time lost at the clinical rotation site **must be made up.**

In the event of a second EOR exam attempt failure, the student will be required to take a 1-month leave of absence to concentrate their studies and remediate that EOR exam. The student will then receive a single opportunity to pass the EOR examination at the end of the month designated for remediation and concentrated study. Throughout this process, the student's advisor will update and inform the Progress and Promotion Committee of a student's progress. Students who require a leave of absence during their clinical year will have a delayed graduation date.

Failure to pass the EOR examination after leave of absence and 1-month remediation plan demonstrates a failure to progress academically. Students failing to show academic progress are subject to dismissal from the program.

Outcomes Criteria

Each exam represents the PAEA Blueprint and Topic List for that specialty rotation and content is specific to the patient lifespan and care setting.

The minimum standard of competency for the EOR exam is a reported scaled score which is then converted to a percentage score. The minimum standard of competency at the University of Detroit Mercy for the EOR exam is a score of $\geq 70\%$.

Scale scores are scores that have been mathematically transformed from one set of numbers (i.e., the raw score) to another set of numbers, in order to make them more comparable. This process compensates for small variations in difficulty between sets of questions and can be used to place all scores on a single scale. The process used is a linear transformation of IRT scores. (PAEA)

It is important to remember that all students take EOR examinations on the same objectives throughout the entire clinical year. It is expected that students demonstrate professionalism by maintaining the security of all exams. Sharing or receiving information on the content with or from anyone else has the potential to negatively impact all involved students and is considered academic and professional misconduct with disciplinary actions up to and including dismissal from the program.

End of Rotation (EOR) Evaluations

Student Evaluation of Clinical Experience

Students are required to complete the EOR Student Evaluation of Site and Preceptor form, in Typhon, for **EVERY** rotation by the last day of the rotation. Access to the evaluation tool will be through Typhon. Completion of this evaluation including written comments is required.

The information from the student evaluation of the clinical experience:

- Provides the student with an opportunity to give feedback on preceptors, including concerns and suggestions that may not have been shared during the rotation.
- Allows the student to provide professional input into the educational process using constructive criticism.
- Supplies the PA program and the clinical site with documentation necessary for continuous quality improvement of the training experience and clinical site.

The clinical site will receive a collective student assessment at the end of the academic year. No student names will be shared with the site or preceptor(s). Under no circumstances will information shared have any negative repercussions for the student; on the contrary, over the years the information has been used to help clinical sites make alterations in clinical

experiences to improve subsequent educational opportunities. The content of this student assessment will not be graded but the completion of all rotation evaluations will constitute 5% of the total grade.

Preceptor Evaluation of the student

There are 2 types of electronic evaluations that the preceptor will be asked to complete:

- Mid-rotation evaluation form (for all major and preceptorship rotations)
- End of Rotation evaluation form (for all major, elective and preceptorship rotations)

It is imperative that every student review the evaluation forms and the clinical objectives for that specific rotation with the preceptor on the first day, midway through and at the end of each rotation to ensure a mutual understanding of the clinical experience.

Evaluation will assess the cognitive, affective, and psychomotor skills, needed to function as a PA. The clinical site preceptor(s) and others involved in the precepting experience assess the student performance and progress based on personal observations and communication. **The minimum standard of competency is 80% (B-) for any preceptor evaluations(s).** This is determined from completed data only, i.e., NA (Not Applicable) responses will not lower a student's overall grade. **Preceptor evaluations of the student constitute 35% of their final grade.**

The minimum standard of competency must be achieved on every rotation independent of overall grade, to successfully progress in the program. A student who is prematurely dismissed from a clinical site for professional or academic reasons, fails that rotation whether a preceptor evaluation form is completed or not.

It is expected that the evaluation form will be discussed with the preceptor. This serves the purpose of receiving performance feedback, discussing discrepancies, and developing professional qualities such as giving and receiving constructive criticism.

It is the student's responsibility to ensure preceptor completes the EOR evaluation form in Typhon by the last day of the rotation. If the evaluation form is not ready to be returned to the advisor on the last day of the rotation the student must notify their advisor of the plan for the return of the evaluation and follow-up with the preceptor.

Repeating of Clinical Rotations Due to Failure to Achieve Clinical Competency on EOR Evaluations

If the student does not successfully achieve the minimum standard for clinical competency as reflected in the end of rotation evaluation form, the case will be discussed with the student, the program director, and the preceptor. It will be brought to the attention of the PA Promotion and Progress Committee, who will decide the best plan for the student to address their deficits and achieve competency. The student will be notified of the final grade and outcome for a failed rotation, which may include, but is not limited to repeating the entire clinical rotation or

dismissal from the program. Students may be required to repeat a rotation if they fail to properly document clinical cases. Scheduling of a repeated rotation will be dependent upon availability of an appropriate site.

Upon successful completion of the repeated rotation, the course instructor will record the minimum required grade (80%).

Clinical Year Reflection Paper

As a manifestation of our commitment to the mission of the PA program and the University of Detroit Mercy, clinical year PA students will be expected to participate in at least one clinical rotation in a medically underserved area. Each student is required to submit a 2-page Reflection Paper on the last day of elective rotation. The grade for this Reflection Paper will replace the EOR examination grade during the elective rotation.

Reflection Paper Objectives

In addition to the clinical objectives specific to the discipline the student will:

- Compare and contrast the delivery of medical services in a medically underserved setting.
- Develop an understanding of the unique needs of the patient and family in the medically underserved setting
- Identify barriers to health care services in the medically underserved setting
- Identify community resources to improve access to care

Second Primary Care Rotation Assignment

There will be no EOR exam for the second Primary Care rotation. Students will complete an additional assignment, details will be posted on Blackboard.

Grading

There are four components to the final clinical rotation grade: EOR exam score, EOR evaluations submitted by the preceptors, Typhon documentation, completion of virtual rotations, and the student's Evaluation of the Site/Preceptor.

- End of Rotation Exams 40%
- End of Rotation Evaluations..... 35%
- Typhon Documentation 15%
- Evaluation of Site/Preceptor..... 5%
- Professionalism..... 5%

***ALL components must be completed by the last day of the rotation.**

Grading Deductions

If any of the above are not completed by the due date a deduction in your grade for that rotation will be given. Please refer to the list below for the corresponding grade reduction. If one of the areas is not completed by the end of the semester you will receive an (I) Incomplete grade until it is turned in. You cannot graduate with an I grade.

- End of Rotation Evaluation (from preceptor): **5%** deduction for that assignment.
- Typhon documentation (insufficient/incomplete): **10%** deduction for that assignment.
- Student Evaluation of Site/Preceptor: **10%** deduction for that assignment.

*Students who have contacted their advisor in advance by email may be granted an extension without incurring a reduction in their grade, but this must be done prior to the deadline. Every incident will be addressed on a case-by-case basis to determine if it will be authorized.

Grading Scale:

A >= 93	B- = 80-82	D = <69
A- = 90-92	C+ = 77-79	
B+ = 87-89	C = 73-76	
B = 83-86	C- = 70-72	

* This course will adhere to the grading scale outlined in the Physician Assistant Program Policy Manual.

Personal Safety and Security

Liability Coverage

Physician Assistant students assigned to a health facility for clinical experience shall not be required to obtain and maintain their own policy of malpractice insurance. Students in the program assigned to a health facility for clinical experience will be covered by the University's blanket malpractice insurance policy which presently contains a \$1,000,000 occurrence/\$3,000,000 aggregate coverage for students participating in the program.

UDM shall maintain on file evidence of the existence of this policy and shall provide evidence of the existence of the insurance required hereunder to the health facility upon request. UDM shall notify the health facility within five (5) business days in the event the policy limits are modified or discontinued.

This coverage is limited to:

- Students currently registered and matriculated in the UDM PA program
- Clinical rotations approved and scheduled through the UDM PA Program.
- Students practicing within the guidelines outlined in the UDM PA Policy Manual.

The student is not covered for any service or activity, either voluntary or for remuneration that is **not approved** and scheduled **by the program**.

Example: *a student identifies a need to become more skilled at performing pediatric examinations and begins seeing patients on the weekends at a friend's clinic. This clinical situation would not be eligible for liability coverage for the student since this activity was not part of the scheduled clinical training. **Students will not identify themselves as a representative of the UDM PA Program.***

It is the student's responsibility to contact their advisor as soon as possible if any potential liability issue occurs during their training experience; the student will then be advised of the proper procedures.

Examples of potential or real liability issues which should prompt **immediate notification of the program** include:

- Unexpected death of a patient
- Unexpected result of quadriplegia or paraplegia
- Severe disfigurement
- Threat of legal action because of treatment
- Any demand from legal affair or an attorney
- Notification that you have been named in a lawsuit
- Receipt of legal papers

Avoiding a Lawsuit

Suggestions for actively avoiding a lawsuit may include:

- Maintain good, legible, accurate medical records
- Know your limitations (contact your preceptor or clinical coordinator if you are unsure)
- Show compassion towards your patients
- Know your responsibility to the patient and clinical site
- Be cognizant of your liability coverage
- Know who will represent you in a lawsuit
- Do not initiate treatment without supervising preceptor input and countersignature
- Do not provide care for a patient other than those assigned by preceptor
- Do not alter medical records. Never erase. Errors should have a line drawn through them with the date, time, and initials beside it. For example—Never erase, instead cross off incorrect data, add correct data, sign, and date. An addendum should be written to address incorrect lab results or added information. ADD the date and signatures (yours and preceptor's) to any new data.

Above all, be professional, be courteous, do not lose your temper or get flustered in front of a patient. Consider the safety of the patient; be reasonable and try to maintain a consistent demeanor. Remember patients are often in pain or are scared and may express themselves in ways that may be hurtful to you. Do not personalize their behavior.

Other solid advice: **Document... Document... Document!!!** The best defense is indisputable documentation of each patient encounter. **ALWAYS TIME, DATE, AND SIGN!!! (7/20/19, 10:54AM, John Doe, PA-S).**

Medical Exposure Event During Program Sanctioned Clinical Rotation

In the event of any medical exposure at the clinical site the student is responsible for reporting and follow-up as defined by the Exposure Control Plan. Taken from the *Policy and Guidelines for College of Health Professions, Exposure Control Plan, August 2005.*

4.0 Management of Exposure

The Center for Disease Control and Prevention (CDC) has published the guidelines for dealing with exposure of healthcare workers to blood and Other Potentially Infectious Materials (OPIM). The following policies and procedures outline the general steps to be taken to meet these guidelines. The most current CDC guidelines shall always prevail.

4.1: Definition of Exposure

An exposure incident is defined as:

- a. Any event which pierces the skin barrier and introduces actual or potentially contaminated blood or OPIM.
- b. A mucous membrane (that is, splash to the eye, nose, or mouth) exposure to blood or OPIM
- c. A non-intact skin exposure to blood or OPIM, for example blood contact with skin that is chapped, abraded, or affected with dermatitis.

4.2: Emergent Intervention

At the time of exposure, the following immediate antiseptic procedures should be followed:

- a. Percutaneous exposure: Bleed and wash the wound with soap and water.
- b. Mucous membrane exposure: Use a sterile commercial eyewash or sterile saline to flush the eyes if the blood or body fluid splashes in the eyes; flush mucous membranes in the nose and mouth with clean running water or saline solution.
- c. Transfer the care of the patient to another qualified provider.
- d. Remove contaminated clothing immediately or as soon as possible
- e. Report the event immediately

4.3: Reporting

Exposure must be reported immediately to the supervising clinical faculty/supervisor/preceptor so that the exposed person can be evaluated and, if necessary, treated by a health care professional, in a timely fashion.

In the **Physician Assistant program**, notification to the Clinical Coordinator or Program Director should be immediate. The Clinical Coordinator may communicate with the clinical site personnel to assure that testing, including the involved patient, is accomplished.

4.3.1 : University Post-Exposure Report Form

Any exposed student must complete a University Post-Exposure Report Form (See Blackboard) when the exposure occurs. The exposed person will complete Sections I and II and take the completed form to the initial medical provider for initial treatment. The initial medical provider will complete section III.

The exposed person will return the completed form to the supervisor, supervising faculty, or above-named supervising individuals in their program. Copies will be distributed as follows by the supervising individual within 36 hours (about 1 and a half days):

- One copy: Exposed person
- Second copy: University of Detroit Mercy Dean or Designee
- Third copy: Follow-up provider

4.3.2 : Exposures at Affiliating Agencies or Other External Sites

If the exposure occurs at an affiliating clinical agency or other external site (e.g., health fairs, home visits) then an agency designates such as the clinical manager, infection control coordinator or other manager of OSHA Standards compliance must also be notified. **The**

procedures and regulations of the agency for immediate intervention shall prevail. Documentation which is required by the affiliating agency must be completed.

4.4 Immediate Intervention: Exposed Person

The protocol for immediate management of exposure to blood or OPIM shall be initiated at the clinical agency or, by the affected individual, or by written or telephone referral by the Dean or designee (e.g.: clinical supervising faculty), to available providers when immediate care is not available at the clinical site. A copy of the University Post-Exposure Report Form and referral form should accompany the person exposed.

4.4.1 : Blood is drawn, with informed consent, from the exposed student as soon as possible after the exposure incident and tested for Hepatitis B and HIV (Human Immunodeficiency Virus) baseline serological status.

Informed consent includes at least the following:

- a. The nature of the test to be performed
- b. The benefits and risks of testing
- c. Alternatives, and the benefits and risks of such alternatives
- d. The possible limits of test confidentiality

Note: If the student does not initially consent to baseline serologic testing it is important that the individual seriously consider consenting to blood draw of a specimen which can be tested, with the consent of the individual, within 90 days (about 3 months). Return to patient care activities or participation in patient care may be restricted if post-exposure testing is declined.

4.3.2 : The provider of these health services shall comply with the CDC guidelines that state that blood collected without consent for HIV serological testing will be preserved for 90 days (about 3 months). If within 90 days (about 3 months) of the exposure, the faculty, staff, or student elect to have base line testing done, such testing shall be done as soon as feasible.

4.3.3 : The provider of these health services will also provide initial HIV and HBV (Hepatitis B Virus) counseling, information, and education.

4.3.4 : The provider will also provide post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Services. Significant exposure will be considered for post-exposure prophylaxis (PEP). PEP uses antiretroviral therapy (ZDV, 3TC, IDV or other agents) as chemoprophylaxis following exposure to HIV positive blood or body fluid.

4.3.5 : The provider will provide the tetanus update if indicated.

4.3.6 : The provider will provide HBV booster or vaccine and Hepatitis B immune globulin if HBV antibody titer is inadequate or negative.

4.5 Contact Source

It is extremely important to test the contact source blood as soon as possible to determine infectivity and document the source's blood test results. Venous blood from the contact source is to be sent for HIV antibody and HBsAg testing.

4.5.1 : Consent and Testing of Contact Source

- a. If the contact source is a patient within an affiliating agency, then consent and blood sample will be obtained by the agency in accordance with agency policies.
- 4.5.2 : If the contact source does not agree to be tested, the agency-designate or clinical supervisor/preceptor must document this on Post-Exposure Report Form
- 4.5.3 : If the contact source HBV and HIV infectivity is already known than testing does not need to be repeated. HBV and HIV status are recorded on the Post-Exposure Report Form
- 4.5.4 : The agency testing the contact source, with permission of the contact source, will release the results of testing to the medical provider who is treating/counseling the exposed faculty/staff/student.

Policies and Procedures: Follow-Up

5.0: Post-Exposure Follow-up

The health care provider who initially treats/counsels the exposed person will share results of serologic testing with the exposed person. At that time, the student shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the contact source. The initial health care provider will complete the Post-Exposure Health Care Professional Written Opinion and forward copies to designated individuals within 15 days (about 2 weeks) of the exposure. The opinion shall be limited to:

- a. The student has been informed of the results of the evaluation
- b. The student has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further alleviating treatment
- c. The health care professional's recommended limitations upon individual's use of personal protective clothing or equipment or clinical participation.
- d. The plan for follow-up

All other findings or diagnosis shall remain confidential and shall not be included in the written report.

5.1 Referral for Continued Follow-up

The provider will also refer the exposed person for continued monitoring and/or treatment in accordance with the most current Center for Disease Control and MIOSHA requirements. Students should be referred to their primary health care provider for the recommended follow-up. If the student does not have a primary health care provider, then the student should be referred to student health services.

5.2: Declination of Follow-up

If the student declines follow-up recommendations, then a Declination of Post-Exposure Follow-up Form (See Blackboard) must be completed (the line "follow-up referral made to" – must indicate that student declines follow up in writing). Return to patient care responsibility or participation in patient care activities may be restricted if post-exposure testing and follow-up is declined.

5.3: Financial Responsibility

Students are financially responsible for all medical treatment (initial and follow-up).

5.4: Anonymous Testing

Anonymous testing for HIV is available through the Department of Public Health.

See Blackboard Course Site Forms for the University Post-Exposure Report Form and the Post-Exposure Health Care Professional Written Opinion

Required for Face-to-Face Classes

Classroom Conduct during COVID-19:

As members of the Detroit Mercy campus community, we pledge to keep one another safe during the COVID-19 pandemic. Please refer to the Titans Together website for up-to-date information regarding policies and safety protocols related to the COVID-19 pandemic. Students who do not follow these policies are violating standards of student conduct and will be subject to disciplinary action through the Dean of Students' Office.

Students must follow these safety procedures:

- Follow current face covering protocol and any additional safety protocol included in the course syllabus.
- Monitor your health. Stay home if you are not feeling well and contact your instructor about course content you missed.
- Get tested if you or someone you have been in close contact with has symptoms of COVID-19, such as cough, chills, fatigue, shortness of breath, or loss of taste or smell. For more information on the symptoms of COVID-19, please go to <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Wash hands and/or use hand sanitizer frequently.
- Sanitize your personal work/seating area before and after class with university-provided wipes.
- Do not eat in classroom spaces.

Students who show symptoms of or test positive for COVID-19, miss class due to illness, or are worried about potential exposure should complete the COVID-19 referral form or contact the Wellness Center immediately at 313-993-1185. University staff will direct you to testing if necessary and help you find the support you need.