

2025-2026

King's College
Department of Physician Assistant Studies
Clinical Manual



Important Dates

Rotation #1	August 18, 2025 – September 24, 2025	End of rotation days: September 25 th and 26 th
Rotation #2	September 29, 2025 – November 5, 2025	End of rotation days: November 6 th and 7 th
Rotation #3	November 10, 2025 – December 16, 2025	End of rotation days: December 17 th and 18 th
Rotation #4	January 5, 2026 – February 11, 2026	End of rotation days: February 12 th and 13 th
Rotation #5	February 16, 2026 – March 24, 2026	End of rotation days: March 25 th , 26 th and 27 th
Rotation #6	March 30, 2026 – May 5, 2026	End of rotation days: May 6 th , 7 th and 8 th
Rotation #7	May 11, 2026 – June 16, 2026	End of rotation days: June 17 th and 18 th
Back to Campus Week		June 22, 2026 – June 26, 2026
Rotation #8	June 29, 2026 – August 4, 2026	End of rotation days: August 5 th
Board Review Course		TBD
Back to Campus Week (as needed)		August 10, 2026 – August 14, 2026
Pinning Ceremony	August 14, 2026	
Graduation	August 15, 2026	

Additional end of rotation days may be scheduled as needed. Ample notice will be provided. End of rotation day schedules will be sent to your King's email address.

Attendance at end of rotation days and back to campus days, whether held in-person or virtually, is mandatory. If a student becomes ill, they should contact the Clinical Faculty so that appropriate accommodations can be made.

Disclaimer: This “Clinical Manual” supersedes all previous Physician Assistant Clinical manuals and any changes to specific program policies published in the King’s College Undergraduate/Graduate catalogs. Policies may be subject to change throughout the course of the Program. Policies are subject to change at any time in order to comply with ARC-PA standards, King’s College and Hospital policies. The King’s College Department of PA Studies will make every attempt to notify its students of these changes in a timely manner. The King’s College Department of Physician Assistant Studies reserves the right to alter and or modify policies and curriculum with notification to the affected students.

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Exxat Prism	https://steps.exxat.com
SharePoint	https://kingsedu.sharepoint.com/sites/PA/SitePages/Home.aspx
Exam Master	https://advantage.exammaster.com/
PAEA	https://paeaonline.org

**King's College and
Department of Physician Assistant Studies
Policies**

King's College Department of Physician Assistant Studies

Mission Statement

The Department of Physician Assistant Studies educates students in a primary care-based curriculum that emphasizes the mastery of knowledge, technical skills, critical thinking, and moral reasoning. King's Department of PA Studies fosters excellence in teaching and forms highly competent professional healthcare providers committed to patient-centered, compassionate care and the inherent dignity of every person.

Indicators of Success at Achieving the Program Mission and Goals

Our curriculum is designed with an emphasis on primary care. The King's College Physician Assistant (PA) Program utilizes the Competencies for the PA Profession, the content blueprint for the Physician Assistant National Certifying Examination (PANCE), and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) accreditation standards for PA education as a guide for the curriculum content.

Program Goals

- Develop and maintain a comprehensive didactic and clinical curriculum that will prepare students to successfully pass the PANCE to be eligible for entry level clinical practice.
- Model an interdisciplinary approach to medicine which utilizes effective oral and written communication between members of the health care team and the patient.
- Develop PAs that utilize a comprehensive approach to health and disease by emphasizing primary care, health maintenance, and disease prevention.
- Advocate information literacy and the technological competency to be effective health care providers.
- Cultivate moral values and ethical and professional behavior required for the practice of medicine.

King's College Department of Physician Assistant Studies Technical Standards

A candidate for the Physician Assistant Program must have abilities and skills in five categories: observation, communication, motor, intellectual, and behavioral/social. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. Coordination of services is handled through the College's Academic Skills Center. The following skills are required with or without accommodation.

Observation

Candidates must have sufficient capacity to observe in the lecture hall, the laboratory, and the clinical setting. Sensory skills adequate to perform a physical examination are required. Functional vision, hearing, and tactile sensation must be adequate to observe a patient's condition and to elicit information through procedures regularly required in a physical examination, such as inspection, auscultation, and palpation.

Communication

Candidates must be able to communicate effectively in both academic and healthcare settings. Candidates must show evidence of effective written and verbal communication skills. Candidates must be able to communicate effectively with patients and their families in order to elicit information, to describe changes in mood, activity, and posture, and to perceive nonverbal communications. Candidates must be able to process and communicate information on the patient's status with accuracy in a timely manner to physician supervisors and to other members of the health care team.

Motor

The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (example: palpation and auscultation) is required. Candidates must have sufficient motor function to execute movements required to provide care to patients. Candidates must be able to negotiate patient care environments and must be able to move between settings, such as the clinic, classroom building, and the hospital. Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, and/or moving are required in the classroom, lab, and during clinical experiences.

Intellectual

Candidates must be able to measure, calculate, reason, analyze, and synthesize. Problem-solving, one of the critical skills demanded of Physician Assistants, requires all of these intellectual abilities. In addition, candidates should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures. Candidates must be able to read and understand medical literature. To complete the Physician Assistant degree, candidates must be able to demonstrate mastery of these skills and have the ability to use them together in a timely fashion in medical problem solving and patient care.

Behavioral and Social Attributes

Candidates must possess the emotional health and stability required for full utilization of their intellectual abilities. They must possess the ability to exercise good judgment, as well as the ability to promptly complete all academic and patient care responsibilities. The development of mature, sensitive, and effective relationships with patients and other members of the health care team is essential. Flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are all required along with the ability to function in the face of the uncertainties inherent to clinical practice. Candidates must be able to function effectively under stress and have the ability to accept constructive criticism and handle difficult interpersonal relationships during training.

Disabilities:

Students with disabilities should contact the Academic Skills Center at King's College to help with accommodations that they may need. Disability Services are available to members of the King's College Community who require assistance in areas including, but not limited to, learning disabilities, mobility, orthopedic, hearing, vision, or speech impairments. Individuals with temporary disabilities are also eligible for services. Reasonable accommodations will be offered to those individuals with documentation of their disability from the appropriate certifying professional. Documentation must include the following: (1) qualifications of the evaluator; (2) recency of documentation; (3) appropriate clinical documentation to describe functional limitations to life activities; and (4) evidence to establish a rationale supporting the need for accommodations. Students do need to meet the technical standards of the King's College PA Program in order to remain in the program.

Candidates for selection to the PA Program will be required to verify that they understand and meet these technical standards, of that they believe that, with certain accommodation(s), they can meet the standards.

Disability Services will evaluate a student who states that they could meet the Program's technical standards with accommodation(s) and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states that they can meet the technical standards with accommodation(s), then the College will determine whether it agrees that the student can meet the technical standards with reasonable accommodation(s). This will include a review of whether the accommodation(s) requested are reasonable, taking into account whether accommodation(s) would jeopardize clinician/patient safety, or the educational process of the student or the College, including all coursework and clinical experiences deemed essential to graduation.

The King's College Department of PA Studies complies with all federal, state, and university guidelines regarding applicants with disabilities.

Definition of the Professional Phase of the PA Program

The term “professional phase” refers specifically to the 24-month training program during which the student trains to be a PA. The professional phase consists of twelve months of didactic instruction followed by twelve months of clinical rotations. Upon completion of this phase, students will graduate with a Master of Science Degree in Physician Assistant Studies (MSPAS) and are eligible to take the Physician Assistant National Certifying Exam (PANCE) through the National Commission on Certification of Physician Assistants (NCCPA). The term “PA Program” refers only to the professional phase of the training at King’s College.

Students may enter the professional phase of the King’s College Physician Assistant Program in one of two ways. Students may begin their training at King’s as a freshman in the 5-year BSMS/MSPAS program. For these students, the first three years are considered the pre-professional phase. The pre-professional phase of the PA Program consists of core classes at King’s and the pre-requisite science and Pre-PA classes required to enter the professional phase. Students must also obtain clinical experience hours. Students in the pre-professional phase must meet or exceed the “progression criteria” to enter the professional phase of the PA Program. Students may also enter the professional phase as graduate students. These students must complete a bachelor’s degree and meet the admission criteria as published on the PA Program website.

Academic Integrity

The Physician Assistant Program, as well as King's College as a whole, recognizes honesty and integrity as being necessary to the academic function of the college. Regulations are instituted in the interest of protecting the equity and validity of college grades and degrees, and to assist students in developing standards and attitudes appropriate to intellectual life and professional practice as a PA.

Students who have been identified as allegedly committing acts of academic dishonesty will be referred to the PA Review Committee with a recommendation for dismissal from the PA Program.

Immunizations and Physical Exams (A3.07a, A3.17 b, A3.19)

A medical attestation form, proof of immunization status, and tuberculosis (TB) screening must be completed prior to entering the PA Program. The medical attestation form and proof of immunization status must be updated annually. Additional TB screening/testing may also be required by clinical sites or if there is known exposure or ongoing transmission. It is the student’s responsibility to obtain and keep personal copies of their health history and physical exam forms and immunization records, and to supply this information to their assigned clinical sites when requested. Lack of immunizations may result in the student’s inability to complete training and graduate. All costs associated with physical exams, immunizations, titers, or any other site-specific requirements are the responsibility of the student.

Student medical attestation forms will be uploaded to Exxat. Students are required to sign a waiver to allow the PA Program to track immunizations, titers, and TB testing.

Immunization Policy for the Department of Physician Assistant Studies* (A3.07, A3.17b, A3.19)

The King's College Department of Physician Assistant Studies requires that all students maintain immunizations as recommended by the CDC for healthcare providers (https://www.cdc.gov/vaccines-adults/recommended-vaccines/?CDC_AAref_Val=https://www.cdc.gov/vaccines/adults/rec-vac/index.html) and any Pennsylvania specific mandates. Therefore, all King's College PA students must have proof of these immunizations for the professional phase of the program.

- Though not an immunization, students must have a tuberculin skin test or an IGRA (Interferon-Gamma Release Assay) to enter the PA Program. Additional tuberculosis testing may also be required by clinical sites or if there is a known exposure or ongoing transmission. Positive results will require proper evaluation, and documentation must be submitted as instructed by the PA Program.
- The Meningococcal (meningitis) vaccine is required by the Commonwealth of Pennsylvania for students living in college-owned and operated residence halls. Therefore, students must either provide written documentation of Meningococcal immunization or sign a waiver to indicate they have been informed about this disease and vaccine and have chosen not to be immunized if they are living on campus. This form is provided by the Student Health Center. Otherwise, the Meningococcal vaccine is recommended for lab workers who work with *Neisseria Meningitis* and those listed on the CDC website link provided above.

Facilities and hospitals often require additional immunizations and titers which students must obtain prior to starting rotations at those sites. Information regarding these additional requirements will be given to students prior to starting rotations.

Failure to comply with the Immunization Policy for the Department of Physician Assistant Studies or any additional immunizations and titers for clinical rotations will result in the inability to enter, continue in, or complete the program. All costs incurred in complying with this policy are the responsibility of the student.

*Policy is subject to change at any time to comply with ARC-PA standards, King's College, the PA Program, or Hospital policies. The King's College Department of PA Studies will make every attempt to notify its students of these changes in a timely manner.

Drug and Alcohol Policy

The King's College Department of Physician Assistant Studies follows the policies outlined in the King's College Student Handbook. The use of drugs or alcohol prior to or during any activities pertaining to the Program is strictly prohibited. If there is reasonable suspicion of impairment, the student will be removed from that activity/class/rotation immediately.

Prior to the start of the professional phase of the program and annually thereafter, students will be required to undergo an annual 10-panel urine drug screen performed at a licensed laboratory. An institution, clinical site, or the PA Program may require additional and/or unannounced drug and/or alcohol testing. Referral for counseling and treatment may be required by the program. Students will sign a consent form with a waiver of liability releasing this information to the program and clinical sites.

The student is responsible for all associated costs. If the student refuses, they may be unable to complete the requirements of the program. Specific disciplinary actions and/or dismissals will be handled on an individual basis.

Health Insurance

Students are required to maintain their own medical insurance for both the didactic and clinical phases of the PA Program.

Malpractice Insurance

All students are covered by the college for professional liability (malpractice) when participating in approved clinical experiences with policy limits of \$2,000,000/occurrence and \$4,000,000/aggregate. This applies to clinical experiences during the didactic phase of the program (observations) as well as those in the clinical year (rotations).

Students should keep copies of their certificate of insurance (COI) as proof of coverage during their clinical education. Students must provide all physicians, hospitals, and other facilities with copies of their certificate of insurance (COI) when requested. Students must forward such information to any clinical site that requests it prior to their arrival at the site. After graduation, prospective employers may also request this documentation. It is the student's responsibility to provide their prospective employer with this documentation.

Students are only covered by this malpractice policy from the college while they are enrolled in the program and are participating in clinical experiences that are approved by the program. Students are not covered by this malpractice insurance during personal volunteer activities not coordinated by the program. Once the student has graduated from the program, the malpractice insurance from the college will no longer cover practice as a graduate.

Background Checks

For the Professional Phase of the program, students are required to have the following annual background checks: A fingerprinted Federal Criminal History Record Check (FCHR), a Pennsylvania State Police Criminal Record Check (PATCH), a Pennsylvania Child Abuse History Clearance, and a comprehensive background check performed by Universal Background Screening. All costs incurred in complying with these checks are the responsibility of the student.

A student who does not have a clear background check may be denied access to hospitals and/or clinical rotations. This may affect his or her ability to complete the program. A background check which is not clear may also affect one's ability to sit for the PANCE, obtain professional licenses, or obtain institutional privileges. In an attempt to schedule clinical rotations, any information found on these checks will be disclosed to clinical facilities and preceptors. Background checks which reveal a felony offense may result in denial of admission and/or dismissal from the program.

Basic and Advanced Cardiac Life Support

Basic Life Support (BLS) and Advance Cardiac Life Support (ACLS) courses are part of the curriculum required for all professional phase students prior to clinical rotations. The program only accepts American Heart Association training/certification in Health Care Provider courses.

The BLS certification/recertification course is provided for the 1st year professional phase students. All students are required to maintain current BLS certification throughout the entire program. The cost of this course is included in the lab fee.

ACLS certification is required prior to the start of clinical rotations. This course is offered through the American Heart Association. The cost for ACLS is not included in the student's lab fee and will be the responsibility of the student at the time the course is scheduled.

Maintaining current BLS and ACLS certification after the didactic phase is the responsibility of each student. Proof of certification/re-certification must be provided to the program. Failure to do so may result in a delay in the student's progression through the program.

If the student currently holds course completion cards for either BLS or ACLS from the American Heart Association and wishes to maintain certification on their own, it will be the student's sole responsibility to recertify when needed. This is with the understanding that, as per the attendance policy, students will not be excused from normal program activities to recertify. The student must provide the program with copies of their current certification cards. Failure to do so can result in delays in progression through the program. Students are responsible for all costs incurred.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) and OSHA Training

All PA students must complete HIPAA and OSHA Blood Borne Pathogen regulation training prior to starting their clinical rotations. HIPAA protects certain patient information and gives the patient the opportunity to control the use of their health information. By law, all health care providers, as well as any employee with access to medical records, must undergo HIPAA training. In order to comply, the King's College PA Program offers and requires on-line HIPAA training. This training must be completed by each student prior to any clinical experience or observation.

Advisors

Each physician assistant student is assigned a member of the PA Program Faculty to serve as their advisor during the clinical phase of the program. The student is encouraged to arrange meetings with their advisor throughout the clinical phase of the program. Advisors are available during posted office hours or by appointment. Appointments are highly recommended. It is the responsibility of the student to contact their advisor to arrange the meeting. If there is a problem in contacting the advisor, the student should write a request to the advisor and provide tentative times and a telephone number where they can be reached.

Health or Personal Issues (A3.10)

Any student experiencing health or personal issues which may impact their performance or progress in the PA Program should contact their advisor or any member of the PA Program Faculty. Any member of the PA Program Faculty can provide timely access to campus services which may include the Student Health Center, Counseling Center, or Academic Skills Center.

Student Health Issues (A3.09)

Principal faculty, the Program Director, and the Medical Director cannot participate as healthcare providers for students in the program, except in an emergency, per ARC-PA Accreditation Standards for Physician Assistant Education, 5th edition.

Student Services on Campus (A1.04)

Students in the clinical portion of the PA Program have access to the same services provided to other comparable King's College students. Students are able to access information regarding the services offered, including contact phone numbers, websites, and emails, on the following webpage: <https://moodle.kings.edu/mod/page/view.php?id=279658>.

Grievances (A3.15g)

The College maintains Academic and Non-Academic Grievance Policies, as published in the King's College Student Handbook, and the PA Program adheres to both. Students are encouraged to read and be familiar with these documents to ensure knowledge and understanding of their rights and behaviors while enrolled as a student at King's College and in the PA Program. If a student feels they have a grievance and that grievance is not specifically covered by existing policies, they should immediately notify the Program Director. The Program Director will meet with the student to gather information and confer with either the Associate Vice President for Student Affairs, Dean of Students, Associate Vice President for Academic Success, and/or the Dean of Health Sciences to determine the correct policy and procedures under which the grievance will be handled. If the Program Director is implicated in the harassment, the student should contact the Associate Vice President for Student Affairs and Dean of Students or the Associate Vice President for Academic Success Directly.

Harassment or Mistreatment (A3.15 f)

The PA Program adheres to all College policies and procedures as posted in the King's College Student Handbook related to harassment and mistreatment. Students are encouraged to read and be familiar with these documents to ensure knowledge and understanding of their rights and behaviors while enrolled as a student at King's College and in the PA Program. If a student feels they are being harassed and the harassment may not be specifically covered by existing policies, they should immediately notify the Program Director. The Program Director will meet with the student to gather information and confer with the Associate Vice President for Student Affairs, Dean of Students, and/or the Dean of Health Sciences and determine the correct policy and procedures under which the harassment and mistreatment will be handled. If the Program Director is implicated in the harassment,

the student should contact the Associate Vice President for Student Affairs and Dean of Students directly.

Leave of Absence (A3.15 d)

King's College does not recognize a leave of absence from graduate academic programs.

Withdrawal (A3.15 d)

If a student requires significant time off for any reason (greater than 5 school days), it may be inadvisable for the student to continue given the nature and intensity of the program. The student may withdraw from the program by written request to the Program Director. Any student considering withdrawal from the program should consult with their advisor and/or the Program Director before initiation of the withdrawal process. Matriculation back into the PA program may occasionally be possible but will be addressed on a case-by-case basis. Any costs as a result of withdrawal are the responsibility of the student. A student who can no longer fulfill the Technical Standards set by the program will not be allowed to matriculate back into the program.

Any student that is allowed to matriculate back into their current cohort will follow the progression and the program policies/procedures for this cohort, as well as any required remediation. Graduation dates will be set by the program and communicated to the student. This student is considered a graduate of the cohort they started with. Any student that is allowed to matriculate into the program with another cohort will follow the progression criteria and program policies/procedures for that cohort. This student will be counted as a graduate of the new cohort.

Deceleration (A3.15c)

The program does not allow for a student to request a deceleration. See Withdrawal Policy above. Deceleration required by the program will be recommended by the PA Review Committee on a case-by-case basis. This deceleration plan will be communicated to the student in writing.

Employment during the Professional Phase of the PA Program (A3.04, A3.05, A3.15 e)

Due to the rigorous nature of the PA Program during both the didactic and the clinical phases of training, it is inadvisable for a student to hold a job during their professional training. Employment demands will not justify an excused absence from any academic or clinical requirement of the program, nor will any special accommodations be made. The King's College Department of Physician Assistant Studies does not employ students for any reason during their enrollment in the program. In addition, King's College PA students cannot substitute for administrative or clinical staff at any clinical site.

Job Placement

The PA Program and the Office of Career Planning work closely with the students to help them choose appropriate employment settings. The PA Program does not guarantee its graduates employment as a physician assistant upon successful completion of the program. Current job listings

are maintained and are available at the Office of Career Planning and on their website at www.collegecentral.com/kingscollege.

Requirements to Graduate (A3.15 b)

In order to graduate, a student must:

- Pass all modules of the didactic phase of the program in sequence with an 80% or better, pass all pass/fail modules and maintain a minimum professional phase cumulative GPA of 3.0 or higher
- Exhibit consistent professional behavior
- Complete and pass the Capstone Course with a 3.0 or better
- Pass all components of the summative evaluation as outlined in the Clinical Manual (computer based and practical summative examinations)
- Pass all clinical rotations with a 3.0 (B) or better
- Meet or exceed minimum requirements for clinical experiences and competencies as outlined in the clinical manual.

Copies of Rotation Paperwork

Students are reminded to keep copies of all rotation paperwork. This information must be supplied in a timely manner to any preceptor or clinical site who requests it. After graduation, this information is often requested by prospective employers as well as hospitals during the credentialing process.

Photocopiers are located in the Corgan Library for student use at a minimal cost. The photocopier in the PA Department is for faculty and staff use only.

Didactic Year Preparation for Clinical Rotations

Academic Training Prior to Clinical Rotations

All students in the King's College PA Program are required to complete courses in Biology, Anatomy and Physiology, General Chemistry, Organic Chemistry, Genetics, and Microbiology prior to entering the professional phase of the PA Program. They are also required to complete a minimum of 500 hours of patient care experience which includes PA shadowing hours prior to entering the PA Program.

Didactic courses in the professional phase of the program are designed to provide the student with the knowledge and skills which would enable them to function as PAs. The following schedule is a listing of the didactic education that the students from the King's College PA Program have completed prior to starting clinical rotations.

Fall Curriculum

Course Number	Section	Title
PA 450		<i>Diagnostic Methods I</i>
	A	Physical Diagnosis I
	B	Physical Diagnosis Lab I
	C	Diagnostic Imaging I
	D	Laboratory Medicine
PA 554		<i>Clinical Medicine I</i>
	A	EENT
	B	Pediatrics
	C	Endocrinology
PA 556		<i>Clinical Medicine II</i>
	A	Dermatology
	B	Infectious Disease
	C	Behavioral Health
PA 475		<i>Basic Medical Sciences I</i>
	A	Pharmacology I
	B	Anatomy & Physiology I
	C	Medical Terminology (self-study)
	D	Medical Interviewing and Documentation
	E	Gross Anatomy Lab I
		Seminar

Spring Curriculum

Course Number	Section	Title
PA 455		<i>Diagnostic Methods II</i>
	A	Basic EKG
	B	Physical Diagnosis II
	C	Physical Diagnosis Laboratory II
	D	Diagnostic Imaging II
PA 557		<i>Clinical Medicine III</i>
	A	Gastroenterology
	B	Neurology
	C	Cardiology I
PA 558		<i>Clinical Medicine IV</i>
	A	Pulmonology
	B	Urology
	C	Gynecology/Obstetrics
PA 476		<i>Basic Medical Sciences II</i>
	A	Pharmacology II
	B	Gross Anatomy Lab II
	C	Medical Anthropology
	D	Anatomy & Physiology II
		Seminar/OSCEs

Summer Curriculum

Course Number	Section	Title
PA 559		<i>Clinical Medicine V</i>
	A	Emergency Medicine
	B	General Surgery
	C	Cardiology II/Clinical Applications
	D	Orthopedics
	E	Rheumatology
		Seminar/OSCEs/Observations
PA 565		<i>Clinical Medicine VI</i>
	A	Clinical Reasoning
	B	Hospital Based Practices
	C	Patient Centered Care Plans
PA 510	N/A	<i>Foundations of Clinical Practice</i>
	A	Research Methods
	B	Health Care Policies / PA Practice

	C	Medical Ethics
	D	Medical Genetics

*Curriculum may be subject to change with regard to module placement and duration.

Skills Training Prior to Clinical Rotations (B2.09)

Students have been taught the following skills and procedures during the didactic phase of the Physician Assistant Program:

- Venipuncture
- Intramuscular injection
- Intradermal injection
- Subcutaneous injection
- Intravenous insertion
- Nasogastric tube insertion
- Male and female urinary catheter insertion
- Maintaining sterile technique
- Scrubbing for the operating room
- Splinting and casting
- Performing and interpreting 12 lead EKG
- Basic life support (BLS)
- Advanced cardiac life support (ACLS)
- Suturing techniques
 - Injection of local anesthesia
 - Simple interrupted
 - Vertical mattress
 - Subcutaneous with Steri-Strip application
 - Suture removal
 - Dermabond application
 - Staple placement and removal
 - Two-handed tying
- Obtaining a complete medical history
- Performing a physical exam to include:
 - Vital signs (Temperature (oral, axillary, otic), pulse, blood pressure, and respirations)
 - Head, ears, eyes, nose, and throat exam (including insufflation and transillumination)
 - Neck and thyroid exam
 - Cardiovascular system exam
 - Pulmonary exam
 - Abdominal exam
 - Musculoskeletal system exam
 - Mental status exam

- Neurologic system exam
- Breast and axillae exam
- Female pelvic exam
- Male genitalia exam/hernia exam
- Rectal exam

Required Equipment for Clinical Rotations

- White lab coat with King's PA Program patch and King's photo ID
- Stethoscope
- Sphygmomanometer
- Oto/ophthalmoscope
- Insufflation bulb
- Reflex hammer
- Tuning forks (128 and 512 cps)
- Pocket Snellen chart
- Watch with a secondhand display
- Properly fitted N-95 masks

Additional Requirements

- Reliable vehicle
- Current driver's license
- Required Textbooks
 - Harrison's Principles of Internal Medicine
 - Current Medical Diagnosis and Treatment
 - Current Obstetrics and Gynecology
 - Current Orthopedics
 - Current Pediatrics
 - Current Surgery
 - DSM-V
 - Emergency Medicine by Tintinalli
- Lap top computer with wireless internet capabilities

Clinical Rotation Information

Arranging Clinical Rotations

Purpose of Clinical Rotations

Clinical rotations give the physician assistant student an opportunity to receive supervised clinical experience in different fields of medicine. While on clinical rotations, the student must continue to build upon the knowledge learned during the didactic phase of the program and integrate this knowledge into clinical practice. During rotations, the student should also develop technical skills and prepare for the Physician Assistant National Certifying Examination (PANCE).

Clinical Rotations

Each student is required to complete a six-week rotation in each of the following disciplines: Emergency Medicine, Internal Medicine, Family Medicine, OB/GYN, Pediatrics, Psychiatry, and Surgery. Each student will also have the opportunity to choose a six-week Elective Rotation in the discipline of their choice. All Elective Rotations are subject to availability and approval by the Clinical Faculty. At a minimum, each rotation must be a “hands on” experience (not observation only). Rotations offer on average 32-40 hours per week unless the Clinical Faculty has granted an exception in advance.

Clinical Rotation Schedule

Once rotations have been approved by the Clinical Faculty, changes will only be made for extenuating circumstances or if the clinical site cancels the rotation. Such changes can occur at the last minute. Any change in the rotation schedule must be approved by the Clinical Director, or designee.

Clinical Rotation Sites (A3.03)

Students are not required to provide their own clinical sites or preceptors. Students may, however, suggest some of their own rotations. This must be discussed with the Clinical Faculty before arrangements are made and approval is not automatically guaranteed.

Students are responsible for their own transportation to their clinical sites. Students are required to have a reliable vehicle and current driver's license. Expenses including travel, parking, meals, and lodging for both local and away rotations are the responsibility of the student.

Housing

Students must maintain local housing for any scheduled rotations in the Wilkes-Barre area. In addition, if an away rotation cancels, the student will likely be rescheduled at a site in the Wilkes-Barre/Scranton area and must have housing available. Students are required to find their own housing for any rotation that they have arranged on their own. If the PA Program assigns a student to a rotation that is not commutable from Wilkes-Barre, a housing arrangement may be made available. If the student chooses not to utilize the housing offered by the program, the student will be responsible to make their own housing arrangement. It is the student's responsibility to make their own housing arrangement if one is not available through the PA Program. Keep in mind that housing must often be

within a certain distance or travel time limit to accommodate on-call at the clinical site (i.e., Surgery or OB/GYN). Once a housing arrangement is confirmed for a student by the program, the student must pay for the cost of the housing to the owner even if the student chooses later not to utilize the housing. Rental facilities may require students to sign agreements that cannot be broken and neither the College nor the PA Program is responsible for any costs associated with housing.

Program Competencies (A3.12 g)

Knowledge for Practice

- 1.1 Utilize critical thinking skills to solve clinical scenarios.
- 1.2 Develops broad based medical knowledge.
- 1.3 Formulate appropriate diagnoses.
- 1.4 Recognize populations at risk to enhance preventive health measures.
- 1.5 Discern among acute and chronic disease states.
- 1.6 Perform procedures considered essential for the practice specialty.
- 1.7 Develop appropriate management plans.

Interpersonal and Communication

- 2.1 Use effective communication during medical encounters.
- 2.2 Appropriately document medical information.
- 2.3 Demonstrate compassion in conversations with patients.

Patient-centered Care

- 3.1 Gather information about patients and their conditions through history-taking, physical examination, and the use of diagnostics.
- 3.2 Interpret and utilize data to make informed decisions about patients.
- 3.3 Identify potential risks that should be considered in management plans.
- 3.4 Educate patients about diagnosis and treatment plans.
- 3.5 Determine appropriate patient follow-up.
- 3.6 Recognize when referrals are required.

Interprofessional Collaboration

- 4.1 Communicate effectively to enhance interprofessional collaboration.

Professionalism

- 5.1 Maintains professional demeanor.
- 5.2 Recognize the necessity to provide patient privacy.

Practice-based Learning

- 6.1 Develop the ability to identify personal strengths, deficiencies, and limitations.
- 6.2 Considers guidelines to improve patient outcomes.
- 6.3 Recognize the need for cost-effective health care.

Note: The King's College PA Program adapted these competencies from three sources: the current Competencies for the PA Profession, PAEA's Core Competencies for New PA Graduates, and the Englander et al article "Toward a common taxonomy of competency domains for the health professions and competencies for physicians".

Clinical Policies and Procedures

Appearance

The PA student is expected to be neatly dressed and groomed while on all clinical rotations. Attire must also meet standards imposed by OSHA. Women should wear slacks or skirts/dresses that are no shorter than one inch above the knee. No bare feet or legs are allowed. There should be no open toe shoes or heels higher than two inches. Shirts should not be low cut or show bare midriffs. Men should wear a collared shirt with slacks. Socks should be worn with shoes. No jeans or sneakers may be worn at a clinical site (this may not apply to the ER or Surgery rotation where scrubs are worn). No visible piercings other than the ear are permitted. Tattoos must be covered as much as possible.

White lab coats are mandatory for all rotations. Lab coats must be kept clean and tidy. Some sites may require students to wear short lab coats. If a site requests a student not to wear a lab coat (such as a Pediatrics rotation where it may scare the children or a Psychiatry rotation where it may pose a safety concern), the student must still wear their King's picture ID.

Identification (A3.06)

The PA student should display proper identification at all times. Lab coats must have the King's College Physician Assistant patch on the upper left sleeve. The King's College picture ID badge must be worn on the left jacket pocket. If a student should lose or break their ID badge, they must contact the program immediately to arrange for a replacement badge. The student will be responsible for the fee to replace this badge. Until the replacement badge has been received, the student must identify himself/herself with a substitute badge that clearly shows the student's name, Physician Assistant Student, and King's College.

Some facilities require students to wear an ID badge from that facility. It is the responsibility of the student to obtain those badges as instructed. The student is required to wear this badge in addition to the King's College ID badge at all times.

The student must identify himself or herself as a physician assistant student to all patients, staff, and other members of the health care team. Failure to properly identify himself or herself as a physician assistant student may result in disciplinary action.

Attendance and Punctuality

Students are required to spend an average of 32-40 hours per week on each clinical rotation to which they are assigned. If the student does not believe they will be able to achieve the minimum hours, the student must contact the Clinical Faculty for further direction. If the student fails to contact the Clinical Faculty about the lack of hours, points will be deducted from their Advisor Evaluation grade.

Students are expected to work the same schedule as their preceptor and may not schedule flex time (three 14-hour days or four ten-hour days). This may not apply to certain rotations such as the Emergency Medicine rotation where the preceptor may schedule the student for specific shifts. During

the Emergency Medicine rotation, the student is expected to rotate through all available shifts, including evenings, nights, and weekends, as available at the clinical site. Students will also be expected to work on call, usually in the same schedule as the team/resident/preceptor to which they are assigned.

If the preceptor will be absent from the rotation site for more than 2 consecutive days, the student must report this to the Clinical Faculty so they can be reassigned (as available) to another preceptor for those days.

In the event of an illness or an emergency, the student is required to notify both the PA Program office (570-208-5853) and clinical site/preceptor immediately. **The student should not contact their advisor instead of the PA Program office.** Any more than 2 days of illness, either consecutive or non-consecutive, will require documentation from the student's healthcare provider. The King's College Student Health Center will not provide a note, but with the permission of the student, they will verify that the student was seen at the center. A medical provider's note may not be from the student's preceptor unless the student is a patient of that preceptor for the illness in question. Any absences not due to illness, (i.e., car problems, childcare issues, etc.) must be resolved within 24 hours. Failure to report to your clinical site within 24 hours without permission from the Clinical Faculty may result in a reduction in your Advisor Evaluation grade or rotation grade, placement on Probation, or dismissal from the program. This will be addressed on a case-by-case basis at the discretion of the Clinical Faculty. Repeated occurrences will result in placement on Probation or possible dismissal from the PA Program.

Any time missed for non-emergency reasons (i.e., family issues, interviews, conferences) must receive pre-approval from the Clinical Faculty. The student must submit a written or email request in advance. Requests are not automatically approved regardless of whether deposits or hotel/airline reservations have already been made. The student must receive written approval from a member of the Clinical Faculty before notifying their preceptor. Each student will be allowed a maximum of 3 days of leave for interviews and may attend only one conference. All requests to attend a conference must include a copy of the conference brochure or a link to the conference website.

Students are encouraged to be active in their professional organizations and their communities as their time and academic commitments allow. Students who wish to be excused from a clinical rotation to attend a professional conference or to participate in a community event must follow the procedures listed above for non-emergency absences.

An excused absence is any absence that has been approved in writing by the Clinical Faculty. Any unexcused absence while on clinical rotations will result in a reduction in the student's Advisor Evaluation grade. All the time missed because of an unexcused absence must be made up. Repeated unexcused absences during the clinical phase of the program will result in disciplinary action from the program.

Holidays

If the clinical site is open for a holiday, the student must report to work that day, unless they are told otherwise by the preceptor. The first day of a clinical rotation may be a staff holiday and the

student may be told not to report for orientation until the following day. The student should notify the PA Program and report to the site per the clinical site's instructions.

End of Rotation Day/Back to Campus Day Requirements

Each student on clinical rotations, regardless of location, is required to attend all activities on End of Rotation Days and Back to Campus Days. During this time, students will take examinations and attend lectures, workshops, and seminars. Various modalities will be used during this time such as guest speakers, case studies, problem solving exercises, etc.

Students must continue to work at their clinical site until the last scheduled day of the rotation. Students are not allowed a day off prior to End of Rotation Days to study or complete assignments. If a student is at a rotation site that requires additional travel time to return to campus, they must seek prior written approval from the Clinical Faculty.

Students are encouraged to review all previously graded paperwork from their prior rotation on these days. Any discrepancies in grades must be presented to the Clinical Director. Discrepancies found after the subsequent End of Rotation cannot be disputed. Students who are on Clinical or Professional Probation are required to meet with the Clinical Director to discuss their progress and plans for continued improvement. It is the student's responsibility to schedule this meeting. Time will be scheduled on End of Rotation Days for students to meet with their advisors, as needed.

In the event of illness or emergency, the student must notify the program office prior to the start of the End of Rotation/Back to Campus Day. An unexcused absence on an End of Rotation Day or Back to Campus Day will result in a zero on any exam given on that day. The student will be required to take any missed exams and successfully complete all make-up assignments by a specified, written deadline. Failure to do so may result in dismissal from the PA Program. The grade that is received for an exam, when taken, will not replace the original zero that was recorded for the unexcused absence. This will automatically place the student on Clinical Probation. If this is the student's first time on either Clinical or Professional Probation, the final grade will be changed to a 3.0 after the student has successfully completed remediation. Unexcused tardiness will result in a deduction on their Advisor Evaluation grade.

Communication with the PA Program

The PA Program Faculty must be able to reach the student at all times. The PA student is required to keep their contact information up to date on Exxat. Each student is required to check their King's email **every day and to respond to emails in a timely manner. Failure to do so will result in a deduction on their Advisor Evaluation grade.** It is recommended that each student also has a cell phone with active voice mail (voicemail should not be full).

Professionalism (B2.19 a, b, c)

As health care professionals, we all have a responsibility to our patients and co-workers to maintain the highest standards of professionalism. As a student in the King's College Physician Assistant

Program, the student is expected to behave and perform in a manner consistent with these high standards. A student is expected to be dependable and prompt. A student is expected to demonstrate professional integrity as well as respect for patient privacy and confidentiality. A student is expected to abide by all applicable laws and regulations as well as all policies and procedures of their clinical site and the PA Program.

Adherence to these attributes requires that physician assistants and physician assistant students exhibit a high level of maturity and self-control, even in highly stressful situations. This involves competent human interaction skills, diplomacy, and attention to the following protocols. Displays of anger which include demeaning, offensive, or threatening behavior or language that is insensitive to race, religion, gender, ethnicity, and sexual orientation will NOT be tolerated. Students must be appropriately responsive to lawful requests from their instructors and College officials. Students shall not display disruptive or obstructive behavior at the College or at clinical sites.

Expanding on the above paragraph, students are expected to represent the program with the highest degree of professionalism at all times. Attention to details regarding professional presentation of self in all aspects is required. Students are expected to show competent human interaction skills, diplomacy, and attention to following expectations set forth by the program's administration and faculty. Behavior which is not consistent with the expected standards or blatant disregard for protocols such as those outlined in the Student Handbook or Clinical Manual will be documented and appropriate disciplinary action will be taken.

Any documented evidence of unprofessional behavior may result in a verbal or written warning, reduction of the Advisor Evaluation grade, completion of a Professional Performance Evaluation (PPE) with a written plan, and/or referral to the PA Review Committee with a recommendation for placement on Professional Probation or dismissal from the PA Program, depending upon the severity of the issue. Examples of unprofessional behavior include, but are not limited to:

- Lying
- Plagiarism or cheating
- Overstepping established limits
- Being under the influence of drugs or alcohol during program sanctioned functions
- Inappropriate sexual conduct
- Falsifying data or records including medical records, Clinical Experience Logs or Time Logs for the program
- Impersonating a certified PA or other health care professional
- Breach of patient confidentiality/violation of HIPAA law
- Refusing to see a patient or perform a duty when requested to do so
- Failure to attend seminars or other professional sessions
- Repeated tardiness
- Lack of dependability
- Failure to properly identify oneself or to wear appropriate name badges and/or lab coats

- Inappropriate attire
- Failure to contact the program or site as required by stated policies (i.e., absence, lack of hours)
- Failure to show proper respect to Faculty, preceptors, patients, or employees of King's College or a clinical site
- Commenting about Faculty, patients, preceptors, or peers on social media or to other clinical sites
- Use of social media to discuss patients, preceptors, instructors, or any aspect of the program in a negative way or in a way that would compromise patient confidentiality
- Failure to follow policies/procedures at a clinical site
- Failure to take personal responsibility for one's own learning

Documentation

Students are reminded that the medical record is a legal document. Each student should refer to individual institutional policies regarding the types of entries that can be made by a student on a medical record. All student entries must be counter-signed by the preceptor. The student should consult with their preceptor if there is any doubt as to the proper format to write an entry.

Whenever a student makes an entry into a patient's medical record, the student must properly identify himself or herself as a physician assistant student when signing the entry. Either of the following is acceptable, however, some institutions may require the longer version:

- John Doe, PA-S
- John Doe, PA student

Self-Learning and Motivation

Self-learning is an important aspect of the education and practice of any health care provider. The physician assistant student should show a willingness to learn and to accept professional responsibilities. They should show initiative when seeing patients, reading about cases already seen, and preparing for known cases in the upcoming days. The physician assistant student should demonstrate a realistic awareness and understanding of both their capabilities and limitations and should follow guidelines and instructions in a thorough and efficient manner.

Reporting Problems Encountered While on Clinical Rotations

The physician assistant student must report any problem encountered on a clinical rotation promptly to their preceptor. The PA student must also report any problem, even ones that have been resolved, to the Clinical Faculty as soon as possible. A student should not wait for a site visit or for a member of the Clinical Faculty to contact the PA student to report a problem. Failure to report a problem to the Clinical Faculty may result in a reduction on the Advisor Evaluation grade.

PACKRAT

Each physician assistant student is required to take the PACKRAT exam as scheduled on campus. This exam is designed as an evaluation tool for individual self-assessment. It is recommended that each student review their areas of strength and weakness on this exam to prepare a study plan to take the PANCE. Students will not receive a grade for this exam from the PA Program.

Safety While on Clinical Rotations (A1.02 g)

King's College has published safety and security policies. These can be found on the campus website at https://www.kings.edu/life_at_kings/wellness-on-campus/campus-safety-security/security_policies.html. This webpage also provides suggestions to help prevent you from being a victim of crime at . A hard copy of the campus policy is housed in the security office on campus. Safety and security information can also be found in the King's College Student Manual. Students who are away from campus should follow the safety and security protocols at their clinical sites. This information should be reviewed during the student's orientation to the clinical site.

Policy on Student Exposure to Infectious and Environmental Hazards (A1.02 g, A3.08 a, b, c)

- Students must follow the methods of prevention as outlined in their OSHA training.
- In the Didactic year, students are required to report any known exposures to infectious and environmental hazards to the Academic Director immediately. This includes but is not limited to the following: TB, HIV, Hepatitis B, Hepatitis C, Covid-19, Measles, and Varicella.
- In the Clinical year, students are required to report any known exposures to infectious and environmental hazards to their preceptor, the clinical site where the exposure occurred, and the Clinical Faculty immediately. This includes but is not limited to the following: TB, HIV, Hepatitis B, Hepatitis C, Covid-19, Measles, and Varicella.
- Students are required to complete the "Report of Infectious or Environmental Hazards Exposure" form and submit this to a member of the faculty within 3 days of the exposure. This form can be found in the General Program Information section on the Program's SharePoint. Once this form has been completed and reviewed by a member of the faculty, it will be kept in the student's permanent file.
- Protocols for treatment should be followed as per the student's physician or the facility in which the exposure occurred.
- All expenses incurred because of the exposure to infectious and environmental hazards are the responsibility of the student.
- If an exposure causes an issue that affects the student's learning, the student should contact the Academic Skills Center on campus immediately. Official documentation of the student's disability must be provided to the Academic Skills Center to determine what reasonable accommodations may be provided to the student to return to didactic or clinical instruction, and still meet the Technical Standards set forth by the program to graduate.
- Given the nature of the professional phase of the program, it is not possible to miss extended periods of time (consecutive or non-consecutive) from didactic and/or clinical instruction. If an

exposure causes an issue that affects the student's attendance, the student may request to withdraw from the program for medical or personal reasons by submitting a written request to the Program Director. This request must contain official documentation from the student's physician regarding the reason for the withdrawal and the expected duration of the absence. A decision to grant re-entry into the program is made on a case-by-case basis and a student who is granted re-entry will be required to sign a contract outlining the terms and conditions which may include, but are not limited to, additional didactic and/or clinical assignments, competence testing, repetition of rotations, course and/or module(s), extension of the length of the program, and delayed graduation from the program. Students who can no longer fulfill the "Technical Standards" set forth by the program will not be able to complete the program. Any cost associated with withdrawal is the student's responsibility.

Methods of Prevention (A1.02 g, A3.08 a)

The CDC suggests that health care workers take the following steps to protect themselves and their fellow workers from needle stick injuries:

- Avoid the use of needles where safe and effective alternatives are available.
- Use devices with safety features provided by your preceptor.
- Avoid re-capping needles.
- Plan for safe handling and disposal before beginning any procedure using needles.
- Dispose of used needles promptly in an appropriate sharps disposal container.
- Report all needle stick and other sharps related injuries promptly to ensure that you receive appropriate follow-up care.
- Tell your PA Faculty / preceptor about hazards from needles that you observe in your learning environment.
- Participate in blood born pathogen training and follow recommended infection prevention practices.

Follow this link for more information on preventing needle stick injuries in health care settings at www.cdc.gov/niosh/docs/2000-108/

- All health care workers should use appropriate barrier precautions to prevent exposure when contact with blood or body fluids is anticipated (i.e., gloves, gown, mask, and goggles).
- Barrier methods should be changed after contact with each patient.
- Hands should be washed immediately after gloves are removed.
- Wash skin immediately and thoroughly if contaminated with blood and/or other body fluids.
- Use masks and protective eyewear or face shields during procedures that are likely to generate droplets of blood or other body fluids.
- Use appropriate ventilation devices or masks for resuscitation purposes.
- Use gowns during procedures that are likely to generate splashes of blood or other body fluids.

Follow this link for more information on clinical safety for healthcare workers at <https://www.cdc.gov/infection-control/hcp/safety/index.html>

Procedures for Care and Treatment after Exposure (A3.08 b)

Refer to the CDC's recommendations for care and treatment post exposure at the following sites:

- Bloodborne Infectious Diseases: <https://www.cdc.gov/niosh/healthcare/risk-factors/bloodborne-infectious-diseases.html>
- TB: <https://www.cdc.gov/tb/exposure/index.html>
- TB: <https://www.cdc.gov/tb/hcp/treatment/index.html>

Evaluation of the Student on Clinical Rotations (A2.05 d, A2.17, B1.03, B4.01)

The following components will be used to evaluate the student during clinical rotations: Rosh Review Questions (15%), Case Studies/Complete H&P with Preventive Care Plan/Elective Learning Outcome Assignment (25%), Pharmaceutical Agents (5%), Preceptor Evaluation of the Student (25%), End of Rotation Exams (20%), and the Advisor Evaluation of the Student (10%). These components enable the faculty to assess the student's performance and to ensure that the learning outcomes and instructional objectives are being met.

Each student will be assigned to a member of the Clinical Faculty who will review and grade the student's requirements for each rotation.

Rosh Review Questions

Each student will complete 75 pre-assigned Rosh Review multiple choice questions during each rotation. The majority but not all the questions will come from the PAEA topic list and the Supplemental Reading list found on Moodle for the student's current rotation. The student should take adequate time to read the explanations and read the identified references to expand their knowledge base and address areas of weakness. The Rosh Review questions must be completed and submitted by Friday of Week 5 of each Rotation (the Friday immediately prior to EOR). The Rosh Review questions are worth 15% of each 6-week rotation grade.

Case Studies/Complete H&P with Preventive Care Plan/Elective Learning Outcome Assignment

Each student will complete a set of case studies during each rotation that coincides with the PAEA topic list and the supplemental reading list for that rotation. The case studies can be found on Moodle at <https://moodle.kings.edu>. The case studies are comprised of a total of 5-11 cases per rotation. There are a total of 35-45 multiple choice questions corresponding with the cases for each rotation. Each student should only complete the case studies that correspond with the rotation to which they are currently assigned. Case studies must be completed and submitted by the Friday of Week 5 of each Rotation (the Friday immediately prior to EOR). The case studies are worth 25% of the rotation grade.

During the Family Practice rotation, each student will submit a complete H&P with Preventive Care Plan instead of case studies. Students must use the Complete H&P template found in the Student Packet on Exxat. H&Ps must be submitted via email as a Word Document using the King's College PA Program template to the student's Clinical Advisor. The H&P must be done on a patient that you have seen in your Family Practice preceptor's practice. The patient must have an acute problem and at least 2 chronic medical conditions. The Preventive Care Plan must include age and gender appropriate preventive health recommendations. Refer to "Helpful Hints for Clinical Rotations" in the clinical manual as well as the Grading Criteria in the Resources Section on Exxat for more details. The Complete H&P with Preventive Care Plan must be submitted by Friday of Week 5 of each Rotation (the Friday

immediately prior to EOR). The Complete H&P with Preventive Care Plan is worth 25% of the grade for the Family Practice rotation in place of the case studies. The grading rubric can be found on Exxat.

During the Elective rotation, each student will submit an Elective Learning Outcome Assignment instead of case studies. The elective specific topic lists can be found on Moodle at <https://moodle.kings.edu> and will consist of 10-15 conditions. The student will submit the following information on each of the elective specific topics listed for their corresponding elective rotation: etiology, symptoms, signs, diagnostic criteria, diagnosis workup, treatment options, and patient education. The information must be accurate, up-to-date, concise, and referenced. This assignment should be submitted via email in a Word document to your advisor by the Friday of Week 5 of the Elective Rotation (the Friday immediately prior to EOR). Included in the Elective Learning Outcome Assignment are two rotation specific elective learning outcomes that will be assessed by the assigned preceptor.

The Elective Learning Outcome Assignment is worth 25% of the grade for the Elective rotation in place of the case studies. The Elective Learning Outcome Assignment grades will be determined by the Grading Rubric for The Elective Learning Outcome Assignment Rubric which can be found in the Clinical Rotations Moodle site – Elective Rotation.

Pharmaceutical Agents

Each student is required to research five pharmaceutical agents used at the clinical site for each rotation. The student must make an entry on a running Word document for each agent to include: (a) generic and brand name(s), if applicable, (b) class of medication, (c) mechanism of action, (d) indications, (e) contraindications, (f) pregnancy and breastfeeding classification, (g) side effects, and (h) dosing. The student is required to have the pharmaceutical agent list completed and available for review by the Clinical Faculty by the end of week 2 of the clinical rotation. The student will be questioned at a site visit or at a time designated by their advisor regarding the pharmaceutical agents selected. In the event the student does not review the pharmaceutical agents with a member of the faculty during the rotation, they will be questioned on an End of Rotation Day.

Pharmaceutical agents must be typed on a running Word document. The student's name must be typed at the top of the document (preferably as a header that will appear on each page) and the rotation number and specialty must be typed at the beginning of each new rotation that is added. It is highly recommended that students print their pharm card list and repeatedly review their list when there is down time on clinical rotations. In addition, students should go above and beyond the information provided in pharmaceutical resources to understand the fine nuances of how that pharmaceutical agent is used in clinical practice. Students must choose five new pharmaceutical agents for each rotation (by the end of 8 rotations, the student will have a list of 40 pharmaceutical agents with information for each).

The pharmaceutical agent list is worth 5% of each 6-week rotation grade. Pharmaceutical agent grades will be determined by the Grading Rubric for Pharmaceutical Agent List which can be found in the Resources Section on Exxat.

Preceptor Evaluation of the Student

Each student is required to have their preceptor submit at least one completed Preceptor Evaluation of the Student for each 6-week rotation. It is preferred that preceptors submit this evaluation online through Exxat. If not submitted online, this evaluation must be submitted by the student with their other paperwork at the start of the first End of Rotation Day unless the preceptor prefers to send the form directly to the school. The Preceptor Evaluation is worth 25% of each 6-week rotation grade.

The Preceptor Evaluation must be completed by a preceptor who is approved by the program to complete the evaluation at that site. If a student is unsure if a preceptor is approved for the site, they should contact the Clinical Faculty. A student can have more than one preceptor complete this evaluation if the preceptor is approved by the program and has spent enough time with the student to complete a fair evaluation. In this case, the student should enter the preceptor as an additional preceptor on Exxat and notify their advisor. Multiple Preceptor Evaluations are averaged together to equal the 25% of the rotation grade.

If a student's preceptor is unable to observe (Not Observed -N/O) a specific learning outcome during the rotation, an assignment will be developed by the clinical faculty to ensure the student is able to meet the required program competencies. The timeline for completion of the assignment will be determined by the clinical faculty and clearly communicated to the student. Completion of the assignment will not change the original grade for the Final Preceptor Evaluation of the Student

End of Rotation Exams

Each student will take a PAEA End of Rotation Exam on each End of Rotation Day which coincides with the topic list and core tasks and objectives for that rotation. The End of Rotation Exam consists of 120 board-type, multiple choice questions. The End of Rotation exam is worth 20% of each 6-week rotation grade.

Advisor Evaluation of the Student

Each student will be evaluated by their advisor at the end of each rotation. Included in this evaluation are patient logs on Exxat, student initiative to complete and log skills/procedures for the rotation, complete timesheet to log hours in the clinical setting, Learner Background and Self-Assessment Form, SOAP notes (or post-op note for Surgery Rotation), Mid-Clinical Preceptor Evaluations, Clinical Passport, Student Evaluation of the Preceptor and Student Evaluation of the Clinical Site, student professionalism, and complete on-boarding requirements. The Advisor Evaluation is worth 10% of each 6-week rotation. The rubric for the Advisor Evaluation of the Student can be found on Exxat.

Patient Logs (B3.03 a, b, c, d, e, B3.04 a, b, c, d, B3.07 a, b, c, d, e, f, g)

Each student is required to document their clinical experience on Exxat. The student's advisor will use the Advisor Evaluation to evaluate the initiative the student has taken to seek out clinical experiences and the completeness and accuracy of the student's documentation on Exxat.

Students are required to complete a patient record for each patient that they see on clinical rotations. Each patient record will be required to have at least one ICD-10 Code (diagnosis) and one CPT Code (procedure/level of office visit). This record must be initiated within 7 days of seeing the patient and completed by the start of the first End of Rotation Day. The student must complete all the required fields on Exxat. Failure to complete all patient records by the start of the first End of Rotation Day will result in a deduction on the student's Advisor Evaluation grade.

All students, at a minimum, must have and document patient encounters in 4 main categories: Preventive, Emergent, Acute, and Chronic. Each student must pick at least one of these categories for each patient record unless none of them apply. A preventive visit would include a well visit or annual visit. It may also include a visit for a procedure such as a routine gynecologic exam or an immunization or a visit in which the student advises the patient to receive an appropriate screening procedure (i.e., colonoscopy, mammogram, etc.). An emergent visit is any visit for a condition that poses an immediate threat of loss of life, limb, or function (such as eyesight). An example would be an acute abdomen, MI, stroke, or severe life-threatening injury. An acute visit is for an illness or injury that is new and may have different levels of severity but usually won't last a long time. An example would be a broken bone, respiratory illness, or rash. It may also include an exacerbation of a chronic problem. A chronic visit is a follow up visit for a chronic or on-going condition. Two categories can be selected, if appropriate. For example, a patient may come in for follow up of diabetes (log as a chronic visit) but you perform a diabetic foot exam, refer to an ophthalmologist, and give an influenza vaccine (log also as a preventive visit).

The PA Program has set minimum numbers for various types of clinical experiences to ensure that all students receive the best preparation as a PA. Each student must seek out opportunities for these patient encounters while on clinical rotations and must accurately document those experiences on Exxat. The following is a list of minimum experiences required by each student to complete the PA Program:

- Pre-operative --10 patient encounters
- Intra-operative --30 patient encounters
- Post-operative --20 patient encounters
- Prenatal care --10 patient encounters

The PA Program has also chosen specific skills/procedures that each student should assist or perform while on clinical rotations. Each student should regularly review the following list and seek out opportunities to perform these skills while on clinical rotations. Students are encouraged to list those skills/procedures which they are likely to achieve on that individual rotation on their Learner Background & Self-Assessment Forms and discuss them with their preceptors at the start of each

rotation. Students must document their level of participation on the patient records on Exxat. Below is a list of skills/procedures that each student is expected to achieve before graduation. Certain skills/procedures have a minimum number that **students are required to PERFORM in order to complete the PA Program.**

Skills/Procedures	Number Required
Administer Local Anesthetic	5
Auscultate Fetal Heart Sounds	10
Bimanual Exam	5
Breast Exam	10
IM Injection (Infant)	3
IM Injection (Child)	3
IM Injection (Adolescent)	3
IM Injection (Adult)	5
IM Injection (Elderly)	5
Immobilize Extremity with Splint	3
Interpret ECG	10
Interpret Chest X-rays	5
Interpret X-rays of Extremity	5
IV Insertion	5
Manual Blood Pressure	10
Measure Fundal Height/Palpate Fetal Position	5
Mental Status Exam	10
PAP smear/Cervical Specimen	10
Post-op Note	5
Post-op Orders	5
Pre-Op Orders	5
Remove Staples	2
Remove Sutures	2
Simple Interrupted Sutures	10
Staples	2
Surgical Scrub	10
Throat Culture/Specimen	5
Well Infant Exam	5
Well Child Exam	5
Well Adolescent Exam	5

Students are encouraged to seek opportunities to assist/perform other skills/procedures such as the following (not meant to be an all-inclusive list):

Administer Digital Block	Perform and Interpret Wet Mount
Cerumen Removal	Perform ECG

Cesarean Delivery	Perform Vaginal Cultures
Endotracheal Intubation	Rectal/Prostate Exam
Finger Stick	Remove Drains
Fluorescein Stain of the Cornea	Remove Female Urinary Catheter
Guaiaac Test	Remove Male Urinary Catheter
Insert Female Urinary Catheter	Remove Nasogastric Tube
Insert Male Urinary Catheter	Subcutaneous Injection (infant)
Insert Nasogastric Tube	Two-handed tying
Intradermal Injection	Vaginal Delivery
One handed tying	Wound Culture

In addition to the patient log, each student is required to document their daily hours on the student's Timesheet section of Exxat. As cited previously under the "Attendance and Punctuality" section of this clinical manual, each student is required to get an average of 40 hours per week unless the Clinical Faculty has granted an exception in advance. All hours must be documented on the student's Timesheet on Exxat on a weekly basis. Students should make an entry for every day of the week, Monday through Friday. If a student is not scheduled on a given day, that should be noted on the time sheet. If a student works hours on the weekend, the student should add an entry for those weekend days. Failure to properly log hours will adversely affect the student's Advisor Evaluation grade. Falsifying time logs is considered unprofessional and will result in the student being referred to the PA Review Committee with a recommendation for probation or dismissal.

Each student must document any clinical conferences that they attend on the student's Timesheet section on Exxat as "Other" with an explanation in the Notes section of the Timesheet.

The following paperwork must also be completed and submitted by the specified time:

- Learner Background and Self-Assessment Form (Program Competency 6.1)
 - Each student will complete this form and submit it to their advisor by Friday of Week 5 of each Rotation (the Friday immediately prior to EOR). The student should use this form to identify strengths that they can build upon during the current rotation. The student should also identify weakness and set goals with **specific** measures to address their areas of weakness. The student's advisor will evaluate the effort that the student put into this task and the effectiveness of the student to self-identify and address their areas of weakness on the Advisor Evaluation.
- SOAP/Post-operative Notes
 - Each student is required to submit a SOAP note for review by the Clinical Faculty while on their Internal Medicine (on a patient >65 years old), OB/GYN, and Psychiatry (including mental status exam) rotations and a post-op note while on their General Surgery rotation. Notes must be submitted as a Word document and must follow the guidelines listed in this Clinical Manual. Notes must be submitted to the Clinical Faculty member designated for that specific rotation specialty by 5 PM on Friday of week 2 of each of these rotations. All recommendations/revisions suggested by the Clinical

Faculty must be completed within the designed time frame. These notes are pass/fail assessments.

- Mid-Clinical Preceptor Evaluations
 - Each student should have their preceptor complete a Mid-Clinical Evaluation on Exxat at the end of week 3 of each rotation. Mid-Clinical Evaluations are not graded but are for the student's benefit and are meant to alert the student to areas that need improvement before the end of the rotation. If a preceptor refuses to complete the Mid-Clinical Evaluation, the student should inform their advisor during the rotation. In this case, it is the responsibility of the student to discuss their performance with the preceptor and identify areas that need improvement.
- Clinical Passport
 - During the clinical year, each student must carry a Clinical Passport with them to their clinical rotation sites. This is a small booklet with skills/procedures that the student is expected to encounter during the clinical year. Each student is required to have listed skills/procedures signed and dated by a healthcare professional when they have demonstrated a level of proficiency for that skill/procedure. All required skills/procedures must be signed off at a level 2 or level 3 to graduate from the program.

The student should be aware of which skills/procedures are required on a specific rotation. The student must have those skills/procedures signed off on that specific rotation. If the student believes they won't be able to complete a skill/procedure on the required rotation, they must notify their advisor as early as possible to develop a plan to get the skill/procedure completed. Students can have additional skills/procedures that are not required also signed off during their rotations.

- Student Evaluation of the Preceptor and Student Evaluation of the Clinical Site
 - Each student is required to complete the Student Evaluation of the Preceptor(s) and a Student Evaluation of the Clinical Site on Exxat for each 6-week rotation period. If a student chooses to score a question 3 or lower, they should offer comments to explain why that score was chosen. Although these evaluations do not receive a separate grade, failure to complete them by the start of the first End of Rotation Day will result in a deduction on the Advisor Evaluation grade.

Failure to submit any of the above documentation by the stated deadlines will adversely affect the student's Advisor Evaluation grade.

Professional Performance Evaluation (B4.01)

The King's College Department of PA Studies *Professional Performance Evaluation Form (PPE)* was developed to assess the professional behavior and attitudes of students through a formal, annual,

written feedback process that compliments regular feedback provided by faculty to students. The completion of these forms is an integral component of the ARC-PA required student evaluation.

Procedure:

- Forms will be completed annually by the entire faculty in a group meeting for the first-year students, and in a Clinical Faculty meeting for second-year students but may also be utilized to indicate student performance problems during both the pre-clinical year and during clinical rotations if deemed necessary by the faculty. Failure of the student to improve their performance will result in a referral to the PA Review Committee with a recommendation for Professional Probation.
- Once the form is completed, each advisor should meet with their assigned advisees to discuss their evaluation. If the student's advisor is not available, another faculty member will meet with the student and provide feedback.

Dates for Completion:

- Second Year Students:
Not later than End of Rotation Day for Rotation 4 for any Second-Year student with an identified problem, on probation, behavioral issue, etc.
- Not later than End of Rotation Day for Rotation 6 for all Second-Year students. If a problem is identified on a Second-Year student and a form is completed earlier than this time, a subsequent form must be completed on the same student to ensure they have shown improvement and are cleared for graduation.

Grading System

Only letter grades are submitted to the Registrar as per graduate school policy. Equivalent numeric grades for the Case Studies, Preceptor Evaluation of the Student, Advisor Evaluation, and Complete H&P/Preventive Care Plan are as follows:

Numeric Grade Case Studies, Advisor Evaluation, Complete H&P/Preventive Care Plan	Numeric Grade Elective Learning Outcome Assignment	Numeric Grade Rosh Review	Numeric Grade Pharmaceutical Agents	Numeric Grade Preceptor Evaluations	Letter Grade	4.0 Scale Equivalency
97—100	37-40	94-100	13-14	4.75—5.0	A	4.0
94—96	33-36	88-93	12	4.5	A-	3.67
90—93	29-32	82-87	11	3.75	B+	3.33
87—89	24-28	75-81	10	3.0	B	3.0
84—86	21-23	69-74	9	2.5	B-	2.67
80—83	17-20	64-68	8.5	2.25	C+	2.33
77—79	14-16	61-63	8	2.0	C	2.0

74—76	10-13	58-69	7.5	1.5	C-	1.67
70—73	7-9	55-58	7	1.0	D	1.0
< 70	0-6	<55	0-6	<1.0	F	0

PAEA End of Rotation Exams will be graded according to the following scale:

Performance Band Z-score	Letter Grade	4.0 Scale Equivalency
+0.56 or above	A	4.0
+0.10 to +0.55	A-	3.67
-0.49 to +0.09	B+	3.33
-1.50 to -0.50	B	3.0
-2.09 to -1.51	B-	2.67
-2.50 to -2.10	C+	2.33
-3.09 to -2.51	C	2.0
-3.50 to -3.10	C-	1.67
-4.00 to -3.51	D	1.0
-4.01 or below	F	0

PAEA End of Rotation Exams are reported as scale scores ranging from 300-500. Scale scores are converted into individual Z-scores using the PAEA pre-determined mean scale score and the PAEA pre-determined standard deviation for each rotation specialty. The student's Z-score is applied to the above performance bands for conversion to letter grades.

Numeric grades for Case Studies and Rosh Review Questions will be rounded to whole numbers as per the above scales. All grades earned during a rotation are converted to a letter grade and then placed into a spreadsheet as its corresponding numerical equivalent (4.0 scale). These numbers will then be multiplied by the percentage points that the component was worth for the overall rotation grade.

For example: A student receives the following: case studies (94%), Rosh Review Questions (91%), preceptor evaluation (4.5), Advisor Evaluation (97%), pharmaceutical cards (A-), and end of rotation exam (72%). These grades would be converted as: case studies (A- or 3.67), Rosh Review Questions (A or 4.0), preceptor evaluation (A- or 3.67), Advisor Evaluation (A or 4.0), pharmaceutical cards (A- or 3.67), and end of rotation exam (B or 3.0). These numbers would then be multiplied by the appropriate percentage of the grade being calculated as: $(3.67 \times 0.25) + (4 \times 0.15) + (3.67 \times 0.25) + (4 \times 0.10) + (3.67 \times 0.05) + (3 \times 0.20) = 3.6185$. The final grade calculation for the rotation is not rounded and is converted to the letter grade for submission to the Registrar. In this example, the final grade calculation of 3.6185 is converted to the letter grade of a B+ for that rotation.

Grading of Clinical Rotations (A3.15 b, B4.01)

Students are required to achieve a 3.0 (B) for each of their clinical rotations and PA Capstone Course to graduate from the King's College PA Program. Failure to do so will result in the student being referred to the PA Review Committee with a recommendation for Clinical Probation. If a student fails to achieve the minimum 3.0 on a subsequent occasion, the student will be referred to the PA Review Committee with a recommendation for dismissal from the PA Program.

The Clinical Director is the course director for clinical rotations and is responsible for submitting all grades to the Registrar. All questions regarding student clinical evaluations and grades should be directed to the Clinical Director. The Registrar does not mail a transcript after each rotation; however, each student can review their transcript on Web Advisor.

Final grades are based on knowledge of the subject matter as determined through testing and/or assessment and by observation of the student performance by the Clinical Faculty or their representative. Grades are based on professional considerations such as attendance, punctuality, dependability, initiative, ability to accept and utilize constructive criticism, ability to relate to other health care professionals, and adherence to professional standards and codes of ethics.

Physician Assistant education is competency based. Competency refers to an individual's demonstrated knowledge, skills, and abilities performed to specific standards. Therefore, the PA Program Faculty and administration reserve the right to require a student to repeat or extend a module, course, clinical rotation, clinical task, or skill if a student demonstrates deficiencies of competency as determined by preceptors or the Clinical Faculty. Students may be asked to demonstrate competency by successfully passing additional exams or clinical evaluations. This may occur even if the student has successfully achieved a passing grade for that module, course, clinical rotation, clinical task, or skill. Using collective judgment, the faculty reserves the right to recommend the withdrawal or dismissal of a student whose scholastic standing, health, clinical performance, or conduct make it inadvisable for them to continue in the Program.

Remediation Policy (A3.15 b, c, B4.01)

Remediation in the clinical phase of the program provides an opportunity for a student to demonstrate competency in a particular curriculum and or tasks in which the student did not demonstrate competency during the traditional time frame.

Remediation will be required if the student does not pass any of the following assessments in the clinical year:

- The Advisor Evaluation
- EOR Examination
- Final Preceptor Evaluation of the Student or any of its individual components
- Failure of a clinical rotation
- Failure of the PA Capstone Course or the following components of the PA Capstone Course

- Computer Based Summative Exam
- Summative OSCE
- Clinical and Technical Skills Evaluation

If a student is required to remediate any of the above components, they will be notified by the clinical faculty. The timeline for completion of the assignment(s) will be determined by the clinical faculty depending on the extent of the assignment(s) and will be clearly communicated to the student. Upon completion of the remediation, the clinical faculty will inform the student of the remediation outcome, including whether the remediation was successfully passed or not. The Clinical Director will update the student's clinical record accordingly.

Grading after remediation: If the student is only required to remediate individual components of the rotation or the individual components of the PA Capstone Course, their original grade will remain unchanged. If the student fails the entire rotation or the overall PA Capstone Course and successfully remediates all required components, their grade will be adjusted to a 3.0. This overall rotation grade change can only occur once during the clinical year. The overall PA Capstone grade change can also only occur once during the clinical year.

Any costs incurred as a result of remediation or delayed graduation will be the sole responsibility of the student.

Remediation for Advisor Evaluation of the Student

Students are required to achieve a minimum grade of B (3.0) on the Advisor Evaluation of the Student. If a student receives a grade less than a B (3.0), the clinical faculty will review the evaluation and notify the student of area(s) requiring remediation. The student will be required to meet with the clinical faculty to develop an action plan aimed at achieving the expected learning outcome(s). The student's original grade is used for the calculation of the overall rotation grade.

A student who fails two (2) Advisor Evaluations of the Student will be placed on clinical probation. Failure of a third Advisor Evaluation will result in referral to the PA Review Committee with a recommendation for dismissal from the PA Program.

Remediation for End of Rotation Exams

Students are required to achieve a minimum score of a B (3.0) or higher on all End of Rotation Exams. If a student's score falls below a B (3.0) they must successfully complete a remediation. Clinical Faculty will review the exam results and notify the student of their identified areas of weakness.

The Student must submit a comprehensive summary on the assigned topics to a designated member of the clinical faculty. This submission must include the following elements:

- For Clinical Topics: etiology, signs and symptoms, diagnostic studies, treatment plan, and patient education.

- For Pharmacologic Topics: brand and generic names of medication, pharmacodynamics, indications, contraindications, side effects and drug reactions, and general prescribing information.

This information must be accurate, up to date, referenced, and concise. The assignment is due 2 weeks after the exam date. After the information is submitted, the student is required to retake and successfully pass another End of Rotation Exam for the rotation specialty they remediated. The student's original grade is used for the calculation of the overall rotation grade.

A student who fails two (2) End of Rotation Exams will be placed on Clinical Probation and will be given a remediation plan. Failure of a third End of Rotation Exam will result in referral to the PA Review Committee with a recommendation for dismissal from the PA Program.

Remediation for Final Preceptor Evaluations

Students are required to achieve a minimum grade of B (3.0) on the Final Preceptor Evaluations. If a student's overall final preceptor evaluation grade falls below a B (3.0), or any individual components of the evaluation fall below a 3.0, the student will be required to successfully complete a targeted remediation to demonstrate competency for the unmet learning outcome(s). The Clinical Faculty will review the evaluation, identify areas requiring remediation, and notify the student accordingly. A remediation plan will be created based on the specific competencies that did not meet the expected learning outcome(s). Repeating the rotation may be considered depending on the circumstances and the areas of identified weakness. The student's original grade is used for the calculation of the overall rotation grade.

A student who fails two (2) Final Preceptor Evaluations will be placed on clinical probation. Failure of a third Final Preceptor evaluation will result in referral to the PA Review Committee with a recommendation for dismissal from the PA Program.

Remediation for Failure of the Clinical Rotation

Clinical rotations must be passed with a B (3.0) or greater. If a student's grade falls below a B (3.0), they will be required to successfully remediate any component that was not passed during that rotation. The Clinical Faculty will review the clinical rotation components and notify the student of the area(s) needing remediation. A remediation plan will be developed to address the learning outcome(s) not met during the rotation.

Remediation for the PA Capstone Course

Students must achieve a minimum grade of B (3.0) in the PA Capstone Course and in each of its individual components which include the Computer Based Summative Exam, the Summative OSCE, and the Clinical and Technical Skills Evaluation. Clinical Faculty will review performance in the PA Capstone course and its components, identify any deficiencies, and notify the student of any specific area(s)

requiring remediation. A targeted remediation will be developed to address the learning outcomes that were not achieved.

The Following policies Apply:

- Failure of the PA Capstone Course
 - If a student does not achieve the minimum passing grade for the overall PA Capstone Course, they will be placed on Clinical Probation as outlined per the policy for Clinical Probation in the Clinical Manual. The student must successfully complete remediation assignments for any failed components of the course.
- Failure of the Computer Based Summative Exam
 - If a student does not achieve the minimum passing grade for the Computer Based Summative Exam, they must complete a remediation and must retake the exam regardless of whether the overall PA Capstone Course grade is a B (3.0) or higher.
- Failure of the Summative OSCE:
 - If a student does not achieve the minimum passing grade for the overall Summative OSCE or any of its individual components, they must complete a remediation and must retake the entire Summative OSCE whether or not the overall grade for the PA Capstone Course is a 3.0.
- Failure of Clinical and Technical Skills:
 - If a student does not achieve the minimum passing grade for the Clinical and Technical Skills evaluation, they will be required to complete a remediation and must retake the entire clinical and technical skills evaluation.

PA Review Committee

The PA Review Committee is comprised of the following members of the PA Faculty: Program Director, Academic Director, Clinical Director, and at least one full-time member of both the Didactic and the Clinical Faculty (appointed by the Program Director). The PA Review Committee will review and make a decision regarding all recommendations for probation or dismissal from the PA Program.

Clinical Probation

A student will be referred to the PA Review Committee with a recommendation for Clinical Probation for any of the following reasons:

- Failure of two (2) End of Rotation Exams
- Failure of two (2) Advisor Evaluations of the Student
- Failure of two (2) Final Preceptor Evaluations of the Student
- 6-week rotation course grade falls below a 3.0
- Grade for the PA Capstone Course falls below a 3.0
- Failure of any component of the Summative Evaluation after a 2nd attempt

- Failure to successfully remediate an area of weakness that has been identified by the Clinical Faculty

If a student was previously placed on Academic Probation or Professional Probation during the didactic phase of the PA Program, the PA Review Committee will take this into consideration when making a decision regarding the student. The decision to place a student on Clinical Probation by the PA Review Committee cannot be appealed.

A student placed on Clinical Probation is required to successfully complete remediation as determined by the Clinical Faculty. The student being granted the privilege of remediation will be notified of the expectations for remediation and the time frame in which it must occur by letter from the Clinical Director.

If the student was placed on Clinical Probation because their rotation course grade or PA Capstone Course grade fell below a 3.0, the student is required to successfully complete remediation for any component that was not passed during that rotation or the PA Capstone Course. The overall course grade will be changed to a 3.0 for that course once the remediation has been successfully completed. This overall rotation grade change can only occur once during the clinical year.

If there is any subsequent reason for the student to be placed on Clinical Probation or Professional Probation during the clinical phase of the program, the student will be referred to the PA Review Committee with a recommendation for dismissal from the program. In addition, if the student does not successfully complete a remediation plan in the specified time frame, recommendation will be made for dismissal.

If a dismissal is overturned by the Appeals Committee and remediation or a retake is offered to a student, the highest grade that the student can be given for the remediation or retake is a B or 3.0. Students must abide by the appeals contract set forth by the Program Director; otherwise, automatic dismissal will result. Costs associated with any remediation or delayed graduation will be the responsibility of the student.

Professional Probation

A student may be referred to the PA Review Committee with a recommendation for Professional Probation or dismissal from the PA Program based on the severity of the infraction or if the student fails to correct previously identified unprofessional behaviors.

If a student was previously placed on Academic Probation or Professional Probation during the didactic phase of the PA Program, the PA Review Committee will take this into consideration when making a decision regarding the student. Students with a professionalism issue or concern will have the opportunity to state their position to the committee. This information will be considered by the PA Review Committee before a decision is made. The decision to place a student on Professional Probation by the PA Review Committee cannot be appealed.

A student placed on Professional Probation will receive a letter from the Clinical Director outlining the expectations of the program and the time frame for reevaluation.

If there is any subsequent reason for the student to be placed on Clinical Probation or Professional Probation during the clinical phase of the program, the student will be referred to the PA Review Committee with a recommendation for dismissal from the program. In addition, if the student does not successfully complete a remediation plan in the specified time frame, recommendation will be made for dismissal.

If a dismissal is overturned by the Appeals Committee and remediation is offered to a student, the highest grade that the student can be given for the remediation is a B or 3.0. Students must abide by the appeals contract set forth by the Program Director; otherwise, automatic dismissal will result. Costs associated with any remediation or delayed graduation will be the responsibility of the student.

Dismissal from the Program (A3.15 d)

A student may be referred to the PA Review Committee with a recommendation for dismissal for the following reasons:

- Having more than two reasons for probation during the didactic phase of the Program.
- Having a reason for probation in the clinical phase of the program after being placed on Clinical Probation or Professional Probation in the clinical year.
- Failure of three (3) End of Rotation Exams.
- Failure of three (3) Advisor Evaluations of the Student
- Failure of three (3) Final Preceptor Evaluations of the Student
- Professional behavior of a severity that warrants immediate dismissal from the Program.
- Failure to complete any required remediation as determined by the faculty.
- Failure to meet the terms of a probation or program contract.
- Using collective judgment, the faculty reserves the right to recommend the withdrawal or dismissal of a student whose scholastic standing, health, clinical performance, or conduct make it inadvisable for them to continue in the Program.

Process for Probation and/or Dismissal from the PA Program

- The student is referred to the PA Review Committee by a PA faculty member with a recommendation for probation and/or dismissal from the Program.
- Students with a professionalism issue or concern and students being considered for dismissal will have the opportunity to state their position to the committee. This information will be considered by the PA Review Committee before a decision is made.
- The committee will deliberate. A decision will be made by a majority vote of the committee.
- If a student is placed on probation, the Academic or Clinical Director will notify the student of the committee's decision and provide a written letter outlining the probationary requirements. If a student is dismissed, the Program Director will notify the student and provide a written letter of dismissal.

- Students who are dismissed from the Program will have the ability to appeal the decision by following the procedure listed in the Appeals Policy for Dismissal from the Professional Phase of the Program. Students placed on probation are not eligible for appeal.

Appeals Policy for Dismissal from the Professional Phase of the PA Program (A3.15 d)

- If a student has been dismissed from the program, the student has the right to appeal this decision.
- If a student decides to appeal this decision, they must submit a written appeal to the Chair of the PA Appeals Committee within 1 week (5 business days) of receipt of the letter.
- The student can request permission from the Program Director to return to class/rotation during the appeals process once the student announces their intent to appeal the dismissal. If granted, the student may remain in class/rotation until either the 5 business days pass without the student submitting an appeal letter to the PA Appeals Committee or a decision is made by the PA Appeals Committee concluding the process.
- The PA Appeals Committee is composed of the Chair of the PA Appeals Committee and 2 King's College Faculty members who are not PA Faculty but are familiar with the PA Program. If any members are unavailable, alternates will be selected as mutually agreed upon by the PA Appeals Committee remaining members and the PA Program Director. A member of the PA Review Committee sits on this Committee as a non-voting member to offer points of clarification.
- The student's written appeal must not just be a reiteration of the known facts but must contain compelling evidence as to why they are appealing, new or additional evidence disputing the known facts, and copies of any pertinent materials to support the appeal.
- Upon receipt of the student's appeal letter, the Chair of the PA Appeals Committee will clarify any facts or ambiguities with the PA Program Director or the program's faculty liaison to the committee.
- If the appeal letter does not contain new or compelling evidence to support the appeal, as determined by the majority of the PA Appeals Committee, the process will end here, and the decision of the PA Review Committee will be upheld. The student will be notified of this decision by the Chair of the PA Appeals Committee.
- If the appeal letter does contain new or compelling evidence, the Chair of the PA Appeals Committee will schedule a meeting with the student and the voting members of the committee within 1 week (5 business days). The non-voting member of the committee will not be present during this meeting.
- At the meeting, the PA Appeals Committee will listen to the student and ask questions. After the meeting, the members will review the student's appeal and make a decision within 1 week (5 business days). The Committee will deliberate in closed session and the deliberations of the Committee are confidential.
- After reviewing the appeal and before any decision is made, the Chair of the PA Appeals Committee will contact the PA Program Director for validation of facts presented by the student and, if needed, clarification.

- The decision to grant the student's appeal is made by a unanimous decision of the PA Appeals Committee. The non-voting member of this committee will not be present during the vote.
- The final decision whether or not to grant the student's appeal, is communicated by the Chair of the PA Appeals Committee to the PA Program Director.
- The Chair of the PA Appeals Committee will record the Committee's decision by communicating in writing to both the student and the PA Program Director. A copy of the decision is placed in the student's permanent file.
- Should the Committee decide to grant the appeal, the PA Program Director will develop a contract for the student outlining the requirements for the student to continue in the PA Program. This contract must be signed by the student. The contract will outline the requirements needed to remain in the major and may require remediation or delay in the student's expected graduation. Any associated cost with any remediation or delayed graduation will be the responsibility of the student. This contract will be placed in the student's permanent file.
- The decision of the Committee concludes the appeals process. Both the student and the Department of Physician Assistant Studies must comply with the Committee's decision, as this decision by the PA Appeals Committee is final.

Helpful Hints for Clinical Rotations

How to Write a Complete H&P

A complete H&P should include the following: chief complaint, history of present illness, past medical history including surgical history, medications, allergies, family history, social history, review of systems, physical exam, assessment, and a treatment plan. Assessments for the complete H&P should include all new diagnoses with rule outs and all chronic conditions with notation if stable or controlled. Plans should be written for each assessment in the diagnostics, therapeutics, and patient education format.

Patient ID, Date, and Time

Chief Complaint (CC)

- Chief Complaint is the first thing reported by the patient. It should be in quotes and include the duration. It should be concise and only include 1 or 2 complaints.
- Example of a CC: “Blurred vision” x 2 days

History of Present Illness (HPI)--be sure to include all pertinent negatives

- Onset (When did it start? Gradual or sudden? Any precipitating event?)
- Duration
- Location
- Character
- Frequency
- What makes it better?
- What makes it worse?
- Radiation
- Severity (for example, pain scale—10 being the worst pain, 1 being the least pain)
- Previous treatment (be as specific as possible and document if it has helped; can use old charts)
- Self-treatment (What did the patient do, and did it help? Be specific.)
- Associated symptoms
- Effects on ADLs (Be specific.)
- Other questions as indicated by the nature of the complaint (i.e., severe sore throat: Any strep or Mono exposure? trauma: give specific details about the nature of the accident--How did it occur? On what did they hit their head? Were they wearing a seat belt?)
- Example of a HPI: The patient first noticed gradual onset of blurred vision 2 years ago but this has been worsening over the past 2 days. No associated head trauma. Vision is blurred bilaterally with right being worse than the left with both central and peripheral blurring. Vision is described as constantly hazy when objects are placed 6 feet in front of the patient. Near and color vision are without change over the past 2 years. Patient denies any headache, dizziness, eye pain, but does admit to increased thirst, hunger, and urination over the past 2 years which

has increased over the past 2 days. Fatigue seems to worsen the haziness. Rest does not improve patient's vision, nor does placing moist towels over her eyes or using Visine. The patient was seen by ophthalmology 2 years ago without specific diagnosis known by the patient, but prescription lenses were ordered with improvement. Records can be obtained by Dr. Smith in Allentown, PA. So far this has not affected the patient's ability to perform daily tasks. She is still able to drive. Patient has a history of Diabetes for the past 6 years treated with an 1800 calorie ADA diet and exercise which includes walking 2 times daily. The patient has been compliant with diet and exercise. Glucophage 500mg po BID was started 2 years ago. The patient denies glaucoma and is on no other medications.

Past Medical History (PMH)

- Include chronic illnesses with duration (note dates)
- List pertinent negatives (as per the chief complaint and/or PMH)
- Include previous hospitalizations
- Include immunization status, if appropriate.
- Menstrual history including LMP, frequency (i.e., q 28 days), regularity, duration (i.e., 4-5 days), amount of flow (pads/day), menarche, menopause, last PAP (date and results)
- OB history including pregnancies and complications
 - GPA_{TPAL} (term births, Pre-term births, Abortions, Living Children)
- Example of a PMH:
Diabetes—June 2011
Hypertension—2000

The patient denies history of cancer, heart disease, high cholesterol, vision changes or neuropathy secondary to diabetes.

The patient has not had previous hospitalizations.

Immunizations—The patient reports he had all his childhood immunizations.

Last Td was in the ER in 2006.

Influenza vaccine—October 2011.

Pneumovax—October 2009.

Past Surgical History (PSH)

- Include surgeon or facility and date of surgery (if known)
- Example of a PSH:
Appendectomy in 1996 by Dr. Smith at General Hospital in Wilkes-Barre.
Wisdom teeth resection in 1982 by unknown surgeon in Brooklyn, NY.

Medications

- Include name of medication, dose, and frequency
- Include herbals and vitamins as appropriate
- Example of Medications:
Atorvastatin 20 mg one tablet by mouth at bedtime

Allergies

- Include reactions
- Include foods, pollens, drugs, chemicals, anesthesia, blood products/transfusions, latex
- Include pertinent negatives
- Example of Allergies:
Penicillin—facial swelling and rash.
Patient denies allergies to foods, pollens, other medications, chemicals, anesthesia, latex, or blood products.

Family History (FH)

- Include parents, siblings, children, and grandparents
- List current age or age at time of death and cause of death
- List pertinent negatives
- Example of FH:
Mother: deceased at age 62 from ovarian cancer; DM, HTN
Father: age 72, HTN, s/p MI age 65
Sister: age 55, alive and well, no known medical problems
Paternal grandmother: deceased at age 70 from “natural causes”
Maternal grandmother: deceased at age 80 from a heart attack, HTN
Paternal grandfather: deceased at age 75 from a heart attack
Maternal grandfather: deceased at age 76 from a stroke; HTN, DM

Patient denies family history of breast, colon, or lung cancer, or hyperlipidemia.

Social History (SH)

- Include tobacco, ETOH, and drug use
- If a child, note exposure to passive smoke
- Include age, ethnic background, born and raised, education level and specialty training (military), current job and satisfaction, economic status/financial security, lifestyle, and typical day (diet, exercise, sleep), home situation (married with children and family support), activities and hobbies, religion, insurance, travel, sexual history and satisfaction, personal beliefs

- Example of a social history:

46-year-old male who was born and raised in Wilkes-Barre, PA, college educated at Wilkes-University as an accountant and has no other specialty training. He is a self-employed accountant, happy, and financially secure. He is happily married in a monogamous relationship for 15 years with 5 children who are all living at home and supportive. He sleeps 8 hours a night except in the spring when 5 hours is the norm. He eats 3 meals per day without snacks. He loves to jog when time allows. He does not travel. He has Blue Cross/Blue Shield Medical Insurance. He denies smoking, drinking, and drug usage. He admits to 3 cups of coffee a day x 5 years. He is a practicing Catholic. His typical day includes preparing breakfast, working, having dinner with his family, and watching TV before going to sleep.

Review of Systems (ROS)

- Must be in patient terms; no medical terminology
- Head to toe order; highlight positives and give short explanations with duration
- Example: headaches relieved with Tylenol 500 mg by mouth q 4-6 hours x 2 days

Physical Exam (PE)

- Vitals
 - Blood pressure (if elevated x 3), sitting, standing, lying; document the arm in which the BP was taken
 - Temperature (how taken)
 - Pulse (rate in bpm and regularity)
 - Respirations (rate in cpm and regularity; labored or non-labored; describe abnormalities—i.e., shallow, gasping, etc.)
 - Weight (in lbs. or kg)
 - Height (in. or cm)
 - BMI
 - Head circumference in pediatrics (in. or cm)
 - Growth chart percentages in pediatrics
 - Pulse ox
 - Fetal tones and fundal height for OB/GYN rotations
- Examine all body systems in a head-to-toe pattern
- Includes positive and negative findings
- Document any diagnostic test findings if done and results are known at the time of the visit

Assessment (A)

- The first problem listed relates to the chief complaint or most serious condition. All differentials or rule outs should be listed. You do not need a rule out if the diagnosis is made after the H&P is completed.

- Include all diagnoses made by your history or physical exam findings (i.e., tobacco abuse, dependent edema, etc.)
- Include all chronic conditions in the assessment. Include status of chronic conditions when appropriate.

Plan (P)

- All assessments must have a plan which includes diagnostics, therapeutics, and patient education. Match assessment and plan in numerical order.
- *Diagnostics*
 - How did you/ are you making the diagnosis? Do not rewrite your assessment here.
 - History and physical (H&P) is usually listed first. Sometimes the diagnosis is only made by history and physical alone. If so, it should be documented as such.
 - Lab studies to make your diagnosis or to follow chronic conditions
 - Tests (i.e.: X-rays, ultrasound, MRI, etc.) including documentation of the area being imaged, with or without contrast, etc.
 - Referrals—list here if the referral is used to make the diagnosis
- *Therapeutics*
 - What was done to treat the patient or make them feel better? A diagnostic test is NOT a treatment. Examples include:
 - Medications-- All medications must have a dose and frequency. If you write a prescription for a patient, you must list the number dispensed and refills.
 - IV therapy (what kind and how fast), oxygen, etc.
 - Bed rest, activity level, exercise
 - Surgery
 - Discontinued items (document anything that is discontinued such as medications or tobacco use)
 - Diet – Need to be specific. Include the number of calories, foods to be included or excluded, and time frame, if indicated. (i.e., clear liquids for 6 hours then advance to light diet as tolerated)
 - Referrals that are made for treatments (i.e., physical therapy, plastic surgeon for lesion removal, etc.). Need to specify the treatment or allow them to decide but make this clear in your order.
 - Sometimes treatment is not known and will depend on results of tests done in diagnostic section. Document this as such. (i.e., treatment pending the result of the throat culture)
 - What is done should be documented even without a known assessment (i.e., IV fluids, pain medications, etc.)
- *Patient Education*
 - Explain results of diagnostic testing or why diagnostic testing needs to be done. (i.e., What are you looking for?) Explain why you are monitoring the patient the way you are.

- Smoking or other negative effects on the patient's condition should be explained as to why they should be stopped or avoided. Beneficial effects should also be listed (i.e., exercise).
 - Tell the patient how to take medications, common or serious side effects, etc.
 - Tell the patient what they need to do to prepare for a diagnostic test.
 - Tell the patient when and where they should follow up; What to do if they get worse; When to seek emergency care.
- Example of Assessment and Plan (this patient had no chronic problems)

Assessment

1. RUQ pain
 - r/o cholecystitis
 - r/o hepatitis

Plan

- *Diagnostics:* H&P; ultrasound of the liver, gallbladder, and pancreas; CBC with diff, Amylase, Lipase, LFTs, Hepatitis Panel
- *Therapeutics:* bland diet, avoid ETOH, spicy, fried, and fatty foods. Other treatment pending the results of the above tests.
- *Patient Education:* Informed patient that we were looking to see if he has a gallbladder, liver, or pancreatic problem with the tests that we ordered, and our treatment will depend on the results of our findings. In the meantime, he is to eat a bland diet and avoid all spicy, fatty, and fried foods and ETOH to hopefully avoid worsening of his pain. The patient should call with any change in his pain. A follow up appointment will be scheduled in 1-2 weeks to review the tests unless his symptoms worsen in which case, we would see him sooner or go to the ER. The patient understands and agrees.

Your signature, PA-S

Preventive Care Plan in an Adult Patient

- The following are examples of items to include in a Preventive Care Plan in an adult patient. This should be based on the patient's age and gender.

Health Promotion	Disease Prevention
Alcohol and drug avoidance	Audiometry screening
Self-breast examination	Vision screening
Exercise	Blood pressure screening
Low fat diet/well balanced diet/DASH diet	Fecal occult blood testing
Meals	Colonoscopy

Skin cancer prevention—ways to limit sun exposure	Immunizations (Tetanus-Diphtheria, Pneumococcal, Influenza, H. Zoster)
Sexual activity	Lipid screening/DM screening
Seat belt use	Mammogram
Safe driving habits/cell phone use while driving	Pelvic exam and PAP smear
Gun safety	Prostate cancer screening
Domestic violence/spousal abuse/elder abuse	Skin cancer screening
Testicular self-examination	Tuberculin skin testing
Tobacco avoidance	Weight control
Fall prevention	Dental care
Osteoporosis prevention	
Depression/suicidal ideation	

- Example of a Preventive Care Plan

Patient is a 40 y/o female with a history of hypertension and high cholesterol x 2 years; She is here for an annual visit.

Many topics were discussed with the patient for health promotion. Diet and exercise were stressed to decrease her risk of heart disease, stroke, diabetes, and other medical problems. She should exercise 3-4 times per week with 30 minutes of aerobic activity. Adding weights to her exercise routine will help to build muscle, increase bone density (to prevent osteoporosis), and aid in weight loss. Exercise will also help to control her blood pressure and cholesterol. She should eat 3 meals per day or 3 meals with 2 small healthy snacks in between. Her diet should be high in fiber, protein and fresh fruits and vegetables. She should limit carbs, processed foods, and fast foods. She should limit her sodium intake to 1500mg per day. She was offered a referral to a dietician today, but she refused. She should maintain hydration with mostly water and refrain from high sugar drinks like soda. She should limit herself to 1-2 caffeinated beverages per day. She drinks alcohol but reports only 2 drinks per week. She should limit her alcohol intake to 1 drink per day. Her BMI is currently 27. She should try to lose 1-2 pounds per week with a total weight loss goal of 5 pounds. She should take her medications (HCTZ and atorvastatin) every day as prescribed to prevent further medical problems.

The patient was counseled on cancer screening and prevention. She is due for her first mammogram this year which she should repeat yearly. Breast and pelvic exams were performed today with no abnormalities. She is using Ortho-Micronor for contraception and continues to use condoms. She refused STD/HIV testing in the past and again today. She should schedule a clinical breast exam and pelvic exam yearly. Techniques for self-breast exams were demonstrated, and she should perform a self-breast exam monthly. She should contact the office if she notices any lumps, dimpling or drainage. Her last pap smear with HPV was in 2016 and was negative. She is due for this again in 2019. She is not due for a colonoscopy or fecal occult blood testing until age 50. She is not a smoker; however, she is aware that secondhand smoke can increase her risk of lung cancer. She should avoid secondhand smoke as much as

possible. For skin cancer screening and prevention, she should use sunscreen >30 SPF with UVA/UVB protection and apply frequently when in the sun. She should wear a hat and sunglasses as well. She is aware of the ABCDs of skin changes that may indicate melanoma and agrees to check her skin monthly and call if she sees any skin changes. She should also have skin checks performed in our office each year.

For other screenings, she should check her BP at home a few times per week. If she is > 140/90, she should call the office. If she has the “worst headache of her life” she should go to the ER. She should continue to brush her teeth twice daily, floss daily, and go to her dentist every 6 months. She should go to her optometrist yearly since there have been no changes in her vision and she does not wear correction. She is not due for a DEXA until age 65. She should continue to take 1200 mg of calcium and 800 IU of vitamin D daily from dietary sources or supplements. She is due for a 12-hour fasting lipid panel and CMP in 3 months and should repeat those tests every 6 months. Her FBS should be checked at that time as well. We discussed Lyme prevention. She should check her skin whenever she has been outside, especially near grassy fields or wooded areas. She should wear long sleeves, pants, socks, etc. when she is in known tick areas. If she finds a tick in her skin, she can call to discuss prophylactic treatment or testing.

The patient reports that she feels safe at home and at work. She was given hotlines for suicide/homicide and domestic violence in case she ever needs them. We discussed gun safety and recommended that any firearms be unloaded and properly stored in a locked cabinet. She should wear seat belts whenever she is in a car and should avoid cell phone use and texting when driving. She should never drive under the influence of drugs or alcohol. She should continue to abstain from tobacco and drug use. We discussed taking precautions when walking by herself and being always aware of her surroundings.

Her immunizations are up to date. Her Tdap is due in 2023. She had the influenza vaccine in October 2017 and should continue to get this annually. She has not had a PPD and refuses one today. She is due for Zostavax at age 50 and Pneumococcal vaccine at age 60.

Patient understands and agrees to the above plan.

Jane Doe, PA-S

How To Do a Mental Status Exam

(For a complete H&P and for Psychiatric related SOAP Notes)

Appearance and Behavior

- Physical appearance: clothing, hygiene, posture, grooming
- Behavior: mannerisms, tics, eye contact
- Attitude: cooperative, hostile, guarded, seductive, apathetic

Mood/Affect

- Quality: flat, blunted, constricted, full, intense
- Motility: sluggish, supple, labile
- Appropriateness to content: appropriate, not appropriate

Speech

- Rate: slow, average, rapid, or pressured
- Volume: soft, average, or loud
- Articulation: well-articulated, lisp, stutter, mumbling
- Tone: angry, pleading

Perception

- Hallucinations
- Illusions

Thought Process

- Loosening of association
- Flight of ideas
- Neologisms
- Word salad
- Clang association
- Thought blocking
- Tangentiality
- Circumstantiality

Thought Content

- Poverty of thought
- Thought overabundance
- Delusions
- Suicidal/Homicidal thoughts

- Phobias
- Obsessions
- Compulsions

Sensorium/Cognition

- Consciousness: alert, drowsy, lethargic, stuporous, coma
- Orientation: to person, place, and time
- Calculation: ability to add/subtract
- Memory: immediate, recent, recent past, remote
- Fund of knowledge
- Attention/Concentration
- Reading/Writing
- Abstract concepts

Insight/Judgment

- Analogies: what is similar and /or different between 2 objects
- Abstract reasoning: interpret a proverb or metaphor
- Judgment: hypothetical situation

Additional Tests of the Mental Status Exam

- Serial 7s or backward spelling
- Writing coordination
- Execution of motor skills
- Immediate recall
- Recent memory: after 5 minutes or more
- Remote memory: verifiable past events, old address
- Attention span: repeat set of directions or short story
- Knowledge of current events

Example of a mental status exam:

The patient is alert and oriented x 3. Speech is clear and articulate. Pt. demonstrates good posture. Grooming and dress are neat and clean. Affect is flat. The patient is somewhat unresponsive to questioning. There is no unusual psychomotor activity. Thought content is clear and organized without blocking or preservations. Patient can calculate serial sevens starting from 100. The patient has good recent, immediate, and remote memory. The patient is able to repeat back 3 items immediately and in 5 minutes and recalls childhood events. Attention span is limited. The patient frequently looks down and needs to be pulled back into the interview. Judgment and insight are reasonable and sound ("stitch in time" and stamped envelope). Patient denies hallucinations to all 5 senses, obsessions, compulsions, harm to self or others, sleep disturbance, drug, or alcohol problems. Patient has adequate coping behaviors. The patient handles conflicts in a reasonable fashion without emotional lability.

How To Write a SOAP Note

A SOAP note is a “problem oriented” note. Each of the parts listed below will vary according to the type of visit and the patient’s chief complaint. It is understood that a preceptor may not include all the parts listed below in their standard SOAP note (i.e., social history, family history, past surgical history, etc.). Most clinicians do, however, consider these when making clinical decisions, even if it is not written in their SOAP note. One goal of writing and submitting SOAP notes to the PA Program is to foster that clinical thought process. Therefore, students should follow the guidelines below when submitting any SOAP note to the PA Program.

Patient ID, Date, and Time

Subjective (SOAP)

- Anything that the patient tells you or is reported to you that describes the patient’s problem. This can include history given by family members, other health care personnel, or history obtained from the patient’s chart.
- It should include:
 - *Chief Complaint (CC)*
 - *History of Present Illness (HPI)* (make sure to include all pertinent negatives)
 - For an OB/GYN SOAP note, include menstrual history, sexual history, and obstetric history at the end or immediately following the HPI
 - *Medications*
 - *Allergies*
 - *Past Medical History (PMH)*
 - *Past Surgical History (PSH)*
 - *Family History (FH)*—as related to the chief complaint.
 - A complete FH may be appropriate for a routine or annual visit (i.e., annual GYN exam, annual physical in IM, etc.)
 - *Social History (SH)*
 - Can be more brief than for the complete H&P but must include information pertinent to the CC and HPI.
 - Always include tobacco, ETOH, and drug use
- Refer to the previous section on “How to Write a Complete H&P” for discussion on the parts listed above.

Objective (SOAP)

- It should include:
 - *Vital Signs*
 - *General Assessment*
 - *Pertinent physical exam*
 - In head-to-toe pattern

- Include positive and negative findings
- This is a problem-oriented physical examination only; you must do a physical exam on all body systems that directly or indirectly relate to the chief complaint (i.e., A patient who presents with a URI, would have an ENT, neck, and lung exam)
- For a Psych SOAP note, include a mental status exam
- In office lab findings: any lab or test results done at the time of today's patient visit

Assessment (SOAP)

- The first problem listed relates to the chief complaint. All differential diagnoses or "rule outs" should be listed. You do not need a rule out if the diagnosis is made after the H&P is completed.
- Include all chronic problems in the assessment as well.

Plan (SOAP)

- All assessments must include diagnostics, therapeutics, and patient education.
- All medications must have a dose and frequency. If you write a prescription for a patient, you must list the number dispensed and refills.
- Refer to the previous section on "How to Write a Complete H&P" for discussion on the diagnostics, therapeutics, and patient education format.

Signature, PA-S

How to Write Admission Orders

- Patient ID, date, and time
- Admit to floor and/or service of _____
- Diagnosis (primary and secondary diagnoses)
- Condition of the patient
- Allergies
- Vital signs (if applicable, include input/output, daily weights, pulse ox, etc.)
- Activity
- Diet (specify type and/or kcal)
- Interventions
 - PT, OT, Respiratory, Nebulizer, Consults
 - IV fluids
- Medications (including prn orders, if appropriate)
 - 5 Ps of medications
 - Pain

- Pillow (sleeping pill)
 - Poop (stool softener prn or scheduled)
 - Pus (antibiotics or topical care)
 - Previous (chronic medications)
- Procedures—wound care, foleys, drains, tubes
- Laboratory tests/diagnostic studies
- Special instructions/parameters (temperature, vitals, urine output, drain output)

Signature, PA-S

How to write a Pre-Operative Note

- Patient ID (name, DOB, medical record #, etc.) and date
- Date Pre-op diagnosis
- Procedure planned
- Laboratory results
- Chest X-ray
- EKG
- Other diagnostic studies
- Units of blood available
- Consent signed

Signature, PA-S

How to Write an Operative Note

- Patient ID (name, DOB, medical record #, etc.) and date
- Pre-op diagnosis
- Post-op diagnosis
- Procedure
- Surgeon(s)
- Assistant
- Anesthesiologist / CRNA
- Surgical methods / events
- Intraoperative findings
- Type of anesthesia
- EBL (estimated blood loss)
- Urine output
- IVF (including blood products)

- Specimens
- Tubes and lines (pre-operatively and post-operatively, size and location)
- Implants (manufacturers name, type of prosthesis, registration numbers)
- Complications (what was done and the patient's present status)
- Disposition of the patient (Example: extubated in satisfactory condition)

Signature, PA-S

How to Write a Post-Operative Note

- Patient ID (name, DOB, medical record #, etc.) and date
- POD # and what type of surgery for what condition, antibiotic day # and type
- *Subjective (SOAP)*
 - Patient's comments (include all complaints), are they getting better, are they moving bowels, voiding, oral intake if allowed, ambulating, pain control, etc.
 - Family and allied health observations
- *Observation (SOAP)*
 - Vital signs, temperature (max)
 - Daily weight if appropriate
 - I/Os
 - General appearance
 - Physical Findings (mental status, surgical site, heart, lung, abdomen, extremities, neuro, and other as needed)
 - Other (ventilation, pacemaker settings, etc.)
 - Drains/Tubes (Example: NG tube) / IVs (type and rate, describe sites and output, if any)
 - Laboratory test results
 - X-ray findings
- *Assessment (SOAP)*
 - POD # _____ for _____ (how is the patient progressing?)
 - Other conditions
- *Plan (SOAP)* (write as per SOAP note requirements to include DX, TX, pt. ED)
 - DX: X-rays, labs, cultures, consults
 - TX: Medications, increase PO, encourage ambulation, D/C previous orders such as IVs, dressing changes/wound care (what else should be done for the patient?)
 - Pt. ED: Tell the patient why you are doing what you are doing, what can they expect, inform them of possible complications, encourage compliance, when should they follow up if discharged?

Signature, PA-S

How to Write a Discharge Summary

- Patient name and ID (DOB, medical record #, etc.)
- MD/DO admitting patient/consulting physicians
- Date of admission
- Date of discharge
- Admission Diagnosis
- Final diagnosis
- Additional diagnoses
- Hospital Course
- Diagnostic Studies
- Procedures/OR
- Condition and disposition at discharge
- Follow up, prescriptions, and treatment plan
- Copy to primary care provider or consultant

Signature, PA-S

How To Give an Oral Presentation of a Patient to the Preceptor

- Keep it short and pertinent
- History
 - Patient's age and gender
 - Chief complaint ("patient presents with...")
 - History of Present Illness
 - When did it start?
 - Under what circumstances did it occur (while sleeping, eating, bending over)?
 - Where is it located?
 - What is the quality (sharp, dull, throbbing, etc.)?
 - What is its intensity (moderate, severe, or pain scale, etc.)?
 - What is its duration (minutes, hours, constant, intermittent, etc.)?
 - What makes it better or worse?
 - Are there any positive or negative associated symptoms (pertinent review of systems)?
 - Have they ever had it before?
 - Have they sought help for this problem prior to this visit? What was the diagnosis? Did they have any treatment or diagnostic tests for this problem? What were they?
 - Have they tried any self-treatments?
 - Effect on ADLs

- Pertinent PMH of other conditions that are of prognostic significance or might influence the evaluation or treatment of the current problem
- Medications
- Allergies
- Pertinent Social History
- Pertinent Surgical History
- Pertinent Family History
 - Example: in infants and young children include the birth history (did mom have any problems during pregnancy, complications, type of delivery, etc.)
- Physical Exam
 - Vital signs (include pulse ox, if applicable)
 - Pertinent (positive or negative) physical findings focused on the chief complaint
 - Results of tests or pending tests
- Assessment
 - Give your working diagnosis—include your differential diagnosis and/or “rule outs” if appropriate (i.e. The patient has right upper quadrant pain. My differential diagnosis includes cholecystitis, hepatitis, and pancreatitis.” Or “I would like to rule out...”)
 - Chronic conditions
- Plan
 - Diagnostics—tests or consults and why you are ordering them (i.e. “I would like to order... to rule out...”)
 - Therapeutics—Medications, IV’s, consults, etc.
 - Patient Education—what you want to tell the patient; include follow up
- Confirm understanding
 - Once presentation is complete make sure the person you are presenting to doesn’t have any questions and confirm their understanding.

PA Capstone Course

PA Capstone Course

The healthcare field is a dynamic entity. With an ever-increasing amount of information and technology and an increasing patient population, more is expected of PAs than ever before. PAs must keep up with advances in medicine and prove their competency as clinicians. In addition, PAs are increasingly expected to be researchers, mentors, publishers, speakers, and advocates as a part of their profession. Thus, it is extremely important that today's well-rounded, competent PA be familiar with conducting research, understanding scientific literature, searching for the best available evidence, critically analyzing evidence, applying evidence to everyday practice, and developing good writing skills and oral presentation skills.

To graduate, each PA student must successfully complete the PA Capstone Course. This course will consist of summative evaluations, an evidence-based medicine paper, and an oral PowerPoint presentation. If a student does not successfully achieve a 3.0 (B) for the PA Capstone Course, the student will be placed on Clinical Probation as per the written policy for Clinical Probation listed previously in the Clinical Manual. The student will be required to complete remediation for any component of the course that was not successfully passed. The Capstone Course Syllabus will be provided to the students on Moodle at <https://moodle.kings.edu/>.

Summative Evaluations (C4.01, C4.03)

The purpose of the summative evaluations is to test the PA student's medical knowledge, clinical reasoning and problem-solving abilities, interpersonal skills, professional behaviors, and basic clinical and technical skills. The summative evaluation will consist of a computer-based exam, a summative OSCE that includes a documentation and self-assessment evaluation, and a clinical and technical skills evaluation that includes an interprofessional presentation. Each component of the summative evaluation must be passed in order to graduate. The summative evaluations are worth 60% of the PA Capstone Course Grade (30% for the computer-based exam and 20% for the summative OSCE, 10% for technical skills).

Computer-Based Summative Exam

The computer-based summative exam will consist of between 300-325 multiple-choice, board-type questions on Exam Master. It will be scheduled on campus during the latter part of rotations. The minimum passing grade for this component is 75%.

If a student does not achieve the minimum passing grade for this component, the student will be required to complete a remediation assignment and must retake the exam whether or not the overall grade for the PA Capstone Course is a 3.0. If the student fails a second attempt at this exam, the student will be placed on Clinical Probation, graduation will be delayed, and a written remediation plan will be administered.

Summative OSCE

The Summative OSCE will be administered on campus during the latter part of rotations. Each student is required to perform a problem-oriented history and physical exam while being evaluated by a member of the faculty. The student will be evaluated in three basic categories—Professionalism, Interpersonal Skills, and Clinical Reasoning and Problem-Solving Skills. In addition, the student will complete a documentation exercise and a self-assessment exercise. It is the student's responsibility to bring all necessary medical equipment for this exam and to be dressed professionally. The minimum passing grade for this component is 75%. Students can review the Grading Criteria for the Summative OSCE on the PA Capstone Course on Moodle.

If a student does not achieve the minimum passing grade for the overall Summative OSCE or any of its individual categories, they will be required to complete a remediation and must retake the entire Summative OSCE whether or not the overall grade for the PA Capstone Course is a 3.0. If the student fails a second attempt at this exam, the student will be placed on Clinical Probation, graduation will be delayed, and a written remediation plan will be administered.

Clinical and Technical Skills Evaluation

A clinical and technical skills evaluation will be administered on campus during the latter part of rotations. Each student will be given several brief clinical vignettes and will be asked to perform the appropriate clinical or technical skills while being evaluated by a member of the faculty. The clinical and technical skills can be found in the Clinical Passport. Checklists for these skills can be found in the didactic bluebook. The interprofessional presentation can be found in this manual under "Helpful Hints for Clinical Rotations – How to give an oral presentation of a patient to the preceptor." The minimum passing grade for this component is 75%.

If a student does not achieve the minimum passing grade for the clinical and technical skills evaluation, they will be required to complete a remediation and must retake the entire clinical and technical skills evaluation. If the student fails a second attempt at this evaluation, the student will be placed on Clinical Probation, graduation will be delayed, and a written remediation plan will be administered.

Grading Scale

The grading scale for all components of the Summative Evaluation are as follows:

Exam Raw Score	Letter Grade	GPA
94-100	A	4.0
88-93	A-	3.67
82-87	B+	3.33
75-81	B	3.0

69-74	B-	2.67
64-68	C+	2.33
61-63	C	2.0
58-60	C-	1.67
55-57	D	1.0
<58	F	0

Master's Research Project

Each student will complete a Master's Project which will be worth 40% of the PA Capstone Course (30% for the written paper, 10% for the oral presentation). Detailed information including the grading criteria for the Master's Research Project will be found on the PA Capstone Course page on Moodle at <https://moodle.kings.edu/>.

The grading scale for the Master's research project will be as follows:

Numeric Grade	Letter Grade	4.0 Scale Equivalency
97—100	A	4.0
94—96	A-	3.67
90—93	B+	3.33
87—89	B	3.0
84—86	B-	2.67
80—83	C+	2.33
77—79	C	2.0
74—76	C-	1.67
70—73	D	1.0
< 70	F	0

Information for the Preceptor

We would like to express our sincere appreciation for the hard work and dedication of each of our preceptors. Each preceptor and their staff are key to a successful learning experience in the clinical setting.

Our preceptors play an important role in the education of Physician Assistant students. They have a wealth of knowledge and clinical experience that is invaluable to the training of our students. Students benefit from thoughtful guidance, challenging educational pursuits, and by assuming the responsibility for patient care. Without our clinical preceptors, we could not effectively educate our students. Preceptors serve as clinical role models for future practitioners and as such, their attitude greatly affects student learning.

Professional Liability Insurance

Each PA student is covered for professional liability (malpractice) by King's College in the amount of \$2 million dollars/occurrence and \$4 million dollars aggregate. The physician/preceptor, however, has the ultimate legal responsibility for the actions of the PA student while under their supervision.

Supervision

The preceptor should maintain appropriate supervision to ensure the quality of care within their practice. Students are not allowed to see patients in an office or clinical setting without proper preceptor supervision. Hospital admission H&Ps and rounds require proper supervision as per preceptor and/or hospital policy. Appropriate follow-up and signatures are required. Further, the specific tasks delegated to the PA student should be examined as to the skill and training required to adequately perform the task(s) and the competence of the PA student in performing the task. Task delegation should emphasize the development of skills in inter-professional collaboration, data collection, history and physical examination, assessment, and treatment plan.

At no time will a PA student replace hospital house staff or other medical personnel, nor will a PA student receive monetary compensation for their services. Accreditation standards explicitly state, "Students must not substitute for clinical or administrative staff during supervised clinical experiences."

Category 1 CME Credit for PA Preceptors

The King's College Physician Assistant Program has been approved by the American Academy of Physician Assistants (AAPA) to award Category 1 CME credits to preceptors who are PAs. PA Preceptors may be awarded 2 Category 1 CME credits per student per week of clinical teaching. For purposes of credit calculation, a week is defined as forty (40) hours of precepting.

At the beginning of the clinical year, the PA Preceptor will receive instructions and a Self-Reflective Evaluation Form to complete and return to the King's College PA Program. This form can be completed at the end of each rotation or cumulatively at the end of the clinical year (August of the

participating year). Upon receipt of the form, the total hours will be tabulated, and a CME certificate will be emailed to the PA preceptor. As is consistent with other types of CME activities, this process relies on the professionalism of PAs to request credit commensurate with their participation.

The Preceptor Role

Preceptors serve as role models for students and are an integral part of the teaching team. The preceptor should answer the learner's questions and be open to ideas and opinions from the learner. The preceptor should communicate clear goals and expectations of the learner. The preceptor should share their knowledge with the student.

The preceptor should provide careful analysis of the learner and assess the learner's knowledge, attitude, and skills. The preceptor should provide direct observation of the learner and provide fair, thoughtful feedback to enhance learning.

Preceptors should present information with organization and clarity. They should be in control of the student's learning experience. They should motivate the learner and should demonstrate enjoyment and enthusiasm for patient care and teaching. The preceptor should emphasize problem-solving in the clinical setting.

Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student and adhere to appropriate professional boundaries. Social activities and personal relationships outside of the clinical environment should be carefully selected so as not to compromise the integrity of the student or the preceptor. Contact through social media (i.e. Facebook, Twitter, etc.) should be avoided until the student completes the rotation. A professional relationship must be maintained at all times.

Preceptor-Program Relationship

The success of clinical training depends on maintaining open communication between the student, program, and preceptor. If there is a question or a concern regarding a student, please contact a member of the Clinical Faculty as soon as possible. The program's goal is to address problems quickly and to restore the rotation to the best possible learning environment.

Teaching and Learning in a Clinical Setting

Learning in a clinical setting presents a unique set of challenges to both preceptor and student. The traditional educational structure of classroom instruction and examination is replaced with the highly personal and loosely structured mentor relationship of preceptor and student. Each student/preceptor relationship is very subjective, based on the style of the practice, and not necessarily transferable to other clinical situations. Also, evaluation of the student's clinical skills is much more difficult than a traditional teaching/learning structure and runs the risk of being entirely subjective.

Although students have one graded “Preceptor Evaluation of the Student” which is due at the end of the rotation, it is optimal that the “Mid-Clinical Evaluation of the Student” be completed so the student can review this feedback and make improvements to their clinical performance. It is also helpful that the student receives positive and constructive feedback regularly throughout the clinical experience so they can improve their performance.

The preceptor should be as objective as possible when giving the student feedback. Be honest and fair when completing the Preceptor Evaluation of the Student. Falsely elevating an evaluation because the student is a nice person or is trying hard does not give the student a true picture of their strengths or weaknesses. It may give the student a false sense of accomplishment when they should be receiving the constructive criticism necessary to improve their base knowledge or skills.

Orientation & Communication Expectations

Before the rotation starts, the preceptor should know the program’s expectations. Course objectives and guidelines are available for review in this manual. During the first week of the rotation, the student is required to review their background and goals for the rotation with the preceptor.

When the student first arrives, inform the student of your daily routine and expectations for general attendance, hours, call responsibility, and interaction with other members of the office staff. Orient the student to specific safety or security issues for the office, facility, or surrounding area. The student also should be oriented to the office/hospital’s phone system, medical records (electronic or paper), and documentation policies. Inform the student about any additional assignments such as grand rounds, oral presentations or any other additional assignments that the preceptor feels is necessary to enhance the student’s learning.

The student is expected to communicate any special scheduling needs with the preceptor such as program required educational activities, conferences, or interview days. If the student anticipates missing any time from the rotation, they must discuss this with the preceptor and get prior approval from the program. In the case of an illness or emergency, the student is required to notify the preceptor and the PA Program office immediately. Each student does have other assignments that they must complete for the program during each clinical rotation. These assignments should not interfere with the clinical experience. A student should not leave a clinical site early to complete program assignments.

References:

- Pennsylvania Society of Physician Assistants www.pspa.net
- American Academy of Physician Assistants www.aapa.org
- Pennsylvania State Board of Medicine
<http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Pages/default.aspx#.VUWabIMtEdU>
- Pennsylvania State Board of Osteopathic Medicine
<http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/OsteopathicMedicine/Pages/default.aspx#.VUWar4MtEdU>
- Centers for Disease Control (CDC) www.cdc.gov
- Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
www.arc-pa.org
- National Commission on Certification for the Physician Assistant (NCCPA)
www.nccpa.net
- Physician Assistant Education Association (PAEA) www.paeaonline.org

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