Slippery Rock University

Master of Science Physician Assistant Studies

Clinical Clerkship Experience Manual

Class of 2026

Academic Year 2025-2026

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Accreditation

The Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) has granted **Accreditation-Continued** status to the **Slippery Rock University Physician Assistant Program** sponsored by **Slippery Rock University**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA Standards.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be March 2030. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy. The program's accreditation history can be viewed on the ARC-PA website.

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SECTION 1: Introduction to The Clinical Year

The Clinical Phase of the Slippery Rock University Physician Assistant program consists of 4 Clinical Clerkship Courses encompassing 51 total weeks of supervised clinical practice experiences referred to as "rotations." Clinical rotations enable students to integrate and apply their obtained didactic-year knowledge and critical thinking skills in the evaluation, diagnosis and treatment of patients in a supervised clinical setting.

This manual outlines the policies, procedures, student requirements, and expectations for the Clinical phase of the program. It is meant to supplement the Slippery Rock University Physician Assistant Program Policy Manual, Clinical Clerkship Course Syllabi and Rotation-Specific Sub-Syllabi. All policies from the SRU PA Program Policy Manual not addressed in this Clinical Clerkship Manual shall remain in effect and continue to apply to all students within the Clinical Year. Periodically, additional policies and/or procedures may be established or changes may be made in the program curricula. All changes or additions will be shared with the student via e-mail as they become effective.

Students who fail to adhere to the Slippery Rock University Physician Assistant Program policy manual and clerkship manual will face disciplinary committee review. The PA program disciplinary committee will convene and request a meeting with a student to review alleged violations. The committee will also recommend sanctions to the program director at the conclusion of the disciplinary process. Students who require remediation may be required to meet with the PA program success committee at the discretion of the program and/or committee.

The MSPAS program reserves the right to update the Slippery Rock University Physician Assistant Program Clinical Clerkship Experience Manual without prior notice. The most recent Physician Assistant Program Clinical Clerkship Experience Manual will supersede all previously distributed versions. Should revision be necessary in the midst of a cohort, students will be notified in writing (via SRU email) of the change and the impact to the students. A student's continuation in the MSPAS program will be contingent upon submission of a signed and dated Clinical Clerkship Experience Manual Student Acknowledgement Form (Appendix R) for the most recent update of the Physician Assistant Program Clinical Clerkship Experience Manual.

SECTION 2: General Goals of the Clinical Year

Clinical rotations are designed to provide the student with hands-on clinical experience that will reinforce medical knowledge gained in the didactic year, while allowing the student to refine patient interviewing, physical examination, procedural and competency skills, ordering and review of pertinent diagnostic evaluations and generation of appropriate treatment planning. The clinical rotations also allow the student to begin assimilating into the professional role of the Physician Assistant while developing working relationships with other members of the healthcare team.

The clinical curriculum is designed to give the student the opportunity to achieve baseline clinical competence as an entry-level Physician Assistant while under the supervision of a clinical preceptor in various healthcare settings. Students will work directly with physicians (MDs or DOs), certified Physician Assistants and other health professionals who serve as preceptors and participate in the students' clinical training.

SECTION 3: Physician Assistant Student Scope of Practice

The following are examples of typical tasks that a PA student may be permitted to do by the guidance of the preceptor. Student activities must be confined to those which are either directly supervised or delegated by the preceptor. Please note that these are examples *only* and do not supersede the judgement of the preceptor. The judgment of the preceptor regarding how much responsibility a student is ready to assume and when, should be the guideline for determining which tasks are assigned and how much supervision is needed. Additionally, the preceptor must be in attendance with the student for all procedures involving direct patient contact until the student demonstrates a level of competence which satisfies the preceptor to lessen the level of supervision. Treatment plans or procedures shall not be initiated by a student without prior knowledge of the preceptor.

Examples of typical tasks assigned to PA students include:

1. Taking histories and performing physical examinations
2. Making recommendations for necessary laboratory and diagnostic evaluations
3. Assisting in differential diagnosis development and assessing common medical problems
4. Recommending appropriate treatment plans and overall management
5. Assisting in delivery of appropriate patient education
6. Observing, Assisting and Performing diagnostic and therapeutic procedures
7. Assisting the preceptor in recording progress notes and transcribing specific orders provided by the preceptor – as allowed by the facility

SECTION 4: Student Responsibilities

Students will be evaluated not only on their academic and clinical skills, but also on their interpersonal skills, reliability, and professional conduct. The following is a list of expectations, in addition to those found in the Slippery Rock University Physician Assistant Program Policy Manual, to which the student must adhere during their participation in the clinical year.

Furthermore, students are representatives of their reputation, the Slippery Rock University Physician Assistant Program reputation and the reputation of the Physician Assistant Profession. This includes respect and professionalism shown to all staff, personnel, preceptors, fellow students and patients encountered during the clinical year and throughout their Physician Assistant career. Students additionally should be aware and are expected to comply with any specific requirements of the clinical site.

Expectations of the student during the Clinical Year:

1.   **Professionalism**
   a.   All professionalism policies and standards as addressed in the SRU PA Program Policy Manual **must** be adhered to at all times in addition to the following Clinical Year expectations.

   b.   The Slippery Rock Physician Assistant Program expects all students to behave in the highest of professionalism standards that is expected of any health care provider as students are representing themselves, the SRU MSPAS Program, the University and the Physician Assistant Profession. In a professional nature, students must demonstrate flexibility within their schedule, availability, travel requirements and often may need to spend more time at a site on a daily basis than what was originally planned, as commonly seen in practice as a Physician Assistant.

   c.   Professional behavior to be displayed at all times is to include but not limited to:
      i.   Maintaining respect and dignity of patients, patient's family, preceptors, site staff, faculty, peers and other members of the community.
      ii. Professional acceptance of feedback and receptive to suggestions for improvement of all forms of clinical skills

2.   Always perform as a student within the authority and scope of the supervising clinical preceptor. [More detailed information regarding the Physician Assistant Student Scope of Practice is outlined within Section 3 of this manual.]

3.   Students are required to successfully complete all Clinical Year Assignments, Assessments, Evaluations and Requirements as set forth by the program. [More

detailed information regarding the Assignments, Assessments, Evaluations and Grading is outlined within Section 12 of this manual.]

4. Students are required to review the Clinical Site Preceptors as defined in the EXXAT student placement system at the beginning of each rotation. Students must update the Primary Preceptor Reporting Google Document provided by the Program Clinical Secretary and/or Clinical Coordinator (including all required fields of preceptor information) **by the end of FRIDAY (at 11:59 pm) within the first week of the rotation.** It is also the responsibility of the student to ensure the contact email within EXXAT is correct for the Primary Preceptor to ensure this has not changed.

5. The student will adhere to the dress code as delineated in the Slippery Rock University Physician Assistant Program Policy Manual: *Professional Appearance* (unless otherwise specified by the Clinical Site). These standards will be enforced in their entirety.

6. The student will be clearly identified to distinguish themselves from other health professionals such as physicians, medical students and other health profession students and graduates. In clinical settings, PA students are required to wear a clean, white, pressed short laboratory coat with the Slippery Rock University Physician Assistant Program name tag attached. This will clearly state the student's name with an underlying title of Physician Assistant student. This name tag ***must*** be worn at all times. Name tags are to be worn on the left side of the chest. Additionally, many of the hospitals and clinics in which program students are affiliated require them to wear distinguishing name tags or security badges while working at those facilities. Students must wear the appropriate Slippery Rock University identification, *in addition to* the institution's required badge. The student must additionally *always* introduce oneself to the patients and other professionals as a Physician Assistant Student prior to engaging in any aspect of patient care, when able. (ARC-PA Accreditation Standard A3.06)

7. The student should never misrepresent him/herself as a physician, certified physician assistant, or other healthcare professional. This policy applies at any time or place and in any activity while participating in the educational environment. This policy must be adhered to regardless of any past medical training or current employment status (i.e. nurse, paramedic, OR tech).

8. In addition to understanding and complying with the principles and standards promulgated by AAPA, NCCPA and ARC-PA, Physician Assistant Students are required to know and comply with the policies, procedures and rules of the SRU Physician Assistant Program as found in the Policy Manual and the Slippery Rock University as found in

Guiding Principles of Conduct in the SRU Student Handbook. The student will adhere to the Codes of Conduct set forth by: NCCPA, Slippery Rock University as well as the Physician Assistant Program at Slippery Rock University which all can be found within the Slippery Rock University Physician Assistant Policy Manual.

9. All policies, rules and regulations of both the Slippery Rock University Physician Assistant Program as well as the hosting hospital or facility (site), must be followed by the student at **all** times. Of note, this includes any COVID-19 related site guidelines or policies for student learners.

10. Intoxication, illicit drug use or signs of abuse of any medications prescribed by a licensed health care provider, is wholly unacceptable in ANY educational or professional setting. Any student deemed to be in violation of these principles will be removed **IMMEDIATELY** from the rotation, will go before the Program's Disciplinary Committee, and will be subject to Program Dismissal. See Slippery Rock University Physician Assistant Policy Manual for further detail.

11. Students must always be accessible (at all times) by the clinical team. Throughout the clinical year, a variety of events may occur and needs for communication arise, which make accessibility necessary. Preceptors and Clinical Coordinators alike, may need to contact students in case of absence, schedule changes, emergencies, or other matters. In order to provide for the smooth functioning of the rotation year, students are required to ensure that their respective EXXAT student profile remains up to date with a reliable phone number so that they may be reached if necessary and that the placement site has student contact information as well. In addition, each student is required to have a current Slippery Rock University student e-mail address on file with the PA Program and listed within EXXAT. **E-mail must be checked daily during the Clinical year.** Students are expected to notify the program immediately, upon any change of contact information.

12. Additional Site-specific rotation documentation and requirements and/or associated Hospital credentialing and requirements may need to be completed for certain rotation placements. It is the student's responsibility to review, complete and submit such requirements to the site contact specified within the EXXAT placement system or in My Clinical Exchange (where necessary), **at least 4 weeks** (sooner if specified) prior to the start of said rotation. **Delays in the provision of this documentation may result in: a potential delay in this rotation start, potential delay in graduation, along with further review and action as per the PA Program Disciplinary Committee.**

13. The student will contact the preceptor and/or site contact specified within the EXXAT Placement System **7-10 days** prior to the beginning of the rotation as directed by the Clinical Coordinator to ascertain the time/ place to meet on the first day as well as confirmation of site dress code and any additional pertinent information for starting.

14.   Students are required to be punctual and meet the attendance and performance standards for each rotation.   [More detailed information regarding attendance during the clinical year is outlined within Section 5 of this manual.]

15.   The student must notify the preceptor if he/she is unable to be on time for assigned responsibilities. Students must notify the **preceptor(s) immediately** of any absence. The student must <u>also</u> notify their **Instructor of Record immediately** via email or telephone. [More detailed information regarding attendance during the clinical year is outlined within Section 5 of this manual.]

16.   Students are expected to attend the various conferences and other educational opportunities offered at their rotation site as advised by their preceptor. Attendance within inpatient and/or outpatient hours (to include evenings and weekends where applicable) that are usual activities of the rotation service/preceptor is expected. Students who do not attend the usual activities of the service cannot successfully complete the rotation and will be subject to Program Disciplinary Committee review if concerns for attendance arise.

17.   It is the student's responsibility to ensure that the supervising preceptor sees all of the student's patients. Patients shall never be managed, treated, or released in any setting without consultation with the preceptor.

18.   Students must maintain a professional relationship with patients, preceptors and clinical/hospital staff at all times. Students must also behave in a professional manner while on-site at all times. Professionalism and respect as it pertains to sensitive examinations: any examination of the breasts, genitalia, and rectal areas of patients **MUST** be performed in the presence of a chaperone. The chaperone's name must be documented in the medical record.

19.   In addition to professional dress and white laboratory coat, students are required to maintain necessary medical equipment required for Clinical Rotations to include but not limited to: Stethoscope, Ophthalmoscope, Otoscope, Penlight, Blood Pressure Cuff, Tuning forks, Reflex hammer, Tape Measure, Pocket Manuals.

20.   Students must demonstrate a high degree of respect for patient confidentiality. Students must obey all HIPAA requirements. This level of respect includes but is not limited to: avoiding discussions about confidential patient information in hallways, elevators, cafeteria or other public locations. Secure all patient documentation and not discussing specific patient situations outside of the designated care team.

21.   All student documentation generated in the clinical site must be legible and signed by the student with "PA Student" following their signature. All electronic medical record rules and guidelines per the site policy must be followed by the student.

22.   The student must confer *immediately* with both the preceptor and the program (via assigned Instructor of Record) if the student becomes aware of any potential medical liability incident regarding his/her activities.

23.   The student will promptly contact their Instructor of record if any concerns arise during a clinical rotation, that have a negative effect on their **learning experience** or an effect on their **personal security or safety.**

24.   PROTOCOL: Students must immediately report any blood/body fluid exposure(s) to
   1) their **Preceptor**
   2) their **Instructor of Record**
   3) and any hospital personnel / hospital employee health service (if instructed by their preceptor) **immediately**.

   Students must adhere to the program's Infection Control Policy within Section 8: Student Safety. See incident report form available within Appendix N. **Be advised that neither the school nor the clinical site/preceptor are liable for health care costs accrued if an exposure occurs. Students are expected to submit claims to their own medical health insurance.**

   4)   **Immediately contact the Instructor of Record as well as the Clinical Coordinator**, (Olivia   Buterbaugh   MSPAS,   PA-C Olivia.Buterbaugh@sru.edu), if at any time during the clinical rotation adequate clinical supervision is *not* being provided or if concern arises that patient care is being compromised. All situations will be further assessed and evaluated by the Clinical Coordinator, Clinical Faculty Team and Program Director.

Academic Integrity

   Students are expected to uphold all University, Program and PAEA expectations of Academic Integrity. *Please see the SRU PA Program Policy Manual for further detail as this applies to students through their entire time as a student within the Program (both Didactic and Clinical Year).*

   The value of a Slippery Rock University education is determined by the quality and character of Slippery Rock University students and graduates; therefore, students and student

organizations are expected to uphold academic integrity. Any breach within the following Academic Integrity areas listed below will result in referral to the Program Disciplinary Committee.

§ All academic work, including, but not limited to, papers, computer programs, assignments and tests, must consist of the students' own work.

§ Students are expected to learn and practice proper techniques for accurately citing resource material.

§ Students are expected to be honest in all academic work, refraining from all forms of cheating.

§ Students are expected to function as students, including, but no limited to, attending class regularly and completing all assignments and examinations as scheduled.

§ Students are expected to be honest in clinical year schedule reporting. Any aspect of false reporting within calendar schedules or timesheet submission is a breach of academic integrity.

§ Students are expected to uphold academic integrity and honesty within patient documentation, as expected of a clinically practicing Physician Assistant. Any aspect of forgery or falsification found within patient logging or any clinical year assignment submission is a breach of academic integrity.

SECTION 5: Attendance

Attendance during the clinical rotation year is necessary for student development and progression and is, therefore, **MANDATORY**.

Hour Requirements

Students have an established goal minimum of 35 hours per week in each of the 10 Clinical Year Rotations. The cumulative goal minimum hours for the *Two Special Populations Rotations* is **105 hours**. The cumulative goal minimum hours for the *Seven Core and One Elective Rotation* is **160 hours**. Students are not to work beyond a maximum of 60 hours per week. Students are also not to exceed 16 hours within one shift. It is the student's responsibility to ensure once on-site, that the goal minimum hours are able to be met for each rotation. **At any time if a student foresees they will be unable to obtain their hours due to preceptor availability they must notify their Instructor of Record immediately.** All students are expected to work the hours of their

preceptor, this can at times be non-traditional hours, night shifts, or longer shifts than anticipated.

- **Students are required to complete their rotations in their entirety as scheduled by the site, to include <u>Wednesday</u> of Call-back week and the last Friday of the Special Populations Rotation.**

- **Students are also <u>not</u> permitted to request to complete their rotation early due to rotation goal minimum hours being met.**

- ***For Shift-work Rotations*** **(such as Emergency Medicine) – students must complete at least one shift within week 5 of their rotation. Students are not permitted to front-load shifts at the beginning of any rotation.**

Absences

Absence is defined as not being present, regardless of cause, to participate in clinical training and associated activities at any scheduled or assigned time, including weekend and evening hours, if expected by the preceptor and/or by the Instructor of Record. Students are expected to follow the schedule dictated by their respective preceptor and site. This may include shifts during Slippery Rock University holidays, US holidays, call hours, and weekends.

Students are required to meet ALL minimum hour requirements for each rotation regardless of reason for absence. Program authorization and required documentation [See Appendix O for required Absence Form] is required for ANY absences during the Clinical Year. The student must immediately notify the Instructor of Record of any absences from a clinical rotation. <u>Additional on-site clinical hours where needed due to absence, will ALWAYS be based on preceptor availability and could result in delayed Graduation.</u>

Overall Clinical Year Absence: Absences beyond two (**2**) scheduled days during the clinical year are subject to review by the Instructor of Record, Clinical Faculty as well as potential referral to the Program Disciplinary Committee and/or Academic Progress Committee.

Absence within One Rotation: Any student with absence beyond two (2) scheduled days within one (1) individual rotation (regardless of reason/excuse) is subject to make up hours and/or independent study within the placed area of medicine as determined by the Instructor of Record and Clinical Coordinator.

Absence due to Illness: Please see the SRU Physician Assistant Program Policy manual for sick absence definition. All absences during Clinical Year due to illness, will be evaluated and handled on an individualized basis with the student's Instructor of Record and Clinical Coordinator to determine student's ability to meet hour requirements and achieve learning outcomes. **Any sick absence requires a written excuse / documentation from a healthcare provider with a plan of return.**

Absence due to Bereavement: Please see the SRU Physician Assistant Program Policy manual for bereavement absence policy, definition and documentation required. All absences during Clinical Year due to illness will be evaluated and handled on an individualized basis with the student's Instructor of Record and Clinical coordinator to determine student's ability to meet hour requirements and achieve learning outcomes.

Pre-approved Absences: Students are permitted to request a maximum of **two** (2) pre-approved absences during the entirety of the clinical year. Requests for the use of a pre-approved absence must be submitted to the student's Instructor of Record at least one (1) week in advance of the requested day. **It is highly recommended that students utilize these pre-approved days for Job Interview Opportunities during the Clinical year.** Pre-approved absence days are NOT standardly permitted during call-back days.

SECTION 6: Clinical Rotation Placement and Scheduling

1. The SRU Physician Assistant Program has the responsibility to coordinate the placement of students with specific clinical preceptors as per ARC-PA Accreditation Standards. The Clinical Faculty will determine the best possible placement of students within the constraints of the number and location of clinical sites.

2. **Students are not required and furthermore are not permitted to coordinate their own clerkships (ARC-PA Accreditation Standard** A3.03). Students are **not** to contact clinical sites to solicit clinical rotations. Students are also not permitted to have a clinical rotation with a 1ˢᵗ degree family member.

      Important Note: Students should NOT CONTACT preceptors, sites or other personnel at any clinical site or healthcare setting without the explicit permission of the SRU PA Program Clinical Faculty. Attempting to arrange a rotation without consulting with the Clinical Team can lead to complications that take time and energy to rectify and can severely jeopardize other students' clinical opportunities. There are several factors apart from the potential preceptor's willingness to have a student train with him or her, which need to be considered. Any

infractions related to this stipulation will be considered a violation of the Standards of Professionalism and may result in review by the Program Disciplinary Committee.

3.   Students have the opportunity to provide suggestions for a potential clinical rotation site however, considerations about the overall suitability of a site, Preceptor compliance with the ARC-PA Standards and ultimate approval will be determined by the program.

4.   Students will receive online notification of the Clinical Rotation Placement Schedule, Clinical Site Information, and the names of respective Preceptors via the clinical logging platform (EXXAT). These assignments are subject to change for a variety of reasons. The clinical team will make a concerted effort to minimize these changes, but site changes may be outside of the control of the PA Program.

5**.   In the event that a clinical site must cancel its availability, the Clinical Coordinator will make a concerted effort to place the student in an acceptable alternative site of the same clinical discipline. However, in some situations this may not be possible due to clinical site availability. The Clinical Coordinator will reach out to the student via email and also meet (phone, in-person or virtually) with the student to discuss options, should a last-minute placement change arise.**

6.   In the event that a student develops extenuating circumstances that have an effect on a scheduled rotation placement, all potential placement changes must be approved by the **Program Director**. Students must contact their **Instructor of Record first,** of whom will notify the Clinical Coordinator and Program Director for further review of the situation.

Clinical Year Housing

1. Students are required to locate and secure their own housing for all clinical rotations. Information will be available in the EXXAT placement system for any clinical sites that offer student housing options (though this remains the student's responsibility to review and secure housing). For student housing offered by a site coordinator, students must abide by all rules and policies established for this housing and site.

2. The Slippery Rock University Physician Assistant Program does **not** coordinate housing opportunities for students. Students are **not** to solicit any clinical sites for housing opportunities. Student who wish to utilize clinical site-provided housing will do so at their own discretion and at no time should a clinical student reside with a preceptor or employee of the clinical site.

3. All housing associated costs are the responsibility of the **student** during the clinical year. Students should additionally expect to travel for clinical rotations (see below). It is the student's responsibility to locate, secure and pay for all costs associated with travel and housing. Slippery Rock University and the Physician Assistant program **do not pay for costs associated with student housing.**

==*The program makes every effort to ensure advance notice of clinical placements. However, it is possible that circumstances beyond the University's control may result in a change occurring at the last minute. Students are responsible for housing and transportation and the program strongly encourages students to make travel and housing arrangements through reputable agencies that provide refunds or offer travel insurance, as the University is NOT responsible to reimburse funds in the event of a last-minute change in a clinical rotation.*==

Clinical Year Travel

1. Students are required to travel to their clinical sites as scheduled by the program and in accordance to their assigned preceptor's schedule. Students must have a reliable form of transportation throughout the Clinical Year. All costs associated with travel are the responsibility of the student.

As a result of site and scheduling availability along with site evaluation to ensure quality of clinical instruction, Slippery Rock University Physician Assistant Program Clinical Rotations can occur in various states. Students may be placed in *any* active affiliated clinical site as deemed appropriate for the student learning experience. Students will be notified in a timely manner of such placements and required to coordinate their own travel arrangements.

2. Inclement Weather**:**   Students are to attend clinical rotations even if the university is experiencing a delay or closure. Students at a clinical site with significant adverse weather conditions must use their best judgment for safety, in consultation with their **Preceptor,** in determining their attendance at the site, regardless of the University's local weather status. Should a student believe that they are not able to safely travel to a clinical rotation due to extenuating circumstances, **the student is required to consult with their Instructor of Record regarding any weather-related concerns, delays or potential absences.** Any weather-related absence will be subject to the Clinical Year and Program Absence Policies as noted within the respective manuals. In addition, any and all missed time must be made up to meet minimum hour goal requirements for that rotation.

5. Call-Back Day Related Travel**:** Students who are greater than 500 miles away from Slippery Rock University's Harrisville campus must coordinate travel day(s) with approval of their **Instructor of Record, Clinical Coordinator** and **Clinical Preceptor** to ensure safe return to campus for Call-Back Days. Despite approved travel arrangements, students must ensure they are able to

meet minimum hour requirements for that rotation without exceeding the 60 hour weekly maximum.

Of note: Students are not to make travel plans during the hours of 8:00am - 4:00pm on call back days as students will not be permitted to leave early, as this time will be utilized for clinical education related activities.

SECTION 7: Pre-Rotation Clinical Requirements

1. The Clinical Coordinator will meet with the first-year students during the didactic year to discuss general information and policies for the clinical phase of their Physician Assistant educational experience through various Clinical Orientations. **All Clinical Orientations and activities held in preparation for and throughout the Clinical Year, are Mandatory for student attendance. Unexcused absence from mandatory Clinical Year activities will result in referral to the Disciplinary Committee.**

2. Pre-Rotation Requirements*: In addition to successful completion of ALL Didactic coursework and Requirements*, students are required to successfully complete/pass the following SRU PA Program requirements (as per CDC guidelines for clinical experience) prior to starting clinical rotations and upload them to their EXXAT student profile:

- ACLS
- A Criminal Background Check
- PA Child Abuse Clearance
- FBI Fingerprint Record
- HIPAA Certificate
- OSHA Certificate
- Urine Toxicology *(see additional detail below)*
- Current Health Insurance Coverage *(see additional detail below)*
- Liability Insurance *(see additional detail below)*
- Updated Physical Exam Clearance
- TB Screening (*see additional detail below*)
- Vaccination Record of updated vaccines and boosters including Influenza and COVID Vaccination (*see additional detail below*)
- Titers (MMR, Varicella, Hepatitis B, Hepatitis C) (*see additional detail below*)
- Any required Site-Specific/Hospital-Specific paperwork, drug screens and additional requirements

Attestation: <u>Students must click the attestation wthin their EXXAT Prism Student Profile, indicating they permit the PA program to release their pre-clinical rotation information to all prospective clinical sites</u>. Students will not begin clinical rotations until all health requirements have been completed and uploaded into EXXAT. Inability to begin clinical rotations on-time can result in review by the Program Disciplinary Committee and/or delayed graduation.

Background Checks, Fingerprinting and Clearances

The above Background Check (Act 34 Clearance), FBI Fingerprinting (Act 73 Clearance) and Child Abuse History Clearance (Act 33 Clearance) are required by <u>all</u> Clinical Year students to be completed and uploaded into EXXAT. Any additional Site-Specific requirements to include but not limited to: Site or state specific Background Checks or Clearances, are a responsibility of the student to pay for and complete in order to successfully onboard and complete the assigned rotation.

Immunizations, Screenings and Titers

All immunizations and proof of same must be consistent with The Centers for Disease Control (CDC) most up-to-date standards (ARC-PA Accreditation Standard A3.07). Slippery Rock University's policies regarding health forms and immunization requirements are adapted herein.

> **1. MEASLES, MUMPS, RUBELLA VACCINE** – Required for EVERYONE born after Dec. 31, 1956. This combination vaccine is given because it protects from Measles, Mumps and Rubella. Two doses are required for entry into the SRU PA Program. One must have been received at 12 months age or later and in 1971 or later. The second dose must have been received at least 30 days after the first dose and in 1990 or later. Students must provide report indicating results of the titer and presence of immunity.

> **2. HEPATITIS B VACCINE** –Students are required to have the 3 series Hepatitis B Vaccination with documentation. Students must provide report indicating results of the titer and presence of immunity.

> **3. MENINGOCOCCAL MENINGITIS VACCINE** – It is strongly recommended that physician assistant students receive this vaccination but it is not a program requirement.

> **4. TUBERCULOSIS SCREENING**- A two-step test PPD is required for matriculation into the PA Program. The second part of the PPD is administered within 1-3 weeks of initial testing. NOTE: PPDs must be read between 48-72 hours of administration. The result must be listed in "mm" and indicated whether negative or positive in the space indicated. If the PPD is positive, submit a copy of the chest X-ray report done on or after PPD placement. A one-step PPD is required prior to start of the Clinical Rotation Year. If completing the serologic test: Interferon-based Assay (QFT or Tspot)—submit a copy of the laboratory

report. If the PPD is positive or the Interferon-based Assay is positive, upload to EXXAT, a copy of the chest X-ray report.

5. TETANUS, DIPHTHERIA, PERTUSSIS– This is a requirement within the past 10 years. If you had Td in the past and not Tdap then you must receive Tdap, regardless of the last dose of Td.

6. VARICELLA–All students must provide a report indicating results of the titer and presence of immunity.

7. INFLUENZA- This vaccination is an annual requirement for the PA Program.

8. HEPATITIS C- All students are required to have Hepatitis C screening prior to rotations.

9. URINE TOXICOLOGY– A 10-panel urine toxicology screening is required prior to the start of rotations.

10. **COVID Vaccination** – though not required by SRU or the SRU PA Program, this vaccination series is highly recommended as many Clinical Rotation sites require COVID vaccination for their providers, staff and student learners to attend. Several sites may additionally require a COVID booster dose. Proof of vaccination is to be uploaded into the EXXAT student profile.

Questions regarding pre-rotation requirements that can be completed on-campus may be directed to Student Health Services, McLachlan Student Health Center, Rhoads Hall, Slippery Rock University, Slippery Rock PA 16057 | Phone: 724-738-2052 | Fax: 724-738-2078.

SRU Student Health Records are confidential and will not be maintained by or accessible to the Physician Assistant Program Faculty or Staff with the exception of immunization records and Tuberculosis screening results. Student health records will not be released without written permission from the student. Additionally, health screening, immunizations and/or healthcare services will not be conducted by program personnel.

Student Insurance Responsibility

Professional Liability Insurance

All students are required to purchase a personal occurrence-based professional liability insurance policy with at least $1 million individual/$3 million aggregate coverage. This is available through the American Academy of Physician Assistants. Students are required to renew this as needed throughout the duration of the program to ensure it remains active. Any student who has a lapsed policy will be unable to continue program progression until the policy has been renewed. This resulting delay in clinical rotation experience could result in disciplinary action and/or delayed graduation.

Health Insurance

Health insurance is required for all students. Students not covered by their parents' insurance are eligible to purchase a student group health insurance selected by the University. Student insurance forms are available in the Office of the Dean of Students. Additional information can be found at: https://www.sru.edu/offices/student-health-services/health-insurance-for-students. Proof of health insurance must be uploaded into EXXAT. All resident students must carry health insurance. If a student is covered by their parent's plan, a Xeroxed copy of the insurance card must be provided to the Health Center and updated on a yearly basis.

Students are neither employees of Slippery Rock University or the clinical rotation sites. As a result, payment for assessment and treatment of any illness or injury at a clinical site is the responsibility of the student and their respective insurance carrier.

SECTION 8: Student Safety

Slippery Rock University emphasizes the importance of student safety at all locations. Students should be aware of personal safety and security at each clinical site during his/her orientation. Students are expected to follow all patient and personal safety protocols. Students must have completed all health screenings and documents required by the clinical site prior to their rotation.

If at any time a student has a concern for their personal safety as it relates to their clinical site and/or clinical preceptor or staff, the student must communicate with their Instructor of Record and Clinical Coordinator immediately.

Universal Precautions Guidelines (ARC-PA Accreditation Standard A3.08)

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other persons. Of particular concern are primarily blood-borne pathogens HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body fluids other than blood, secretions, and excretions are included in universal precautions. Observance of universal precautions will help to provide better protection for every staff member and are recommended for students as follows:

1. Act as though all patients you have contact with have a potentially contagious blood borne disease

2. Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions

3. Avoid injuries from all "sharps" and disposing promptly and properly in site specific required containers

4. Dispose of all contaminated articles and materials in a safe manner prescribed by law

5. Washing hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.

6. Depending on job duties and risk of exposure, using appropriate barriers, including gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, and equipment such as resuscitation devices. These barriers are to be used to protect:

> 1. *Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin)*
> 2. *Mucous membranes, especially eyes, nose, and mouth*

7. Students must wear personal protective equipment as directed by their clinical preceptor or facility protocol.

8. All patient specimens are bagged per facility protocol before transport to the laboratory

Incident Protocol *(Injury and/or Exposure to Infection or Environmental Hazards)*

In the event a student is injured, the highest priority is *prompt* treatment. Students should notify their preceptor immediately and comply with all accident/injury protocols in place at the clinical site. In many facilities, this will require students to seek treatment in the employee health department, the occupational medicine department, or the emergency department. In the absence of a protocol, seek treatment in the nearest emergency department.

Exposure to bloodborne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk through completion of the Castle Branch pre-rotation requirements. Individual clinical sites may also provide additional on-boarding requirements and orientation sessions regarding blood borne pathogens that students must complete. Observing universal precautions is one method to reduce risk.

WHO TO CONTACT: All students must contact their **Instructor of Record** should an accident occur and the enclosed Incident Report (Appendix N) must be completed and submitted to the **PA Program Director**.

PROTOCOL - *Upon concern for exposure to a blood borne pathogen or contaminated "sharps" injury, the following steps should be followed for proper treatment:*

●   For skin and wounds, wash the affected area with soap and water. Eyes and mucous membranes should be copiously flushed with water. Notify your clinical preceptor immediately.

● Follow facility protocols regarding evaluation. Most facilities will require you to report immediately to employee health or the emergency department following exposure. Failure to follow up properly may make it difficult or impossible to obtain source patient blood in facilities in cases in which this may be possible.

● In sites without employee health or emergency departments, or if the site protocol is unclear, proceed immediately to the nearest emergency department for assessment. In cases in which prophylactic medical treatment is indicated, it is believed to be most effective when administered as quickly as possible.

● The treating healthcare professional will request information about your medical history, the source patient's history (if known) and the nature of the exposure. They may request permission to draw baseline laboratory studies. They will discuss your risk of contracting a bloodborne disease and the risks and benefits of prophylactic treatment. In deciding whether to receive post-exposure prophylactic treatment, students might also wish to consult with the **National Clinicians Post-Exposure Prophylaxis Hotline**: 888-448-4911.

● Students should follow up as directed by their treating healthcare provider. Ongoing follow-up may take place at the initial treating facility or the student may be referred to a healthcare provider with expertise in infectious disease. The program may be able to assist the student in finding an infectious disease specialist as requested or required.

Since students are neither employees of Slippery Rock University nor the clinical sites, payment for assessment and treatment is the responsibility of the student and their insurance carrier.

ALL students who experience an injury or exposure concern, MUST complete an Incident Report (Appendix N) and submit it to the Program Director as soon as possible. Students should not delay prompt evaluation and treatment in order to complete paperwork.

Latex Allergy

If a student has a latex allergy, it is his/her responsibility to notify **their Preceptor / Site personnel** so that appropriate materials will be supplied. The student must promptly notify their Instructor of Record and Clinical Coordinator if these requests are unable to be fulfilled by the clinical site at which the student is placed.

Title IX

Slippery Rock University and its faculty are committed to assuring a safe and productive educational environment for all students. In order to meet this commitment and to comply with

Title IX of the Education Amendments of 1972 and guidance from the Office for Civil Rights, the University requires faculty members to report incidents of sexual violence shared by students to the University's Title IX Coordinator. The only exceptions to the faculty member's reporting obligation are when incidents of sexual violence are communicated by a student during a classroom discussion, in a writing assignment for a class, or as part of a University-approved research project. Faculty members are obligated to report sexual violence or any other abuse of a student who was, or is, a child (a person under 18 years of age) when the abuse allegedly occurred to the person designated in the University protection of minors policy. Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence is set forth at: http://www.sru.edu/offices/diversity-and-equal-opportunity/sexual-misconduct-and-victim-resources.

SECTION 9: Clinical Year Sequence

Clinical Rotations

The clinical year consists of eight 5-week Clinical Rotations (7 Core rotations and 1 Elective rotation) in addition to two 3-week Special Populations Rotations (46 weeks total of Supervised Clinical Practice Experience). The clinical portion of the program involves an in-depth exposure to patients in a variety of clinical settings. The settings, patient populations and student schedules will vary depending on the site. The clinical rotation schedule is outlined below, although the order of disciplines will vary for each student.

Clinical disciplines include the following:

Behavioral Medicine	Emergency Medicine	General Surgery
Internal Medicine	Pediatrics	Family Medicine
Women's Health	Clinical Elective (*medical discipline varies*)	

Clerkship Course No.	Rotation	Length	% Weight in Clerkship Course
PA 771 Clinical Clerkship	*Clinical Rotation 1	4.5 weeks	40%
	*Clinical Rotation 2	4.5 weeks	40%
	*Special Populations Rotation 3	3 weeks	20%

Experience I			
PA 772

Clinical Clerkship Experience II | *Clinical Rotation 4 | 4.5 weeks | 33.33% |
| | *Clinical Rotation 5 | 4.5 weeks | 33.33% |
| | *Clinical Rotation 6 | 4.5 weeks | 33.33% |
| PA 773

Clinical Clerkship Experience III | *Special Populations Rotation 7 | 3 weeks | 100% |
| PA 774

Clinical Clerkship Experience IV | *Clinical Rotation 8 | 4.5 weeks | 33.33% |
| | *Clinical Rotation 9 | 4.5 weeks | 33.33% |
| | *Clinical Rotation 10 | 4.5 weeks | 33.33% |

Students will participate in on-site Clinical Rotation Experiences in addition to supplemental Rotation-Specific Independent Study Plans and Learning Activities during Clinical Rotations

Throughout the Clinical Year, each clinical rotation discipline along with two Special Population focused rotations, will be completed during Clinical Rotations 1-10. **Each Clinical Clerkship Course will contain a Course syllabus and Rotation-Specific Sub-syllabi. Refer to Rotation-Specific Sub-Syllabi for Rotation-Specific Instructional Objectives, Learning Outcomes, Course Outline and Assessments.**

Call-back Days

Call-back day sessions will occur on the Thursday and Friday of Week 5 of each clinical Clerkship with the exception of Special Populations Clerkships. Call-back day attendance is **required**. Students should plan to be present between the hours of 8:00 am and 4:00 pm.

- Within these two days, completion of an End of Rotation Examination, an Oral Case Presentation and a Rotation-specific OSCE will occur for all Core Rotations to include: *Family Medicine, Internal Medicine, Pediatrics, General Surgery, Behavioral Medicine, Women's Health, Emergency Medicine*.

- Within these two days for *Elective Rotations* specifically, the following end of rotation assessments will take place during call-backs: Patient-Centered PANCE Presentation and a Rotation-specific OSCE.

- **Of note:** there is NO Call-Back Day for Special Populations Rotations.

Additional scheduled events during these Call-Back sessions throughout the clinical year will include, but are not limited to the following: Formative Knowledge Assessments, Clinical and Professional Lectures, PANCE-preparation Reviews, Learning Outcomes Analysis Review and Remediations, Clinical Year Competency Completion Review and meetings with faculty advisor, Clinical Coordinator, and additional program faculty as needed.

SECTION 10: Clinical Preceptor Responsibilities

The preceptor plays a vital role in the clinical educational process. The primary preceptor must be a licensed health care provider and is responsible for the on-site supervision, education, and evaluation of the Physician Assistant Student. Preceptor responsibilities include, but are not limited to, the following:

- Orient students at the onset of the rotation with practice/ site policies and procedures and review the expectations/objectives for the rotation.

- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time. This feedback can be formally reported to the Clinical Coordinator and Program Faculty with submission of the End-of-Rotation Evaluations.

- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.

- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and level of competency.

- Participate in the evaluation of rotation-specific learning outcomes, clinical skills, and medical knowledge base through the following mechanisms:
    - Direct supervision, observation, and teaching in the clinical setting
    - Direct evaluation of communication (including both oral and written)
    - Assignment of outside readings and research to promote further learning

- Dialogue with SRU PA Program Faculty during site visits to evaluate student progress and assist the learning process.

- Audit and co-sign charts (EMR or hand-written) in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.

- Completion and prompt return of the End of Rotation Evaluation forms provided by the program, reflecting on student knowledge and skills as well as their progression throughout the rotation.

- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall supervised clinical practice experience.

- Maintain an ethical approach to the care of patients by serving as a role model for the student as well as demonstrating cultural competency through interactions with various patient populations.

- Weekly candid summary discussions with the students as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship.

- The preceptor shall not compensate the student in return for his/ her assistance in medical care to patients.

- The preceptor agrees not to use the PA student as a replacement for a paid staff position.

SECTION 11: Program Responsibilities

1. The Slippery Rock University Physician Assistant Program maintains responsibility for all aspects of preceptor/clinical site coordination. This includes the identification, communication and evaluation of all sites (core and elective) and preceptors for suitability. Student suggested sites/ preceptors must undergo the same process of review, evaluation and approval as other program designated sites/ preceptors.

2. The Clinical Coordinator will coordinate the placement of students with the sites and respective preceptor(s) and shall act as a liaison and information resource to the student and the preceptor.

3. The Clinical Coordinator will provide the preceptor with appropriate links to electronic evaluations and instructions for their completion (via EXXAT). If the preceptor does not wish to complete the evaluation electronically, a hard copy will be provided.

4. The Clinical Faculty will assist the students where able with questions regarding all Pre-Rotation Clinical Requirements and paperwork.

5. If it is ever in question that a student's performance, conduct, or health is considered detrimental to patients or the practice site(s), the Clinical Coordinator in accordance with the Program Director will evaluate the potential need for student-withdraw from said rotation site.

SECTION 12: Clinical Rotation Assessments

Students in the clinical phase of the program are evaluated in a variety of ways by both their Clinical Preceptors and Program Faculty during their Clinical Rotations. Feedback is provided to the students on a regular basis by the preceptor while students are actively participating in the care of patients. During the clinical phase, assessments and evaluation are intended to address achievement of competency in knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry-level PA practice.

Refer to **Rotation-Specific Sub-Syllabi** provided by individual Instructors of Record and available in the Class D2L shell, for all Rotation-Specific Assessments within each rotation and grade distribution across each semester.

Independent Study Assignments

An Independent Study Plan, activities and assignments may be used to supplement in-person clinical encounters and experiences, only in **extenuating circumstances**. Students will be provided with an Independent Study plan and will be required to complete ALL activities associated with the plan. Failure to do so can result in review by the Program Success Committee and/or Disciplinary Committee.

End of Rotation Examination (EORE)

All students in Core rotations (*Family Medicine, Internal Medicine, Pediatrics, Behavioral Health, General Surgery, Women's Health and Emergency Medicine*) will be required to complete the rotation-specific PAEA End of Rotation Examination at the completion of each respective rotation. The End of Rotation Examination must be completed prior to being able to begin the subsequently scheduled rotation. The following link will provide access to PAEA information regarding the Topic Lists, Blueprints and Core Tasks and Objectives for the PAEA End of Rotation Examinations: https://paeaonline.org/assessment/end-of-rotation/content

Additional PAEA Information specific to the PAEA End of Rotation Examinations (EORE):

The End of Rotation exam Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.

There are NO End of Rotation Examinations for *Elective Rotations* or *Special Populations Rotations*.

CORE ROTATION EORE

Each PAEA EORE is 120 questions and students will have 120 minutes to complete the examination. The **PASSING SCORE** for the Slippery Rock University Physician Assistant Program for each individual Core Discipline, is:

1 Standard Deviation below National Average as published by PAEA for the Version of the examination taken by the student.

Examination Statistics including National Average Scale Score (mean) and Standard Deviation for each Rotation discipline can be found at: https://paeaonline.org/assessment/end-of-rotation/exam-statistics

- Example: The *Emergency Medicine* Rotation National Comparative Data for Version 7 has an average (mean) Scale Score of: 414. The Standard Deviation as listed, is 24. The *Passing Score* for this examination as a result is: 414 – 24 = *390*.

In the event the National Mean and/or SD for any PAEA End of Rotation Examination(s) is updated or adjusted within PAEA, the Class will be notified of the updated passing score(s) accordingly.

During the clinical year, if a student fails the End of Rotation Exam (EORE), he/she must remediate the EORE with the following process:

1. **Keyword Remediation:** Students will be required to write a one paragraph (or outline) summary on each of the "keywords" missed (to include all key components of the missed topic). Keywords will be provided by PAEA following the exam. This will be due the Monday of the second week of the subsequent rotation.

2. **Repeat Examination:** Students will be required to take the alternative version of the failed PAEA EORE. This will be completed during week two of the following rotation. Students will be required to return to campus to take this exam. Should a student be at a distant site, arrangements will be made with both **the Instructor of Record and the Clinical Coordinator** for the student to complete their examination. If this examination is deemed necessary to complete remotely, please refer to the *Remote EORE policy*. The highest percentage grade able to be achieved with a successful, remediated EORE is a 70%. If students *do not pass* the second exam attempt, the student will *fail* the Rotation. This will result in *delaying graduation* to allow for repeat of this *one* clinical rotation.

If the student fails to pass the repeat EORE on two rotations, OR fails the first attempt of three different Core Rotation EOREs, they will be dismissed from the program. *See PA Program Policy Manual for additional detail.*

Exam Security

All CORE End of Rotation Examinations are the property of the department and PAEA. Copying, reproducing, taking photos of, or replicating test questions in any fashion in part or in full will be considered academic dishonesty and will be subject to disciplinary action with further review by the Program Disciplinary Committee. Any student receiving, viewing or duplicating

such material will be treated as an accomplice and will also be subject to disciplinary action with further review by the Program Disciplinary Committee. *Refer to Program Policy Manual for additional detail.*

EXAM DECORUM

Students are expected to be on time for all exams and other forms of assessments. For in-person exams, all personal belongings, watches (all types), cell phones, electronic devices, food, and additional layers of clothing, are to be left within student cars or in student lockers. **Check-in for the examination will begin 15 minutes prior to the start of the Exam, at which time students will sign for their physical presence for the exam and their lack of items on-person as stated above.** The examination proctor will provide whiteboards with a marker for the exam.

End of Rotation Preceptor Evaluation (*completed by Preceptor*)

Preceptors of Physician Assistant Students will complete the End of Rotation Preceptor Evaluation within the last week of the student's Clinical Rotation. The preceptor will evaluate the student on performance, professionalism and learning outcomes specific to the rotation discipline. The evaluations are sent through EXXAT. There may be a time that preceptors prefer to have a hard-copy to complete this evaluation - these can be found in the Class of 2026 D2L Shell under Clinical Year – Preceptor Evaluations (all are Rotation-Specific). **If a hard-copy evaluation is completed, this must then be brought to call-back days directly to the student's Instructor of Record in a sealed envelope with the Preceptor's signature over the seal.**

Preceptor Evaluation Expectations and Results:

1. Expectations and grading standards of different preceptors, even those at the same clinical site/ discipline, may vary. In order to assure your successful progress, it is necessary to communicate regularly with the preceptor(s) during the course of the rotation.

2. The student must fully invest his/ her energies in each Supervised Clinical Practice Experience, show initiative, fulfill responsibilities, demonstrate interprofessional respect and seek to learn as much as possible. Poor performance or other areas of serious concern will be considered on an individual basis.

3. In circumstances creating serious concern for the student's academic or professional status within the Program, the Clinical Coordinator will consult directly with the Preceptor along with the Program Director.

4. The student must receive a score of "Average" or "Achievement" (or better) on all areas of the Preceptor Evaluation in order to successfully complete the clinical rotation. Any areas of the

Preceptor Evaluation that are identified as "Below Average" or "Below Achievement" (or below), will require an (in-person or virtual) meeting with the student's **Instructor of Record** in addition to specific remediation for the area (or Learning Outcome) deficiency. If there are various areas of deficiency within the evaluation that raise concern by the Instructor of Record for student performance, this may require additional review by the Program Success Committee and/or Disciplinary Committee. **Any Preceptor Evaluation with an overall score <u>less than 80%</u> will require additional clinical on-site time for remediation of identified areas of deficiency until levels of "average" or "achievement" can be met in the identified areas. This can result in delayed graduation.**

Written Complete History and Physical Exam (Written Case)

Students are required to write and submit a complete history and physical examination on a patient case during their rotation. All cases must follow HIPAA guidelines and not include any patient-identifying information. This assignment will be graded according to the rubric found in Appendix G by the Instructor of Record. *Of note*: ALL areas of documentation must be included in history and physical examination note though you may specify "deferred" where appropriate – see rubric for all requirements.

Students are **required** to complete **PREVENTATIVE** History and Physical documentation (Written Case) Examples: *Annual Physical Examination, New Patient Complete Physical Examination* or *Well Child Check*, for the following three Core Rotations:

- **Family Medicine**
- **Pediatrics**
- **Women's Health**

All other written complete History and Physical Examinations are on cases of the student's choice for a CHRONIC Medical Condition. *For General Surgery for example, you could utilize a Pre-Operative Consult visit which will require a more comprehensive H&P.*

SUBMIT: Students must submit a word document by uploading this into EXXAT PRISM: Learning Activities → Forms/Evaluations. There will be a "get started" upload button for the written case (H&P).

Problem-Focused SOAP Note

Students are required to write and submit a problem-focused SOAP note on a patient case during each rotation. All cases must be completed on an **ACUTE** medical condition presentation. All cases must follow HIPAA guidelines and not include any patient identifying information. This assignment will be graded according to the rubric found in Appendix F by the Instructor of Record.

SUBMIT: Students must submit a word document by uploading this into EXXAT PRISM: Learning Activities → Forms/Evaluations. There will be a "get started" upload button for the SOAP Note.

Oral Case Presentation

Students will be required to present an oral case to a small group of their peers during call-back days for all **Core Rotations** (to include: Family Medicine, Internal Medicine, Pediatrics, Women's Health, Behavioral Medicine, General Surgery and Emergency Medicine). The expectation is for the oral case presentation to be presented as if you were formally presenting a patient to your preceptor. Students will engage their peers in discussion of additional pertinent history questions to elicit, physical examination areas of focus, differential diagnosis development and appropriate treatment planning. **Students are NOT required to submit the written case into EXXAT prior to the presentation – please simply bring it with you to call-back.** This presentation will be graded according to the rubric found in Appendix H by the Instructor of Record.

OF NOTE FOR H&P, SOAP AND ORAL CASE: All Cases MUST be *different* and **vary from rotation to rotation.** Students **cannot repeat** case topics as these are tracked, or they will be subject to a grade of: **ZERO** for the assignment. Additionally, **ALL Assignments must be self-typed in Microsoft word.** *NO PORTION of the note can be copied and pasted from an Electronic Health Record.* Failure to comply will result in being subject to the grade of: **ZERO** for the assignment as well as potential referral from the Instructor of Record to the **Program Disciplinary Committee.**

ROSH Review Questions – EORE and PANCE Preparations

ROSH Review Questions assigned per each clinical rotation for EORE and PANCE Preparations, are due **by Friday of week 4 at 11:59 pm**. Though this assessment is for a completion grade (see Course Syllabus containing Course Outline), there will be performance-related remediation directed by the Instructor of Record.

Elective Rotation: Patient-Centered PANCE Presentation

During a student's Elective Clinical Rotation, a patient-centered case presentation and instructional session will be completed during Call-Back days, with the appropriate correlating PANCE Blueprint Topic. Students are expected to present the patient case utilizing pertinent information. The case will be followed by a PANCE task area review of the topic/diagnosis within their assigned area of medicine. Students may reference the PANCE Blueprint Topics and Task area expectations within the Clinical Clerkship Manual and the Elective Rotation Sub-Syllabus. Presentations are expected to be 20-25

minutes per student. [See Appendix I for the Elective Rotation Patient-Centered PANCE Presentation Rubric for full details and expectations]

Special Populations Reflection Paper

As a required assessment during the Special Populations Rotations, students will be required to submit a 3-page double spaced reflection paper on the special populations seen during that rotation. This can include a variety of special populations and is the student's choice on which to focus on. This must include health care disparities, how to overcome health care disparities, and topics learned associated with the populations during the rotation. Identify any barriers to healthcare access in the population. Reflect and be able to explain how the following terms are paramount to understand in settings involving special needs populations: empowerment, humanistic approach (empathy, congruence, positive regard, transdisciplinary, vulnerable populations and cultural humility). Would Patient Assistance Programs have improved the provided need for treatment, such as pharmaceuticals. Identify health education and promotion approaches for this population. Describe the role of community health centers, free clinics and school-based health centers in regards to caring for the underserved, uninsured and underinsured populations that you may have seen in practice. Any sources utilized must be cited in AMA format. This assignment will be graded according to the rubric found in Appendix K by the Instructor of Record.

SUBMIT: Students must submit a word document of their Reflection by uploading this into EXXAT PRISM: Learning Activities → Forms/Evaluations. There will be a "get started" upload button specifically for the Special Populations Reflection Paper.

Mid-Rotation Preceptor Assessment of Preparedness Evaluation and Reflection

At the conclusion of week 2 (due date Friday of week 2 at 11:59 pm) of each Core and Elective Rotation, (this does not apply to Special Populations Rotations), students are required to have a mid-rotation Preceptor Assessment of Preparedness Evaluation completed by their preceptor, along with an associated reflection by answering the required Reflection Questions. The evaluation hard-copy is available in the Class D2L Shell for each student to download, print and have completed in-person with their Preceptor.

SUBMIT: Students must upload and Submit TWO documents: **1) The Completed Mid-Rotation Preceptor Evaluation** along with **2) The Mid Rotation Evaluation Reflection Question Response Document.**   Students can do this by going in EXXAT Prism to: Learning Activities → Forms/Evaluations. There will be a "get started" upload button specifically for the Mid Rotation Preceptor Evaluation and Reflection Paper.

EXXAT: Calendar

Students will use the template uploaded into EXXAT Prism (with the "Learning Activities → Forms/Evaluations → Calendar (you can download this template and use it to fill out) to submit a Calendar of the planned schedule for the rotation. Students must add the location and daily hours for each day scheduled for the rotation. The total hours expected for the rotation should also be listed at the bottom of the template. This assignment is utilized by faculty for attendance, hours calculation and site visitation. **If any changes arise within the planned schedule throughout the rotation, the student must notify the Instructor of Record immediately and reflect this in an updated Calendar upload.**

Students are responsible additionally for ensuring when generating this calendar that minimum hour requirements will be met.

HOUR GOALS:

- **Goal MINIMUM of 160 hours for each Core and Elective Rotation**
- **Goal MINIMUM of 105 hours for each Special Populations Rotation**

Students must contact their **Instructor of Record** immediately if hour calculations demonstrate concern for meeting the minimum hours.

SUBMIT: Students must submit their completed Calendar into EXXAT PRISM: Learning Activities → Forms/Evaluations. There will be a "get started" upload button specifically to upload and submit your Calendar.

EXXAT: Patient Logging

Thorough and accurate documentation of the students' patient care experiences and exposures during each clinical rotation is *essential*. The goal for patient logging is to ensure the student can demonstrate participation in the care of a wide variety of patient diagnoses, various patient care settings, various patient population ages, and a range of acuity levels. See the chart below for **areas of patient logging students must ensure are logged** within appropriate areas:

Patient Logging: Areas to ensure are appropriately logged	
Patient Age	
	Infant
	Child
	Adolescent

	Adult
	Elderly
Clinical Setting Type	
	Emergency Department
	Operating Room
	Inpatient
	Outpatient
Reason for Visit	
	Acute
	Chronic
	Preventative
	Emergent
Surgical Setting	
	Pre-op
	Intra-op
	Post-op
Women's Health:	
	Gynecologic care
	Prenatal Care
Behavioral Health:	
	Behavioral Health Care Provided

*Students are expected to log ALL patient encounters. **See: Academic Integrity within Section 4 of this manual as it relates to patient logging.** Patient case logging and procedural documentation is not only required but highly beneficial to future pre-employment credentialing processes as well.*

The EXXAT patient logging and procedural logging will be evaluated by the **Instructor of Record** on a weekly basis throughout each clinical rotation. Logging will be uploaded and submitted each week. Any areas of patient exposure deficiency (to include age, setting, reason for visit or visit type) that are not captured through submitted patient logs, will be further assessed between the Instructor of Record and the student, followed by remediation and/or additional clinical experience time as needed. Step by step directions on how to log patients will be provided from EXXAT and in the pre-recorded sessions provided by the Clinical Team.

EXXAT: Timesheets

Students are required to log all hours completed at their rotation in EXXAT. At the end of the week students must submit the full-week time log to their respective Instructor of Record. This is to be completed weekly by the due date. See Section 5: Hour Requirements for review of goal minimum hours to be met. Students should NOT be submitting timesheets prior to their completed hours on-site. ***Also see: Academic Integrity within Section 4 of this manual as it relates to student schedule and hour reporting.***

*If at any time submission of a Timesheet needs altered due to alternative shifts (example: student is scheduled for weekend shifts after the Friday due date), the student MUST communicate with **their Instructor of Record BEFORE the due date** to ensure the IOR is aware of the later submission. If communication is not initiated by the student prior to the due date, the Timesheet submitted "late" for that week will result in being subject to the score of: **ZERO**.*

Step by Step directions on how to log and submit timesheets will be provided through EXXAT and also with a pre-recorded Zoom session shared from the Clinical Faculty.

EXXAT: Student Evaluation of the Preceptor and Site

To aid in the ongoing review of Clinical Sites and Preceptors, all students are required to complete and submit an Evaluation of the Preceptor and Site within EXXAT at the end of each rotation. The program expects that students will provide constructive feedback of the site/preceptor while upholding Program professionalism standards. This evaluation becomes available at the beginning of the last week of the rotation. *The submitted evaluation is for Program use only: this can **only** be seen by the SRU PA Program Clinical Faculty and is not visible to the site or site personnel.*

Rotation-Specific OSCE's

Students are required to successfully complete assigned Objective Structured Clinical Examinations (OSCE's) at the completion of each CORE and ELECTIVE rotation with rotation-specific OSCE's. These will include but are not limited to: acute and chronic patient case scenarios, a focus on obtaining a patient history, a focus on performing a focused physical examination, laboratory and diagnostic study interpretation, differential diagnosis development, clinical skills and procedures, documentation and patient education delivery. Students will be notified of the general "area of focus" for the OSCE prior to call-back week of each CORE and ELECTIVE rotation. The patient case scenario utilized for the OSCE will be rotation-specific and directly relate to a potential case from the area of medicine the student completed the rotation within.

Late Assignments

During the Clinical Year, LATE assignments are **not accepted.** Any assignment that is submitted past the due date and time will be subject to an IOR Score of: **zero**. If a student at any time should have difficulty submitting an assignment they must notify their instructor of record **prior to the due date and time.** This applies for **all** assignments during the clinical year. Further evaluation will be needed by the Clinical Faculty and Program Director along with potential for Academic Progress Committee and/or Disciplinary Committee review, if repeated late assignment submissions occur for any individual student.

Remediation

Students displaying deficiency in *any* of the assessment(s) or assignment(s) related to Learning Outcomes throughout the Clinical Rotation Year, are placed in remediation for that particular identified learning outcome deficiency and/or form of assessment.

- A score of **less than 80%** on a clinical **SOAP Note, H&P Note, Oral Case Presentation, Elective Rotation Patient-Centered PANCE Presentation** or **Call-Back Day OSCE** will require remediation with the **Instructor of Record** to include but not limited to: a re-written note (for a failed SOAP or H&P) a remediated OSCE (for the failed OSCE) or a repeat presentation (for a failed Oral Case Presentation or Elective Patient-Centered PANCE Presentation).

- **Any Preceptor Evaluation** with an overall score of **less than 80%** will require **additional clinical on-site time** for remediation of identified areas of deficiency until levels of "average" or "achievement" can be met in the identified areas. This may result in delayed graduation.

- Overall Clinical Year remediation plans for individual Learning Outcomes and other Clinical year Assessments, can additionally include but are not limited to the following:

1. Supplemented or lengthened clinical rotation
2. Repeated clinical rotation
3. Reading assignments with specific written reflection required
4. Review of case studies
5. Individual focused faculty led tutoring (especially when related to skills deficiencies)
6. Written examination
7. Oral examination or topic reviews
8. Success Committee and/or Disciplinary Committee review when necessary

The remediation plan is set forth by the student's individual **Instructor of Record** in accordance with the Clinical Coordinator. If a student *does not* complete a remediation assignment by the agreed upon (or specified) date, the student will be subject to disciplinary action by the Program Disciplinary Committee. Additional remediation may be required at the discretion of the Program Success Committee and/or Disciplinary Committee.

Appendix A: SRU MSPAS Program Learning Outcomes and Competencies

Slippery Rock University Physician Assistant Program Learning Outcomes

01. Apply basic science knowledge to the medical sciences.

02. Demonstrate competency in clinical procedures performed by Physician Assistants.

03. Demonstrate ability to perform a complete history and physical examination.

04. Demonstrate ability to diagnose disease and create an appropriate treatment plan.

05. Demonstrate the use of Evidence-Based Medicine to effectively diagnose and treat patients.

06. Demonstrate cross-cultural and socioeconomic sensitivity in clinical practice settings involving special patient populations.

07. Demonstrate effective communication skills in a healthcare setting.

08. Demonstrate the ability to collaborate within an interprofessional healthcare team.

09. Demonstrate ethical decision making in the practice of medicine.

10. Participate in professional societies that promote PA practice and advancement.

Slippery Rock University Physician Assistant Program Competencies

1. Medical Knowledge (Knowledge)
1.1. Evaluate and differentiate between individual patient(s) needs for preventative care and health maintenance to detect conditions in asymptomatic patients.

1.2. Evaluate both history and physical examination findings in order to determine differential diagnoses, order and interpret appropriate laboratory and imaging studies, perform necessary procedures, in order to diagnose, treat and manage acute and chronic illness.

1.3 Analyze possible etiologies, risk factors, underlying pathologic process, epidemiology, signs and symptoms for medical and surgical conditions while developing an appropriate treatment plan individualized for each patient.

1.4 Demonstrate effective education and counseling to patients and their families while providing patients the opportunity to participate in their own care.

1.5 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision- making, clinical problem-solving, and other aspects of evidence-based health care.

2. Interpersonal, Communication and Collaboration (Interpersonal Skills)
2.1 Employ effective communication skills in order to communicate with physicians, other health professionals, and health care teams to collaborate within an interprofessional healthcare team.

2.2 Use effective communication skills to elicit and provide information while adapting to the context of the interaction.

2.3 Demonstrate the ability to accurately document medical information satisfying requirements for medical, legal, quality and financial purposes.

2.4 Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize health care needs.

3. Patient Care
3.1   Demonstrate the ability to work effectively with physicians and other health care professionals to provide patient-centered care.

3.2 Demonstrate compassionate, empathetic, and respectful behaviors when interacting with patients and their families.
3.3 Demonstrate the ability to safely and competently perform medical and diagnostic procedures considered essential for the patient encounter.

3.4 Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings.

4. Professionalism and Ethics
4.1 Demonstrate respect, compassion, integrity and accountability to the needs of patients and families.

4.2 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, patient autonomy, informed consent, and business practices in compliance with laws, policies and regulations.

4.3. Demonstrate the ability to participate in difficult conversations with colleagues, patients and their families.

4.4 Demonstrate the ability to make sound ethical decisions in the practice of medicine.

4.5 Recognize one's limits, admit mistakes and errors, accept constructive feedback, and establish healthy boundaries to support health partnerships with colleagues, patients and within society.

5. Practice Based Learning and Improvement

5. 1 Differentiate between various types of health systems, funding streams, and insurance regulations while recognizing the financial implications within the provision of healthcare.

5.2 Recognize the individual provider's value to health care teams in terms of cost.

5.3 Demonstrate the ability to use constructive feedback and self-awareness of knowledge, skills, and emotional limitations to identify strengths, weaknesses, and limitations in knowledge and expertise.

5.4 Create goals that foster improvement while enhancing learning to address gaps in knowledge, skills and professional attitudes.

6. Society and Population Health

6.1 Recognize the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants affecting the health of the individual and community being served.

6.2 Identify the role of healthcare disparities in causing illness while demonstrating accountability and responsibility for removing barriers to healthcare.

6.3 Recognize the impact of genetics, socioeconomic, environmental and additional population-level determinates on the health of individuals and a community.

6.4 Demonstrate sensitivity and use effective cultural communication strategies when interacting with patients, society, and other professionals in order to provide effective, equitable, understandable and respectful quality care that is responsive to diverse, cultural health beliefs and practices, preferred languages, barriers to care, health literacy and other communication needs.

6.5 Examine and hear each individual and apply the context of the individual's life (including environmental influences, culture, and disease) to differentiate between health and ill individuals.

** The SRU PA program created and adapted these competencies through information drawn from: the current competencies of the PA Profession, PAEA's Core Competencies for New

graduates, The National Culturally and Linguistically Appropriate Services in Health and Health Care standards, and the Englander et al article "Toward a common taxonomy for competency domains for the health professions and competencies for physicians."

Appendix B: Rotation-Specific Instructional Objectives and Learning Outcomes

(Refer to Rotation-Specific Sub-Syllabi that are located within the Class of 2026 D2L shell)

Appendix C: Procedural Skills for Clinical Year Completion

Students to refer to the End of Rotation Evaluation completed by the Preceptor for <u>complete</u> detail of Procedures, Skills and Learning Outcomes assessed by the Preceptor

Procedural Skills for Clinical Year Completion: Class 2026
Administer Adult Patient Immunization/Injection (FM procedure/skill1)
Administer Pediatric Patient Immunization/Injection (PED procedure/skill4)
ECG Interpretation (EM LO1)
Perform and Interpret the findings of a Blood Pressure Reading (IM procedure/skills1)
Perform a Breast Exam (WH LO2)
Perform a Finger-stick Hemoglobin and/or Lead Screening (PED procedure/skill2)
Perform a Hearing Screening (PED procedure/skill3)
Perform a Pelvic Exam with Bimanual Exam (WH procedure/skill1)
Perform a Pelvic Exam with Speculum Exam (WH procedure/skill2)
Perform a Vision Screening (PED procedure/skill3)
Perform and Interpret Rapid Strep Test (PED procedure/skill1)
Perform and Interpret Urine Dipstick Test (FMLO1)
Perform Digital Rectal Exam (FM LO13)
Perform Finger-stick Glucose Test (FM procedure/skill2)
Perform Incision and Drainage (EM LO11)
Perform Intra-Operative Surgical Scrubbing, Gowning and Gloving (GS LO7)
Correctly Maintain the Sterile Field while Intra-Operative (GS LO6)
Perform Intra-Operative Suture or Staple Placement (GS LO9)
Perform IV Insertion (EM procedure/skill1)
Perform Male Genital Exam (EM procedure/skill2)
Perform Suture Removal (GS procedure/skill2)
Perform Urinary Catheterization (GS procedure/skill1)
Prenatal Care: Perform and Interpret Fundal Height Measurements (WH LO7)
Prenatal Care: Obtain Fetal Heart Tones (WH LO7)
Behavioral Health Screenings
Perform and Interpret a Generalized Anxiety Screening (BH LO4)
Perform and Interpret Mini Mental Status Exam (BH LO6)
Perform and Interpret PHQ-9 Depression Screening (BH procedure/skill1)

Appendix D: Rotation-Specific Preceptor Evaluations

(All Rotation-Specific Preceptor Evaluations including the Mid-Rotation Preceptor Assessment of Preparedness are available within the Class of 2026 D2L Shell)

Appendix E: Mid-Rotation Preceptor Assessment of Preparedness Reflection Questions and Rubric

Mid-Rotation Student Reflection Questions

1	*Discuss your strengths related to this area of medicine.*
2	*Discuss your weaknesses related to this area of medicine.*
3	*What is one thing that you want to work on during the remainder of this rotation?*
4	*Overall, how confident/prepared did you feel at the start of this rotation? Has this changed over the past two weeks?*
5	*Could you see yourself practicing in this area of medicine? Why or why not?*

Mid-Rotation Student Reflection Grading Rubric

Score	Mid-Rotation Student Reflection Rubric
5	**Student answered all five questions thoroughly and appropriately.**
4	**Student answered only four questions thoroughly and appropriately.**
3	**Student answered only three questions thoroughly and appropriately.**
2	**Student answered only two questions thoroughly and appropriately.**
1	**Student answered only one question thoroughly and appropriately.**
0	**Student did not answer any questions and/or those answered were not thorough or appropriate / Assignment was turned in late / Assignment not submitted.**

Appendix F: Clinical Year Problem-Focused SOAP Note Rubric

TOPIC	Excellent *5 points*	Competent *4 points*	Needs Improvement *3 points*	Not Acceptable *0 points*
"S" **SUBJECTIVE**	*Excellent* - Organized and systematic HPI that is clear and concise. All appropriate information documented pertaining to the chief complaint (OLDCHARTS). Includes only and all pertinent positive and negative Hx information, as well as ROS. Appropriately utilizes medical terminology.	*Competent* - Generally organized and systematic HPI that is mostly clear and concise. Includes mostly all appropriate information pertaining to the chief complaint (some components of OLDCHARTS missing). Some pertinent positive and negative Hx omitted and/or not relevant. Mostly pertinent ROS included. Mostly utilizes medical terminology.	*Needs Improvement* – Organization and systematic structure of the HPI is lacking. Omits most components of information pertaining to the chief complaint (OLDCHARTS). Omits a most of the pertinent positive and negative Hx components. Mostly omits pertinent ROS. Rarely utilizes appropriate medical terminology.	*Not Acceptable* - Unsystematic, failed to accurately characterize the chief complaint, record a structured and concise HPI, and document pertinent and negative Hx and ROS information. Does not utilize appropriate medical terminology.
"O" **OBJECTIVE**	*Excellent* - Organized and systematic recording of the PE. Includes all pertinent and only relevant areas of the exam. Utilizes appropriate medical terminology.	*Competent* - Generally organized and systematic recording of the PE. Mostly includes pertinent areas of the exam. Mostly uses appropriate medical terminology.	*Needs Improvement* - Not systematic in recording the PE but does record some pertinent areas. Rarely utilizes appropriate medical terminology.	*Not Acceptable* - Disorganized, omits pertinent areas of the PE, records several exam techniques inaccurately. Does not utilize appropriate medical terminology.
"A" **ASSESSMENT**	*Excellent* - Organized and systematic in recording decision making with a clear, accurate, and appropriately ranked working/final diagnosis(es) pertaining to the case.	*Competent* - Generally organized in characterization of the patient problem, records a reasonable working/final diagnosis(es) pertaining to the case.	*Needs Improvement* - Organization is lacking at times and working/final diagnosis could be more specific and/or additional diagnoses should be listed as it pertains to the case.	*Not Acceptable* - Disorganized in characterization of the patient problem and working/final diagnosis(es) is incorrect or not justified with case findings.
"P" **PLAN**	*Excellent* - Plan for treatment, follow-up, patient education and referral (if indicated), is systematic and organized. No important aspects to plan are omitted and plan is written clearly	*Competent* - Plan for treatment, follow-up, patient education and referral (if indicated), is generally organized. A few important aspects of the plan are omitted. Mostly utilizes appropriate language.	*Needs Improvement* - Plan for treatment, follow-up, patient education and referral (if indicated), is somewhat organized, omits many important aspects of the plan and is written without appropriate language.	*Not Acceptable* - Plan for treatment, follow-up, patient education and referral (if indicated), is disorganized. Numerous vital aspects to the plan are omitted. The plan is

	with skill and appropriate language.			written without appropriate language.
Punctuation, Grammar and Formatting	*Excellent* - Punctuation and grammar are excellent, no issues with formatting.	*Competent* - Punctuation and grammar require only minor corrections, and/or minor formatting issues are noted.	*Needs Improvement* - Punctuation and grammar require several corrections/suggestions and/or formatting is problematic.	*Not acceptable* - Punctuation and grammar are poor, multiple corrections needed and/or formatting is very problematic, incorrect, or requires moderate revisions.
TOTAL SCORE:	_____ / 25			
Comments:				
FACULTY SIGNATURE				

Appendix G: Clinical Year Written Complete History and Physical Exam Rubric

As this is a <u>complete</u> Rotation-Specific History and Physical examination, <u>all</u> topic areas should be included within your documentation. You may state "non-contributory" or "deferred" where appropriate for areas of the note that do not pertain to the patient case but were still assessed.				
TOPIC	**Excellent** *5 points*	**Competent** *4 points*	**Needs Improvement** *3 points*	**Not Acceptable** *0 points*
Chief Complaint	*Excellent* - CC includes the patient problem and duration of this problem. This is stated in patient / historian's words.	*Competent* - CC includes the patient problem OR the duration but not both. CC is stated in patient / historian's words.	*Needs Improvement* - CC includes the patient problem OR the duration but not both. CC is NOT stated in patient / historian's words.	*Not Acceptable* - CC does not contain the patient problem or the duration of the problem. CC is not acceptable and/or not documented.
(HPI) History of Present Illness	*Excellent* – Organized, systematic and thorough HPI. Includes patient age, gender and all symptoms associated with chief complaint including: onset, location/radiation, duration, character, aggravating factors, relieving factors, timing and severity.	*Competent* – Mostly organized and thorough HPI. Only *missing a few* of the following components: patient age, gender, symptoms associated with chief complaint to include: onset, location/radiation, duration, character, aggravating factors, relieving factors, timing and severity.	*Needs Improvement* – *Somewhat* organized and *somewhat* thorough HPI. Missing *several* of the following components: patient age, gender, symptoms associated with chief complaint including: onset, location/radiation, duration, character, aggravating factors, relieving factors, timing and severity.	*Not Acceptable* – *Disorganized* and HPI is not thorough. Missing *numerous* components within: patient age, gender, symptoms associated with chief complaint including: onset, location/radiation, duration, character, aggravating factors, relieving factors, timing and severity.
Medications	*Excellent* - Includes medication name, dose, frequency, route and indication. If unknown by patient, student documents	*Competent* - Medications m*issing a few* components of the following: medication name, dose, frequency, route and indication. If	*Needs Improvement* - Medications missing *several* components of the following: medication name, dose, frequency, route and indication. If unknown by patient, student	*Not Acceptable*- Medications are *not* clear and concise. Missing *numerous* components of the following: medication name, dose, frequency, route and indication. If unknown

	"unknown per patient".	unknown by patient, student documents "unknown per patient".	documents "unknown per patient".	by patient, student did not document "unknown per patient".
Allergies	*Excellent* - Name of medication and reaction is listed. If unknown, student documents "unknown or NKDA".	*Competent* - Missing *a few* of the following: Name of medication or reaction If unknown, student documents "unknown or NKDA".	*Needs Improvement* -. Missing *several* of the following components: Name of medication or reaction If unknown, student documents "unknown or NKDA".	*Not Acceptable* - Missing *numerous* of the following components: Name of medication or reaction If unknown, student did not document "unknown or NKDA" where appropriate.
(PMHx) Past Medical History	*Excellent* - Includes *all* pertinent (positive and negative findings) of past medical history related to the case. Includes *all* pertinent: prior medical diagnoses, adult and childhood illnesses, injuries, hospitalizations, surgical history. Includes *all* pertinent health maintenance to include immunization status, most recent preventative physical examination and age-appropriate screening tests.	*Competent* - Missing a *few* of the pertinent (positive and negative findings) of past medical history related to the case. Missing a *few* pertinent: prior medical diagnoses, adult and childhood illnesses, injuries, hospitalizations, surgical history. Missing a *few* components of pertinent health maintenance to include immunization status, most recent preventative physical examination and age-appropriate screening tests.	*Needs Improvement* -. Missing *several* of the pertinent (positive and negative findings) of past medical history related to the case. Missing *several* pertinent: prior medical diagnoses, adult and childhood illnesses, injuries, hospitalizations, surgical history. Missing *several* components of pertinent health maintenance to include immunization status, most recent preventative physical examination and age-appropriate screening tests.	*Not Acceptable* - Missing *numerous* pertinent (positive and negative findings) of past medical history related to the case. Missing *numerous* pertinent: prior medical diagnoses, adult and childhood illnesses, injuries, hospitalizations, surgical history. Missing *numerous* components of pertinent health maintenance to include immunization status, most recent preventative physical examination and age-appropriate screening tests.
(FHx) Family History	*Excellent* - Includes *all* pertinent (positive	*Competent* - Missing a *few* pertinent (positive	*Needs Improvement* -. Missing *several* pertinent (positive	*Not Acceptable* - Missing *numerous* pertinent (positive

	and negative findings) of family history with family member age, status (living or deceased) and the medical condition(s).	and negative findings) of family history with family member age, status (living or deceased) and the medical condition(s).	and negative findings) of family history with family member age, status (living or deceased) and the medical condition(s).	and negative findings) of family history with family member age, status (living or deceased) and the medical condition(s).
(SHx) Social History	*Excellent* – Includes *all* pertinent (positive and negative findings) of social history including but not limited to education, occupation, diet and exercise, caffeine use, drug and alcohol use, home situation and sexual history.	*Competent* – Missing a *few* pertinent (positive and negative findings) of social history including but not limited to education, occupation, diet and exercise, caffeine use, drug and alcohol use, home situation and sexual history.	*Needs Improvement* –Missing *several* pertinent (positive and negative findings) of social history including but not limited to education, occupation, diet and exercise, caffeine use, drug and alcohol use, home situation and sexual history.	*Not Acceptable* – Missing *numerous* pertinent (positive and negative findings) of social history including but not limited to education, occupation, diet and exercise, caffeine use, drug and alcohol use, home situation and sexual history.
(ROS) Review of Systems	*Excellent* - Includes *all* (positive and negative findings) of the Review of Systems. It is stated "deferred" or "non-contributory" where appropriate to the case.	*Competent* – Missing *a few* (positive and negative findings) of the Review of Systems. It is stated "deferred" or "non-contributory" where appropriate to the case.	*Needs Improvement* – Missing *several* (positive and negative findings) of the Review of Systems. It is stated "deferred" or "non-contributory" where appropriate to the case.	*Not Acceptable*– Missing *numerous* (positive and negative findings) of the Review of Systems. It does not state "deferred" or "non-contributory" where appropriate to the case.
PE: Vitals	*Excellent* – Includes *all* of the following: height, weight, BMI, blood pressure, Pulse, Respirations and temperature. BP indicates right or left and patient position. All vital	*Competent* – Missing *a few* of the following: height, weight, BMI, blood pressure, Pulse, Respirations and temperature. BP indicates right or left and patient position. All vital	*Needs Improvement* – Missing *several* of the following: height, weight, BMI, blood pressure, Pulse, Respirations and temperature. BP indicates right or left and patient position. All vital signs have measurements, such	*Not Acceptable* – Missing *numerous* components of the following: height, weight, BMI, blood pressure, Pulse, Respirations and temperature. BP indicates right or left and patient position. All vital signs do not

	signs have measurements, such as pounds or kilograms. Pediatric measurements include percentages where appropriate.	signs have measurements, such as pounds or kilograms. Pediatric measurements include percentages where appropriate.	as pounds or kilograms. Pediatric measurements include percentages where appropriate.	have measurements listed such as pounds or kilograms. Pediatric measurements do not include percentages where appropriate.
PE: Complete Physical Exam	*Excellent* – Includes *all* pertinent (positive and negative findings) within sections of the physical exam pertaining to the case. Each section has accurate documentation with proper use of medical terminology.	*Competent* – Missing *a few* pertinent (positive and negative findings) within sections of the physical exam pertaining to the case. Each section has accurate documentation with proper use of medical terminology.	*Needs Improvement* – Missing *several* pertinent (positive and negative findings) within sections of the physical exam pertaining to the case. Each section has accurate documentation with proper use of medical terminology.	*Not Acceptable* – Missing *numerous* pertinent (positive and negative findings) within sections of the physical exam pertaining to the case. Sections contain *inaccurate* documentation and/or *improper* use of medical terminology.
Differential Diagnoses (5 listed)	*Excellent* – Includes *all* five listed differential diagnoses that are pertinent and reasonable to the case.	*Competent* – Only includes *4* listed differential diagnoses that are pertinent and reasonable to the case.	*Needs Improvement* – Only includes *3* listed differential diagnoses that are pertinent and reasonable to the case.	*Not Acceptable* – Only includes *2 or less* listed differential diagnoses that are pertinent and reasonable to the case.
Laboratory and Diagnostic Studies	*Excellent* – Includes *all* pertinent laboratory and diagnostic studies pertaining to the case. If a diagnosis was made within the case, student also has results appropriately documented.	*Competent* – Missing a *few* pertinent laboratory and diagnostic studies pertaining to the case. If a diagnosis was made within the case, student also has results appropriately documented.	*Needs Improvement* – Missing *several* pertinent laboratory and diagnostic studies pertaining to the case. If a diagnosis was made within the case, student also has results appropriately documented.	*Not Acceptable* – Missing a *numerous* pertinent laboratory and diagnostic studies pertaining to the case and/or available results are not appropriately documented / omitted.

	Excellent	Competent	Needs Improvement	Not Acceptable
Assessment	*Excellent – Well organized.* Diagnosis(es) are accurate and appropriate for the case. Where applicable, "Right" or "Left" is designated.	*Competent – Mostly organized.* There are a *few* Diagnosis(es) that are inaccurate or inappropriate for the case and/or *missing a few* accurate or appropriate diagnoses for this case. Where applicable, "Right" or "Left" is designated.	*Needs Improvement – Somewhat organized.* There are *several* Diagnosis(es) that are inaccurate or inappropriate for the case and/or *missing several* accurate or appropriate diagnoses for this case. Where applicable, "Right" or "Left" is designated.	*Not Acceptable – Disorganized.* There are *numerous* Diagnosis(es) that are inaccurate or inappropriate for the case and/or *missing numerous* accurate or appropriate diagnoses for this case and/or where applicable, "Right" or "Left" is *not* designated.
Plan and Patient Education	*Excellent –Well organized.* Management plan includes pharmacologic and non-pharmacologic treatment and appropriate patient education. Medications prescribed or continued (where applicable) include dose, frequency, route and side effects.	*Competent – Mostly organized.* Missing *a few* of the following components within the management plans: pharmacologic and non-pharmacologic treatment, appropriate patient education, medication details (where applicable) including dose, frequency, route and side effects.	*Needs Improvement – Somewhat organized.* Missing *several* of the following components within the management plans: pharmacologic and non-pharmacologic treatment, appropriate patient education, medication details (where applicable) including dose, frequency, route and side effects.	*Not Acceptable – Disorganized.* Missing *numerous* of the following components: pharmacologic and non-pharmacologic treatment, appropriate patient education, medication details (where applicable) including dose, frequency, route and side effects.
Standards of Care and References	*Excellent –* Includes a thorough description of Standards of Care for the all of the diagnosis(es) listed in assessment. Proper AMA citing of source(s) used listed.	*Competent –* Missing *a few* components to the Standards of Care for the all of the diagnosis(es) listed in assessment. Proper AMA citing of source(s) used listed.	*Needs Improvement – Missing several* components to the Standards of Care for the all of the diagnosis(es) listed in assessment. Proper AMA citing of source(s) used listed.	*Not Acceptable –* Missing *numerous* components to the Standards of Care for the all of the diagnosis(es) listed in assessment. Proper AMA citing of source(s) used listed.

	Excellent – Overall well-organized and formatted. Includes proper punctuation, correct spelling and appropriate use of medical terminology.	Competent – Missing a few components within composition of the following: organization, formatting, proper punctuation, correct spelling and appropriate use of medical terminology.	Needs Improvement – Missing several components within composition of the following: organization, formatting, proper punctuation, correct spelling and appropriate use of medical terminology.	Not Acceptable – Overall disorganized with poor formatting and/or missing numerous components within composition of the following: proper punctuation, correct spelling and appropriate use of medical terminology.
Organization, Punctuation, Grammar and Medical Terminology				
Signed with Student Name, Title, Date and Time	Excellent – Includes all of the following: Student Signature, Student Name, Student Title, Date and Time.	Competent – Missing one of the following: Student Signature, Student Name, Student Title, Date and Time.	Needs Improvement – Missing two of the following: Student Signature, Student Name, Student Title, Date and Time.	Not Acceptable – Missing three or more of the following: Student Signature, Student Name, Student Title, Date and Time.
TOTAL SCORE:	_____ / 85			
Comments:				
FACULTY SIGNATURE and DATE				

Appendix H: Clinical Year Oral Case Presentation Rubric

TOPIC	Excellent *5 points*	Competent *4 points*	Needs Improvement *3 points*	Not Acceptable *0 points*
"S" SUBJECTIVE	*Excellent* - Organized and systematic flow of HPI that is clear and concise. All appropriate information presented pertaining to the chief complaint (OLDCHARTS). Includes *only* and *all pertinent* positive and negative Past Medical Hx, Social Hx, Family Hx, Medications, Allergies, as well as ROS. Appropriately utilizes medical terminology.	*Competent* - Generally organized and systematic flow of HPI presentation that is *mostly* clear and concise. Includes mostly all appropriate information pertaining to the chief complaint (*some* components of OLDCHARTS missing). Some pertinent positive and negative Hx omitted and/or not relevant. Mostly pertinent ROS included. Mostly utilizes medical terminology.	*Needs Improvement* – Organization and systematic flow of HPI presentation is *lacking*. Omits most components of information pertaining to the chief complaint (OLDCHARTS). Omits *most* of the pertinent positive and negative Hx components. *Mostly* omits pertinent ROS. *Rarely* utilizes appropriate medical terminology.	*Not Acceptable* – *Unsystematic and disorganized* presentation of subjective history. Failed to accurately characterize the chief complaint, present a structured and concise HPI, and present pertinent and negative Hx and ROS information. Does not utilize appropriate medical terminology.
"O" OBJECTIVE	*Excellent* - Organized and systematic presentation of the PE. Includes all pertinent and only relevant areas of the exam. Utilizes appropriate medical terminology.	*Competent* - Generally organized and systematic presentation of the PE. *Mostly* includes pertinent areas of the exam. *Mostly* uses appropriate medical terminology.	*Needs Improvement* - Not systematic in presentation of the PE but does present *some* pertinent areas. *Rarely* utilizes appropriate medical terminology.	*Not Acceptable* - *Disorganized*, *omits pertinent areas* of the PE within presentation and presents several examination findings *inaccurately*. *Rarely* utilizes appropriate medical terminology.
Differential Diagnoses	*Excellent* – At least *five* differential diagnoses are presented that are pertinent and reasonable for the case. Presenter *actively* engaged peers in developing differential list.	*Competent* – Only *three to four* differential diagnoses are presented that are pertinent and reasonable for the case and/or Presenter *mildly* engaged peers in developing differential list.	*Needs Improvement* – Only *two to three* differential diagnoses are presented that are pertinent and reasonable for the case and/or Presenter *minimally* engaged peers in developing differential list.	*Not Acceptable* – *One or less* differential diagnoses are presented that are pertinent and reasonable for the case and/or Presenter *did not* engage peers in developing differential list.

"A" ASSESSMENT	*Excellent* - Organized and systematic in presenting decision making with a clear, accurate, and appropriately ranked working/final diagnosis(es) pertaining to the case.	*Competent* - *Generally* organized presentation of characterization of the patient problem and as a result, presents a *reasonable* working/final diagnosis(es) pertaining to the case.	*Needs Improvement* - Organization is *lacking* at times and presented working/final diagnosis *could be more specific* and/or *additional diagnoses* should be presented as it pertains to the case.	*Not Acceptable* - *Disorganized* presentation in characterization of the patient problem and working/final diagnosis(es) is *incorrect* or *not justified* with case findings.
"P" PLAN	*Excellent* - Plan for treatment, follow-up, patient education and referral (if indicated), is presented in a systematic and organized manner. No important aspects to plan are omitted and plan is presented clearly with appropriate language.	*Competent* - Plan for treatment, follow-up, patient education and referral (if indicated), is presented in a *generally* organized manner. A *few* important aspects of the plan are omitted. *Mostly* utilizes appropriate language.	*Needs Improvement* - Plan for treatment, follow-up, patient education and referral (if indicated), is presented in a *somewhat* organized manner, omits *many* important aspects of the plan and overall *lacking* appropriate language within presentation.	*Not Acceptable* - Plan for treatment, follow-up, patient education and referral (if indicated), is presented in a *disorganized* manner. *Numerous* vital aspects to the plan are omitted. The plan is overall *lacking* appropriate language within presentation.
Standards of Care	*Excellent* – Presented a thorough explanation of Standards of Care for the all of the diagnosis(es) listed in assessment.	*Competent* – Within presentation, student missing *a few* pertinent components to the Standards of Care for the all of the diagnosis(es) listed in assessment.	*Needs Improvement* – Within presentation, student missing *several* pertinent components to the Standards of Care for the all of the diagnosis(es) listed in assessment.	*Not Acceptable* – Within presentation, student missing *numerous* pertinent components to the Standards of Care for the all of the diagnosis(es) listed in assessment.
Presentation Skills and Professionalism	*Excellent* – Student spoke clearly and professionally with eye-contact and minimal (reasonable) reference to written note. Presentation was organized and student kept peers interested and engaged.	*Competent* – Student *generally* spoke clearly and professionally with eye-contact and *moderate* reference to written note. Presentation was *generally* organized and student kept peers *generally* interested and engaged.	*Needs Improvement* – Areas of presentation *lacking* clear and/or professional speech. *Minimal* eye-contact with *significant* reference to written note. Presentation *lacked* overall organization and student only *minimally* interested and engaged peers.	*Not Acceptable* – Presentation is overall *without* clear and/or professional speech. *Little to no* eye-contact with *constant* reference to written note. Presentation *without* overall organization and student *did not* interest and/or engage peers.

	Excellent – Student displayed *significant* interest and was *significantly* engaged in other student's presentations. Student was an enthusiastic participant and actively involved (where able) within other peer's cases.	*Competent* – Student displayed *moderate* interest and was *moderately* engaged in other student's presentations. Student *moderately* participated and was *moderately* involved (where able) within other peer's cases.	*Needs Improvement* – Student displayed *mild* interest and was *mildly* engaged in other student's presentations. Student *mildly* participated and was *mildly* involved (where able) within other peer's cases.	*Not Acceptable* – Student *did not* display interest and or engage in other student's presentations. Student *did not* participate and was *not* involved (where able) within other peer's cases.
Participation				
TOTAL SCORE:	_____ / 40			
Comments:				
FACULTY SIGNATURE				

Appendix I: Elective Rotation Patient-Centered PANCE Presentation Rubric

Student Name: _____

Date:_____

Area of Medicine:_____

Topic:_____

Assessment Description: During a student's Elective Clinical Rotation, a patient-centered case presentation and instructional session will be completed with the appropriate correlating PANCE Blueprint Topic. Students are expected to present the patient case utilizing pertinent information. The case will be followed a PANCE task area review of the topic/diagnosis within their assigned area of medicine. Students may reference the PANCE Blueprint Topics and Task area expectations within the Clinical Clerkship Manual and the Elective Rotation Sub-Syllabus.

==**Presentations are expected to be 20-25 minutes per student.**==

Patient-Centered Case				
TOPIC	**Excellent** *(5pts)*	**Competent** *(4pts)*	**Needs Improvement** *(3pts)*	**Not Acceptable** *(0pts)*
Subjective Information	*Excellent* - Organized and systematic HPI that is clear and concise. Consists of a CC, and all appropriate information documented pertaining to the chief complaint (OLDCHARTS). Includes only and all pertinent positive and negative Hx information, as well as ROS. Appropriately utilizes medical terminology.	*Competent* - Generally organized and systematic HPI and CC that is mostly clear and concise. Includes mostly all appropriate information pertaining to the chief complaint (some components of OLDCHARTS missing). Some pertinent positive and negative Hx omitted and/or not relevant. Mostly pertinent ROS included. Mostly utilizes medical terminology.	*Needs Improvement* – Organization and systematic structure of the HPI and CC is lacking. Omits most components of information pertaining to the chief complaint (OLDCHARTS). Omits a most of the pertinent positive and negative Hx components. Mostly omits pertinent ROS. Rarely utilizes appropriate medical terminology.	*Not Acceptable* - Unsystematic, failed to accurately characterize the chief complaint, record a structured and concise HPI, and document pertinent and negative Hx and ROS information. Does not utilize appropriate medical terminology.

	Excellent - Organized and systematic recording of the PE. Includes all pertinent and only relevant areas of the exam. Utilizes appropriate medical terminology.	Competent - Generally organized and systematic recording of the PE. Mostly includes pertinent areas of the exam. Mostly uses appropriate medical terminology.	Needs Improvement - Not systematic in recording the PE but does record some pertinent areas. Rarely utilizes appropriate medical terminology.	Not Acceptable - Disorganized, omits pertinent areas of the PE, records several exam techniques inaccurately. Does not utilize appropriate medical terminology.
Objective Information				
Differential Diagnoses	Excellent – Includes *all* five listed differential diagnoses that are pertinent and reasonable to the case.	Competent – Only includes *4* listed differential diagnoses that are pertinent and reasonable to the case.	Needs Improvement – Only includes *3* listed differential diagnoses that are pertinent and reasonable to the case.	Not Acceptable – Only includes *2 or less* listed differential diagnoses that are pertinent and reasonable to the case.
Labs/Diagnostics	Excellent – Includes *all* pertinent laboratory and diagnostic studies pertaining to the case. If a diagnosis was made within the case, student also has results appropriately documented.	Competent – Missing a *few* pertinent laboratory and diagnostic studies pertaining to the case. If a diagnosis was made within the case, student also has results appropriately documented.	Needs Improvement – Missing *several* pertinent laboratory and diagnostic studies pertaining to the case. If a diagnosis was made within the case, student also has results appropriately documented.	Not Acceptable – Missing a *numerous* pertinent laboratory and diagnostic studies pertaining to the case and/or available results are not appropriately documented / omitted.
Assessment(s)	Excellent - Organized and systematic in recording decision making with a clear, accurate, and appropriately ranked working/final diagnosis(es) pertaining to the case.	Competent - Generally organized in characterization of the patient problem, records a reasonable working/final diagnosis(es) pertaining to the case.	Needs Improvement - Organization is lacking at times and working/final diagnosis could be more specific and/or additional diagnoses should be listed as it pertains to the case.	Not Acceptable - Disorganized in characterization of the patient problem and working/final diagnosis(es) is incorrect or not justified with case findings.
Treatment Plan	Excellent - Plan for treatment, follow-up, and referral (if indicated), is systematic and organized. No important aspects to plan are omitted and plan is written clearly with skill and appropriate language.	Competent - Plan for treatment, follow-up, and referral (if indicated), is generally organized. A few important aspects of the plan are omitted. Mostly utilizes appropriate language.	Needs Improvement - Plan for treatment, follow-up, and referral (if indicated), is somewhat organized, omits many important aspects of the plan and is written without appropriate language.	Not Acceptable - Plan for treatment, follow-up, and referral (if indicated), is disorganized. Numerous vital aspects to the plan are omitted. The plan is written without appropriate language.

	Excellent – Organized, and includes all pertinent patient education pertaining to the diagnoses, medications, clinical interventions, modifications/restrictions, preventative health, as well as address psychosocial factors when appropriate.	*Competent* – Generally organized, and includes most pertinent patient education pertaining to the diagnoses, medications, clinical interventions, modifications/restrictions, preventative health, as well as address psychosocial factors when appropriate.	*Needs Improvement* – Lack of organization, and omits most pertinent patient education pertaining to the diagnoses, medications, clinical interventions, modifications/restrictions, preventative health, as well as address psychosocial factors when appropriate.	*Not Acceptable* - Disorganized, and omits pertinent patient education pertaining to the diagnoses, medications, clinical interventions, modifications/restrictions, preventative health, as well as address psychosocial factors when appropriate.
Patient Education				
Standards of Care	*Excellent* – Includes a thorough description of Standards of Care for the all of the diagnosis(es) listed in assessment. Proper AMA citing of source(s) used listed.	*Competent* – Missing *a few* components to the Standards of Care for the all of the diagnosis(es) listed in assessment. Proper AMA citing of source(s) used listed.	*Needs Improvement* – Missing *several* components to the Standards of Care for the all of the diagnosis(es) listed in assessment. Proper AMA citing of source(s) used listed.	*Not Acceptable* – Missing *numerous* components to the Standards of Care for the all of the diagnosis(es) listed in assessment. Proper AMA citing of source(s) used listed.
PANCE Blueprint Topic and Task Areas				
Topic Relevancy	*Excellent*- Chosen topic has relevancy to the assigned area of medicine and is in the PANCE Blueprint.			*Not Acceptable*- Chosen topic is not relevant to the assigned area of medicine and/or is not in the PANCE Blueprint.
History Taking and Physical Examination	*Excellent*- Three (3) defining knowledge components (as detailed in the PANCE Blueprint) are addressed thoroughly and critically, specifying the application as it pertains to the chosen topic. Applicable clinical pearls for knowledge base and testing purposes are discussed.	*Competent*- Less than three (3) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are mostly thorough and critical in specifying the application as it pertains to the chosen topic. Some applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	*Needs Improvement* - Less than two (2) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are not thorough and critical in specifying the application as it pertains to the chosen topic. Lack of applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	*Not Acceptable*- Student does not cover the task area as it pertains to the topic.

Health Maintenance, Patient Education, and Preventative Measures	_Excellent_- Three (3) defining knowledge components (as detailed in the PANCE Blueprint) are addressed thoroughly and critically, specifying the application as it pertains to the chosen topic. Applicable clinical pearls for knowledge base and testing purposes are discussed.	_Competent_- Less than three (3) defining knowledge components (as detailed in the PANCE Blueprint) addressed _and/or_ those presented are mostly thorough and critical in specifying the application as it pertains to the chosen topic. Some applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	_Needs Improvement_ - Less than two (2) defining knowledge components (as detailed in the PANCE Blueprint) addressed _and/or_ those presented are not thorough and critical in specifying the application as it pertains to the chosen topic. Lack of applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	_Not Acceptable_- Student does not cover the task area as it pertains to the topic.
Using Diagnostics and Laboratory Studies	_Excellent_- Three (3) defining knowledge components (as detailed in the PANCE Blueprint) are addressed thoroughly and critically, specifying the application as it pertains to the chosen topic. Applicable clinical pearls for knowledge base and testing purposes are discussed.	_Competent_- Less than three (3) defining knowledge components (as detailed in the PANCE Blueprint) addressed _and/or_ those presented are mostly thorough and critical in specifying the application as it pertains to the chosen topic. Some applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	_Needs Improvement_ - Less than two (2) defining knowledge components (as detailed in the PANCE Blueprint) addressed _and/or_ those presented are not thorough and critical in specifying the application as it pertains to the chosen topic. Lack of applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	_Not Acceptable_- Student does not cover the task area as it pertains to the topic.
Formulating Most Likely Diagnosis	_Excellent_- Three (3) defining knowledge components (as detailed in the PANCE Blueprint) are addressed thoroughly and critically, specifying the application as it pertains to the chosen topic. Applicable clinical pearls for knowledge base and testing	_Competent_- Less than three (3) defining knowledge components (as detailed in the PANCE Blueprint) addressed _and/or_ those presented are mostly thorough and critical in specifying the application as it pertains to the chosen topic. Some applicable clinical pearls utilized for	_Needs Improvement_ - Less than two (2) defining knowledge components (as detailed in the PANCE Blueprint) addressed _and/or_ those presented are not thorough and critical in specifying the application as it pertains to the chosen topic. Lack of applicable clinical pearls utilized for	_Not Acceptable_- Student does not cover the task area as it pertains to the topic.

	purposes are discussed.	knowledge base and testing purposes are discussed.	knowledge base and testing purposes are discussed.	
Clinical Interventions	*Excellent*- Three (3) defining knowledge components (as detailed in the PANCE Blueprint) are addressed thoroughly and critically, specifying the application as it pertains to the chosen topic. Applicable clinical pearls for knowledge base and testing purposes are discussed.	*Competent*- Less than three (3) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are mostly thorough and critical in specifying the application as it pertains to the chosen topic. Some applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	*Needs Improvement* - Less than two (2) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are not thorough and critical in specifying the application as it pertains to the chosen topic. Lack of applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	*Not Acceptable*- Student does not cover the task area as it pertains to the topic.
Pharmaceutic al Therapeutics	*Excellent*- Three (3) defining knowledge components (as detailed in the PANCE Blueprint) are addressed thoroughly and critically, specifying the application as it pertains to the chosen topic. Applicable clinical pearls for knowledge base and testing purposes are discussed.	*Competent*- Less than three (3) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are mostly thorough and critical in specifying the application as it pertains to the chosen topic. Some applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	*Needs Improvement* - Less than two (2) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are not thorough and critical in specifying the application as it pertains to the chosen topic. Lack of applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	*Not Acceptable*- Student does not cover the task area as it pertains to the topic.
Professional Practice	*Excellent*- Three (3) defining knowledge components (as detailed in the PANCE Blueprint) are addressed thoroughly and critically, specifying the application as it pertains to the chosen topic. Applicable clinical	*Competent*- Less than three (3) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are mostly thorough and critical in specifying the application as it pertains to the	*Needs Improvement* - Less than two (2) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are not thorough and critical in specifying the application as it pertains to the	*Not Acceptable*- Student does not cover the task area as it pertains to the topic.

	pearls for knowledge base and testing purposes are discussed.	chosen topic. Some applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	chosen topic. Lack of applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	
Applying Basic Scientific Concepts	*Excellent*- Three (3) defining knowledge components (as detailed in the PANCE Blueprint) are addressed thoroughly and critically, specifying the application as it pertains to the chosen topic. Applicable clinical pearls for knowledge base and testing purposes are discussed.	*Competent*- Less than three (3) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are mostly thorough and critical in specifying the application as it pertains to the chosen topic. Some applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	*Needs Improvement* - Less than two (2) defining knowledge components (as detailed in the PANCE Blueprint) addressed *and/or* those presented are not thorough and critical in specifying the application as it pertains to the chosen topic. Lack of applicable clinical pearls utilized for knowledge base and testing purposes are discussed.	*Not Acceptable*- Student does not cover the task area as it pertains to the topic.
Presentation Components				
Oral Presentation Skills	*Excellent* – Student presents in an articulate nature and utilizes eye contact. Does not read from prompts. Utilizes appropriate language and medical terminology.	*Competent* – Student presents mostly in an articulate nature with eye contact. Occasionally reads from prompts with mostly appropriate language and medical terminology.	*Needs Improvement* – Student presents some information in an articulate nature. Minimal eye contact and mostly read from prompts and omits appropriate language and medical terminology.	*Not Acceptable* - Overall lack of utilizing articular language, eye contact, and only read from prompts. Lack of appropriate language and medical terminology.
Audience Interaction	*Excellent* - Student engages the audience in topics throughout the presentation and promotes questions/discussions.	*Competent* - Student mostly engages the audience in topics throughout most of the presentation and promotes some questions/discussions.	*Needs Improvement* - Student somewhat engages the audience in topics throughout some of the presentation and do not promotes questions/discussions.	*Not Acceptable* - Overall lack of engaging peers in the topic and questions/discussions.
Professionalism	*Excellent* - Student remains well spoken, conduct the presentation free of bias, and dressed in appropriate attire (business casual)	*Competent* - Student mostly remains well spoken, conduct the presentation free of bias, and are in appropriate attire (business casual)	*Needs Improvement* - Student remains well spoken, conduct the presentation free of bias, and are in appropriate attire (business casual)	*Not Acceptable* - Overall lack of presentation, participation, professional appearance/attire, and language.

	throughout the entire presentation.	throughout the entire presentation.	some of the time throughout the presentation.	

Grade:_____/100

Instructor:_____

Comments:

Appendix J: Clinical Year EXXAT Documents Rubric

Exxat Documents Rubric (CORE and Elective Rotations)			
Student Name:			
Rotation #:			
Assignment	**Points**	**Earned**	**If late, document date and time**
Calendar	3		
Mid-Rotation Preparedness Assessment	3		
Mid-Rotation Student Reflection	5		
Patient Log Week 1	1		
Patient Log Week 2	1		
Patient Log Week 3	1		
Patient Log Week 4	1		
Patient Log Week 5	1		
Timesheet Week 1	1		
Timesheet Week 2	1		
Timesheet Week 3	1		
Timesheet Week 4	1		
Timesheet Week 5	1		
Student Evaluation of the Site/Preceptor	4		
Total Points	25		

Exxat Documents Rubric (Special Populations Rotations)			
Student Name:			
Rotation #:			
Assignment	**Points**	**Earned**	**If late, document date and time**
Calendar	3		
Patient Log Week 1	1.5		
Patient Log Week 2	1.5		
Patient Log Week 3	1.5		
Timesheet Week 1	1.5		
Timesheet Week 2	1.5		
Timesheet Week 3	1.5		
Student Evaluation of the Site/Preceptor	5		
Total Points	17		

Appendix K: Clinical Year *Special Populations* Reflection Paper Rubric

Name:	Excellent 10 points	Good 8 points	Fair 6 points	Poor 4 points
Introduction	Gains attention and clearly shows what essay will cover.	Includes topic and somewhat draws in the reader.	Topic mentioned but lack of attention getting information.	No introduction
Details and Examples	Information supported with examples from the appropriate resources. Insightful connections are made between the special population and healthcare disparities.	Information is somewhat supported, but the support could be stronger. A few insightful connections are made between the health care disparities and special population seen through the rotation.	Information is weakly supported and is minimally supported. Only one insightful connection is made.	Information is never clearly addressed in the paper. The examples used do not support. There are no insightful connections of healthcare disparities.
Organization/ Structure	Each paragraph flows to the next paragraph using transitions. Paragraphs follow a logical order.	Some paragraphs flow to the next paragraph. Most paragraphs follow a logical order.	Paragraphs do not follow a logical order. Paragraphs are out of order. Ideas are not logically categorized in paragraphs.	Paragraph form is not used.
Conclusion	Conclusion ties the body of the essay to the introduction.	Closing gives some clarity of topic and main idea. Gives closure to paragraph.	Closing is poorly connected to relevant topics and gives no closure to paragraph.	There is no closing present.
Mechanics	No Errors in punctuation, spelling, grammar. Appropriate citations provided.	A few minor errors in punctuation, spelling, grammar, or capitalization.	A few errors in punctuation, grammar, spelling, and capitalization that from the overall flow of the paper.	Distracting and major errors in grammar, punctuation, spelling, and capitalization.
Special Needs Population Component	Thoroughly addresses the population chosen during the rotation with significant examples of health care disparities affecting the population.	Addresses the population but lacking some detail in regards to the population or healthcare disparities affecting that population.	Minimal examples in regards to the special population seen during the rotation with little information about the healthcare disparities.	Little to no information about the special population or about health care disparities.

Total:_____/60

Appendix L: Class of 2026 Clinical Year Rotation Schedule

Rotation #	ROTATION DATES
1	May 12, 2025 – June 11, 2025
2	June 16, 2025 – July 16, 2025
3	July 21, 2025 – August 8, 2025 *Special Populations Rotation:* **No Call-Back Days**
4	August 25, 2025 – September 24, 2025
5	September 29, 2025 – October 29, 2025
6	November 3, 2025 – December 3, 2025
7	December 8, 2025 – December 26, 2025 *Special Populations Rotation:* **No Call-Back Days**
8	January 19, 2026 – February 18, 2026
9	February 23, 2026 – March 25, 2026
10	March 30, 2026 – April 29, 2026

Appendix M: Class of 2026 Clinical Year Assessment/Assignment Due Dates Outline

Appendix M: Class of 2026 Clinical Year Assessment/Assignment Due Dates Outline

	Assignment	Due Date
Rotation 1		
	Week 1	
	Calendar	Friday, May 16th, 2025 11:59PM
	Timesheet Week 1	Friday, May 16th, 2025 11:59PM
	Week 2	
	Patient Log Week 1	Monday, May 19th, 2025 9:00AM
	SOAP Note	Friday, May 23rd, 2025 11:59PM
	Timesheet Week 2	Friday, May 23rd, 2025 11:59PM
	Mid-Rotation Self-Assessment/Reflection	Friday, May 23rd, 2025 11:59PM
	Week 3	
	Patient Log Week 2	Monday, May 26th, 2025 9:00AM
	H & P/Written Case	Friday, May 30th, 2025 11:59 PM
	Timesheet Week 3	Friday, May 30th, 2025 11:59 PM
	Week 4	
	Patient Log Week 3	Monday, June 2nd, 2025 9:00AM
	Timesheet Week 4	Friday, June 6th, 2025 11:59PM
	ROSH Questions	Friday, June 6th, 2025 11:59PM
	Week 5	
	Patient Log Week 4	Monday, June 9th, 2025 9:00AM
	Timesheet Week 5	Wednesday, June 11th, 2025 11:59PM
	Patient Log Week 5	Wednesday, June 11th, 2025 11:59PM
	Site Evaluation	Wednesday, June 11th, 2025 11:59PM
Rotation 2	Assignment	Due Date
	Week 1	
	Calendar	Friday, June 20th, 2025 11:59PM
	Timesheet Week 1	Friday, June 20th, 2025 11:59PM
	Week 2	
	Patient Log Week 1	Monday, June 23rd, 2025 9:00AM
	SOAP Note	Friday, June 27th, 2025 11:59PM
	Timesheet Week 2	Friday, June 27th, 2025 11:59PM
	Mid-Rotation Self-Assessment/Reflection	Friday, June 27th, 2025 11:59PM
	Week 3	
	Patient Log Week 2	Monday, June 30th, 2025 9:00AM
	H & P/Written Case	Friday, July 4th, 2025 11:59PM

	Assignment	Due Date
	Timesheet Week 3	Friday, July 4th, 2025 11:59PM
	Week 4	
	Patient Log Week 3	Monday, July 7th, 2025 9:00AM
	Timesheet Week 4	Friday, July 11th, 2025 11:59PM
	ROSH Questions	Friday, July 11th, 2025 11:59PM
	Week 5	
	Patient Log Week 4	Monday, July 14th, 2025 9:00AM
	Timesheet Week 5	Wednesday, July 16th, 2025 11:59PM
	Patient Log Week 5	Wednesday, July 16th, 2025 11:59PM
	Site Evaluation	Wednesday, July 16th, 2025 11:59PM
Rotation 3	**Assignment**	**Due Date**
	Week 1	
	Calendar	Friday, July 25th, 2025 11:59PM
	Timesheet Week 1	Friday, July 25th, 2025 11:59PM
	Week 2	
	Patient Log Week 1	Monday, July 28th, 2025 9:00AM
	Timesheet Week 2	Friday, August 1st, 2025 11:59PM
	Week 3	
	Patient Log Week 2	Monday, August 4th, 2025 9:00AM
	Timesheet Week 3	Friday, August 8th, 2025 11:59PM
	Patient Log Week 3	Friday, August 8th, 2025 11:59PM
	Reflection Paper	Friday, August 8th, 2025 11:59PM
	Site-Evaluation	Friday, August 8th, 2025 11:59PM
Rotation 4	**Assignment**	**Due Date**
	Week 1	
	Calendar	Friday, August 29th, 2025 11:59PM
	Timesheet Week 1	Friday, August 29th, 2025 11:59PM
	Week 2	
	Patient Log Week 1	Monday, September 1st, 2025 9:00AM
	SOAP Note	Friday, September 5th, 2025 11:59PM
	Timesheet Week 2	Friday, September 5th, 2025 11:59PM
	Mid-Rotation Self-Assessment/Reflection	Friday, September 5th, 2025 11:59PM
	Week 3	
	Patient Log Week 2	Monday, September 8th, 2025 9:00AM
	H & P/Written Case	Friday, September 12th, 2025 11:59PM
	Timesheet Week 3	Friday, September 12th, 2025 11:59PM
	Week 4	
	Patient Log Week 3	Monday, September 15th,2025 9:00AM
	Timesheet Week 4	Friday, September 19th, 2025 11:59PM
	ROSH Questions	Friday, September 19th, 2025 11:59PM

	Week 5	
	Patient Log Week 4	Monday, September 22nd, 2025 9:00AM
	Timesheet Week 5	Wednesday, September 24th, 2025 11:59PM
	Patient Log Week 5	Wednesday, September 24th, 2025 11:59PM
	Site-Evaluation	Wednesday, September 24th, 2025 11:59PM
Rotation 5	**Assignment**	**Due Date**
	Week 1	
	Calendar	Friday, October 3rd, 2025 11:59PM
	Timesheet Week 1	Friday, October 3rd, 2025 11:59PM
	Week 2	
	Patient Log Week 1	Monday, October 6th, 2025 9:00AM
	SOAP Note	Friday, October 10th, 2025 11:59PM
	Timesheet Week 2	Friday, October 10th, 2025 11:59PM
	Mid-Rotation Self-Assessment/Reflection	Friday, October 10th, 2025 11:59PM
	Week 3	
	Patient Log Week 2	Monday, October 13th, 2025 9:00AM
	H & P/Written Case	Friday, October 17th, 2025 11:59PM
	Timesheet Week 3	Friday, October 17th, 2025 11:59PM
	Week 4	
	Patient Log Week 3	Monday, October 20th, 2025 9:00AM
	Timesheet Week 4	Friday, October 24th, 2025 11:59PM
	ROSH Questions	Friday, October 24th, 2025 11:59PM
	Week 5	
	Patient Log Week 4	Monday, October 27th, 2025 9:00AM
	Timesheet Week 5	Wednesday, October 29th, 2025 11:59PM
	Patient Log Week 5	Wednesday, October 29th, 2025 11:59PM
	Site-Evaluation	Wednesday, October 29th, 2025 11:59PM
Rotation 6	**Assignment**	**Due Date**
	Week 1	
	Calendar	Friday, November 7th, 2025 11:59PM
	Timesheet Week 1	Friday, November 7th, 2025 11:59PM
	Week 2	
	Patient Log Week 1	Monday, November 10th, 2025 9:00AM
	SOAP Note	Friday, November 14th, 2025 11:59PM
	Timesheet Week 2	Friday, November 14th, 2025 11:59PM
	Mid-Rotation Self-Assessment/Reflection	Friday, November 14th, 2025 11:59PM
	Week 3	
	Patient Log Week 2	Monday, November 17th, 2025 9:00AM
	H & P/Written Case	Friday, November 21st, 2025 11:59PM
	Timesheet Week 3	Friday, November 21st, 2025 11:59PM

	Week 4	
	Patient Log Week 3	Monday, November 24th, 2025 9:00AM
	Timesheet Week 4	Friday, November 28th, 2025 11:59PM
	ROSH Questions	Friday, November 28th, 2025 11:59PM
	Week 5	
	Patient Log Week 4	Monday, December 1st, 2025 9:00AM
	Timesheet Week 5	Wednesday, December 3rd, 2025 11:59PM
	Patient Log Week 5	Wednesday, December 3rd, 2025 11:59PM
	Site-Evaluation	Wednesday, December 3rd, 2025 11:59PM
Rotation 7	**Assignment**	**Due Date**
	Week 1	
	Calendar	Friday, December 12th, 2025 11:59PM
	Timesheet Week 1	Friday, December 12th, 2025 11:59PM
	Week 2	
	Patient Log Week 1	Monday, December 15th, 2025 9:00AM
	Timesheet Week 2	Friday, December 19th, 2025 11:59PM
	Week 3	
	Patient Log Week 2	Monday, December 22nd, 2025 9:00AM
	Timesheet Week 3	Friday, December 26th, 2025 11:59PM
	Patient Log Week 3	Friday, December 26th, 2025 11:59PM
	Reflection Paper	Friday, December 26th, 2025 11:59PM
	Site-Evaluation	Friday, December 26th, 2025 11:59PM
Rotation 8	**Assignment**	**Due Date**
	Week 1	
	Calendar	Friday, January 23rd, 2026 11:59PM
	Timesheet Week 1	Friday, January 23rd, 2026 11:59PM
	Week 2	
	Patient Log Week 1	Monday, January 26th, 2026 9:00AM
	SOAP Note	Friday, January 30th, 2026 11:59PM
	Timesheet Week 2	Friday, January 30th, 2026 11:59PM
	Mid-Rotation Self-Assessment/Reflection	Friday, January 30th, 2026 11:59PM
	Week 3	
	Patient Log Week 2	Monday, February 2nd, 2026 9:00AM
	H & P/Written Case	Friday, February 6th, 2026 11:59PM
	Timesheet Week 3	Friday, February 6th, 2026 11:59PM
	Week 4	
	Patient Log Week 3	Monday, February 9th, 2026 9:00AM
	Timesheet Week 4	Friday, February 13th, 2026 11:59PM
	ROSH Questions	Friday, February 13th, 2026 11:59PM
	Week 5	

	Patient Log Week 4	Monday, February 16th, 2026 9:00AM
	Timesheet Week 5	Wednesday, February 18th, 2026 11:59PM
	Patient Log Week 5	Wednesday, February 18th, 2026 11:59PM
	Site-Evaluation	Wednesday, February 18th, 2026 11:59PM
Rotation 9	**Assignment**	**Due Date**
	Week 1	
	Calendar	Friday, February 27th, 2026 11:59PM
	Timesheet Week 1	Friday, February 27th, 2026 11:59PM
	Week 2	
	Patient Log Week 1	Monday, March 2nd, 2026 9:00AM
	SOAP Note	Friday, March 6th, 2026 11:59PM
	Timesheet Week 2	Friday, March 6th, 2026 11:59PM
	Mid-Rotation Self-Assessment/Reflection	Friday, March 6th, 2026 11:59PM
	Week 3	
	Patient Log Week 2	Monday, March 9th, 2026 9:00AM
	H & P/Written Case	Friday, March 13th, 2026 11:59PM
	Timesheet Week 3	Friday, March 13th, 2026 11:59PM
	Week 4	
	Patient Log Week 3	Monday, March 16th, 2026 9:00AM
	Timesheet Week 4	Friday, March 20th, 2026 11:59PM
	ROSH Questions	Friday, March 20th, 2026 11:59PM
	Week 5	
	Patient Log Week 4	Monday, March 23rd, 2026 9:00AM
	Timesheet Week 5	Wednesday, March 25th, 2026 11:59PM
	Patient Log Week 5	Wednesday, March 25th, 2026 11:59PM
	Site-Evaluation	Wednesday, March 25th, 2026 11:59PM
Rotation 10	**Assignment**	**Due Date**
	Week 1	
	Calendar	Friday, April 3rd, 2026 11:59PM
	Timesheet Week 1	Friday, April 3rd, 2026 11:59PM
	Week 2	
	Patient Log Week 1	Monday, April 6th, 2026 9:00AM
	SOAP Note	Friday, April 10th, 2026 11:59PM
	Timesheet Week 2	Friday, April 10th, 2026 11:59PM
	Mid-Rotation Self-Assessment/Reflection	Friday, April 10th, 2026 11:59PM
	Week 3	
	Patient Log Week 2	Monday, April 13th, 2026 9:00AM
	H & P/Written Case	Friday, April 17th, 2026 11:59PM
	Timesheet Week 3	Friday, April 17th, 2026 11:59PM
	Week 4	

	Patient Log Week 3	Monday, April 20th, 2026 9:00AM
	Timesheet Week 4	Friday, April 24th, 2026 11:59PM
	ROSH Questions	Friday, April 24th, 2026 11:59PM
	Week 5	
	Patient Log Week 4	Monday, April 27th, 2026 9:00AM
	Timesheet Week 5	Wednesday, April 29th, 2026 11:59PM
	Patient Log Week 5	Wednesday, April 29th, 2026 11:59PM
	Site-Evaluation	Wednesday, April 29th, 2026 11:59PM

Appendix N: Incident Report

Slippery**Rock**
University ℠

Accident/Incident Report Form
(For Use by Slippery Rock Employees, Students, Visitors)

Instructions for Report Completion: Slippery Rock University employees, students and visitors are to complete this Accident/Incident form as soon as possible, preferable within twenty-four (24) hours of the accident/incident and send to the Director of Environmental Health and Safety, Slippery Rock University, Stores 1 Building, 145 Kiester Road, Slippery Rock, PA 16057. Phone: 724-738-2465 FAX 724-738-2540. PLEASE PRINT ALL INFORMATION.

IMPORTANT: **All SRU Employees must sign the form and also obtain their supervisor's signature on this report form.**

_____

 INDIVIDUAL IDENTIFICATION

1. Date/Time of Accident/Incident_____
2. Full Name_____
3. Street Address_____
4. City/State/Zip Code_____
5. Home Phone Number_____
6. Cell Phone Number_____
7. Work Phone Number_____
8. Email Address_____
9. Date of Birth_____
10. Job Title_____
11. Male Female (Circle One)

ACCIDENT/INCIDENT INFORMATION

12. Location of Accident/Incident (Indoors provide building, room number or area, such as stairs, hallway, etc… Outdoors describe area :_____

_____
_____
_____

13. Were you performing regular job duties at the time of the accident/incident? □ Yes
　　　　　□ No　　　　　□ Not Applicable

14. Did injury occur?　　　□ Yes　　　　□ No

15. Did property loss or damage occur?　　□ Yes　　　　　□ No

16. Please describe details of the accident/incident:_____

_____
_____
_____
_____
_____
_____
_____

17. If property damage occurred, please describe as best as possible:

_____
_____
_____
_____
_____
_____

18. Were there any witnesses?　　　□ Yes　　　　　□ No

Name and phone number of any witnesses (if applicable):

_____
_____

19. If injury occurred, please indicate location:　　　□ Left　□ Right

□Hand □Finger □Arm　　　　□Elbow □Wrist
□Shoulder　　□Neck □Face □Teeth □Eye
□Foot　　　　□Toe　　　□Leg　　　　□Knee □Ankle
□Head □Ear　　　　□Nose □Throat　　□Lungs
□Abdomen　　□Groin □Lwr Back　　□MidBack　　□Upper Back

20. Describe injury (Cut, sprain, burn, exposure, etc…):_____

_____

_____

21. Did the accident involve a slip, trip or fall?　　□Yes　　　　□ No

22. Did the accident involve lifting?　　　　　　□ Yes　　　　□ No

23. Is this type of work performed regularly?　　□ Yes　　　　□ No

24. If injury occurred, did it appear immediately? □ Yes　　□ No

INFORMATION REGARDING MEDICAL TREATMENT/MISSED WORK TIME

25. Were you evaluated/treated by a medical provider/physician?

　　　　　　　　　　　　　　　　　　□ Yes　　　□ No

If yes, physician's name and phone number_____

_____

Date(s) of treatment_____

26. Did you go to a hospital?　　　　□ Yes　　　□ No

If yes, Date & Hospital name_____

_____

27. Did you miss work?　　　□ Yes　　　□ No

If yes, work days/time missed_____

Last day worked_____

Return to work date_____

28. If injury occurred, did it aggravate a previous injury?

Signature/Authorization

I certify that the information set forth is true and correct to the best of my knowledge. By signing this form as an employee, I authorize any person(s) who hereafter provided medical attention, examination or treatment, or who may possess information or knowledge which may be used to render a decision in my claim for injury/disease of_____ (date), to disclose such information or knowledge to my employer and/or to any other agency contracted with by my employer to investigate this health claim. By signing this form as a non- employee, I authorize any person(s) who hereafter provided medical attention, examination or treatment, to disclose such information to Slippery Rock University upon written request.

Name _____ Date_____

　　　　　　(Print)

Signature_____

SRU Employees Only:

Employee's Department_____

Supervisor Name_____ Campus Extension_____

Supervisor Instructions: Please review circumstances of accident/injury with employee and include any actions if applicable that have been/will be taken to prevent future occurrence:

Supervisor's Signature_____

EHS Use Only

Accident/Injury Review Performed _____
                                                            Date

Injury obtained in the normal course of the employee's job duties?
         □ Yes   □ No   □ Not Applicable

Accident/Injury Reviewed by_____
                                                    EHS personnel

Workers' Compensation Claim

Worker's Compensation Claim Filed on _____(Date)

Claim #_____

Claim filed by_____
                          EHS personnel

Appendix O: Clinical Year Absence Form

Documentation of Student Absence

Name of Student: _____

Year: Clinical Year

Date of Absence: _____

Reason for Absence:

Sick ☐   Bereavement ☐   Pre-approved Absence (Max: 2) ☐

Academic Requirements Missed:

Rotation #	Rotation Area of Medicine	Instructor of Record Signature

☐ I understand the Clinical Year Absence Policy as stated above in Section 5 of this Clinical Clerkship Manual.

_____   Date: _____

Student Requesting Absence

_____   Date: _____

Academic Advisor

_____   Date: _____

Program Director

Appendix P: Accommodations

Slippery Rock University strives to make all learning experiences as accessible as possible. If you anticipate or experience academic barriers based on your disability (including mental health, chronic or temporary medical conditions), please inform the Office of Disability Services (ODS) immediately to discuss your specific needs. In order to coordinate reasonable accommodations for a documented disability, please contact ODS at 724-738-4877 or room 105 University Union. Refer to the Slippery Rock University Physician Assistant Program Policy Manual for any additional information.

http://www.sru.edu/offices/students-with-disabilities-office-for

http://www.sru.edu/academics/academic-services/services-for-students-with-disabilities

Appendix Q: SRU MPAS Program Technical Standards

Slippery Rock University Physician Assistant Program Technical Standards

A candidate for the Master of Science in Physician Assistant Studies degree at Slippery Rock University must demonstrate the ability to acquire the knowledge, attitudes, and skills necessary to complete the core educational requirements. The following abilities and characteristics, defined as technical standards, are requirements for admission, retention, promotion, and graduation. The technical standards are **not intended to deter** any candidate from applying, for whom reasonable accommodation will allow the successful completion of the program. All students are asked to attest to their ability to meet the technical standards on a yearly basis.

Observation: Students should be able to obtain information from demonstrations and experiments in the basic sciences. Students should be able to assess a patient and evaluate findings accurately. These skills require the use of vision, hearing, and touch or the functional equivalent.

Communication: Students should be able to communicate with patients in order to elicit information, detect and succinctly and effectively document changes in mood and activity. Students must be able to be able to perceive and appropriately respond to the patient in order to establish a therapeutic relationship and to communicate in person and in writing via English. Students must be able to establish rapport and maintain sensitive, interpersonal relationships with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.

Motor: Students should, after a defined period of time, possess the capacity to perform a physical examination including diagnostic maneuvers. Students should be able to execute all motor movements with the strength and dexterity required to provide both general and emergent care to patients at a level consistent with currently accepted standards of medical practice. Such actions require coordination of both gross and fine muscular movements balance and equilibrium sufficient to safely provide this level of care.

Intellectual; Conceptual; Integrative and Quantitative: Students should be able to assimilate detailed and complex information presented in both didactic and clinical coursework, and engage in problem solving. As such, all students must be able to: measure, calculate, analyze, and synthesize subjective and objective data, comprehend three-dimensional relationships and understand the spatial relationships of structures, making decisions about patient care through the thoughtful deliberation and integration of all these elements, with the knowledge of the foundational biomedical and clinical sciences. Students must be able to read and search the medical literature independently, and apply findings to the diagnosis and treatment of patients. In addition, students should be able to adapt to different learning environments and modalities.

Social and Behavioral: Students must exhibit sufficient maturity and emotional stability to enable full utilization of their intellectual abilities, which includes, but is not limited to, the exercise of good judgment and the prompt completion of responsibilities associated with the diagnosis and care of patients. Students must exhibit integrity, honesty, professionalism, compassion, and are expected to display a spirit of cooperation and teamwork. Students should be able to tolerate physically taxing workloads and to function effectively under stress. They should be able to adapt to changing environments, to display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Students must accept responsibility for learning and exercising good judgment and are expected to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes.

Ethics and professionalism: Students should maintain and display ethical and moral behaviors commensurate with the role of a physician assistant in all interactions including physical and virtual platforms with patients, faculty, staff, students and the public. The student is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession at all times.

All students must meet the technical standards delineated above with or without accommodation. The Slippery Rock University Physician Assistant program recognizes the value that comes from a learning diverse student body, including students with disabilities.

Students who, after review of the technical standards determine that they require accommodation to fully engage in the program, should contact the ODS office to confidentially discuss their accommodations needs. All requests will be considered on a case by case basis. Given the clinical nature of the program, additional time may be needed to implement accommodations. Accommodations are never retroactive; therefore, timely requests are essential.

Office of Disability Services (ODS)
Dr. Natalie Burick
Natalie.burick@sru.edu
724-738-4877
https://www.sru.edu/offices/students-with-disabilities-office-for

Appendix R: Clinical Clerkship Manual Student Acknowledgement Form

PA PROGRAM CLINICAL CLERKSHIP MANUAL RECEIPT AND ACKNOWLEDGEMENT

I acknowledge that I have received and read the 2025-2026 PA Program Clinical Clerkship Manual. I have had an opportunity to have any questions answered with regard to its content.

I have been made aware that I am bound by policies and procedures contained in the SRU PA Program Clinical Clerkship Manual. The MSPAS program reserves the right to update the PA Program Clinical Clerkship without prior notice. The most recent PA Program Clinical Clerkship Manual will supersede all previously distributed versions. My continuation in the MSPAS program will be contingent upon submission of a signed and dated 'Receipt and Acknowledgement' form for the most recent update of the PA Program Clinical Clerkship Manual.

Please check mark that you have reviewed each section in its entirety.

Section 1: Introduction to Clinical Year	☐
Section 2: General Goals of the Clinical Year	☐
Section 3: Physician Assistant Student Scope of Practice	☐
Section 4: Student Responsibilities	☐
Section 5: Attendance	☐
Section 6: Clinical Rotation Placement and Scheduling	☐
Section 7: Pre-Rotation Clinical Requirements	☐
Section 8: Student Safety	☐
Section 9: Clinical Year Sequence	☐
Section 10: Clinical Preceptor Responsibilities	☐
Section 11: Program Responsibilities	☐
Section 12: Clinical Rotation Assessments and Assignments	☐
Appendix A: SRU MSPAS Program Learning Outcomes	☐
Appendix B: Rotation-Specific Instructional Objectives and Learning Outcomes	☐
Appendix C: Procedural Skills for Clinical Year Completion	☐
Appendix D: Rotation-Specific Preceptor Evaluations	☐
Appendix E: Mid-Rotation Preceptor Assessment of Preparedness Reflection Questions and Rubric	☐
Appendix F: Problem-focused SOAP Note Rubric	☐
Appendix G: Written Complete History and Physical Exam Rubric	☐
Appendix H: Oral Case Presentation Rubric	☐
Appendix I: Elective Rotation: Patient-Centered PANCE Presentation Rubric	☐
Appendix J: Clinical Year EXXAT Documents Rubric	☐
Appendix K: Clinical Year Special Populations Reflection Rubric	☐
Appendix L: Class of 2026 Clinical Year Rotation Schedule	☐
Appendix M: Class of 2026 Clinical Year Assessment/Assignment Due Dates	☐

Appendix N: Incident Report	☐
Appendix O: Absence Form	☐
Appendix P: Accommodations	☐
Appendix Q: SRU MPAS Program Technical Standards	☐

I have fully read and reviewed all details of this Clinical Clerkship Manual as noted above. I agree to abide by the policies and procedures contained therein. I additionally have successfully completed and passed the Clinical Clerkship Manual Quiz within the Class of 2026 D2L Shell.

_____

Printed Name

_____   _____

Signature   Date