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**PHYSICIAN ASSISTANT  
PROGRAM**

**CLINICAL HANDBOOK**  
**CLASS OF 2028**

This Clinical Handbook will be your primary source of information during the clinical year. The Brescia University Physician Assistant Program will expect you to refer to it prior to calling or emailing with a question.

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## **General Information**

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**PURPOSE**

The Clinical Phase of the Brescia University Physician Assistant Program consists of 40 weeks of supervised clinical practice experiences referred to as rotations. Clinical rotations enable students to integrate and apply their didactic knowledge in the evaluation, diagnosis and treatment of patients in a supervised clinical setting. Students complete rotations with providers practicing in multiple disciplines to obtain exposure to and care for a diverse patient population.

Also included in the clinical curriculum are the Capstone and Summative courses. The Capstone courses build on the didactic course PA 654 Public Health and Medical Research and gives students an opportunity to formulate and present a project based on their earlier research proposal from the previous course. PA 690 Summative will evaluate the students' knowledge and skills they have acquired throughout their time in the program as they prepare to enter the workforce as newly graduated PAs.

The clinical experiences are designed to build competence in fundamental clinical skills through practice and feedback, and to enhance confidence in preparation for graduation and practice.

This manual outlines the policies, procedures, student requirements and expectations for the clinical phase of the program. It is meant to supplement the Brescia University Physician Assistant Program Policies and Guidelines Handbook and the Clinical Rotation Syllabi. All policies from the Policies and Guidelines Handbook not addressed in this manual shall remain in effect.

Periodically, additional policies and/or procedures may be established or changes made in the program curricula. All changes or additions will be shared with the student via e-mail as they become effective.

**CLINICAL DEPARTMENT ROLE DELINEATIONS**

Each member of the Clinical Department has differing roles. Each position in the Department is responsible for the following:

**Clinical Coordinator**

- Clinical site and preceptor maintenance (contact for site specific credentialing requirements, preceptor applications, licenses, and certifications)
- Monitor course grading and completion of Technical Skills List and program defined competencies
- Develop new clinical sites
- Monitor established clinical sites
- Track affiliation agreements
- Monitor *CORE* preceptor and clinical site alarms
- Perform clinical site visits
- Credential students for clinical rotations at various health facilities on board with the program

- Coordinate student clinical rotation schedules
- Coordinate end-of-rotation and Summative examination schedules

**Medical Director**

- Develop new clinical sites and clinical sites
- Monitor established clinical sites
- Perform clinical site visits

**Program Faculty**

- Perform clinical site visits

**Course Directors**

- Post clinical rubrics
- Remediation

## SECTION 2: STUDENT SAFETY, GRIEVANCE PROCEDURES, IMPORTANT CONTACTS

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### **SAFETY**

#### **Security**

As directed by federal law, Brescia University requires information be available to students regarding safety policies and procedures for all clinical sites, including criminal action reports, site specific security protocols, and law enforcement. In the event of a safety concern, students should notify the point of contact at the clinical site listed in *CORE* and the Clinical Coordinator. Security information will be found for each clinical site in *CORE*. All safety and security concerns and incidents must be reported to the Clinical Coordinator by utilizing the Program Incident Form located in Appendix G.

(Please refer to the Safety and Security section of the Brescia University Student Handbook for additional information.)

### **SEXUAL HARASSMENT, MISCONDUCT, SEXUAL ASSAULT, AND RELATIONSHIP VIOLENCE**

*Standard A1.02 The sponsoring institution is responsible for: j) defining, publishing, making readily available and consistently applying to students, its policies and procedures for processing student allegations of harassment.*

*Standard A3.15 The program must define, publish, consistently apply and make readily available to students upon admission: f) policies and procedures for allegations of student mistreatment.*

The harassment, sexual misconduct and relationship violence policies at Brescia University are defined in the Brescia University Student Handbook (<https://students.brescia.edu/wp-content/uploads/sites/2/2024-2025-Brescia-University-Student-Handbook.pdf>) as follows:

Note: Due to the ever-changing law and requirements of Title IX, the Campus SaVE Act, and Violence Against Women Act, the most up to date policies for sexual misconduct, sexual assault, and relationship violence may be found at <https://www.brescia.edu/title-ix-sexual-harassment-misconduct-and-assault> on the Brescia University website. Students may request a printed copy of the University's policies at the Office of Student Affairs.

#### **Title IX: Harassment**

Brescia University does not condone harassment of any kind, against any group or individual, because of race, color, religion, national origin, ethnic identification, age, disability, genetic information, gender, or sexual orientation. The University's ability to achieve its mission is dependent on the cooperative efforts of its faculty, staff and students. For such cooperation to exist, an atmosphere of professionalism, marked by mutual trust and respect is essential. Harassment, conduct which violates this atmosphere, is unprofessional, illegal, and unethical. It is unacceptable behavior and will not be tolerated. Brescia University prohibits such conduct by anyone including but not limited to: faculty, staff, students, managers, supervisors, co-workers, or non-employees such as visitors, vendors, and contractors.

Harassment is generally defined as an act or communication causing emotional stress specifically addressed to individuals or groups intended to harass, intimidate, or humiliate an individual or group. Examples of impermissible harassment include, but are not limited to:

1. The use of physical force or violence to restrict the freedom of movement of another person or to endanger the health and safety of another person based on that person's gender, ethnicity, et al;
2. Physical or verbal behavior that involves an express or implied threat to interfere or has as its purpose or has the reasonably foreseeable effect of interfering with an individual's personal safety, academic efforts, employment, participation in University-sponsored extracurricular activities because of that individual's race, color, etc. and which causes that individual to have a reasonable apprehension that harm is about to occur;
3. Any type of conduct that has the effect of unreasonably interfering with an individual's academic performance or creates an intimidating, hostile or offensive learning environment; or
4. Epithets, slurs, or derogatory comments based on a person's race, color, etc.

Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature, which continues when requested to cease when:

1. Where submission to such conduct is made either explicitly or implicitly a term or condition of a student's academic advancement;
2. Where submission to or rejection of such conduct by an individual is used as a basis for decisions affecting such academic advancement;
3. Where such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive learning environment;
4. Sexual flirtations, touching, advances, or propositions;
5. Verbal abuse of a sexual nature;
6. Graphic or suggestive comments about an individual's dress or body;
7. Sexually degrading words to describe an individual; or
8. The display of sexually suggestive objects or pictures, including nude photographs, in any form, including those accessed or displayed on the University's Network System.

Gender discrimination is defined as differential treatment of others based solely on that person's gender, and includes, but is not limited to, derogatory references made about another person's gender, or characteristics and stereotypes related to that person's gender. Like sexual harassment, the University in any form or fashion whatsoever does not tolerate gender discrimination.

#### WHAT TO DO IF YOU ARE BEING HARASSED

1. Inform the individual that you feel you are being harassed. Be definitive.
2. If the problem continues, document the facts of the situation and consult the following Title IX Coordinator: Vice President for Student Affairs, (Ultimate over-sight responsibility – student, faculty and other employees), Director of Residence Life, or Counseling Services – complaints registered by students. All persons involved in the complaint and the investigation will keep all information related to the complaint and the investigation confidential to the maximum extent possible. This means all persons involved will share such information only with persons who have a need to know.

3. The University will conduct an investigation of any formal complaints of harassment using principles of due process described in the Title IX Investigation section of this handbook.
4. Any proven violation of this policy will result in student conduct sanction.

If you believe you have witnessed harassing behavior, immediately contact the Title IX Coordinator or Dean of Students.

Brescia seeks to eliminate harassment under its jurisdiction by periodically informing students about this policy statement and the obligations hereunder. Brescia University prohibits any type of retaliation against any student who in good faith files a complaint under this policy or against anyone who assists in the complaint investigation. Any student who intentionally makes a false allegation of discrimination or harassment will be subject to disciplinary action, which may include but is not limited to written warning, suspension, or dismissal from the University.

Brescia University complies with Title IX of the Educational Amendments of 1972 to the 1964 Civil Rights Act and its regulations: “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational program or activity receiving Federal financial assistance.”

### **Sexual Misconduct, Sexual Assault, and Relationship Violence Policies**

Sexual misconduct of any kind is inconsistent with the University’s values and incompatible with the safe, healthy environment that the Brescia community expects. All members of this community share responsibility for creating and maintaining an environment which promotes the safety and dignity of each individual. All forms of sexual misconduct are an affront to justice that will not be tolerated at Brescia University. Federal law treats sexual misconduct and sexual assault as forms of sexual harassment, which is prohibited under Title IX. Furthermore, relationship violence such as domestic violence, dating violence, and stalking are violations of Federal law (the Campus SaVE Act) and are not tolerated at Brescia University. Sexual misconduct, sexual assault, and relationship violence also violate state law as well as University policy.

Students found responsible for engaging in or otherwise allowing sexual misconduct, sexual assault, and/or relationship violence to take place will ordinarily face disciplinary sanctions up to and including dismissal from the University.

The University believes that no person should bear the effects of sexual assault alone. When a sexual assault occurs, the University’s paramount concern is for the safety, health, and well-being of those affected. To support and assist students, the University promptly provides a wide range of services and resources. Please see the section below on Resources for Medical, Counseling, and Pastoral Care to learn more about these resources.

### **SCOPE AND APPLICABILITY**

Brescia University’s policy applies to:

- All Brescia University employees, whether full-time or part-time staff, faculty, clergy, adjunct faculty, temporary staff, or third-party employees or vendors;
- All persons taking courses at Brescia, whether full-time or part-time, non-degree or degree seeking, or pursuing undergraduate, graduate, or professional studies;

- All persons residing in Brescia residential housing, whether or not currently enrolled or working at Brescia; and
- All members of the Brescia University Board of Trustees.

The individuals listed above are referred to collectively as Covered Persons. This policy prohibits sexual misconduct by or against a Covered Person, both on and off the Brescia campus. In addition, this policy prohibits sexual misconduct by all persons visiting or volunteering at or for Brescia and by all persons and entities that provide services to Brescia.

## SEXUAL MISCONDUCT OFFENSES

Prohibited sexual misconduct offenses include, but are not necessarily limited, to the following:

- Non-consensual sexual intercourse, which is any sexual intercourse by any person upon another without consent. It includes oral, anal, and vaginal penetration, to any degree, and with any object. It is referred to as “sexual assault” in this policy; and
- Non-consensual sexual contact, which is any sexual touching with any object, by any person upon another, without consent;
- Sexual touching is contact of a sexual nature, however slight.

Other forms of sexual misconduct include, but are not limited to:

- Sexual exhibitionism;
- Sex-based cyber-harassment;
- Prostitution or the solicitation of a prostitute;
- Peeping or other voyeurism;
- Stalking, including cyber-based stalking; and
- Going beyond the boundaries of consent, e.g., by allowing others to view consensual sex (e.g. transmission of pictures and/or video via a computer, cell phone or other electronic modes of communication) or the non-consensual video or audio taping of sexual activity.

**Consent means informed, freely given agreement, communicated by clearly understandable words or actions, to participate in any form of sexual activity.** Consent cannot be inferred from silence, passivity, or lack of active resistance. A current or previous dating or sexual relationship is not sufficient to constitute consent, and consent to one form of sexual activity does not imply consent to other forms of sexual activity. By definition, there is no consent when there is a threat of force or violence or any other form of coercion or intimidation, physical or psychological. A person who is the object of sexual aggression is not required to physically or otherwise resist the aggressor; the lack of informed, freely given consent to sexual contact constitutes sexual misconduct.

***Intoxication is not an excuse for failure to obtain consent. A person incapacitated, inebriated, or developmentally impaired by alcohol or drug consumption, or who is unconscious or asleep or otherwise physically impaired, is incapable of giving consent.***

Force is the use of physical violence to gain sexual access. Force also includes threats, intimidation (implied threats), and imposing on someone physically.

## **Relationship Violence**

**Relationship violence** is a dangerous form of violence prevalent within the college student population. Often the victims of relationship violence find it difficult to ask for help or blame themselves for the abuse. No one deserves to be abused for any reason and everyone de-serves help if they are being abused.

**Dating violence** is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship will be determined based on consideration of the following factors:

- the length of the relationship;
- the type of relationship; and
- the frequency of interaction between the persons involved in the relationship.

**Domestic violence** is a felony or misdemeanor crime of violence committed by the victim's:

- current or former spouse,
- current or former cohabitant,
- person similarly situated under domestic or family violence law, or
- anyone else protected under applicable domestic or family violence laws.

**Stalking** is (1) a course or pattern of unwelcome and unwanted conduct (2) that a person knows or has reason to know (3) would cause the victim under the circumstances to feel frightened, threatened, oppressed or intimidated or to suffer substantial emotional distress.

Stalking behavior includes, but is not limited to:

- repeated, unwanted and intrusive communications by phone, mail, text message, email and/or other electronic communications, including social media;
- repeatedly leaving or sending the victim unwanted items, presents or flowers;
- following or lying in wait for the victim at places such as home, school, work or recreational facilities;
- making direct or indirect threats to harm the victim or the victim's children, relatives, friends or pets;
- damaging or threatening to damage the victim's property;
- posting information or spreading rumors about the victim on the internet, in a public place, or by word of mouth; or
- unreasonably obtaining personal information about the victim by accessing public records, using internet search services, hiring private investigators, going through the victim's garbage, following the victim, or contacting the victim's friends, family, work or neighbors.

Brescia University will assist any student who has been the target of violence, threats of violence or abuse of any kind whether it has taken place on or off campus or been perpetrated by another student or someone else. Students who need assistance are urged to contact the Dean of Students, or the Director of Counseling for assistance. In addition, Brescia's policy is that any student who has been ordered by a court to avoid contact with any other member of the University community may be held subject to the University's emergency suspension policy for as long as the court order is in effect. Students who want to know more about this policy may contact the Dean of Students.

## **Reporting: Resources**

Brescia University is committed to investigating, resolving, and preventing sexual misconduct, and the law generally requires it to do so. Brescia strongly encourages victims to tell someone about sexual misconduct. As described below, Brescia expects certain Covered Persons to notify the Title IX Coordinator when they become aware of sexual misconduct. This ensures that victims will receive appropriate support. It also enables Brescia to fulfill its commitment to prevent and address sexual misconduct and to comply with applicable law.

### **HOW, WHEN AND WHOM TO TELL**

Individuals who experience or allege sexual misconduct prohibited by this policy are referred to as Complainants. Individuals who are alleged to have engaged in sexual misconduct prohibited by this policy are referred to as Respondents.

#### **Individuals Who Have Personally Experienced Sexual Misconduct**

If you have personally experienced any form of sexual misconduct, Brescia strongly urges you to tell someone about the incident as soon as possible. There are multiple options to do this, listed below. In an emergency, call 911. If you have concerns about confidentiality, contact a Confidential Resource (see below). To initiate Brescia's response and resolution process, you or another person must notify the Title IX Coordinator. If you want to make a report to police about criminal sexual misconduct, Brescia can assist you in that process (see Reporting Options section).

#### **Individuals Who Become Aware of Sexual Misconduct Incidents or Allegations**

If you become aware of an incident or allegation of sexual misconduct that is prohibited by this policy, contact the Title IX Coordinator, Dean of Students, or a Sexual Assault Resource Coordinator right away for advice and assistance. These resources are referred to as Trained Responders. Trained Responders regularly deal with incidents and allegations of sexual misconduct and have received training on how to handle situations involving sexual misconduct. Trained Responders will provide advice and assistance to Complainants and other individuals who contact them and help ensure that Brescia responds appropriately and in accordance with applicable law.

#### **Responsible Reporters**

All Brescia employees who are not student workers (except Resident Assistants), and all members of the Brescia Board of Trustees, are required to contact the Title IX Coordinator or Dean of Students promptly after becoming aware of an incident or allegation of sexual misconduct.

Brescia encourages, but does not require, all other persons (generally students) who become aware of an incident or allegation of sexual misconduct to contact the Title IX Coordinator or Dean of Students.

Brescia employees who learn of sexual misconduct while serving as a Confidential Resource, as defined below, are not required to notify a Trained Responder.

To report an incident of sexual misconduct or sexual assault, please notify any of the following resources:

<b>On-Campus Resources</b>	
<p><b>Title IX Coordinator</b> Lori Etheridge, Vice President for Student Affairs Room 213, Moore Center 270-686-4332 lori.etheridge@brescia.edu</p>	<p>Isaac Duncan, Assistant Dean of Students Room 200, Moore Center 270-686-4332 <a href="mailto:isaac.duncan@brescia.edu">isaac.duncan@brescia.edu</a></p> <p>Melissa Scuderi, Director of Residence Life Room 200, Moore Center 270-686-4332 melissa.scuderi@brescia.edu</p>

<b>Off-Campus Places to Report Sexual Misconduct</b>	
<p><b>Owensboro Police Department</b> Emergency – 911 Non-Emergency Reporting: 270-687-8888</p> <p><b>New Beginnings – Sexual Assault Support Services</b> 1716 Scherm Rd, Owensboro, KY 42301 270-926-7273 Crisis Line: 1-800-226-7273</p>	<p><b>Owensboro Health Regional Hospital – Emergency Room</b> 1201 Pleasant Valley Road Owensboro, KY 42303</p> <p><b>Daviess County Sheriff Department</b> Emergency – 911 Non-Emergency Reporting: 270-685-8444</p>

**Student Administrative and Discrimination Grievances**

*Standard A3.15 The program must define, publish, consistently apply and make readily available to students upon admission: f) policies and procedures for allegations of student mistreatment, and g) policies and procedures for student grievances and appeals.*

Brescia University is committed to respecting and supporting all members of our community and providing a quality educational experience for all students. The purpose of this section is to establish procedures and guidelines to address student grievances or student complaints.

**Definitions**

**Complaint** - a statement that a situation is unsatisfactory or unacceptable or an expression of dissatisfaction

**Grievable action** - an action that either:

1. is in violation of written University policies or procedures
2. constitutes misapplication or misinterpretation of University policies, regulations, rules, or procedures.

A flow chart to help determine what is grievable and what is not grievable action is provided below:

Issue	Action
Is your complaint against a faculty or staff member?	Refer to the faculty or staff member's supervisor. Information is available with the Office of Human Resources at <a href="mailto:hr@brescia.edu">hr@brescia.edu</a> or the Office of Student Affairs at <a href="mailto:studentaffairs@brescia.edu">studentaffairs@brescia.edu</a>
Is your complaint against another student?	Refer to the Vice President of Student Affairs/Dean of Students at <a href="mailto:studentaffairs@brescia.edu">studentaffairs@brescia.edu</a>
Is your complaint about a financial aid decision, rule, and/or regulation?	Refer to the Financial Aid appeal procedures as outlined in the Student Handbook pp. 79-80 or contact Financial Aid at <a href="mailto:financialaid@brescia.edu">financialaid@brescia.edu</a>
Is your complaint about a disciplinary decision administered by Student Affairs?	Refer to the procedures in the Student Handbook pp. 26-28
Is your complaint about facilities?	Submit a work order request with Maintenance
Is your complaint about computer equipment or technology?	File a request at the Helpdesk at <a href="https://helpdesk.brescia.edu/hesk/">https://helpdesk.brescia.edu/hesk/</a>
Is your complaint about your course grade?	Refer to Grade Review as outlined in the Student Handbook p. 70
Is your complaint about a policy or procedure?	This process may not be used to challenge policies or procedures. Submit a comment on the policy or discuss with the area responsible.
Is your complaint about a violation of a policy or procedure?	File a Student Grievance
Is your complaint about an unequal application or use of a policy or procedure?	File a Student Grievance

To support its commitment to equality and due process, Brescia University has established procedures for addressing student grievances. Students always maintain their right to seek legal recourse in public courts of law.

A grievance constitutes a formal complaint contesting the perceived injustice of a specific action or judgment imposed directly upon a student by a Brescia University official or an officially sponsored University organization.

**NOTE:** *The Grievance Procedure is not an avenue for appealing student conduct sanctions. There is a separate procedure for appealing sanctions resulting from student conduct hearings.*

Students may file grievances for:

**Academic Issues:** Regarding course grades or academic dishonesty (please see the Academic Policies and Services section of this handbook for Grade Review and Academic Dishonesty policies);

**Administrative Issues:** Regarding application of college policies; decisions pertaining to Brescia's co-curricular program and decisions regarding student records, rights, financial matters, and work-study employment; and

**Discrimination Issues:** Regarding unlawful discrimination in the areas of race, color, creed, national origin, gender, age, or disability or discrimination based on sexual orientation or marital status.

#### Administrative Issues:

1. The student should approach the person s/he perceives to be responsible for the offense in order to work out a solution.
2. If the matter remains unresolved after seven (7) working days, the student may then bring the issue to the immediate supervisor of the person against whom the grievance is being made.
3. If the grievance remains unresolved after fifteen (15) working days, the student may ask in writing that the Student Welfare Committee (SWC) consider the complaint and appoint a review board to mediate the grievance. The student's concisely written request should include the substance of the grievance, the avenues that already have been pursued, and the specific relief desired.
4. At the earliest possible date and within fifteen (15) working days of the receipt of the student's written request, the chair of the SWC will inform both the grievant and the respondent in writing of the committee's decision.
5. Once the Review Board has formed and has appointed a chair, the board chair will send letters to the grievant and respondent outlining the specific grievance and suggesting a timeline for the proceedings. Any schedule must consider the time constraints inherent within or between semesters. All parties will receive written allegations.
6. Respondents may waive the right to participate in the proceedings of the Review Board.

#### Discrimination Issues

1. The student should approach the person(s) who s/he perceives to be responsible for the offense in order to work out a solution.
2. If the grievance remains unresolved after seven working days, the student may choose one or both of the following actions:
  - a. With the assistance from a member of the SWC, the student may meet with the party(ies) involved to attempt to resolve the matter.
  - b. The student may ask in writing that the SWC consider the complaint and appoint a review board to mediate the grievance. The student's concisely written request should include the substance of the grievance, the avenues that already have been pursued, and the specific relief desired.
3. If step 2b fails, at the earliest possible date and within 15 working days of receipt of the student's written request, the chair of the SWC will inform both the grievant and the respondent in writing of the committee's decision. If the SWC recommends that a hearing board mediate the grievance, the chair will send a letter to the student and the grievant outlining the specific issue and will suggest a timeline for a meeting. Any schedule must consider specific time constraints inherent within or between semesters.

4. Once the Review Board has formed and has appointed a chair, the board chair will send letters to the grievant and respondent outlining the specific grievance and suggesting a timeline for the proceedings. Any schedule must consider the time constraints within or between semesters. All parties will receive written allegations.
5. Respondents may waive the right to participate in the proceedings of the Review Board.

The clinical year consists of 8 five-week clinical rotations (40 weeks total). The clinical portion of the program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules will vary depending on the site. The clinical rotation schedule is outlined below, although the discipline/order of disciplines will vary for each student.

Clinical disciplines include the following:

Behavioral Health  
Internal Medicine  
Women's Health

Emergency Medicine  
Pediatrics  
Clinical Elective (vary)

Surgery  
Family Medicine

### REQUIRED CLINICAL COURSES

Course No.	Rotation	Length	Credit Hours
PA 670	Family Medicine	5 weeks	5.0
PA 671	Internal Medicine	5 weeks	5.0
PA 672	Behavioral Health	5 weeks	5.0
PA 673	Emergency Medicine	5 weeks	5.0
PA 674	Pediatrics	5 weeks	5.0
PA 675	Surgery	5 weeks	5.0
PA 676	Women's Health	5 weeks	5.0
PA 677	Clinical Elective	5 weeks	5.0
PA 680	Capstone I	Spring 2028	1.0
PA 685	Capstone II	Summer 2028	1.0
PA 690	Summative	Fall 2028	1.0
<b>Total for Clinical Rotations</b>		<b>40 weeks</b>	<b>43.0</b>

Clinical rotations will average approximately 36 hours a week on site. The preceptor will determine the student schedule. Students **MUST** adhere to each schedule and to all assignments developed by the program, sites and preceptors. The minimum requirement for each 5 week clinical rotation is 180 hours. A schedule of the student's clinic hours will be requested at the beginning of each rotation to ensure adherence to the clinical hour minimum. Clinic hours will also be logged on CORE and counted as an assignment that will be graded as PASS/FAIL.

## 2028 CLINICAL ROTATION SCHEDULE - TENTATIVE

<b>Semester</b>	<b>Rotation</b>	<b>Dates</b>	<b>Call-Back Days</b>
Spring	1	1/3/2028-2/6/2028	2/8/28
Spring	2	2/10/2028-3/15/2028	3/17/28
Spring	3	3/19/28-4/22/2028	4/24/28, 4/25/28
Spring	Break	4/26/28-4/30/28	N/A
Spring/Summer	4	5/1/28-6/4/28	6/6/28
Summer	5	6/8/28-7/12/28	7/14/28
Summer/Fall	6	7/16/28-8/19/28	8/21/28, 8/22/28
Fall	7	8/24/28-9/27/28	9/29/28
Fall	8	10/1/28-11/4/28	11/6/28-11/17/28

The PA Program clinical phase calendar will not match the University's. Scheduled events during call-back days will include but are not limited to End of Rotation (EOR) exams, clinical and professional lectures, and meetings with faculty advisors, clinical department members, and other program faculty. Completion of the activities, examinations, and assignments scheduled by the program are mandatory.

There will be one Course Director for all specialties per rotation number that will be responsible for all assignments, EOR exams, Oral Presentations, remediations, preceptor evaluations of the students as well as students' evaluations of the clinical sites and preceptors.

**The Clinical Coordinator makes all final decisions regarding the placement of students in sites throughout the clinical year.**

## **ASSIGNMENT OF STUDENT CLINICAL ROTATIONS**

### **Student Clearance Protocol**

Students are required to successfully complete/pass the following requirements prior to starting clinical rotations:

- All didactic coursework including the Didactic Comprehensive Exam
- All pre-clinical assignments
- BLS and ACLS
- A criminal background check
- A 12-panel urine toxicology
- All required immunizations, titers, tuberculosis screening, and physical exam (See Brescia University Physician Assistant Program Policies and Guidelines Handbook for details.)

*Failure to complete any of these required items by the due date may result in a delayed start to the clinical year and/or clinical site placements. This may in turn delay the student's completion of the program and may result in additional tuition and/or fees.*

Some rotations/clinical sites have additional requirements which students will also be required to complete prior to starting the specific rotation (i.e. interview, orientation, and time specific background checks/drug testing or physical exam). Students may incur additional costs in order to complete rotation specific credentialing requirements. Students may also incur additional costs for credentialing requirements associated with elective rotations.

Some clinical sites may require/recommend different immunizations or schedules of certain health screenings than required by the policy for the PA Program, in these instances either the student will need to abide by the clinical site's requirements or they will not be eligible for rotations at said clinical site.

### **Clinical Rotation Placement**

Assignment of student rotations is the responsibility of the Clinical Education Department and the program.

*Standard A3.03) The program must define, publish, make readily available and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors.*

1. **Students may NOT develop or arrange their own clinical sites.** Students are not allowed to solicit potential preceptors through "cold call"/random contact techniques. Students MAY NOT arrange their own clinical sites to avoid relocating, commuting, placement at a particular clinical site or to aid with employment placement.

2. Students will be given the opportunity to rank preferred counties or cities to aid in student placement.
3. Students will have the opportunity to meet with a member of the Clinical Education Department at least 6 months before clinical rotations begin. Students will rank their schedule preferences in the *CORE* system and complete a survey that will provide the Clinical Education Department with geographical and extenuating circumstance information, which may have a bearing on their rotation assignments/locations.
4. **The Clinical Education Department reserves the right to replace a student’s elective rotation with an additional family medicine rotation if a student does not have a cumulative GPA of 3.00 or greater or the Department anticipates the student not meeting all of the required Technical Skills.**
5. Students may not switch site assignments with other students.
6. **Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations only.**
7. Although most sites are located in Kentucky, students may be placed outside of the state if housing is available.
8. Students may need to travel and/or relocate for clinical rotations.
  - Travel is defined as any driving distance greater than 90 miles from the Brescia University campus.
  - Relocate is defined as being assigned to a site that is a “non-requested” regional location. Special accommodations may be made for unusual circumstances only and are at the discretion of the Clinical Education Department.
9. The Clinical Education Department works toward firmly establishing each 5-week block; however, unforeseeable events can occur which may require a student to be moved to a different site with short notice, just prior to starting and/or during a rotation. ***Students are responsible for all financial costs associated with travel, credentialing, and/or relocation, regardless of the cause.***

## **STUDENT NOTIFICATION OF CLINICAL ROTATION PLACEMENTS**

### **Initial Notification**

Four months prior to the beginning of clinical rotations, students will be informed via *CORE*, a list of preliminary/tentative rotations, including the rotation title, the name of the practice, the name of the preceptor, and geographical location.

### **Ongoing Notification**

Students will be notified of updates and confirmed rotation assignments via *CORE*.

Students are responsible for reviewing all the information regarding their future rotation schedule to ensure the timely completion of any rotation specific requirements. Failure to complete rotation specific

requirements as instructed may result in a delayed start to the rotation or removal from the rotation. This may in turn delay the student's completion of the program and may result in additional tuition and/or fees.

**Students are responsible for reviewing *CORE* for their confirmed rotations to monitor for rotation changes.**

Current and upcoming rotation credentialing information:

Rotation specific clearance requirements that the student needs to complete prior to the start of the rotation are listed in *CORE*.

Current and upcoming rotation schedule information:

Updates and final scheduling information will be listed in the description section of the student's schedule in *CORE*.

## **PREPARATION FOR ROTATIONS**

***Prior to beginning any rotation, the student must complete the following tasks:***

1. Send a credentialing request(s) email to the Clinical Education Department at least 5 weeks prior to the beginning of a rotation, if applicable. See TeamUp Calendar for specific deadlines for each rotation period.
2. Complete all rotation specific requirements at least 5 weeks prior to the beginning of a rotation (For example: credentialing documentation, obtain ID badge, get hospital clearance). All credentialing communication with the Clinical Education Department must include the Clinical Coordinator. See site specific requirements in *CORE*.
3. Contact the designated contact person at the clinical site to determine specifics, such as reporting time, location, and any special instructions at least two weeks prior to the start of the rotation when appropriate. *Students are not to correspond with any clinical site staff until the rotation has been cleared and finalized by the program.*
4. Be prepared to provide all necessary clearance documents to the appropriate departments (For example: immunizations, ACLS card, hospital credentialing documents, OSHA/HIPAA).
5. Make housing arrangements as applicable. All housing and transportation expenses are the student's responsibility.
6. Review rotation syllabus, including learning outcomes and instructional objectives. Syllabi will be housed within each Clinical Rotation course shell in Moodle. (Will also be available on *CORE*.)
7. Review Technical Skills List and assess what you will be able to complete with your current rotation and which ones you will need to complete at other rotations prior to completion of the clinical year.

**GENERAL**

Attendance during the clinical year is necessary for student development and success, and is, therefore, MANDATORY. Absence is defined as not being present, regardless of cause, to participate in clinical education and associated activities at any scheduled or assigned time, including weekend, evening and on call hours, as expected by the preceptor.

**HOLIDAYS**

Holidays are not observed during the clinical year unless it is a religious observance. Students must inform the program **prior** to the beginning of the clinical year if time off is requested to observe religious holidays (i.e. Rosh Hashanah, Yom Kippur, Christmas, Easter, Ramadan, etc.). The student must complete a Student Time Off Request form for religious observance and submit to the Clinical Coordinator.

**ABSENCE** (due to illness or emergency)

Students must contact the preceptor and Clinical Coordinator **prior** to the regular reporting time if they need to be absent for illness or emergency. Failure to notify the preceptor **and** the Clinical Coordinator of absences of the regular reporting time may result in an unexcused absence. Unexcused absences during the clinical year are not tolerated and will result in failure of the rotation. The student will be referred to the Student Progress and Professionalism Committee for the unexcused absence.

**CONFERENCES**

It is the program's desire to promote dedication to the lifelong learning process needed for our profession. As such, students may request time off to attend regional and national PA conferences (e.g. American Academy of Physician Associates National Conference, Kentucky Academy of Physician Assistants). Students must be in good academic standing to attend.

Prior approval from the Clinical Coordinator **and** preceptor is required. The student is required to submit a Student Time Off Request Form (see Appendix E) to the Clinical Coordinator at least 30 days prior to the first day of the expected absence. Submission of the form does not guarantee approval. Failure to adhere to the approved dates shall result in an unexcused absence. The student may be referred to the Student Progress and Professionalism Committee for the unexcused absence. Time off is documented in *CORE*.

**TRAVEL DAYS****For Travel Back to Campus**

Students will be scheduled 1 day off between the last day of their rotation and the EOR call back day for travel.

**For Travel between Rotations**

Students are allotted one day between EOR call-back day and their next rotation to allow for travel.

***Absences for any purpose, whether excused or unexcused, do not affect the minimum hourly requirements per rotation. A student must make up the time if the absence will lead to a deficit in hours. It is at the discretion of the preceptor to assign the made-up time.***

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**Good Standing Status** - Students must meet all the following criteria while enrolled in the PA program:

- Students must maintain an overall GPA of 3.0 or higher.
  - A student will be placed on academic probation for one semester if their cumulative GPA falls below 3.0. They will have one semester to increase their cumulative GPA to 3.0. If their cumulative GPA falls below 3.0 in a future semester, the student will be dismissed from the program.
- Students must demonstrate progression in program learning outcomes and competencies. An overall minimum grade of "C" in courses is required for satisfactory completion of each course.
  - A student will be dismissed from the program if a grade below "C" is obtained in any didactic course.
  - A student will be dismissed from the program if a grade below "C" is obtained in more than one clinical rotation course.
- Students must successfully pass comprehensive exams including the Didactic Curriculum Exam and Comprehensive OSCE for clinical phase progression, and the summative evaluation for graduation from the program.
- Satisfactory professional behavior in accordance with all Brescia University Physician Assistant program policies and procedures and, the University Code of Conduct.

Performance assessment during clinical education is based on student achievement of program learning outcomes and program-defined competencies and is evaluated by instructional faculty. Assessment of students is based on the minimal levels of competency for each discipline-specific rotation. Any violation of these standards will result in referral of the student to the Student Progress and Professionalism Committee.

#### **PHYSICIAN ASSISTANT STUDENT STANDARDS OF PROFESSIONALISM**

One of Brescia University Physician Assistant Program's core tenets is that Physicians and PAs are called to the highest standards of honor and professional conduct. It is critical that students understand this responsibility begins at the inception of medical education rather than upon receipt of degree, and they must uphold the following standards that serve as an embodiment of these beliefs. These standards are intended to promote an atmosphere of honesty, trust, and cooperation among the students, the faculty, their patients, and society.

Students in the Brescia University Physician Assistant Program are expected to demonstrate behavior that is considered appropriate for a career in medicine. Appropriate behavior includes, but is not in any way limited to honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability, and concern for the welfare of patients – all of which are outlined below. Violations of these Standards of Professionalism may result in referral to the Student Progress and Professionalism Committee.

**Honesty:** Being truthful in communication with others.

**Trustworthiness:** Maintaining the confidentiality of patient information; admitting errors and not intentionally misleading others or promoting self at the patient's expense.

**Professional demeanor:** Being thoughtful and professional when interacting with patients and their families; striving to maintain composure under the pressures of fatigue, professional stress and/or personal problems; maintaining a neat and clean appearance and dressing in attire that is reasonable and accepted as professional to the patient population served.

**Respect for the rights of others:** Interacting with professional, staff, and peer members of the healthcare team in a considerate manner and with the spirit of cooperation; acting with an egalitarian spirit toward all persons encountered in a professional capacity regardless of age, race, color, national origin, disability, religion, gender, sexual preference, gender identity, socioeconomic status, or veteran/Reserve/National Guard status; respecting the rights of patients and their families to be informed and share in patient care decisions; respecting patients' modesty and privacy.

**Personal accountability:** Participating responsibly in patient care to the best of your ability and with appropriate supervision; undertaking clinical duties and persevering until they are complete; notifying the responsible person if something interferes with your ability to perform clinical tasks effectively.

**Concern for the welfare of patients:** Treating patients and their families with respect and dignity both in their presence and in discussions with others; discerning accurately when supervision or advice is needed and seeking these out before acting; recognizing when your ability to function effectively is compromised and asking for relief or help; not using alcohol or drugs in a way that could compromise patient care or your own performance; not engaging in romantic, sexual, or other unprofessional relationships with a patient/preceptor, even upon their request.

Students in the Brescia University Physician Assistant Program are participants in a professional training program whose graduates seek positions of high responsibility as providers of health care. Accordingly, students are evaluated not only on their academic and clinical skills, but also on their interpersonal skills, reliability, appearance and professional conduct. Professionalism evaluations are conducted at the end of each semester and again as a summative assessment prior to graduation. Professionalism deficiencies can result in probation, remediation, or dismissal from the program depending on the severity of the violation. Academic grades alone are not sufficient to warrant promotion to the next course, clinical phase, or graduation. The program reserves the right to dismiss any student when the student's behavior is not in line with the standards of the medical profession or when the student's presence in the program is considered detrimental to the student in question, the other students in the program, or to society.

Students in the program are expected to develop behaviors and habits expected of a professional physician assistant. The American Academy of Physician Associates Guidelines for Ethical Conduct for the PA Profession is a statement of the values and principles used to promote and maintain the high standards of behavior for physician assistants.

Students must read, be familiar with, and follow these principles and values located on the **American Academy of Physician Associates website**.

The primary purpose for upholding non-academic discipline in the Brescia University Physician Assistant Program is to protect and preserve the quality of the educational environment in the campus community. This includes the following expectations:

- The Brescia University Physician Assistant Program and the University at large requires high standards of courtesy, integrity, and responsibility in all its members.
- Each student is responsible for his/her own conduct.

Continuation as a student is conditional upon compliance with the requirements of student conduct expressed or implied in the Standards of Professionalism and University Code of Conduct.

### **ADDITIONAL CLINICAL YEAR PROFESSIONALISM POLICIES**

1. **Communication with the Program and University** - The structure of clinical education mandates an increased frequency of electronic communication with students. The primary form of communication is via phone and the University email system. You have been assigned a University email address. This is the only email address that will be answered by the Clinical Education Department members. Forwarding your Brescia University email to another email account is prohibited. These accounts can lack the security, capability and sufficient space necessary for downloading important attachments. ***This includes the student's CORE profile.***

#### **The following is additional information for phone communication:**

- Students are expected to ensure that their phone voicemail system is active and able to receive messages.
- Students are expected to provide a phone number in all messages.
- Students are expected to respond to voicemails within 24 hours.
- Students are NOT allowed to communicate with faculty via text messages.
- Students are to notify the program and the Registrar's Office immediately upon changing a contact number.
- Students must update their contact information in the CORE system immediately if there is a change.

#### **The following is additional information for email communication:**

- Students are expected to check their Brescia University email account at least once every 24 hours.
- Students are expected to respond to program emails within 24 hours.
- Email responses and forwarded emails should include the original message when appropriate.
- Students are responsible for maintaining access to email even while moving and traveling during clinical rotations.

- When sending credentialing documents to clinical sites, students must utilize the ***email template***.
2. **Timeliness** – Students must report to clinical sites on time (early) and should remain at the site until dismissed by the preceptor. If a student anticipates being late, they must contact the preceptor immediately. Repetitive tardiness will impact the student’s attendance and participation grade for that rotation and could result in disciplinary action, such as failure of the rotation and referral to the Student Progress and Professionalism Committee. Students are expected to work the same schedule as the preceptor, including on call hours, nights, weekends and holidays.
  3. **Attire** - Students must wear dress that is professional in nature. A short, white lab coat with the Brescia University PA Program patch is required. Male students must wear collared shirts. Female students should wear dresses or slacks/skirts with dress shirts. **Closed-toed and closed-heeled shoes are required.** Surgical rotations or specific educating sites may designate other prescribed clothing, such as scrubs and/or tennis shoes. A professional appearance mandates good hygiene and clean, conservative professional attire. Nails should not extend past your fingertips and should be clean and polish should be neutral colors. Hair must be secured at all times when wearing the white coat and in any clinical settings. (See Brescia University Physician Assistant Program Policies and Guidelines Handbook for more details.)
  4. **Preparation** - Students must report to clinical sites fully prepared for work with all necessary equipment (i.e. stethoscope, lab coat, etc.). Additionally, students are to have the following documents readily available at all times:
    - a. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) card
      - Students are responsible for maintaining current BLS and ACLS certification.
    - b. Immunizations
      - It is the student’s responsibility to ensure that they remain current on all required immunizations (i.e. Tetanus, Diphtheria Acellular Pertussis (Tdap), titers).
    - c. Current Curriculum Vitae (CV)
    - d. HIPAA Certificate
    - e. OSHA Certificate
    - f. Any hospital forms required for the rotation
    - g. Current health insurance coverage

**While the program works diligently to monitor the specific requirements of all facilities, frequently facilities will change a protocol without notifying the program. Students are responsible for notifying the program of any protocol changes that they discover in order for the program to update the requirements for future students.**

5. **Identification** - Students must always introduce themselves as a “**physician assistant student**” or “**PA student**”. At no time may students present themselves to patients or other practitioners as a physician, resident, medical student, or as a graduate or certified physician assistant. While in the program, students may not use previously earned titles (i.e. RN, MD, DC, PhD, etc.) for identification purposes. Students must wear a short white coat with the program patch while at all clinical sites, unless instructed not to do so by the clinical site or the program. Students **must** wear their program issued identification nametag at all times at clinical sites, in addition to any student identification required by the site. Students must report lost or destroyed nametags within one day and will incur the cost of replacement tags.

6. **Student Role** - Students must be aware of their limitations as students and of the limitations and regulations pertaining to physician assistant practice. Students at clinical sites must always work under the supervision of a preceptor. They may not function in the place of an employee or assume primary responsibility for a patient's care. Students should seek advice when appropriate and should not be evaluating or treating patients without supervision from, and direct access to a supervising clinical preceptor at all times. **Students shall not treat and/or discharge a patient from care without consultation with the clinical preceptor.** Such behavior is fraudulent, illegal, and may result in disciplinary action. Students shall perform only those procedures authorized by the preceptor. Students must adhere to all regulations of the program and the clinical sites. The student is to contact a member of the Clinical Education Department immediately with any questions or concerns about the student's role at a site.
7. **Demeanor** - Students must conduct themselves in a professional and courteous manner at all times, displaying respect for the privacy, confidentiality, and dignity of patients, preceptors, faculty, staff, health care workers and fellow students. Displays of aggression, argumentative speech (in verbal and/or written correspondence), threatening language or behavior, inappropriate sexual conduct or speech, demeaning language, and behavior/language that is deemed to be insensitive to, or intolerant of, race, religion, gender, sexual orientation, and ethnicity toward program faculty, a preceptor, staff and/or patient will **not** be tolerated. The physician assistant and physician assistant student role requires teamwork and the ability to carefully follow directions from a clinical supervisor. The role of the clinical preceptor commands the utmost respect. Students displaying any type of unprofessional behavior will be referred to the Student Progress and Professionalism Committee, which may result in disciplinary action, including possible dismissal from the program.
8. **Integrity** - Students are expected to follow all policies in the Student Code of Conduct outlined in the Brescia University Student Handbook and the PA Program's Standards of Professionalism, including those pertaining to academic honesty. Infractions, such as forgery, plagiarism, stealing/copying tests, and cheating during examinations will not be tolerated. Physician assistant students are also expected to display the highest ethical standards commensurate with work as a health care professional. Students shall report any illegal or unethical activity to the Clinical Coordinator. Students may not accept gifts or gratuities from patients or families. Breaches in confidentiality, falsification of records, misuse of medications, and sexual relationships with patients and/or preceptors will not be tolerated.
9. **Confidentiality** - In accordance with the *Guidelines for Ethical Conduct for the PA Profession* ([www.aapa.org](http://www.aapa.org)) and in compliance with HIPAA Standards, students must respect and maintain the confidentiality of patients. Students are not permitted to discuss any patients by name or any other identifiable means outside the clinical encounter, **including through social media.** For academic presentations and documentation assignments, all identifiable patient information must be removed as per HIPAA requirements. Additionally, no original documents containing identifiable patient information should be removed from the clinical site.
10. **Health and Safety** - Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. Removal from a clinical rotation may result in a delay of the student's graduation or result in dismissal from the program.
11. **Non-discrimination** - Students shall deliver quality health care service to patients without regard to patients' race, color, national origin, sex, gender, sexual orientation, gender identity or expression,

disability, age, religion, veteran's status, genetic marker, or any other characteristic protected by state, local or federal law. In addition, students shall deliver quality health care service to patients without regard to patients' personal background or medical history.

12. **Impairment** - Students shall not appear at the university or clinical sites under the influence of alcohol or drugs. See the Brescia University Student Handbook.
13. **Site Regulations** - Students must comply with all rules, regulations, bylaws, and policies of the site for which they are assigned. Failure to do so may result in removal from the rotation and may result in additional disciplinary action.
14. **Learning Expectations** - Students are responsible for fulfilling all learning outcomes in the rotation syllabus. It is not possible nor expected that the student be exposed to each entity, diagnosis or problem identified in the instructional objectives listed for each rotation; however, it is the student's responsibility to ensure comprehensive knowledge of all learning outcomes and instructional objectives for each discipline. Furthermore, students must complete the Minimum Patient Encounter Requirements to graduate. (Refer to Appendix A for further information.)
15. **Student Participation in the Learning Process** - Students must take an active part in the learning process during their clinical education. Students are expected to review their clinical learning outcomes and instructional objectives with their preceptor(s) at the beginning of each rotation. Active listening skills must be applied to all clinical encounters whether observational or interactive. Students should show initiative and an eagerness to learn. Preceptors have very different teaching styles and time constraints. Students must be assertive in pursuing their educational goals, but never aggressive or disrespectful. **In general, preceptors are likely to invest more time and energy in teaching students who demonstrate significant interest and effort.** Students are expected to manage their time well and use slow periods for discipline specific reading and preparation for examinations. Students are responsible for all assignments given by the preceptor and the program.
16. **Flexibility** - Physician assistant clinical education involves instruction from practicing clinicians with unpredictable schedules. At times, clinical rotations may need to be adjusted with short notice. Students must be flexible and anticipate changes. Students must also learn to adapt to the various teaching styles, expectations and schedules of the preceptors/sites.
17. **Problems/Conflicts** - Students should initially attempt to work out any minor problems with their preceptor or supervisor. If the student continues to perceive a problem, including personality conflicts, communication issues, supervision, or inadequacy of the learning experience, he/she should contact the Clinical Coordinator immediately.
18. **Capstone and Summative Courses** - Students are **required** to complete **all activities** outlined in the syllabi of these courses. Each assignment that is not completed on the day(s) scheduled by the program without prior approval will be counted as a failed assignment.
19. **Weapons** - Students are not permitted to carry/possess weapons, incendiaries or explosives (including fireworks) of any kind to campus or to clinical sites, including housing provided by/through the clinical site.
20. **Registration and Financial Obligations** - Students on clinical rotations must adhere to deadlines concerning tuition bills, financial aid, registration and current contact information.

21. **Blood/Body Fluid Exposure** - Students must immediately report any blood/body fluid exposure(s) to their preceptor, the Clinical Coordinator and any hospital personnel (if instructed by their preceptor) **immediately**. Students must adhere to the program's Infection Control Policy (See Appendix F). **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.**
22. **Address** - Students are required to provide the PA Program Administrative Assistant with permanent contact information for the entire rotation year prior to the clinical year. Students are expected to notify the program **immediately**, upon any change of contact information. The student *CORE* contact information must be current at all times.

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**CLINICAL PRECEPTOR RESPONSIBILITIES**

The preceptor plays a vital role in the educational process. The preceptor acts as a clinical professor while students apply the medical knowledge obtained during didactic education. *It is not the expectation that a preceptor act as an instructor for said didactic knowledge.* 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.

1. **Evaluation** - The preceptor, or his/her designee, must observe and assess the student performing clinical functions, including documentation, on a regular basis and provide constructive verbal feedback to the student periodically over the course of the rotation. The preceptor may also be asked to give feedback on student performance to faculty members during site visits. The preceptor will be responsible for completing at least one formal preceptor evaluation of the student, covering clinical knowledge and professionalism. Receiving an honest critique and constructive feedback is critical to the academic and professional progression of a student.
2. **Student Schedule** - The preceptor determines the student's schedule. Students are expected to adhere to the preceptor's work schedule. Students are expected to work at the site at least 36 hours per week, but this can vary depending on the site, practice and preceptor schedule. No maximum hours are strictly defined, but the program acknowledges that it is generally counterproductive for any student to work more than 70 - 80 hours per week. When a preceptor is seeing patients, it is expected that the student will be working as well. Students are expected to work nights, weekends, and be on-call if required by the preceptor/site.
3. **Clinical Experience** - Students should spend as much time as possible involved in supervised hands-on patient care activities. The student should see the largest number and greatest diversity of patients that is possible to enhance the learning experience. It is especially important that all students obtain exposure to patient care across the entire life span. Additionally, students should be exposed to all aspects of a clinician's daily duties.
4. **Objectives** - Students are given instructional objectives and a list of learning outcomes to guide their learning and to focus their study efforts for the End of Rotation (EOR) exam. The program acknowledges that it is not possible for the student to be exposed to every diagnosis and/or problem listed; however, the preceptors should review the discipline specific learning outcomes, instructional objectives, minimum requirements for patient encounters, technical skills list, and program defined competencies.
5. **Supervision** - The preceptor is responsible for the overall supervision of the physician assistant student's educational experience at the clinical site. An assigned qualified practitioner (e.g. attending physician, physician assistant (PA), advanced practice nurse) **must be on the premises and available at all times** while the student is performing patient care tasks. The student must know who this person is and how to contact them. Unusual or abnormal physical findings must be confirmed. Students require supervision for surgical procedures. While on rotations, the physician assistant student will be supervised in all his/her activities commensurate with the complexity of care being given and the student's own abilities.

**Students cannot treat and/or discharge a patient from care without consultation with the clinical preceptor.**

6. **Teaching** - The preceptor should allow time for teaching activities. It is expected that the preceptor will model and demonstrate care in accordance with current evidence-based medicine guidelines and the accepted standards of care. This can be accomplished in a variety of ways, such as structured teaching rounds, chart review periods, reading assignments, hallway or informal consultations between patient encounters and/or recommending specific conferences.
7. **Assignment of Activities** - Students shall be directly involved in the evaluation and management of patients based on the clinical preceptor's preference and the individual student's skill and knowledge level. Patient encounter volumes vary depending on the specialty, location and practice. Students shall not be used to substitute for regular clinical or administrative staff. The preceptor should assign the students to appropriate clinical oriented activities such as:
  - patients to examine and/or follow
  - procedures to perform/surgeries to assist in
  - clinical oriented paperwork (reviewing diagnostic test results and consultation reports, pharmacy refill requests, treatment prior authorizations, insurance/specialist referrals)
  - diagnosis and treatment research
  - patient/family education
8. **Presentation** - Preceptors will have the student verbally present patients.
9. **Documentation** - Preceptors must review and countersign all student documentation and charting. If the practice uses an Electronic Health Record (EHR) system, students should be provided with orientation and an individual student ID and password for that EHR from the clinical site. Students cannot use a licensed provider's ID and password. If the office/system uses predominately checklists or student EHR access is limited, the program encourages the preceptor to assign (and subsequently evaluate) written notes to the student and/or additional case presentations to the student.

1. **Preparation** - The program will adequately prepare the student for his/her clinical experiences.
2. **Assignment** - The program will be responsible for assigning students to clinical sites that will provide a quality learning experience.
3. **Objectives** - The program will provide instructional objectives and learning outcomes for clinical experiences to students and preceptors. The program shall evaluate the student's competency based on the learning outcomes.
4. **Affiliation Agreements** - The program will develop and maintain affiliation agreements with all clinical sites.
5. **Insurance** - The program will ensure that all students have current malpractice liability insurance.
6. **Immunizations** - The program will ensure that all students have current immunizations consistent with current Centers for Disease Control and Prevention's Recommendations for health professionals, state specific mandates, and per the requirements of clinical rotation sites.
7. **Grading** - The program will be responsible for assigning a final grade to every student for all rotations.
8. **Problems** - The program will interact with all preceptors, sites and students and be available to respond to any problems or concerns. Should problems arise at the site, the program retains the right to remove a student from a rotation.
9. **Health and Safety** - The Clinical Coordinator will interact with preceptors and sites to help maintain patient safety. Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. This action may result in a delay of the student's graduation or result in dismissal from the program.

### Clinical Phase Evaluation

The Student Progress and Professionalism Committee is responsible for monitoring the progress of each student in the clinical phase of the Brescia University Physician Assistant Program. Students receive clinical experiences in multiple specialty rotations to better prepare them for the wide range of patient problems, which they may encounter after graduation. Students in the clinical phase of the program are evaluated in a variety of ways by their clinical preceptors and program faculty during their clinical rotations. Feedback is provided for the students by the preceptors. During the clinical phase, evaluation is intended to address performance, knowledge, and professionalism.

Clinical students must satisfactorily complete all clinical rotations as assigned. Grades in clinical course work reflect a student's cognitive, technical, attitudinal and behavioral performance, and are based upon preparation, skill, attitude and attendance, as well as patient management. Successful completion of a clinical rotation requires timely completion of credentialing documents and requirements, attainment of learning outcomes and instructional objectives, compliance with rotation and program assignments within the rotation period, attendance at all scheduled activities of the clinical service, applicable technical skills, and attainment of passing scores on clinical notes, a preceptor evaluation, and an end of rotation examination or oral presentation.

The course directors will review the evaluations from the clinical preceptors/instructional faculty and have final authority in assigning grades for the clinical rotations and courses. Patient safety, proper professional conduct and progressive demonstration of competency and independence of thought at all clinical sites is expected.

The grade for each of the eight clinical rotations will be based on the evaluation from the primary preceptor, student evaluations of the clinical site and preceptor, end-of-rotation exam (an oral presentation will replace an end-of-rotation exam for the elective rotation), a written patient note(s), and clinical logging requirements in the *CORE* clinical tracking system. Each student must earn an overall minimum grade of "C" AND earn a passing score on the End of Rotation Exam (EOR) **OR** Oral Presentation to pass each clinical rotation course.

**If a student does not earn a course grade of a "C" or better for any clinical rotation or if a student does not pass an EOR exam/Oral Presentation AND subsequent remediation/repeat for any clinical rotation, he/she will be required to repeat that rotation. Failure to earn a grade of "C" or better or pass the EOR exam/Oral Presentation on the repeat rotation *or* any subsequent rotation will result in dismissal from the program.**

**Any other circumstance that causes a student not to successfully complete a rotation will require the student to meet with the Student Progress and Professionalism Committee.**

### Remediation

Remediation will be required for scores  $\leq 74.49\%$  on EOR exam ( $\leq 79.49\%$  on the Oral Presentation in the clinical elective), and for scores of  $\leq 79.49\%$  on OSCE or practical examinations. Remediation will involve repeating the exam/Oral Presentation or OSCE/practical. If the student receives a higher grade, a grade up to  $74.50\%/79.50\%$  will be recorded respectively. If a student receives a lower grade, their original score will

stand. One exam remediation attempt is allowed per core clinical rotation and one oral presentation repeat per clinical elective rotation. An unsatisfactory score of the remediation of the examination/oral presentation will result in failure of the rotation. After 1 unsatisfactory score, a student will be referred to the Student Progress and Professionalism Committee. Remediation forms will be signed by the student and course director for each unsatisfactory examination attempt.

All evaluations not turned in and grades not calculated by the end of the rotation are reported as “I” (Incomplete) to the Registrar’s Office. Late grades will be turned in to the Registrar’s Office with a change of grade form once the necessary evaluation(s) have been received. All evaluations must be returned to the program office prior to graduation.

### **Clinical Rotation Grading**

End of Rotation Exam	50%**
Preceptor Evaluation	25%
Required Note Submission	20%
CORE Logging	5%
Hippo Modules	P/F
Attendance/Participation	P/F
Student Evaluations of Site(s) and Preceptor	P/F
<u>180 Clinical Hours (minimum)</u>	<u>P/F</u>
<b>Total</b>	<b>100%</b>

\*\*The end of rotation examination will be replaced with an oral presentation for the elective rotation.

### **Academic Failure of a Rotation**

Students scoring below a 69.50% final rotation grade or failing the EOR exam/oral presentation and subsequent retest/repeat presentation are required to repeat the failed clinical rotation at the end of the clinical phase. The Program Director will consult with the Clinical Coordinator to discuss the time and location of the repeat rotation. This occurrence may result in delayed graduation. Any extra costs associated with the repeat rotation are the responsibility of the student. This may include but is not limited to credentialing fees, travel, etc.

Failure of two clinical rotations will result in automatic dismissal from the Brescia University PA Program. The student may reapply to be considered for admission the following year. Reapplying does not guarantee admission. Tuition will be required as if the student were a new student in the program.

### **Grade Appeals Policy**

A student who believes that s/he has received an unfair course grade may use the following procedure:

1. The student should bring the complaint before the instructor who gave the questionable grade.
2. If a student cannot communicate with the instructor or is dissatisfied with the meeting, s/he should bring the complaint to the Program Director; if the Program Director is the instructor in question, to the VPAA/Academic Dean..

3. If a student is not satisfied with the results of these steps, s/he may submit a formal written complaint to the VPAA/Academic Dean, who will consult all persons involved to determine the present status of the problem and then try to resolve the issue.
4. If all attempts to settle the dispute informally fail, the Academic Dean will appoint a review board consisting of: a. three faculty members from outside the divisions/school in question, whose selection will be subject to approval of the student and the instructor involved; and b. two students chosen by the Judicial Council of the Student Government Association, also subject to the approval of both parties.
5. The review board will select a chair for the proceedings from among the three faculty representatives, who will moderate the meetings of the group, vote only in case of a tie, and submit records of the proceedings to the Academic Dean.
6. This board will hear both sides of the issue, gather information needed, and vote on the appropriateness of the grade. A simple majority (one over half) will be required to approve/disapprove of the grade.
7. The board may use moral persuasion to have the grade changed. If the instructor refuses, the VPAA/Academic Dean, at the student's request, will place a memo detailing the resolution of the grade dispute in the student's permanent file. The memo will be attached to the official transcript when the transcript is distributed if the student requests the attachment at that time.
8. The student has six weeks from the start of the following regular semester (fall/spring/summer) in which to submit the formal written complaint to the VPAA/Academic Dean. The VPAA/Academic Dean should form the review board and meet within a four-week period after the student has made the request for a formal hearing. Students in traditional format and 16-week online classes have six weeks from the start of the following regular semester (fall/spring/summer) in which to submit the formal written complaint to the VPAA/Academic Dean. The VPAA/Academic Dean should form the Review Board and meet within a four-week period after the student has made the request for a formal hearing.

### **Capstone Course Grading**

Details regarding evaluation and grading of the Capstone courses can be found in the syllabi for the courses.

### **Program Completion/Summative Course Grading**

Successful completion of the Brescia University Physician Assistant Program requires satisfactory completion of a comprehensive summative evaluation. The summative evaluation consists of written, clinical performance and professionalism components which are administered near the end of the clinical training period. The evaluation includes assessment of medical knowledge, clinical reasoning and problem-solving abilities, clinical and technical skills, interpersonal and communication skills, and professional behaviors. This evaluation is designed to assess the program's defined competencies, and eligibility for graduation.

There are three (3) distinct components of the graduate candidate's summative evaluation. Each must be successfully completed in order to earn a passing grade in PA 690 Summative.

1. Written Exam – Score must be greater than or equal to 1470 in order to pass.
2. Objective Structured Clinical Exam (OSCE) – Score must be greater than or equal to 79.50% for each section and overall.
3. Final Professionalism Evaluation – Deemed “Competent” in each area of professionalism on the program's summative professionalism evaluation.

Refer to the Brescia University Physician Assistant Program Policies and Guidelines Handbook for further details.

# Appendix A

Brescia University

Physician Assistant Program

## Clinical Year Gap Rationale Form

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

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

Evaluator: \_\_\_\_\_

**Purpose of Meeting:** Development of an individualized remediation program due to a student not meeting a learning outcome for a clinical rotation.

- o Rotation deficiency as evaluated by the preceptor – LO not met per PES score (please mark which of the following areas on the PES the student did not meet benchmark for)
  - o Deficiency identified in Medical Knowledge
    - LO not met: \_\_\_\_\_
  - o Deficiency identified in Interpersonal and Communication Skills
    - LO not met: \_\_\_\_\_
  - o Deficiency identified in Clinical and Technical Skills
    - LO not met: \_\_\_\_\_
  - o Deficiency identified in Professional Behaviors
    - LO not met: \_\_\_\_\_
  - o Deficiency identified in Clinical Reasoning and Problem-Solving Abilities
    - LO not met: \_\_\_\_\_
- o Rotation deficiency due to lack of exposure – LO not met due to “Not Applicable” selected by preceptor on PES
  - o Please list items marked “Not Applicable”: \_\_\_\_\_
- o Deficiency as evaluated by clinical documentation assignment – LO not met per documentation assignment rubric score
  - o Assignment score: \_\_\_\_\_
- o Deficiency as evaluated by the end of rotation exam – LO not met per EOR exam score
  - o EOR exam score: \_\_\_\_\_

## Clinical Rotation learning outcomes that were not met:

### Individualized Remediation plan:

- For rotation deficiency as evaluated by the preceptor: Student will be required to complete a remediation OSCE, comprehensive history & physical examination mock patient write-up with program-assigned chief complaint including an oral presentation of the mock patient, online professionalism module, individual assignment, and/or attend a skills instruction/check-off on campus in order to satisfy the LO for the corresponding deficiency identified in the preceptor evaluation.
  - Deficiency identified in (check all that apply as applicable from page 1):
    - Medical Knowledge
    - Interpersonal and Communication Skills
    - Clinical and Technical Skills
    - Professional Behaviors
    - Clinical Reasoning and Problem-Solving Abilities
  - Remediation activity or activities required: \_\_\_\_\_
- For rotation deficiency due to lack of exposure:
  - The program will audit the student's patient encounter logs and evaluate their remaining rotations to determine that a deficiency has occurred and identify opportunities for future exposure in alternative clinical rotation disciplines.
  - The program will recommend the student seek out specific opportunities during future clinical rotations (if applicable) which will aid them in satisfying the requirements of the LO(s).
  - The student will be required to check-in with the course director periodically to discuss their progress toward completion of the LO(s).
  - The program will, at the conclusion of the next rotation, monitor for completion of the requirement. If the student has not met the LO by the conclusion of the next rotation, but has made progress, the program will determine if an additional individualized remediation activity should be assigned. If the student has made no progress by the conclusion of the next rotation, an individualized remediation activity will be assigned.
- For deficiency as evaluated by the clinical documentation assignment:
  - Student will receive detailed feedback from course director on the rubric for the assignment.
  - Student will meet with course director, if desired, to review feedback provided.
  - Student will make corrections to the original clinical documentation assignment and resubmit no longer than 10 days after the original date of submission.
  - Student will keep their original clinical documentation assignment grade in the gradebook, but will be required to pass the documentation assignment in order to satisfy the LO and requirements of the clinical course.
- For deficiency as evaluated by the EOR exam:
  - Student will receive a score report from PAEA with topics from blueprint missed.
  - Student will receive a copy of the PAEA Exam blueprint for applicable clinical rotation.
  - Student will complete high impact outline notes of the topics missed on the original EOR exam for all core rotations, as outlined on the PAEA score report and submit them to the course director.
  - Student will retake the EOR exam within 10 days of the original test date.

- Student must achieve a minimum score of 74.50% on the retake in order to satisfy the LO and requirements of the clinical course. Student will be awarded a score of 74.50% in the gradebook for the EOR exam.

**Student verbalized acknowledgement of participation in this discussion.**

- Yes
- No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Evaluator*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Student*

## Follow-Up Meeting

To be completed after student has completed the remediation plan selected above:

**Student successfully demonstrated competency:**

- Yes
- No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Evaluator*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Student*

# Appendix B

## Brescia University Physician Assistant Program Technical Skills List

Student \_\_\_\_\_ Clinical Year \_\_\_\_\_

### PATIENT ENCOUNTERS

**\*\*This section is to be completed by Brescia University Physician Assistant Program faculty only. Preceptors are not responsible for this page.\*\***

ENCOUNTER TYPE	REQUIRED	COMPLETED
Inpatient Encounters	10	
Operating Room Encounters	15	
ED Encounters	60	
Outpatient Encounters	150	
Preventive Care	50	
Emergency Care	75	
Acute Care	150	
Chronic Care	150	
Age < 1 (Infant)	5	
Age 1 – 10 (Child)	30	
Age 11 – 17 (Adolescent)	15	
Age 18 – 65 (Adult)	250	
Age > 65	75	
Gynecologic Care	15	
Prenatal Care	5	
Pre-operative Care	10	
Intra-operative Care	10	
Post-operative Care	10	
Behavioral Health	30	
Telehealth	VARIES	
Total number of Patient Logs	VARIES	
Student Participation - Performed	VARIES	
Student Participation - Observed	VARIES	

\*\*I have reviewed the student's patient encounter logs within the program clinical tracking software and attest that the above is accurate for the listed student.

Faculty \_\_\_\_\_ Date \_\_\_\_\_

# Instructions for the Preceptor

1. Please note the following technical skills per clinical rotation. These skills should ONLY be initialed once the student has observed or performed the skill correctly.
2. The requirement of observed vs. performed can be determined if there is a number listed in the corresponding column.
3. Many of these skills can be completed in rotations outside of the ones listed (i.e. Pap smear is listed under Women's Health, but we understand students will complete many Pap smears during other rotations).

Surgery						
Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
1	Perform full pre-operative progress note			5		
2	Perform post-operative progress note			5		
3	Provide patient peri-operative counseling			5		
4	Evaluate and interpret peri-operative diagnostic testing			5		
5	Surgical scrub/donning surgical PPE			15		
6	Standard precautions			5		
7	Perform wound closure			3		
8	Removal of wound closure devices: suture, staples			5		
9	Wound dressing change			5		
10	Skin Biopsy: Shave	1				

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
11	Skin Biopsy: Punch	1				
12	I & D of abscess	2		1		
13	Surgical first assist			5		
14	Laparoscopic camera operation	1				
15	Staging pressure ulcers			1		
16	Obtain wound culture	1		1		
17	Interpret culture results: wound, blood, urine, sputum			10		

Preceptor Name	Signature	Initials

Emergency Medicine						
Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
1	Perform full ER H&P			5		
2	Care for patient with life threatening injuries: hemostasis, CPR, airway management	5		2		
3	Interpret bodily fluid analysis: CSF, peritoneal, pleural			1		
4	Perform neurological evaluation			1		
5	Sterile technique for minor procedures			5		
6	Venipuncture	1		1		
7	IV placement	1		1		
8	Interpret fingerstick blood glucose			1		

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
9	Interpret arterial blood gases			5		
10	Begin/titrate supplemental O2	5		1		
11	IM/SQ injections	5		3		
12	Ocular exam			2		
13	Application of fluorescein stain	1		1		
14	Removal of cerumen/impaction	1		1		
15	Endotracheal intubation	1		1		
16	Nasogastric tube placement	1		1		

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
17	Epistaxis care	1		1		
18	Compression dressing for hemostasis	1				
19	Local anesthesia: topical, regional			2		
20	Central Line Insertion	1				
21	Chest tube insertion	1				
22	Lumbar puncture	1				
23	Obtain/interpret electrocardiogram			4		
24	Obtain/interpret spirometric testing PFTs			2		

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
25	Place patient on BiPAP or non-rebreather			2		
26	Urinary bladder catheterization (male or female)	2		2		
27	Perform DRE (digital rectal exam)	2		2		
28	Perform/interpret hemoccult testing			5		
29	Joint injection/aspiration	2		1		
30	Stabilization of fracture or sprain: casting, splinting, sling	2				
31	BLS (as documented by current BLS card)	1				
32	ACLS (as documented by current ACLS card)	1				

Preceptor Name	Signature	Initials

**Women's Health**

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
1	Perform full obstetrical/prenatal H&P/progress note			5		
2	Obtain complete menstrual history			10		
3	Obtain complete sexual history			10		
4	Breast exam	2		1		
5	Pelvic/bimanual exam			3		
6	PAP smear			10		
7	Cervical swab, culture			5		
8	Dipstick urinalysis			2		

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
9	Interpret laboratory diagnostics specific to women's health: PAP smear, UA, hCG, KOH			3		
10	Interpret ultrasonography radiology report			5		
11	Fetal heart tones (Doppler or US)			5		
12	Fundal height measurement			5		
13	Give patient gynecologic education: menstruation, contraception, menopause, HRT, cancer prevention			3		
14	Give patient prenatal education: family planning, pregnancy, nutrition, post-partum			5		

Preceptor Name	Signature	Initials

## Family Medicine

### Internal Medicine

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
1	Perform comprehensive H&P			8		FM
						IM
						Other
2	Perform focused H&P			50		FM
						IM
						Other
3	Perform geriatric assessment			5		FM
						IM
						Other
4	Assess ADLs/IADLs			5		FM
						IM
						Other
5	Perform male GU examination: prostate, testicular	1		1		FM
						IM
						Other
6	Construct admission orders	1		1		FM
						IM
						Other
7	Order appropriate diagnostic testing modalities			15		FM
						IM
						Other
8	Perform peak flow measurements			1		FM
						IM
						Other
9	Interpret rapid influenza testing			3		FM
						IM
						Other
10	Interpret CBC results			15		FM
						IM
						Other

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
11	Interpret CMP/BMP results			15		FM
						IM
						Other
12	Interpret PT/INR results			5		FM
						IM
						Other
13	Interpret lipid panel results			15		FM
						IM
						Other
14	Interpret uric acid results			1		FM
						IM
						Other
15	Interpret mono spot test			1		FM
						IM
						Other
16	Interpret hepatitis A, B, C lab results			1		FM
						IM
						Other
17	Interpret rapid strep test results			3		FM
						IM
						Other
18	Diabetic foot exam			1		FM
						IM
						Other
19	Interpret diagnostic imaging: US, CXR, CT, MRI results			5		FM
						IM
						Other
20	Give patient diabetic education: ocular, skin health maintenance			5		FM
						IM
						Other
21	Perform counseling for/order cancer prevention diagnostics/smoking cessation			15		FM
						IM
						Other

22	Perform counseling for/order cardiac prevention diagnostics/treatment			5		FM
						IM
						Other
Preceptor Name			Signature			Initials
FM						
IM						
Other						

## Behavioral Health

Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
1	Perform comprehensive psychiatric H&P			5		
2	Perform mental status exam			5		
3	Interpret urine/blood toxicology report			5		
4	Give patient education regarding contraception during use of psychiatric medication			1		
5	Give patient education regarding nutrition			5		
6	Give patient education regarding exercise			5		
7	Give patient education regarding suicide risk management			5		
8	Give patient education regarding situations of abuse			5		
9	Give patient education regarding support groups			5		

Preceptor Name	Signature	Initials

Pediatrics						
Technical Skill		Observe		Perform		Faculty/Preceptor Initials
		Required	Completed	Required	Completed	
1	Perform comprehensive/focused infant examination			8		
2	Perform comprehensive/focused child examination			8		
3	Perform comprehensive/focused adolescent examination			8		
4	Perform well infant physical examination			2		
5	Perform well child physical examinations			2		
6	Perform well adolescent physical examinations			2		
7	Perform otoscope exam			5		

8	Perform growth chart evaluation			5		
9	Perform patient education on immunization recommendations			5		
10	Patient education regarding pediatric nutrition			5		
11	Patient education regarding developmental milestones			5		

Preceptor Name	Signature	Initials

# Appendix C

## CORE Logging Requirements

### TIME LOGS

Listed below are the specific time log requirements for each rotation:

**1. Hours** – The **\*minimum** required hours for each rotation are 180 hours/5-week rotation.

- a. Students will log shift/conference hours concomitantly.
- b. Students will log total time (in hours) for every “working” day.
- c. Students will log conference time, if applicable (i.e. Grand Rounds {GR}, American Academy of Physician Associates {AAPA}, Kentucky Academy of Physician Assistants {KAPA}).
  - Specific conference information should be logged in *CORE*.
- d. ***All time logs must be entered in the CORE system no later than 11:59 pm on the last day of each rotation (See Time/Case Log Submission Deadline Dates).***

***\*Any student who anticipates falling short of these hours must notify the Course Director prior to the end of the rotation via email. Supplemental training will be assigned based on the information gathered. The student will be required to complete this training no later than seven days after completion of the respective rotation. (See Supplemental Training Deadline Dates)***

### SUPPLEMENTAL TRAINING DEADLINE DATES - TENTATIVE

Semester	Rotation	Completion Deadline
Spring	1	2/13/28
Spring	2	3/22/28
Spring	3	4/29/28
Summer	4	6/11/28
Summer	5	7/19/28
Summer	6	8/26/28

Fall	7	10/4/28
Fall	8	11/11/28

## CASE LOGS

Thorough and accurate documentation of the students' patient care experiences during each clinical rotation is essential. Students are expected to participate in the care of patients through encounters that are preventive, emergent, acute, and chronic in nature. Students must also participate in encounters with patients across the entire lifespan, including care for infants, children, adolescents, adults, and the elderly. Furthermore, documentation of participation in the care of patients with women's health issues (gynecology and prenatal care), surgical patients (pre-operative care, intra-operative care, post-operative care), patients receiving care in the emergency department, inpatient, outpatient, operating room, and evaluation and management of patients with behavioral and mental health conditions is also required.

Students may complete the required patient encounters through experiences in various rotation disciplines across the clinical year. (i.e. a pediatric encounter may occur in the emergency medicine or family medicine rotation).

**2. Case logs** – The goal for case logging is to demonstrate participation in the care of a wide variety of patient diagnoses, a diverse patient population and a range of acuity levels. *Students should refer to Appendix B for Minimum Patient Encounter Requirements.*

Students should document case logs **promptly** (same day as patient care visit). Under no circumstances should students wait longer than 24 – 48 hours to log their cases. Timely and accurate documentation is a critical component of the clinical year.

Students must log the following:

- a. The **\*\*minimum** requirement for patient case logging is:
  - **Minimum case log total: 75 per rotation**
- b. Students may utilize clinic “down time” to input case logs into the *CORE* system; however, this logging should **not** be completed in lieu of opportunities for patient care or if the preceptor has other ancillary work/studying for the student to perform/complete.
- c. All case logs must include the following data **at a minimum** in order to be approved:

- Appropriate general information
- Patient demographics
- Clinical information, including at least one *Reason for Visit*
- Diagnoses/Procedures codes as follows:
  - At least one diagnosis (ICD-10) code per case log
  - At least one Current Procedural Terminology (CPT) code per case log
    - One procedure (CPT) code must be an Evaluation & Management (E&M) code
    - Other CPT codes should be documented when appropriate
- Clinical procedures (if applicable)
- Psychosocial elements
- Disposition
- Medications taken/prescriptions written
- *SOAP notes or other brief notes may be entered in the Notes section, but must be HIPAA compliant.*

***\*\*Any student who anticipates falling short of the required number of case logs/rotation must notify the Course Director prior to the end of the rotation via email.***

***The Clinical Education Department reserves the right to replace a student's elective rotation with an additional core rotation if needed to ensure the student obtains the required patient encounters and/or technical skills.***

***All case logs must be entered in the CORE system no later than 11:59 pm on the last day of each rotation (See Time/Case Log Submission Deadline Dates).***

**TIME/CASE LOG SUBMISSION DEADLINE DATES - TENTATIVE**

Semester	Rotation	Submission Deadline
Spring	1	2/6/28
Spring	2	3/15/28

Spring	3	4/22/28
Summer	4	6/4/28
Summer	5	7/12/28
Summer	6	8/19/28
Fall	7	9/27/28
Fall	8	11/4/28

### PROCEDURES

**3. Procedures-** An important aspect of the clinical year is the exposure to and completion of clinical procedures. Students should be aware that state licensing boards, employers and hospital credentialing departments require accurate documentation of these skills and procedures. In order to accomplish this, students will log the following:

- a. **Every** procedure participated in, whether observed, assisted or performed independently
- b. **All clinical skills**, such as interpretation of diagnostics/lab studies or performance of specific exam techniques (i.e. diabetic foot exam)
- c. All skill logs must include the following data **at a minimum** in order to be approved:
  - Appropriate general information
  - Patient demographics
  - Clinical information, to include *Chief Complaint & Reason for Visit*
  - CPT procedure code(s)
  - Psychosocial element(s)

*\*\*Any student who has concerns about receiving adequate exposure to the recommended procedures during any given rotation is encouraged to notify the Course Director.*

# Appendix D

## Note Submission Requirements

1. Students will submit at least one clinical note per rotation (number of clinical note assignments is dependent upon the specialty and environment of the rotation. Refer to your clinical syllabi for further breakdown of the assignment list.)
2. Each student must email the following *CORE* case log information to Course Director or designated faculty member no later than 11:59 pm on the submission deadline date with the following information:
  - Case log ID #
  - Date of note entry
4. All notes must be submitted no later than 11:59 pm on the 3<sup>rd</sup> Sunday of the rotation. (See Note Submission Deadline Dates).
5. The following information must be included at the top of every note submitted:
  - Case log ID #
  - Date of note entry
  - Rotation discipline (Behavioral Health, Emergency Medicine, Internal Medicine, Family Medicine, Pediatrics, Surgery, Women's Health, Clinical Elective)
  - Lifespan category (infant, child, adolescent, adult, elderly)
  - Patient encounter type (acute, chronic, emergent, preventive)
  - Note type (Progress Note, H&P, Pre-op, Post-op, Procedure, Prescription, Admission Note, Discharge Summary)
  - Specific setting (emergency department, inpatient, outpatient, operating room)
6. Any note not submitted by the submission deadline listed will incur a 0% for the assignment in any given rotation. *Two or more late submissions will result in referral to the Student Progress and Professionalism Committee, in addition to grade reduction addressed above.*

7. Notes will be graded by the program faculty utilizing an established rubric. Faculty will provide feedback and make suggestions for improvements on all notes, regardless of grade.

8. Student must receive at least an 79.50% on all 13 required notes. *Failure to achieve a passing score on any note will result in note writing remediation.* Note writing remediation will be supervised by a designated faculty member.

## **2028 SUBMISSION DEADLINES**

### **NOTE SUBMISSION DEADLINE DATES - TENTATIVE**

<b>Semester</b>	<b>Rotation</b>	<b>Submission Deadline</b>
Spring	1	1/23/28
Spring	2	2/27/28
Spring	3	4/2/28
Summer	4	5/21/28
Summer	5	6/25/28
Summer	6	7/30/28
Fall	7	9/10/28
Fall	8	10/15/28



Didactic/Clinical Coordinator Date/Initials: \_\_\_\_/\_\_\_\_

CORE

# Appendix F

## **Brescia University Physician Assistant Program Infection Control Policy**

The objective of the following guidelines is to prevent the spread of infection and avoid exposure to blood and body fluid pathogens.

### ***General:***

It is the policy of the Brescia University Physician Assistant program to follow the guidelines and recommendations made by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding STANDARD PRECAUTIONS. Prior to clinical rotations, students will receive training regarding STANDARD PRECAUTIONS.

### **Standard Precautions**

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents.

These practices include:

1. Hand hygiene
2. The use of personal protective equipment (PPE) (e.g., gloves, gowns, masks) for mouth, nose, eye protection
3. Safe injection practices
4. Safe handling of potentially contaminated equipment or surfaces in the patient environment, and
5. Respiratory hygiene/cough etiquette

In addition to Standard Precautions, students will receive training in the three categories of Transmission-Based Precautions:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.

Students may access details of this information at any time at the CDC website:

[http://www.cdc.gov/hicpac/2007IP/2007ip\\_part4.html](http://www.cdc.gov/hicpac/2007IP/2007ip_part4.html)

## Exposure to Bloodborne Pathogens

Strict adherence to standard precautions is the first step to prevention of exposure to bloodborne pathogens. Should a student sustain an injury or exposure (including a needle stick injury) in a laboratory or classroom setting, the instructor should be notified immediately and a Program incident report submitted. If exposure occurs at a clinical site, the student should report the incident immediately to the preceptor, complete the clinical site's incident form (if required), and receive appropriate medical care. The student is then required to contact the Clinical Coordinator regarding the incident. Students will also be required to complete and submit an incident report to the Clinical Coordinator as soon as possible. Students will be responsible for initiating care and obtaining recommended follow up after injury or exposure to possible infectious pathogens. Injuries that occur and any costs associated with an incident will not be covered or reimbursed by the University. All costs for evaluation and treatment are the responsibility of the student. Each student is required to carry their own individual health insurance. Students should follow the steps outlined in the section titled "Post-Exposure Procedure" and "Student Injuries or Exposures". Exposure is defined as a demonstrated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

### THE FOLLOWING PROCEDURE SHOULD BE INITIATED AND FOLLOWED AFTER AN EXPOSURE:

#### *Post-Exposure/Injury Procedure:*

1. **Aggressive local wound care** to the site of exposure should be initiated immediately. Percutaneous wounds should be expressed to promote bleeding. The site should be cleansed thoroughly with soap and water using a surgical hand brush when possible. It may be beneficial to use an antiseptic, such as chlorhexidine gluconate (Foam Carer CHG), an iodophor (EZ Scrub, Betadine), or Dakins solution (dilute 1:9 buffered sodium hypochlorite). Difficult to scrub areas should be soaked in chlorhexidine gluconate (Foam Carer CHG) or other antiseptic. Non-intact skin should be cleansed with soap and water. It may be beneficial to use an antiseptic as described above. Mucous membrane exposures (e.g., eye splashes) should be irrigated thoroughly with tap water using the nearest eye washing station (or faucet if none available).
2. **The incident should be reported immediately** to the student's supervisor, instructor, preceptor, or department manager.

If exposure occurs at a clinical site, the student should report the incident immediately to the preceptor, complete the clinical site's incident form (if required), and receive appropriate medical care. The student is then required to contact the Clinical Coordinator regarding the incident. Students will also be required to complete and submit an incident report to the Clinical Coordinator as soon as possible.

3. **Post-Exposure Prophylaxis protocol should be initiated.** The student may access the post exposure hotline by the following methods:

<https://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide-for-occupational-exposures/>

OR

[The National Clinicians' Consultation Center:](#)

For the Post-Exposure Prophylaxis Hotline Phone: 1-888-448-4911

Hours: 9:00 a.m. – 8 p.m. ET (Monday-Friday) 11:00 a.m. – 8 p.m. (Weekends & Holidays)

Hepatitis C

Phone: (844) 437-4636 or (844) HEP-INFO

9 a.m. – 8 p.m. ET, Monday – Friday

HIV/AIDS Management Phone: (800) 933-3413

9 a.m. – 8 p.m. ET, Monday – Friday

Perinatal HIV/AIDS Phone: (888) 448-8765

24 hours, Seven days a week

4. **Access to emergency health care is recommended**, and the student is urged to become informed about current (PEP) guidelines in order to receive the most effective treatment within the recommended timeframe.

5. Finally, the student must notify the Clinical Coordinator or if unavailable, the Program Director. In addition, the Brescia University Physician Assistant Program incident form must be completed and sent to the Clinical Coordinator within 48 hours of the exposure.

***If a potentially infectious exposure occurs, do not allow feelings of embarrassment, a large workload, or misplaced peer pressures to prevent you from reporting the event immediately. Needlesticks and other exposures can be life-threatening. Responsible health care providers recognize that unintentional injuries and occupational exposures may occur and must be evaluated by competent, objective, and experienced medical professionals.***

**IMPORTANT:**

All charges incurred by Physician Assistant Program students for medical visits, labs or x-ray studies, and prescribed medications related to an injury, needlestick, blood or body fluid exposures are the student's responsibility. **Students must maintain health insurance throughout their educational experience at the Brescia University Physician Assistant Program. All medical or health care services (emergency or otherwise) that the student receives or requires are the student's responsibility and are at the student's expense.**

# Appendix G

## Program Incident Form

Student Name: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location of Incident: \_\_\_\_\_

Nature of Incident: \_\_\_\_\_

Incident Cause: \_\_\_\_\_

Give brief description of incident, including predominating and contributing causes as well as actions taken following the incident:

State corrective action taken to prevent recurrence. Indicate if further investigation is warranted.

Did you seek medical care? Yes No

Date/Time/Method Program was notified: \_\_\_\_\_

Date/Time of Report to preceptor/clinical department manager: \_\_\_\_\_

Name of Faculty/Advisor reviewing the report: \_\_\_\_\_

Signature of Faculty/Advisor reviewing the report: \_\_\_\_\_

Signature of Injured Student: \_\_\_\_\_

**CLASS OF 2028  
CLINICAL HANDBOOK  
SIGNATURE SHEET**

I, \_\_\_\_\_, have received and read the Brescia University Physician Assistant Program Class of 2028 Clinical Handbook.

I fully understand this information and hereby agree to abide by the Physician Assistant Program policies contained within the Brescia University Physician Assistant Program Clinical Handbook. Additionally, I agree to abide by all rules and regulations as set forth in the Brescia University Student Handbook and in the Brescia University Physician Assistant Program Policies and Guidelines Handbook.

I understand my obligation to successfully complete all rotation requirements in the outlined timeframe. I also understand that I am responsible for all additional costs associated with completion of the clinical phase of my training, including travel costs, relocation costs, or fees associated with the credentialing process. I understand that the Physician Assistant Program reserves the right to make the final rotation assignment for each rotation. The program also reserves the right to make changes in any student's rotation schedule based on performance or availability of rotation sites.

I understand that amendments may be made to the policy and procedures noted within. I hereby agree to comply with all provisions listed in this manual and any future amendments.

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

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