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Clinical Year Administration
2017-2018

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Clinical Year Mission Statement

Mission Statement

The Penn State Hershey Physician Assistant Program’s mission is to prepare graduates to be academically, clinically, professionally, and culturally competent in the delivery of health care services to patients in the community in which they will practice. Our PA Program will foster an attitude of student-centered learning which puts the focus of education on preparing its graduates to apply clinical reasoning and an evidence-based approach in a compassionate, comprehensive, and cost-effective manner. Students actively participate in the delivery of medical care to patients of all ages, in the hospital, ambulatory settings, specialty practices and primary care. Students in the clinical year serve as advocates for the PA profession with their physician supervisors, other health care professionals, patients, and their families. PA students strengthen their education and involvement with communities at their clinical sites through community service activities.

Purpose of Clinical Rotations

The purpose of the clinical training of the physician assistant program is to provide the student supervised exposure to the practice of medicine in specific disciplines and settings.

The physician assistant student shall be considered an extension of his/her specific Preceptors/Physicians and is permitted to perform tasks delegated to him/her by the supervising preceptor. Although the specific role of the physician assistant student will vary from rotation to rotation, there are certain broad guidelines that should be followed by the preceptor, clinical faculty, and physician assistant student.

Guidelines for Clinical Preceptorships:

- To monitor the activities of the student in a manner that will afford the Preceptor and the PA Program a continuous and objective assessment of the student’s performance throughout the practical training. During Clinical Rotations, students learn the body of knowledge and clinical skills of each specialty within the framework of the health care team and the PA role.

- To provide a mechanism by which the PA student continues to learn as he/she practices. This formal mechanism can provide a means of continuing education by giving the student feedback of his/her performance. While the procedures set forth are not to be constructed as inflexible rules, it should be understood that a basic framework is essential for students in our present medical care delivery system.

- With the guidance and supervision of the clinical preceptors, and with specific structured feedback mechanisms, students’ progress to higher levels of clinical responsibility as their skills and confidence develop. The PA Program provides structured learning activities and timely feedback to students during the clinical year. Students take increasing responsibility for their education, developing the skills to provide patient care, function in a team approach, adjust to changes in the health care system, practice evidence based medicine and become lifelong learners. Students complete the clinical year with the foundation of medical knowledge, clinical skills, professional behavior, and values to serve the public and uphold the principles of the Penn State Hershey PA Program and the PA profession.
General Professional Objectives:

- To impact the base of biomedical and clinical knowledge and technical skills at a level that is required for students to become competent professionals. The emphasis is on primary care practice.
- To provide an ample experiential foundation that prepares students to perform the tasks, functions and duties of a physician assistant in a diverse practice setting.
- To mold students as professionals, instilling an appropriate professional demeanor and sensibility while imparting an understanding of the nature and impact mental and physical disease in patients, which will enable students to respond appropriately to patient problems in both ambulatory and hospital settings.
- To cultivate the fundamental ethical and moral attitudes, principles and behaviors that is essential in acquiring and sustaining the confidence of colleagues and other health care professionals in practice settings, to patients and having the support of the community.
- To broaden the base and depth of biomedical, scientific and clinical knowledge and skills imparted to physician assistants by providing a foundation conducive to competent scholarly inquiry and analysis.
- To provide an advanced educational tract that will encourage the retention of experienced PA practitioners within the profession.
- To develop an understanding of risk management and malpractice.
2017-2018
CLINICAL ROTATION SCHEDULE

2017

Summer Semester

Rotation 1
May 22nd to June 23rd
Rotation 2
June 26th to July 28th
Rotation 3
July 31st to September 1st

Vacation:
September 4th to September 8th

Fall Semester

Rotation 4
September 11th to October 13th
Rotation 5
October 16th to November 17th
Rotation 6
November 20th to December 22nd

Winter Break:
December 25th to January 5th

2018

Spring Semester

Rotation 7
January 8th to February 9th
Rotation 8
February 12th to March 16th
Rotation 9
March 19th to April 20th

Summer Break
April 23rd to April 25th
Summative Week
April 26th to May 4th
Board Review Week
May 7th to May 11th
Vacation
May 14th to May 18th
Graduation
May 20, 2018

Scheduled Call Back Days

Rotation 1 – Friday, June 23, 2017
Rotation 2 – Friday, July 28, 2017
Rotation 3 – Friday, September 1, 2017
Rotation 4 – Friday, October 13, 2017
Rotation 5 – Friday, November 17, 2017
Rotation 6 – Friday, December 22, 2017
Rotation 7 – Friday, February 9, 2018
Rotation 8 – Friday, March 16, 2018
Rotation 9 – Friday, April 20, 2018

CALL BACK DAY: All PA students return to PSCOM to take end of rotation exams and perform assigned tasks. All students taking the Family Medicine exam will return to campus the afternoon before call back day at 1:00 PM to sit for the exam.
Call Back Day Group Assignments

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brice</td>
<td>Lebo</td>
<td>B. Ross</td>
</tr>
<tr>
<td>Caloz</td>
<td>Mann</td>
<td>T. Ross</td>
</tr>
<tr>
<td>Damo</td>
<td>Martin</td>
<td>Shaley</td>
</tr>
<tr>
<td>Datlow</td>
<td>Maul</td>
<td>Shaw</td>
</tr>
<tr>
<td>Donahue</td>
<td>McClellan</td>
<td>Stauffer</td>
</tr>
<tr>
<td>Ehlert</td>
<td>Munkacsy</td>
<td>Strahl</td>
</tr>
<tr>
<td>Goodwin</td>
<td>Nall</td>
<td>Straube</td>
</tr>
<tr>
<td>Harchandrai</td>
<td>Ostrow</td>
<td>Wilkins</td>
</tr>
<tr>
<td>Jones</td>
<td>Poplawski</td>
<td>Woo</td>
</tr>
<tr>
<td>Knostman</td>
<td>Yegiazarov</td>
<td></td>
</tr>
</tbody>
</table>

The schedule will be as follows:

R1 6/23/17  Oral Exams: Group A
Directed Practicals: Group B
Case Presentations: Group C

R2 7/28/17  Oral Exams: Group C
Directed Practicals: Group A
Case Presentations: Group B

R3 9/01/17  Oral Exams: Group B
Directed Practicals: Group C
Case Presentations: Group A

R4 10/13/17 Oral Exams: Group A
Directed Practicals: Group B
Case Presentations: Group C

R5 11/17/17 Oral Exams: Group C
Directed Practicals: Group A
Case Presentations: Group B

R6 12/22/17 Oral Exams: Group B
Directed Practicals: Group C
Case Presentations: Group A

R7 2/9/18   Oral Exams: Group A
Directed Practicals: Group B
Case Presentations: Group C

R8 3/16/18  Oral Exams: Group C
Directed Practicals: Group A
Case Presentations: Group B

R9 4/20/18  Oral Exams: Group B
Directed Practicals: Group C
Case Presentations: Group A

Tentative Call Back Day schedules are listed next. A final version of the schedule will be sent out prior to the call back day.
### CALL BACK DAY #1 AGENDA

*Clinical Year 2017-2018*

#### Thursday, June 22, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 4:00 PM</td>
<td>Family Medicine End of Rotation Exam</td>
<td>C2607</td>
</tr>
</tbody>
</table>

#### Friday, June 23, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 9:00 AM</td>
<td>End of Rotations Exam PA student in assigned seat (mandatory)</td>
<td>C5621</td>
</tr>
<tr>
<td>9:00-9:20 AM</td>
<td>Announcements</td>
<td>Faculty/Class Officers</td>
</tr>
<tr>
<td>9:30 – 11:00 PM</td>
<td>Oral Exams – Group A</td>
<td>Program office</td>
</tr>
<tr>
<td></td>
<td>Clinical Skills Practical – Group B</td>
<td>SIM Lab Rooms 6 &amp; 7</td>
</tr>
<tr>
<td>11:15-12:30 PM</td>
<td>Case Presentations – Group C Group 1:</td>
<td>C3621/HG305</td>
</tr>
<tr>
<td></td>
<td>Group 2:</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 PM</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1:00 – 4:00 PM</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

Attendance is mandatory for all events

*Unexcused absences will result in 5 pt. deduction from final grade.*

*All Call Back Day Schedules are subject to change at the program’s discretion.*

*It may be necessary to be on campus until 5pm.*
# CALL BACK DAY #2 AGENDA

Clinical Year 2017-2018

## Thursday, July 27, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 11:00 AM</td>
<td>Family Medicine End of Rotation Exam</td>
<td>C2607</td>
</tr>
</tbody>
</table>

## Friday, July 28, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 9:00 AM</td>
<td>End of Rotations Exam</td>
<td>C4618/Lecture Room A</td>
</tr>
<tr>
<td></td>
<td>PA student in assigned seat (mandatory)</td>
<td></td>
</tr>
<tr>
<td>9:00-9:20 AM</td>
<td>Announcements</td>
<td></td>
</tr>
<tr>
<td>9:30 – 11:00 PM</td>
<td>Oral Exams – Group C</td>
<td>Program office</td>
</tr>
<tr>
<td></td>
<td>Clinical Skills Practical – Group A</td>
<td>SIM Lab (2)</td>
</tr>
<tr>
<td>11:15-12:30 PM</td>
<td>Case Presentations – Group B</td>
<td>C3621/HG305</td>
</tr>
<tr>
<td></td>
<td>Group 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 2:</td>
<td></td>
</tr>
<tr>
<td>12:00 – 4:30 PM</td>
<td>RISE AGAINST HUNGER</td>
<td>C5621</td>
</tr>
<tr>
<td></td>
<td>(Pizza Provided)</td>
<td></td>
</tr>
</tbody>
</table>

Attendance is mandatory for all events
Unexcused absences will result in 5 pt. deduction from final grade.
All Call Back Day Schedules are subject to change at the program’s discretion.
It may be necessary to be on campus until 5pm.
# CALL BACK DAY #3 AGENDA

**Clinical Year 2017-2018**

## Thursday, August 31, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Family Medicine</strong> End of Rotation Exam</td>
<td>C2607</td>
</tr>
</tbody>
</table>

## Friday, September 1, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 9:00 AM</td>
<td>End of Rotations Exam</td>
<td>C5621/Lecture Room B</td>
</tr>
<tr>
<td></td>
<td>PA student in assigned seat (mandatory)</td>
<td></td>
</tr>
<tr>
<td>9:15 – 10:45 AM</td>
<td><strong>Oral Exams – Group B</strong></td>
<td>Program office</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Skills Practical – Group C</strong></td>
<td>SIM Lab (5, 8 &amp; 9)</td>
</tr>
<tr>
<td>11:00-12:30 PM</td>
<td><strong>Case Presentations – Group A</strong></td>
<td>CG624E/HG305</td>
</tr>
<tr>
<td></td>
<td>Group 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 2:</td>
<td></td>
</tr>
<tr>
<td>12:30-1:00 PM</td>
<td><strong>LUNCH</strong></td>
<td></td>
</tr>
<tr>
<td>1:00-4:00 PM</td>
<td><strong>Lecture</strong></td>
<td>TBD</td>
</tr>
</tbody>
</table>

### Attendance is mandatory for all events

Unexcused absences will result in 5 pt. deduction from final grade.

All Call Back Day Schedules are subject to change at the program’s discretion.

It may be necessary to be on campus until 5pm.
### CALL BACK DAY #4 AGENDA

Clinical Year 2017-2018

---

**Thursday, October 12, 2017**

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Family Medicine</strong> End of Rotation Exam</td>
<td>C2607</td>
</tr>
</tbody>
</table>

**Friday, October 13, 2017**

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 9:00 AM</td>
<td>End of Rotations Exam PA student in assigned seat (mandatory)</td>
<td>C5621/Lecture Room B</td>
</tr>
<tr>
<td>9:15 – 11:00 PM</td>
<td><strong>Oral Exams – Group A</strong></td>
<td>Program office</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Skills Practical – Group B</strong></td>
<td>SIM Lab (3 rooms)</td>
</tr>
<tr>
<td>11:15-12:30 PM</td>
<td><strong>Case Presentations – Group C</strong> Group 1:</td>
<td>CG624E/HG305</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Group 2:</td>
</tr>
<tr>
<td>12:30 – 1:00 PM</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1:00 - 4:00 PM</td>
<td><strong>Lecture/TBL</strong></td>
<td>C5621</td>
</tr>
</tbody>
</table>

**Attendance is mandatory for all events**  
Unexcused absences will result in 5 pt. deduction from final grade.  
All Call Back Day Schedules are subject to change at the program’s discretion.  
It may be necessary to be on campus until 5pm.
# CALL BACK DAY #5 AGENDA

**Clinical Year 2017-2018**

## Thursday, November 16, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Family Medicine</strong> End of Rotation Exam</td>
<td>C2607</td>
</tr>
</tbody>
</table>

## Friday, November 17, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15 – 8:45 AM</td>
<td>End of Rotations Exam</td>
<td>C7619/Lecture Room D</td>
</tr>
<tr>
<td></td>
<td>PA student in assigned seat (mandatory)</td>
<td></td>
</tr>
<tr>
<td>9:00-9:20 AM</td>
<td>Announcements</td>
<td>Faculty/Class Officers</td>
</tr>
<tr>
<td>9:30 – 11:00 PM</td>
<td><strong>Oral Exams – Group C</strong></td>
<td>Program office</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Skills Practical – Group A</strong></td>
<td>SIM Lab (3 rooms)</td>
</tr>
<tr>
<td>11:15-12:30 PM</td>
<td><strong>Case Presentations – Group B</strong></td>
<td>CG624E/HG305</td>
</tr>
<tr>
<td></td>
<td>Group 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 2:</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 PM</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1:00-4:00 PM</td>
<td>Lecture</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Attendance is mandatory for all events**

Unexcused absences will result in 5 pt. deduction from final grade.

All Call Back Day Schedules are subject to change at the program’s discretion.

It may be necessary to be on campus until 5pm.
# CALL BACK DAY #6 AGENDA

**Clinical Year 2017-2018**

## Thursday, December 21, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Family Medicine</strong> End of Rotation Exam</td>
<td>C2607</td>
</tr>
</tbody>
</table>

## Friday, December 22, 2017

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 9:00 AM</td>
<td>End of Rotations Exam</td>
<td>C5621/Lecture Room B</td>
</tr>
<tr>
<td>9:00 – 11:00 PM</td>
<td><strong>Oral Exams – Group B</strong></td>
<td>Program Office</td>
</tr>
<tr>
<td></td>
<td>9:00-9:10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:15-9:35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:25-9:35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:40-10:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10:00-10:10</td>
<td></td>
</tr>
<tr>
<td>9:00-9:30:</td>
<td><strong>Clinical Skills Practical – Group C</strong></td>
<td>SIM Lab (2 rooms)</td>
</tr>
<tr>
<td>9:30-10:00:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00-10:30:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:15-12:30 PM</td>
<td><strong>Case Presentations – Group A</strong></td>
<td>C3621/HG305</td>
</tr>
<tr>
<td></td>
<td>Group 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 2:</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 PM</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1:00 – 4:00 PM</td>
<td>Lecture</td>
<td>C5621</td>
</tr>
</tbody>
</table>

Attendance is mandatory for all events

*Unexcused absences will result in 5 pt. deduction from final grade.*

*All Call Back Day Schedules are subject to change at the program’s discretion.*

*It may be necessary to be on campus until 5pm.*
# CALL BACK DAY #7 AGENDA

## Clinical Year 2017-2018

### Thursday, February 8, 2018

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Family Medicine</strong> End of Rotation Exam</td>
<td>C2607</td>
</tr>
</tbody>
</table>

### Friday, February 9, 2018

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 9:00 AM</td>
<td>End of Rotations Exam</td>
<td>C5621/Lecture Room B</td>
</tr>
<tr>
<td></td>
<td>PA student in assigned seat (mandatory)</td>
<td></td>
</tr>
<tr>
<td>9:00-9:20</td>
<td>Announcements</td>
<td>Faculty/Class Officers</td>
</tr>
<tr>
<td>9:30 – 10:45 PM</td>
<td><strong>Oral Exams – Group A</strong></td>
<td>Program office</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Skills Practical – Group B</strong></td>
<td>SIM Lab (3 rooms)</td>
</tr>
<tr>
<td>11:00-12:15 PM</td>
<td><strong>Case Presentations – Group C</strong></td>
<td>C3621/HG305</td>
</tr>
<tr>
<td></td>
<td>Group 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 2:</td>
<td></td>
</tr>
<tr>
<td>12:15 – 1:00 PM</td>
<td><strong>LUNCH (bring your own)</strong></td>
<td></td>
</tr>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Lecture/TBL</strong></td>
<td>C5621</td>
</tr>
</tbody>
</table>

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Attendance is mandatory for all events.

Unexcused absences will result in 5 pt. deduction from final grade.

All Call Back Day Schedules are subject to change at the program’s discretion.

It may be necessary to be on campus until 5pm.
# CALL BACK DAY #8 AGENDA
*Clinical Year 2017-2018*

**Thursday, March 15, 2018**

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Family Medicine</strong> End of Rotation Exam</td>
<td>C2607</td>
</tr>
</tbody>
</table>

**Friday, March 16, 2018**

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 9:00 AM</td>
<td>End of Rotations Exam</td>
<td>C5621/Lecture Room B</td>
</tr>
<tr>
<td></td>
<td>PA student in assigned seat (mandatory)</td>
<td></td>
</tr>
<tr>
<td>9:15 – 11:00 PM</td>
<td><strong>Oral Exams – Group C</strong></td>
<td>Program office</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Skills Practical – Group A</strong></td>
<td>SIM Lab (2 rooms)</td>
</tr>
<tr>
<td>11:15-12:30 PM</td>
<td><strong>Case Presentations – Group B</strong></td>
<td>C3621/HG305</td>
</tr>
<tr>
<td></td>
<td>Group 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 2:</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 PM</td>
<td><strong>LUNCH</strong></td>
<td></td>
</tr>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Graduation Preparation Topics</strong></td>
<td>C6616/Lecture Room C</td>
</tr>
<tr>
<td></td>
<td>Credentialing Process</td>
<td>Kathy Remlinger</td>
</tr>
<tr>
<td></td>
<td>Summative Week Overview</td>
<td>Genga</td>
</tr>
</tbody>
</table>

Attendance is mandatory for all events
Unexcused absences will result in 5 pt. deduction from final grade.
All Call Back Day Schedules are subject to change at the program’s discretion.
It may be necessary to be on campus until 5pm.
## CALL BACK DAY #9 AGENDA
### Clinical Year 2017-2018

### Thursday, April 19, 2018

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 4:00 PM</td>
<td><strong>Family Medicine</strong> End of Rotation Exam</td>
<td>C2607</td>
</tr>
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</table>

### Friday, April 20, 2018

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
<th>PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 9:00 AM</td>
<td>End of Rotations Exam</td>
<td>C6616/Lecture Room C</td>
</tr>
<tr>
<td></td>
<td>PA student in assigned seat (mandatory)</td>
<td></td>
</tr>
<tr>
<td>9:00-9:20</td>
<td>Announcements</td>
<td>Faculty/Class Officers</td>
</tr>
<tr>
<td>9:30 – 11:00 PM</td>
<td><strong>Oral Exams – Group B</strong></td>
<td>Program office</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Skills Practical – Group C</strong></td>
<td>SIM Lab (3 rooms)</td>
</tr>
<tr>
<td>11:15-12:30 PM</td>
<td><strong>Case Presentations – Group A</strong></td>
<td>C3621/HG305</td>
</tr>
<tr>
<td></td>
<td>Group 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 PM</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1:00 – 4:00 PM</td>
<td>Review Session/Lecture</td>
<td>C6616</td>
</tr>
</tbody>
</table>

Attendance is mandatory for all events.
Unexcused absences will result in 5 pt. deduction from final grade.
All Call Back Day Schedules are subject to change at the program’s discretion.
It may be necessary to be on campus until 5pm.
CLINICAL YEAR EDUCATION POLICIES AND PROCEDURES

A. Policy and Procedure: Clinical Site Reassignment
   a. Students may be reassigned at the discretion of the Clinical Coordinator and Program Director, based on academic performance and professional development.

B. Policy and Procedure: Communication with Clinical Coordinator
   a. **Immediately identify areas of concerns**
   b. Students are required to contact the Clinical Coordinator the first week of each clinical assignment via e-mail.
   c. Students are required to relay the following information to the Clinical Coordinator:
      - Confirm arrival at the site
      - Identify the specific preceptor and preceptor’s phone number, beeper, or e-mail
      - Confirm daily schedule for the upcoming clinical assignment.
   d. At the end of week 2 complete the Student Progress Report and report general progress at clinical site and provide a study plan for remainder of the clinical assignment. The student progress report form is accessible through E*Value.
   e. **Failure to comply with the above requirements will result in a deduction of 5% from the final clinical grade.**

C. Policy and Procedure: Student encounter forms that are generated to address deficiencies in educational goals and/or professional development during the Clinical Year must be disseminated to the following:
   a. Program Director
   b. Chairperson of the Student Progress Review Committee
   c. Clinical Coordinator
   d. Student’s Advisor
   e. A copy is to be placed in the student’s Clinical Year folder for the duration of the clinical phase
   When the student has successfully completed the Program, the encounter forms will be deleted from the students’ permanent record. Students will have the opportunity to review the encounter form(s) on Call Back Days.

D. Policy and Procedure: Academic Requirements
   a. A cumulative GPA of 3.0 is the minimum GPA requirement for graduation.
   b. If a student has a semester GPA of <3.0, the student will be placed on academic probation. If the student has a second occurrence of a GPA of <3.0, the student will be academically dismissed from the PA Program. Students are permitted to appeal this dismissal.
   c. Students who achieve a grade lower than a “C” (low pass) do not meet the program’s requirements for academic progress.
   d. All students who receive a grade lower than a “C” (low pass) are required to repeat that rotation in order to meet one of the conditions for successful completion of the program. This grade translates to a final rotation average of less than 70%. 
e. Repeating a rotation is at the discretion of the program. Due to space availability, repeated rotations may occur when that particular site is available.

f. Students who need to repeat a rotation will be required to pay additional tuition and student costs associated with repeating this rotation. Each rotation is a clinical course which counts as five credits.

E. **Policy and Procedure: Graduation Requirements**
   
a. Students are required to maintain a 3.0 GPA for each semester

b. In order to graduate, a student’s overall cumulative GPA must be greater than or equal to a 3.0

c. Failure to meet these requirements may result in dismissal from the Physician Assistant Program

d. A student must successfully complete the Summative Experience (PAS 756). This is a Pass/Fail course which will be given following completion of the clinical year

e. A student must attend the Penn State PA Board Review and meet all program requirements for this activity. This Board Review is a part of the summative experience

f. A student must successfully meet all professional standards of behavior

F. **Policy and Procedure: Students requesting to be excused from Call Back Day activities:**
   
a. A letter generated by the student requesting to be excused must be addressed to the Program Director and Clinical Coordinator

b. Only letters demonstrating a significant life emergency or hardship will be considered.

c. Students must submit letters at least one month in advance of the date requested to be excused

d. Request(s) will be placed on the staff meeting agenda

e. The request will be voted on by the faculty

f. If approved, students will be required to complete an educational assignment, to fulfill the educational goals of Call Back Day

g. Student will be notified in writing of the decision within three (3) days of the Staff Meeting by the Clinical Coordinator

**Note:** Students who miss any mandatory component of Call Back Day activities without prior notification will have a 5% deduction from their final rotation grade. Students who miss Call Back Day activities secondary to illness must have a healthcare provider note within 48 hours of absence and student will be assigned an educational assignment.

G. **Policy and Procedure: Students requesting a leave of absence from their clinical site:**
   
a. Letter(s) of request must be submitted in advance of the scheduled site placement and addressed to the Program Director and clinical coordinator.

b. Request demonstrating a significant life emergency or hardship will only be considered

c. Student(s) are required to provide supporting document(s) from their healthcare providers if deemed necessary

d. The request will be voted on by the faculty at the weekly staff meeting
e. Student(s) will be notified in writing within three (3) days of the staff meeting by the Program Director.
f. If the request is approved, student will be required to have regular contact with his/her advisor during the leave of absence.
g. Unless otherwise noted, upon completion of the leave of absence student(s) will resume their clinical year schedule after submitting the appropriate documentation.
h. Students experiencing illness or hardship during their clinical year who need to request a leave of absence must notify the Program Director and complete the appropriate PSU Leave of Absence paperwork in order to obtain approval.

H. **Policy and Procedure**: Students requesting a change in their clinical site must meet the following criteria:
   a. Letters of request must be submitted two (2) months in advance of scheduled course.
   b. Letters must be addressed to the Clinical Coordinator.
   c. Only requests demonstrating a significant life emergency or hardship, sexual harassment, or a violation of the Code of Ethics Policy of Penn State University will be considered.
   d. Students may be requested to provide supporting documents from their healthcare providers if deemed necessary.
   e. Letters will be reviewed by the faculty at the weekly meeting.
   f. Students will be notified in writing within three (3) days of the meeting by the Clinical Coordinator.
   g. Elective rotations are the exception to the above policy and will be reviewed on an individual basis by the clinical coordinator.

I. **Policy and Procedure**: Examination Lateness Policy
   a. Allowed excuses include: acute illness with documentation by an approved healthcare provider. Excuses include: illness/death in family, program sanctioned student activity, religious holiday, circumstances beyond student control if approved (written request to Clinical Coordinator and approved in advance).

   Additionally:
   1. No admission after 15 minutes.
   2. No one leaves exam during first 15 minutes and last 10 minutes.
   3. Only 1 student at a time can use the restroom.
   4. No additional examination time is given.
   5. After 15 minutes, student is not admitted and is to contact the Clinical Coordinator who will make the final decision on whether the excuse is reasonable. If so, a comparable examination will be given.
   6. If extenuating circumstances occur, the Clinical Coordinator will make the final decision on reasonableness of excuse.
   7. More than one episode of tardiness for examinations may result in lowering of course grade by 5% after review by the Clinical Coordinator.
   8. No personal belongings (i.e., brimmed hats, book bags, handbags, books, notes, study materials, calculators, watches of any kind, electronic paging devices,
recording or filming devices, radios, cellular phones, outerwear, or food and beverages) are allowed at your desk. Mobile phones must stay in purse or backpack. All personal items must be placed in the front or the back of the room once the test begins.

9. Questions during an exam will not be answered by the proctor; they are to be written down. They will be reviewed by the Academic Coordinator after the exam is completed.

J. **Policy and Procedure:** Students that are delayed by more than (3) rotations by reasons of repeating rotations, leave of absence, or any combination of delays:
   a. May not be continued in that current clinical year
   b. May be granted the opportunity to complete the training during the following year. If granted the opportunity to complete training during the following year, failed rotation(s) must be completed first.
   c. Must comply with the Program’s requirements for demonstrating current competencies for the didactic curricular phase before being permitted to resume participation in the clinical phase curriculum
   d. Leave of absence (LOA) for issues other than medical reasons will be dealt with on a case-by-case basis. The PA Program complies with university institutional policies under their Leave of Absence policies.
   e. Any student requiring a medical LOA must put their request in writing and specify the amount of time off he/she anticipates. This information must be submitted to the Program Director as soon as possible. The student may be required to complete university LOA forms in addition to this written notification to the Program Director. When a student is ready to return from a LOA, a letter from his/her licensed health care provider may be required which will verify that the student is able to assume full-time status as a clinical year student. This letter may be necessary as part of the clearance for the student to resume his/her clinical education. Students are not permitted to return to their clinical sites until the PA Program clears the student to return for clinical training.
   f. If a student misses 3 or more consecutive rotations, he/she must sit for a competency exam before he/she is readmitted into the clinical year for rotations. Students who are appealing an academic decision may also be required to sit for a competency examination in order to demonstrate academic competency. The exam will consist of assessment of appropriate topics that the student should know in order to return to clinical practice as a graduate PA student.

   **A 70% or greater must be achieved on this examination in order to restart clinical rotations. If a student fails the exam, he/she may retake it one additional time after remediation is performed. If this exam is not passed with a grade of at least 70% on the second examination, the student is denied reentry into the clinical sites. At the discretion of the program, the student may be permitted to repeat the entire pre-clinical and clinical years (at his/her own expense).** The program will make the final determination with regard to the student reentering the clinical rotations. No financial reimbursement for courses already taken will be given. If a student takes leave during a rotation, that rotation may count as a missed rotation and any financial costs will be the
responsibility of the student.
g. Students should keep in mind that the federal government uses ten credits as a reference point for determination of “full time” status as a graduate student. If the student completed two out of three assigned clinical rotations (ten credits total), the student will meet the obligations for fulfilling the criteria as a full-time graduate student. Since the university charges students according to semesters rather than credits, the student will need to pay for the five credits that were missed as a result of the student missing one of the rotations. Students repeating rotations may also be assessed other student-related university fees. All of these expenses are on the part of the student.
h. *When a student passes the competency exam, there is no guarantee he/she can be integrated immediately into the schedule.* He/she may have to wait until a site becomes available. Rotations must be done according to the academic calendar. Financial responsibility for these activities will be consistent with Penn State University policy.

K. **Policy and Procedure: Students challenging examination questions**
   a. Students must provide two (2) acceptable (i.e. major medical texts) reference sources to support their answer.
   b. Supporting references must be presented to the Academic Coordinator for that exam within five (5) days of the examination.
   c. Students will be notified in writing within three (3) days of the receipt of the supporting references by the Clinical Coordinator.

L. **Policy and Procedure: Examination Review**
   a. The exam concept reviews will be conducted in the following fashion:
      - Exams for each rotation will be reviewed by the Academic Coordinator.
      - All communication will be through CANVAS or PSU email account.
      - General concepts requiring clarification based on overall exam results will be addressed if necessary.
      - Failed exams will be reviewed in person with the individual student
      - Passed exams cannot be reviewed.
      - If students passed the exam a request can made to the academic coordinator to send general concepts for the questions missed on the exam.

M. **Policy and Procedure: Dismissal from the Physician Assistant Program**
   a. The student must achieve a minimum grade of “C” (*low pass*) to successfully pass each rotation. The student may apply to repeat a rotation if the rotation grade is less than a “C” (*low pass*). The program will decide whether the student will be given the opportunity to repeat the rotation. Each request will be handled on an individual basis.
   b. If the student is permitted to repeat the rotation, he/she will have to pay an additional fee for the 5-credit experience and any other additional student fees. The repeated rotation will be done after completion of all nine (9) rotations. This will delay graduation for this student.
   c. If the student fails two rotations or the same rotation *twice*, the student will be dismissed...
from the program. Please refer to the academic and graduation requirements above.

d. Any behaviors disruptive to the learning process or considered unethical violate the deepest convictions of the University community. The University has the right to dismiss students for such behavior. These infractions may include, but are not limited to:

Cheating is defined as (but not limited to) the following:

- having unauthorized material during an examination
- copying from another student or permitting copying by another student in a testing situation
- completing assignments for other students (e.g. exam, paper, laboratory or computer report)
- submitting out-of-class work for an in-class assignment without faculty knowledge
- changing grades
- unauthorized retention of exams or exam questions
- unauthorized submission of the same paper in two different classes
- inventing data, unless a class exercise, or falsifying an account of data collection
- unauthorized tampering with an electronic medical record
- violating privacy rights on computer software
- photocopying or reproduction of previously taken exam materials is strictly prohibited

Plagiarism is the act of copying the ideas, and/or speculations and/or language of any other person or persons, and presenting this material as one’s own original work in order to satisfy any academic requirement or complete any academic project.

Any violation of HIPAA law
TEACHING AND LEARNING IN A CLINICAL SETTING

Learning in a clinical setting presents a unique set of challenges to both teachers and students. The traditional educational structure of classroom and examination is replaced with the highly personal and less formally structured mentor relationship between preceptors and students. The student/preceptor relationships are variable, based upon the style of the practice, and not necessarily transferable to other clinical situations. Also, evaluations of the students’ skills are less measurable by more traditional teaching/learning methods, and the evaluations depend much more upon the knowledge, skills, and expertise of the preceptors.

There are principles of clinical education that help the preceptors and students develop joint styles/methodologies for the educational process. These are presented below to focus the students’ thinking about the clinical year experience and to help the students develop individual learning plans.

I. Needs of Learners and Teachers:

A. Clearly defined learning outcomes: an understanding of what is to be learned

B. A commitment by teachers and students to achieve these outcomes

C. A clearly stated plan for achieving these outcomes, that emphasizes practice by the learners and observations and reviews by the teachers

D. An evaluation process, based on formal and informal feedback mechanisms, which measures the students’ progress in achieving the outcomes

Feedback is an essential learning ingredient in the preceptor/student relationships. Giving and receiving feedback can be a more individualized interaction between the teachers and learners, and there are greater variations in evaluating either successes or failures in this learning format than with more classroom-oriented forms of teaching and evaluation. A continuum of the least effective to the most effective feedback mechanisms is diagrammed below:

II. Levels of Feedback Effectiveness:

A. Least effective
   
   Unsupported observation
   Contradictory feedback
   No feedback
   Unsupported positive observation

B. Most effective
   
   Supportive (specific examples) criticisms
   Supportive compliment
   Facilitated self-critique

Unsupported, negative observations (putdowns) are much more harmful than helpful and may cause students to retreat from learning or become fearful of exposure.

Contradictory feedback is confusing and inefficient. It causes students to work at making the teachers happy rather than working to learn. No feedback is the most common form of feedback. It is used either to avoid confrontation in areas of displeasure or to acknowledge satisfaction with performance. It is not effective as a teaching tool in either situation. Unsupported, positive observations are not
helpful, although they make the students feel good in the short run; to this extent, they may encourage better performance. Supportive criticisms and compliments allow the students to process and apply information about their performances and to make changes in behaviors based on substantive data. Facilitated self-critique goes further by allowing students to be independent self-evaluators, by analyzing and synthesizing information that is available and identifiable on a continuous basis, to become better clinicians.

Regardless of the type of feedback given by the preceptors, there are several pre-requisites for using feedback as an effective teaching/learning tool. First, a non-judgmental attitude by the preceptors is essential for the students to learn rather than become defensive. The students must be encouraged to use clinical judgments in order to learn to work within their own limits while developing confidence in their own judgments. The feedback should focus on what the students are feeling about their interactions with the patients, as well as on intellectual skills. It is also advisable not to bombard the students with masses of observations, but rather to focus on one skill or issue at a time.

The evaluation of clinical learning must attempt to achieve the same validity and objectivity as the evaluation of classroom learning. To do this, there must be similar sets of well-defined goals, standardized criteria for achievement of those goals, and standard means of evaluating whether those criteria have been meet. The defined outcomes and evaluative mechanisms enhance learning most if they are utilized as teaching aids before, during, and at the end of the clinical learning experiences.

The Penn State Hershey Physician Assistant Program has written specific outcomes for behavioral and intellectual skills and established methods of evaluating these skills. These tools are designed to give the preceptors and the students’ clearer understanding of the learning goals of the PA Program, provide means of measuring the achievement of these goals, and enhance the learning process through the use of ongoing feedback.
**PRECEPTOR RESPONSIBILITIES**
The preceptors shall:

1. Maintain medical malpractice insurance at all times
2. Provide clinical settings with appropriate supervision for the students
3. Orient the students to the clinical sites
4. Provide specific oral or written patient assignments and responsibilities
5. Discuss students’ “on-call” schedules and expectations
6. Review pertinent clinical year outcomes
7. Follow the evaluation process by completing the students’ evaluation forms
8. Retain primary responsibility for the final diagnoses, treatment plans, and examinations of all patients
9. Co-sign all charts and orders prior to treatment or the patients’ leaving the clinical sites
10. Be present to supervise the students whenever the students are present.
   (Students may not participate clinically if the preceptor or preceptor designate is unavailable to supervise)

The vast majority of clinical assignments run very smoothly and are both challenging and rewarding. However, the few words of caution listed below have proven valuable in ensuring a successful experience for both preceptors and PA students.

The following guidelines are suggested for preceptors while supervising physician assistant students:

1. Expect PA students to perform similarly to third or fourth year medical students. If the students show any serious deficiencies or are in danger of not achieving the learning outcomes, or failing the rotation, please notify the PA Program’s Clinical Coordinator promptly.
2. Notify the hospital and/or nursing home that you are a preceptor and inquire about policies and regulations governing PA students in those facilities.
3. Provide supervision of the PA students by ensuring that only the medical tasks delegated by you are performed, and evaluate the quality of services rendered by the students regularly.
4. Assess students’ performances according to the goals established by the Program for the clinical year.
5. Involve the students in all aspects of the practice, including hospital and nursing home services, so that the students will receive a well-rounded education.
6. Adhere to HIPAA (Health Insurance Portability and Accountability Act) regulations.
A. **Student Supervision:**

Students function within the academic policies established by the University for the duration of the program. Preceptors serve as Penn State University clinical faculty by providing clinical direction and immediate supervision to students during the clinical year phase. Students should always be considered as such and should never replace clinic staff.

B. **Learning Outcomes:**

Please refer, as necessary, to the teaching guidelines, learning outcomes, and the evaluation format. These materials guide preceptors in providing students with clinical exposures and teaching. You are not expected to attempt to provide exposures unrelated to your practice.

C. **Student Availability:**

The objective of the clinical phase is to provide students with varied clinical experiences typical of your practice. Students are expected to be available and remain in close association with you during the hours of your practice. We request that students be allowed to accompany you to the hospital, nursing homes, and/or other practice settings. We also recognize that evening and weekend experiences, if part of your practice, are beneficial to the students as long as the total hours are not excessive. Students may be required to complete additional projects, including research, during their clinical education. Students are expected to be available 35-60 hours per week for clinical activities. Similar to residents, students who have taken overnight call should be excused from clinical activities after appropriate patient sign-out the following morning.

Students are expected to be at their clinical sites as scheduled by their preceptors. Vacation days or study days are not permitted. Exceptions to the attendance policy are only permitted for sick leave and to accommodate preceptors’ schedules. If preceptors will not be at clinical sites for personal reasons and cannot designate delegates to supervise students for that period, students are to contact the clinical coordinator immediately. The Program will assign readings or other assignments to compensate for the lack of clinical exposure. Any days that students are absent from clinical sites beyond the ten (10) allowed for sick leave must be made up prior to the completion of training. Every effort should be made by the student to make up any hours missed on site if possible.

D. **Clinical Conduct:**

The students are not permitted to function in settings outside of your immediate practice unless approved and supervised by the preceptor. The Clinical Coordinator must be notified in such instances.

E. **Student Academic Responsibilities:**

Students learn at individualized paces; however, the program requires that students assume very active roles in their education.

Students are expected to assume shared responsibility for direction of the clinical experiences. Students are to show initiative by asking questions, reading assignments, following patients, and
providing feedback concerning how well the clinical education is meeting their academic needs. Students must complete duty hours and clinical education logs electronically in the E*Value website, updated weekly. The students maintain the electronic patient logging, which will require preceptors to review the patient contact records on the students’ computer, or smart phones via E*Value. Students will be given an examination at the end of each rotation on material pertinent to the outcomes outlined in this manual.

F. Liability Insurance Coverage:

Copies of students Liability Coverage Insurance Policies will be available upon request. Students carry their own malpractice insurance. All students’ actions should be carried out under preceptors’ guidance and supervision.

Preceptors are urged to notify their insurance carriers regarding the presence of our students in their practices.

G. Hospital Conduct:

Involving the physician assistant students in your hospital practice is desirable; however, Hospital Administration and/or Medical Director should approve the presence of students in the hospital prior to the first exposure. Penn State Hershey PA Program staff is always available to communicate with hospital officials or administration to discuss and/or formulate guidelines for participation of our students.

H. Student Introduction/Identification:

It is of utmost importance that the physician assistant students properly identify themselves at all times as physician assistant students, and that your office staff understands the students’ roles. Patients are entitled to a brief introduction, as well. Students are issued Penn State University nametags and are required to wear them during clinical activities.

I. Troubleshooting:

It is vitally important that the program faculty be aware of any student problems in the clinical sites. If you have concerns about students’ professional behaviors, academic abilities, or clinical skills, please make the Program aware of these concerns as they develop. PA Program faculty is prepared to take an active, appropriate role to ameliorate difficult situations, and you can expect prompt, dependable, and competent responses from the Clinical Coordinator and PA Program faculty. In return, Program faculty depend upon you to promptly inform them of emergent problems.

Program faculty will be in touch regularly with both students and preceptors by telephone and/or email to relay messages, arrange site visits, and obtain verbal or written overviews of the clinical experiences. These communications are intended to facilitate the best possible relationships among the students, preceptors, and the Program, and to provide a mechanism for informal questions about the teaching, learning, and evaluation processes. Preceptors should feel free to call the Program faculty at any time with questions or comments; students are also encouraged to call the Program faculty with questions or concerns.

J. Dismissal from clinical site:
• The preceptor maintains the privilege to remove the student from the site without first notifying the program. (i.e. threatening behavior). It is anticipated that ongoing communication between the preceptor, program, and student would prevent these emergent actions.

• If the preceptor suspects the student is under the influence of drugs or alcohol, he/she should contact the program immediately (contact information can be found in this manual). Please refer to the drug testing policy in this manual. Safety of the patients is paramount and if the student is not capable of performing the duties expected of a physician assistant student due to being under the influence of alcohol or drugs, the student should not be performing clinical rotations.

• If during a clinical rotation, a student exhibits unprofessional or unacceptable behavior or practices affecting a patient, staff, peer or him/herself, he or she will be immediately removed from the rotation. Program Faculty also retains the right to remove a student from the clinical site. In addition, each preceptor has the right to remove a student from the premises without consulting the PA Program. If the student is removed from a clinical site, he or she will immediately be placed on suspension pending an investigation into the offense(s). **Suspension may result in the student’s dismissal from the PA Program and/or the University. Written documentation will be required from the preceptor regarding the situation and this information will become part of the student’s file.**

K. Student Evaluation:

Each preceptor is asked to complete a program evaluation form (Preceptor Evaluation of Student) by the fifth week of rotations via the E*Value website. A link will be automatically provided by E*value to the preceptor. If any subsequent condition or events occur that would alter the preceptor’s evaluations of the student, the preceptor should contact the Clinical Coordinator, Trinell Genga, 717-531-0003 x282083, tgenga@pennstatehealth.psu.edu
A. STUDENT GUIDELINES

I. Conduct

A. Students will be under the supervision of the preceptor or preceptor’s delegate at all times while conducting clinical activities (office hours, hospital/nursing home rounds, home visits, on-call, etc.). Students are expected to follow the preceptor’s practice office hours, i.e. students may be required on site evenings, weekends, or immediately before or after a holiday.

B. Students must check e-mail messages to their official University account for announcements once daily.

C. Penn State University, student name tags must be worn during all patient encounters without exception.

D. It is of utmost importance that the physician assistant students properly identify themselves at all times as physician assistant students.

E. Students will follow and adhere to the guidelines and directions of the preceptor regarding all aspects of patient care including HIPAA regulations.

F. Preceptors will be notified immediately by the students regarding any absence or lateness from clinical duties. The Clinical Coordinator must be notified by students of any absence from the clinical site prior to absence.

G. Students are not permitted to function in settings outside the preceptor’s practice unless approved and supervised by the preceptor. The Clinical Coordinator must be notified in such instances.

H. Dismissal from a clinical site is considered grounds for dismissal from the PA Program after appropriate review by the PA Program faculty.

- If during a clinical rotation, a student exhibits unprofessional or unacceptable behavior or practices affecting a patient, staff, peer or him/herself, he/she will be immediately removed from the rotation. In addition, faculty have the right to remove a student from the clinical site. Each preceptor has the right to remove a student from the premises without consulting the PA program.

- If the student is removed from a clinical site, he or she will immediately be placed on suspension pending an investigation into the offense(s).

- If removal from the site is deemed to be unfounded by the program, the student will be moved to another site without any adverse consequences to the student.

- If problems arise with a physician assistant student, the clinical preceptor has the responsibility to notify the program. If the preceptor determines that he/she does not want the student on rotation and wishes the student to be removed, the student will be removed immediately for both the student’s and the clinical site’s welfare.
Inappropriate, unprofessional, or threatening behavior as identified by the preceptor or PA Program can result in a loss of points from the course grade and is considered grounds for dismissal. If the Professional Standards Committee of the PA program judges the removal from the site to be due to a gross infraction, the student will be dismissed from the PA program and possibly the University. These infractions may include, but are not limited to:

1. Insubordination
2. Illegal drug use
3. Being under the influence of alcohol while on duty / alcohol on the student’s breath
4. Writing unauthorized prescriptions
5. Forgery of any kind
6. Theft
7. Any action that could result in legal action being taken against the student by the clinical site or University
8. Falsifying records on patients charts
9. Submitting falsified SOAP notes and/or histories and physicals
10. Consistent failure to complete assignments and/or meet deadlines
11. Inappropriate behavior
12. Illegal activities of the student (while enrolled in the program)
13. Inability to demonstrate a positive and constructive attitude, emotional stability, and maturity

Documentation regarding any incidents will be obtained by the program from the preceptor and will become part of the student’s file.

Stipulations for returning to clinical rotations will be at the discretion of the faculty.

I. Appeals Procedures for PA Program Dismissal or Suspension:

- The student will be afforded due process. All appeals should be directed to the Program Director in writing. The Program Director will review the appeal and decide whether or not to grant the appeal. If the appeal is not granted and the student wants to continue to pursue the appeal, the student’s appeal will go directly to the Professional Practice Committee.

- If the student disagrees with the response received from the above appeal process, as a final appeal, the student may make a written appeal, including all pertinent information, to the Vice-Dean of Medical Education. The Decision of the Vice-Dean of Medical Education is final.

J. Professionalism:

- Students will practice professional ethics. For example, patient issues and/or the conduct of a physician’s practice should never be discussed with another physician or persons outside the practice, including on social media sites

It is an expectation of the program that students will need to develop:
• An understanding of legal and regulatory requirements, as well as the appropriate role of the practicing physician assistant and student physician assistant
• An appreciation of professional relationships with physician supervisors and other health care providers
• Respect, compassion, and integrity
• Responsiveness to the needs of patients and society
• Accountability to patients, society, and the profession
• Commitment to excellence and ongoing professional development
• Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
• Sensitivity and responsiveness to patients’ culture, age, gender, sexual orientation, and disabilities
• Self-reflection, critical curiosity, and initiative
• Students are required to participate in all activities as designated by the preceptor. Students must comply with all policies and procedures of the clinical site.
• Students will not, under any circumstance, disclose any patient information. Discussions or presentations will be in a learning format so that the patient and/or clinical site cannot be identified.
• Whenever a student documents on a medical record, he/she will sign his/her name followed by either physician assistant student or PA-S. The preceptor or attending must countersign the student’s SOAP notes and H&P exams.
• Whenever a student dictates on a medical record, he/she will state their full name followed by either physician assistant student or PA-S and the name of the physician preceptor.
• If representing themselves as a Penn State PA student, a student is not permitted to spend their own time with physicians or other health care providers who are not preceptors. Shadowing outside your clinical rotations is strongly discouraged.
• Any student with a personal mobile phone should keep it on “vibrate” or silent mode if it is essential that he/she have it at the clinical site.
• The program forbids students from having a financial, romantic, or sexual relationship with any preceptor that may be able to evaluate or influence the student’s grade.

K. Students are to contact the Clinical Coordinator immediately if difficulties are encountered during any phase of the clinical experience. Students must provide written documentation of the issue for Program review.

Problems Encountered by the Student on Clinical Rotation:

• During rotation, if the student feels that problems are occurring that prevent the student from having an acceptable learning experience, or if the student feels that the preceptor does not understand the appropriate role of a physician assistant student, the Clinical Coordinator should be contacted so that measures can be taken to correct these problems. Please report all problems to the clinical coordinator as soon as possible. If at any time you feel you are in an unsafe situation, remove yourself from the building immediately and contact the Clinical Coordinator.

• It is important that the program be aware of any problems occurring during a clinical rotation. If you, as a student, have concerns about the professional, academic or clinical aspects of the site, the Clinical Coordinator needs to be made aware of those concerns.
The Penn State College of Medicine has a strategic goal for supporting all of its learners according to a culture of respect. Displaying dignity and respect extends to all people that the student encounters which includes patients and fellow students and workers alike. If a student feels that his or her dignity is insulted, the student is able to either approach the PA Program or fill out the Culture of Respect form available on the COM website. These reports can be made anonymously or with the student identifying himself/herself. Administrators from the COM monitor these complaints and these complaints will be taken seriously.

We as a Program are prepared to take an active role, when appropriate, to resolve difficult situations. Students should feel free to call the program at any time with questions or comments. Preceptors are also encouraged to call the program with questions or concerns.

Problems that may arise may include the following, but, are not limited to:

- The rotation is not well organized. You feel you are on your own too much.
- You feel that there is an individual conflict with a preceptor, fellow student or co-worker.
- You feel you are too much of a passive observer.

L. If students relocate during the clinical phase of the Program, they should immediately inform the Program Office of address and telephone number changes to ensure prompt receipt of schedules, grades, or other correspondence. You are responsible for updating your biographic data and contact information in E*Value and eLion.

M. It is strongly suggested all PA students sign up for PSUAlert. PSUAlert is Penn State’s emergency notification system for students, faculty and staff. The system will be used to alert members of Penn State’s campus communities of emergencies, campus closings and other urgent information. Using this portal, students, faculty and staff can choose to receive PSUAlert messages by text message, voice message and e-mail. (The system will never be used to send advertising or spam messages.)To sign up to receive Hershey campus alerts via PSUAlert, go to https://psualert.psu.edu/psualert/. You will need your Penn State access account ID and password.

N. Academic Integrity at Penn State is defined by Faculty Senate Policy 49-20 as “the pursuit of scholarly activity in an open, honest, and responsible manner.” The University Code of Conduct states, “all students should act with personal integrity; respect other students’ dignity, rights, and property; and help create and maintain an environment in which all can succeed through the fruits of their efforts. Academic integrity includes a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception. Such acts of dishonesty violate the fundamental ethical principles of the University community and compromise the worth of work completed by others.” Academic dishonesty (including, but not limited to cheating, plagiarism, or falsification of information) will not be tolerated and can result in academic or disciplinary sanctions such as a failing grade (F) in the course.

O. **Drug Testing Policy:**

Penn State College of Medicine’s Physician Assistant Program prides itself on having professional and competent students. Pursuant to this goal, students will be held to the
standard of not being an impaired provider. It is the expectation that students will not be under the influence of alcohol or non-prescribed drugs while attending clinical rotations. The scent of alcohol on the breath while at a clinical site will also not be tolerated.

The following policy will be enforced for all students in the clinical phase of the PA program:

- The Program Director, clinical preceptors, faculty, and the Clinical Coordinator reserve the right to request a drug screen when drug or alcohol use is suspected by the Program staff or the preceptor. If the preceptor suspects illicit use, he/she will contact the program immediately. In addition, many hospitals and offices require drug screening prior to doing a rotation in their facility. Students should be prepared for drug testing at any point in their training and must comply when a test is requested. Failure to obtain drug testing when requested will be interpreted in the same manner as a positive drug test and sanctions for these positive tests can include dismissal from the PA Program.

- All testing will be completed at a Quest Diagnostic location in this geographical area. This often requires an appointment. This appointment could be scheduled on the same day as the suspected incident, especially if alcohol use is suspected. If the student does not go for testing at the appointed time, the student’s test results will be considered a positive drug screen or positive for alcohol, even if the screening process was not completed.

- The results will be interpreted by Quest Diagnostics, and the report will be sent to the Program. A positive drug test which is not related to a legally prescribed therapy drug will result in immediate dismissal from the PA Program. If the student is on a prescribed substance, he/she must immediately provide documentation from their licensed health care provider that there is a medical necessity for the medication. Despite a medical necessity for taking this medication, the student may not be able to attend a clinical site if this medication impairs the ability of the student to appropriately function. Students may be pulled from their clinical sites if the program makes a determination that they are not able to safely function in this clinical setting.

- The cost of the drug screen test is at the student’s expense. Penn State College of Medicine’s Physician Assistant Program will not be held liable for a student’s dismissal or inability to obtain a state license as the result of a positive drug screen or noncompliance with statutes regarding impaired provider performance.

The Penn State College of Medicine follows the same guidelines and policies enforced by the Pennsylvania State University Penn State System-Wide ATOC Policies.

II. Call Back Days

Call Back Days and related activities will be conducted periodically during the clinical year. These days are set aside for class interaction and continuing medical education. **Attendance is mandatory.** The PA Program reserves the right to alter this and individual student schedules to facilitate effective utilization of University resources. Students may be required to be on campus until 4pm. See specifics below.
III. Sick Leave Policy

Students are required to notify the PA Program Clinical Coordinator when absent from any clinical assignment, for any reason. If students are sick, they must notify the preceptor and Clinical Coordinator as early as possible of their absence.

As a general guide, fewer than ten (10) sick days per academic year are considered acceptable without serious compromise to the clinical training experience, although any absence from your clinical training adversely impacts the educational experience and academic requirements of the Penn State Hershey PA Program. Students will be required to make up the missed time, and to submit documentation that a health care provider has evaluated them.

IV. Medical Clearance Prior to Return to Clinical Sites

Students who are ill, hospitalized, or incapacitated in some way that affects their ability to safely and satisfactorily perform their duties in a clinical setting need to provide official medical clearance that clearly states their ability to return to clinical rotations without restrictions. Students taking prescribed medications should be aware of the effects of these medications on alertness, judgment, and the ability to meet all technical standards. Students should not report to clinical sites if there is impairment of ability to safely provide care to assigned patients. This clearance needs to be made prior to returning to the clinical site. Please provide documentation to the Clinical Coordinator prior to returning to your site. Failure to report these health-related changes may result in suspension or possible dismissal from the program.

V. Attendance

1. Students are expected to be at their clinical sites as scheduled by their preceptors. Vacation days or study days are not permitted. The only exceptions to the attendance policy are for sick leave (please see above), and to accommodate preceptors’ schedules.
2. If preceptors will not be at their clinical site for personal reasons and cannot designate delegates to supervise students for that period, students are to contact the Clinical Coordinator immediately. The Program will assign readings or other assignments to compensate for the lack of clinical exposure.
3. Any days that students are absent from clinical sites beyond the ten (10) allowed for sick leave must be made up prior to the completion of training.
4. The Clinical Year phase does not follow Penn State University’s Academic Calendar. You are expected to follow your preceptor’s schedule.
5. The student is required to follow the schedule the preceptor has established even if the University has closed (i.e. inclement weather). If the preceptor closes the office/practice, the student must call the Clinical Coordinator to report absences by 8:30 a.m.

Students missing 5 or more days in a single rotation will be required to make up this time or to repeat the entire clinical rotation. Absence of one day per rotation is the maximum amount of time that will not need to be made up. Illness of 3 or more consecutive days requires written verification from the licensed health care provider rendering treatment. Failure to call either the preceptor or the program office will be considered an unexcused absence.

When a student needs to be excused from a clinical rotation for non-emergency causes, such as a job interview, or personal reasons, a written or e-mail request must be made to the Clinical Coordinator. All such absences must have prior approval from a Clinical Coordinator; otherwise, they will be considered an unexcused absence. Only after an absence is approved by the
program, may the student approach the preceptor for permission for the absence. If the student does not follow this protocol, it will be considered an unexcused absence by the program.

Absence requests for other reasons (i.e., attendance at weddings, graduations, anniversary parties, etc.) will be determined on an individual basis. Preceptors are not as tolerant of absences for these reasons as they are for other reasons such as illness and/or job interviews. Please keep this in mind since it may be reflected in your evaluation grade.

The student is required to obtain written documentation from the preceptor that any missed time from the rotation has been adequately made up. This documentation is to be provided on letterhead from the facility, signed by the preceptor, and submitted to the program at the end of the rotation as part of the return of paperwork. This documentation should accompany all of the other material that is handed in at the start of Call Back Day activities. Failure to follow the procedure will result in an unexcused absence(s).

Unexcused Absences:

Unexcused absences will result in the lowering of the final grade for that clinical preceptorship as follows:

- One excused absence may not adversely affect the final course grade.
- One unexcused absence will drop the final grade in that clinical rotation by 5%.
- Two or more unexcused absences during the same rotation will result in an “F” for that rotation.
- Unexcused absences will also result in the student receiving a professionalism form. More than one professionalism form filed against a student is grounds for dismissal from the PA program. Each case will be individually reviewed by the faculty and professionalism committee.

Holidays:

At the discretion of the preceptor, students on clinical rotations may have the following days off:

- Easter
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day & Black Friday

➢ Note:

Students may be excused for other religious holidays; it is the responsibility of the student to inform the Clinical Coordinator of the dates, and then inform the preceptor if approved by the program.

VI. Troubleshooting

The Clinical Coordinator must be made aware of any problems occurring during the clinical phase. If students have concerns about the professional, academic, clinical, or aspects of their clinical training, they need to make faculty aware of these concerns as they develop. They are prepared to take an active role, when appropriate, to ameliorate difficult situations. In very rare
cases, when this becomes necessary, students may expect prompt, dependable, and competent responses from the Clinical Coordinator. In return, we expect that students will be prompt and dependable in informing them of emergent problems. Students must provide written documentation of any issue for Program review.

Changes to site assignments are rare and will only occur in extreme situations such as site cancellation, a serious issue that cannot be resolved satisfactorily for all parties, or an emergency on the part of the student or preceptor. Any changes to site assignments will be made solely at the discretion of the Program Director and Clinical Coordinator.

The faculty will be in touch regularly with both students and preceptors by telephone and/or email to relay messages, arrange site visits, and to obtain verbal or written feedback. This communication is intended to foster dependable relationships among the students, preceptors, and PA Program, and to provide a mechanism for informal questions about the teaching, learning, and evaluation processes. Students should feel free to contact the Clinical Coordinator at any time with questions or comments.

VII. Students with Special Needs

Students with disabilities requesting accommodations and services at Penn State University need to present a current accommodation verification letter (“AVL”) to faculty before accommodations can be made. AVL’s are issued by Disability Services. Please contact: Disability Services Coordinator - Paula Moodie MSW, pmoodie@pennstatehealth.psu.edu 717-531-0003 x283693, FAX 717-5310837

VIII. HIPAA Policy and Requirement

Students should make available to preceptors, upon request, proof of HIPAA training/orientation by providing copies of their training certificates.

IX. Housing and Transportation

Students are responsible to secure transportation, if necessary, for the Clinical Year phase. The Program is not responsible in any way for transportation arrangements. Students must prepare personally and financially for housing and transportation needs during the clinical phase of education.

X. Incident Reporting

Purpose: This policy is to be followed when a student has been exposed to an occupational hazard in the clinical setting such as blood, bodily fluids, or needle sticks. Please review the CDC guidelines below:

http://www.cdc.gov/niosh/topics/bbp/genres.html

In the event that a student is involved in an invasive incident with a needle or scalpel containing another person blood or body fluid the following procedure should be followed.

1) Call the Sharps Injury Hotline at 717 531-7775
2) The student should report to the office of Employee Health located in room H1505 or the
Emergency Department as directed by the hotline.

3) If the student is seen in the Emergency Department, they must follow up with Employee Health on the next business day. Below is the policy that should be followed.

**Sharps Injury/Blood Body Fluid Exposure at PENNSTATEHEALTH or UPG Sites**

**Procedure:**
- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth or skin with soap and water
- Irrigate eyes with clean water
- **DIAL SHARPS INJURY HOTLINE at 717 531-7775**
- Report to Employee Health or the Emergency Department as directed by the Hotline
- Report injury/exposure to supervising physician
- **Follow up with Employee Health as directed**

If injured/exposed at unaffiliated clinic sites or other institutions

- Follow the institution/hospital’s established local policy for exposure
- Clinic sites without specific protocol call **SHARPS HOTLINE at 717 531-7775**
- Students are allowed travel time during a rotation to return to PENNSTATEHEALTH for medical care pertaining to a sharps injury or body fluid exposure

**All exposures are to be reported to PENNSTATEHEALTH Employee Health ASAP for follow up even if they occur in another facility.**

In addition:

1. The student should immediately notify the preceptor and the clinical coordinator of the incident.

2. The student and preceptor should follow the healthcare agency’s “Bloodborne Pathogen Exposure Control Policy” (this includes washing the area of exposure, informing patient, obtaining consents for blood draw of the source patient, etc.).

3. An incident report should be completed and submitted to the preceptor. The student should submit a copy of the incident report to the Penn State Hershey’s Student Health and to the Clinical Coordinator as soon as practically possible, and within two (2) days. Form: “Non-employee injury report” will be posted in ANGEL for each course.

4. If the student is at PENNSTATEHEALTH or within a reasonable commuting distance, he/she should be sent to the Student Health Center on Fishburn Road to be seen (if it is after hours, the student should be sent to the PENNSTATEHEALTH ER).

5. If the student is at a remote clinical site, he/she should be seen immediately at that facility’s Occupational Health Unit or ER of the clinical site where the incident occurred. The occupational health site where the student is seen should be the liaison for information about laboratory work obtained from the source patient.

6. The student is to present his/her insurance to be billed for the initial work-up. Any costs (co-pays or deductibles) incurred from this initial visit should be forwarded to Catherine Kenney LPN at Student Health for reimbursement.
7. All follow-up care should occur with the Student Health Center.

8. Post exposure follow-up care (deductibles and co-pays) will be covered by Penn State University for blood drawn at 6 weeks and 6 months.

9. If initial plan includes prophylactic therapy, the student’s co-pay will be reimbursed by Penn State University to cover the cost.

XI. **Health Immunization Records**

Students should make available to preceptors copies of their health and immunization records. Students are responsible for having copies of these records available on site at all times.

XII. **Clinical Compliance**

Approved clinical sites frequently require information about those students who will participate in training at their facilities for the protection of their patients and personnel. In order to be compliant for assignment to a clinical site, students must have the required clinical compliance requirements submitted by the published due date, otherwise the student will be considered non-compliant and will not be permitted to progress to the clinical year.

Clinical sites have the right to decline acceptance for training of students who do not comply with the provision of such information required by individual clinical training sites. If a student cannot meet all of a clinical site’s requirements, the Program will attempt to identify an alternative placement; however, if alternative sites that will accept the student cannot be found, the student’s completion of the program may be delayed or made impossible. In the event of a positive criminal background report, or a change from the last documented child abuse, FBI fingerprint or state criminal background check, the student must meet with the PA Program Director to evaluate their progression in the program. Failure to do so will result in disciplinary action up to and including immediate dismissal from the program. In addition, individuals convicted of a felony or misdemeanor may be denied licensure as a health professional.

XIII. **Social Media Guidelines and Policies**

The Penn State Hershey Physician Assistant Program recognizes that social media use is prevalent in today’s society. Websites and applications such as Facebook, Twitter, Instagram, and others are commonly utilized by the public. As a student in the PA Program and as health care professionals you should be aware that posting certain information and/or images on social media sites may be viewed as unethical, unprofessional, and in some cases, illegal, by the PA Program. Students are referred to and expected to comply with the Penn State University and PA Program policies on privacy, professionalism, discrimination, and harassment.

*Some social media guidelines to consider…*

- Students should monitor their online presence as well as online site policies and privacy settings. Try to maintain up-to-date use of privacy settings to limit the unknown or unwanted access to your profile or application. Remember that those with your permission to view your information may have the ability to share it without your
consent. Therefore, all postings (information, photos, and videos) should be considered public and potentially visible to anyone at any time.

- Posting information and images online should be considered permanent. Deleting a post does not ensure removal. Data can be recalled and retrieved as it is often archived online, or others may have recorded your postings prior to removal.
- Students should represent themselves in a mature, professional, and responsible manner. Uncivil or disrespectful language used in communications is considered unprofessional and therefore not acceptable. Remember, potential employers, licensing boards and healthcare facilities where you may seek privileges and other individuals may screen social networking sites.
- Social media use can be a helpful tool, but users must realize that statements made online are considered to represent the views of an individual as if spoken verbally or written. Saying something electronically carries no less weight than communicating it in any other way. It is considered unprofessional to criticize classmates, peers, preceptors or university faculty/staff. Damaging the reputation of another is also considered to be unprofessional behavior and could result in personally liability to you if this is found to be defamatory in a court of law. The nature of online communication makes such comments more lasting than you may initially believe. Your actions online are subject to legal ramifications. Please carefully consider your words and ALL possible consequences before writing/ posting/sharing.

Penn State University and the PA Program reserve the right to discipline students using social media in a manner which violates applicable University or PA Program policies, rules and regulations. Please be sure to refer to the Penn State Hershey PA Program Handbook policies on professionalism and proper conduct. Social media use must comply with these policies as well. Examples of behavior which could result in disciplinary sanctions include, but are not limited to the following:

- **Posting patient information.** Students may not post or otherwise disclose patient information in violation of a federal or state law or applicable professional ethics and healthcare facility policies. This includes cases or pictures. Removal of an individual’s name does not constitute proper “de-identification” of protected health information. Furthermore, inclusion of data such as age, gender, race, diagnosis, date or location of evaluation may still allow the reader to recognize the identity of a specific individual. **You may not take or post photos of patients or health care environments/ rotation sites.** Photos may contain background identifying features of which you may not be aware.
- **Posting program curriculum information.** You should not share information about program curriculum or exams in any way that violates Penn State University or PA Program academic misconduct policies.
- **Misrepresentation.** In posting information on social networking sites, students may not present or represent themselves as official representatives or spokespersons for Penn State University or the PA Program.
- **Harassing or discriminatory postings.** Your use of social media may not violate Penn State University Equality and Non-Discrimination Policy HR-86.
- **This policy prohibits discrimination or harassment on the basis of race, color, national origin, religion, sex, sexual orientation, disability, age, gender identification or expression or other legally prohibited characteristic.
- **Violating the Acceptable Use Policy.** All social media activities involving use of Penn State’s computer and network resources, including all electronic communication systems
and equipment, must comply with the Penn State University Acceptable Use Policy A-94HAM.

- **Inappropriate relationships.** It is considered unethical to establish non-professional relationships with patients including inviting them to social network groups or accepting invitations from them. Additionally, requests from those who supervise or teach you to engage in activities outside of class sites are considered inappropriate. Such requests should be reported to the Program Director or College Dean. Other forms of inappropriate behavior include “cyberstalking” and “sexting”.

- **Copyright/trademark violations.** Seek the proper permission before posting photos, videos, or other media that you do not own.

- **Giving medical advice.** Students are not licensed healthcare providers and should not offer medical advice as a medical professional. You should in no way diagnose, manage, or medically advise any other individual on social media sites.

**VIII. Student Documentation Guidelines:**

Many hospitals and health care facilities, including private offices, are currently utilizing the electronic medical record. Students may not necessarily be given access to this system. This does not mean that students should not practice documentation of patient encounters. Students need to be able to perform this documentation independent as to whether this information becomes part of the permanent medical record. Students should still write up SOAP notes and other documentation of patient encounters and have the preceptor evaluate these notes so that the student can receive feedback in this important task.

All insurances follow Medicare guidelines. The following is the current law with regard to student contact and documentation with patient encounters:

- “Students may document services in the medical record. However, the documentation of an evaluation and management (E/M) service by a student that may be referred to by the teaching physician is limited to documentation related to the review of systems and/or past, family, social history. The teaching physician may not refer to a student’s documentation of physical examination findings or medical decision making in his or her personal note. If the student documents E/M services, the teaching physician must verify and re-document the history of present illness as well as perform and re-document the physical exam and medical decision-making activities of the service.”

- Physicians may not write “agree with above.”

- Students may not perform consults on their own.

- Students may perform the services of a scribe. The scribe service needs to be that the student directly writes down what the teaching physician says and does not perform these services and then write that these services were scribed for the teaching physician.

- Students need to appreciate their role on clinical rotation as active learners. They should realize that certain rules and regulations need to be adhered to so that appropriate billing is performed. This may mean that they need to readjust their level of expectation so that they are not disappointed if they do not have the autonomy in patient care as they may have expected.
• Students performing clinical rotations at Hershey Medical Center that utilize the electronic medical record (EMR) may be given access to these records by their clinical preceptors. As an academic medical center, the Information Technology division has developed a “medical/physician assistant student” notes section which allows for students to make electronic entries into the patient files for review by the clinical preceptor. This portion of the EMR is not legally binding and is not an official part of the patient file when viewed from a legal perspective. Preceptors can then read student entries and make comments on these files for the purposes of teaching and learning.

• Students are NOT permitted to substitute for paid medical staff during clinical rotations.

• Students MAY be permitted access to their clinical sites electronic medical records and when these records are available to them, students must follow the protocol for accessing and data entry in these medical sites since this access is at the discretion of the clinical site and preceptor.

X. Pagers:

If you are provided a pager by the PA Program or site you are assigned, it is mandatory that you are to supply this number to the Clinical Coordinator by the end of the first week of your rotation. This may be the only method that the program has to contact you during office hours while you are at rotation. Please test the pager and keep it on.

B. Student Expectations:

1. In addition to the above expectations, the following practice guidelines for professional behavior are to be followed: (This list is not intended to be all-inclusive.)

2. Students are expected to conform to the laws, rules and regulations and by-laws of the state, hospitals and/or office practices in which they are being trained.

3. Student may perform such evaluations, examinations, procedures and patient education that the supervising preceptor is willing to train, approve and supervise and which are a part of the preceptor’s scope of practice.

4. The student may complete prescription forms and other forms necessary in the healthcare of the patient—which then must be countersigned by the preceptor. No student is permitted to carry pre-signed forms or prescription slips.

5. The student is permitted to examine, document, offer treatment plans and encourage health promotion and disease prevention plans to the patient, in accordance with the medical practice policies and procedures. No patient may leave the care of the practice or hospital until evaluated by the preceptor after evaluation by the student.

6. Students at clinical sites are required to carry their HIPAA, CPR, ACLS & Immunization Records with them to their sites. Any questions regarding the scope of practice for the student must be addressed to the preceptor and to the Clinical Coordinator.
7. Students at clinical sites who benefit from housing provided by the clinical site must abide by the housing guidelines, policies, and procedures outlined by the clinical site or organization that provides the housing, *i.e.*, cleaning.

### C. **Dress Code Guidelines:**

**Proper Attire:** Both as a student physician assistant and graduate practitioner, one encounters a variety of patients from diverse cultural, ethnic and socioeconomic backgrounds. In order to establish a professional and trusting relationship with those patients, and to decrease the potential for offense or discomfort to patients, a standard of professional grooming and clinical attire is required. A healthcare professional's dress and appearance are essential in establishing a relationship of trust and confidence. In some cases this requires that individual personal attire preferences be balanced with the need for effective patient interaction. As a student, and soon-to-be medical professional, patients' needs come first - even at the expense of individual expression.

**The following attire guidelines are required in all student clinical educational settings:**

#### General Standards
- Good, personal hygiene is to be maintained at all times. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene.
- Avoid perfume or cologne (they may cause allergic reactions in patients or peers).
- Clothes in good repair, cleaned, and allow for adequate movement (not tight) for clinical training and patient care.
- No midriff tops, halters, translucent or transparent tops, shirts or tops with low-cut necklines or tank tops.
- Garments that show the trunk with movement should not be worn.
- Undergarments should not be visible, even with movement. Examples include, but are not limited to: thongs, bra straps, boxer shorts, or camisole.

#### Hair
- Should be neat... when in doubt, wear it back.
- Shoulder length hair must be secured to avoid interference with work or patient care.
- Natural human color.
- Men's beards are acceptable, but must be neatly trimmed.

#### Nails
- Muted tones of nail polish. NO nail polish in the OR.
- No artificial nails and/or nail tips.

#### Shoes
- Comfortable, clean, and in good repair. No open toed shoes.
- Clogs are acceptable.
- Hiking boots are acceptable in the winter.
- Clean sneakers with scrubs are acceptable only in the surgical or laboratory settings.

#### Jewelry
- No facial piercing.
- No excessive jewelry (to decrease risk of cross-infection; or may be pulled by angry or confused patients).
• The following are permitted: a watch, up to three rings, small earrings of either small hoops or studs (large earrings are distracting and may be pulled through the ear), academic pin/s, other pins, badges, or insignias which represent an award or health care message, minimum of bracelets/s and necklaces or chains (up to two (2) each).

Within the clinical settings where students and patients interact (Emergency Department observations, hospitals / clinics, rotation sites) the following additional professional attire will be required unless otherwise designated by the clinical preceptor (Example: Pediatrics or Behavioral Medicine settings may require more casual attire).

Men
• White lab jacket (short) with appropriate student identification.
• Neckties are mandatory.
• No jeans, cutoffs or cargo pants.

Women
• White lab jacket (short) with appropriate student identification.
• Professional blouses or sweaters.
• Low cut or clinging shirts, sweaters or blouses are inappropriate.
• Skirts should be no more than three inches above the knee.
• No clam-digger or Capri pants, jeans, cargo pants or leggings without skirts.

Clinical supervisors, preceptors, and physician assistant faculty reserve the right to dismiss a student from a clinical or educational site any student who is not appropriately attired. That action may result in requiring further professional, developmental training for the student and may also interfere with graduation in a timely manner or even completion of program. **Failure to comply with the dress code will result in a written warning. Additional occurrences will result in the lowering of the final grade for that rotation of 2% per day that the student is not in compliance.**

**D. Student requirements:**

**E*value Electronic Patient Logging (Advanced Informatics)**

All patient encounters are to be logged according to the E*Value system.

You should sync your device daily if using the PxDx Case Logger App on a handheld device. You may also input patient logs directly through the E*Value website. If you have technical difficulties with E*value try the troubleshooting guide first. If that method is unsuccessful than contact Erika Dupes, edupes@pennstatehealth.psu.edu or Trinell Genga, Clinical Coordinator, tgenga@pennstatehealth.psu.edu. Please do NOT contact E*value directly.

Prior to beginning clinical education students are required to sign an E*Value Honesty Certificate, all electronic entries submitted by the student must be truthful and accurate and comply with the Academic Integrity policy of the PSHCOM.

**PATIENT LOGGING**

The purpose of logging patients, ICD-9 or ICD-10 codes, and CPT-codes is not only for the program to monitor experience, patient type, and patient load, but to evaluate what depth of involvement the student has experienced. Upon completion of the program, the student will have the advantage of creating a personal portfolio in any specialty, by code, procedure, or surgeries.
In addition, the program is able to monitor and document that the student has met established clinical competencies.

The students are expected to enter patient data frequently, preferably daily, when possible. Students will have until the Monday following Call Back Day to enter the prior rotation’s patients, at which point, it will be locked and will become “read and report access” only. Incomplete entries and/or failure to have entered all patients by the Monday after Call Back Day will result in a reduction of points from the student’s documentation grade for that rotation.

Point Reduction breakdown:
- Inaccurate (not providing all of the pertinent information i.e. age, sex, diagnosis, etc.)
  - 5 point deduction for each inaccurate log
- Incomplete (did not complete logging all patients seen during the rotation)
  - 5 point deduction
- Not done (no patients or only a few patients logged)
  - Grade of Zero

Students are required to have their patient logging available (via electronic device, computer, or printout) to review with the faculty member doing their site visit for each rotation. If the student does not have it completed at the time of the site visit, he/she will be required to e-mail it within one week (7 days) to the faculty member that performed the site visit. Failure to do so within the specified time will result in a reduction of 5% from the student’s final rotation grade for that rotation.

DUTY HOURS: All students are to complete duty hours via E*Value. Each log must be complete: name; date; specific rotation, clinical site name; task and hours on site. Failure to comply with any of the following requirements will result in a loss points from the documentation grade:
- Prefilling (logging hours before the shift is over)
  - 1-5 prefilled: 5 point deduction
  - More than 5 prefilled: 10 point deduction
- Logging a full day for non-scheduled hours
  - 5 point deduction
- No logging completed
  - Grade of Zero
- The comment section must be filled out if logging anything other than clinical hours.
- If you work less than 8 hours you must explain why in the comment section.
- Absences and reason for absence from site should be reflected in the duty hours.
- Duty hours and patient logging in E*Value must be updated weekly.

STUDENT PROGRESS REPORT: All students are to submit via E*Value by week 2 of all clinical rotations. All progress reports must be completely filled out.
- Late submissions will result in a loss of 10 points from the documentation grade
- Failure to comply with any portion of this requirement will result in a loss of 5% from the final course grade.

Outstanding problems must be directly communicated to the Clinical Coordinator via telephone or e-mail.
MY FOLIO: Students are not required to complete the My Folio section. However, it is suggested to log your educational activities for your self-reflection and to self-monitor your progress. As the clinical year progresses the clinical year faculty may require a student to begin logging based on their academic performance. My Folio would include readings, discussions, lectures and any other educational activity engaged in each day/ evening.

ROTATION PASSPORTS
The Rotation Passports identify specific diagnostic skills, competencies and disease processes that must be successfully learned and/or demonstrated by each student and observed and documented by a faculty member (or, for some items, an upper-level resident). The goal of this program is to improve the clinical skills of our students, to encourage bedside teaching and feedback, and to enhance the exposure of our students to faculty on the clinical rotations. Rotation Passports will encompass different competencies for each rotation. It is the responsibility of each student to ensure that the skills are demonstrated and observed and the passport completed before the end of the clinical rotation.

The Passport is to accompany each student each day during the rotation and must turned in by noon of callback day. Lost or misplaced Passports may be reconciled on a case-by-case basis by the Clinical Coordinator.

Rotation passports grading:
- Late (up to 1 week after the deadline) will result in a loss of 5% from the final rotation grade
- After 1 week or never turned will result in a loss of 10% from the final rotation grade
- Incomplete passports will result in a loss of 5% from the final rotation grade

Rotation Passport responsibilities:
Student
- hand in completed passport
- review the passport with their preceptor
- have the preceptor sign off on the students' clinical skills once they are performed satisfactorily
- reminded not to leave completion of the passport until the last few days of the clerkship

Preceptor
- review passport with student
- sign off on clinical skills once they are performed satisfactorily

PRECEPTOR EVALUATION: Students’ preceptors will be sent a link via E*Value to complete the students evaluation for rotations, alternately they will complete evaluations in New Innovations. They will be sent out at the end of week four. If your preceptors who will be evaluating you are different from your assigned preceptor you must provide their name, credentials, and email address to Erika Dupes NO LATER THAN week three of the rotation. Prior to leaving the site students are required to make sure their evaluation has been completed, notify the program of any difficulties, and review the evaluation with their preceptors to obtain feedback on their strengths and weaknesses.

If you are working under the supervision of a resident, the resident should also complete the evaluation form. No evaluation forms will be accepted from medical students, interns, or PGY1 resident.
A maximum of three preceptor evaluations, preferably from the attending physician/PA-C, will be used to determine the student’s grade (evaluations must be from primary preceptors or residents). Evaluations should be from licensed health care providers who spent sufficient time with you and who are capable of completing the form as a result of this preceptor-student interaction. It will be at the discretion of the Clinical Coordinator as to which evaluations will be utilized. Certain sites may perform a compilation from several preceptors. Evaluation grades are ultimately determined by the Clinical Coordinator. Preceptors may include attending physicians, residents, fellows, physician assistants, and nurse practitioners.

➢ **Note:**
  - Spending a few days with a physician other than your preceptor does not need or require that another evaluation form be given to that supervisor.
  - Students must complete their evaluation of the rotation on New Innovations and E*value prior to releasing the preceptor evaluation to the student. Evaluations are blinded to both parties until each has completed the evaluation.

Any instance of unprofessional behavior during the clinical year will be grounds for failure of the course as well as dismissal from the PA Program.

**STUDENT EVALUATION OF SITE AND PRECEPTOR:** Submitted via E*Value by the end of the rotation. These forms provide a mechanism for feedback to preceptors regarding your perceptions of the educational experiences. These are not graded. These are blinded to preceptor until the evaluation of the student is completed. Otherwise they are NOT anonymous. It is consistent with the values of the PSCOM PA program to help students learn to provide constructive feedback.

**PRECEPTOR EVALUATIONS:**

Evaluations are graded on a 10 point scale. There are 14 areas the preceptor can evaluate the student on a scale of 1 to 5. The preceptor can chose N/A if they did not observe the performance of the student in a particular area.

- 5 = 10 points
- 4 = 9 points
- 3 = 8 points
- 2 = 7 points
- 1 = 6 points

If more than one evaluation is turned in then the scores from each evaluation will be averaged. A maximum of 3 evaluations can be used to determine the grade.

**H&P and SOAP NOTE ASSIGNMENTS:**

Below is a list of the required H&Ps and SOAP notes for each specialty:

- Behavioral Medicine: 1 H&P and 1 SOAP note (each one must include mental status exam)
- Family Medicine: 1 PICO and 1 SOAP note
- Emergency Medicine: 2 SOAP notes
No duplication of patient diagnoses is allowed during the same rotation. Duplication of patient diagnoses will result in a zero. Points will be deducted at the discretion of the faculty for failure to submit the proper requirement for the designated specialty (i.e., not including an orthopedic condition or a geriatric note etc).

Students must email their notes to the appropriate faculty member responsible for grading the notes. Notes should be grammatically correct. If it is an officially transcribed H&P that was dictated as part of your rotation requirements, the student is permitted to copy these typed notes, but should blacken out the patient’s name or other identifying information and submit them to the program. This applies to any EMR generated note as well. No pre-made forms of any kind for H&Ps and SOAPs may be utilized regardless of what the preceptor uses. Your H&Ps and SOAPs may not be handed in with relevant information missing because, “that’s how the preceptor did it.” If necessary, an addendum to the note may be added to explain the limitations of the site.

The same format used for the previous history and physical examination courses will be the criterion utilized for grading. Each H&P write-up must include all components, including an Impression and Plan (do not combine). Examples and Rubrics will be posted in the course shell in CANVAS.

**Failure to submit H&Ps and SOAP notes by the week 3 deadline of Friday at Midnight (11:59 PM)**

- 5 points will be deducted from the final score of the assignment for each day the assignment is late.
- H&P’s or notes turned in 7 days after the due date will result in a “0”.

**SPACED LEARNING QUESTIONS:**

The purpose of spaced learning education is to provide an opportunity for the students to revisit learning concepts during their clinical training. Research has shown that recalling past learned material allows the students to have better recall and deeper learning. Simply thinking about past knowledge allows further connections to be made in the brain which promotes learning and retention.
10 questions will be assigned during weeks 1-4 of each clinical rotation for a total of 40 questions. The answers to the questions are due on Friday of each week by midnight.

Put the answers below the question in the original Word document sent to you. The questions and answers must be on the same document. Use the following format:

A. Your answer before looking it up
B. Your answer after looking it up

Email your responses back to the assigned faculty member. For optimal learning, students should try to answer the question without the source and go to the sources for validation or obtaining additional information.

- **Behavioral Medicine (Trinell), Women’s Health (Trinell), Emergency Medicine & Urgent Care (Trinell), Surgery (Trinell) and Pediatrics (Angie)**
  - Weeks 1 & 2 - Specialty specific questions
  - Weeks 3 & 4 = Questions covering the topics tested during summative week (Radiology, Dermatology, H&P Findings, Lab Interpretation, Pharmacotherapeutics & Patient Education)

- **Inpatient Internal Medicine, Primary Family Medicine, Ambulatory Internal Medicine & Ambulatory Family Medicine (Chris)**
  - General medicine questions will be sent for weeks 1-4. Specific topic areas will be covered each week.

Each week the assignments will be worth 100 points. If quality work is turned in on time each student will receive the full 100 points. If there is a wrong answer, in the ballpark answer or an incomplete answer then the faculty member will ask the student to correct it without deducting points. Faculty may also provide additional feedback to the students on these answers directly on the student answer sheets. The Spaced Learning Activity will constitute 5% of the student’s overall rotation grade.

Points can deducted for the following reasons:
- If the above format is not used then 10 points will be deducted.
- The faculty reserves the right to deduct 10 points for overall low quality and/or incomplete work. The student will need to resubmit the assignment.
- If the assignment is turned in late 10 points will be deducted.
- If the assignment is 2 weeks late the grade will be an automatic 70%.
- If no assignment is turned in it will be an automatic 0

It is highly recommended that students use these questions and answers for studying purposes and put some thought and effort into this assignment. Many of the concepts behind these questions will be reflected in the end of rotation exams and in the summative week quizzes.
DETERMINATION OF ROTATION GRADES:

The final grade will be determined as follows:

- 40% End of Rotation Exam / or the grading of Ten, one-page papers during elective-Program will make the determination as to which assignment is necessary for the elective rotations.
- 30% Preceptor Evaluation
- 10% H&P and SOAP notes
- 10% Call Back Day assignment
- 5% Spaced Learning Questions
- 5% Documentation (patient logs, duty hours, & progress report)

Grading System:

- Honors 93%-100%
- High Pass 87%-92%
- Pass 80%-86%
- Low Pass 70%-79%
- Failure Below 70%

END OF ROTATION EXAMS:

At the end of each required rotation on Call Back Day, a written exam will be administered that applies to that student’s rotation. These exams will change each rotation so that no student will receive the same examination twice. The examination format will be similar to the tests given previously in the program. The test will be based upon the learning outcomes, assigned readings, flash drive for ambulatory family medicine, and assigned MED U cases for each rotation, if assigned. With the exception of the Family Medicine exam, all exams will be 70 questions, single best answer.

- Note: If you do not complete the assigned MED U cases, you will not do well on the tests. Also, please do not tell your preceptor you cannot stay late or disappear to the library because you have reading to complete. On some rotations, the MED U Cases will be easy to fit in; others, e.g., surgery, may require budgeting of time. We suggest that you read about the clinical cases that you saw during the day so that this information can have a patient associated with it.
- When viewing the MED U cases, students should work through the cases and take notes while working through the cases.
- The End of Rotation Examinations will have the test questions referenced to the assigned textbook and/or MED U cases.

ELECTIVE ROTATION PAPERS OR WRITTEN EXAM:

The Elective Rotation will have EITHER an end of rotation examination OR a mandatory ten topic written assignment which will be counted for the test grade. Students must choose by Friday Week 1 of the rotation whether they will be taking a written examination or whether they will
write the ten topic papers. If the clinical coordinator does not get a request from a student then 10 papers will be required. The clinical coordinator and the program director reserve the right to choose for the student.

- The ten papers should be extracted from the elective rotation learning outcomes, at the discretion of the student.
- Each objective will have a one-page discussion on that topic.
- Typed, single-spaced, Times New Roman, 12-point size font, with in-text citations; one topic per page.
- Spelling and grammar will be taken into consideration.
- A minimum of two references must be listed for each topic, with a separate reference page in APA format at the end which includes all references for the ten papers. These references should be reliable and current (within 5 years) and should come from a peer-reviewed, recognized journal or book. The PSU Harrell library has multiple resources available electronically to meet these requirements.
- The references for each topic should be summarized at the conclusion of each topic.
- All references must be listed according to APA format.
- These papers should enhance your knowledge base rather than just review topic areas that have already been mastered by the student.
- Topic papers should not be directly copied and pasted from the sources but rather should consist of a summary of these readings. This summary of the readings will actually allow the student to process the information rather than regurgitate the information back and activates the student’s mind so that this becomes a learning opportunity.
- Assignments are due at 7:30 am on the respective elective Call Back Day.
- All 10 papers need to be presented as one document (do not send 10 individual Word documents). Do not send the papers in a PDF format.
- Failure to hand in paperwork by deadline will result in a “0.” Emailing the assignments to Trinell Genga is acceptable.
- The grade assigned from the review of these ten page papers will comprise 40% of the final grade for that rotation if the paper assignment is given rather than a written examination.

**Call Back Day Assignments:**

**Oral & Written Case Presentations:**

The program requires each student present three case presentations during the clinical year. Each case presentation has a written and oral component. Two of the presentations can either be medically or surgically based and at least one presentation must be ethically based. There is one presentation per student per semester. Students assigned to AHEC sites will do one of their presentations about their community project. The topic of the case presentation does not have to pertain to your current rotation but the case topic has to have been from a contact that you had during your clinical training.

- **Note:**
  
  See the Call Back Day Group Assignment Schedule located in this manual.

**Topic Approval**
Students must e-mail the Clinical Coordinator 5:00 p.m. (EST) on the Friday of the third week of the rotation to obtain topic approval. The case presented must be one the student either personally saw or participated in directly. Therefore, when submitting the topic for approval, the student must include the rotation they were on when the case occurred. Failure to submit the topic on time will result in a grade no greater than a 20/50 for the oral component. If the topic is submitted via e-mail for approval, the student is required to maintain a copy for documentation purposes.

**Oral Presentation**

The oral case presentation must include a PowerPoint presentation. You should not read directly from your notes but may refer to them. You will have 10 minutes to give your presentation. Presentations lasting more than 10 minutes will have points subtracted from the final grade on the presentation. Please practice this prior to presenting to your classmates. A copy of your PowerPoint presentation must be emailed before 7:30 am on Call Back Day. Bring it on a flash drive as well.

**Structure of Medical and Surgical Case Presentations**

The presentation should include pertinent history, physical findings and pertinent laboratory and radiographic findings. A brief discussion should ensue about the management of the patient and the outcome. The disease or dilemma should then be discussed with the class and the student presenter should be prepared to answer questions about the case or disease presented.

**Structure of Ethical Case Presentation**

The presentation should include a brief description of the pertinent history, physical findings, and then a detailed discussion of the ethical dilemma. The student should be prepared to answer questions about the case.

**Required Paperwork**

The written research paper that was presented orally should consist of a brief (2-3-paragraph) summation of the patient’s case or ethical dilemma. The remainder of the paper should elaborate on the disease entity or ethical background information.

The paper must be typewritten in APA format with the pages numbered and the length of the paper should be 5-10 pages. Spelling and grammatical errors will result in lowering of the grade. No medical abbreviations are allowed in the paper.

The written paper should be double spaced, have a cover page and should be in the APA format (refer to the *Publication Manual of the American Psychological Association, current edition*). You will need a minimum of three references. Online resources may NOT be used as a reference. These references should be current (within 5 years) and also need to be from a reliable and recognized peer reviewed journal or textbook. The Harrell library has multiple sources for material to help with these presentations.

The paper and presentation must be emailed to the Clinical Coordinator by 7:30 am on each Call Back Day. *A paper not submitted on Call Back Day will have an automatic grade of zero assigned for the paper.*
A student will not make academic progress until the paper is reviewed by the program and the program deems it to be appropriately done. If the student fails to write the paper, the student will be given an “F” for that rotation and will not be considered to be making sufficient academic progress. That grade will not be amended until the paper is accepted by the program. Students whose papers are not of sufficient quality may be required to rewrite the paper in order to meet the program’s expectations. This resubmitted paper must be accepted by the PA Program in order for the student to pass this element of the rotation. Students failing to rewrite their paper will automatically receive a zero for this grade.

The topic that deals with the ethical dilemma for the presentation should detail the involvement of the ethical principles that was part of the Medical Ethics Course (PAS 730). An ethical discussion should follow that illustrates the ethical principles and how these were challenged or not properly followed. References from ethical literature should be used in the writing of this paper.

**Directed Practical Exams:**

Students will be tested on a physical examination given on a clinical case scenario. Students will have 15 minutes to perform the directed practical and verbally present a brief assessment and plan to the proctor. The plan must also include patient education and follow up.

Please bring appropriate clothing and equipment needed for physical examination. The P.E. may not be specific to the rotation you’ve just completed. *Failure to bring equipment and/or appropriate clothing may result in failure of the Practical Exam.*

- **Note:** See the Call Back Day Group Assignment located in this manual.

**Oral Exams:**

Students will perform an oral examination based on their current rotation once per semester. There will be a total of 10 questions asked with 10 points available per question. The student will need to supply short answers or a brief discussion. Knowledge needed to complete these exams should have been obtained through reading, MED U case, or by knowledge gained while on rotation. Students will be given 10 minutes to complete their oral exam on Call Back Day.

The oral tests for the elective rotation are written from the perspective as to what the student should accomplish and what topics should be discussed and/or seen during the normal course of attending that particular rotation.

**Call Back Days:**

At the end of every rotation all students return to the University for Call Back Day. This is an opportunity for all students to complete direct and indirect assessment by the program, and to interact with one another. It should be understood that this is also a very busy day. For the program to complete its necessary assessments, students will need to adhere to the Call Back Day activities schedule.

This Call Back Day will consist of the written examination and either the oral exam, directed practical or case presentation assignment. In addition, there may be afternoon presentations by outside speakers, in which student attendance is also mandatory. *Testing will begin promptly at 7:30 a.m.* Students taking the Family Medicine Examination will be returning to campus Thursday afternoon before Call Back Day due to the length of the examination. With the
exception of the Family Medicine Examination, the written test needs to be completed in 90 minutes from the actual start time. Please see examination policies above.

Each Call Back Day:

- 1/3 of the class will present an oral presentation and submit a written referenced term paper based on a case presentation.
  - A total of 50 points will be awarded for the oral presentation.
  - A total of 50 points will be awarded for the written reference term paper.
  - A total of 3 presentations will occur throughout the year. We require that one of these presentations consist of an ethical dilemma that was encountered during the clinical rotations. This paper presentation will discuss the ethical implications of decision-making which includes discussion such as autonomy, beneficence, and distributive justice.
- 1/3 of the class will perform a directed practical exam for a total of 100 points.
- 1/3 of the class will take an oral examination consisting of 10 relevant questions worth 10 points each.
- The total points that are awarded for each of the above call-back day components will comprise 10% of the student’s final grade for each rotation.

➤ Note:
- Refer to the Call Back Day Group Assignment schedule listed in this manual.
- Students not presenting a case are required to attend and participate all of the case presentations.
- Attendance at Call Back Day is mandatory.
- Please do not schedule outside appointments that require you to leave before 5:00 p.m.

The following paperwork items and electronic surveys must be completed and returned to the program by 7:30 am on each Call Back Day.

- Student evaluation of Site and Preceptor (online)
- Case presentation paper and PowerPoint presentation (if applicable), emailed and on a flash drive.
- Pager (please turn it off before returning)
- Remediation questions (if applicable)
- Borrowed Books from PA Program can be returned to program office before 5 pm
- Any ID badge from rotating hospitals, if applicable and not returned directly to the hospital.

Any paperwork to be graded (i.e., topic papers for electives, case presentations, etc.) that is handed in after the time indicated will not be acknowledged or accepted and will result in a zero for that portion of the Call Back Day assignment grade.

It is the student’s responsibility to verify the appropriate paperwork, as stated in this manual, due for each Call Back Day

Any keys, books, ID badges etc. borrowed or used from the preceptor must be returned to the appropriate person before you leave the site. You may be required to see HR or GME before you leave.

Remediation Policy for the Clinical Year:
All students are expected to perform according to the program standards. The program has established minimums for each subject area for which a grade is earned. In order to demonstrate that the student is making acceptable academic and clinical progress, the following standards are regarded as the minimum acceptable standards:

- 70% grade for the end of rotation examination.
- 70% grade for the history and physical, and SOAP notes.
- 30/50 for the written referenced term paper.
- 70% for the Directed Practical exam and at least an “acceptable” score on the overall impression. “Unacceptable” and “borderline” overall impressions will need to be remediated and re-tested.
- 70% for oral examination.

Students failing to meet these standards are required to perform the following remediation activities, which must be completed by the following Call Back Day. Details for the remediation and retesting are listed individually in this section. Students should attempt to be prepared for all elements of the assessments that are performed on the Call Back days. Students must successfully complete all required remediation in order to graduate from the PA program.

Remediation Plan:

**Written Exam**

- For failure of the written exam, completion of learning objectives (with referencing) that are e-mailed to the student. These answers are due on the following Call Back Day with full referencing of all the answers. The references used for completing the learning objectives must be a referenced medical text or journal and not merely a review text just listing the answers. **Failure to submit completed learning objectives by the following Call Back Day will result in a “0” for the written exam.** For the final Call Back Day, this remediation will be due prior to the completion of the Summative Experience.

**H&Ps and SOAPs**

- Resubmission of H&P and SOAP notes with improvements implemented. **Failure to submit the corrected, completed H&P and SOAP notes by the following Call Back Day will result in a “0” for the H&P and SOAP notes for that rotation.** For the final Call Back day, students need to resubmit these notes prior to completion of the Summative Experience. Students will be notified when these notes need to be rewritten. Resubmission of these notes will fulfill the remediation requirement but will not alter the original grade that was assigned.

**Written Paper**

- Resubmission of the written reference paper. **Failure to submit the corrected written reference paper by the following Call Back Day will result in a “0” for the paper.** For the final Call Back Day, the written paper must be resubmitted prior to the completion of the Summative Experience. Resubmission of this paper will fulfill this remediation requirement but will not change the original grade that was assigned.
Directed Practicals

- Repeat performance of the Directed Practical examination. The student will need to return to campus for this to be done. The Clinical Coordinator will schedule the directed practical remediation. **Student will be given up to three opportunities to successfully pass a directed practical remediation exam before the next Call Back Day. Failure to pass a directed practical remediation exam after three attempts will result in a “0” for the directed practical examination. Additional assignments may be given as part of the remediation process.**

Oral Exam

- Repeat performance of the Oral examination. The student is required to return to campus for this to be done. The student must contact the Course coordinator or the Clinical Coordinator to schedule the remediation. **It needs to be completed before the next Call Back Day. Student will be given up to three opportunities to successfully pass an oral remediation exam before the next Call Back Day or completion of the Summative Experience if the oral examination was not passed during the final clinical rotation. Failure to pass an oral remediation exam after three attempts will result in a “0” for the oral examination. Additional assignments may be given as part of the remediation process.**

Performance of the above requirements will **not** alter the original grade that was earned, unless the grade is changed to a “0”. Remediation will allow the program to document that the student has met the program’s overall academic, professional, clinical expectations. Satisfactory academic and professional progress in the clinical year of the Physician Assistant Program is needed for the student to be able to graduate. Satisfactory progress can be partly accomplished by the successful completion of the remediation assignments that are in place in the Physician Assistant Program.

**SITE VISITS:** The site visit evaluations will consist of faculty members observing the PA students with patients and/or presenting a patient to the clinical preceptor. While being observed, students will perform appropriate histories and physicals, present the cases to the preceptors, and are responsible for answering any questions regarding the problem asked by the faculty members. Discussion topics based upon these cases can be held in order to ascertain medical and clinical knowledge about these topics.

The site observation for Rotation visits is a pass/fail component.

Other points to remember when being evaluated by faculty members include:

1) Confirm date, time and place of site visit. Directions are helpful.
2) Introduce faculty members to preceptors and office staff.
3) Prior to being observed, ask the patient’s permission regarding observation by faculty members.
4) When working with patients do not try to just satisfy the examiners. The patients are your primary concern.
5) Be prepared to discuss disease entities with visiting faculty.
6) Relax

Unsatisfactory site visits may necessitate additional site visits. Reasons which may necessitate second visits include:
1) Unsatisfactory performances by students
2) Interruption of patient-student encounters by staff, physicians, etc.
3) “Unsatisfactory” patient encounters in which patient is uncooperative (e.g. screaming, contentious 4 year old)
4) Unprofessional behavior

Most second visits are done to observe students in situations which allow them to perform at their maximal capacity as practitioners, rather than to observe them secondary to initial poor performances. Failures to perform satisfactorily during second site visits may result in program responses such as remediation, additional site visits, or decisions to extend clinical training.

The Program reserves the right to visit students at any time during the Clinical phase of education.
ROTATION ROUTINE FOR STUDENTS

In summary, every student on Rotation needs to...
Be at your clinical site as scheduled. Should there be any questions regarding hours on site, inform the clinical coordinator and reflect your actual hours in E*Value’s “Duty Hours” section. Notify your respective clinical preceptor and Clinical Coordinator if you will not be at the site due to illness or other personal matter. Document this absence on your E*Value “Duty hours” section.

Week ONE –
• Check in via email with the clinical coordinator how you are doing at the site by Friday of Week 1
• Synchronize to upload regularly for E*Value patient data.
• Survey rotation learning outcomes, read, study.
• Complete Spaced Education Questions

Week TWO –
• Check assignments on current specialty assigned.
• Complete Student Progress Report through E*Value.
• Continue to sync regularly for E*Value patient data.
• Complete Spaced Education Questions

Read…more reading and studying. Time permitting at the site, ask your preceptors to discuss some topics in the learning outcomes. Find the time and be brave to ask your current clinical educator(s) at the site, “How do you think I’m doing…any suggestions on how I can improve?” And if you are doing well…try to be better.

Week THREE –
By the end of week #3, Friday, 11:59 PM deadline, regardless of the rotation you are on, submit your note assignments via email and they will be graded by the following faculty members. Direct any questions regarding the notes to the assigned faculty member.

• For Pediatrics 1 H and P and 1 SOAP note
  o Ms. Pistoria.
• For Emergency Medicine 2 SOAP notes (one should be ortho)
  o Ms. Genga
• For Women’s Health 1 OB Visit SOAP note & IPV screening log (IPV due on call back day)
  o Ms. Genga.
• For Surgery 1 brief-op note, and 1 SOAP note (IP or OP setting)
  o Mr. Genga.
• For Inpatient Internal Medicine 1 H and P and 1 SOAP note (at least one should be a geriatric patient)
  o Ms. Genga.
• For Behavioral Medicine 1 H and P and 1 SOAP note
  o Ms. Genga.
• For Ambulatory Care 2 SOAP notes (one should be ortho)
  o Ms. Genga.
• For Family Medicine 1 PICO and 1 SOAP note
  o Dr. Richard.
• For electives 2 SOAP Notes
  o Ms. Genga
Week THREE continued…

- Continue to sync regularly for E*Value patient data.
- Start to review what you studied for weeks #1 & 2; recite from memory; read and study other topics.
- **Towards the end of week 3, try to connect with your preceptor for the next rotation.** If having difficulties connecting, email Trinell Genga or Erika Dupes.
- If you are doing a Case Presentation on Call Back Day, confirm your topic with Trinell Genga.
- Complete Spaced Education Questions

Week FOUR –

- Continue to prepare for post-rotation exam: study, read, review, recite.
- Continue to sync regularly for E*Value patient data.
- Complete Spaced Education Questions
- Keep trying to contact your next rotation’s preceptor if you haven’t received a reply yet. Don’t just give up. They are very busy clinicians and we are sure they know you are coming next.

Week FIVE –

- Continue to prepare for post-rotation exam: study, read, review, recite.
- Continue to sync regularly for E*Value patient data, complete YOUR site evaluation on E*Value, whenever possible review preceptor’s evaluation of YOU through E*Value with your preceptor before you leave your site.
- If you were doing Family Medicine --- be back on campus the Thursday before Call Back Day for the exam.
- **Before you end your current clinical site, SAY “Thank you” to your preceptor. In addition, write a thank-you card.** Make sure to take time with your preceptor to discuss your evaluation.
- Review Clinical Education Manual re: Examination policies.
- Case Presentation material is due by 7:30 AM Friday
- Elective topic papers are due, hard copies or emailed by 7:30 am on Call Back Day.

Get a good night’s sleep before the exams. A relaxed mind is capable of doing wonders.

We cannot possibly learn Clinical Medicine effectively if we simply study just before an exam.

**You are expected to arrive at the designated exam location by 7:25 AM, get seated and organized. Exams will start promptly at 7:30 AM and will last until 9:00 AM (1.5 hours).**

Stay away from negative comments your classmates may volunteer. Their experiences will NOT necessarily be yours. Bring up issues/problems to the attention of your **clinical coordinator.**
Penn State University ~ Physician Assistant Program  
Clinical Year 2017-2018  
Textbook List  
(The most current edition is required for all the textbooks)

1. PAS 741, 742 Psychiatry  
   - Required: Kaplan & Sadock’s Synopsis of Psychiatry  
   - Recommended: DSM 5 (available through Harrell on psychiatry online)

2. PAS 732, 733 Emergency Medicine  
   - Required: Tintinalli’s Emergency Medicine: Just the Facts**

3. PAS 734, 735, 748 Family Practice  
   - **PENNSTATEHEALTH Family Medicine Exam**  
     - Required: MED U family medicine cases
   - **Ambulatory Care Family Medicine Exam**  
     - Required: CURRENT Diagnosis and Treatment Family Medicine  
     - Required: aafp.org/med-ed  Flash drive provided. Internet access required.

4. PAS 739, 740 Internal Medicine  
   - Required: Harrison’s Manual of Medicine* (paperback)  
   - Recommended: Step Up To Medicine**

5. PAS 745, 746 Women’s Health  
   - Required: Obstetrics and Gynecology, Beckmann**  
   - Recommended: Step Up to Obstetrics and Gynecology

6. PAS 743, 744 Pediatrics  
   - Required: Nelson Essentials of Pediatrics*  
   - Required: MEDU Pediatric cases- EOR questions referenced to this material.  
   - Recommended: The Harriet Lane Handbook*  
   - Recommended: Bright Futures Pocket Guide, Guidelines (AAP)  

7. PAS 737, 738 Surgery  
   - (copies surgery texts available to check out in the PA program office)  
     - Required: CURRENT Diagnosis and Treatment Surgery  
     - Required: Essentials of General Surgery, Lawrence**  
     - Recommended: Surgery Recall** & ACS Trauma  
     - Highly Recommended: Med U surgical cases will supplement these materials.

8. Case Presentations  
   - Recommended reference: Publication Manual of the American Psychological Association  
   - Recommended reference: Problem-Oriented Medical Diagnosis, H. Harold Friedman, MD**

9. Electives – TBA  
   - Textbooks will be recommended based on the specialty  
     *e-books available online through library website  
     **on reserve in library
Learning Outcomes

General Outcomes: The Family Medicine Clinical Rotations are intended to be the all-encompassing outpatient experiences for the student. The student will become familiar with a wide variety of medical problems likely to be encountered in a primary care/family practice setting. The student will develop and refine techniques of patient rapport including anticipation of patient needs and explanation of the essentials of the disease/illness to the patient and family. Since our program offers only an elective rotation in orthopedics, students need to seek out patients with an orthopedic complaint so that this area of medicine is appropriately covered during the family medicine rotations.

Primary Outcomes: The following disease processes and conditions will be used as a focus for choosing patients for student work ups. Upon completion the student will be able to identify, describe and perform the appropriate clinical evaluation including physical examination, differential diagnosis, selection of appropriate diagnostic studies, development of treatment plan including proper referrals and appropriate patient and family teaching. The student will develop increased familiarity with normal and abnormal laboratory values as well as the appropriate use of radiologic and other diagnostic modalities as part of the diagnostic system. The student shall become more familiar with the team approach to patient care and gain increased knowledge of the constellation of support systems that exist in the community to assist all ages of patient in their maintenance of wellness.

End of Rotation Examination: Topics will be used for the end of rotation examination. Students are expected to become comfortable with the following topics along with supplementing their learning with reading from Med U cases and the recommended Family Medicine reading on flash drive provided. Exam questions will come primarily from the MED U cases.

GENERAL
1. Fatigue
2. Unexplained weight loss
3. Dehydration
4. Poisoning
5. Drug Toxicity
6. Childhood disease (e.g. measles, mumps, varicella, etc.)
7. Female breast mass
8. Acute URI/ viral syndrome
9. Wheezing
10. Asthma
11. Pleuritic pain
12. Chronic Bronchitis
13. Emphysema
14. Acute bronchitis
15. Pneumonia
16. Tuberculosis
17. Cough

PULMONARY
1. Upper respiratory tract infection
2. Childhood disease (e.g. measles, mumps, varicella, etc.)
3. Chronic Bronchitis
4. Emphysema
5. Acute bronchitis
6. Pneumonia
7. Tuberculosis
8. Cough

CARDIOVASCULAR
1. Chest Pain/ Angina
2. Coronary Artery disease
3. Hypertension
4. Myocardial infarction
5. Heart Murmur/ Vascular Bruit
6. Congestive heart failure
7. Common dysrhythmias
8. Syncope
9. Palpitations
10. Hyperlipidemia
11. Claudication/ arterial insufficiency
12. Venous insufficiency
13. Thrombophlebitis deep & superficial
14. Bacterial Endocarditis
15. prophyllaxis

GASTROINTESTINAL
1. Peptic ulcer disease
2. Gastroesophageal Reflux Disease
3. Nausea & Vomiting
4. Hematemesis
5. Jaundice
6. Hepatitis
8. Cholelithiasis
9. Cholecystitis
10. Irritable bowel syndrome
11. Inflammatory bowel syndrome
12. Diarrhea
13. Rectal bleeding
14. Melena
15. Constipation

GYNECOLOGIC
1. Irregular menses
2. Vaginitis
3. Pelvic Inflammatory Disease
4. Abnormal uterine bleeding
5. Birth control
6. Management of osteoporosis
7. Sexually transmitted diseases
8. Vaginal discharge
9. Pregnancy

ENDOCRINE
1. Diabetes Mellitus (type 1 and 2)
2. Thyroid dysfunction
3. Hypoglycemia
4. Gynecomastia
5. Obesity
6. Unexplained weight loss
7. Thyroid Mass/enlargement

HEMATOLOGIC
1. Bleeding tendency
2. Enlarged lymph nodes
3. Anemia (Fe, B12, Folate, Chronic)
4. Leukocytosis

NEUROLOGICAL
1. Headache
2. Migraine
3. Seizure disorder
4. Alteration of consciousness
5. Dementia
6. Organic brain syndrome
7. Weakness &/or paralysis
8. Cerebrovascular accident
9. Transient Ischemic Attack
10. Abnormal gait
11. Neuropathy
12. Bell’s palsy

OPHTHALMOLOGIC
1. Impaired vision  
2. Conjunctivitis  
3. Hordeolum  
4. Chalazion  
5. Blepharitis  
6. Corneal abrasion  
7. Red Eye  
8. Eye Pain  

ENT  
1. Hearing loss  
2. Pharyngitis & tonsillitis  
3. Allergic rhinitis  
4. Mononucleosis  
5. Epistaxis  
6. Tinnitus  
7. Vertigo & labyrinthitis  
8. Laryngitis  
9. Sinusitis  
10. Hoarseness  
11. Nasal obstruction  
12. Otalgia and otitis externa/media  

RENAL  
1. Azotemia  
2. Proteinuria  
3. Fluid & Electrolyte disturbance  
4. Pylonephritis  

SKIN & SOFT TISSUE  
1. Skin lesions  
2. Abnormal pigmentation  
3. Cellulitis  
4. Decubiti/ pressure ulcers  

Secondary Outcomes: The following disease processes or conditions are less common or more complicated in nature. These should not be a major focus for student work ups however students are still required to recognize the major clinical presentations of these entities and should be able to identify the appropriate referral.  

GENERAL  
1. Male breast mass  
2. Fever of unknown origin  
3. Night sweats  

COLLAGEN VASCULAR  
1. Systemic Lupus Erythrematosus  

MUSCULOSKELETAL  
1. Back pain & spinal disease  
2. Degenerative joint disease  
3. Rheumatoid & Osteo arthritis  
4. Gout & hyperuricemia  
5. Osteoporosis  
6. Muscle & joint pain  
7. Herniated Nucleus Pulposus  
8. Ganglion cyst  
9. Sprain/ strain  
10. Costochondritis  
11. Bursitis/ Tendinitis  
12. Lyme arthritis  

PSYCHOLOGICAL  
1. Anxiety  
2. Depression  
3. Stress  
4. Insomnia  
5. Substance abuse  
6. Child/ elder abuse  

PULMONARY  
1. Pleural effusion  
2. Radiographic chest mass  
3. Carcinoma  
4. A.R.D.S
5. Pneumocystis jirocevii pneumonia
6. Pulmonary embolus
7. Restrictive Lung disease
8. Hemoptysis
9. Cystic fibrosis

**CARDIOVASCULAR**
1. Valvular heart disease
2. Endocarditis
3. Pericardial disease
4. Lethal dysrythmias
5. Pulmonary embolism
6. Cardiomyopathies
7. Rheumatic heart disease

**GASTROINTESTINAL**
1. Malabsorption syndromes
2. Pancreatitis
3. Colorectal carcinoma
4. Gastric carcinoma
5. Diverticulitis/ Diverticulosis
6. Cirrhosis
7. Bowel obstruction
8. Ascites
9. Rectocele

**GYNECOLOGIC**
1. Spontaneous abortion
2. Vaginal bleeding during pregnancy
3. Prolapsed Uterus
4. Female Infertility
5. Uterine & Ovarian carcinoma

**GENITOURINARY**
1. Prostate cancer
2. Incontinence
3. Cystocele
4. Renal calculi

**ENDOCRINE**
1. Cushing’s syndrome
2. Adrenal Insufficiency
3. Parathyroid disorders
4. Pituitary disease & tumor

**HEMATOLOGIC/ ONCOLOGIC**
1. Sickle cell disease
2. Lymphoma
3. Leukemias
4. Disseminated intravascular coagulation
5. Hemophilia
6. Immune thrombocytopenic purpura

**NEUROLOGICAL**
1. Alzheimer’s disease
2. Tremors
3. Meningitis
4. Multiple sclerosis
5. Parkinson’s disease
6. Intracranial mass
7. Cerebral palsy

**RENAL**
1. Acute renal failure
2. Chronic renal failure
3. Nephritis
4. Renal/ Bladder carcinoma
5. Acute glomerulonephritis
6. Kidney mass
7. Nephrotic Syndrome

**SKIN & SOFT TISSUE**
1. Malignant melanoma
2. Erythema nodosum

**EENT**
1. Macular degeneration
2. Diabetic retinopathy
3. Retinal detachment
4. Glaucoma
5. Entropion & ectropion
6. Uveitis
7. Laryngeal tumors
8. Otosclerosis
9. Nasal polyps
MUSCULOSKELETAL
1. Pseudogout
2. Septic arthritis
3. Osteomyelitis
4. Bone pain

INFECTIOUS DISEASE
1. A.I.D.S.
2. Acute Rheumatic fever
3. Encephalitis

Procedures: The student shall perform and/or assist, under supervision, the following tests, activities or procedures.

1. Joint aspiration
2. Visual screening
3. Test stool for occult blood
4. Pelvic exam and PAP test
5. Suture minor lacerations
6. Placement of splint
7. Rapid strep test
8. Urine pregnancy test
9. Injections (IM, IV, SubCut, ID)
10. Intradermal testing
11. Electrocardiogram tracing and interpretation
12. Counseling and referral for psychological problems
13. Patient teaching; diet, supplemental exercise, immunizations, disease screening
14. Counseling and referral; substance abuse, tobacco cessation, alcohol abuse

Textbooks/Resources:

PAS 734, 735: Family Medicine at PENNSTATEHEALTH
- Required: Med U Family Medicine Cases
- Required: aafp.org/med-ed Flash drive provided. Internet access required.

PAS 748: Ambulatory Care Family Medicine
- Required: CURRENT Diagnosis and Treatment Family Medicine
- Required: aafp.org/med-ed Flash drive provided. Internet access required.

The Med U Family Medicine Cases are as Follows:

Case #1: 45-year-old female annual exam - Mrs. Payne
Case #2: 55-year-old male annual exam - Mr. Reynolds
Case #3: 65-year-old female with insomnia - Mrs. Gomez
Case #4: 19-year-old female with sports injury - Christina Martinez
Case #5: 30-year-old female with palpitations - Ms. Waters
Case #6: 57-year-old female presents for diabetes care visit - Ms. Sanchez
Case #7: 53-year-old male with leg swelling - Mr. Smith
Case #8: 54-year-old male with elevated blood pressure - Mr. Martin
Case #9: 50-year-old female with palpitations - Ms. Yang
Case #10: 45-year-old male with low back pain - Mr. Payne
Case #11: 74-year-old female with knee pain - Ms. Roman
Case #12: 16-year-old female with vaginal bleeding and UCG - Savannah Bauer
Case #13: 40-year-old male with a persistent cough - Mr. Dennison
Case #14: 35-year-old female with missed period - Ms. Rios
Case #15: 42-year-old male with right upper quadrant pain - Mr. Keenan
Case #16: 68-year-old male with skin lesion - Mr. Fitzgerald
Case #17: 55-year-old, post-menopausal female with vaginal bleeding - Mrs. Parker
Case #18: 24-year-old female with headaches - Ms. Payne
Case #19: 39-year-old male with epigastric pain - Mr. Rodriguez
Case #20: 28-year-old female with abdominal pain - Ms. Bell
Case #21: 12-year-old female with fever - Marissa Payne
Case #22: 70-year-old male with new-onset unilateral weakness - Mr. Wright
Case #23: 5-year-old female with sore throat - Althea Newman
Case #24: 4-week-old female with fussiness - Amelia Arlington
Case #25: 38-year-old male with shoulder pain - Mr. Chen
Case #26: 55-year-old male with fatigue - Mr. Cunha
Case #27: 17-year-old male with groin pain - Andrew Hailey
Case #28: 58-year-old male with shortness of breath - Mr. Barley
Case #29: 72-year-old male with dementia - Mr. Marshall
Case #30: 27-year-old female - Labor and delivery - Mrs. Gold
Case #31: 66-year-old female with shortness of breath - Mrs. Hernandez
Case #32: 33-year-old female with painful periods - Ms. Tomlin
Case #33: 28-year-old female with dizziness - Mrs. Saleh
GENERAL SURGERY ROTATION
PAS 737 and PAS 738

LEARNING OUTCOMES

General Outcomes: This rotation will expose the student to the care of the surgical patient (pediatric through adult) in the inpatient and outpatient setting. The student will become familiar with a wide variety of common surgical conditions encountered in the primary care environment. Emphasis will be on surgical disease, pre- and post-operative planning and treatment, and potential complications, and not on the technical details of any particular surgical procedure. However, the students will observe and assist at inpatient and outpatient surgical procedures thus giving them the experience necessary to evaluate and make appropriate referrals for surgical treatment. This rotation will also prepare the student to teach the patient about his surgical condition, and the operative experience.

Primary Outcomes: The following processes and conditions will be used as a focus for choosing patients for student work ups. Upon completion the student will be able to identify and describe the basic anatomy and physiology, perform the appropriate clinical evaluation including physical examination, order appropriate diagnostic studies, form a differential diagnosis, and conduct proper surgical referral and appropriate patient and family teaching.

1. Pre-operative work-up and care
2. Post-operative care
3. Common surgical complications
4. Post-operative wound healing, infection, and fluid and electrolyte management
5. Preparation for anesthesia and common anesthetic management
6. Shock and pulmonary failure
7. Acutely injured patient, trauma
8. Burns
9. Breast disorders, especially carcinoma
10. Pneumothorax, hemothorax, pleural effusions
11. Coronary artery disease
12. Valvular heart disease
13. Acute abdomen
14. Peritoneal effusions, peritonitis, peritoneal abscesses
15. Portal hypertension
16. Acute cholecystitis, cholangitis, choledocolithiasis
17. Appendicitis
18. Small bowel obstruction, blind loop syndrome, mesenteric ischemia
19. Large bowel obstruction, carcinoma of the colon, polyps
20. Hemorrhoids
21. Anal fissures
22. Inguinal hernias
23. Peripheral arterial disease, cerebrovascular disease, abdominal aortic aneurysm
24. Deep vein thrombosis, pulmonary embolism, chronic venostasis
25. Cranial trauma, spinal trauma
26. Nephrolithiasis, benign prostatic hypertrophy, prostate carcinoma
27. Fractures, upper extremity overuse syndromes, other common orthopaedic conditions
28. Split thickness skin grafts, other grafts and flaps
29. Carpal tunnel syndrome, radial and ulnar nerve compression disorders
Procedures: The student shall be knowledgeable in and, if given the opportunity, perform and/or assist, under supervision, the following tests, activities, and procedures:

1. Scrub, gown, and glove
2. Surgical prep and drape of patient
3. Maintain a sterile field
4. Demonstrate knowledge of surgical suture materials
5. First assist and second assist at surgical procedures both minor and major
6. Understand and perform techniques such as retraction, surgical knot tying, and clamp, suture or ligate hemorrhage in a surgical site
7. Closure of incision with staples or suture
8. Dress wounds
9. Placement of central venous line and Swan-Ganz catheter
10. Placement of arterial line
11. Placement of chest tube
12. Thoracentesis
13. Removal of surgical drain (Penrose, Jackson-Pratt, Sump)
14. Removal of central line and Swan-Ganz catheter
15. Remove arterial line
16. Removal of chest tube
17. Endotracheal intubation
18. Suture and staple removal
19. Total parenteral nutrition
20. Nasogastric tube placement
21. Foley catheter placement
22. Culture collection for surgical specimens

TEXTBOOKS:

1) Essentials of General Surgery, Lawrence (Required)
2) Surgery Recall
3) ACS Trauma
- Required: CURRENT Diagnosis and Treatment Surgery

Med U Surgery Cases will be utilized to supplement the material in the required textbooks.

The Med U Surgical Case Topics are as follows:

1. Abdominal Aortic Aneurysms
2. Anorectal Disease
3. Appendicitis
4. Bariatric Surgery and Obesity
5. Bowel Obstruction
6. Breast Cancer Surgery
7. Burn Management
8. Carotid Stenosis
9. Cholecystitis
10. Colon Cancer
11. Diverticulitis
12. Hernia
13. Skin Cancer
14. Thyroid Nodule

1. Pancreatitis
2. Lung Cancer
3. Pediatric Surgery: Pyloric Stenosis
4. Best practices
5. Suturing and instrument tie
6. Two handed tie
7. Foley catheter placement
INTERNAL MEDICINE CLINICAL ROTATION
PAS 739, Internal Medicine II PAS 740, Internal Medicine III PAS 747

LEARNING OUTCOMES

General Outcomes: The internal medicine clinical rotation, depending on site, will expose the student to the care of the adult patient in the inpatient and/or outpatient setting. The student will become familiar with a wide variety of medical problems that are likely to be encountered in an adult general medicine population. The student will develop and refine techniques of patient rapport including anticipation of patient needs and explaining the essentials of the illness to the patient and family. Students will need to seek out geriatric patients during this rotation so that the program goal of treating patients from newborn to geriatric populations is met during the clinical rotations.

Primary Outcomes: The following disease processes and conditions will be used as a focus for choosing patients for student work ups. Upon completion the student will be able to identify, describe and perform the appropriate clinical evaluation including physical examination, differential diagnosis, selection of appropriate diagnostic studies, development of treatment plan including proper referrals and appropriate patient and family teaching. Additionally the student will be able to complete the proper forms in a Hospital setting for History and Physical examination develop and write admitting orders, and prepare a discharge summary. The student will also become familiar with normal and abnormal laboratory values as well as the appropriate use of radiologic and other diagnostic modalities as part of the diagnostic system.

GENERAL
1. Fatigue
2. Unexplained weight loss
3. Dehydration
4. Drug Toxicity
5. Female Breast Mass
6. Alcoholism
7. Hypertension
8. Myocardial infarction
9. Heart Murmurs/ Vascular Bruit
10. Congestive heart failure
11. Common dysrhythmias
12. Syncope
13. Palpitations
14. Pulmonary embolism
15. Aortic dissection
16. Pericarditis
17. Pericardial Tamponade
18. Endocarditis
19. Hyperlipidemia
20. Claudication/ arterial insufficiency
21. Venous insufficiency
22. Thrombophlebitis superficial & deep
23. Valvular heart disease

PULMONARY
1. Upper respiratory tract infection
2. Wheezing
3. Asthma
4. Pleuritic pain
5. Acute & Chronic Bronchitis
6. Emphysema
7. Pneumonia
8. Tuberculosis
9. Cough
10. Spirometry
11. COPD
12. Pulmonary Embolisms
13. Pleural effusion
14. Pneumocystis jirocevii pneumonia
15. Hyperlipidemia
16. Claudication/ arterial insufficiency
17. Venous insufficiency
18. Thrombophlebitis superficial & deep
19. Valvular heart disease

GASTROINTESTINAL
1. Peptic ulcer disease
2. Gastroesophageal Reflux Disease
3. Nausea & Vomiting
4. Melena
5. Inflammatory bowel syndrome
6. Irritable bowel syndrome
7. Constipation
8. Diarrhea
9. Hematochezia
10. Anorexia
11. Abdominal pain
12. Weight loss
13. Jaundice
14. Ascites
15. Hematemesis
16. Melena
17. Gastrointestinal bleeding
18. Celiac disease
19. Crohn's disease
20. Ulcerative colitis

CARDIOVASCULAR
1. Chest Pain/ Angina/ Palpitations
2. Coronary Artery disease
3. Hypertension
4. Myocardial infarction
5. Heart Murmurs/ Vascular Bruit
6. Congestive heart failure
7. Common dysrhythmias
8. Syncope
9. Palpitations
10. Pulmonary embolism
11. Aortic dissection
12. Pericarditis
13. Pericardial Tamponade
14. Endocarditis
15. Hyperlipidemia
16. Claudication/ arterial insufficiency
17. Venous insufficiency
18. Thrombophlebitis superficial & deep
19. Valvular heart disease
8. Diarrhea
9. Rectal bleeding
10. Cholelithiasis
11. Cholecystitis
12. Hepatitis
13. Jaundice
14. GI Bleed
15. Appendicitis
16. Dysphagia
17. Esophageal Varices
18. Diverticular Disease
19. Liver Disease
20. Cirrhosis
21. Obstruction
22. Pancreatitis
23. Bowel obstruction

GENITOURINARY
1. Dysuria
2. Hematuria
3. Urethral discharge
4. Incontinence
5. Abnormal Urinalysis
6. Sexually transmitted disease
7. Nocturia
8. Benign prostatic hypertrophy
9. Scrotal pain and mass
10. Orchitis
11. Prostatitis
12. Hydrocele/ Varicocele
13. Urinary Tract Infection

ENDOCRINE
1. Diabetes Mellitus(Type 1 and Type 2)
2. Thyroid Mass/ enlargement
3. Thyroid Disease
4. Gynecomastia
5. Obesity
6. Weight loss
7. Cushing’s syndrome
8. Adrenal Insufficiency

HEMATOLOGIC
1. Bleeding tendency
2. Enlarged lymph nodes
3. Anemia (Fe, B12, Folate, Chronic,Hemolytic)
4. Leukocytosis
5. Polycythemia
6. Sickle cell disease

NEUROLOGICAL
1. Headache
2. Migraine
3. Seizure disorders
4. Alteration of consciousness
5. Dementia
6. Weakness &/or paralysis
7. Cerebrovascular accident
8. Transient Ischemic Attack
9. Abnormal gait
10. Neuropathy
11. Stroke
12. Parkinson’s Disease
13. Multiple Sclerosis
14. Bleeds
15. Tremors
16. Alzheimer’s disease
17. Intracranial mass

EENT
1. Deafness/ decreased acuity
2. Tinnitus
3. Otosclerosis
4. Vertigo
5. Epistaxis
6. Sinusitis
7. Hoarseness
8. Nasal obstruction
9. Otalgia and otitis externa/media
10. Retinal Detachment
11. Blepharitis
12. Glaucoma
13. Presbycusis
14. Conjunctivitis
15. Macular Degeneration
16. Cataracts
17. Pharyngitis
18. Diabetic retinopathy

INFECTIONOUS DISEASE
1. Rubeola
2. Mononucleosis
3. Food Poisoning
4. Pityriasis Rosea
5. Erythemia Infectiosum
6. Lyme Disease
7. Strep/Staph Infections
8. Croup
RENAL
1. Azotemia
2. Proteinuria/Hematuria
3. Fluid & Electrolyte disturbance
4. Pyelonephritis
5. Renal/ Ureteral calculus
6. Nephrotic Syndrome
7. Nephritis
8. Renal Infections
9. Renal Failure
10. Acute renal failure
11. Chronic renal failure
12. Acute glomerulonephritis
13. Syndromes of inappropriate ADH Secretion
14. Acute glomerulonephritis

RHEUMATOLOGY
1. Rheumatoid Arthritis
2. Systemic Lupus
3. Reactive arthritis
4. Kawasaki's Disease

IMMUNOLOGY
1. Anaphylaxis

DERMATOLOGY
2. Acne Rosacea
3. Erythema Multiforme
4. Atopic Dermatitis
5. Impetigo
6. Contact dermatitis
7. Herpes Zoster
8. Candida Infections
9. Psoriasis
10. Verruca
11. Dermatophytosis
12. Tinea Versicolor

Secondary Outcomes: The following disease processes or conditions are less common or more complicated in nature. These should not be a major focus for student work-ups however students are still required to recognize the major clinical presentations of these entities and should be able to identify the appropriate referral.

GENERAL
1. Fever of unknown origin
2. Night sweats
3. Poisoning
4. Breast mass male

COLLAGEN VASCULAR
1. Scleroderma

PULMONARY
2. Radiographic chest mass
3. Carcinoma
4. A.R.D.S

5. Pulmonary embolus
6. Restrictive Lung disease

CARDIOVASCULAR
1. Pericardial disease
2. Lethal dysrhythmias
3. Rheumatic heart disease

GASTROINTESTINAL
1. Malabsorption syndromes
2. Colorectal carcinoma
3. Gastric carcinoma
4. Ascites
5. Rectocele
6. Hematemesis

**GENITOURINARY**
1. Prostate cancer
2. Sexual dysfunction
3. Cystocele

**ENDOCRINE**
1. Parathyroid disorders

**HEMATOLOGIC/ONCOLOGIC**
2. Lymphoma
3. Leukemias
4. Disseminated intravascular Coagulation
5. Hemophilia
6. Immune thrombocytopenia purpura

**RENALE**
2. Renal/Bladder carcinoma
3. Kidney mass

**EENT**
1. Laryngeal tumors

**MUSCULOSKELETAL**
2. Pseudogout
3. Septic arthritis
4. Osteomyelitis
5. Bone pain

**INFEKTIOUS DISEASES**
1. HIV/AIDS
2. Acute Rheumatic fever
3. Encephalitis

**NEUROLOGICAL**
1. Meningitis

**Procedures:** The student shall perform and/or assist, under supervision the following tests, activities or procedures.

1. I.V. insertion
2. Nasogastric tube insertion
3. Arterial blood gas specimen
4. Urinary bladder catheterization
5. Proctoscopy
6. Joint aspiration
7. Central venous catheter placement
8. Pulmonary artery pressure monitoring
9. Flexible sigmoidoscopy
10. Test stool for occult blood
11. Total parenteral nutrition
12. Rapid strep test
13. Urine pregnancy test
14. Injections (IM, IV, SubCut, ID)
15. EKG and interpretation
16. Sputum specimen collection

**Internal Medicine PAS 739, PAS 740, PAS 747**
**Reading List 2015-2016**

Reference Book:
- *Harrison’s Manual of Medicine (paperback)* current edition

Test Questions will be referenced from the Step up to Medicine Book
LEARNING OUTCOMES

General Outcomes: This rotation depending on site will expose the student to the care of the pediatric patient in the inpatient and/or outpatient setting. The student shall understand principles of preventive care from neonate to adolescent. At the completion of the rotation, students will be able to identify normal and abnormal development patterns in all pediatric age groups. As a result of this experience, students will be able to provide anticipatory guidance and teaching to caregivers of neonates all the way through to adolescent including nutrition, accident prevention and immunization. Students will learn to recognize signs of possible child abuse and identify and demonstrate an understanding of community resource available to the caregiver.

End of Rotation Examination: Topics and MED U case discussions will be used for the end of rotation examination. Students are expected to become comfortable with the following topics along with supplementing their learning with readings from required texts.

Primary Outcomes: The following areas, disease processes and conditions will be used as a focus for choosing patients for student work ups. Upon completion the student will be able to identify, describe and perform the appropriate clinical evaluation including physical examination, order appropriate diagnostic studies, differential diagnosis, and development of treatment plan including proper referrals and appropriate patient and family teaching.

GENERAL
1. Well infant care
2. Physical growth and development
3. Evaluation of the well child
4. Infant/child nutrition
5. Immunizations
6. Failure to thrive
7. Child abuse and neglect
8. Poisoning
9. Oral hygiene teaching
10. Hearing loss
11. Newborn assessment
12. Common congenital problems
13. Strabismus
14. Fluid & electrolyte disturbance
15. Obesity

BEHAVIORAL
1. Learning disability
2. Anxiety and phobias
3. Depression and Bipolar disorders
4. ADHD
5. ODD and CD
6. Homosexuality and gender identity disorder
7. Eating disorders
8. Substance abuse

CARDIOVASCULAR
1. Common heart murmurs
2. Acyanotic congenital heart disease
3. Cyanotic congenital heart disease
4. Heart failure
5. Rheumatic Fever
6. Cardiovascular system assessment
7. Cardiomyopathies
8. Hypertension
9. Colic
10. Gastroenteritis
11. Constipation
12. Diarrhea
13. Appendicitis
14. Pyloric stenosis
15. Inguinal, femoral or umbilical hernia
16. Jaundice/Liver disease
17. Intussusception
18. Volvulus
19. Necrotizing enterocolitis
GENITOURINARY
1. UTI
2. Enuresis
3. Common congenital GU problems (e.g. hypospadias, hydrocele)
4. Glomerulonephritis and hematuria
5. Hemolytic uremic syndrome
6. Vesicoureteral reflux

ENDOCRINE
1. Type 1 and type 2 diabetes mellitus
2. Disorders of puberty
3. Thyroid and parathyroid disease
4. Disorders of sexual development

PULMONARY/EENT
5. Upper respiratory infection
6. Pneumonia
7. Allergic rhinitis
8. Epistaxis
9. Wheezing and Asthma
10. Croup
11. Conjunctivitis
12. Hordeolum
13. Cystic fibrosis
14. Acute Respiratory Distress Syndrome

SKIN & SOFT TISSUE
1. Diaper dermatitis
2. Eczema
3. Contact dermatitis
4. Seborrheic dermatitis
5. Acne vulgaris
6. Atopic dermatitis
7. Pigmented lesions
8. Vascular anomalies
9. Cutaneous infestations

MUSCULOSKELETAL
1. Congenital hip dysplasia
2. Scoliosis
3. Osgood Schlatter disease
4. Fractures
5. Strains & sprains
6. Pes planus
7. Patella fémoral syndrome
8. Benign bone tumors and cystic lesions

HEMATOLOGIC/ONCOLOGY
1. Anemia
2. Bleeding disorders
3. Leukemia
4. Lymphoma
5. CNS tumors
6. Neuroblastoma
7. Wilms tumor
8. Sarcomas

HEMATOLOGY
1. JIA
2. SLE
3. Growing pains

RHEUMATOLOGY
1. Henoch Schonlein Purpura
2. Kawasaki disease

**ACUTELY ILL OR INJURED CHILD**
1. Respiratory failure
2. Shock
3. Injury prevention
4. Major Trauma
5. Drowning
6. Burns
7. Poisoning

**FLUIDS AND ELECTROLYTES**
1. Maintenance fluid therapy
2. Dehydration and replacement therapy
3. Acid-base disorders

**Secondary Outcomes:** The following disease processes or conditions are less common or more complicated in nature. These should not be a major focus for student work ups however students are still required to recognize the major clinical presentations of these entities and should be able to identify the appropriate referral

1. Endocarditis
2. Malabsorption
3. Biliary atresia
4. Pyelonephritis
5. Acute/chronic renal failure
6. PKU
7. Turner’s syndrome
8. Kleinfelter’s syndrome
9. Lead poisoning
10. Sickle Cell anemia
11. Reye’s syndrome
12. Down’s Syndrome
13. Tay-Sach’s disease
14. Cerebral palsy
15. Osteochondritis dessicans
16. Erythema multiform
17. Erythema nodosum
18. Diphtheria
19. Tetanus
20. Cat scratch fever

**Procedures:** The student shall perform and/or assist, under supervision the following tests, activities or procedures.

1. Well infant and child examination and growth chart plotting
2. Developmental screening (Denver and Dubowitz)
3. Finger and heel stick specimen collection
4. Injections
5. Venipuncture
6. Visual screening
7. Audiometric screening
8. Culture collection
9. APGAR scoring
10. PPD
11. Counseling for well-baby and child care including: normal growth and development, immunizations, nutrition, exercise, sleep problems, common behavior problems, well visits and accident prevention
12. Lumbar puncture
13. Intradermal skin testing
The Med U Pediatric Cases (exam from these listed cases).

Case 1: Evaluation and care of the newborn infant - Thomas
Case 2: Infant well-child (2, 6, and 9 months) - Asia
Case 3: 3-year-old, well-child check - Benjamin
Case 4: 8-year-old, well-child check - Jimmy
Case 5: 16-year-old girl’s health maintenance visit - Betsy
Case 6: 16-year-old boy’s pre-sport physical - Mike
Case 7: Newborn with respiratory distress - Adam
Case 8: 6-day-old with Jaundice - Meghan
Case 9: 2-week-old with lethargy - Crimson
Case 10: 6-month-old with a fever - Holly
Case 11: 5-year-old with fever and adenopathy - Jason
Case 12: 10-month-old with a cough - Anna
Case 13: 6-year-old with chronic cough - Sunita
Case 14: 18-month-old with congestion - Rebecca
Case 15: 4-week-old with vomiting - John
Case 15A: two siblings with vomiting-Caleb and Ben
Case 16: 7-year-old with abdominal pain and vomiting - Isabella
Case 17: 4-year-old refusing to walk - Emily
Case 18: 2-week-old with poor feeding - Tyler
Case 19: 16-month-old with a first seizure - Ian
Case 20: 7-year-old with headaches - Nicholas
Case 21: 6-year-old boy with bruising - Alex
Case 22: 16-year-old with abdominal pain - Mandy
Case 23: 15-year-old with lethargy and fever - Sarah
Case 24: 2-year-old with altered mental status - Madelyn
Case 25: 2-month-old with apnea - Jeremy
Case 26: 9-week-old with failure to thrive - Bobby
Case 27: 8-year-old with abdominal pain - Jenny
Case 28: 18-month-old with developmental delay - Anton
Case 29: Infant with hypotonia - Daniel
Case 30: 2-year-old with sickle cell disease - Gerardo
Case 31: 5-year-old with puffy eyes - Katie
Case 32: 5-year-old with rash - Lauren

E Clipp Cases
Case 1: 6-year-old girl with seizures - Lily
Case 2: 2-year-old boy with fever and headache - Bao
Case 3: 2-year-old with pneumonia and probable empyema- Kenny
Case 4: 16-year-old girl presents with status asthmaticus - Amanda
Case 5: 11-year-old girl with a meningomyelocele - Sally
Case 6: 2-year-old with language delay - Peter
Case 7: Newborn with multiple congenital anomalies - Angelo

TEXTBOOKS:
Required:
1) Nelson Essentials of Pediatrics*
Recommended
2) The Harriet Lane Handbook*
Bright Futures Pocket Guide, Guidelines (AAP)
OBSTETRICS & GYNECOLOGY CLINICAL ROTATION
PAS 745 and PAS 746

LEARNING OUTCOMES

Primary Outcomes: The following conditions and disease processes will be used as a focus for choosing patients for student work ups and literature review. Upon completion of this rotation, the student should be able to identify, describe and perform the appropriate clinical evaluation including physical examination, ordering of appropriate diagnostic studies, formulation of a differential diagnosis, and development of a treatment plan. The treatment plan should specifically include the proper referrals and applicable patient and family teaching. At the completion of the rotation, students will be comfortable obtaining a history and performing a physical examination on women with complaints related to prenatal care, postnatal care, and gynecologic conditions.

End of Rotation Examination: Topics will be used for the end of rotation examination. Students are expected to become comfortable with the following topics along with supplementing their learning with reading from Obstetrics and Gynecology, current edition. This textbook by Beckmann et al is an excellent source of reading for your rotation experience.

OBSTETRICS
1. Maternal-Fetal Physiology
2. Normal pregnancy
3. Routine prenatal care
4. Routine ante-partum & post-partum care
5. Antepartum Education
6. Teratogens
7. Fetal Assessment
8. Genetic Disorders in Pregnancy
9. Intrapartum Care (Normal Labor & Delivery)
10. Vaginal deliveries/episiotomy
11. Cesarean deliveries
12. Preterm Labor
13. Premature Rupture of Membranes
14. Abnormal labor & delivery
15. Fetal Monitoring
16. Immediate care of the newborn
17. Hypertension in pregnancy
18. Preeclampsia/Eclampsia
19. HELLP Syndrome
20. Gestational Diabetes
21. Anemia in pregnancy
22. Breastfeeding including complications
23. Hemorrhoids
24. Superficial phlebitis
25. Hyperemesis gravidarum
26. Abortion
27. Ectopic pregnancy
28. Third trimester bleeding
29. Shoulder dystocia
30. Advanced maternal age
31. Multiple gestation
32. Substance abuse in pregnancy
33. Recurrent pregnancy loss
34. Fetal growth abnormalities
35. Medical Disorders in Pregnancy
36. Surgical conditions in pregnancy

GYNECOLOGY
1. Contraception & Sterilization
2. Vulvovaginitis
3. Dysmenorrhea
4. Fibrocystic breast condition
5. Evaluation of breast mass
6. Endometriosis
7. Disorders of the breast
8. Human papilloma virus
Gynecology Continued

9. Puberty
10. Reproductive cycles
11. Dysmenorrhea
12. Amenorrhea
13. Menopause
14. Leiomyomas
15. Infertility
16. Abnormal PAP/Cervical dysplasia
17. Postmenopausal bleeding
18. Gynecologic malignancy
   a. Cervical
   b. Uterine
   c. Ovarian
   d. Vulvar
   e. Vaginal
19. HIV disease
20. Chronic pelvic pain
21. Sexual dysfunction
22. Pelvic Support Defects
23. Acute pelvic pain
24. Abnormal uterine bleeding
25. Sexually transmitted diseases
26. Pelvic Inflammatory Disease
27. Gynecologic Procedures
28. Hirsutism & Virilization
29. Infertility
30. PCOS
31. Gynecological procedures
32. Sexual Assault & Domestic Violence

Procedures: The student shall perform and/or assist, under supervision the following tests, activities or procedures:

1. Obstetric exam
2. Breast exam
3. Pelvic exam
4. Colposcopy
5. PAP smear
6. Wet mount microscopy
7. Cervical & urethral culture
8. Identify the appropriate stages of labor
9. Artificial rupture of amniotic membrane
10. Placement of scalp electrodes
11. Assist with vaginal delivery
12. Episiotomy/ Episiotomy repair
13. Assist with cesarean delivery
14. Assist in the operating room with gynecologic surgery
15. Pre and Postoperative management of gynecologic patients
16. Perform urine pregnancy tests
17. Identify high risk pregnancy
18. Prenatal counseling including diet, exercise, hygiene, visits, medications used, warning signs of labor and complications
19. Post-partum counseling including breast feeding, breast care, episiotomy care, menses, contraception, sexual relations, and depression
20. Woman’s preventive health counseling including breast self-exam, mammography, pelvic exam/ PAP calcium intake, exercise, and hormone replacement

TEXTBOOKS:

- Required: Obstetrics and Gynecology, Beckmann
- Required: Step Up to Obstetrics and Gynecology
Learning Outcomes

**General Outcomes:** Penn State PA Program has a required rotation in Emergency Medicine. At the completion of the rotation, students will be able to stabilize, evaluate, and manage patients with an acute life-threatening event. Students will gain proficiency in identifying patients with clinical presentations that need immediate attention and those conditions which can be treated in a less urgent manner.

**End of Rotation Examination:** Topics from the reading list will be used for the end of rotation examination. Students are expected to become comfortable with the following topics along with supplementing their learning with reading from the textbook used in the PAS 727 class, Emergency Studies, Tintinalli's Emergency Medicine Just the Facts, third edition, 2013.

**Primary Outcomes:** The following disease processes or conditions will be used as a focus for choosing patients for student work ups. The student shall be able to

A. Develop a master problem list,
B. Intervene urgently if necessary
C. Order appropriate diagnostic studies
D. Develop a treatment plan and
E. Provide appropriate patient and family teaching.

1. Abdominal aortic aneurysm
2. Abdominal trauma
3. Acute abdomen
4. Acute back pain
5. Acute EENT disorders/trauma
6. Acute gastrointestinal bleeding
7. Acute genitourinary disorders
8. Acute respiratory distress syndrome
9. Acute sprains & strains
10. Adrenal crisis
11. Airway obstruction
12. Aortic dissection
13. Arterial occlusion
14. Asthma
15. Bites and stings
16. Burns and smoke inhalation
17. Cardiac arrest
18. Cardiac arrhythmia
19. Cardiac tamponade
20. Cardiac contusion
21. Chest trauma
22. Chronic obstructive pulmonary disease
23. Compartment syndrome
24. Congestive heart failure
25. Deep vein thrombosis
26. Dental trauma
27. Diabetic ketoacidosis
28. Epistaxis
29. Fever
30. Foreign bodies
31. Fractures and dislocations
32. Gastrointestinal bleeding/ulcers
33. Genitourinary trauma/emergencies
34. Hand trauma
35. Head injuries
36. Hemothorax
37. Lacerations/wounds and soft tissue injury
38. Liver laceration
39. Lumbosacral back pain
40. Kidney stone / renal colic
41. Maxillofacial and neck trauma
42. Meningitis
43. Myxedema/myxedema coma
44. Multiple trauma
45. Myocardial infarction
46. Respiratory arrest/ failure
47. Shock, all types
48. Pancreatic injuries
49. Pediatric airway compromise
50. Pelvic pain
51. Peritonsillar abscess
52. Pericarditis
53. Pleural effusion
54. Pneumothorax
55. Poisoning and drug overdose
56. Pulmonary embolism
57. Seizures
58. Shock
59. Testicular torsion
60. Urinary tract infections
61. Upper respiratory infections
62. Vertebral and spinal cord trauma

Secondary Outcomes: The following disease processes or conditions are important for the student to recognize but are not as commonly encountered.

1. Acute glaucoma
2. Alcohol abuse
3. Alcoholic ketoacidosis
4. Acute jaundice
5. Acute pancreatitis
6. Anemia
7. Bleeding disorders
8. Coagulation disorders
9. Ectopic pregnancy
10. Endometriosis/endometritis
11. Environmental injuries
12. Gastric & enteric infections
13. Herpes Zoster
14. Headaches
15. Hypertensive crisis
16. Hypotension
17. Increased intracranial pressure
18. Obstetrical emergencies and abortions
19. Ovarian cysts
20. Pelvic Inflammatory disease
21. Postpartum hemorrhage
22. Rupture of the tympanic membrane
23. Sexually transmitted infections
24. Splenic rupture
25. Stroke syndromes (e.g. CVA, TIA)
26. Subdural and epidural hematoma
27. Thyrotoxicosis
28. Transfusions
29. Trauma in pregnancy
30. Vertigo and dizziness

Procedures: Emergency medicine rotations are key rotations in having opportunities to perform procedures. Students should attempt to perform, or at least observe, as many hands-on procedures as possible and should document the performance or observation of these procedures on their electronic recording devices. The student is has been trained to perform and/or assist, under supervision the following tests or procedures:

1. Administer local and regional anesthetic
2. Anterior nasal packing
3. Application of cast or splint
4. Application of dressings and bandage
5. Application of elastic bandage
6. Arterial blood specimen collection
7. Arterial line placement
8. Basic and advanced cardiac life support
9. Chest tube placement
10. Central line placement
11. Cleanse, irrigate and debride wounds
12. Close deep & superficial lacerations
13. Using glue, suture staples or steri-strips.
14. Closed fracture/dislocation reduction
15. Control of bleeding using direct pressure
17. Flourescein staining of the eye
18. Gastric lavage
19. Intravenous access & initiation of fluid replacement therapy
20. Insert and remove nasogastric catheter
21. Insert and remove urinary catheter
22. Joint aspiration or injection
23. Lumbar puncture

24. Oxygen saturation determination using pulse or ear oximetry
25. Paracentesis
26. Perform electrocardiogram
27. Peritoneal lavage
28. Removal of ocular foreign body
29. Removal of superficial foreign body
30. Suture removal
31. Thoracocentesis
32. Venous blood specimen collection

Textbooks:

- Required: *Tintinalli’s Emergency Medicine: Just the Facts* ** EOR questions will be referenced to this text.
- Recommended: *An Introduction to Clinical Emergency Medicine* ** (copies available to borrow during Emed rotation, see Rebecca)
BEHAVIORAL MEDICINE ROTATION
PAS 741 & PAS 742

Learning Outcomes

General Outcomes: This rotation will expose the student to the care of the psychiatric patient in the inpatient and/or outpatient setting. The student will become familiar with a wide variety of psychosocial problems likely to be encountered in a primary care practice. Emphasis is placed on developing those skills and cognitive knowledge, which will help the student manage those problems that are of a psychological nature. Additionally, the student will become familiar with the various resources available in the community to assist in the management of psychosocial problems and substance abuse.

End of Rotation Examination: Topics will be used for the end of rotation examination. Students are expected to become comfortable with the following topics along with supplementing their learning with reading from the Stern: Massachusetts General Comprehensive Clinical Psychiatry textbook that was used during the Behavioral Medicine course as well as the recommended texts.

Primary Outcomes: The following disease processes and conditions will be used as a focus for choosing patients for student evaluations. Upon completion, the student will be able to recognize, diagnose and intervene in common psychosocial problems. Additionally the student will be able to differentiate between mild psychosocial problems and the patient with a severely debilitating problem.

Exam & Diagnosis
1. Psychiatric Interview & History
2. Mental Status Examination
3. Psychiatric Report
4. Neuropsychological & Intellectual Assessment
   a. Adults
   b. Children
5. Medical Assessment and Labs
6. Physical Exam

Schizophrenia & Psychotic Disorders
1. Schizophrenia
2. Psychosis Originating in Childhood
3. Schizophrenia
4. Schizophreniform Disorder
5. Schizoaffective Disorder
6. Schizophrenia Childhood Onset
7. Delusional Disorder
8. Shared psychotic disorder
9. Brief Psychotic Disorder
10. Catatonic Disorder

Mood Disorders
1. Major Depression
2. Bipolar Disorder
3. Dysthymia & Cyclothymia

Anxiety Disorders
1. Panic Disorder
2. Agoraphobia
3. Specific Phobia
4. Social Anxiety Disorder
5. Generalized Anxiety Disorder
6. Other Anxiety Disorders

Obsessive-Compulsive Disorders
1. Obsessive-Compulsive Disorder
2. Body Dysmorphic Disorder
3. Hoarding Disorder
4. Trichotillomania Disorder
5. Excoriation Disorder

Trauma and Stressor-Related Disorders
1. PTSD
2. Acute Stress Disorder
3. Adjustment Disorders

Dissociative Disorders
1. Dissociative Amnesia
2. Depersonalization/Derealization
3. Dissociative Fugue
4. Dissociative Identity Disorder
5. Dissociative Trance
6. Brainwashing
7. Ganser Syndrome

Psychosomatic Medicine
1. Somatic symptom Disorder
2. Illness Anxiety Disorder
3. Conversion Disorder
4. Factitious Disorder

**Chronic Fatigue Syndrome**

**Fibromyalgia**

**Feeding & Eating Disorders**
1. Anorexia Nervosa
2. Bulimia Nervosa
3. Binge Eating Disorder
4. Purging Disorder

**Normal Sleep-Wake Disorders**
1. Normal Sleep
2. Insomnia
3. Hypersomnia
4. Narcolepsy
5. Circadian Rhythm Disorders
6. NREM Sleep Arousal Disorders
7. Restless Leg Syndrome
8. Tools in Sleep Medicine

**Human Sexuality & Sexual Dysfunctions**
1. Sexual & Gender Identity
2. Homosexuality
3. Desire, Interest & Arousal Disorders
4. Orgasm Disorders
5. Treatment Modalities

**Gender Dysphoria**

**Disruptive, Impulse-Control & Conduct Disorders**
1. Intermittent Explosive Disorder
2. Kleptomania
3. Pyromania

**Substance Use & Addictive Disorders**
1. Alcohol Use Disorder
2. Tobacco Related Disorders
3. Drug Abuse & Addiction
   a. Cannabis
   b. Hallucinogens
   c. Inhalants
   d. Opioids’
   e. Sedatives, Hypnotics & Anxiolytics
   f. Stimulants
   g. Steroids
4. Gambling Disorder

**Neurocognitive Disorders**
1. Delirium
2. Dementia

3. Amnestic Disorders
4. Mild Cognitive Impairment

**Other Behavioral / Emotional Disorders**
7. Child/elder abuse
8. Intimate Partner Violence
9. Rape
10. Uncomplicated Bereavement
11. Psychopharmacology
12. Hypochondriasis
13. Lithium use and toxicity
14. Therapies for Various Disorders
15. OCD
16. Pervasive Developmental Disorder
17. Disruptive Disorder
18. Elimination Disorders

**Personality Disorders**

**Psychiatric Emergencies**
1. Suicide
2. Adults & Children

**Physical & Sexual Abuse of Adults**

**Child Psychiatry**
1. Intellectual Disabilities
2. Autism Spectrum Disorder
3. Attention-Deficit/Hyperactivity Disorder
4. Specific Learning Disorder
5. Motor Disorders
6. Avoidant/Restrictive Food Intake Disorder
7. PTSD
8. Reactive Attachment and Disinhibited Social Engagement Disorder
9. Depression & Suicide
10. Oppositional Defiant Disorder
11. Conduct Disorder
12. Separation Anxiety
13. Selective Mutism

**End-Of-Life Issues**
1. Death
2. Dying
3. Bereavement

**Psychotherapies**

**Psychopharmacology**

**Brain Stimulation Methods**
**Procedures:** The student shall perform and/or assist, under supervision the following tests, activities or procedures:

1. Participate in admission psychiatric evaluations.
2. Attend activity programs for patients.
3. Observe Electroconvulsive therapy.
4. Performance of mental state and mini-mental state examinations.
5. Obtain complete substance use history.
6. Understand principles of crisis intervention and counseling.
7. Familiarization with common psychiatric pharmacologic agents.

The psychiatric rating scales and personality assessment material in Chapter 5 will not be on the exam. However the student may find it helpful for the rotation to review that material.

Textbooks:

- **Required:** *Kaplan & Sadock’s Synopsis of Psychiatry*
  - *The learning outcomes above will be on the end of rotation exams. Some topics in the textbook are not listed above. Students are not required to read about those topics. However students may find it helpful to use those topics for reference purposes during their rotation.*

- **Recommended:**
  - *DSM 5*
  - *Introductory Textbook of Psychiatry*, Donald Black and Nancy Anderson
  - Psychiatry online (Harrell Library)
ELECTIVE ROTATIONS

Learning Outcomes

There are a variety of elective options available to students and the electives chosen by students will change from year to year. As a result, learning outcomes applicable to the current clinical year will be posted on ANGEL.
Expected Graduate Functions and Tasks:

As a result of their education and training, graduates of the Penn State Physician Assistant Program learn to perform with competency and proficiency functions and tasks involved in patient: a) evaluation, b) monitoring, c) diagnostics, d) therapeutics, e) counseling, f) referral, and g) prescribing practices.

A. Evaluation
- Program graduates will be able to:
  1. Elicit a detailed, accurate, and comprehensive patient history
  2. Organize and present data from the history and physical examination
  3. Perform an appropriate physical examination for patients across their lifespan in various types of settings
  4. Delineate pertinent problems, if present
  5. Initiate requests for routine and emergency diagnostic procedures
  6. Assist with obtaining specimens and with establishing priorities for appropriate diagnostic and laboratory testing
  7. Evaluate the need for preventive healthcare measures such as vaccinations, routine laboratory and diagnostic studies, and screening procedures (e.g., mammograms, hemoccult testing)

B. Monitoring
- Program graduates will be able to:
  1. Conduct rounds in acute, ambulatory, and long-term patient care settings
  2. Develop and implement patient management plans
  3. Facilitate the ordering of needed diagnostic tests
  4. Accurately record documentation of patient care

C. Diagnostics
- Program graduates will be able to appropriately order and preliminarily interpret the following diagnostic tests:
  1. Common Laboratory Tests
    a. Blood count, including differential smears and platelet counts, tests of electrolytes, bleeding and clotting times, erythrocyte indices, and erythrocyte sedimentation rates
    b. Appropriate cultures
    c. Urinalysis
    d. Routine stool studies
    e. Intradermal skin tests (Mantoux)
    f. Pap smears
    g. Serum chemistry studies
    h. Arterial blood gases
    i. Pulmonary function tests
    j. Renal function tests
    k. Liver function tests
    l. Acute and chronic cardiac tests (lipid profiles, cardiac enzymes, etc.)
  2. Radiographic Studies
    a. Head, chest, abdomen, and extremities
    b. Ultrasound
    c. Other imaging studies, including CT scanning, MRI and PET scanning.

D. Therapeutics
- Program graduates will be able to:
1. Perform phlebotomies
2. Administer oxygen therapy
3. Perform nasogastric intubation
4. Remove impacted cerumen
5. Incise and drain superficial skin infections
6. Remove foreign bodies from eyes, ears, and nose (when appropriate)
7. Administer medications via various routes
8. Initiate intravenous catheterization
9. Manage complications due to administration of medications
10. Order and administer immunizations
11. Apply and remove casts and splints
12. Dress and evaluate post-operative wounds
13. Catheterize the urinary bladder
14. Clean, debride, and repair minor lacerations; remove sutures
15. Assist in surgical and vaginal obstetrical deliveries
16. Defibrillate and cardiovert patients with life-threatening arrhythmias; operate an automated external defibrillator
17. Follow aseptic and isolation techniques
18. Perform Pap smears

- **Program graduates will be able to initiate management of acute life-threatening situations such as:**

  1. Motor vehicle accidents
  2. Airway obstruction and respiratory failure
  3. Cardiac arrest and other arrhythmias
  4. Head trauma; initial management of the traumatized patient
  5. Management of a patient with acute vascular insult such as ruptured or dissecting aneurysm

E. **Counseling**
   - Program graduates will be able to provide instruction and counseling to patients regarding:

     1. Preventive medicine and health promotion techniques
     2. The necessity for compliance with prescribed therapeutic regimens
     3. Normal growth and development in the pediatric patient
     4. Family planning decisions
     5. Implications of informed consent and patient education regarding certain diagnostic and therapeutic procedures, diseases, and medications
     6. Instruction in patient education for development of healthy lifestyles, along with providing patient insight on the impact of habits and lifestyles on health

F. **Referral**
   - Program graduates will be able to:

     1. Recognize their practice limitations.
     2. Facilitate timely referral of patients to supervising physicians and others in the interdisciplinary health care team.

G. **Prescribing Practices**

   The graduate will be able to competently prescribe medications according to supervising physician delegation and state law.
Summative Experience (PAS 756)

Physician Assistant accreditation requirements mandate that each program carries out a summative experience prior to program completion. According to accreditation standards, merely having preceptor documentation of student performance on clinical rotations and awarding of final grades is not sufficient for meeting this standard. Physician Assistant Education is competency-based and this course is intended to have the students be given the opportunity to demonstrate how they meet the various competencies that have been recognized as necessary for clinical practice. This course addresses many of the competencies that have been established by our profession:

1. Medical Knowledge
2. Interpersonal and Communication Skills
3. Patient Care
4. Professionalism
5. Practice-Based Learning and Improvement
6. Systems-Based Practice

This graduate PA Program recognizes that Practice-Based Learning and Improvement and Systems-Based Practice are ongoing competencies after clinical practice begins so these particular competencies are not directly assessed during this course. Graduates from this program, however, realize that education and improvement in clinical and systems-based practices are lifelong learning habits that need to be addressed throughout one’s professional practice.

The program has developed the Senior Summative Experience that consists of four parts:

Part 1: A 300 question written test will be taken by the students. This examination is intended to fulfill the knowledge competency that is needed for entry into clinical practice. A grade of 70% (210 correct out of 300) is required for successful passage of this examination and graduation. This examination is a national examination which was developed by PA educators for assessing foundational knowledge of the graduating physician assistant student. Students who fail to achieve a score of 70% on this examination will be provided remediation assignments and will be given one additional opportunity to achieve the 70%. Students must achieve a grade of 70% in order to pass this portion of the Summative Experience and be eligible for graduation.

Part 2: Consists of oral, written, practical, and interpretive tests based on a general review of the program and its learning objectives. Remediation for these tests will be offered. A student must successfully complete the remediation process in order to graduate from the program.

- EKG Interpretation
- Clinical Skills (Suturing/knot tying, NG Tubes, Foley placement, IV’s etc)
- Patient Education
- Dermatology interpretation
- History and physical findings & Pharmacotherapeutics
- Management of emergency situations which may include Sim Man
- Lab & Diagnostic Studies interpretation

Part 3: Directed Practical Examination (OSCE- objective structured clinical examination)

Part 4: Board Review Course attendance
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Patty Hamner, Senior LPN,
The Penn State Milton S. Hershey Medical Center and College of Medicine will utilize the on-campus telephone extension 8888 as an emergency number that can be used to report extremely serious events observed by our campus community*, while still maintaining established campus extensions for non-emergency security or facilities related calls.

**EMERGENCY PROCEDURE**

1. Extension 8888 should be called in an emergency situation to report:
   a) Violent or extremely serious security incidents;
   b) Fire, chemical, or other serious building safety related emergencies;
   c) Medical emergencies.

   Calling extension 8888 will place the caller in immediate contact with the medical center switchboard who will then appropriately direct the call.

2. For other Security incidents or service requests from Security, extension 8711 should be called to reach the 24-hour Security command center.

3. Facilities-related issues are received at the Buildings Operation Center (BOC), extension 8096.

* EXCEPTION: 30 and 35 Hope Drive Buildings, dial 911 directly for fire and medical emergencies.

**ALL POLICIES LISTED IN THIS CLINICAL EDUCATION MANUAL ARE UNDER THE AUTHORITY OF THE PENN STATE COLLEGE OF MEDICINE PHYSICIAN ASSISTANT PROGRAM.**

Changes to the Clinical Education Manual may occur throughout the year at the program’s discretion.