MISSION STATEMENT

The mission of the Grand Valley State University Physician Assistant Studies Department is to:

“Educate individuals to become competent Physician Assistants.”
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INTRODUCTION:

Congratulations . . . you’ve made it to the Clinical Rotation Year!

You have just successfully completed a rigorous four semesters of study. Think about how much you have accomplished in the past sixteen months. Your previous experiences have varied, yet all of you are now able to explain normal and abnormal human processes, and perform accurate histories and physical examinations. Having practiced your newly acquired clinical skills a limited number of times in controlled settings, you may experience some anxiety as you approach the start of your first clinical rotation. Put your worries to rest because we have every confidence that you will do well.

This manual contains policies and procedures you will need to know during your clinical year. You should consider it a supplement to your GVSU Student Handbook. The department objectives and ethical standards noted in the PAS Student Handbook have not changed and must still be applied to your clinical year experiences. (Excerpts from the PAS Student Handbook will be included in this PAS Clinical Rotation Year Handbook and/or the syllabi for your convenience).

You will be held responsible for knowing all the information in this manual. If you have questions, refer to it first. If you cannot find the information here, check the Course Syllabus. If you need further assistance call or e-mail the Clinical Coordinators.

Your effort and attitude will make all the difference during the coming months. Be cautiously assertive, not passive. Do not be content to passively observe on a routine basis.

The clinical year will be extraordinarily challenging and profoundly rewarding. At times, you will find yourself exhausted and frustrated. Just remember that learning experiences can and do exist under all circumstances.

“Don’t fear failure so much that you refuse to try new things. The saddest summary of a life contains three descriptions: could have, might have, and should have.”

-Louis E. Boone,
Emeritus professor of business at the University of South Alabama
MPAS Clinical Year Faculty

**Department Chair and Program Director:**
Andrew Booth, MS, PA-C  
bootha@gvsu.edu

**Medical Director:**
Steffen Genthe  
steffengenthe@yahoo.com

**PAS Directors of Clinical Education:**
Charlene Dubois, MPA, RD  
duboisch@gvsu.edu  
(616)-331-5987  Cell: (616)-438-1345

Mandy German, PA-C  
germanam@gvsu.edu  
(616) 331-5988  Cell: (616)-460-7080

**PAS Director of Pre-Clinical Education:**
Susan Raaymakers, PA-C, RDCS  
raaymasu@gvsu.edu  
(616) 331-5994

**PAS Director of Admissions:**
Jill Ellis, PA-C  
ellisji@gvsu.edu  
(616) 331-5713

**PAS Director of Program Analysis:**
Martina Reinhold, PhD  
reinholm@gvsu.edu  
(616) 331-5989

**PAS Traverse City Faculty**
Amanda Ross, PA-C  
(616) 331-5575

PAS Director of Student Academic Life  
rossam1@gvsu.edu

Nick Kopacki, PA-C  
Kopackni@gvsu.edu  
(616) 331-5576

**Clinical Rotation Module Coordinators:**
Behavioral Health: Charlene Dubois, MPA, RD

Emergency Medicine: Nicholus Kopacki, PA-C

Family Medicine, General Surgery, Internal Medicine, Rural/Underserved: Mandy German, PA-C

Women's Health: Amanda Ross, PA-C
SUPPORT STAFF

GVSU Physician Assistant Studies Department Coordinators:

GVSU Grand Rapids Site
Mishal Underwood
Office, 164 CHS
(616) 331-5700
Fax: (616) 331-5654
underwmi@gvsu.edu

GVSU Traverse City Site
Cathy Tomek
NMC University Center Suite 15
(231) 995-1808
Fax: (231) 995-1727
tomekc@gvsu.edu

GVSU Health Compliance Officer
Warren Olson
(616) 331-5867
olsonwa@gvsu.edu

GRMEP Scheduling Manager:
Denise Clement
(616) 732-6204
Denise_Clement@GRMEP.net

GME Scheduling Assistant
Sidra Tees
Contact for EMR access issues in Grand Rapids
(616) 732-6235
Sidra.tees@grmep.org
CLINICAL ROTATION YEAR PRE-REQUISITES

Criteria
All students on rotation must have met the following criteria:
1. Successful completion of all didactic course work.
2. Successful completion of each previous rotation, or arrangement with the Clinical Coordinators to finish an "Incomplete" or remediate an unsatisfactory rotation grade at a later date.
3. Completion of all required immunizations and testing: MMR (2 or titers), DPT (10 years), Varicella (history of diagnosis with doctor's documentation or 2 vaccines), Hepatitis B, as documented by College of Health Sciences Health Compliance Officer.
4. Initial 2-step TB testing within past 12 months, as documented by CHS Compliance Officer.
5. Current flu shot (by October 1 of the applicable flu season).
6. Physical examination and review of health history by a medical professional, prior to starting the GVSU PAS Program.
7. Criminal Background Check and Drug Screen. (see below)
8. Contact Warren Olson, Health Compliance Officer, at (616) 331-5867 for further information on steps 3 through 6 above. (See Appendix A for GVSU Health Compliance Policy).

Compliance Documentation
A. All health compliance information/documents must be uploaded to Blackboard by the student in the Health Compliance organization. Select “Check My Compliance Requirements,” then “My Grades.” Reminders of expiring requirements will be sent via e-mail through the Blackboard.

B. Prior to your first rotation and throughout your clinical year experiences, you must have:
   a. Current BCLS, and ACLS certification.
   b. Up-to-date immunizations, including MMR, DPT, HBV, polio, Varicella, influenza, and/or proof of immunity (titer).
   c. Proof of TB test within past 12 months and repeat TB testing every 12 months.

If your compliance with the above is not current, you will be removed from your rotation until compliance requirements are completed and verified by the Health Compliance Officer.

For the sake of privacy, all student medical and immunization documents will be kept by GVSU Health Compliance Office. The PAS Department is not responsible for keeping your medical records updated. For further information with reference to your medical and immunization records, please contact Warren Olson, Health Compliance Officer, at 616.331.5867.

C. The criminal background check and drug screen completed prior to entrance into the program are required for scheduling of clinical placements. If there is a positive result, depending on the degree of positivity, placements may not occur and GVSU legal counsel will be notified for appropriate deliberations (which may impact the student’s ability to progress in the PAS Program). The results of the screening(s) will be maintained in a file at GRMEP. The cost of such requirements is the responsibility of the student. The department reserves the right to randomly require unannounced repeat background check and drug screen.
**ACADEMIC STANDING/PREPAREDNESS** (includes excerpt from *PAS Student Handbook*):

The PAS Program Progress and Promotion Committee shall meet and review the progress of students with academic difficulties and or behavioral issues each semester and as needed. The evaluation includes academic, clinical, and professional standards. Recommendations for remediation or termination because of poor academic progress, professional misbehavior or non-compliance with PAS Program and clinical site policies are discussed with the student’s academic advisor and forwarded to the Program Director.

Students will not be allowed to participate in clinical rotations if there is reason to believe that they are unprepared for this type of experience. Sufficient reasons include:

1. **Academic probation** gives reason to believe that a student is unprepared to participate in clinical experiences. The clinics and hospitals assume a student has attained a specific level of knowledge prior to treating their patients. Academic probation puts the level of understanding of the student in question. A student who is on probation for an isolated course deficiency may be allowed to participate in a clinical experience if it is determined by the faculty that all other areas of knowledge are appropriate and that the deficiency can be remediated and is not critical to the student’s performance in that particular clinical experience. Remedial work in the deficient area will be required and must be completed within one semester.

2. Evidence of unethical or illegal behavior by the student including, but not limited to, theft, academic dishonesty (cheating), fraud, forgery, alteration of data or records, sexual harassment or abuse, assault or battery.

3. Student medical or psychological conditions that could endanger the safety of the student or the patients the student will be entrusted with, or that prevent the student from fully participating in clinical experience.

4. If the PAS learner should perform at less than satisfactory level for any one or more clinical rotation module, the Clinical Coordinating Committee will meet to decide what action is to be taken.

   Options are:
   a. Dismissal from the Physician Assistant Studies Program.
   b. Arrangement for further clinical experience(s).
   c. Arrangement for more didactic work prior to further clinical experiences or following the clinical rotation year.
   d. Complete and final withdrawal from the Physician Assistant Studies Program.

   After reviewing reports of performance during these arranged assignments, the committee will make a recommendation on the status of the learner and provide this recommendation to the Director for final implementation.

5. If the PAS learner should perform at less than satisfactory level for any remediation of a clinical rotation, or fails to have satisfactory performance for more than 2 clinical rotation modules the Progress and Promotion Committee will meet to decide what action is to be taken.

   Options are:
   a. Dismissal from the Physician Assistant Studies Program.
   b. Complete and final withdrawal from the Physician Assistant Studies Program.

   The committee will make a recommendation on the status of the learner and provide this recommendation to the Director for final implementation.

6. The Clinical Coordinator has the right and obligation to remove a learner from an affiliation and/or to arrange an extended clinical experience, if deemed appropriate for satisfactory completion of the clinical experience.
CLINICAL ROTATION YEAR OUTLINE

PAS 610, 620, 630 will provide students with clinical practice experiences with patients of all ages seeking acute, emergent, chronic and preventative care in outpatient, inpatient, emergency, and surgical settings. Experiences will include women’s health (pre-natal and gynecologic care), surgical management, and care for behavioral/mental health conditions. A combination of the following 7 Core and 2 Elective rotations will be scheduled during the Clinical Rotation Year.

Core (required):

- Emergency Medicine 
- Family Medicine 
- Internal Medicine 
- Psychiatry/Behavioral Medicine 
- Rural or Underserved Medicine 
- General Surgery 
- Women’s Health 

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Psychiatry/Behavioral Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Rural or Underserved Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>4 weeks</td>
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Electives:
(Any one of the following for 4 weeks or two of the following for 2 weeks each except as noted. Others as approved by the CC’s).

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Additional Core Time</td>
<td>Neurosurgery</td>
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<tr>
<td>Allergy Pediatrics Cardiology (4 weeks only)</td>
<td>Plastic Surgery</td>
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<tr>
<td>Cardiothoracic Critical Care</td>
<td>MICU (4 weeks)</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Neonatal Surgery</td>
</tr>
<tr>
<td>ENT – Otolaryngolgy</td>
<td>Pediatric Inpatient</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Peds Heme/Onc</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>International</td>
</tr>
<tr>
<td>Orthopedics (4 weeks only)</td>
<td>Endocrinology</td>
</tr>
<tr>
<td>Radiology</td>
<td>Complementary Medicine</td>
</tr>
<tr>
<td>SICU (4 weeks)</td>
<td>Peds ER</td>
</tr>
<tr>
<td>Neurology</td>
<td>Urology</td>
</tr>
<tr>
<td>Peds Ortho</td>
<td>Cardiothoracic Surgery</td>
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# Class of 2016 - Clinical Schedule

Clinical Year 2016 (11 four week intervals)
7 core rotations and 2 electives – FP & IM are the 8 week core rotations.
General Surgery, Obstetrics/Gynecology, Emergency Medicine, Psychiatry & Rural/Underserved are the four week core rotations.

## Clinical Rotation Modules 2016

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<tr>
<th>Intv.</th>
<th>Dates</th>
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<tr>
<td>1</td>
<td>January 4 – <strong>January 29</strong></td>
</tr>
<tr>
<td>2</td>
<td>February 1 – <strong>February 26</strong></td>
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<tr>
<td>3</td>
<td>February 29 – <strong>March 25</strong></td>
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<tr>
<td>4</td>
<td>Grand Rapids: March 28 – <strong>April 29</strong> (Spring Break 4/2 – 4/10)</td>
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<td>4</td>
<td>Traverse City: April 4 – <strong>May 29</strong> ER Skills Update Workshop</td>
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<tr>
<td>5</td>
<td>TC Spring Break: March 26-April 2</td>
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<tr>
<td>5</td>
<td>GR Spring Break: April 2 - April 10</td>
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<td>5</td>
<td>May 2 – <strong>May 27</strong></td>
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<td>5</td>
<td>AAPA Conference: May 14- May 18</td>
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<tr>
<td>6</td>
<td>Intv. 6: May 30 – <strong>June 24</strong> Mock Summative Exam</td>
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<td>6</td>
<td>July Break: June 25 – July 4</td>
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<tr>
<td>7</td>
<td>Intv. 7: July 5 – <strong>July 29</strong></td>
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<td>7</td>
<td>Semester Break: July 30-August 12</td>
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<td>8</td>
<td>Intv. 8: August 15 – <strong>September 9</strong> PA Recruiter Meet &amp; Greet</td>
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<td>9</td>
<td>Intv. 9: September 12 – <strong>October 7</strong></td>
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<td>Intv. 10: October 10– <strong>November 4</strong> PACKRAT Exam</td>
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<td>10</td>
<td>MAPA Conference: October 13-16, 2016</td>
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<td>11</td>
<td>Intv. 11: November 7 – <strong>December 2</strong></td>
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<td>11</td>
<td>EOR mtg, Summatives: December 5- December 9</td>
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<td>Graduation: December 10</td>
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**Testing and EOR Meetings will be completed on the last Friday of each interval. (See underlined dates.)**

- PACKRAT: November 4, 2016
- Summative Evaluations: December 5 - 9, 2015

**Conferences:** (optional with pre-approval by Clinical Coordinators and Preceptor approval)

- AAPA Conference & Student Travel Dates: May 14 - 18, 2016
- MAPA Conference & Student Dates: October 13-16, 2016


**Dates are subject to change.**
CLINICAL ROTATION YEAR DOCUMENTS

**Course Syllabi**
The syllabi for PAS 610, 620, and 630 will be posted on Blackboard under “Course Documents.” Please read them carefully for details on assignments, exams and grading.

**Clinical Rotation Module Syllabi**
A syllabus and a study guide for each core rotation are posted on Blackboard under “Course Documents.” Print the syllabus and review the objectives with your preceptor on the first day of the rotation.

For electives, the student must develop 10 specific objectives for their rotation, using the template provided in Course Documents on Blackboard. Discuss learning opportunities and objectives with your preceptor, and then submit them to the Clinical Coordinator for approval by the end of the 1st week of the rotation.

**Site-Specific Information/Compliance Documents**
Typhon and Blackboard are your sources for contact information and pre-rotation compliance documents and directions. Please consult both about one month prior to your rotation.

**Assignment Details and Forms**
The template and example for Patient Profiles is posted on Blackboard, as are sources of CME and rubrics for the assignments.

**Mid-Rotation and Professionalism Evaluation Forms**
The Mid-Rotation Evaluation form is posted in Course Documents on Blackboard for students to print off and complete with their preceptor at the mid-point of the rotation. Students must fax or e-mail the completed eval to the Clinical Coordinator on the day that it is completed (end of 2nd week of the rotation or 4th week for 8-week rotations). The fax number is 616-331-5654.

The Professionalism Evaluation Form is posted in Course Documents for students to review. This form is only used by faculty on an as-needed basis.

**Miscellaneous Documents/Forms**
Calendars, pager numbers, handbooks, PAS S2-S3 Learner Roles, and other timely information are posted on Blackboard under Course Documents.
The Clinical Coordination Team (Directors of Clinical Education and Traverse City faculty) is responsible for the following activities that will provide the structure for you to have a productive and successful Clinical Rotation Year:

- **Planning and coordinating** the Clinical Rotation Year.
- **Recruiting** practicing physicians, PA’s, and NP’s to serve as preceptors.
- Organizing, structuring, and scheduling rotations with the assistance of GRMEP.
- **Supporting** students by being available by phone and e-mail to assist with questions, concerns or problems with rotations that may arise.
- **Monitoring and reporting** on the effectiveness and quality of the preceptors and sites through making site visits, monitoring Typhon logging, student evaluations, and reviewing the weekly blog.
- **Making** changes in scheduled rotations and preceptors should circumstances require.
- **Coordinating** the evaluation of student performance throughout all clinical courses.
- **Scheduling** and presentation of End of Rotation Meetings that include speakers and other learning activities that will compliment student learning.

**PRECEPTOR’S ROLE**

Preceptors are Clinical Faculty. During a clinical rotation, preceptors are expected to:

- Facilitate the PA student’s progress in achieving rotation-specific objectives by providing patient care experiences and clinical teaching.
- Model professional patient and staff interactions.
- Provide opportunities for student to participate as a member of the health care team.
- Complete mid-rotation and an on-line final evaluation of the student.

We respect the expertise of the Clinical Faculty in their chosen area of medicine. If a preceptor feels a student is not performing to expectations we respect and accept the evaluation. **If a preceptor feels a student has failed a rotation, the department will support the preceptor’s final evaluation to that effect.**

**PHYSICIAN ASSISTANT CLINICAL ROTATION YEAR STUDENT ROLE**

**Responsibilities**

The Physician Assistant Student is responsible for the following during each rotation:

- Presenting at the clinical site as an **invited guest** of the preceptor and staff, on time, in professional attire and lab coat, with personal medical diagnostic equipment and recommended texts.
- Representing Grand Valley State University Physician Assistant Studies program and the PA profession to patients, the public, and other members of the health care team in a positive manner.
- **Complying with AAPA’s PHYSICIAN ASSISTANT’S CODE OF ETHICS** *(See Appendix E).*
- Accepting the direction of the licensed clinician (MD, DO, PA or NP) serving as preceptor.
- Treating patients with respect and dignity, both in your interactions with them and in your patient-related discussions with other professionals.
- Maintaining patient confidentiality as defined by HIPAA.
- Following Occupational Safety and Health Administration (OSHA) Guidelines for Universal Precautions.
- Performing histories and physicals.
• Assessing assigned patients.
• Assisting in formulating management plans.
• Performing various procedures as outlined in the rotation objectives and the PA –S2, S3 Learner Role.
• Participating significantly in patient care as determined by the preceptor.
• Monitoring patient progress, and reporting to the supervising preceptor.
• Implementing the preceptor’s plans.
• Functioning as an integral part of the medical team.
• Attending lectures, reading articles, and giving case presentations as assigned by preceptor.
• Looking for work actively, asking questions, and engaging in outside reading.
• Adhering to scheduled rotation hours.
• Attending End-of-Rotation meetings.
• Participating in your assigned research group.
• Completing CME, Patient Profiles, and other assignments in a timely manner.
• Completing required documentation in Typhon and the Blackboard blog.
• Meeting and logging the required minimums set for essential Procedures/Skills in Typhon.
• Communicating with the Clinical Coordination Team when there are problems with a rotation, and on a regular basis through blogging, phone and e-mail.
• Completing End of Rotation, Mock Summative, Clinical & Written Summative Exams, and the PACKRAT exam.

CLINICAL ROTATION SCHEDULES

We have partnered with the Grand Rapids Medical Education Partners (GRMEP) for assistance with your clinical experiences. Denise Clement, the Scheduling Manager for GRMEP, will be scheduling some of your rotations within the GRMEP system. The Clinical Coordinator will be scheduling rotations outside the GRMEP system. Elective rotations may also be arranged at sites outside of the GRMEP system and will be arranged in coordination between GRMEP and the GVSU PAS Clinical Coordinator (CC).

Rotations in the Detroit area are scheduled through the ACEMAPP system, and GVSU students are considered to be “visiting learners.” Rotations in Ann Arbor are scheduled through the University of Michigan, and GVSU students are considered to be “visiting learners.” Rotations may or may not be available in these areas.

A list of active clinical sites with which the Physician Assistant Studies Department has agreements for clinical education is updated on an ongoing basis. All sites are not available for all clinical education courses. Placements are determined by a combination of factors, including the needs and limitations of clinical rotation sites, preceptors, and students.

Students should expect to complete up to 3 or 4 rotation experiences outside of West Michigan. Lodging and other personal expenses will be the responsibility of the student, although efforts will be made during the scheduling process to locate students where they have indicated that they have housing resources.

Because of pre-rotation requirements by hospital systems, please contact the Human Resources department or Education Coordinator one month prior to your rotation to begin that process. Many outpatient/ambulatory physician practices and clinics are affiliated with one or more hospital systems, and you may have to complete paperwork and orientation at several facilities, particularly if the physician has surgical privileges at several places. The contact information is listed in Typhon and/or on Blackboard.
Rotations generally begin on a Monday and end on a Friday. Rotation work hours are determined by the preceptor and may include nights, weekends, and holidays as well as an on-call schedule. Expect to work 15-20 twelve-hour shifts on your emergency medicine rotation, **10 to 12 hour days** on your surgery, emergency medicine and internal medicine rotations (not including call and weekends), and you are **strongly encouraged to take advantage** of some nights, weekends, and/or call time on all of your other rotations.

Preceptors are not obligated to give days off on weekdays, weekends, or holidays. **University holidays and breaks do not apply to Clinical Rotation Year students**; however, there are specific breaks incorporated into the clinical year schedule (see page 9). If your preceptor plans an absence during your rotation, he/she will make arrangements for you to work with another preceptor so that you can complete your clinical hours. **If no arrangements are made for you, you must contact the Clinical Coordinator immediately so that other arrangements can be made.**

You must complete a full day on the last day of your rotation, unless your clinical site is more than 3 hours away from Grand Rapids and the time is needed for travel (from the Upper Peninsula, for example). In this case, notify the Clinical Coordinator of your plans for making up these hours during the rotation.

**Schedule Changes**
The GVSU PAS Department makes every attempt to adhere to the scheduled assignments after distribution to the students. Unfortunately, **emergencies and changes may occur**. These changes may be necessary for many reasons, including preceptor schedule changes, scheduling difficulties, clinical site constraints or department discretion. As much notice as possible will be given to the student and comparable experiences will be assigned.

If a student requests a change in an Elective rotation, the request must be made by e-mail and submitted to the Clinical Coordinator at least 60 days prior to the start of the requested change. Changes in Core Rotations are not permitted.

Because changes create problems and cause burden for everyone involved, the PAS Department does not permit schedule modification without proper notification and significant consideration. Student requests for schedule changes will be considered on a case-by-case basis, but in general, are likely to be denied as it is important for the program and the student to keep professional commitments that have been made.

**ATTENDANCE**

**Absenteeism**
Adherence to scheduled rotation hours and attendance at end-of-rotation meetings are **mandatory**. Failure to fulfill this requirement is considered in the evaluation of academic and professional performance and may result in a failing grade for the rotation. If you must be absent from a rotation **for even part of a day**, both the preceptor and CC must be notified as soon as possible, but **never later than 9:00 a.m.** on the day of the absence, preferably by phone. If the preceptor or CC cannot be reached by phone, you must leave a message or send an e-mail indicating a number where you can be reached. In the unlikely event that you cannot reach one of the Clinical Coordinators by phone or e-mail, you must contact the Program Director.

**Excused Absences**
A student is allowed 3 excused absence days per Clinical Rotation Year, including absences for illness. Any absences above the 3 allowed absences may result in a decrease in the grade for the course. **Students should avoid using more than 1 absence day in a one rotation.**

Incapacitating illness, serious injury, and unexpected family emergencies are considered valid reasons for excused absenteeism.
The excused absence days may also be used for business appointments, medical appointments, job interviews, weddings, vacations, graduations, and other social events.

**Absences for these and other planned activities must be arranged and approved in advance, by the CC. Requests for planned absences should be submitted by e-mail to the CC well in advance. Such requests will be considered on a case-by-case basis.**

**Note:** Absences for job interviews must be scheduled either during your Elective rotations or on your days off during Core rotations. Students may not be absent for job interviews during Core rotations.

Any excused absence may require documentation.

Students are expected to make up rotation time before or after an excused absence. Failure to make up time missed due to an excused absence will result in a grade of “I” (incomplete) for the rotation. A rotation in which a student receives an “I” due to excessive excused absences may be completed at a later date at the discretion of the CC depending on the availability of the rotation.

**Temporary Medical Leave**
In the event of a serious injury, incapacitating illness, or other temporary medical disability, up to 8 weeks of temporary medical leave from the program’s rotation requirements will be provided, as medically necessary. Requests for temporary medical leave should be submitted to the PAS CC, in advance if possible. Documentation from your treating physician will be required. A temporary medical leave may result in a grade of “I” (incomplete) for a rotation, depending on the rotation location and the timing of the leave. Students returning from temporary medical leave should contact the PAS CC to arrange to finish any incomplete rotations. Students should be aware that depending on rotation availability and scheduling limitations, there may be a delay after a student’s return from medical leave before a sufficient make-up rotation placement can be arranged, which may extend the time it takes a student to complete the program. The program will make best efforts to provide the make-up rotation(s) sometime within the semester following the established class graduation date in December, but reserves the right to schedule the make-up rotation(s) later in the calendar year if necessary because of availability and scheduling limitations.

When students start the Clinical Rotation Year or a clinical rotation module, they have indicated that they are physically and emotionally stable, committed, and academically prepared. If students do not meet these essential requirements, it is the student’s responsibility to request a leave of absence prior to starting the Clinical Year or to starting a clinical rotation module.

**Unexcused Absences**
Unexpected absenteeism not reported as outlined above will also be considered unexcused regardless of cause. Planned absenteeism not arranged as outlined above will also be considered unexcused. **Unexcused absences and tardiness are considered to be unprofessional behavior and may result in the loss of Student Duties points and/or referral to the PAS Program’s Progress and Promotion Committee. This may result in a failing grade for that rotation and/or the course.**
ATTIRE

Business attire is required for all rotations. Be guided by the preceptor's instructions for exceptions to this rule. Scrubs are generally not permitted except in surgery. Inappropriately dressed students will be asked to leave the rotation site and will receive an unexcused absence until they return properly dressed. Reminder, the student must wear the GVSU/GRMEP identification badge and short lab coat during all patient encounters (unless instructed otherwise by the preceptor). See PAS Student Handbook regarding Professional Decorum.

MEDICAL DIAGNOSTIC EQUIPMENT

Students should take their own medical diagnostic instruments (stethoscope, ophthalmoscope, otoscope, reflex hammer, etc.) to all rotations.

USE OF CELL PHONES AND OTHER ELECTRONIC DEVICES

Students must ask their preceptors for permission to use a cell phone or an iPad during their work hours. The phone or ipad is to strictly be used only for accessing learning resources such as Up to Date or Epocrates. Receiving phone calls and e-mails, accessing Facebook or other social media sites is considered to be unprofessional and distracts from your learning opportunities. Using an iPad is a better option as it is more suited to learning-related tasks and appears more professional than a cell-phone.

CLINICAL ROTATION MODULE PROTOCOLS

The following guidelines will help to ensure a rewarding experience for both you and your preceptor:

Day 1:
1. Arrive early to the site on the first day of rotation with appropriate gear:
   a. Books and study materials
   b. Lab coat (cleaned and pressed)
   c. Stethoscope and other needed tools.
   d. Pager - Be sure to check your pager and call (616) 391-4377 if pager is inoperable.
2. Ask to become oriented to the facility, the staff, applicable policies, and procedures.
3. Be sure to find out, specifically, how your preceptor wants things done and what s/he expects.
4. Give the Clinical Rotation Module syllabus to your preceptor. Review the rotation objectives with your preceptor and together assess the scope of expected knowledge. (Syllabi with objectives are available on Blackboard).
   Whenever possible, your preceptor will arrange the day-to-day clinical experiences with the rotation objectives in mind. However, the objectives do not address all the possible learning experiences available nor will you encounter all of the disease entities you are expected to know about. Be flexible and open-minded.

Week 1: Learn the routine of new rotation site. Blog your preceptor's name and email address on Blackboard. Check Typhon and “Site Specific Information” in Bb for your next rotation. Begin the credentialing process for your next rotation as directed. Blog preceptor's name & e-mail so that your final evaluation can be e-mailed to the preceptor.
   CONTACT YOUR NEXT ROTATION to begin pre-rotation paperwork for EMR access.
   See the Typhon Clinical Site Directory and Blackboard "Site-Specific Information" for instructions.
Week 2: By end of second week, meet with preceptor and discuss mid-rotation evaluation (or end of 4th week for an 8-week rotation). **Fax the mid-rotation evaluation to the CC at 331-5654.**

Week 3: Focus on the areas for further improvement identified by your preceptor on the mid-eval.

Week 4: By end of the week, meet with preceptor and have the end-of-rotation evaluation completed (or end of the 8th week for an 8 week rotation).

**Ways to Learn During Your Clinical Rotations**

- Ask questions and discuss patients with your preceptor.
- Observe your preceptor’s practice style, interactions with patients and colleagues, and approach to problem solving.
- Accept your preceptor’s supervision in assigning patients, observing your clinical skills, and reviewing your chart entries.
- **Ask for assignments if your preceptor does not make assignments of outside journal readings, topics to be presented on the emphasis of your rotation or patients that you see.**
- Use the rotation syllabi and study guides as guide to your outside reading and study. These are **key** to expanding your clinical knowledge.
- From time to time ask your preceptor, “How am I doing?” and “How can I improve?”

**GUIDELINES FOR CLINICAL CONDUCT** *(excerpt from PAS Student Handbook)*

The following guidelines should be observed in representing the Physician Assistant profession:

- Consistently demonstrate your concern for the welfare of the patient. Be thoughtful and professional when obtaining the history and performing the physical exam. Treat patients with respect and dignity, both in your interactions with them, and in your patient related discussions with other professionals. Demonstrate your concern not only for the medical problem but for the total patient.

- Conscientiously respect the rights of your colleagues. Characterize all of your professional encounters with cooperation and consideration. Strive to assume an appropriate and equitable share of patient care duties.

- Approach your responsibilities with dedication. Be truthful in **ALL** personal and professional communications. When meeting multiple demands, establish patient-centered priorities to guide you in completion of such work.

- **Confidentiality of Medical Record & Health History Information:** All data gathered about the patient and his/her illness, including all items within a patient’s medical history, is privileged information.
  1. Learners should **not discuss or present** patient records in a manner or situation which would violate the confidential nature of that record.
  2. Charts or contents, e.g., lab reports, etc., are not to be removed from the hospital or clinical setting, either physically or electronically.
  3. Mandatory HIPAA Compliance training is provided during Pre-Clinical Year Bootcamp.

- **Patient Records: Physician Review and Countersignature:** On each clinical rotation, it is the learner’s responsibility to insure that **ALL** patients seen by the learner are also seen by the supervising clinician. PAS learners are not expected to see, treat and manage patients independently. The supervising preceptor should review all learner notes written in the medical records or entered into electronic medical records and countersign these documents.

- **Countersignature by a licensed medical supervisor is required before any trainee order may be executed.** Under no circumstances should a PA student initiate orders for any patient on any rotation without immediate consultation and countersignature of the clinical supervisor.
In addition, under no circumstance should a PA student sign prescriptions or order them in the electronic medical record. The only signature or name of ordering provider that should appear on a prescription is that of the clinical supervisor.

These guidelines must be strictly adhered to for the learner’s protection and the protection of the patients seen by learners.

- Social media, online communications and other technical communications may be treated as public forums. Be sure that you represent yourself, your school and your profession positively. **Student behavior outside of professional guidelines in social media sites may be referred to Progress and Promotion for further evaluation of behavior.**

- **Title Identification/Representation:** Role and title confusion are common problems encountered in dealing with patients, (e.g., some patients identify all those wearing white coats as physicians). Learners should be aware of this problem and avoid misrepresentation by politely explaining their role and position. **ALWAYS WEAR THE BADGE IDENTIFYING YOU AS A STUDENT.**

  1. In professional interactions with patients and others, a learner should introduce himself or herself as a “PA Student”.
  2. Learners should use the designation, PA-S1, (P.A. Learner 1st year), PA-S2, PA-S3 following all notations in charts, records, and other medical forms.
     For Example: “Mary Blue, PA-S2”
  3. In all professional communications, including paging or beepers, a learner should introduce him/herself as a “PA Student”. No learner should casually accept the ‘page’ of doctor.

- **Learners may be subject to sanctions within the Department for failure to observe the clinical guidelines.**

**PATIENT CONFIDENTIALITY**

Medical ethics and HIPAA forbid violation of patient confidentiality. Both the student and the preceptor should be sensitive to this issue. Any discussion regarding a patient’s diagnosis, care, and condition should be conducted with discretion and in private. Students will sign a Confidentiality Agreement at Pre-Clinical Rotation Year Bootcamp, but will also be required to sign one by individual clinical sites prior to starting the rotation.

**SUBSTITUTING FOR PROVIDERS OR STAFF**

At no time is the student to work as a substitute for clinical or administrative staff at the site, covering a vacation day, for example. If asked to do so by the preceptor or staff, the student should politely decline and must contact the Clinical Coordinator to follow up with the site.

**TIPS FOR A SUCCESSFUL ROTATION**

- **You will be given as much hands-on experience as the preceptor believes you are capable of handling.** The best way to demonstrate your capability and worth is to **look for work actively, ask questions, engage in outside reading, report early, stay late, and volunteer for call.** Take advantage of all the learning opportunities in order to maximize your learning.
• You are an **invited guest** of each rotation site and, as such, you should leave a **positive impression** of yourself, GVSU, and the Physician Assistant profession. Be extra mindful that your interactions are courteous and respectful at all times, and be prepared to discuss the PA profession, how PA’s function within the medical community, and your role as a PA student.

• Despite your best efforts, you may from time to time encounter individuals who are not supportive of you or the PA profession. Additionally, students and preceptors may experience difficulties that strain their relationships. You are expected to deal with such problems in a **mature and professional manner**. Contact coordinator Mandy German, PA-C if difficulties arise.

• **Be sensitive** of the way in which the preceptor deals with his/her patients. The student may/may not wish to adopt the same attitudes and behavior toward the patients. However, if there appears to be an issue, it should be discussed with the preceptor before a major problem develops. This discussion should be in private, **NEVER** in front of the patient. If the situation cannot be resolved, consult the CC or designated faculty module coordinator immediately.

• **Be sensitive to the demands the student’s presence places on the office staff; check regularly with staff about the increased workload expected of them.** If the student is aware and/or informed that the workload has increased to an unbearable level, the student should cooperate in the planning and alleviation of the situation.

• **Be appreciative** of the office staff, as well as the preceptor.

**STUDENT DUTIES**

All documentation and reports are the responsibility of the PAS learner. Students who fail to **timely** (timely = not later than midnight on the final day of EOR meetings) complete Student Duties will receive an **Incomplete in the course until the items are submitted and will lose the Student Duties points (10% of grade)**.

Students will be referred to Progress and Promotion Committee for repeated behavioral issues such late logging, late patient profiles, late CME, tardiness at clinical sites, exams, and EOR meetings, and inappropriate use of technology.

**LOGGING AND DOCUMENTATION OF EXPERIENCES**

**Typhon Logging**

Students will document all patient encounters using Typhon. This should be a complete and accurate recording of clinical activities, including your level of participation (**Observe/Assist/Perform**). Extensive review of the records indicates that the average student logs about 1600 cases (5-10 cases per day) and logs on 180 days (3-4 times/week) during the Clinical Rotation Year. “Student Duties” points in your grade will reflect your level of logging.

Students will log Procedures and Skills deemed as essential to preparation for practice. These are listed in Typhon as “Level 1” or “Level 2” or “Level 3.” Level 1 consists of basic skills and entry-level experiences such as H & P’s and well-child checks. Levels 2 and 3 include more advanced experiences such as burn care and central line insertion.
The Procedures & Skills lists are a more detailed account of your experiences as it relates to building competency in essential skills and procedures. A required minimum of experiences needed to demonstrate experience is indicated, and your log should verify an increasing level of care as you progress through the Clinical Rotation Year. **Students are strongly encouraged to seek out opportunities within the rotation to complete the procedures and technical skills required by the program.**

Employers are moving towards competency-based hiring practice, and the log is your personal record of accomplishments during the Clinical Rotation Year. A summary of your experiences is often requested by employers during the credentialing process, and a complete log is of great benefit to you.

Typhon logging is also a tool used by the Clinical Coordinator to monitor the quality of rotations, and a requirement for ongoing accreditation of the program.

*All* encounters must be logged with honesty and integrity – see *Appendix D.*

**Blogging**

Weekly blogging on the Blackboard site regarding rotation experiences is required to keep the Clinical Coordination team informed, to ensure quality rotations, and to benefit others in the class. Blogging is graded under Student Duties (See Grading Summary).

Each blog entry should be titled with the week of each rotation and the name of the clinical rotation as it appears in Typhon.

Please answer the following questions in the blog after the 1st week of each rotation:

1. Who is supervising your experience (include current e-mail and other contact information if the information in Typhon is missing or incorrect). The e-mail will be used to send a link to your Final Evaluation. Please only include contact information if it is NOT correct or is missing in Typhon. If you are working with a different clinical preceptor than listed in Typhon please supply the name and email address of the preceptor.
2. Is the clinical site meeting the specific rotation objectives?
3. Do you have any suggestions to improve this experience right now?
4. Briefly describe an interesting case and what your level of participation has been so far.

During the following weeks of a rotation, the Clinical Coordinators may assign topics or free-form blogging.

Below is an example of typhon logging

*Week 1: Sparrow Health- General Surgery- Ionia*

1. My preceptor is John Doe PA-C the information in typhon is correct
2. The site is meeting the rotation objectives
3. I currently do not have any suggestions for improvement. I have had little hands on experience but have only been at the site for 3 days. I will make sure to contact Prof. German if my level of participation does not increase as would be expected for a general surgery rotation.
4. Description of an interesting case (approximately 1 paragraph in length).
CLINICAL ROTATION MODULE EVALUATIONS

Mid-Rotation Evaluation
A pen & paper Mid-Rotation Evaluation (Appendix B) is obtained at the mid-way point in the rotation (the end of the 2nd week of a 4-week rotation or the end of the 4th week of an 8-week rotation). The purpose of the evaluation is to assist you and your preceptor in identifying your strengths and your areas for growth. It is a tool to help you focus on targeted skill-building during the rest of your rotation. **Students must fax or e-mail the Mid-Rotation Eval to Prof German on the day that it is completed, the half-way point in the rotation.** The fax number is 616-331-5654. E-mail: germanm@gvsu.edu

Final Rotation Evaluation
A Final Evaluation of your performance during a rotation will be completed on-line by your preceptor. Students will post the name their preceptor on the blog **by the end of the first week of the rotation interval.** Students will also check the preceptor information in Typhon for an e-mail address. If the e-mail is missing or incorrect, students will post both the name and e-mail address of their preceptor(s) on the blog **by the end of the first week of the interval so that the preceptor can receive an on-line evaluation.**

The preceptor will receive an e-mail containing a link to the on-line evaluation approximately 1 week prior to the last day of your rotation. It is **required** that you schedule a time to review the final evaluation with your preceptor prior to leaving the site. **The evaluation is due by end of Friday of the last week of the rotation.**

*If preceptor evaluations are consistently not received in a timely manner (within 7 days of the End of Rotation), this may result in loss of Student Duties points.*

PAS Student Evaluation of Clinical Rotation
The student is to complete and submit the on-line "Student Eval of Site/Preceptor" at the end of each rotation. A link to the evaluation is located in “My Evaluations and Surveys” on Typhon. Candid and thoughtful input, suggestions, and constructive criticism are welcome. This feedback is necessary to ensure high-quality training. Failure to timely (by midnight on the last Friday of the rotation interval) submit this evaluation will result in an “incomplete” grade for the course **and the loss of student duties points (10% of grade).**

End of Rotation Exams
Students are required to take an exam for each core rotation on the last Friday of the rotation. The exams test knowledge of the clinical subject matter and medical procedures encountered in the rotations. Although rotations may not always provide experience in all topics or procedures tested, the student is still responsible for knowing the material through ongoing reading, research and studying during the rotation. Objectives and the study guide provided for each Clinical Rotation Module should be used as a framework for a study plan. Exams are given on-line and consist of 50 multiple-choice questions. Time and location of exams will vary depending on other learning opportunities and the number of students testing at each interval. Exam location will be posted on Blackboard prior to the exam date.

Students will be expected to attend all End of Rotation Exams in Grand Rapids. If scheduling or geographic location conflicts require adjustments to the exam location (such as switching testing location to Traverse City), students are to contact Mandy German at least 2 weeks in advance to discuss possibility of alternate testing options.

You must complete a full day on the last day of your rotation, unless your clinical site is more than 3 hours away from Grand Rapids or Traverse City and the time is needed for travel. **In this case, notify the Mandy German your plans for making up these hours during the rotation.**
There are no graded exams for elective rotations. Practice exams may be available in elective rotations at student request.

**PACKRAT Exam**
Completion of the exam on the scheduled day/time is required. The exam provides students with an analysis of areas of weakness to help focus study for the PANCE, and assists the faculty in monitoring the effectiveness of the Clinical Rotation experiences.

**Site Visits**
Site visits are an important tool for providing support to the student, monitoring the quality of sites and preceptors, and maintaining positive relationships with preceptors.

The CC and other faculty will be visiting rotation sites from time to time. During a site visit, the CC will speak with the preceptor (when available), the student, and possibly other key personnel. The Clinical Coordinator may ask you to present a case or evaluate your skills by observing you with a patient.

As a general rule, the CC will contact the student by pager, e-mail or cell phone prior to the visit to arrange the site visit; however, *unannounced visits may be made*. If you do not respond in an appropriate amount of time after being paged or if you are not at your site when a visit is made, it will be considered an unexcused absence.

Those students who are at a site out of state may be evaluated via telephone or a visiting CC from another accredited PA program *if an actual site visit is not possible*.

**Professionalism Evaluation**
Please see Appendix C for this evaluation tool that may be used for a student’s professional development. If issues arise in any one of these areas (depending on the degree of the issue), you may be written up by the Clinical Coordinator, your Faculty Advisor, the Progress & Promotions Committee Chair, or the Department Chair, with this document placed in your academic file.

**END OF ROTATION MEETINGS**
Clinical Year End-of-Rotation Meetings will generally be scheduled on the last Friday of most intervals. **Attendance is required.** Students are required to attend these meetings at the Grand Rapids Campus. If a student wishes to attend the End of Rotation Meeting in Traverse City they must contact Mandy German PA-C 2 weeks prior to make arrangements. Certain End of Rotation Meetings are not able to be transmitted via ITV and must be attended in person in Grand Rapids, such as the Emergency Medicine Workshop, the Mock Summative and the Final Summative.

These events generally run from 9 AM to 3:00 PM and consist of testing, program updates, sessions on topics of importance, and other learning activities that assist students with consolidating the gains they have made in their clinical training.
COMMUNICATION

Pagers
You are required to wear your pager whenever you are on site at your rotations, on call, and Monday through Friday from 8:00 AM until 6:00 PM. When your preceptor, the CC or any PAS faculty/staff member pages you, you must answer as soon as possible (right after you are finished with your current patient) or within 30 minutes. You will lose Student Duties points for not responding, which will negatively affect your grade.

Schedule Changes
It is your responsibility to contact your preceptor and the CC if you will be late or absent from your rotation for any reason. If the CC is not available, you may contact your faculty advisor or other PAS faculty members. A list of PAS & GRMEP contacts and how to reach them is located in the front of the Clinical Year Handbook.

Student Concerns about Clinical Rotation Schedule
If a student has concern about their clinical rotation schedule they are to contact Charlene Dubois to discuss the concern.

Student Concerns with a Clinical Site
It is your responsibility to contact Mandy German immediately if you have a problem or concern at your rotation site, such as an absent preceptor, difficulty with EMR access, lack of hospital privileges or other issue that will affect your learning opportunities negatively.

E-Mail
The CC will correspond with you routinely by e-mail. You are expected to check your Grand Valley emails at least every 24 hours and will be held responsible for being aware of any announcements, schedules, other information, or changes that arrive via e-mail.

Blackboard
You should also check the PAS web site and the Clinical Rotations 610, 620 or 630 Blackboard site every 24 hours for announcements.

Contact Information
You must notify the department (Mishal Underwood) and the University (myBanner) of any permanent or temporary change in your name, mailing address, phone number, or e-mail address. Updating student contact information on MyBanner is the student’s responsibility.
GENERAL POLICIES & PROCEDURES

ELECTRONIC MEDICAL RECORD ACCESS

Students will be given temporary access to the electronic medical record (EMR) for each rotation. For rotations at Spectrum Health facilities in Grand Rapids, Mercy Health Saint Mary’s, and Mercy Health Physician Partners facilities, students are given a log-in and password at Pre-Clinical Year Boot Camp. Denise Clement of GRMEP will complete a Student Access Request form for each student and submit it to IT for these facilities. If you need assistance with your password, contact Sidra Tees, Scheduling Assistant at GRMEP, 616-732-6235. For facilities outside of Grand Rapids, access to the EMR will be facilitated by the human resources or education coordinator when the student completes pre-rotation paperwork. Contact your site 1 month prior to the rotation to start this process!

PARKING AND TRAVEL

The student is responsible for all parking and travel costs incurred. For the following rotations, parking is available at Spectrum-Butterworth and students must visit the Security Office to obtain badge access. Denise Clement of GRMEP will be providing Spectrum Security with a list of PA students who are assigned any of these rotations:

- Any of the ICU rotations (MICU, NICU, PICU, SICU)
- In-patient IM hospitalist services
- Surgery based rotations (general surgery, neuro surgery, pediatric surgery, etc)
- OBG rotations
- In-patient Pediatric hospitalist services
- ER
- Pediatric Floor rotations

For other rotations in large hospitals, students should work with the University or facility security staff to identify safe and secure parking or shuttle services. Street and neighborhood parking is strongly discouraged.

MEALS AND HOUSING

All expenses related to meals and housing while on clinical rotations are the student’s responsibility. Some sites may provide meals (drug rep lunches); however, the department does not require nor request that any site provide meals.

MALPRACTICE INSURANCE

All clinical students are covered under GVSU’s student blanket Malpractice and Professional Liability policy while at assigned rotations. It is expected that all reportable incidents involving students and patients will be reported immediately to the CC or other PAS faculty if the CC is unavailable.

Clinical experiences that are not assigned by the PAS program or GRMEP are not covered under the liability policy. If offered other opportunities for experiences by preceptors or sites during scheduled Spring or Semester Breaks, students should plan to observe only, and to advise the preceptor/site that they are not covered.
UNIVERSAL PRECAUTIONS

The student must follow Occupational Safety and Health Administration (OSHA) Guidelines for Universal Precautions at the clinical rotation site, including the use of personal protective equipment, care of sharp objects, and other precautionary measures – as instructed at the Pre-Clinical Year Boot Camp Hospital Orientation session. **If you are exposed accidentally to a patient's body fluids, you need to contact your site preceptor, one of the GVSU PAS CC's (616.331.5987 or 616.331.5988) and the GVSU Health Compliance Officer, Warren Olson, at 331-5867.**

EXPOSURE POLICY (See PAS Student Handbook)

1. Learners are expected to use universal precautions in the classroom, laboratory or clinical site when the potential for exposure to hazardous materials or bodily fluids exists. All puncture/contamination events should be addressed using the individual location/site protocol. In addition to local reporting, the learner **must notify the GVSU PAS Department** following initial treatment/testing at the site. Reference: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm ‘Updated US Public Health Service Guide...Recommendations for post Exposure Prophylaxis’

2. Fees and cost accrued during the care of an exposure are the responsibility of the learner and/or their health insurance. The learners’ health insurance should be billed, not workers compensation or employee health. Follow-up testing/treatment can be done by the learners’ provider's office and is the sole responsibility of the learner and/or their health insurance. GVSU has major medical policies available at discounted student rates.

HEALTH INSURANCE (See PAS Student Handbook)

The PAS Department **strongly encourages that all learners have health insurance coverage** in effect at all times, either through a family or individual plan or through university or professional group plans. In fact, **hospitals and clinics may require you to carry health insurance.** The payment of medical fees incurred due to any injury or illness arising out of participation in the Department are the responsibility of the learner. A health insurance plan is available for learners through Grand Valley State University. Details are available at http://www.gvsu.edu/uco/riskmanagement/student-health-insurance-7.htm or by calling Student Assurance Services at 1-800-328-2739.

**There will be no pro-bono medical care provided by any clinical site, clinical provider, or faculty members.** The student must obtain medical care from either their personal health care provider or the university's health center.

ARREST POLICY

All students attending GVSU are accepted as responsible adults. As responsible adults, they must maintain the professional standards and behavior expected by the Physician Assistant Profession. Physician Assistant students on clinical rotations represent GVSU, the Department, and the Physician Assistant profession at all times. It is expected that each PA student be familiar with GVSU’s “Student Code” and the PAS Student Handbook.

In the unexpected event that a PA student is accused of a violation of the code, especially if the student is arrested or removed from a clinical site, it is the responsibility of the student to notify the CC immediately. The CC will then notify the appropriate department and GVSU officials. Failure to notify the PAS Department immediately will result in further disciplinary action.
SITE ACCREDITATION OR DRUG ENFORCEMENT AGENCY VISITS

On occasion, a clinical site may be undergoing an accreditation survey by the Joint Commission on Accreditation of Hospital Organizations (JCAHO), the Center for Medicaid/Medicare Services (CMS), or other accrediting body. Follow your preceptor's lead on interactions with the surveyors. Be cooperative and be prepared to answer questions regarding hospital policies on the topics covered in pre-rotation training modules, such as infection control and patient safety.

In the event that the Drug Enforcement Agency or other law enforcement personnel arrive at a clinical site during your rotation, be cooperative. Most likely, you will not be involved in the investigation, but answer truthfully if you are asked any questions. As soon as you are able, contact the Clinical Coordinators so that the GVSU legal counsel can be made aware of the situation.

SITE-SPECIFIC POLICIES

The PAS Department policies apply to all students, regardless of location; however, a signed affiliation agreement may specify that certain policies at the clinical site supersede those of the program. For example, a clinical site may specify that the student must have had a criminal background check no more than one month prior to the rotation, rather than within the last year as the program specifies. In such a case, the policy of the clinical site supersedes that of the PAS Department.
**CLINICAL ROTATION YEAR GRADING**

**OVERVIEW**
A minimum of 80% accuracy standard is required for successful completion of each Clinical Rotation Module. (see PAS Handbook, Curriculum Conventions, Standards). The overall course grade is determined by averaging the individual Clinical Rotation Module grades for the semester, and must also be above 80% to pass the course.

**Weighting for Course Grade**
The components of the course grade (individual Clinical Rotation Module grades) will be weighted to correspond to the time spent in each of the core (required) rotations during the term.

- **Emergency Medicine**: 4 weeks
- **Family Practice**: 8 weeks
- **Internal Medicine**: 8 weeks
- **Women’s Health (OB/GYN)**: 4 weeks
- **Psychiatry & Behavioral Medicine**: 4 weeks
- **General Surgery**: 4 weeks
- **Rural/Underserved Medicine**: 4 weeks
- **Electives (2)**: (Pass/Fail)

The elective rotations are credit/no credit (Pass/Fail). There is not a required examination for elective rotations; however, practice examinations are available in ExamMaster. All other requirements listed for the core (required rotations) will also apply to the elective rotations.

**Weighting within Clinical Rotation Modules**
*Grading Summary/Weighting (Individual Clerkships):*

- Final Preceptor Evaluation: **40%**
- EOR exam for every core/required clerkship: **40%**
- Patient Profiles: **10%**
- Student Duties: **10%**
  1. Patient encounter and procedure logging on Typhon: 3%
  2. Evaluation of preceptor and site by PA student: 2%
  3. Participation in EOR meetings/IPE Event: 2%
  4. Professionalism – weekly blogging, timely submissions, communication: 3%

**Total = 100%**

**Minimum Clinical Rotation Module Standards**
For each Clinical Rotation Module, students **must** achieve the following minimums and are **expected** to achieve 100% in Student Duties (see detailed listing of Student Duties in “Course Requirements” and “Requirement Details” sections of this syllabus.):

- Total Grade for Clinical Rotation Module – 80%
- Preceptor Evaluation – 80%*
- End-of-Rotation (EOR) Examination – 70%*
- Patient Profiles/Assignments – 80%*
- Clinical Summative Exam – 80% (PAS 630 only)
- Written Summative Exam – 70% (PAS 630 only)

Failure to achieve any one of these minimums (or satisfy remediation requirements for the EOR exam – see “End of Rotation Exam Remediation Policy”) will result in a failing grade for the Clinical Rotation Module (See “Incomplete or Failing Grades”).

*For item weighting details, please refer to “Weighting within Clinical Rotation Modules”.

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Grading Scale**:

- A = 95-100
- A- = 90-94.99
- B+ = 85-89.99
- B = 80-84.99
- B- = 75-79.99
- C+ = 70-74.99
- C = 65-69.99
- C- = 60-64.99

**Grades are calculated to the hundredth and are not rounded up.

Detailed information on course requirements and grading will be provided in the Course Syllabus prior to the start of each course (PAS 610, 620, 630).

End-of- Rotation Exam/Summative Exam Remediation Policy

1. You are only guaranteed one opportunity to take a rotation or summative exam. Remediation examinations may be provided (see #4 and #5 below) and may be comprehensive of the rotation objectives.

2. Remediation must occur within 14 days of grade posting, unless geographic or scheduling conflicts require a later time; however, remediation must be completed by the end of the next rotation. The student is responsible for contacting the Clinical Coordinator within 72 hours of grade posting to set up a time for remediation.

3. Students must score at least 70% on the remediation exam. The maximum score recorded in the grade book will be an average of the original score and the remediation exam score.

4. Students are allowed 1 opportunity to remediate per exam. If the student is unable to successfully remediate, the student must complete independent study during the semester following the Clinical Rotation Year in order to develop competency. This delays graduation until April. The student will be referred to the Progress & Promotions Committee to have a faculty member assigned for independent study.

5. Students are allowed only 2 remediation exams over the course of the entire Clinical Rotation Year (PAS 610, 620, 630).

6. If a student scores less than 70% on 3 or more exams, the student must complete independent study during the semester following the Clinical Rotation Year in order to develop competency in the area(s) of weakness. This delays graduation until April. The student will be referred to the Progress and Promotions Committee to have a faculty member assigned for independent study.

7. Students retain the right to all academic grievance policies as outlined in the GVSU Catalog, GVSU Graduate Bulletin and GVSU Student Code of Conduct.

Test Behaviors

During a test or examination, the PAS program follows these rules similar to PANCE testing centers:

1. Refrain from all talking, loud noises, or other unprofessional distractions during the examination. If a student is performing one of these or similar behaviors during the examination, they may receive a warning or may result in failure of the exam with referral to P&P. Subsequent inappropriate behaviors will be referred to P&P for possible examination failure, course failure, or program expulsion.

2. No backpacks, books, notebooks, cell phones, PDAs, electronic devices, water bottles (unless preapproved by the instructor), or other materials will be allowed at your test station. Only a writing utensil and/or blank sheet of paper will be allowed, if appropriate.

3. No student will be allowed to leave the test to use the restroom. Restroom usage must occur prior to the exam or at appropriately scheduled breaks. If a student has a special need for breaks during the exam, a divided exam may be provided, but this must be arranged at least 1 month prior to an exam. If a student believes that he/she will be unable to sit through an exam due to illness, he/she must advise the Clinical Coordinator prior to the start of the exam, and the exam will be rescheduled.

4. No asking questions as it relates to the test question will be allowed during the examination, unless it has to do with numbering issues or typos.

5. Students may be randomly assigned seats during the examination at the discretion of the instructor.

Test Question Disputes

If a student wishes to dispute a test question, the dispute must be submitted in writing to the Clinical Coordinator or instructor of record within 24 hours of grade posting. The faculty member will respond
in writing in a timely manner. The faculty member reserves the right to adjust the score, as he/she deems appropriate. The dispute may only reference lecture materials, required or recommended texts, and appropriate medical peer-reviewed articles/websites.

**INCOMPLETE OR FAILING GRADES**

**Incomplete**
A course grade of “Incomplete” and the loss of student duties points (10% of grade) will be given for failure to submit required paperwork, excessive absences, and/or failure to make up excessive excused absences. This grade of “Incomplete” will be changed to a letter grade once the required documentation is submitted, or deficiencies remedied; however, the letter grade will reflect a loss of all student duties points (10% of grade).

A course grade of “Incomplete” also means that the University will not be able to certify graduation for the learner’s application for the certification exam. This would mean that the learner would not be able to receive a temporary licensure or sit for the national board exam until the incomplete is corrected and the degree is granted.

**Failing Grade**
A failing grade will be assigned for any Clinical Rotation Module in which the student fails to:

- Achieve at least 80% on the total grade for the individual Clinical Rotation Module (see “Course Requirements” and “Grading Summary” in the syllabus and “Clinical Rotation Year Grading” above).
  - Achieve at least 80% on the Preceptor's Evaluation of Student.
  - Achieve at least 70% on the End-of-Rotation exam or satisfy remediation requirements with the Clinical Rotation Module coordinator.
- Achieve at least 80% on the Assignments or satisfy remediation requirements with the Clinical Rotation Module coordinator.
  - Adhere to the absence policy.
  - Demonstrate an acceptable level of maturity and professionalism (Refer to the Clinical Rotation Year Handbook for guidelines on professional behavior and the Professionalism Evaluation Form).

If a student is asked to not return to a site by a preceptor, additional information will be gathered and the student will be referred to PAS Progress & Promotions as indicated.

If a student receives a failing preceptor evaluation, additional information from the preceptor or other preceptors at the site may be requested from the site by the Clinical Coordinator.

Any student who fails a rotation will be required to repeat that rotation time at the discretion of the CC. This may be actual clinical time or independent study. If significant in nature in regards to the reason for failure, then the CC may refer the student to the PAS Program Progress and Promotion Committee for evaluation and recommendation. The student may repeat a rotation they have failed one time. If the rotation is failed a second time the student will be referred to the Progress and Promotion Committee and is subject to dismissal from the program.

*Referral to PAS Progress and Promotion Committee may occur for any rotation failures or professional issues.*
APPENDIX A

GVSU GENERAL HEALTH COMPLIANCE POLICY
General Health Compliance Policy

I. PURPOSE
Students, faculty, staff and volunteers (associates) at Grand Valley State University (GVSU) may participate in clinical or non-clinical experiential education or research at affiliated facilities. In order to be protective of associates and the community served, certain participation guidelines have been established.

Infectious communicable diseases may be present in affiliated facilities. During experiential education or research activities, our associates may interact with or be exposed to clients with diseases such as, but not limited, to tuberculosis (TB), hepatitis B (HBV), influenza, and other infectious conditions.

University policy, state and federal statutory regulations, and accreditation standards for academic programs and affiliated facilities require that our associates comply with certain health, safety, and legal requirements. As such, GVSU is contractually mandated to ensure all associates attain and maintain full compliance as defined in its affiliation agreements.

II. AFFILIATION AGREEMENTS
Affiliation agreements, established for the purpose of experiential education or research, are a contractual relationship between GVSU and affiliated facilities to specify the responsibilities and liabilities of each party.

The Health Compliance Office is responsible for executing, obtaining authorized signatures, and maintaining affiliation agreements for GVSU’s health-related programs and for its other programs that utilize health-related affiliated facilities for experiential education or research.

Authorized signatories include program deans, their signatory designees, the Vice Provost for Health and those individuals having signature authority at affiliated facilities.

An affiliation agreement must be established prior to all clinical or non-clinical experiential educational or research in health-related affiliated facilities. Requests to establish affiliation agreements must be sent via email to the Health Compliance Office a minimum of eight weeks prior to planned experiential education or research.

Requests submitted less than eight weeks prior to planned experiential education or research may delay an associate’s start date.

Program Clinical Coordinators can submit a request for an affiliation agreement by written request or through email by providing the following information:

- Affiliated facility’s full name and address
III. ACCOUNTABILITY

A. Associates

Faculty coordinating student placements in affiliated facilities are responsible for approving student placements based on full completion of Health Compliance requirements prior to any participation in experiential education at an affiliated facility.

Health Compliance requirements identified on Health Compliance Blackboard accounts shall be established based upon conditions and terms contained in the affiliation agreements. All associates are responsible for maintaining their own health, protecting themselves and clients or research participants with whom they interact from infectious conditions. Thus, associates are responsible for attaining and maintaining compliance with all identified requirements.

Students and volunteers maintain full financial responsibility for obtaining all compliance requirements. Faculty and staff compliance requirements shall be paid for by the GVSU Health Compliance Program when authorized health care providers and vendors are used. Faculty and staff members are financially responsible for obtaining and maintaining professional licensing and specialty certification. Compliance requirements and authorized providers are located in the faculty and staff Health Compliance Blackboard accounts.

Students must achieve compliance with all health, safety, and legal requirements applicable to the program to which they have been admitted by the required due dates. Students must maintain full compliance with all requirements throughout participation in the program.

Faculty, staff and volunteers must attain and maintain full compliance with all requirements throughout their tenure with the University.

GVSU associates participating in Health Compliance regulated programs should retain their original documents. Documents should be electronically uploaded directly into Blackboard to assure submission, eliminate paper copies, minimize risk for breach of confidentiality, and to decrease errors. If necessary, documents may be submitted by email using PDF files, fax, US mail, or by personal delivery to the Office of the Vice Provost for Health.

Additional compliance requirements may be contractually mandated by affiliated facilities in accordance with the affiliation agreement. These additional requirements are non-negotiable and must be met.

Student Non-Compliance: Any student who fails to attain or maintain compliance by the program due date or as otherwise required will be suspended from any clinical/fieldwork activities.

Faculty, Staff and Volunteer Non-Compliance: All clinical participation at affiliated facilities will be suspended.
B. **Health Compliance Office**

All compliance records will be maintained for current students and made accessible to the student for one year after graduation in the Health Compliance Blackboard account. One year after graduation, all documents will be archived for a period of seven years.

Compliance records for faculty, staff and volunteers will be maintained while the individual is affiliated with the University. Records will be archived after one semester of inactivity and retained for seven years.

Duties of the Health Compliance Office within the Office of the Vice Provost for Health include, but are not limited to:

- Administration and maintenance responsibilities for the Blackboard compliance accounts.

- Annual update of OSHA, Bloodborne Pathogen, TB & Infectious Diseases, FERPA and HIPAA training modules.

- Review and maintain documents submitted into the Blackboard compliance database.

- Ensure required items submitted meet standards set forth by the University, state and federal regulations, affiliation agreements, and the Centers for Disease Control guidelines.

- Establish processes for notification and restriction for those associates having non-compliance with Health Compliance requirements.

- Notify associates via email of non-compliance status and/or pending expiration of compliance items and inform of possible restrictions. Notification process for Health Compliance includes, but is not limited to:
  
  - The first email will inform of the initial set-up of the Blackboard account with instructions regarding Blackboard use, the process for meeting requirements and expectations.
  - A second reminder email will be sent approximately two weeks prior to the Health Compliance requirement due date set by the program coordinator, to assist in timely completion of compliance. This email will be directed to associates who have not yet met the Health Compliance requirements. It will contain instructions to visit the Blackboard account to ascertain those requirements yet in need of completion; notification that the program director will be informed of the non-compliant status if not met by the due date; and an alert that they will not be able to enter affiliated facilities for experiential education or research.
  - A third email will be sent to the program coordinator shortly after the program due date, with an attached list of non-compliant associates.
Monitoring of each Blackboard account will continue for compliance items requiring annual or periodic renewal. Reminder emails of pending expiration or renewal of items will be sent 2-3 months prior to due dates.

IV. COMPLIANCE REQUIREMENTS FOR CLINICAL AND NON-CLINICAL INTERNSHIPS
The following are detailed compliance items that may be required as stipulated in the affiliation agreement. (See Health Compliance Blackboard Account for program-specific compliance requirements.)

A. Physical Exam
Upon matriculation, students must submit a completed Health and Immunization form available in the Blackboard Health Compliance account. The form must be completed by one of the following licensed professionals: physician, certified nurse practitioner, or physician assistant.

B. Immunizations & Serologic Titers: Based on the CDC Recommendations for Healthcare Personnel (unless medically contraindicated):
   - Tetanus and Diphtheria
     Following a primary series, a Td or Tdap booster within the last ten years. If younger than age 65, individuals should be given a one-time dose of Tdap.
   - Measles (Rubeola), Mumps and Rubella (MMR)
     Documented 2 childhood vaccinations OR titer results indicating immunity. (If vaccination documents are not available and titer is negative, revaccination will be required).
   - Hepatitis B
     Immunization series of three vaccinations is required AND titer results indicating immunity. If titer results remain negative after 2 series of 3 vaccinations, proceed to test for HBsAg and total anti-HBc to determine HBV infection status. If test is negative for HBsAg and anti-HBc, consider as non-responder and susceptible to HBV infection; encourage precautions and counseling for prevention. If record of the initial series of Hepatitis B vaccination is not available, a note will be made in the Blackboard account of the effort to obtain the record and the result of titer indicating immunity. All associates having non-immunity must submit a completed Hepatitis B waiver, which is kept on file in the Blackboard account.
   - Varicella (Chicken Pox)
     Documented 2 vaccinations OR confirmed disease by medical provider OR titer results indicating immunity. (If vaccination documents are not available and titer is negative, revaccination will be required).
   - Influenza
     Seasonal influenza vaccination according to current CDC recommendations. Additional strain influenza if applicable and available.
   - Meningococcal
     For persons at high risk for exposure.

C. TB Screening
Tuberculosis screening must be validated by an initial two-step TB screening (PPD) and annual one-step screening thereafter. If there is a medically documented allergy to TB skin
testing solution or a history of positive TB skin test, submission of an annual tuberculosis screening questionnaire and results of a chest x-ray within the past five years is required.

Two-step baseline TB skin test will be required for the following individuals: those who will be entering the annual TB testing program, those who have not been skin tested in the previous year, those who have historically had the BCG vaccine, and those who were born in a TB endemic country.

**Rationale**
Boosted reactions occur in people who have been infected with any species of mycobacterium or by past BCG vaccination. These persons develop a hypersensitivity to tuberculin which may gradually wane over the years. When skin is tested at this point, these persons may have a negative reaction. However, the stimulus of this skin test may recall the hypersensitivity, which increases the size of the reaction to a subsequent test. This may be falsely interpreted as a recent conversion from negative to positive.

Two-Step Screening means one must submit documentation of results of two TB tests. Step two must be completed no sooner than 7 days and within 21 days of the initial TB test.

GVSU prohibits individuals from interpreting their own TB test results or from asking faculty to make this determination. Only the test source may interpret the results and issue a final reading determination.

Optional TB testing includes:
1. QuantiFERON – TB Gold In-Tube test (GFT-GIT)
2. T-SPOT Tb Test (T-Spot)

These TB blood test (also called interferon-gamma release assays or IGRA) measure how the immune system reacts to the bacteria that cause TB. An IGRA measures how strong a person’s immune system reacts to TB bacteria by testing the blood in the laboratory. Positive IGA means that the person has been infected and additional test are needed to determine if the disease is latent or active.

**D. CPR Certification**
Cardiopulmonary resuscitation (CPR) certification is specific to program accreditation requirements. Certification must remain valid. ACLS may substitute for this requirement. On-line initial or renewal CPR certification courses are not acceptable sources for certification.

**E. Criminal Background Check**
Upon matriculation or hire there is a seven year state of residency, Criminal Records, National Sexual Offender Index, and National Healthcare Fraud and Abuse scan performed. GVSU will only accept criminal background checks completed through the designated University vendor. Directions for obtaining criminal background checks are available in the Blackboard Health Compliance account. Criminal background results are reviewed by the Health Compliance Officer. If deemed necessary, the Health Compliance Officer will inform the designated program representative for students and volunteers and the Dean of the College for faculty and staff. The discovery of a criminal record does not necessarily result in the revocation of an acceptance offer or expulsion from a program of study.
Convicted offenses that are subject to the rules of the State Mandatory Exclusion Regulations may result in the loss of training opportunities at affiliated facilities. As experiential training may be a required component of the curriculum, the loss of training opportunities may affect a student’s ability to meet requirements for graduation. Convicted offenses may also result in an individual’s inability to sit for professional licensure exams.

Individuals have the right to review criminal background check reports for accuracy by contacting the judicial institution or background check vendor.

The program representative or Dean of the College may call together the “Committee for Establishing Practice Guidelines” to assist in determining the course of action if needed.

All associates must notify the Health Compliance Officer of any convictions, arrests, charges or investigations by any law enforcement authorities that occur after the initial background inquiry is completed. The Dean of the program and or their designee will be notified by the Health Compliance Officer if known additional criminal investigations occur.

Subsequent background checks may be required by affiliated facilities.

F. 10-Panel Drug Screen
A 10-panel drug screen shall be performed upon matriculation, hire or as affiliated facilities request. GVSU will accept drug screens completed through the University designated vendor. All testing done outside GVSU’s designated vendor is subject to review and approval by the Health Compliance Officer. Directions for completing a drug screen are available in the Blackboard Health Compliance account. Additional drug screens may be required if previous results are deemed too outdated for experiential education or research.

Questionable drug screen results are reviewed by the Medical Review Officer (MRO). If the MRO declares a drug screen non-negative, associates, at their own expense, will be given the opportunity to repeat the drug screen within one week for confirmation. Repeat drug screens having non-negative results will be reported by the Health Compliance Officer to the designated program representative for students and the Dean of the College for faculty, staff and volunteers.

The program representative or Dean of the College may call together the “Committee for Establishing Practice Guidelines” to assist in determining the course of action if needed.

G. Fingerprinting
Fingerprints will be obtained upon matriculation, hire or as required by an affiliated facility. Directions for obtaining fingerprinting are available in the Blackboard Health Compliance account. Fingerprint reports must be obtained through a designated Live Scan provider. As determined by the Health Compliance Officer or affiliated facility, repeated fingerprinting may be required if previous results are deemed outdated for experiential education or research. Non-negative fingerprint results will be reviewed by the Health Compliance Officer. The Health Compliance Officer will notify the designated program representative for students and volunteers and the Dean of the College for faculty and staff.

The program representative or Dean of the College may call together the “Committee for Establishing Practice Guidelines” to assist in determining the course of action if needed.
H. **Color Blind Testing**
   Directions available in Blackboard Health Compliance account.

I. **OSHA Training**
   To be completed online in the Blackboard Health Compliance account with 80% or greater to pass.

J. **HIPAA Training**
   To be completed online in the Blackboard Health Compliance account with 80% or greater to pass.

K. **FERPA Training**
   To be completed online in the Blackboard Health Compliance account with 80% or greater to pass.

L. **Tuberculosis and Infection Control Training**
   To be completed online in the Blackboard Health Compliance account with 80% or greater to pass.

M. **If applicable, Current and unrestricted professional license**
   Licensed faculty and students must maintain a current unrestricted license to practice throughout their tenure with the school.

N. **Authorization to Receive & Release Information**
   All associates must print, sign and submit an Authorization to Receive and Release Information form available in the Blackboard Health Compliance account.

O. **Refusal to Consent to Vaccination**
   It is the right of associates to refuse immunization vaccinations. In such cases, a “Refusal to Consent to Vaccination” form must be signed and submitted by the associate. Vaccine refusal may preclude an associate from participating in experiential education or research at affiliated facilities. Refusal to consent to vaccination is subject to the usual notification process regarding non-compliance status.

V. **Compliance Requirements Subject to Annual or Periodic Renewal**
   The following items are to be renewed prior to due date indicated:

   **A. Annually:**
   - Tuberculosis screening
   - Seasonal influenza vaccination
   - Additional strain influenza vaccination if applicable and available
   - OSHA, HIPAA, FERPA, TB & Infection Control, and Bloodborne Pathogen modules and testing

   **B. Periodic:**
   - CPR and/or ACLS certification
• Professional licensure and/or certification as applicable. Licensed faculty and licensed students must maintain current unrestricted licensure to practice throughout tenure with the school.

VI. Resources
Unless otherwise stated in the policy, students may obtain health compliance requirements with a healthcare provider of choice. References for healthcare and service providers are located in the Blackboard Health Compliance account.

References:

APPENDIX B

MID-ROTATION EVALUATION FORM
GVSU Mid-Rotation Evaluation from Clerkship Preceptor

Thank you for teaching our students!

Name of PA Student: _______________________________

Site of Clinical Rotation: ______________________________

Name of Preceptor: ________________________________

Type of Rotation (i.e. Psych): __________________________ Date __________

Here at the mid-point of your rotation I consider your progress to be: (Circle one)

Excellent  Adequate/Average  Unsatisfactory/Failing Rotation*

At this point I consider your strengths to be:

From this point on I would like to have you work on:

Additional Comments if needed:

Preceptor Signature:______________________________ Date___________

Offer suggestions for improvement for any student in the Excellent or Adequate category.

*Outline deficiencies and requirements for improvement for students in the UNSATISFACTORY/FAILING ROTATION category.

*Contact Mandy German PA-C, Co-Director of Clinical Education, regarding students in the UNSATISFACTORY/FAILING ROTATION category.

Mandy German, PA-C: Office: 616-331-5988  Cell: 616-460-7080  Fax: 616-331-5654

Physician Assistant Studies Program, Cook DeVos Center for Health Sciences
301 Michigan Street NE, Suite 200, Grand Rapids, Michigan 49503-3314
APPENDIX C

Professionalism Evaluation
Students will be evaluated on each of the eight categories. Examples of expected positive professional behaviors, attitudes and attributes are listed below under the first seven categories. The eighth category, Professional Concerns reflects undesirable and unprofessional behaviors, attitudes and attributes. A rating of “Satisfactory” on category eight means that the student has not demonstrated the behavior, attitude or attribute.

**Excellence**

* Strives for the highest standards of competence in skills and knowledge
* Accepts responsibility for educational challenges and self-learning
* Accepts correction and guidance graciously and corrects shortcomings
* Respects Teachers and their teaching endeavors

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**Humanism**

* Shows respect, compassion and empathy for others
* Honors the choices and rights of others
* Sensitive and responsive to culture, gender, age, disabilities and ethnicity of others
* Able to establish cooperative relationships with others who have differences in opinion, philosophy, religion, creed, gender, sexual orientation, culture, ethnicity and language

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**Accountability**

* Punctual and prepared for all obligations
* Dependably completes assigned tasks
* Appears neat in grooming, dress and hygiene

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**Altruism**

* Responds to the needs of others without regard to self-interest

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**Ethical/Legal Understanding**

* Maintains confidentiality standards
* Truthful to patients and colleagues
* Committed to ethical principals of the PA profession
* Possesses personal and academic integrity

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**Communication Skills**

* Able to effectively relate to patients, peers and colleagues
* Establishes positive rapport with others
* Effectively identifies patient concerns
* Maintains composure during adverse interactions or situations
* Uses language appropriate to others' level of understanding

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### Clinical Competence

- Committed to ongoing professional development
- Dedicated to providing the highest quality of care to patients
- Promotes the emotional and physical well-being of patients
- Uses a holistic approach to patient care

### Professional Concerns

- **Lacks Initiative**
  - Needs excessive directions. Little self-directed learning
- **Lacks Self-confidence**
  - Performance is limited by a lack of self-confidence
- **Does Not Know Limitations**
  - Overestimates abilities
- **Condescending**
  - Makes demeaning comments about others
- **Arrogant**
  - Displays an attitude of superiority or self-importance
- **Abrasive**
  - Is overly aggressive in a manner that annoys others
- **Sarcastic**
  - Excessive use of sarcasm in inappropriate settings
- **Impulsive/Reactive**
  - Displays inappropriate behavior when frustrated or angry
- **Disruptive**
  - Socializes during lectures/class
- **Uncooperative**
  - Unable to cooperate or work well with others

### Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Director for the PA Program Faculty__________________________ Date ________________

Signature of Student ____________________________________________________ Date__________________
APPENDIX D

TYPHON LOGGING RULES
Logging Rules:

1. **ALL STUDENTS MUST LOG PATIENT ENCOUNTERS**
   a. Students are strongly encouraged to log **3-4 times/week at a minimum**.
   b. The average student logs about **1600 cases** total for the Clerkship Year, (5-10 cases per day, depending on the type of rotation).
   c. Minimum requirements:
      i. Patient age, including prenatal
      ii. Gender
      iii. Ethnicity
      iv. Student Participation (observation, >50%, 50%, <50%)
      v. ICD-10 diagnosis code
      vi. CPT or E/M code
      vii. Follow special rules for OB and Surgery
         OB: Document prenatal care in “Age” category and pre/intra/post-op surgical management in the “Area” category.
         Surgery: Document pre/intra/post-op management in “Area” category.
   
   Other information that can be recorded on Typhon is optional.

2. **ALL STUDENTS MUST LOG Level 1, 2, and 3 Procedures/Skills**
   a. Complete at the same time you log a case.
   b. Entry fields are listed under Procedures/Skills (Observed/Assisted/Performed).
   c. Minimum Requirements:
      i. Minimum requirements are indicated for each Procedure/Skill. Click the appropriate checkbox for Observed, Assisted, or Performed.
      ii. Logging observations will show progression of learning throughout the year.
      iii. Students are strongly encouraged to log more than the minimum.
      iv. Students are strongly encouraged to seek out opportunities within the rotation to complete the procedures and technical skills required by the program.

3. [http://www.typhongroup.net/gvsu/](http://www.typhongroup.net/gvsu/) is the URL for the Typhon logging system.
   a. GVSU PAS has purchased the software rights for each student.
   b. Usernames and passwords along with support to properly log on Typhon will be supplied. Questions and concerns about logging should be addressed to the Clinical Coordinator.
   c. Notify CC if preceptor names and practice/rotation sites are not on Typhon. We may encounter this problem when we add new preceptors and/or sites.

4. Logs will be reviewed weekly by Charlene Dubois.

5. **Logging is a requirement for graduation (See Syllabus).**
   a. The deadline for logging will be midnight on the last day of End of Rotation Meetings each semester.
   b. The defaults for site and preceptors must be changed at the start of the new interval. Errors in logging must be corrected by the student.
   c. Students must log patients appropriately on Typhon to pass PAS 610, 620, & 630.
APPENDIX E

AAPA’s PHYSICIAN ASSISTANT
CODE OF ETHICS
AAPA’s PHYSICIAN ASSISTANT CODE OF ETHICS

Because complete confidence in the honor and integrity of healthcare practitioners is essential, students are held to the high standards of intellectual integrity befitting the learned profession they are entering. As such, the following excerpt is quoted from the American Academy of Physician Assistants, Code of Ethics of the Physician Assistant Profession:

The American Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible healthcare services. The following principles delineate the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals and the general public. Realizing that no code can encompass all ethical responsibilities of the physician assistant, this enumeration of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned.

Physician Assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare and dignity of all humans.

Physician Assistants shall extend to each patient the full measure of their ability as dedicated, empathetic health care providers and shall assume responsibility for the skillful and proficient transactions of their professional duties.

Physician Assistants shall deliver needed health care services to health consumers without regard to sex, age, race, creed, socio-economic and political status.

Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patient's health care.

Physician Assistants shall seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safe-guarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the physician assistant regarding the care of all patients.

Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.

Physician Assistants shall provide only those services for which they are qualified via education and/or experiences and by pertinent legal regulatory process.

Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their Physician Assistants shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law, or such information becomes necessary to protect the welfare of the patient or the community, skills, training, professional credentials, identity or services.

Physician Assistants shall strive to maintain and increase the quality of individual health care service through individual study and continuing education.

Physician Assistants shall have the duty to respect the law, to uphold the dignity of the physician assistant profession and to accept its ethical principles. The physician assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.
Physician Assistants, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.

Physician Assistants shall place service before material gain and must carefully guard against conflicts of professional interest.

Physician Assistants shall strive to maintain a spirit of cooperation with their professional organizations and the general public.
APPENDIX F

REGRADE REQUEST FORM
REGRADE REQUEST

Complete the top portion of this form. Graded exams or assignments may be submitted for regrade one time only and within the time limit set by the professor. The clock starts ticking from the time the material is returned for review. Regrades will be processed at the instructor's convenience and, if there is a grade change, the grade will be recorded as soon as possible. After review they will be returned by the instructor.

Fill out the top portion of this form only.

Professor’s Name: ____________
Course: _______________________
Exam/Assignment: ____________
Problem #: ____________

Name: ________________________
SS#: _________________________
Date: ____________

REASON
Not added correctly: __________________________
Not graded correctly: _________________________
Other: ________________________________

Phone #: __________________ e-mail: __________________

Clarity reason below (BE SPECIFIC). Explain why you believe your answer is correct:

_________________________________________
_________________________________________
_________________________________________

_________________________________________

DO NOT WRITE BELOW HERE

Action by Professor
Change grade to: _______________________
No Error- No Charge
Turned in too late

Comments: (Optional)

Professors Signature: ___________________ Grade Entered: ____________

Date: ____________________________
APPENDIX G

Complete the 2 Signature Pages.

Return signed pages to the Clinical Coordinator.
I, ____________________________________________________, a GVSU PAS student, subscribe to the following:

- I understand that placements are based primarily on availability of preceptors and academic need. Personal preference of location will also be considered, but cannot be guaranteed.

- I will not be assigned rotations in one location. I will have to commute to rotations. I will expect to complete several rotations at distant sites that require re-location to that site. I will make accommodations now for childcare or other local responsibilities.

- If I am not happy with my rotation, I will discuss the situation with the Clinical Coordinator first. I will NOT go directly to a physician, physician scheduler, or GRMEP scheduler to rearrange a rotation. It is very important for the respect of the department, that ALL communication with the preceptor regarding scheduling or placement come from one person – the Clinical Coordinator.

- I may suggest new preceptors, but I must follow the procedure outlined by the Clinical Coordinator.

- I will receive a 12-month schedule prior to beginning of my clinical year. The preceptors are given a 12-month schedule as well. I will expect changes and will remain flexible because circumstances change, people forget, and we always have changes, especially those rotations that were confirmed nearly a year in advance. Expect change. It’s good practice for life.

- If I request a change in my schedule, I will do so at least 60 days before the start of the rotation, realizing that the change may or may not be granted because of availability, preceptor relationships, or other concerns.

- If I start a rotation, I have indicated that I am physically and emotionally stable, committed, and academically prepared. If I do not meet these essential requirements, it is my responsibility to request a leave of absence. If I ask for a medical or personal leave of absence after I fail a rotation or exam, it will not be granted.

- I will notify the preceptor and Clinical Coordinator of ALL absences from rotations before 9:00 A.M. the day of the absence.

- I have read, had the opportunity to ask questions, and understand the information included on this page that describes the scheduling of clinical rotations.

________________________________________  ___________________________________________
Signature                                           Date
Clinical Rotation Year Handbook:

I have read the “Clinical Rotation Year Handbook, 2016”, including Appendix A, B, C, D, E, F, and G. I agree to comply with department expectations. My questions regarding the handbook have been asked and answered to my satisfaction.

I have read the syllabus for PAS 610 including the requirements and grading, which will remain the same for PAS 620 and 630, with the exception of variations in assignments/exams (patient profiles, CME, Mock Summative, Summative Exams, and PACKRAT). My questions regarding the syllabus have been asked and answered to my satisfaction.

Printed Name ___________________________ Student Signature ___________________________ Date ___________________________

**This is due to the Clinical Coordinator on Tuesday, December 22, 2015.**