



# **Grand Valley State University Physician Assistant Studies**

**Clinical Year Handbook  
PAS Class of December 2020**

## TABLE OF CONTENTS

<b>Introduction .....</b>	<b>3</b>
<b>PAS Clinical Year Faculty .....</b>	<b>4</b>
<b>PAS Support Staff .....</b>	<b>5</b>
<b>Clinical Year Prerequisites .....</b>	<b>6</b>
<b>Health Compliance overview .....</b>	<b>6</b>
<b>Academic Standing/Preparedness .....</b>	<b>8</b>
<b>Clinical Year Outline .....</b>	<b>9</b>
<b>2020 Clinical Year Schedule .....</b>	<b>10</b>
<b>Clinical Year Documents .....</b>	<b>11</b>
<b>Clinical Year Instructors of Record and Preceptor's Roles .....</b>	<b>12</b>
<b>Physician Assistant Clinical Year Student Role .....</b>	<b>13</b>
<i>Clinical Rotation Schedules .....</i>	<i>14</i>
<i>Attendance/Absenteeism, Excused/Unexcused Absences and Temporary Medical Leave .....</i>	<i>15</i>
<i>Attire .....</i>	<i>18</i>
<i>Medical Diagnostic Equipment .....</i>	<i>18</i>
<i>Use of Cell Phones and Other Electronic .....</i>	<i>18</i>
<i>Rotation Protocols .....</i>	<i>18</i>
<i>Clinical Conduct .....</i>	<i>20</i>
<i>Patient Confidentiality .....</i>	<i>23</i>
<i>Substituting for Clinical or Administration Staff .....</i>	<i>24</i>
<i>Tips for a Successful Rotation .....</i>	<i>24</i>
<b>Student Responsibilities .....</b>	<b>24</b>
<i>Documentation of Experiences (Logging, Blogging) .....</i>	<i>25</i>
<i>Rotation Evaluations .....</i>	<i>28</i>
<i>End of Rotation Meetings .....</i>	<i>30</i>
<i>Communication .....</i>	<i>31</i>
<b>General Policies &amp; Procedures .....</b>	<b>32</b>
<i>Electronic Medical Record Access .....</i>	<i>32</i>
<i>Parking and Travel .....</i>	<i>32</i>
<i>Meals and Housing .....</i>	<i>32</i>
<i>Malpractice Insurance .....</i>	<i>33</i>
<i>Universal Precautions .....</i>	<i>34</i>
<i>Exposure Policy .....</i>	<i>34</i>
<i>Health Insurance .....</i>	<i>34</i>
<i>Arrest Policy .....</i>	<i>34</i>
<i>Site Accreditation or DEA Visits .....</i>	<i>36</i>
<i>Site-Specific Policies .....</i>	<i>36</i>
<b>Clinical Year Grading .....</b>	<b>37</b>
<i>End of Rotation Exam/Summative Remediation Policy .....</i>	<i>39</i>
<i>Test Behaviors .....</i>	<i>39</i>
<i>Incomplete or Failing Grades .....</i>	<i>42</i>
<b>Appendix A (GVSU General Health Compliance Policy) .....</b>	<b>44</b>
<b>Appendix B (Mid-Rotation Evaluation Form) .....</b>	<b>62</b>
<b>Appendix C (Professionalism Evaluation) .....</b>	<b>64</b>
<b>Appendix D (Typhon Logging rules) .....</b>	<b>67</b>
<b>Appendix E (AAPA's Code of Ethics) .....</b>	<b>72</b>
<b>Appendix F (Regrade Request Form) .....</b>	<b>76</b>
<b>Appendix G (Student Signature Pages/Documentation of Understanding) .....</b>	<b>78</b>

## INTRODUCTION

Congratulations . . . you've made it to the Clinical Year!

You have just successfully completed a rigorous four semesters of study and now have the foundational tools to succeed in the clinical year.

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 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 one of the Instructors of Record.

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.

**“Everyone has something to teach me.  
Every day I have something to learn.  
Every time I learn something, I benefit.”**

-Maxwell, John C. (2013) *Sometimes You Win, Sometimes You Learn*. Center Street.

## PAS Clinical Year Faculty

### Department Chair and Program Director:

Paul Christensen, MD

[christep@gvsu.edu](mailto:christep@gvsu.edu)

(616) 331-5701 (office)

(734) 395-2279 (cell)

### Medical Director:

Steffen Genthe

3356 [steffengenthe@yahoo.com](mailto:steffengenthe@yahoo.com)

(616) 331-

### PAS Affiliate Faculty, Clinical Education:

Mandy German, MS, PA-C

[germanam@gvsu.edu](mailto:germanam@gvsu.edu)

7080

(616) 331-5988

Cell: (616)-460-

Amanda Reddy, MS, PA-C

[redhya@gvsu.edu](mailto:redhya@gvsu.edu)

1345

(616) 331-5575

Cell: (616)-438-

Andrew Booth, DHEd, PA-C

[bootha@gvsu.edu](mailto:bootha@gvsu.edu)

(616) 331-5991

Cell: (616) 634-3538

### Clinical Rotation Module Coordinators:

Emergency Medicine and Underserved Medicine: Andrew Booth, DHEd, PA-C

Family Medicine, General Surgery, Internal Medicine: Mandy German, MS, PA-C

Behavioral Health (Psych) and Women's Health: Amanda Reddy, MS, PA-C

## **SUPPORT STAFF and Hospital Contacts**

### **GVSU Physician Assistant Studies Department Coordinator:**

Cathy Tomek, Professional Support Staff  
Office, 164 CHS  
(616) 331-5630  
Fax: (616) 331-5900  
[tomekc@gvsu.edu](mailto:tomekc@gvsu.edu)

### **GVSU Traverse City Site Support Staff**

Irina Grougan  
231-995-1732  
[grougani@gvsu.edu](mailto:grougani@gvsu.edu)

Jackie Abeyta  
231-995-1785  
[abeytaj@gvsu.edu](mailto:abeytaj@gvsu.edu)

### **GVSU Health Compliance Officer**

Sally Hoekzema  
(616) 331-5871  
[hoekzems@gvsu.edu](mailto:hoekzems@gvsu.edu)

### **GVSU APP Scheduling Administrator**

Rebekah Sabo  
616-331-5586  
[sabor@gvsu.edu](mailto:sabor@gvsu.edu)

### **Mercy Health Saint Mary's Medical Education Office**

Lindsey Ruffin  
[Lindsey.Ruffin@mercyhealth.com](mailto:Lindsey.Ruffin@mercyhealth.com)

### **Munson Healthcare Manistee-Onboarding/EMR**

Lisa Shoemaker  
616-878-6145  
[MST-Staff-Development@mhc.net](mailto:MST-Staff-Development@mhc.net)

### **Munson Healthcare Traverse City-Onboarding/EMR**

Mandy Wilgus  
231-392-8223  
[awilgus@mhc.net](mailto:awilgus@mhc.net)

## CLINICAL YEAR PRE-REQUISITES

All PAS students on rotation must have met the following criteria prior to the Clinical Year:

1. Successful completion of **all** didactic course work.
2. Successful completion of each previous rotation, or arrangement with the Instructors of Record to finish an “Incomplete” or remediate an unsatisfactory rotation grade following the Clinical Year.
3. Up-to-date on all Health Compliance requirements (See Health Compliance Documentation section B below)

### **Health Compliance Documentation**

- A. All health compliance information/documents must be uploaded to Blackboard by the student in the Health Compliance organization. Reminders of expiring requirements will be sent via e-mail through Blackboard.
- B. Prior to your first rotation and throughout your clinical year experiences, you must have:
  - a. Current BLS, and ACLS certification.
  - b. Up-to-date immunizations, including MMR, DPT, HBV, polio, Varicella, influenza, and/or proof of immunity (titer), Hep A.
  - c. Proof of TB test within past 12 months and repeat TB testing every 12 months.
  - d. Current flu shot (by October 1 of the applicable flu season).
  - e. Physical examination and review of health history by a medical professional.
  - f. Criminal Background Check, Drug Screen, and Fingerprinting. (see below)
  - g. Completion of all Health Compliance Training Modules/Tests (HIPAA, TB/Infection Control, Blood-borne Pathogens every year).
  - h. Completion of Responsible Research Conduct (RCR) training prior to graduation.

Contact Sally Hoekzema, CHS Health Compliance Officer, at (616) 331-5871 for further information on requirements a - h above. (See Appendix A for GVSU Health Compliance Policy).

**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. For further information with reference to your medical and immunization records, please contact Sally Hoekzema, CHS Health Compliance Officer, at (616) 331-5871.

### C. Criminal background check and drug screen

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 by the GVSU Health Compliance Office. 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.*

A repeat criminal background check and drug testing may be required by a specific clinical site closer to the actual clinical rotation time. The cost of all required criminal background checks and drug screens are the responsibility of the student.

## **ACADEMIC STANDING/PREPAREDNESS** (includes excerpts from *PAS Student Handbook*):

The PAS Program Student Academic Life 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 expect that 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 (such as a particular module in Clinical Medicine III) ***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 prior to the particular clinical experience.
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. Performance at less than satisfactory level for any remediation (repeat) of a failed clinical rotation module, or failure to have satisfactory performance for more than 2 clinical rotation modules. The Student Academic Life 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.

Note: The PAS 610, 620 and 630 course instructors have the right and obligation to remove a learner from an affiliated site and/or to arrange an extended clinical experience, if deemed appropriate for satisfactory completion of the clinical experience.

## CLINICAL 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 months of elective rotations will be scheduled during the Clinical Rotation Year.

Core (required):

Emergency Medicine	4 weeks
Family Medicine	8 weeks
Internal Medicine	8 weeks
Psychiatry/Behavioral Medicine	4 weeks
Underserved Medicine	4 weeks
General Surgery	4 weeks
Women's Health	4 weeks

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 Clinical Coordinators).

Additional Core Time	Neurosurgery
Allergy Pediatrics Cardiology (4 weeks only)	Plastic Surgery
Cardiothoracic Critical Care (4 weeks only)	MICU (4 weeks)
Dermatology	Neonatal Surgery
ENT – Otolaryngology	Pediatric Inpatient
Gastroenterology	Peds Heme/Onc
Hematology/Oncology	International
Orthopedics (4 weeks only)	Endocrinology
Radiology	Complementary Medicine
SICU (4 weeks)	Peds ER
Neurology	Urology
Peds Ortho	Cardiothoracic Surgery (4 weeks only)



## *Class of 2020 - Clinical Schedule* \*

### Clinical Rotation Modules 2020

<b>Pre-Clinical Year Bootcamp:</b>	<b>December 13, 2019</b>
Intv. 1	January 6 – <u>January 31</u>
Intv. 2	February 3 – <u>February 28</u>
Intv. 3	March 2 – <u>March 27; IPE Event Grand Rapids</u>
Intv. 4 Grand Rapids	March 30 – <u>May 1</u> (Spring Break 4/4 – 4/12)
Intv. 4 Traverse City	April 4 – <u>May 1</u> (Spring Break 3/28-4/5)
<b>TC Spring Break</b>	<b>April 4- April 12 **</b>
<b>GR Spring Break</b>	<b>March 28-April 4 **</b>
Intv. 5	May 4 – <u>May 29 ER Skills Workshop GR</u>
<b>AAPA Conference</b>	<b>May 16- May 20 – Nashville, TN (see below)</b>
Intv. 6	June 1 – <u>June 26 Mock Summative Exam</u>
<b>July Break</b>	<b>June 27 – July 5 **</b>
Intv. 7	July 6 – <u>July 31</u>
<b>Summer Break</b>	<b>Aug. 1-August 16 **</b>
Intv. 8	August 17 – <u>September 11 PA Recruiter Meet &amp; Greet 10:30 - 12:00 PM</u>
Intv. 9	September 14 – <u>October 9</u>
<b>MAPA Conference</b>	<b>October 8-11, Traverse City</b>
Intv. 10	October 12 – <u>November 6 PACKRAT Exam</u>
Intv. 11	November 9 – <u>December 4</u>
<b>EOR mtg, Summatives</b>	<b>December 7-Dec 11</b>
<b>Graduation</b>	<b>December 12</b>

Testing and EOR Meetings (including the events listed above) will be completed on the last Friday of each interval (except where indicated). (See underlined dates.) **Students will need to plan availability from 8:00 AM – 5:00 PM on EOR days.**

<b>Summative Evaluations</b>	December 7-11, 2020
<b>First Day Eligible for PANCE</b>	December 19, 2020

#### Conferences: (optional with Clinical Coordinator and Preceptor approval)

AAPA Conference & Student Travel Dates	May 16-20, 2020
MAPA Conference - Student Dates	October 8-11, 2020

2020 Recognized Legal Holidays: Jan 1, May 25, July 4, Sep 7, Nov 26, and Dec 25. \*\*\*

**\*Dates are subject to change.**

**\*\*Dates are flexible based on preceptor's schedule.**

**\*\*\* If your site is open and the preceptor schedules you to work, you must attend the clinical rotation.**

# CLINICAL YEAR DOCUMENTS

## Course Syllabi

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

## Clinical Rotation Module Syllabi

A syllabus/study guide for each core rotation are posted on Blackboard in the specific Clinical Rotation Module content area. **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 upload them to Blackboard for approval **by the end of the 1<sup>st</sup> 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 **6 weeks 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 submit the completed eval **on Blackboard on the day that it is completed** (end of 2<sup>nd</sup> week of the rotation or 4<sup>th</sup> week for 8-week rotations). For two week rotations you will have a mid-rotation at the end of the first two weeks and a final evaluation at the end of your second 2 weeks.

The Professionalism Evaluation Form is provided in Appendix C for students to review. This form is only used by faculty on an as-needed basis.

## Miscellaneous Documents/Forms

Calendars, pager numbers, handbooks, PASS2-S3 Learner Roles, and other timely information are posted on Blackboard under Course Documents.

## CLINICAL YEAR INSTRUCTORS OF RECORD AND PRECEPTOR'S ROLES

The Instructors of Record for the clinical rotation courses are responsible for the following activities that will provide the structure for you to have a productive and successful Clinical Rotation Year:

- i *Planning and coordinating* the Clinical Rotation Year.
- i *Recruiting* practicing physicians, PA's, and NP's to serve as preceptors.
- i Organizing, structuring, and scheduling rotations with the assistance of health care system medical education staff.
- i *Supporting* students by being available by phone and e-mail to assist with questions, concerns or problems with rotations that may arise.
- i *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 blog.
- i *Making* changes in scheduled rotations and preceptors should circumstances require.
- i *Coordinating* the evaluation of student performance throughout all clinical courses.
- i *Scheduling* and presentation of End of Rotation Meetings that include speakers and other learning activities that will complement student learning.

### PRECEPTOR'S ROLE

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

- i Facilitate the PA student's progress in achieving rotation-specific objectives by providing patient care experiences and clinical teaching.
- i Model professional patient and staff interactions.
- i Provide opportunities for student to participate as a member of the health care team.
- i Complete the mid-rotation and the 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 YEAR STUDENT ROLE

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

## Responsibilities:

- ï BEING “TEACHABLE.” Keep these 3 things in mind:
  1. Everyone has something to teach me.
  2. Every day I have something to learn.
  3. Every time I learn something, I benefit.

Maxwell, John C. (2013) *Sometimes You Win, Sometimes You Learn*. Center Street.
- ï 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.
- ï 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.
- ï Complying with **AAPA’s PHYSICIAN ASSISTANT’S CODE OF ETHICS** (*See Appendix E*).
- ï Accepting the direction of the licensed clinician (MD, DO, PA or NP) serving as preceptor.
- ï Treating patients with respect and dignity, both in your interactions with them and in your patient-related discussions with other professionals.
- ï Maintaining patient confidentiality as defined by HIPAA.
- ï Following Occupational Safety and Health Administration (OSHA) Guidelines for Universal Precautions.
- ï Performing histories and physicals.
- ï Assessing assigned patients.
- ï Assisting in formulating management plans.
- ï Performing various procedures as outlined in the rotation objectives and the PA – S2, S3 Learner Role.
- ï Participating significantly in patient care as determined by the preceptor.
- ï Monitoring patient progress, and reporting to the supervising preceptor.
- ï Implementing the preceptor’s plans.
- ï Functioning as an integral part of the medical team.
- ï Attending lectures, reading articles, and giving case presentations as assigned by preceptor.
- ï Looking for work actively, asking questions, and engaging in outside reading.
- ï Adhering to scheduled rotation hours.
- ï Attending End-of-Rotation meetings.
- ï Completing CME, Patient Profiles, and other assignments in a timely manner.
- ï Completing required documentation in Typhon and the Blackboard blog.
- ï Meeting and logging the required minimums set for essential Procedures/Skills in Typhon.
- ï Communicating with the Instructors of Record when there are problems with a rotation, and on a regular basis through blogging, phone and e-mail.
- ï Completing End of Rotation, Mock Summative, Clinical & Written Summative and PACKRAT exams.

## CLINICAL ROTATION SCHEDULES

Placements are determined by a combination of factors, including the needs and limitations of clinical rotation sites, preceptors, and students.

Rotations in the Mid-Michigan and Southern Michigan area are scheduled through the ACEMAPP system. GVSU students are considered to be “visiting learners” at these and other sites, especially at out-of-state sites. Rotations may or may not be available in these areas.

Students should expect to complete up to 3 or 4 rotation experiences outside of their assigned “hub area.” Because of pre-rotation requirements by hospitals other than Spectrum Grand Rapids or Mercy Health Grand Rapids, you must contact the Human Resources department or Education Coordinator at least **one month prior to your rotation** to begin that process. Physician practice groups may be 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 Year students**; however, there are specific breaks incorporated into the clinical year schedule (see page 10). Spring (April), July, and August breaks are flexible based on the preceptor’s schedule. If your preceptor plans an absence during April, July, or August it may coincide with the scheduled break noted on the Clinical Year Calendar or your Typhon schedule. If it does not, you will take the break at the same time as the preceptor’s break. If there is no scheduled break in a particular month, and your preceptor plans an absence, 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 Instructor of Record who schedules rotations 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).

### **Schedule Changes**

The GVSU PAS Department makes every attempt to adhere to the scheduled assignments. Unfortunately, **emergencies and changes may occur**. These changes may occur 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.

A student may only request one schedule change from the beginning of the scheduling process until graduation. Only change requests for Electives will be considered. Changes in Core Rotations are not permitted. If a student requests a change in an Elective rotation, the request must be made by e-mail and submitted to the Instructor of Record who schedules rotations at least 60 days prior to the start of the requested change.

Because changes create problems and cause burden for everyone involved, the PAS Department does not permit schedule modification without proper notification and significant consideration. 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 **the clinical coordinator** 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 a clinical coordinator cannot be reached by phone, you must leave a message or send an e-mail indicating a number where you can be reached. Failure to notify clinical coordinator of an absence will result in loss of 3 excused absence days.

### **Excused Absences**

A student is allowed 3 excused absence days per Clinical 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 not use more than 1 absence day in one rotation.** Excused absence days **may not** be used for EOR examinations, meetings, and other mandatory events, such as the IPE Event.

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. Up to three (3) bereavement days may be granted for the death of an immediate family member at the discretion of the Department Chair. Immediate family members are defined as: spouse, parents, grandparents, siblings, children, and grandchildren. All of the above designations include “step” and “in-law” derivations.

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

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 Instructors of Record, 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 will be provided, as medically necessary. Requests for temporary medical leave should be submitted to the PAS Instructors of Record, 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 Instructors of Record 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 Year or a clinical rotation module, they have indicated that they are physically and emotionally stable. If students do not meet these essential requirements, it is the student's responsibility to request a medical leave of absence from the program prior to starting the Clinical Year or 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 Student Academic Life 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 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, iPad or tablet is to **strictly be used only for accessing learning resources** such as Up-to-Date, Dynamed, 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 or tablet 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 – Pager may be given on an as needed basis if requested by your site. Contact clinical coordinator if your site is requesting you carry a pager.
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.

-Check Typhon and “Site Specific Information” in Bb for your **next rotation.**

-Begin the credentialing process for your **next rotation** as directed – complete forms, etc.

-CONTACT the Practice Manager and/or Preceptor for your **next rotation** to

submit pre-rotation paperwork for EMR access as directed in Typhon/Site-

Specific Info.

**-Blog preceptor’s name & e-mail if it is not listed/not correct in Typhon, so that your final evaluation can be e-mailed to the preceptor.**

Week 2: By end of second week, meet with preceptor and discuss mid-rotation evaluation (or end of 4<sup>th</sup> week for an 8-week rotation). **Upload the Mid-Rotation Eval into Blackboard PAS 610, 620, or 630.**

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 8<sup>th</sup> week for an 8 week rotation).



### **Ways to Learn During Your Clinical Rotations**

- ï Ask questions (but not too many!) and discuss patients with your preceptor.
- ï Observe your preceptor's practice style, interactions with patients and colleagues, and approach to problem solving.
- ï Accept your preceptor's supervision in assigning patients, observing your clinical skills, and reviewing your chart entries.
- ï **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.**
- ï Use the rotation syllabi and study guides as guide to your outside reading and study. These are **key** to expanding your clinical knowledge. Use the recommended texts to engage in focused study.
- ï 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:

- ï 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.
- ï 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
- ï duties.
- ï 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.
- ï 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.
- ï 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 and countersign all learner notes written in the medical records or entered into electronic medical records.

- ï 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.

- ï 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 the Student Academic Life Committee for further evaluation of behavior.**
- ï 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 1<sup>st</sup> 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.
- ï **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 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 an Instructor of Record member to follow up with the site.

## TIPS FOR A SUCCESSFUL ROTATION

- ï **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 (but not too many), 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.

- ï 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.

- ï 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 an Instructor of Record if difficulties arise.

- ï 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 Instructors of Record immediately.

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

- ï Be appreciative of the office staff, as well as the preceptor.

## STUDENT RESPONSIBILITIES

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 Responsibilities will receive an **Incomplete in the course until the items are submitted and will lose the Student Responsibility points (10% of grade).**

Students will be referred to Student Academic Life 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.

## DOCUMENTATION OF EXPERIENCES

## **Typhon Logging**

Students will document patient encounters using Typhon. Logging must be completed in each and every rotation to document your experiences and progression of learning. 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,

depending on the type of rotation) and logs on 180 days (3-4 times/week) during the Clinical Year. “Student Responsibilities” points in your grade will reflect your level of logging. The student should log A MINIMUM of 3 cases per day in rotations with more complex patients such as hospitalist Internal Medicine, but should log A MINIMUM of 10 in other high-volume rotations such as Family Medicine. 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 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 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 Instructors of Record 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**

Blogging on the Blackboard site regarding rotation experiences is required to keep the Instructors 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 **name of the clinical rotation** as it appears in Typhon. Type right into the blog, rather than typing elsewhere and uploading a document. Be thorough but concise in describing your interesting case and a clinical pearl or something you learned.

Please answer the following questions in the blog after the 1<sup>st</sup> week of each rotation:

1. Who is your primary preceptor, including type of provider ex. PA, NP, DO, MD?
2. Is the preceptor e-mail in typhon correct? If not, what is the correct e-mail address?  
(This is the email your final evaluation will go at the end of the rotation)

3. Is the clinical site meeting the specific rotation objectives?
4. Do you have any suggestions to improve this experience right now?
5. 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 1<sup>st</sup>-week Blogging

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 an Instructor of Record 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 upload the Mid-Rotation Eval to Blackboard on the day that it is completed, the half-way point in the rotation. If in a two week elective you will submit the mid-rotation eval at the end of the first 2 week block.**

### 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 3-4 days 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 the Friday following the last day of the rotation. Final evaluations will be done on the second block of a 2 week elective.**

***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. 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 their assigned hub location (Traverse City or Grand Rapids). If scheduling or geographic location conflicts require adjustments to the exam location, students are to contact the Instructors of Record 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 Instructors of Record of 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 Instructors of Record and other faculty will be visiting rotation sites from time to time. During a site visit, they will speak with the preceptor (when available), the student, and possibly other key personnel. The course instructor may ask you to present a case or evaluate your skills by observing you with a patient.

As a general rule, the Instructor of Record will contact the student by pager, e-mail or cell phone or the site 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 faculty member 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 Instructors of Record, your Faculty Advisor, the Student Academic Life Committee Chair, or the Department Chair, with this document placed in your academic file.

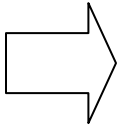
### **END OF ROTATION MEETINGS**

Clinical Year End-of-Rotation Meetings will generally be scheduled on the last Friday of most intervals. **Attendance is required.** These events generally run from 9 AM to 5:00 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.

Students are required to attend these meetings in their assigned location (Traverse City or Grand Rapids). If a student wishes to attend the End of Rotation Meeting at their unassigned location, they must contact an Instructor of Record member 2 weeks prior to make arrangements. Certain End of Rotation Meetings or learning activities are not able to be transmitted via ITV and must be attended in person in Grand Rapids, such as the IPE Event and the Emergency Medicine Workshop.

## COMMUNICATION

### **Schedule Changes**

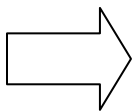


**It is your responsibility to contact your preceptor and the Instructors of Record** if you will be late or absent from your rotation for any reason. If the Instructors of Record not available, you may contact your faculty advisor or other PAS faculty members. A list of PAS & GRMEP contacts and how 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 the Instructor of Record responsible for scheduling to discuss the concern.

### **Student Concerns with a Clinical Site**



**It is your responsibility to contact the Instructor of Record responsible for addressing problems at the clinical site 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 Instructors of Record 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 Professional Support Staff 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. Rebekah Sabo 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 the Spectrum Help Desk at 616-391-1361. For facilities outside of Grand Rapids, access to the EMR will be facilitated by the human resources or education coordinator at that site when the student completes pre-rotation paperwork.

**Contact your site AT LEAST 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 to parking. Rebekah Sabo 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.)
- OB/Gyn rotations
- In-patient Pediatric hospitalist services
- ER
- Pediatric Floor rotations

For other rotations in large hospitals, students should work with the 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 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.

Students **MUST HAVE housing within no more than a 60-70 minute drive of their clinical rotation site** to facilitate timeliness and availability for experiences. Although efforts are made during the scheduling process for away rotations to be located where students have housing resources, some rotations may be outside those areas. If assigned to a clinical site in an area in which they don't have housing, students are responsible for securing **housing no more than 60-70 minutes away from the site.**

Some clinical sites are able to provide student housing for a nominal fee, and this is indicated in their Typhon listing. Other options include networking with peers, relatives, associates from social groups/churches, and local hotels/campgrounds. In Grand Rapids, housing in Winter Hall on the Pew Campus has been available.

## MALPRACTICE INSURANCE

All clinical students are covered by GVSU's student 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 Instructors of Record. Clinical experiences that are **not assigned** by the PAS program/ GRMEP are **not covered** under the liability policy. If offered other opportunities for experiences by preceptors or sites during scheduled breaks, or weekends/days off, 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 CCT's (616.331.5987 or 616.331.5988) and the GVSU Health Compliance Officer, Sally Hoekzema, at (616) 331-5871.**

## 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 Instructors of Record and the, GVSU Health Compliance Officer at 331-5867** following initial treatment/testing at the site. Reference: <https://stacks.cdc.gov/view/cdc/20711> *'Updated US Public Health Service Guidelines for the management of...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/riskmanagement/student-health-insurance-7.htm>

**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 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 Instructors of Record immediately. The Instructors of Record 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 Instructors of Record 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 prior to matriculation into the program as the PAS Department specifies. In such a case, the policy of the clinical site supersedes that of the PAS Department.

# CLINICAL YEAR GRADING

## OVERVIEW

A minimum of 80% accuracy standard is required for successful completion of **each Clinical Rotation Module**. (see PASHandbook, 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 Clinical Course Series (PAS 610, 620, 630)**

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 the on-line exam software used by the program. All other requirements listed for the core (required rotations) will also apply to the elective rotations.

## **Weighting for individual courses (PAS 610, 620, 630)**

<input type="checkbox"/> Final Preceptor Evaluation	<b>40%</b>	
<input type="checkbox"/> EOR exam for every core/required clerkship	<b>40%</b>	
<input type="checkbox"/> Assignments	<b>10%</b>	
<input type="checkbox"/> *Student Responsibilities:	<b><u>10%</u></b>	
1. Typhon Logging		2%
2. Student Evaluation of Clinical Site		2%
3. Blackboard Blogging		2%
4. Elective Rotation Objectives		2%
5. Mid-Rotation Preceptor Evaluations		2%
6. Professionalism Responsibilities – Attendance to EOR/IPE events, communication, and timely submissions		Pass/Fail

Total = **100%**

\*Student Responsibilities are considered as an aggregate. Students who fail to timely complete all the above areas will receive an Incomplete in the course until the items are submitted and results in forfeiture of all the points. (10% of total grade).

## **Minimum Clinical Rotation Module Standards**

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

Preceptor Evaluation –80%\*

End-of-Rotation (EOR) Examination –70%\*

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 for individual courses”.

**Grading Scale\*\*:** A = 95-100    A- = 90-94.99    B+ = 85-89.99    B = 80-84.99    F = 79.99 or less

**\*\* 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 Module Coordinator for that exam 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 Student Academic Life 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 Student Academic Life 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 the Student Academic Life Committee. Subsequent inappropriate behaviors will be referred to the Student Academic Life Committee for possible examination failure, course failure, or program expulsion.

2. No backpacks, books, notebooks, cell phones, watches, 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. Personal computer or tablet required for testing.
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 exam proctor 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.

## **Student Laptops**

Students are required to own or have access to a laptop computer. Students may be expected to use the laptop in various areas of the program which may include but is not limited to: completing electronic quizzes and examinations using ExamSoft/Examplify, accessing blackboard and email, note taking, performing research, viewing videos, creating research presentations, online quizzes/tests, blogging, and logging clinical experience data. GVSU recommends the following minimum computer requirements:

### Minimum Hardware Requirements

- PC or Mac with Fast Processor (e.g., Intel i3 with 4GB RAM or Above)
- Monitor
- Speakers
- Webcam with Headset and Microphone

### Minimum Software Requirements

- Windows 7 or Above
- OS 10.7 or Above
- Additional Software may be Required (See Course Syllabus)

### Internet Connection Requirements

- High Speed Broadband Internet Connection (eg. Cable Internet or DSL)

### Browsers

- The most recent release of Chrome, Firefox is Recommended
- Blackboard - Browser Checker
- Blackboard - Browser Support

### Blackboard

- Blackboard is GVSU's Enterprise Course Management System
- Blackboard - Help for Students

### GVSU Free Software and Hardware Purchases

- A variety of software and hardware is available through GVSU

Links to the Examsoft webpage for ExamSoft/Examplify minimum system requirements can be found here:

PC/Windows: <https://examsoft.force.com/emcommunity/s/article/Examplify-Minimum-System-Requirements-for-Windows>

MAC: <https://examsoft.force.com/emcommunity/s/article/Examplify-Minimum-System-Requirements-for-Mac-OS-X>

iPad: <https://examsoft.force.com/emcommunity/s/article/Examplify-for-iPad-Minimum-System-Requirements>

### **Test Question Disputes**

If a student wishes to dispute a test question, the dispute must be submitted in writing to the Instructors 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 responsibilities 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 responsibilities 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 Student Academic Life Committee 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 Instructors of Record.

Any student who fails a rotation will be required to repeat that rotation time at the discretion of the course instructors. This may be actual clinical time or independent study. If significant in nature in regards to the reason for failure, the Instructors of Record may refer the student to the PAS Program Student Academic Life 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 Student Academic Life Committee and is subject to dismissal from the program. If the PAS learner receives a failing grade for more than 2 clinical rotation modules, or fails any repeated/remediation rotation, the learner will be referred to the Student Academic Life Committee and is subject to dismissal from the program.

**Referral to PAS Student Academic Life Committee may occur for any rotation failures or professional issues.**



# **APPENDIX A**

## **GVSU GENERAL HEALTH COMPLIANCE POLICY**



## **GVSU 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 health-related affiliated facilities. In order to be protective of everyone involved, 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, 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 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 academic programs and for its other academic 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 Coordinator a minimum of twelve (12) weeks prior to planned experiential education or research.

If students are considering an international location for experiential learning, they should review the

International Clinical Site Placement for Health Profession Students Protocol and also contact Padnos International Center. Associates may not begin their planned experiential education or research until after the Affiliation Agreement is fully executed.

Requests for new Affiliation Agreements must always be submitted as far in advance as possible. The Health Compliance Coordinator cannot predict how long it will take to fully execute an Affiliation Agreement with a particular site. Program Coordinators are responsible for educating students regarding this Affiliation Agreement policy and the associated timeframes regarding Affiliation Agreement requests.

Program Clinical Coordinators must submit a request for an affiliation agreement by email by providing the following information:

- ï Affiliated facility's full name and address
- ï Affiliated facility's representative name, title, phone number, and email address
- ï Student's planned experiential education or research start date
- ï Affiliated facility's authorized signatory name and title, if known

### **III. ACCOUNTABILITY A. Associates**

Faculty coordinating student placements in affiliated facilities are responsible for approving student placements based on Health Compliance requirements being met prior to any participation in experiential education or research at an affiliated facility.

Each semester, upon request from the Office of the Vice Provost for Health, faculty coordinating student placements are responsible for submitting their program's experiential education data for entry into the GVSU health-related clinical internship database. The data required per student includes; student's first and last names, last four digits of student's G#, student's email address, name of facility of placement, facility agency (if applicable), facility address, timeframe of internship, total number of hours, each assigned preceptor's first and last names, each assigned preceptor's email address, and phone number. Submission must conform to requested format.

Health Compliance requirements listed on the established Health Compliance Blackboard accounts shall be established based upon requirements contained within the affiliation agreements. All associates are responsible for protecting their own health and the clients or research participants with whom they interact by attaining and maintaining compliance with identified health compliance 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. A list of approved compliance requirements and authorized providers shall be specified in the faculty and staff's Health Compliance Blackboard account.

By the required due date, 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 date. Students must maintain full compliance with all requirements throughout their participation in the program.

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

Consequences for Non-Compliance: Any associate who fails to attain or maintain compliance by their program's due date or as otherwise required will be restricted from any experiential educational or research activities.

GVSU associates participating in Health Compliance regulated programs should retain their original documents. Direct uploading of electronic document files into Blackboard is recommended to assure submission, eliminate paper copies, minimize risk in a breach of confidentiality, and to decrease errors. Additional requirements may be contractually mandated by affiliated facilities to which students are placed. These additional requirements are non-negotiable and must be met.

## **B. Health Compliance Office**

All compliance records will be maintained for current students and made accessible to the student up to one year after graduation through the Blackboard site. One year after graduation, all documents will be archived for 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:

- ï Administration and maintenance responsibilities for the Blackboard compliance sites.
- ï Annual update of Bloodborne Pathogens, Tuberculosis (TB) and Infection Control , Family Educational Rights & Privacy Act (FERPA), Elder Justice Act of 2009 and Health Insurance Portability and Accountability Act (HIPAA) training modules.
- ï Review and maintain submitted documents in the Blackboard compliance database.
- ï Provide, upon request, Clinical Passport letters for associates.

- ï Generate, process and maintain record of preceptor *Affiliated Clinical and Research Faculty* appointment letters and certificates.
- ï Provide assistance with obtaining clinical placement sites as needed.
- ï Ensure that required items submitted meet standards set forth by the University, state and federal regulations, affiliation agreements, and the Centers for Disease Control and Prevention.
- ï Establish processes for notification and participation restrictions for non-compliance.
- ï Notify associates via email of non-compliance status and/or pending expiration of compliance items.
- ï Notification process for Health Compliance includes, but not limited to:
  - The first email sent will be for the initial set-up of the organization 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 due date to assist in timely completion of compliance requirements. This email will be directed to all associates who have not yet met the Health Compliance requirements. It will contain instructions for the associate to visit their Blackboard account and to obtain what requirements have not yet been met; notification that their program 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 activities.
  - After the indicated due date, a third email will be sent to the program with a list of those associates that are non-compliant.
  - Monitoring of each Blackboard account will continue for those compliance requirements that expire annually or periodically. Notification emails will be sent to associates as needed.

#### **IV. COMPLIANCE REQUIREMENTS**

The following are detailed compliance items that may be required for all clinical and non-clinical experiential education or research at health-related facilities as outlined in each affiliation agreement. Each program's Health Compliance Blackboard site will list each program's specific health compliance requirements.

##### **A. Physical Exam**

Upon matriculation, students must submit a completed *Health and Immunization Form* available on the Blackboard Health Compliance site. 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 CDC Recommendations for Healthcare Personnel (unless medically contraindicated):

- ï Tetanus, Diphtheria, and Pertussis (Tdap) – Must Meet Criteria 1 and 2: o  
Criteria 1: One dose of Tetanus, Diphtheria, and Pertussis (Tdap), regardless of when previous dose of Tetanus Diphtheria (Td) was received AND
  - o Criteria 2: A Td or Tdap vaccination within the last ten years;
- ï Measles (Rubeola), Mumps and Rubella (MMR) o Documented two vaccinations **OR** titer results indicating immunity; o If vaccination documents are not available and titer is negative, revaccination is required;
- ï Hepatitis B o Documented immunization series of three vaccinations, **AND** a Hepatitis B surface antibody titer result indicating immunity;
  - o If the associate's titer result is negative after initial vaccination series an additional booster dose and/or an entire second series of three vaccinations is required followed by titer retesting four to six weeks after last vaccination;
  - o If subsequent titer is negative following an entire second vaccination series the associate is considered a non-responder and a signed Hepatitis B Waiver-Non-responder will be required. A note will be made in the associate's health compliance account of nonresponder status and receipt of the form;
  - o If record of the initial series of Hepatitis B vaccination is unobtainable, and the titer indicates immunity, the associate will be required to receive a complete vaccination series. If the associate chooses not to obtain additional vaccines, a signed Hepatitis B Waiver Lack of Vaccine Documentation with Positive Titer will be required. A note shall be made in the associate's health compliance account of the effort to obtain the record, the result of titer indicating immunity, and receipt of the form;
- ï Varicella (Chicken Pox) o Documented two vaccinations **OR** confirmed disease by medical provider **OR** titer results indicating immunity;
  - o If vaccination documents are not available and titer is negative, revaccination is required;
- ï Influenza (Flu) o Annual influenza vaccination;
  - o Additional strain influenza, if applicable, and available;
- ï Meningococcal o One adult Meningococcal vaccination and a booster dose every five years for associates who are routinely exposed to isolates of *Neisseria meningitidis*;

### **C. TB Screening**

Initial tuberculosis screening will be validated by the two-step TB testing process using the Mantoux Skin Test, with an annual screening thereafter. The two-step testing is used to reduce the likelihood that a reaction may be misinterpreted as a recent infection.

A two-step baseline TB skin test will be required for the following associates Those who will be entering the annual TB testing program,  
Those who have not been skin tested in the previous year.

If there is a documented history of a positive TB skin test, submission of the *Tuberculosis Screening Questionnaire* and a result of a baseline chest x-ray is required.

For individuals who have received the Bacillus Calmette-Guerin (BCG) vaccine TB blood tests called Interferon-Gamma Release Assays (IGRAs) are the preferred testing method as they are less likely to give a false-positive results.

A two-step process is not required when baseline testing is completed via TB blood test, and subsequent annual testing should be completed by TB blood test.

#### **TB Testing Requirement**

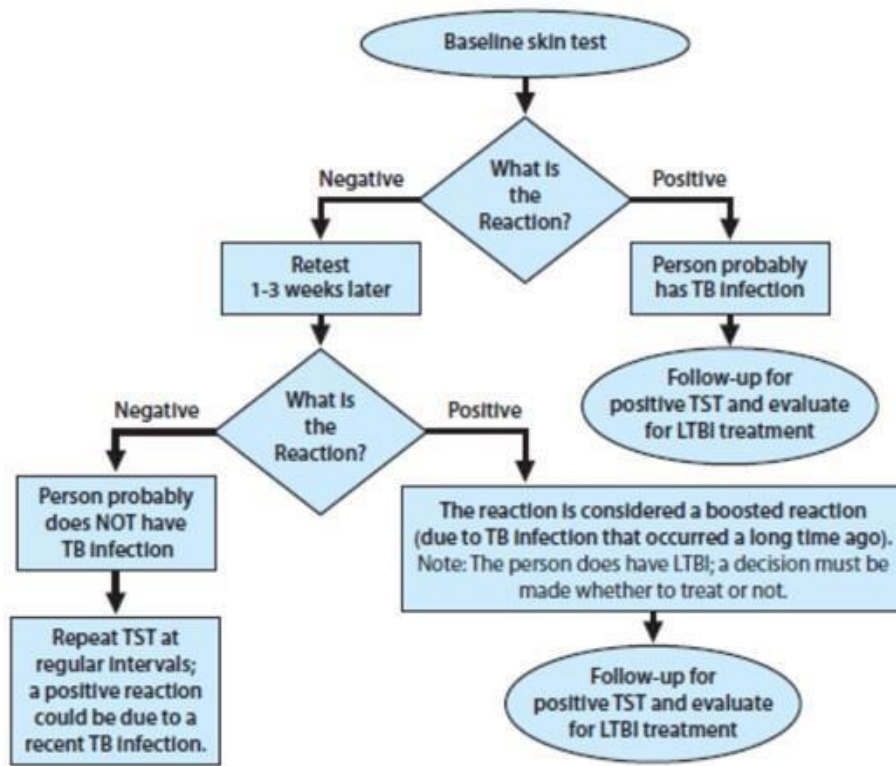
Associates must submit documentation showing the results of two TB skin tests.

The first test must be documented as “negative” and that it was completed within the past 12 months, the second test must be completed no earlier than 7 days after the first.

If the second test is “negative,” the associate should be classified as having a “negative baseline Tuberculin Skin Test” result. An associate can then follow up with an annual screening of a Tuberculin Skin Test.

If the first test is positive further medical evaluation including chest x-ray is required prior to the start of any GVSU Health Program experiential and research activities.

GVSU prohibits associates from interpreting their own TB test results or from asking faculty to make this determination.



CDC, Reviewed  
3/28/2017

Optional Tests for Initial and Annual TB Screening:

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

These TB blood tests (also called Interferon-Gamma Release Assays or IGRAs) may be used instead of (but not in addition to) the TB skin test. The TB blood tests measure how the immune system reacts to the bacteria that causes TB. A positive IGRA means that the associate has been infected and an additional medical evaluation is required to determine if the disease is latent or active.

#### **D. Cardiopulmonary Resuscitation (CPR) Certification**

CPR certification is specific to program accreditation requirements. Certification must remain valid. ACLS does not fulfill the requirement for CPR Certification. Courses that are entirely online are not acceptable for initial or renewal CPR certification. Hybrid CPR courses (where the cognitive portion of the course is completed online and the skills evaluation is completed with a certified instructor) are acceptable for associates required to obtain Basic Life Support for Health Care Providers certification.

#### **E. Advanced Cardiovascular Life Support (ACLS) Certification**



ACLS certification is specific to program accreditation requirements. Certification must remain valid. Online initial or renewal ACLS certification courses are not acceptable sources for certification.

#### **F. Criminal Background Check**

Upon matriculation or hire a criminal background check, which minimally includes the following elements, is performed: Residency History (seven (7) years), Michigan Statewide Criminal Records (ICHAT), National Sexual Offender Index, and National Healthcare Fraud and Abuse (OIG) Scan.

GVSU will only accept criminal background checks completed through the designated University vendor. Directions to obtain criminal background checks are available on the Blackboard Health Compliance site.

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 will 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 experiential education and research opportunities at affiliated facilities. As experiential educational and research 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 a student's inability to sit for professional licensure exams.

Associates have the right to review the 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 are required to 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.

#### **G. 10-Panel Drug Screen**

A 10-panel drug screen shall be performed upon matriculation, hire or as affiliated facilities request.

All testing done outside GVSU's designated vendor is subject to review and approval by the Health Compliance Officer. Directions to complete a drug screen are available on the Blackboard Health Compliance site.

Questionable drug screen results are reviewed by the designated vendor's Medical Review Officer (MRO). For non-negative results declared by the MRO, associates will be given the opportunity to repeat the drug screen within one week (at the associate's expense) for confirmation of results.

For non-negative results, the Health Compliance Officer will notify 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.

Subsequent drug screens may be required. Random drug screening may be requested.

#### **H. Fingerprinting**

Fingerprints shall be obtained upon matriculation, hire or as requested by an affiliated facility. Fingerprint reports must be obtained through a designated Live Scan provider.

Directions to fulfill this requirement are available on the Blackboard Health Compliance site.

Fingerprint reports 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 if convictions found by either the Michigan State Police or FBI deem the associate unsuitable for experiential education or research at organizations affiliated with the University as outlined by the State Mandatory Exclusion Regulations, in addition to, all Tier I, Tier II and Tier III sexual offenses. University may not disseminate fingerprinting results to anyone per federal and State of Michigan law.

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. Subsequent fingerprinting may be required.

#### **I. Color Blind Testing**

Directions available on Blackboard Health Compliance site.

#### **J. Health Insurance Portability and Accountability Act (HIPAA) Training**

To be completed online annually through the Blackboard Health Compliance site with a score of 80% or greater to pass.

#### **K. Family Educational Rights & Privacy Act (FERPA) Training**

Annual completion through the Blackboard Health Compliance site with a score of 80% or greater to pass.

**L. Tuberculosis (TB) and Infection Control Training**

Annual completion through the Blackboard Health Compliance site with a score of 80% or greater to pass.

**M. Bloodborne Pathogens Training**

Annual completion through the Blackboard Health Compliance site with a score of 80% or greater to pass.

**N. Elder Justice Act of 2009 Training**

Annual completion through the Blackboard Health Compliance site with a score of 80% or greater pass.

**O. Respiratory FIT testing**

Directions available on Blackboard Health Compliance site.

**P. Current and Unrestricted Professional License (if applicable)**

Licensed associates are financially responsible to maintain a current unrestricted license to practice throughout their tenure with the university.

**Q. Authorization to Receive & Release Information**

All associates must review and submit the *Authorization to Receive and Release Information* available on the Blackboard Health Compliance site.

**R. Family Educational Rights and Privacy Act (FERPA) Authorization**

All students must review and submit the *FERPA Authorization* available on the Blackboard Health Compliance site. This statement pertains to the students' authorization for clinical facilities to receive detailed information in regard to students' experiential education and research activities at affiliated facilities.

**S. Refusal to Consent to Vaccination**

It is the right of associates to refuse vaccinations. In such cases, a *Refusal to Consent to Vaccination Form* must be signed by the associate. Potential consequences of vaccine refusal may preclude an associate from participating in experiential education or research activities at affiliated facilities which may affect an associate's eligibility for program completion.

Refusal to consent to vaccination is subject to the usual notification process regarding non-compliance status.

**T. Renewable Compliance Requirements**

The following are to be renewed prior to due date indicated within the associate's Blackboard Health Compliance site.

**a. Annually:**

- ï Tuberculosis screening
- ï Influenza vaccination o Additional strain influenza vaccination if applicable and available
- ï HIPAA/FERPA /TB & Infection Control/Bloodborne Pathogens and Elder Justice Act 2009 Training

**b. Variable Timeframe:**

- ï CPR certification
- ï ACLS certification
- ï Respiratory FIT testing
- ï Professional licensure (if applicable)

**U. Resources**

Unless otherwise stated in the policy, associates may obtain Health Compliance requirements with a healthcare provider of choice. References for additional healthcare and service providers are located on the Blackboard Health Compliance site.

**References:**

Centers for Disease Control and Prevention. Recommended Vaccines for Healthcare Workers. <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>. Reviewed March 28, 2017

Centers for Disease Control and Prevention. Diagnosis of Latent TB Infection. <http://www.cdc.gov/tb/publications/ltbi/diagnosis.htm>. Reviewed March 28, 2017

Centers for Disease Control and Prevention, Tuberculosis, Testing and Diagnosis, <https://www.cdc.gov/tb/topic/testing>, Reviewed April 11, 2017

## **APPENDIX B**

### **MID-ROTATION EVALUATION FORM**

**Thank you for teaching our students!**



Name of PA Student: \_\_\_\_\_

Site of Clinical Rotation: \_\_\_\_\_

Name of Preceptor: \_\_\_\_\_

Type of Rotation (i.e. Pediatrics): \_\_\_\_\_ Date \_\_\_\_\_

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

Failing Rotation*	Unsatisfactory*	Satisfactory/Average	Very Good	Excellent
1	2	3	4	5

\_\_\_\_\_

**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 Satisfactory to Excellent categories.

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

\*Contact the Instructor or Record regarding students in the UNSATISFACTORY/FAILING ROTATION category.

**Mandy German, PA-C Phone: 616-331-5988 Cell: 616-460-7080 E-mail: germanm@gvsu.edu**

**Physician Assistant Studies Program, Cook DeVos Center for Health Sciences  
301 Michigan Street NE, Suite 164, Grand Rapids, Michigan 49503-3314**

# **APPENDIX C**

## **Professionalism Evaluation**

## APPENDIX C - PROFESSIONALISM EVALUATION

Student Name \_\_\_\_\_ Semester \_\_\_\_\_ Date \_\_\_\_\_

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.

	<u>Needs</u>	
Satisfactory	Improvement	Unsatisfactory

### Excellence

- |  |       |       |       |
|--|-------|-------|-------|
| <input type="checkbox"/> Strives for the highest standards of competence in skills and knowledge | _____ | _____ | _____ |
| <input type="checkbox"/> Accepts responsibility for educational challenges and self-learning     | _____ | _____ | _____ |
| <input type="checkbox"/> Accepts correction and guidance graciously and corrects shortcomings    | _____ | _____ | _____ |
| <input type="checkbox"/> Respects Teachers and their teaching endeavors                          | _____ | _____ | _____ |

### Humanism

- |  |       |       |       |
|--|-------|-------|-------|
| <input type="checkbox"/> Shows respect, compassion and empathy for others  | _____ | _____ | _____ |
| <input type="checkbox"/> Honors the choices and rights of others   | _____ | _____ | _____ |
| <input type="checkbox"/> Sensitive and responsive to culture, gender, age, disabilities and ethnicity of others  | _____ | _____ | _____ |
| <input type="checkbox"/> Able to establish cooperative relationships with others who have differences in opinion, philosophy, religion, creed, gender, sexual orientation, culture, ethnicity and language | _____ | _____ | _____ |

### Accountability

- |  |       |       |       |
|--|-------|-------|-------|
| <input type="checkbox"/> Punctual and prepared for all obligations   |       |       |       |
| <input type="checkbox"/> Dependably completes assigned tasks         | _____ | _____ | _____ |
| <input type="checkbox"/> Appears neat in grooming, dress and hygiene | _____ | _____ | _____ |

### Altruism

- |  |       |       |       |
|--|-------|-------|-------|
| <input type="checkbox"/> Responds to the needs of others without regard to self-interest | _____ | _____ | _____ |
|--|-------|-------|-------|

### Ethical/Legal Understanding

- |   |       |       |       |
|---|-------|-------|-------|
| <input type="checkbox"/> Maintains confidentiality standards                  |       |       |       |
| <input type="checkbox"/> Truthful to patients and colleagues                  | _____ | _____ | _____ |
| <input type="checkbox"/> Committed to ethical principals of the PA profession | _____ | _____ | _____ |
| <input type="checkbox"/> Possesses personal and academic integrity            | _____ | _____ | _____ |

### Communication Skills

- |   |       |       |       |
|---|-------|-------|-------|
| <input type="checkbox"/> Able to effectively relate to patients, peers and colleagues |       |       |       |
| <input type="checkbox"/> Establishes positive rapport with others                     | _____ | _____ | _____ |
| <input type="checkbox"/> Effectively identifies patient concerns                      | _____ | _____ | _____ |
| <input type="checkbox"/> Maintains composure during adverse interactions or           | _____ | _____ | _____ |



situations

☐ Uses language appropriate to others' level of understanding \_\_\_\_\_

**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 Clinical Year, (5-10 cases per day, depending on the type of rotation).
- c. The student should log A MINIMUM of 3 cases per day in rotations with more complex patients such as hospitalist Internal Medicine, but should log A MINIMUM of 10 in other high-volume rotations such as Family Medicine. **Logging at the minimum level is considered to be passing.**
- d. 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. Click the appropriate checkbox for Observed, Assisted, or Performed.
- d. Minimum Requirements:
  - i. Monitor your progress toward completing the minimum requirements by accessing the “Case Logs Graphical” page on Typhon. The font will turn blue when you have achieved the minimum.
  - 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/> 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 Instructors of Record.
- c. Notify instructor if preceptor names and practice/rotation sites are not on Typhon. A student may request addition of a preceptor through Typhon.

### 4. Logs will be reviewed regularly by the instructors.

### 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.
- 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 health care 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 health care 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 \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

## DO NOT WRITE BELOW HERE

Action by Professor

Comments: (Optional)

\_\_\_\_\_  
Change grade to \_\_\_\_\_

\_\_\_\_\_  
No Error- No Change

\_\_\_\_\_  
Turned in too late

Professors Signature: \_\_\_\_\_

Grade Entered: \_\_\_\_\_

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

# **APPENDIX G**

**Complete the 2 Signature Pages.**

**Return signed pages to the Instructors of Record**

## DOCUMENTATION OF UNDERSTANDING OF THE SCHEDULING PROCESS

I, \_\_\_\_\_, a GVSU PAS student, subscribe to the following:

- ï 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.
- ï 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 secure housing within a 60-70 minute drive from each of my rotation sites.** I will make accommodations now for childcare or other local responsibilities.
- ï If I am not happy with my rotation, I will discuss the situation with the Instructor of Record who is responsible for scheduling 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/placement come from one person – the Instructor of Record responsible for scheduling.
- ï I may suggest new preceptors, but I must follow the procedure outlined by the Instructor of Record responsible for scheduling. This faculty member is responsible for contacting the site, ensuring that it meets the program's standards for a quality rotation, and developing a relationship between the program and the site. Neither I nor my family members or friends will contact clinical sites to try to set up rotations.
- ï I will receive an 11-month schedule prior to beginning of my clinical year. The preceptors are given an 11-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.
- ï If I request the one allowed change in my elective, 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.
- ï If I start a rotation, I have indicated that I am physically and mentally stable. If I do not meet these essential requirements, it is my responsibility to request a medical leave of absence prior to starting the Clinical Year or a clinical rotation.
- ï I have read, had the opportunity to ask questions, and understand the information on this page and in the Handbook that describes the scheduling of clinical rotations.

---

Signature

---

Date

## GVSU – PAS CLASS OF December 2020

### Clinical Rotation Year Handbook:

I have read the “Clinical Year Handbook, 2020”, - 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 Coordinators at the end of the clinical boot camp day.***