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Goals of the Clinical Phase

The clinical phase transfers students from the theoretical classroom setting to the clinical setting where an active, hands-on learning environment prepares them for a lifetime of continued acquisition and refinement of skills and knowledge as a practicing PA. The clinical phase includes experiences to promote the professional development of the students such that they will:

- apply didactic knowledge to clinical situations;
- use critical thinking and clinical problem-solving skills to assist with treatment decisions;
- increase their understanding and add to the development of the medical fund of knowledge;
- refine their history taking and physical examination skills;
- hone oral presentation and written documentation skills;
- acquire a thorough understanding of the PA’s role in health care delivery;
- prepare for the Physician Assistant National Certification Examination (PANCE); and
- improve interpersonal skills and professionalism necessary to function as part of a medical team.

Physician Assistant Competencies

According to the National Commission on the Certification of Physician Assistants (NCCPA), the clinical role of PAs include primary and specialty care in medical and surgical practice settings. Certified PAs practice medicine in every specialty and clinical setting, and are often the primary care providers for panels of patients. They provide care for patients with acute problems, chronic diseases and mental illness. Despite collaborating with physicians, PAs may be the sole provider in remote areas where delegated by their employers and allowed by state laws. In more populous areas, experienced PAs frequently work autonomously with access to a physician when needed.

Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal skills; patient care; professionalism; systems-based practice; as well as a commitment to life-long learning, professional growth, and the healthcare team for the benefit of patients and the community being served. These competencies are demonstrated within the scope of practice for each individual physician assistant with that scope of practice being defined by the supervising physician as appropriate to the practice setting.

The Preceptor’s Role

The preceptor is an integral part of the PA education program. Preceptors serve as mentors and role models for students. The preceptor serves to guide and teach students and help them improve skills in history taking, physical examination, patient communication, physical diagnosis, record keeping and reporting, problem-solving and assessment and developing
treatment plans including the need for further studies and therapy.

**Responsibilities of the Preceptor**

The Preceptor is responsible for:

- orienting students at the onset of the rotation with the practice/site policies and procedures;
- reviewing the expectations and learning objectives for the rotation;
- providing the student with ongoing and timely feedback regarding their clinical performance, knowledge base, and critical thinking skills;
- holding at least one informal evaluation session each week with the student PA;
- formally reporting on the student PA’s performance to the clinical coordinator by submitting mid-rotation and end-of-rotation evaluations, or as needed;
- supervising, teaching, and observing clinical activities to foster the development of the student PA’s clinical skills and ensuring proper patient care;
- delegating to the PA student increasing levels of responsibility for clinical assessment and management as appropriate;
- participating in the evaluation of clinical skills and medical knowledge base by direct supervision, observation, and teaching in the clinical setting;
- evaluating presentations (including both oral and written) by the student PA;
- assessing the student’s performance on review of outside readings/research to promote further learning;
- discussing student progress with faculty during site visits to evaluate and assist the learning process;
- reviewing and co-signing charts in order to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans;
- evaluating student knowledge and skills as well as their improvement throughout the rotation;
- notifying the PA program faculty of any circumstances that might interfere with the accomplishment of the above goals by the student;
- maintaining an ethical approach to the care of patients by modeling appropriate behavior and dispositions for the student;
- fostering cultural competency through interactions with diverse patients; and
- providing timely feedback to the student and the program faculty on student performance.
The Preceptor−Student Relationship

The preceptor shall maintain a professional relationship with the PA student and observe appropriate professional boundaries. Social activities or personal relationships outside the professional learning environment should be limited in frequency and appropriate so as not to put the student or preceptor in a compromising situation. Contact through social networking sites (e.g., Facebook, Twitter) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, this relationship should be disclosed to the Clinical Coordinator. A professional relationship must be maintained at all times in the clinical setting.

Orientation

Orienting the student to the rotation site serves several purposes. First, it facilitates a quicker transition of the student to become a member of the medical team. Second, it establishes a feeling of enthusiasm and a sense of belonging to the healthcare team as well as helping the student develop the requisite knowledge to perform efficiently.

On the first day of the rotation the student should take care of any administrative details including obtaining an institutional ID badge, computer password, completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.

Early in the rotation, the preceptor and student should establish goals for the professional development of the student during the rotation. The preceptor should also establish his or her expectations for the student during the rotation. Expectations can include:

- Clinical Hours
- Details regarding interactions with office and professional staff
- Attendance requirements
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation procedures
- Assignments
- Write-ups
Students are expected to inform the preceptor of any special scheduling needs they might have
during the rotation — in particular, when they are scheduled to be out of the clinical setting for
either personal reasons or program-required educational activities. If students anticipate
missing clinical time for personal reasons, they should alert the clinical coordinator well in
advance of the planned absence.

It might be helpful to create an orientation manual to give to the student before the first day of
the rotation; though is not required. This reduces the amount of clinical time required to review
routine policies and enables the student to quickly become more efficient. Creating this type of
site-specific orientation/policy manual can be delegated to the students you host, with each
subsequent student potentially adding to the document that you, as the preceptor, maintain
and edit. For a sample orientation manual, check with the Clinical Coordinator.

**Staff Preparation**

The staff play a key role in ensuring that each student has a successful rotation. By helping the
student learn about office, clinic, or ward routines and the location of critical resources, the
staff help a student gain confidence and work more efficiently. Students, depend on staff for
patient scheduling and assistance during a patient’s visit in the same way that the preceptor
does. Students should communicate with the staff regarding procedures for scheduling
appointments, retrieving medical records, taking patients into examination rooms, ordering
tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically
know the student’s role in a practice. The preceptor should inform the staff about how the
student will interact with them and with patients. Consider having a meeting or creating a
memo with/for staff in advance of the student’s arrival to discuss:

- PA student’s name
- When the PA student will be in the office
- Their expected role in patient care
- How patients will be scheduled for the PA student

**Supervision of the PA Student**

While the student is at the clinic or hospital, the preceptor must be available for supervision,
consultation, and teaching, or designate an alternate preceptor to perform these tasks.
Although the supervising preceptor may not be with a student during every shift, it is important
to clearly **assign** students to another MD, DO, PA or NP who will serve as the PA student’s
preceptor for any given time interval when the preceptor will not be available. The program
does not rely primarily on resident physicians for didactic or clinical instruction and resident
faculty cannot be primary supervisors during clinical rotations.
Having more than one clinical preceptor during a single rotation has the potential to disrupt continuity for the student. Despite the potential disruption, having more than one preceptor offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help them develop the professional personality that suits them best. In a case where supervision is not available, students may be given an assignment or may spend time with ancillary staff such as x-ray, lab, physical therapy, or others as these experiences can be very valuable. The preceptor should be aware of the student’s assigned activities at all times.

Students are not paid employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not permitted to substitute for paid clinicians, clerical staff, or other workers at the clinical site. On each rotation, it is the student’s responsibility to ensure that the supervising physician also sees all of the student’s patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student’s demonstrated level of expertise. However, every patient must be seen and every procedure evaluated by the physician prior to patient discharge. The preceptor must document the involvement of the PA student in all aspects of care during the patient’s visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following Documentation section. The PA student is not permitted to see, treat, or discharge a patient without the patient being evaluated by the preceptor.

**Informed Patient Consent and Student Involvement in Patient Care**

Patients are an essential component of the educational process. Every effort will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their decisions and preferences regarding treatment. All PA students are trained in HIPAA requirements prior to the clinical phase of the program. However, patients must be informed that a PA student will participate in their care, and must consent to this prior to having the student examine the patient. This can be done using a standardized form during the admission process or on a patient-by-patient basis. The student should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement in their care.

**Documentation**

If permitted by the preceptor and/or facility, PA students may enter information into the patient’s medical record. Preceptors should have a clear understanding of how different payors
view student notes as related to documentation of services provided during the reimbursement process. Questions regarding the entry of data into medical records and reimbursement should be directed to the Clinical Coordinator. Students should be reminded that the medical record is a legal as well as a medical document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation PA-S. Preceptors cannot bill for services provided by a student. Preceptors must document all services they provide as well as review and edit each of the student’s documentations. Although student documentations do not contribute to reimbursements, students’ notes are legal and as such do contribute to the medical record. In addition, writing a succinct note that communicates effectively is a critical skill that PA students need to develop as part of their training. The introduction of EMRs (electronic medical records) can potentially present obstacles for students if a password is not provided or they are not fully trained in the use of an institution’s specific EMR system. In these situations, students are encouraged to hand-write notes, if only for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

**Medicare Policy**

Medicare reimbursement policies limit student participation in regards to documentation. Students are only permitted to document the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for billing purposes. Below is a link to the Center for Medicare and Medicaid Services (CMS) that provides direct access to CMS rules regarding student documentation.


**Writing Prescriptions**

Students can transmit prescribing information for the preceptor, but the physician must sign all prescriptions. The PA student’s name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must be followed by the student and the preceptor.

**Expected Progression of PA student**

PA students are trained to take detailed medical histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the rotation continues, the student should be able to more effectively come up with an assessment and plan after discussing their assessment with the preceptor. If the preceptor decides, students initially may be limited to observation of patient encounters. By the end of the first week, students should be active participants in the patient evaluation process. As the student’s skills and abilities
develop, they should be allowed progressively increasing supervised autonomy.

Likewise, just as the student’s performance progresses through the individual rotations their performance should progress throughout the clinical phase. Each student’s performance should be evaluated with consideration as to the extent for which the student has progressed through the clinical phase. Specifically students are expected to expand their fund of knowledge, comfort with patients, and clinical skills (e.g., physical exam, procedural, assessment and treatment skills) as they progress during their clinical phase of training.

**Student Evaluations**

The evaluation process is designed to promote communication between the preceptor and student. Preceptors should discuss strengths and weaknesses in a way that encourages students about their strengths and provides opportunities to improve upon weaknesses. The evaluation should also include an assessment of student’s knowledge and skills and their improvement as they complete the rotation, and assess progress in comparison to other PA students at the same level. The preceptor’s evaluation of the student is very important. On required rotations, a passing evaluation from the preceptor is mandatory. If deemed not passing, the student might be requested to repeat the rotation or undergo remediation procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the PA Program faculty. The program will designate how often formal evaluations need to be completed and submitted.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student’s professionalism and effectiveness as a team player with other members of the healthcare team. These comments are useful in the overall student evaluation. Additionally, staff feedback may influence the student’s experience and assist with the transition from one rotation to another. Please contact the Clinical Coordinator for Stephens College’s specific evaluation forms and policies.

**Feedback to PA Students**

While students might have only one formal evaluation during a clinical rotation, it is important that they receive regular constructive feedback on a daily basis to help improve their clinical performance. Please contact the Clinical Coordinator for specific policies regarding student evaluation.
Student Responsibilities

In addition to following the standards of professional conduct outlined later in the handbook, students are expected to perform the following during clinical rotations:

- Obtain detailed histories and conduct physical exams,
- Develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor,
- Give oral presentations,
- Document findings,
- Perform and/or interpret common lab results and diagnostics,
- Educate and counsel patients across the lifespan regarding health-related issues,
- Attend clinical rotations as scheduled,
- Attend grand rounds, lectures, and conferences, if available, and
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical phase of the program.

Standards of Professional Conduct

PAs are required to conform to the highest standards of ethical and professional conduct required of all healthcare providers. These include exhibition of the following qualities and characteristics:

- Respect for others
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency

PA students are required to abide by the same ethical and professional standards as certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the clinical phase of the program. Violations of standards of conduct are subject to disciplinary actions administered by Stephens College and by the Physician Assistant Program. If preceptors note any concerns about a student’s professionalism, they should contact the Clinical Coordinator immediately.
Stephens College - School of Health Sciences
Master of Physician Assistant Studies Program
Policies and Procedures

The Master of Physician Assistant Studies Program is a twenty-seven month program housed in the Stephens College School of Health Sciences. The Columbia, Missouri location is in a vibrant community offering access to several health centers, academic medical affiliates, and surrounding rural locations, which allow the program to offer a wide variety of settings that serve diverse patient populations.

Mission of the Physician Assistant Program

The mission of the Stephens College Physician Assistant Program is to educate and prepare clinically astute and compassionate, patient-centered physician assistants who will become leaders in their profession, while remaining dedicated to meeting the needs of the medically underserved. Graduates will be ethical professionals, committed members of the healthcare team, practitioners of evidence-based medicine, and providers of quality health care for those they serve.

Program Learning Outcomes for the PA Program

The following competencies will serve as program level student learning outcomes for the Stephens College Physician Assistant program. All course objectives listed in the syllabi are linked to these competencies, which are based upon Competencies for the Physician Assistant Profession adopted 2012 by ARC-PA, NCCPA, and PAEA; adopted 2013 by AAPA.

Medical Knowledge

Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Upon graduation from the PA program, students are expected to:

MK 1: Apply principles of evidence-based medicine to clinical scenarios

MK 2: Apply scientific principles to explain etiologies, risk factors, and underlying pathologic processes for emergent, acute, and chronic medical conditions

MK 3: Describe social, behavioral and psychological aspects of health and disease.

MK 4: Demonstrate the ability to evaluate, diagnose, and treat patients across the lifespan.
MK 5: Demonstrate the ability to develop and evaluate interventions for promotion and maintenance of health.

**Interpersonal & Communication Skills**

Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients’ families, physicians, professional associates and other individuals within the health care system. Upon graduation from the PA program, students are expected to:

ICS 1: Demonstrate interpersonal skills promoting ethically sound and therapeutic relationships with patients, families, and members of the healthcare team.
ICS 2: Use effective communication skills to elicit and provide information in a manner that is appropriate to the context of the interaction.

**Patient Care**

Patient care includes patient-specific and setting-specific assessment, evaluation and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Upon graduation from the PA program, students are expected to:

PC 1: Demonstrate the ability to provide patient-centered care characterized by compassionate and respectful relationships with patients and their families.
PC 2: Demonstrate the ability to make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence and informed clinical judgment.
PC 3: Perform medical and surgical procedures appropriate to a PA entering the profession.
PC 4: Demonstrate the ability to provide health care services and education to prevent disease and promote health in patients across the lifespan.

**Professionalism**

Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician assistants must be reflective practitioners who place their patients’ needs above their own. Upon graduation from the PA program, students are expected to:

PR 1: Demonstrate professional relationships characterized by respect, compassion, accountability, and integrity with patients, families, supervisors, and other members of the health care providers.
PR 2: Describe the role of the PA including professional, ethical, legal, and regulatory standards regarding the PA profession.

PR 3: Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and abilities.

PR 4: Demonstrate initiative, flexibility and tolerance of ambiguity and anxiety.

PR 5: Demonstrate commitment to the education of all other learners.

**Practice-Based Learning & Improvement**

Physician assistants must engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self-improvement and enhancement of the practice. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Upon graduation from the PA program, students are expected to:

PLI 1: Analyze practice experience and contribute to practice-based improvement activities

PLI 2: Access, select, appraise, critically evaluate, and apply scientific studies to patient cases.

PLI 3: Demonstrate self-reflection to recognize and appropriately address personal biases, gaps in medical knowledge, and limitations in themselves and others.

**Systems-based Practice**

Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Upon graduation from the PA program, students are expected to:

SBP 1: Discuss the components of healthcare delivery systems and the roles and relationships of various members of healthcare teams.

SBP 2: Be able to describe examples of cost-effective health care and resource allocation that does not compromise quality of patient care.

SBP 3: Apply the concepts of population health to patient care.

**Stephens College Curriculum**

The Stephens College PA program includes a 27-month curriculum with both a didactic and clinical phase. The primary goal of the didactic curriculum is to provide the knowledge and skills needed to participate effectively in clinical rotations and gain foundational knowledge for
the PA profession. The primary goals of the clinical rotations are to assure that students are prepared for licensure and effective practice as a PA.

**Didactic Phase**

**Year 1:**

**Fall (18 weeks)**
- PAS 515 Human Anatomy & Radiology (6 credit hours)
- PAS 516 Medical Physiology (4 credit hours)
- PAS 517 Molecular Foundations of Biomedicine (2 credit hours)
- PAS 511 Clinical Skills 1 (2 credit hours)
- PAS 512 Clinical Medicine 1 (3 credit hours)
- PAS 513 Medical Pharmacology 1 (2 credit hours)
- PAS 514 Case Based Medicine 1 (1 credit hour)

Total: 20 credit hours

**Spring (18 weeks)**
- PAS 525 Clinical Medicine 2 (9 credit hours)
- PAS 526 Medical Pharmacology 2 (2 credit hours)
- PAS 521 Clinical Skills 2 (2 credit hours)
- PAS 522 Professional Practice 2 (2 credit hours)
- PAS 523 Evidence Based Medicine & Research 2 (2 credit hours)
- PAS 524 Case Based Medicine 1 (1 credit hour)

Total: 18 credit hours

**Summer (15 weeks)**
- PAS 535 Clinical Medicine 3 (9 credit hours)
- PAS 536 Medical Pharmacology 3 (2 credit hours)
- PAS 531 Clinical Skills 3 (2 credit hours)
- PAS 532 Professional Practice 3 (2 credit hours)
- PAS 533 Evidence Based Medicine & Research 3 (2 credit hours)
- PAS 534 Case Based Medicine 1 (1 credit hour)

Total: 18 credit hours

**Total Didactic Phase Credit Hours: 56**

**Clinical Phase**

**Fall, Spring, and Summer of Year 2, Fall of Year 3:**

*Students will take the following course as a cohort prior to beginning their clinical rotations:*

- PAS 611 Introduction to the Clinical Phase (4 weeks, 4 credit hours)
The following clinical rotations will be scheduled as available during the fall, spring, summer, and fall sessions:

PAS 612 Family Medicine 1 (6 weeks, 6 credit hours)
PAS 613 Internal Medicine (6 weeks, 6 credit hours)
PAS 614 OB-GYN (6 weeks, 6 credit hours)
PAS 615 Pediatrics (6 weeks, 6 credit hours)
PAS 616 Emergency Medicine (6 weeks, 6 credit hours)
PAS 617 General Surgery (6 weeks, 6 credit hours)
PAS 618 Psychiatric and Mental Health (6 weeks, 6 credit hours)
PAS 680 Elective (6 weeks, 6 credit hours)

The following course will take place during the clinical phase between clinical rotations:

PAS 620 PA Leadership (4 weeks, 4 credit hours)

The following course will take place at the end of the PA program:

PAS 670 Capstone (3 weeks, 2 credit hours)

**Total Credit Hours for the Clinical Phase: 58 credit hours**

**Total Program Credit Hours: 114**

**Clinical Coursework**

These clinical experiences occur under the supervision of assigned preceptors in approved clinical sites. Students have the opportunity to examine and treat patients with urgent, emergent, acute and chronic medical conditions. Student clinical experiences include healthcare services that are provided in outpatient and inpatient settings (including surgical environments), and the delivery of healthcare for patients across the lifespan. Students gain proficiency and experience working as members of an organized healthcare team, deliver patient education, and participate in the continuity of healthcare for the patient.

**Elective Clinical Experiences**

This clinical experience is a program-selected experience that meets defined program specifications and requirements. The experience is chosen, either from a site in the program's database or from a site selected by the Clinical Coordinator. The elective rotation must be approved by the Clinical Coordinator. The PA Program reserves the right to assign students to specific electives in an effort to meet expected program clinical expectations and learning competencies. The elective experience is designed to give students an opportunity to enhance
an area of interest and/or a potential location for future clinical practice. Generally, the elective is scheduled later in the clinical phase of study.

Program Responsibilities

The Program is responsible for:

1. coordinating, identifying, contacting, evaluating and assigning all student clinical experiences;
2. providing specific rotation learning objectives to preceptors and students;
3. protecting the student and the educational learning experience if it is determined they are in danger or in an environment not conducive to learning;
4. withdrawing any student from a clinical experience at the request of the preceptor when it is determined that the student’s work, conduct, or health is considered unsafe or detrimental to patients or the clinical site;
5. withdrawing any student from a rotation if there is a significant conflict between the student and preceptor that would detract from the learning experience;
6. evaluating the suitability of the clinical site and preceptor;
7. using the evaluations as an opportunity to assess student progress and address any preceptor and/or student issues; and
8. determining the final grades for students for each rotation.

Student Responsibilities

The student will:

1. conduct him/herself in a courteous, respectful, and professional manner at all times;
2. identify themselves as a Stephens College Physician Assistant student;
3. be conscientious and accountable;
4. be responsible for taking an active role in their clinical education;
5. demonstrate an awareness of professional limitations;
6. perform only those activities assigned by and under the supervision of their preceptor;
7. inform the preceptor of his/her educational goals;
8. request information and orientation on issues specific to safety at each rotation site;
9. abide by the regulations and policies of Stephens College School of Health Sciences and the PA Program;
10. follow the rules and regulations of the hospital or other institutions in which he/she works;
11. agree to complete any additional training and/or testing required by the facilities;
12. make all reasonable efforts to maintain good relationships with patients, staff, and preceptors;
13. complete all assignments and submit site and preceptor evaluations on time in accordance with rotation requirements;
14. discuss a mid-clinical evaluation for each rotation with their preceptor;
15. handle all confidential information in a professional and ethical manner and in accordance with all applicable federal and state, including HIPAA laws and regulations; and

16. keep a program-specific clinical log of each patient encounter and the number of clinical training hours.

Any infraction during a student’s clinical experience as reported by the Program or the clinical preceptor, will require the student to appear in person to meet with the Clinical Coordinator and the Program Director.

Technical Standards
When a student completes the Stephens College PA application, it is indicated that the applicant met certain technical standards necessary to carry out all activities required for completion of the PA education. If there is any change in a student’s technical standards status while completing the program of study, the student must notify the Program Director.

Technical standards a candidate for the Master of PA Studies degree must possess are listed in the Student Handbook.

Clinical Immunization, Background, and Drug Screening Requirements
Students are required to comply with the Stephens College Immunization, Background Check and Drug Screen policies during their clinical training. Some clinical rotations may have additional requirements for students training at their facility. When applicable, these additional requirements are the responsibility of the assigned student.

Drug and/or Alcohol Screening
Some Stephens College affiliated hospitals and clinics where students complete clinical rotations require that drug screens be conducted prior to student placement. The costs of drug screens are paid by the student. Results of positive drug screens are forwarded to the Clinical Coordinator. By completing a drug screen, the student authorizes Stephens College to release the results of any drug screens in the School of Health Sciences records to affiliated hospitals or clinics where a student is rotating. If a student is identified as having a positive drug screen, which could be consistent with substance abuse behavior, the affiliated institution will be notified and will determine if the student will be permitted to participate in clinical activities on site. It is possible that certain drug screen results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics.
Grievances
The Stephens College policy is to provide equal opportunity for all enrolled students and applicants for admission to the College on the basis of merit without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability or Vietnam-era veteran status. Sexual harassment shall be considered a form of discrimination. To ensure compliance with this policy, all prospective or enrolled students will have available to them this student-discrimination grievance procedure for resolving complaints and/or grievances regarding alleged discrimination.

This grievance procedure neither supersedes nor takes precedence over established College procedures of due process for any and all matters related to academic dishonesty, grade appeals, parking ticket appeals, disciplinary appeals or other specific campus procedures that are found in the College’s official publications.

Injuries and Infectious Exposures
In the event of job-related injury, infectious exposure, or illness while rotating at a clinical site, immediately contact the Clinical Coordinator and follow the facility’s procedure on receiving treatment covered in the orientation session. The student must also report the incident to the PA program within 24 hours. Further treatment should be arranged through the student’s primary care provider with the associated costs covered by the required health insurance.

Affiliation Agreements and Clinical Sites
Affiliation agreements must be established between all clinical sites/preceptors and the PA program before students can enter the clinical site as a student. Affiliation agreements are legal documents that address liability, malpractice and issues pertinent to the site location and practice type. Stephens College’s PA program has affiliation agreements in place with physicians and physician assistants and healthcare institutions allowing for a complete course of clinical experiences to be provided for each student.

HIPAA Compliance
Prior to entrance into the clinical phase, all students are trained in the Health Insurance Portability Accountability Act (HIPAA) medical privacy regulations. These regulations can be found at http://www.hhs.gov/ocr/hipaa/privacy/html. Students are not be permitted to begin the clinical phase without having completed HIPAA training. Students must demonstrate continuous compliance with these regulations throughout the clinical phase.

OSHA Guidelines
Safety is an important objective for the student as well as patients. During the didactic phase of the program, students receive training in accordance with the requirements of the
Occupational Health & Safety Administration on Universal Precautions. Students are provided information regarding the appropriate methods of handling blood, tissues and bodily fluids, as well as the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into their daily routine caring for patients. It is the student’s responsibility to become familiar with the policies and procedures for employing these precautions at each of their rotation sites. All students will participate in clinical affiliation requirements for safety and quality assurance compliance as directed by the clinical affiliation personnel.

**Malpractice Coverage**
Students are required to purchase medical malpractice coverage while enrolled in the program. Affiliate hospitals and clinics will not allow placement of students without this coverage. Students should be prepared to provide clinical sites with a certificate of coverage.

Students completing a formal elective rotation with a preceptor or site that might end up becoming an employer must maintain a student role in the clinic and should not assume responsibilities as an employee until after graduation from the PA program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage purchased as a PA student and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the student’s liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity at any time during their PA education, he or she is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the PA student role outside of an assigned clinical rotation.

**The Preceptor−Program Relationship**
The success of clinical training of PA students requires the maintenance of good communication among the student, PA program, preceptors, and Clinical Coordinator. All members of this educational team should share contact information. If a preceptor has a question or concern about a student, he or she should contact the Clinical Coordinator. The program strives to maintain positive relationships with its preceptors and believes that, should problems arise
during a rotation, notifying appropriate program personnel early, will help solve problems without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a dampening of the educational experience.

**Emergency Contact**
Students must provide current address, phone number, and emergency contact information to the PA Program. Any changes to this information must be reported to the program immediately. The student will give his or her preceptors direct and current contact number and get a direct number for both the preceptor and site’s office.

**Attendance Policy**
The student is expected to be in attendance daily and when requested, to be available to the preceptor who might include evenings, night, shift-type work and/or weekends. Time for daily arrival and departure will be determined by each individual preceptor. During the clinical phase, students will follow the schedule of their specific clinical rotation site and/or preceptor. Students are expected to obtain a minimum of 36 contact hours and a maximum or 60 hours per week during each rotation. The Clinical Coordinator might occasionally make phone calls to clinical sites to check on student attendance.

**Role of the Student in the Clinical Setting**
Clinical rotations should be an educational experience for the PA student. At no time during the clinical experience should the student be called upon or used to substitute for regular clinical or administrative staff. If a situation occurs where an individual is asked to perform in a role other than that of PA student or to substitute for a staff member, the student should contact the Clinical Coordinator immediately for guidance.

**Student Performance in Clinical Experiences**
At each clinical site there will be a preceptor designated by the program to assess and supervise the student’s progress in achieving the designated learning outcomes. Student performance while on assigned clinical experiences is evaluated using the following tools:

**Preceptor evaluation of the student** – the student’s clinical preceptor completes an evaluation form after each of the clinical rotations. This form serves as an assessment regarding the student’s performance.

**Student encounter logs** – Students enter data daily throughout the clinical phase to record patient encounters/procedures. This documentation allows the Clinical Coordinator to evaluate the level of involvement with patients and the specific procedures performed. This information informs decisions made regarding the final grade. Specific patient/procedure logging
requirements will be determined by the Clinical Coordinator and is communicated to the student via the course syllabus.

**Meeting Days** - After each clinical experience, PA students return to campus for *Meeting Days*, which include assessment activities. These activities might include clinical knowledge assessments, clinical skills assessment, comprehensive examination, lectures on topics relevant to PA practice, and reviewing article presentations, patient safety presentations and administrative issues. Attendance is mandatory at these sessions and requests to be excused will only be granted under extreme circumstances by the Clinical Coordinator.

**Clinical Site and Preceptor Assessment by Program**

**Clinical Site Visit** - Students will be visited by a PA faculty member during their clinical rotation. Site visits to students also provide the program with the opportunity to assess the clinical site. Clinical sites must be evaluated regularly to ensure the site is student-ready and is an appropriate and quality teaching/learning environment. Evaluations of the student might be scheduled as necessary by the program or the preceptor. Faculty visits are an important component for the student and preceptor, providing faculty with an opportunity to assess student progress and to address any questions or feedback from the student and/or preceptor. Each student will be visited by a PA faculty member at least once during their clinical phase.

In addition to clinical site visits, the Program uses two primary tools to provide ongoing evaluation of the approved clinical sites. The information derived from using these tools allows the PA program to make informed decisions about the quality of the clinical experiences provided to students over time. Each of these tools is briefly described below:

**Student Evaluation of Preceptor/Site** - Students will complete a site evaluation at the conclusion of each rotation. This evaluation will help the Program demonstrate the ability of the specific site to strengthen the student’s capacity to perform the roles and responsibilities of a PA. Students will also evaluate their preceptor at the conclusion of each rotation. This evaluation provides feedback regarding the effectiveness of the rotation, the effectiveness of the preceptor as a teacher and mentor, and the ability of the rotation to help the student understand defined clinical principles and develop technical skills.

**Preceptor Approval Process**

Upon initial identification of a preceptor he/she is asked to complete a preceptor profile form. This process will also include verification of board certification/licensure. Upon verification, the Clinical Coordinator will conduct an on-site facility and preceptor visit completing the clinical site visit form. A list of recommended sites/preceptors will be approved by the PA Program Curriculum Committee on an annual basis.
**Student Dress Code**

Students should maintain a professional appearance and dress appropriately whenever they are representing Stephens College and the PA profession in any setting. This includes on campus, while at clinical sites or attending meetings and special events. Being neatly dressed and well-groomed demonstrates professionalism. PA students should observe the following dress code:

**Clothing:** Business casual attire. Scrubs may be worn with preceptor permission. Clothing should allow for adequate movement during patient care, and should not be tight, short, low cut or expose the midsection or undergarments. Students are not to wear flip-flops, shorts, cut-offs, hats, jeans, clothing with rips/tears, sweat clothing, workout attire, short skirts/tops, halter type tops or T-shirts.

**Professional Attire:** A student type white coat should be worn in clinical settings. No open-toed shoes should be worn in patient care settings.

**Jewelry:** No excessive jewelry. No more than two earrings per ear, no dangling or oversized earrings. No other visible body piercing permitted unless required by religion/culture.

**Nails:** Fingernails should be kept trimmed and when in surgical settings or rotations, maintained without polish or artificial nails.

**Tattoos:** Tattoos that are perceived as offensive, hostile or diminish the effectiveness of the student as a role model for others must not be visible.

**Perfume/Aftershave:** No excessive or heavy perfumes or after-shave/colognes.

**Hair:** Hair should be clean and arranged so as not to interfere with providing patient care. Facial hair should be kept neatly trimmed.

**Nametags:** Proper identification as a PA student is mandatory at all times. Stephens College I.D./nametag must be worn while at clinical sites. Some sites also require wearing separate security I.D. badges; these badges will be arranged during orientation at the beginning of the rotation.

**Exceptions:** Established dress codes at clinical rotation sites supersede those of the Program (except required Stephens College name tags). All other exceptions will be considered on a case-by-case basis by the Program Director.

Clinical supervisors, preceptors, or PA faculty reserve the right to ask a student who is inappropriately dressed to leave the clinical site.
Stephens College PA Faculty and Staff

Program Director
Eric Johnson, MPAS, PA-C
ejohnson@stephens.edu
573-876-2310

Medical Director
Dr. Hasan Naqvi, M.D FACP FHM
naqvis@health.missouri.edu
573-884-9075

PA Program Clinical Coordinator
Heather Matthews, MPAS, PA-C
hmatthews@stephens.edu
573-441-5108

PA Program Administrative Assistant
Melissa Lewis
melewis@stephens.edu
573-441-5107