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Nazareth University PA Program Preceptor Orientation Handbook

Tips, Tools, and Guidance for Nazareth University PA Program Clinical Preceptors

Contact Information:

Melanie L. Geiger, MS, MSBA, PA-C
Director of Clinical Education
Clinical Assistant Professor
Nazareth University Physician Assistant Program
Cell Phone: (585) 217-3721 (call or text)
Office: 585-389-2816
mgeiger0@naz.edu

Melissa Turiano
Clinical Education Assistant
Physician Assistant Program
585-389-2965 | mturian5@naz.edu
Smyth- Room 381A
4245 East Ave, Rochester, NY 14618

Johanna Hanchar
Department Assistant
Program Phone: 585-389-2795
Program Email: pa@naz.edu

Smyth 3rd floor
4245 East Ave,
Rochester, NY 14618

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Nazareth PA Clinical Team Members:

Rutvic Amin MD, Faculty Instructor: Internal Medicine Rotation and Elective Rotations, ramin8@naz.edu

Mandy Buckner PA-C, Faculty Instructor: Family Medicine Rotation and Psychiatry Rotation, abuckne6@naz.edu

Frank Edwards MD, Faculty Instructor: Emergency Medicine Rotation, fedward2@naz.edu

Melanie Geiger PA-C, Faculty Instructor: Surgery Rotation, mgeiger0@naz.edu

Ashley Nichols PA- C, Faculty Instructor: Obstetrics & Gynecology Rotation, anichol9@naz.edu

Gregg Shutts PA-C, Faculty Instructor: Pediatrics Rotation, gshutts9@naz.edu

About This Handbook

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PAEA Staff Contributors

- Karen Hills (Chief, Educational Development)
- Christine Vucinich (Instructional Specialist)
- Elizabeth Alesbury (Editorial Support)

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Introduction

We would like to take this opportunity to express our sincere gratitude to you, our preceptors, for your contributions and dedication to this program and our physician assistant (PA) students. The clinical experiences that the student gains in your practice are vital to student success in our program. The clinical setting synthesizes concepts and applications of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. Working closely with you, the PA student learns from your expertise, advice, and example. The student progressively develops and strengthens the skills and clinical judgment necessary to become a practicing PA through your supervision.

Thank you for your commitment to PA education.

General Goals of the Clinical Year

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include:

- Apply didactic medical knowledge and skills to supervised clinical practice
- Advance clinical reasoning and problem-solving skills
- Expand and strengthen the medical fund of knowledge
- Perfect the art of history-taking and physical examination skills
- Refine oral presentation and written documentation skills
- Broaden understanding of the PA role in health systems and healthcare delivery
- Apply principles of diversity and inclusion to patient-centered care
- Develop interpersonal skills and professionalism necessary to function as part of a medical team
- Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of PA scope of practice
- Prepare for the Physician Assistant National Certifying Exam

Core Competencies for New Physician Assistant Graduates

“Core Competencies for New Physician Assistant Graduates” identify the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the end of their PA training program. There are 47 specific competencies related to knowledge, abilities, or skills that are measurable and observable. These competencies are tailored explicitly for

PAs entering practice for the first time and were developed using the "Competencies for the PA Profession" foundation.

Nazareth PA Program Student Competencies

1. Medical Knowledge

1.1 Recognize normal and abnormal health states across all organ systems.
1.2 Discern among acute, chronic, and emergent disease states across the lifespan.
1.3 Apply principles of basic and clinical science to identify, diagnose, and provide patient care to healthy and ill patients.

2. Clinical Reasoning and Problem-Solving

2.1 Formulate a most likely diagnosis and differential diagnoses based on an appropriate history, and physical examination for a variety of acute, chronic, and emergent medical conditions for patients across the lifespan.
2.2 Recommend appropriate diagnostic laboratory and imaging studies relevant to the history and physical and provide and obtain interpretations.
2.3 Develop appropriate treatment plans based on the clinical assessment and findings that include pharmacologic and non-pharmacologic interventions.

3. Clinical and Technical Skills

3.1 Demonstrate the ability to obtain a medical history, perform a physical examination, and document patient information in a timely manner.
3.2 Perform diagnostic and routine therapeutic procedures in a timely manner.
3.3 Implement appropriate strategies for disease prevention and health care maintenance.
3.4 Demonstrate the ability to provide appropriate patient education by utilizing evidence-based medicine to guide clinical decision-making.

4. Interpersonal and Communication Skills

4.1 Demonstrate the ability to provide effective verbal and nonverbal communication.
4.2 Review medical records, complete documentation, and communicate diagnostic findings and management strategies.
4.3 Demonstrate strong writing and presentation skills.

5. Professional Behaviors

5.1 Uphold academic integrity and professionalism.
5.2 Demonstrate cultural competencies affecting the health of the individual and the community being served.
5.3 Apply the core principles of medical ethics to provide medical care that is patient centered and equitable.
5.4 Establish respectful and collaborative relationships.
5.5 Demonstrate understanding of professional responsibilities.

5.4. Establish respectful and collaborative relationships with all members of academic and healthcare teams.
5.5. Demonstrate understanding of professional responsibilities around regulatory and legal aspects of medical practice.

Definition of Preceptor Role

The preceptor is an integral part of the teaching program, serving as a role model for the student. Through guidance and teaching, they help students improve skills in history-taking, physical examination, effective communication, physical diagnosis, accurate and succinct documentation, reporting, problem assessment, and plan development, including coordination of care. Additionally, by providing feedback, preceptors are a vital resource as students develop and progress.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- Orient, assess each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism and to ensure high-quality patient care.
- Delegate increasing levels of responsibility based on a student's experience and expertise.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
    - Direct supervision, observation, and teaching in the clinical setting
    - Immediate evaluation of presentations (including both oral and written)
    - Assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
- Demonstrate an ethical approach to the care of patients by serving as a role model for

the student.
- Complete and return the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness or accomplishing the above goals or diminish the overall experience.

The Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student in the clinical setting at all times and adhere to appropriate professional boundaries. Social activities and personal relationships outside the professional learning environment should be appropriate and carefully selected to avoid putting the student or preceptor in a compromising situation. Contact through web-based social networking platforms (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. Please consult the faculty instructor of record or the director of clinical education regarding specific school or university policies.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or, when possible, before the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed. The preceptor should provide an orientation to emergency/safety procedures and preparedness, including, but not limited to the facility emergency plan, emergency evacuation routes, location of emergency eyewashes and other emergency equipment, and contact details for emergency services. A site tour of the facility, patient care space or important work areas is also suggested. It is recommended by the program that these orientations, site tours and reviews occur by the second day of the scheduled clinical rotation.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals regarding what they hope to achieve during the rotation. The preceptor should also communicate their expectations of the student during the rotation.

Expectations can include:

- ☐ Hours
- ☐ Interactions with office and professional staff
- ☐ General attendance
- ☐ Call schedules
- ☐ Overnight and weekend schedules
- ☐ Participation during rounds and conferences
- ☐ Expectations for clinical care, patient interaction, and procedures
- ☐ Oral presentations
- ☐ Written documentation
- ☐ Assignments
- ☐ Anything else that the preceptor thinks is necessary

Students are expected to communicate with preceptors any special scheduling needs that they might have during the rotation, particularly when they might be out of the clinical setting for personal reasons or program-required educational activities. Please consult the faculty instructor of record or the director of clinical education regarding specific school or university attendance policies.

Many sites find it helpful to create a written orientation manual to be given to the student before the first day of the rotation. A manual helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students that you host, with each “subsequent” student adding to a document that you, as the preceptor, maintain and edit.

Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. Helping the student learn about office, clinic, or ward routines and the location of critical resources helps them become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should have conversations with staff about expectations and make sure they understand office policies and procedures for making appointments, retrieving medical records, bringing 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. The preceptor should inform the staff about how the student is expected to interact with them and patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss the:

- ☐ Student's name
- ☐ Student's daily schedule
- ☐ Student's expected role in patient care and what they are permitted to do with and without the preceptor present in the room
- ☐ Anticipated impact of the student on office operation (i.e., Will fewer patients be scheduled? Will the preceptor be busier? etc.)
- ☐ Process for how patients will be scheduled for the student

Supervision of the PA Student

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching or designate an alternate preceptor. Educational continuity should be maintained when using multiple preceptors. Although the supervising preceptor might not be with a student during every shift, it is essential to assign students to another MD, DO, PA or other qualified clinician who will serve as the student's preceptor for any given time interval. Sharing preceptorship duties exposes students to important variations in practice style and feedback, which can help learners develop the professional personality that best fits them. If supervision is not available, students may be given an assignment or spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor 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 before patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Laws for Medicare patients 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 will not be allowed to see, treat, or discharge a

patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in the education of PA students. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students must complete HIPAA training before their clinical year. However, patients must be informed that a PA student will participate in their care, and their consent must be obtained. Consent is given through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA students and must also verbally identify themselves as such. If the patient requests a physician, PA, or other licensed clinician 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.

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the faculty instructor of record or the director of clinical education. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Students' notes are legal and are contributory to the medical record.

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

The introduction of EMRs (electronic medical records) can present obstacles for students if they lack a password or are not fully trained in using a specific institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

Medicare Policy

CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. As of January 1, 2020, preceptors can now verify (sign and date) student documentation. This makes the role of preceptor significantly easier as they are able to spend more time teaching and less time documenting. Students also benefit from increased experience with electronic health records, better preparing them for practice.

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student). https://paeaonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues

Prescription Writing

Students may write or input electronic prescribing information for the preceptor, but the preceptor must sign/send all prescriptions. The student's name is not to appear on the prescription. The preceptor MUST log into the system under their password for clinical rotation sites that use electronic prescriptions and personally sign and send them. Students should practice handwriting prescriptions on clinical rotations where the opportunity to electronically input prescriptions is not available.

Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to develop an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may just observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should progressively increase supervised autonomy. If the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training, they are encouraged to address this with the clinical program faculty early in the rotation.

Student Evaluation

The preceptor's evaluation of the student is especially important and typically serves as the primary mechanism for feedback to the program regarding a student's ability to meet the

learning outcomes for the rotation. Preceptors are encouraged to discuss the evaluation with the students, focusing on strengths and opportunities for growth, and documentation including specific comments regarding performance is strongly encouraged. Preceptors are also encouraged to familiarize themselves with the program's syllabus and evaluation tools and reach out to the program with any questions. Considerations such as the timing of the rotation (first versus last rotation) and improvement and receipt of feedback throughout the rotation should be noted when completing evaluations.

Mid Rotation Student Evaluation

- This formative evaluation assignment will be a self-reflection of a student's performance on the first half of their rotation. This assignment will be pass or fail based on completion. If a student submits the self-evaluation by 11:59 pm on Sunday of week 2, they will receive full credit. Late submissions will negatively impact the professionalism grade.
- The assignment will allow the student to identify areas where they are performing well and areas where they need to improve. This assignment will be completed by the student and entered into CORE ELMS. The primary preceptor will sign off on the completed assignment, confirming acknowledgment and has the opportunity to provide additional feedback to the student and program.
- If a preceptor identifies that a student is at risk for failure of any component of the evaluation, the program should be notified immediately. The student, instructor of record and the Director of Clinical Education will meet to develop an individualized support plan.

Preceptor Final Evaluation of Student's Clinical Performance

- The preceptor grade will constitute 35% of the rotation grade. This summative evaluation will be compiled and completed by the lead preceptor through CORE ELMS with the conclusion of the rotation. The preceptor will evaluate the student's performance on the expected student learning outcomes. This is a non-compensatory evaluation, meaning that the student must receive a satisfactory score for all evaluation sections to successfully pass the course and complete the rotation.
- The preceptor final evaluation will be graded using the Preceptor Final Evaluation of Student's Clinical Performance Rubric. The preceptor will not issue the student's final grade, but the program will convert the preceptor's completed evaluation of the student to a grade based on the scoring criteria below:

Score	Description
N/O	Not Observed – The behavior or skill was not observed during this clinical rotation.
1	Novice– The student demonstrates limited skill or knowledge and requires significant improvement. (0%)
2	Developing– The student demonstrates some skill or knowledge, but there are consistent gaps or areas for improvement. (60%)
3	Competent– The student demonstrates an adequate skill or knowledge, meeting the basic requirements and expectations. (75%)
4	Proficient – The student demonstrates above-average skill or knowledge or proficiency, with few areas for improvement. (87.5%)
5	Exceptional – The student demonstrates outstanding skill or knowledge, consistently performing at a high level with little to no areas for improvement. (100%)

- A student must meet a minimum score of 3 (Competent) or a 75% or above on each component of the evaluation to pass. A student must also meet an overall score of 75% or above to pass the final evaluation.
- If a student does not meet a minimum score of 3 (Competent) or 75% on any component of the evaluation, they are required to meet with the faculty instructor of record and the Director of Clinical Education for a gap analysis. See specifics below:
    - For any learning outcome assessed as “N/O” (Not Observed), the student will be required to demonstrate this competency/skill. This may include but is not limited to additional hours at a clinical site, practical exam, simulation. The student will then be assessed for competence in the learning outcome.
    - Any learning outcomes assessed as a 1 (Novice) or a 2 (Developing) will require remediation and subsequent reassessment. Remediation may include but is not limited to additional assignment(s), supplemental learning material, additional clinical hours. Reassessment may include but is not limited to practical exam, simulation experience, preceptor re-evaluation.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to gain additional insight into the student's professionalism and effectiveness, as health care team members’ comments are helpful contributions to student

evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Feedback to Students

While students may have only one formal evaluation during the clinical rotation, they must regularly receive positive and constructive feedback from their preceptors to help improve their clinical performance. Daily or weekly check-ins are recommended and can provide avenues to address any student questions as well as encourage dialogue between student and preceptor.

Please contact the Clinical Education Assistant for specific evaluation forms and policies relating to the student handbook.

Student Responsibilities

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

- ☐ Obtain detailed histories, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
- ☐ Assist or perform and interpret common lab results, diagnostics tests, or procedures.
- ☐ Complete any assignments, tasks, and presentations as assigned by their preceptor.
- ☐ Educate and counsel patients across the lifespan regarding health-related issues.
- ☐ Attend and engage in clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them.
- ☐ Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.

Standards of Professional Conduct

As health care practitioners, PA students are required to conform to the highest standards of ethical and professional conduct required of certified PAs in addition to their program-defined standards. These may include, but are not limited to:

- Respecting flexibility
- Demonstrating academic integrity
- Being honest and trustworthy

- Demonstrating accountability
- Promoting cultural humility

The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and the physician assistant program.

Nazareth PA Program Policies and Procedures

Professionalism Policy

If preceptors are concerned about a student's professionalism, please contact the Director of Clinical Education immediately.

Required Professional Behaviors

Students must display a professional attitude. Expectations include, but are not limited to, those defined by the National Board of Medical Examiners as follows:

- Adheres to institutional policies and procedures
- Admits errors and assumes responsibility
- Advocates for the individual patient
- Arrives on time for scheduled activities and appointments
- Conveys information honestly and tactfully
- Demonstrates sensitivity to power inequalities in professional relationships
- Fulfills responsibilities in a timely manner
- Maintains composure during difficult interactions
- Maintains thoroughness and attention to detail
- Modifies behavior based on feedback
- Requests help when needed
- Responds promptly to communication requests
- Acknowledges limits of one's own knowledge
- Responds receptively to diverse opinions and values
- Demonstrates humility
- Maintains the confidentiality of test material

Respect: Students are expected to treat all patients, faculty, program staff, clinical preceptors, and fellow students with dignity and respect. Conflicts should be resolved in a diplomatic and reasonable manner. Students should be sensitive and tolerant with regard to diversity in the student and patient population. Physician Assistant training involves a close working environment with other students and includes physical examination of fellow students and discussion groups that may reveal information of a personal nature. These situations must be approached with respect for the privacy, confidentiality, and the feelings of fellow students. The program will not tolerate incivility by any member of the PA community. Examples of incivility include rude, sarcastic, obscene, disruptive or disrespectful remarks or behavior, as well as verbal or physical threats, or damage to property.

- Sensitive/responsive to needs of others
- Sensitive/responsive to culture, age, gender and disabilities of others
- Puts others interests before own
- Provides assistance/comfort to others

Flexibility: Physician assistant training involves instruction from practicing clinicians with unpredictable schedules. At times lectures or clinical sessions may need to be adjusted with short notice. We believe the advantages of utilizing practicing clinicians outweigh this inconvenience and ask students to be flexible and tolerant of changes.

- Attends required activities/arrives on time
- Reliable, dependable, completes tasks fully and in timely manner
- Accepts appropriate share of team work
- Self-motivated, organized, and prepared
- Accountable to patients, society, and the profession
- Adapts well to stressful/changing circumstances

Behavior: Students are expected to behave in a responsible, reliable and dependable manner. The student must project a professional image in manner, dress, grooming, speech and interpersonal relationships that are consistent with being a medical professional. The student should recognize their personal limitations and biases, whether they are intellectual, physical or emotional, and strive to correct them. He or she must demonstrate the professional and emotional maturity to manage tensions and conflicts and should seek professional help when necessary. Success in the Physician Assistant profession requires certain behavioral attributes including: empathy, discipline, honesty, integrity, the ability to work effectively with others in a team environment, and the ability to address a crisis or emergency situation in a composed manner.

- Respectful, cooperative (team player), builds atmosphere conducive to learning
- Acknowledges and values diversity, talents, skills, contributions of others
- Communicates effectively (verbal and written)
- Good interpersonal skills (develops appropriate professional relationships with peers, faculty, physician supervisors and other health care providers)
- Recognizes/maintains appropriate boundaries
- Displays tact and self-control

Integrity: Integrity is the quality of consistency and steadfast adherence to a defined code of ethics. It includes honesty and soundness of mind and body. Students are expected to demonstrate integrity by following all policies in the Naz Student Handbook, including those pertaining to academic dishonesty and unethical behavior. Physician Assistant students are also expected to display the highest ethical standards commensurate with work as a health care professional. These are outlined in the *Guidelines for Ethical Conduct for the Physician Assistant Profession* published by the American Academy of Physician Assistants:

- Accurately portrays personal qualifications
- Displays professional presentation (dresses appropriately and good personal hygiene)
- Performs in accordance with regulatory and legal requirements (follow the rules), as well as the appropriate role of the physician assistant
- Committed to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Recognizes limitations and seeks, accepts and incorporates constructive feedback
- Behaves honestly/appears trustworthy

PA students shall not:

- Fail to conform his/her conduct to the ethical and moral standards of the Physician Assistant profession as articulated in the American Academy of PAs (AAPA) Statement of Values.
- Intentionally make misrepresentation on a resume or curriculum vitae concerning class rank, grades, academic honors, student organization involvement, work experience, or any other matter relevant to job placement.
- Purposely furnish false information.
- Engage in disruptive behavior in class.
- Violate the Physician Assistant program attendance policy.
- Violate the Dress code policy.
- Demonstrate inappropriate or disrespectful behavior toward fellow students, faculty, staff, preceptors, and staff/employees at SCPE sites or other community organizations.

- Engage in inappropriate or disrespectful interactions with patients.
- Unauthorized use or removal of prescription or nonprescription drugs, devices, or confidential information from the clinical sites.
- Perpetrate any form of theft, forgery, falsification, or fraudulent use of university or experiential practice site property.
- Willfully conceal or misrepresent information material to an investigation of an alleged violation of this Professionalism Policy when the information is sought by the Physician Assistant Program faculty.
- Engage in the use and distribution of illegal drugs*****.

*******Students are required to follow the Naz Alcohol and Controlled Substance Policies which can be found in the Student Code of Conduct.*

Attendance Policy

PA student attendance and promptness is considered an aspect of professional responsibility and individual dependability.

Absence During the Clinical Year

Regular clinical rotation and In-person Callback Days attendance *is essential to student success*. As such, attendance is required for all callback days, scheduled rotation hours and when requested while on call. **The work schedule will be determined by the preceptor or their designee and may include evenings and/or weekends hours.** University holidays do not apply in the clinical year.

Time off during the clinical year must be requested in accordance with the Clinical Year Student Handbook and is subject to approval by the Director of Clinical Education. Students are allotted a fixed number of discretionary days for the clinical year, **limited to one day per rotation.** Preceptors should be notified of any approved absences, and students are responsible for coordinating with the program regarding any required make-up time.

Students are not permitted to arrive late to a rotation or leave early without the permission of their preceptor and documenting the reason for shortening their day on the time log. Promptness is another professional trait the healthcare practitioner must display. Students are expected to arrive on site on time, preferably 5-10 minutes early. Repeated tardiness is considered unprofessional conduct and may be reflected in the professionalism score from your preceptor.

For emergent absences, students must notify the Director of Clinical Education and clinical preceptor as soon as possible.

Inclement Weather

The Naz policy on inclement weather does not apply to rotation sites as they are off campus. The student must follow the policies of the clinical rotation site regarding attendance during inclement weather and is responsible for exercising their own judgment concerning whether road conditions are safe enough for travel to the clinical site. The student is advised to discuss the inclement weather policy for the assigned rotation site with the preceptor during onboarding at the start of the rotation. If the student decides against attending a clinical site because of inclement weather, the student must notify the preceptor and the Director of Clinical Education by email as soon as possible.

Student Identification

PA students are required to wear a name badge that includes their name and identification of program sponsorship during SCPEs or when required by the program to distinguish them from other health profession students and practitioners. In some instances, clinical affiliations sites will require additional identification and badges to be worn. Naz ID badges will be initially provided by Naz. Naz ID cards will also provide access to various Naz facilities and services.

Student Employment Policy

Students are prohibited from substituting for administrative and/or clinical staff during clinical rotations.

Dress Code Policy

As a representative of the Naz Physician Assistant Program, a student's personal appearance is an extension of the program and will, to some degree, determine how customers, patients, and colleagues view the student, the program, and the profession of Physician Assistant.

Clothing that reveals cleavage, back, chest, stomach or underwear is *unacceptable*. Torn, dirty, or frayed clothing is *unacceptable*. Any clothing that has words, terms, or pictures that may be offensive to other students, faculty, staff or patients is *unacceptable*.

No dress code can cover all contingencies so students must exert a certain amount of judgment in their choice of clothing to wear during program activities.

Dress Code

White Coats

Student-style white coats are required for clinical settings and during certain laboratory sessions, simulation exercises, competency evaluations and any other times as designated by the course instructor. White coats must be clean and neat. They will possess the Naz Physician Assistant Student patch. Exceptions to this rule are at the discretion of the clinical preceptor and must be approved by the Director of Clinical Education. A clean white coat should be worn over scrubs when outside of the operating room.

Patches

Each student will be provided with a Nazareth PA Program patch for placement on white lab coats. The center of the patch should be placed approximately 6 inches below the top shoulder seam, measured vertically. The patch should be centered horizontally within the right chest area, positioned between the lapel and the seam of the sleeve as shown below.

Scrubs

In general, scrubs should not be worn outside of clinical courses, the hospital or clinic. Scrubs are expected to be clean when worn in a public area and should be covered with a white coat. ID Badge(s) must be worn outside the white coat. Scrubs may be worn only as delineated by individual clinical sites.

Slacks, Pants, and Suit Pants

Slacks that are similar to Dockers and other makers of cotton or synthetic material pants, wool pants, flannel pants, dressy Capri, and nice-looking dress synthetic pants are acceptable. Inappropriate slacks or pants include jeans (pants which contain rivets), sweatpants, athletic pants, Bermuda shorts, short shorts, shorts, bib overalls, leggings, and any spandex or other form-fitting pants people wear for exercise. Pants must be worn properly at the hips. No student shall dress in a way that underwear is exposed.

Skirts, Dresses, and Skirted Suits

Casual dresses and skirts, and skirts that are split at or below the knee are acceptable. Dress and skirt length shall be no shorter than one inch above the knee (when standing). Short, tight skirts that ride halfway up the thigh are inappropriate for the program. Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses are inappropriate for the program.

Shirts, Tops, Blouses, and Jackets

Casual/dress shirts, sweaters, tops, tailored blouses, golf-type shirts, and turtlenecks are

acceptable attire for the Program. Most suit jackets or sport jackets are also acceptable attire for the program. Inappropriate attire for the program includes tank tops, midriff tops, spaghetti straps, tube tops, swim tops, shirts with potentially offensive words, terms, logos, pictures, cartoons, or slogans, halter-tops, tops with bare shoulders, hoodies, sweatshirts and articles of fleece, and t-shirts unless worn under another blouse, shirt, jacket, or dress. Additionally, students should wear professional lab coats with name tags during school related health fairs and campus activities.

Shoes and Footwear

Conservative athletic or walking shoes, oxfords, loafers, clogs, boots, flats, dress heels, and leather deck-type shoes are acceptable for the Program and shall be clean and in good condition. Sandals, flip-flops, slippers, work boots, hiking boots, and any non-dress shoe with an open toe are not acceptable in the program. Closed toe and closed heel shoes are required in patient-care areas and laboratories.

Hats and Head Covering

Hats, caps, and other headgear may not be worn in the building halls aforementioned during the hours that the dress code is in effect. Only headgear worn for bona fide religious purposes or to honor cultural tradition is permissible.

General Personal Care Standards

Adequate precautions shall be taken to maintain good personal hygiene. These precautions include regular bathing, use of deodorants and regular dental hygiene.

Style

No sweatshirts or shirts with messages, lettering or logos (except Naz). No jeans, shorts, cut-offs, etc.

Fragrance

Do not wear colognes, perfumes or scented lotions in clinical settings as patients may be sensitive to fragrances.

Hands

Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Artificial nails and decorative nail designs are discouraged. Some clinics/hospital settings do not permit any colored polish.

Hair

Mustaches, hair longer than chin length, and beards must be clean and well-trimmed. Students with long hair who participate in patient care should wear hair tied back to avoid interfering with the performance of procedures or having hair come into contact with patients.

Jewelry

Jewelry should not be functionally restrictive or excessive. Students should avoid wearing long or dangling earrings for their own and for patient safety. Soldered jewelry will not be appropriate for the clinical year, specifically the surgery rotation and sterile procedures; thus, will need to be removed. There should be no visible jewelry in body piercings with the exception of earrings. In the case of religious requirement, certain piercings may be acceptable. Please consult the Program Director if you have a religious requirement for piercings. No other facial jewelry (e.g., tongue, eyebrow piercings, etc.) is allowed.

Tattoos

Tattoos shall be appropriately covered when possible.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal Regulation dealing with health records. The purpose of the Act is to ensure the privacy and security of Protected Health Information (PHI) with regard to patient records and research subject data.

- Students will complete formal HIPAA training during the Fall 1 semester prior to the clinical year.

Naz Physician Assistant Program students must adhere to all HIPAA guidelines, which include:

- Patient information may not be discussed where the information may be overheard by unauthorized individuals (i.e., hallways, elevators, water coolers, at home or at social events).
- Dictation of patient information must occur in a private location where the information cannot be overheard by unauthorized individuals.
- Documents containing confidential information must be stored in a safe and secure location.
- Documents containing confidential information must be picked up as soon as possible from printers, copy machines, mailboxes, fax machines, etc.
- Confidential documents must be disposed of by shredding or otherwise destroying the documents. Tearing up and placing in a standard trash receptacle is not acceptable.
- Personal health information (PHI) should not be transmitted via unsecure sources

including, but not limited to email, text messaging, group me, WhatsApp, social media, discussion boards, etc.

- PHI may not be accessed for personal use including writing SOAP notes, oral case presentations, capstone research, etc. PHI may only be accessed as is necessary to fulfill your professional duties.
- It is the provider's duty and responsibility to keep health care information completely confidential.
- Computer "passwords" must not be written down or shared.

Storage of Digital Personal Information

To ensure the security of patient information in compliance with HIPAA requirements, students are strictly prohibited from using any digital device to store or track patient information.

Safety Policies

Health Insurance Requirements

Students are required to maintain personal health insurance during enrollment in Naz's Physician Assistant Program. Proof of insurance coverage must be provided prior to orientation.

Students are responsible for all personal health care costs incurred while enrolled in the PA Program. These costs may include, but are not limited to immunizations, illness, tuberculosis screening, health evaluation post exposure to a communicable disease, environmental exposure, or other accidental injuries sustained during program mandated training activities. Due to the potential for exposure to potentially infectious materials, insurance should cover screenings, diagnostics, treatments, and short- and long-term disability compensation that may result from any potential exposure. All screening, treatment, or disability maintenance costs that insurance does not cover will be the sole responsibility of the student. All covered, uncovered, or related costs are the exclusive responsibility of the student and not the responsibility of Nazareth University.

Standard Precautions/Prevention of Hazardous Exposures {A3.08a}

Definition: Standard precautions are the minimum safety and infection prevention practices that apply to **all** patient care, laboratory or technical skills training experiences in any setting where healthcare or healthcare training is delivered. These practices are designed to protect healthcare professionals (HCP) and prevent HCP from spreading infections to others. Students will be instructed in Standard Precautions early in the program during orientation and prior to

the start of the clinical phase of the program.

Compliance with all safety practices is not just a good procedure - it is a mark of your professionalism. Persistent failure to observe and practice Standard Precautions may result in adverse/disciplinary action for unprofessional behavior and referral to the Student Progress Committee.

Students will be required to complete any clinical site-specific safety or security training requirements in preparation for supervised clinical practice rotations.

Accidental Exposure {A3.08b,c}

There are several steps students should take in the event of Accidental Exposure. Those steps include, but may not be limited to, the following:

- Remove soiled clothing and administer immediate aid, including washing skin, flushing eyes for 10-15 minutes, etc. Remove contact lenses if eyes are exposed.
- Notify the preceptor immediately. **DO NOT DELAY. GET ASSISTANCE IMMEDIATELY.**
- Immediately report to or contact the designated person/department at the clinical site to receive information and counseling regarding proper protocol and treatment for accidental exposure. In some cases, this might be the Employee Health or Occupational Health Services Department. **PLEASE NOTE: Health care entities are not obligated to provide students with treatment although some may do so.** All Naz students are required to carry health insurance for the duration of the program.
- Should the clinical site not provide the student with treatment, students should go to the closest Urgent Care, Health Clinic or Emergency Department for immediate treatment at their own expense. Student injuries are not work-related injuries; and therefore, are not covered under Workers' Compensation Laws. Students are responsible for all healthcare costs related to incidents involving exposure to infectious and environmental hazards including evaluation and follow up care.
- Following an exposure, once the student has followed the clinical site's protocol, the affected student must contact the Director of Clinical Education within 24 hours of the incident. The student must also complete the Student Exposure Form (Located in the Clinical Education Student Handbook). Please complete the form as accurately and completely as possible.

Nazareth University PA Program Liability Insurance

Naz PA students are covered under professional liability insurance throughout enrollment in the

program and two years thereafter. Proof of insurance will be provided to clinical sites where students are assigned. Coverage will be in effect for program-assigned clinical rotations and experiences but will not be in effect for students working in a clinical setting not affiliated with the program or in the case of volunteer work, unless it is program-assigned.

Criminal Background Check/Drug Testing {A3.07a}

Students enrolled in the program are required to comply with all legal, professional, and ethical standards expected of physician assistant students. Matriculation and continued enrollment in the Naz PA program is based upon satisfactory results on background checks. **The student is responsible for all costs related to background checks.**

During the clinical year, some sites may require repeat or additional testing of students, such as additional background checks, drug testing, and/or fingerprint screening. If a current student declines to undergo a background check or if findings are revealed, this may be grounds for dismissal from the program. The program is not responsible for securing alternative clinical placements when a conviction restricts site eligibility.

The Program Director will review the background check results for all conditionally admitted applicants and enrolled students. In the event a student has an unsatisfactory finding on a background check, the matter will be reviewed by the SPC, the Office of Institutional Equity and Compliance, and/or other university officials as appropriate. The student will be informed and provided with contact information to challenge the finding and/or provide explanatory information. Pending review by the SPC, a student may be denied enrollment or continued progression depending on the circumstances regarding the offense.

Drug Screenings

Naz PA students may be required to undergo one or more random drug screenings. Such randomized testing may be necessary in order to adhere to the requirements of our clinical affiliates. When required by clinical facilities, students must complete drug screening prior to the onset of the given clinical experience. **Students are financially responsible for services related to urine drug screening.** Depending on the specific clinical site requirements, this may need to be repeated annually or more frequently.

Drug screening results that limit the program's ability to secure clinical experiences may prevent a student from progressing within the program or recommended for graduation. By accepting admission into the Naz PA Program, students agree to submit to a drug screening if requested and agree to pay expenses associated with these requirements. Acceptance into and successful completion of the Naz PA Program does not imply or guarantee that the

student will be able to obtain state licensure upon graduation.

Other Screenings

A clinical site may request additional testing (e.g., fingerprinting, alcohol testing, respiratory fit testing) to which the student **must** agree to participate and for which the student will be held financially responsible. If a student refuses the testing, they will be unable to complete that clinical rotation and will be referred to the Student Progress Committee for review and possible disciplinary proceedings.

Please refer to the Nazareth PA Program Student Handbook of Policies & Procedures and Nazareth PA Program Clinical Education Student Handbook for more information on program policies.

Nazareth Sexual Assault Policy {A1.02j} {A3.15f}

Sex-Based Harassment is considered discrimination on the basis of sex if it includes harassment due to actual or perceived sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, and/or gender identity.

Contact Information for the Title IX Coordinator at Nazareth University:
Name: Heather Sourwine
Title: Title IX Coordinator
Office Address: 100A Otto A. Shults Community Center
Email Address: hsourwi8@naz.edu and titleix@naz.edu
Phone: 585-389-2877

Campus Safety:

Phone: (585) 389-2850
Office Address: 21 Otto A. Shults Community Center
Email Address: campussafety@naz.edu

Campus Safety is available 24 hours a day, 7 days a week. The department can also be reached through the Safe@Naz app. Refer to the Sexual Misconduct Policy for further details: https://www2.naz.edu/student-handbook.

Therefore, it is very difficult to have a procedure to cover all possibilities. It is best to refer to the Nazareth University Sex-Based Harassment Policy for guidance via the following link: https://www2.naz.edu/files/5817/2494/3808/Naz_Sex-Based_Harassment_Policy.pdf.

Title IX

Nazareth University is committed to fostering a climate free from sexual assault, dating and domestic violence, stalking and sexual harassment and to providing options, support and assistance to members of our community affected by various form of sexual misconduct.

Title IX is housed in the Office of Culture, Community and Belonging.

If you have been subject to, made aware of, or bore witness to an incident of sexual misconduct, report the incident by clicking the following link: Sexual Misconduct/Harassment Reporting Form. Refer to the Title IX website for more information.

Conduct Violations and Harassment {A1.02j} {A3.15f}

Nazareth is committed to fostering a safe and healthy campus environment conducive to education, study, work, and personal development. In order to establish and maintain this environment, the University has adopted the Student Code of Conduct by which all students and student organizations are expected to abide at all times. All members of the Nazareth community are required to become familiar with these policies and comply with them.

The Student Conduct Office works with students who may have violated the Student Conduct Code to reflect on and accept responsibility for their own behavior.

The conduct process focuses on student development and on taking responsibility for your own actions. Through informal and formal hearings, we assist students in understanding how their actions negatively impact others and their own goals.

The Naz Physician Assistant Program adheres to the same policy adhered to by the University. This can be found in the Naz Student Conduct Code.

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age Discrimination: https://www.ed.gov/about/offices/list/ocr/know.html.

Diversity and Inclusion Strategies

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.[1] Additionally, a Diversity Standard {A1.11} was added to the ARC-PA 5th Edition Standards. PA programs continue to develop recruitment and retention efforts to support underserved populations. Furthermore, it is important that students are provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

1. Recognize that students come from a variety of backgrounds with differences that contribute to variations in habits, practices, beliefs, and/or values.[2]
2. Encourage the PA student and preceptor to discuss personal biases and/or fears at the beginning of the rotation and ongoing as needed.
3. At the beginning of the rotation, the preceptor should discuss any considerations unique to the student's practice setting and patient population. Additionally, the preceptor may provide the student with suggested resources for further research on the unique practice settings and patient population.
4. Intentionally seek opportunities for students to care for patients with diverse backgrounds, habits, practices, beliefs, and/or values.
5. Engage the student in dialogue about their encounters with diverse patients and team members and provide formative feedback regarding their interactions and perceptions.
6. Encourage the student and preceptor to challenge their own beliefs and understand their impact on their care of patients and development as a compassionate, inclusive learner.
7. Provide opportunities for the student to interact with community outreach activities as available at the clinical site and in the local community.
8. Become a mentor for prospective PA students who are from underrepresented minority groups.
9. Encourage students and preceptors to engage in conversations about health equity and social determinants of health.

PAEA has available in the Digital Learning Hub a Diversity, Equity, and Inclusion Toolkit (https://paea.edcast.com/pathways/diversity-equity-and-inclusion-toolkit) and best practices guidelines. Ask the Clinical Education Assistant to download and share this resource if you do not have access.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program clinical faculty and staff, and preceptors. All members of the team should share their preferred contact information.

If a preceptor has a question or concern about a student, they should contact the faculty instructor of record or the director of clinical education or designee. Programs strive to maintain open faculty–colleague relationships with their preceptors and believe that if problems arise during a rotation, by notifying appropriate program personnel early, problems

can be solved without unduly burdening the preceptor. In addition, open communication and early troubleshooting may help avoid a diminution in the educational experience.

Liability Insurance

Each PA student is fully covered for liability insurance by the PA program/university for any clinical site with a fully executed and valid affiliation agreement. Students completing a formal elective rotation with a preceptor or clinical site that might become an employer must maintain a "student" role in the clinic and should not assume an employee's responsibilities until after completing the PA program and successful certification and licensure. This includes appropriate routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This relationship is vital in preserving the professional liability coverage provided by the PA program/university and is critical to protect both the student and the employer if a patient seeks legal action. Even more concerning is the occasional
opportunity or suggestion from a potential employer that a student participate in patient care activities outside of the formal rotation assignment before PA program completion. While these opportunities may be appealing and are seemingly benign, they must be avoided at all costs, as the university'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 healthcare-related capacity at any time during their PA education, that individual 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

Nazareth University PA Program- Clinical Education Information:

Rotation Schedule 2027

Rotation #	Rotation Dates
Rotation 1	Monday, January 4 - Wednesday, February 3, 2027
Rotation 2	Monday, February 8 - Wednesday, March 10, 2027
Rotation 3	Monday, March 15 - Wednesday, April 14, 2027
Rotation 4	Monday, April 26 - Wednesday, May 26, 2027
Rotation 5	Monday, May 31 - Wednesday, June 30, 2027
Rotation 6	Monday, July 5 - Wednesday, August 4, 2027
Rotation 7	Monday, August 16 - Wednesday, September 15, 2027
Rotation 8	Monday, September 20 - Wednesday, October 20, 2027
Rotation 9	Monday, October 25 - Wednesday, November 24, 2027

Nazareth University Physician Assistant Program

Program Mission

Our mission at Nazareth University is to educate highly skilled, compassionate PAs who excel in interprofessional collaboration and are dedicated to serving diverse communities with a focus on underserved populations.

Program Vision

Our vision at Nazareth University is to empower a new generation of healthcare leaders with a transformative approach to education. Through our innovative hybrid model, we envision a future where highly skilled and empathetic PAs serve as catalysts for change in healthcare. With a steadfast commitment to interprofessional collaboration, we aspire to bridge gaps in access, ensuring every community, especially those in underserved areas, receives equitable and exemplary care.

Program Goals

1. Ensure that PA students acquire essential medical knowledge, skills, and clinical reasoning abilities necessary for providing exemplary, evidence-based, patient-centered care.
2. Offer PA students diverse healthcare exposure, emphasizing medically underserved communities, to expand access to high-quality healthcare.
3. Develop PA students who excel in interprofessional collaboration essential for delivering comprehensive and patient-centered care.
4. Instill in PA students the value of compassion to meet the holistic needs of their patients.
5. Promote PA student well-being by providing curriculum for self-care and resilience, to reduce burnout and enhance professional fulfillment.

Student Grading

Assessment Schedule and Due Dates

Week/Day	Assignment	Due Date
0	Prerotation Diagnostic Script Assignment	11:59 pm Sunday prior to the start of rotation
1	Written Clinical Note Assignment	11:59 pm Sunday week 1
2-4	Site Visit (if applicable)	Scheduled by Course Instructor
2	Mid-rotation Student Evaluation	11:59 pm Sunday week 2
4	Review Questions	11:59 pm Sunday week 4
5	End of Rotation Exam OR Elective Case Presentation	Thursday week 5 (See Virtual Callback Day Schedule in Moodle for specific time) OR Presentation slides/materials due: Wednesday of Week 5 by 11:59 pm. Oral presentation: See the Virtual Callback Day Schedule in Moodle

		for student assigned presentation date and time.
5	Preceptor Final Evaluation of Student's Clinical Performance	11:59 pm Thursday week 5

Required Non-Assessed Student Responsibilities

Daily Patient Logs

Students are required to log all patient encounters into CORE ELMS on a daily basis. This is essential for the program to ensure that the SCPE experiences enable students to meet the defined learning outcomes.

Attendance Log

Students are expected to have preceptors sign off on days they are present in the clinic to mitigate student absenteeism from clinical rotation duties and exposure. Students are expected to be at their clinical site at least 184 hours for the duration of the clinical rotation, and no more than 80 hours per week. The delivery of health care occurs 24 hours a day. Student availability and flexibility in scheduling are expected. Depending on the rotation and site, requirements may include work on Saturdays, Sundays, evenings and/or overnight shifts. Students are assigned to preceptors and sites that have been thoroughly vetted to support the achievement of student learning outcomes, including the completion of at least 184 hours of required rotation time.

In the event of a minor unforeseen circumstance, such as a preceptor illness or inclement weather, students are responsible for working with their preceptor to identify additional opportunities to meet the required minimum hours. If the extenuating circumstance threatens the student's ability to meet the time requirement, the student is responsible for contacting the program, who will assist in identifying additional opportunities to ensure the completion of the hourly requirement.

Student Evaluation of Preceptor

Students are required to complete a student evaluation on the preceptor after each clinical rotation. Questions encompass the teaching effectiveness, and overall impression of the rotation preceptor.

Student Evaluation of Site

Students are required to complete a student evaluation on the clinical site after each clinical

rotation. Questions encompass the facilities, resources, and overall impression of the rotation site.

Clinical Rotation Objectives and Learning Outcomes

Please see rotation specific syllabus provided by the program.

Site Visits

During the clinical phase, a student will have two graded site visits by a member of the PA program faculty. The site visit will allow the site visitor to assess the student's clinical acumen. This visit could occur remotely or in person and will be coordinated by the program. The student will be notified prior to the start of the rotation if they are scheduled for a site visit within that upcoming rotation block and additional details regarding scheduling.

During the site visit, the PA student will orally present a patient case to the site visitor, demonstrating their ability to organize and communicate clinical information effectively. The student will engage in an evidence-based discussion related to the medical management of the case, integrating relevant current research and guidelines. This will assess the student's clinical reasoning, medical knowledge, and ability to apply evidence-based medicine in patient care.

Preceptor Benefits

The role of serving as preceptor embodies the university's mission to educate whole persons who are guided by empathy and committed to equity, preparing them to lead innovation in healthcare. Preceptors contribute to the university's vision of transformative education and social justice by mentoring future healthcare professionals and inspiring courageous changemakers. Their support exemplifies Nazareth's identity as a community that unites academic rigor with experiential learning, empowering students with the intellectual, ethical, and collaborative skills necessary for lives of meaning and purpose.

Serving as a preceptor at Nazareth University offers significant professional benefits while aligning with the institution's mission, vision, and core values. Primary preceptors receive an academic appointment as Clinical Instructor for the calendar/clinical year (January-December). Additionally, Category 1 Continuing Medical Education (CME) credits are earned for practicing PAs. As recognition for their commitment, primary preceptors are eligible for a $1,000 per each student, per rotation upon completion of the student rotation.

Annual Preceptor Benefits	Clinical Instructor • Nazareth University academic appointment title for the calendar year in which student rotation offers were provided.
	Continuing Medical Education (CME) Credits • Individual PA preceptors may be awarded AAPA Category 1 CME credits at a rate of 2 AAPA Category 1 CME credits per PA student per 40-hour week, with no limit.
	Honorarium • $1,000 per student per rotation upon completion of student rotation*

*The PA Program recognizes the time, preparation, and commitment involved in reserving a clinical placement. If a confirmed rotation is canceled within thirty (30) calendar days of its anticipated start date for reasons unrelated to the preceptor or clinical site, the preceptor remains eligible to receive the full previously agreed-upon stipend under the established payment terms. Qualifying circumstances include student withdrawal, changes in student eligibility or availability, and program- or institution-directed rescheduling or reassignment. This provision acknowledges the preceptor's preparation and potential loss of other teaching opportunities and does not apply to cancellations attributable to the preceptor or clinical site, including an inability to accommodate the student as agreed.

Preceptor Development Resources

PAEA's Committee on Clinical Education created a set of one-pagers for preceptors to help streamline and enhance this essential experience:

- Incorporating Students into Patient Care/Workflow
- The One-Minute Preceptor
- Ask-Tell-Ask Feedback Model
- SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education
- Introducing/Orienting a PA Student to Your Practice
- Tailoring Clinical Teaching to an Individual Student

The one-pagers are available on the PAEA website: https://paeaonline.org/how-we-can-help/faculty#clinical. They combine some of the committee's own resources with the best precepting practices outlined in the literature.

Additional resources for preceptors can be found in the Preceptor Channel within the PAEA Digital Learning Hub: https://paea.edcast.com/channel/preceptor-development
Ask your clinical education assistant to download and share these resources if you do not have access.

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[1] National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report.* https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf.

[2] Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education.* 5th edition. http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf.