NAZARETH UNIVERSITY

Course Syllabus
PHA 604: Surgery Rotation

Class Time and Location:	This course is a supervised clinical practice experience, also known as a clinical rotation. The course will be five weeks long. The course will include 4 weeks and 3 days of in-person clinical practice experiences supervised and assessed by a clinical preceptor, assessments and virtual callback days. The location of the clinical training site and the primary preceptor for the rotation will be assigned by the PA program. 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 expected to be on-call if required by the site. In-person callback days will be scheduled by the program. All times listed below are in Eastern Standard Time (EST).
Credit Hours:	4.0
Course Mode:	Hybrid

Instructor Information

Faculty Instructor of Record:	Melanie L. Geiger MS, MSBA, PA-C *or* PF3
Contact Information:	Smyth- Room 362A| 585-389-2816 | mgeiger0@naz.edu
Office Hours:	Please email to set up an appointment.
Director of Clinical Education:	Melanie L. Geiger MS, MSBA, PA-C Director of Clinical Education Assistant Clinical Professor Physician Assistant Program
Contact Information:	Smyth- Room 362A | 585-389-2816 | mgeiger0@naz.edu
Office Hours:	Please email to set up an appointment.

Preceptor: The preceptor information will be provided to the student in advance of the rotation through the CORE ELMS.

Course Materials

Required Texts and Resources

Gonzales PA. The PA Rotation Exam Review, 2e. Lippincott Williams & Wilkins, a Wolters Kluwer business; 2024. ISBN: 9781975193348.

O'Connell CB, Cogan-Drew T. A Comprehensive Review for the Certification and Recertification Examinations for PAs, 7e. Lippincott Williams & Wilkins, a Wolters Kluwer business; 2023.ISBN/ISSN: 9781975158224.

Papadakis MA, Rabow MW, McQuaid KR, Nadler PL, Price EL, eds. CURRENT Medical Diagnosis & Treatment 2026. 65th ed. McGraw Hill; 2026.

Van Rhee J, Bruce C, Neary S, eds. Clinical Medicine for Physician Assistants. New York, NY: Springer Publishing Company, LLC; 2023. ISBN: 9780826182425, eBook ISBN: 9780826182432.

Osmosis (supplied by the program)
https://www.osmosis.org/

CORE ELMS (supplied by the program)
https://corehighered.com/elms

EHR GO
https://ehrgo.com/

Blueprint PA (arranged by the program)
https://blueprintprep.com/pa

Recommended Resources	Doherty G. Current Diagnosis and Treatment in Surgery. Fifteenth edition. McGraw-Hill Medical; 2020. ISBN 978-1-260-12221-3. Brunicardi FC, Anderson D, Billiar T, Hunter J, Kao L, Matthews J, Pollock R. Schwartz's Principles of Surgery. Eleventh Edition. McGraw-Hill Medical; 2019. Set ISBN 978-1-259-83535-3. Klingensmith M, Wise P. The Washington Manual of Surgery. Eighth Edition. Lippincott Williams & Wilkins; 2019. ISBN 10: 197512006X ISBN 13: 9781975120061. Adams G, Bresnick S. On Call Surgery: On Call Series. Fourth Edition. Saunders; 2019. Paperback ISBN: 9780323528894. Netter F. Atlas of Human Anatomy Classic Regional Approach. Eighth Edition. Elsevier- Health Sciences Division; 2022. ISBN Number 9780323680424. ClinicalKey Student (supplied by the program) https://www.clinicalkey.com/#!/
Technology Requirements	Students are required to review the Technology Requirement section as outlined in the PA Program Student Handbook of Policies and Procedures, including ensuring access to necessary hardware, software and internet connectivity to fully participate in the course.

Course Description

This rotation is designed to provide students with supervised clinical practice experiences in a surgical setting. This rotation offers exposure to patients seeking care for conditions requiring surgical management to enable students to acquire the competencies needed for entry-level clinical PA practice.

Prerequisites

Successful completion of Nazareth University, Physician Assistant Program course PHA 551-Clinical Integration.

Course Goals

1. Allow for the application of knowledge gained in anatomy, physiology, and pathophysiology of all organ systems in the evaluation, diagnosis, and treatment of patients in a perioperative setting.

2. Develop students' skills related to problem-solving, critical-thinking and medical decision-making.
3. Enhance students' skills in the review and application of evidence-based medicine to individualized patient care.
4. Provide opportunities for students to apply clinical and technical skills necessary to evaluate, diagnose, and treat patients seeking care in the perioperative setting.
5. Allow for the development of effective verbal and nonverbal communication skills with patients, families, and healthcare team members, while practicing timely documentation and clear communication of diagnostic findings and management plans.
6. Assist the advancement of professional behaviors by allowing students the opportunity to practice and apply principles such as ethics, cultural competency and teamwork during the evaluation and management of patients in an perioperative setting.

ARC-PA Standards

{B2.19a-c}; {B3.03d}; {B3.04d}; {B3.07d}; {B4.01a, b}

Program Competencies (PC)

Upon completion of the Naz PA program, graduates will demonstrate competence in the following domains:

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.

Course Learning Outcomes

At the completion of this clinical rotation, the PA student will possess the following medical knowledge, interpersonal, *clinical and technical skills*, professional behaviors, and clinical reasoning and problem-solving abilities:

Medical Knowledge

1. Demonstrate knowledge of clinical presentation and manifestation of medical conditions in patients in pre-operative, intra-operative and post-operative encounters in the surgical setting. {B3.03d, B3.04d, B3.07d} {PC 1.1, 1.2, 1.3, 2.1}
2. Order and interpret appropriate diagnostic tests used in the care of surgical patients. {B3.04d, B3.07d} {PC 2.2}
3. Demonstrate the ability to manage appropriate pharmacologic treatment plans for patients in the surgical encounter. {B3.04d, B3.07d} {PC 2.3}
4. Propose appropriate treatment plans for medical conditions encountered in the surgical setting. {B3.04d, B3.07d} {PC 1.3, 2.2, 2.3}

Clinical Reasoning and Problem Solving

5. Identify the need for referral to specialty care. {PC 2.3}
6. Apply clinical reasoning and problem-solving skills to formulate differential diagnoses for conditions in pre-operative, intra-operative and post-operative encounters in the surgical setting. {B3.03d, B3.04d, B3.07d} {PC 1.1, 1.2, 1.3, 2.1}
7. Apply principles of evidence-based medicine to the care of individual patients in the surgical encounter. {B3.04d, B3.07d} {PC 2.2, 2.3, 3.4}

Clinical and Technical Skills

8. Demonstrate the clinical skills needed to gather essential information through medical history taking of patients in the surgical encounter. {B3.04d, B3.07d} {PC 3.1}
9. Demonstrate the clinical skills needed to gather essential information through physical examination of patients in the surgical encounter. {B3.04d, B3.07d} {PC 3.1}
10. Demonstrate competency in the following technical skills: {PC 3.2}
    a. Perform urinary catheterization

b. Perform a sterile surgical scrub
c. Maintain sterile technique during a procedure
d. Perform a dressing change
e. Perform surgical wound closure

Interpersonal and Communication Skills

11. Demonstrate the ability to provide appropriate patient education in the surgical encounter. {B3.04d, B3.07d} {PC 3.4, 4.1}
12. Demonstrate accurate and complete documentation of pre-operative, intra-operative and post-operative patient encounters in the surgical setting. {B3.03d, B3.04d, B3.07d} {PC 4.2}
13. Demonstrate interprofessional communication skills to work effectively with other health care professionals. {PC 4.1, 4.2, 4,3}

Professional Behaviors

14. Demonstrate cultural humility and sensitivity when caring for patients from marginalized populations. {PC 5.1, 5.2, 5.3}
15. Demonstrate ethical principles in patient care. {PC 5.1, 5.3}
16. Demonstrate respect and empathy in all interactions. {PC 5.1, 5.3, 5.4}
17. Demonstrate professionalism by reliably completing assigned tasks, incorporating feedback and demonstrating continuous improvement. {PC 5.1, 5.5}
18. Demonstrate knowledge of reimbursement, billing and coding specific to surgical encounters. {B3.04d, B3.07d} {PC 5.5}
19. Demonstrate academic and professional behavior inherent to the role of a Nazareth University PA Student {B2.19a-c} {PC 5.1, 5.2, 5.3, 5.4}

Instructional Objectives

PA students will be able to demonstrate the following observable actions or behaviors after completion of this clinical rotation.

Medical Knowledge

1. List the etiology, risk factors, epidemiology, pathology and clinical manifestations for the conditions listed on the Topic List. {CLO 1}
2. Select appropriate laboratory and diagnostic studies for common illnesses and conditions listed on the course syllabus Topic List. {CLO 2}
3. Interpret normal and abnormal laboratory and diagnostic study findings. {CLO 2}

Clinical Reasoning and Problem Solving

4. Integrate history, physical exam and diagnostic studies to develop differential diagnoses. {CLO 6}
5. Integrate history, physical exam and diagnostic studies to develop comprehensive management plans for pre-, intra- and post-operative encounters for conditions listed in the Topic List. {CLO 4, 6}

6. Demonstrate the ability to accurately refer a patient when applicable, as part of a management plan. {CLO 5}
7. Identify risks for specific illnesses that affect screening and treatment strategies. {CLO 2, 4, 7}
8. Apply appropriate pharmacological interventions to develop safe, individualized treatment plans. {CLO 3, 4}

Clinical and Technical Skills

9. Obtain accurate and essential patient information through medical history taking and physical examination for the patient presenting with pre-operative and post-operative chief concerns. {CLO 8, 9}
10. Demonstrate competency in ability to: {CLO 10}
    a. Perform urinary catheterization
    b. Perform a sterile surgical scrub
    c. Maintain sterile technique during a procedure
    d. Perform a dressing change
    e. Perform surgical wound closure

Interpersonal and Communication Skills

11. Demonstrate effective communication techniques to support shared decision-making and patient education with patients and caregivers. {CLO 11}
12. Demonstrate collaborative and communication skills required to work in interprofessional patient-centered healthcare teams that aim to optimize patient care. {CLO 13}

Professional Behaviors

13. Demonstrate cultural humility by respecting, being sensitive to, and providing compassionate, nonjudgmental care to patients of all backgrounds. {CLO 14, 16}
14. Demonstrate the ability to work effectively and collaboratively with preceptors and other healthcare professionals. {CLO 13}
15. Incorporate feedback to improve clinical practice and display continual improvement. {CLO 17}
16. Demonstrate reliability and initiative towards continuous learning. {CLO 17}
17. Identify the reimbursement, coding, and billing principles on the ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes. {CLO 18}
18. Demonstrate accurate documentation in CORE ELMS of patient encounters for the following: {CLO 12}
    a. Pre-operative management
    b. Intra-operative management
    c. Post-operative management
    d. Operating room setting
19. Demonstrate timeliness, reliability, maintain a motivated, self-driven approach to patient care and interprofessional collaboration. {CLO 17}

20. Apply HIPAA principles in every patient interaction to ensure confidentiality, privacy, and security of patient information. {CLO 15, 17}

Topic List

This list is to be used to guide student acquisition of patient encounters and completion of self-directed learning. While clinical topics addressed in any one clinical rotation are dependent on the types of disease entities presenting to a specific clinic, certain content must be addressed, either by clinical exposure or through self-directed learning associated with this Topic List.

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GASTROINTESTINAL

Gastrointestinal diagnoses
Anal disorders
Appendicitis
Bowel obstruction
Cholecystitis/cholelithiasis
Diverticulitis
Gastrointestinal bleeding
Hiatal hernia
Ileus
Inflammatory bowel disease
Malignancy of the gastrointestinal tract
Obesity
Pancreatitis
Peritonitis
Toxic megacolon
Perioperative gastrointestinal risk assessment and complications

Gastrointestinal procedures
Abdominal drains
Colonoscopy
Endoscopic retrograde cholangiopancreatography
Endoscopy
Ileostomy
Nasogastric tubes
Parenteral nutrition
Percutaneous endoscopic gastronomy tube

CARDIOVASCULAR

Cardiovascular diagnoses
Acute arterial occlusion
Aortic aneurysm
Aortic dissection
Chronic arterial insufficiency
Chronic venous insufficiency
Compartment syndrome
Coronary artery disease
Carotid artery stenosis
Intestinal ischemia
Renal vascular disease
Valvular heart disease
Varicose veins
Perioperative cardiovascular risk assessment and complications

Cardiovascular procedures
Advanced cardiac life support
Arteriovenous fistula placement
Central line placement
Permacath/port placement
Vascular access

PULMONARY/THORACIC SURGERY

Pulmonary/thoracic surgery diagnoses
Chylothorax
Empyema
Hemothorax
Lung malignancy
Mediastinal disorders
Pleural effusion
Pneumothorax
Pulmonary nodule
Perioperative pulmonary/thoracic surgery risk assessment and complications

Pulmonary/thoracic surgery procedures
Chest tube
Thoracentesis

BREAST SURGERY

Breast surgery diagnoses
Breast abscess
Benign breast disease
Carcinoma of the female breast
Carcinoma of the male breast
Disorders of the augmented breast
Fat necrosis
Mastitis
Phyllodes tumor
Perioperative breast surgery risk assessment and complications

Breast surgery procedures
Biopsy

DERMATOLOGIC

Dermatologic diagnoses
Burns
Cellulitis
Dermatologic neoplasms
Epidermal inclusion cyst

Hidradenitis suppurativa
Lipoma
Pressure ulcer
Perioperative dermatologic risk assessment and complications

Dermatologic procedures
Aspiration of seroma/hematoma
Incision and drainage of abscess
Skin biopsy
Skin graft and flap
Suturing

RENAL/GENITOURINARY
Renal/genitourinary diagnoses
Benign prostatic hyperplasia
Nephrolithiasis
Paraphimosis/phimosis
Testicular torsion
Urethral stricture
Urologic/renal neoplasms
Perioperative renal/genitourinary risk assessment and complications

Renal/genitourinary procedures
Lithotripsy
Urinary catheterization
Vasectomy

TRAUMA/ACUTE CARE
Trauma/acute care diagnoses
Acute abdomen
Alteration in consciousness
Compound fractures
Shock
Perioperative trauma/acute care risk assessment and complications

Trauma/acute care procedures
Transfusion

NEUROLOGIC/ NEUROSURGERY
Neurologic/neurosurgery diagnoses
Carpal tunnel syndrome
Epidural hematoma
Neurologic neoplasms
Subarachnoid hemorrhage
Perioperative neurologic/neurosurgery risk assessment and complications

Neurologic/neurosurgery procedures
Lumbar puncture

PAIN MEDICINE/ANESTHESIA
Pain medicine/anesthesia diagnoses
Acute pain
Chronic pain
Substance use disorder
Perioperative pain medicine/anesthesia risk assessment and complications

Pain medicine/anesthesia procedures
Endotracheal intubation
Intravenous line placement
Local and regional anesthesia

ENDOCRINE
Endocrine diagnoses
Adrenal disorders
Endocrine neoplasms
Parathyroid disorders
Pituitary disorders
Thyroid disorders
Perioperative endocrine risk assessment and complications

Endocrine procedures
Fine needle biopsy

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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	Thursday week 5 (See Virtual Callback Day Schedule in Moodle for Specific Time)
5	Preceptor Final Evaluation of Student's Clinical Performance	11:59 pm Thursday week 5

Methods of Assessment {B4.01a, b}

Components of Evaluation

Prerotation Diagnostic Script Assignment: {CLO 1-6} {IO 1-7}

Five (5) rotation specific diagnostic scripts are required to be completed and will account for 5% of the overall course grade. The completed scripts are due in Moodle by 11:59 pm the Sunday prior to the start of the rotation.

Each student will be assigned five diagnoses or presenting concerns. A diagnostic script is an organized manner to gauge and assess holistic knowledge about a particular disease. It will include content areas of a specific disease that will enable a student to better gauge, organize, and compile the salient information about a disease that will be tested. Components include diagnosis, enabling conditions, pathology of diagnosis, clinical consequences and management. The assigned topics, instructions, criteria, expectations, and grading rubric (Appendix A) are available in Moodle.

This assignment is intended to assess each student's independent medical knowledge and preparation for their rotation. For that reason, the use of generative artificial intelligence (AI) is not allowed to be used during the planning, drafting, editing, or completion of this assignment. Students are expected to produce original work using course materials, assigned readings and scholarly resources. Submission of work generated in whole or in part by AI, or work substantially revised using AI constitutes as violation of Program and University AI Guidelines (see below).

If a student fails the assignment, they will present before their faculty instructor to address their performance.

Late submissions will negatively impact the professionalism grade. Please refer to the professionalism rubric (Appendix B) for additional details.

Written Clinical Note Assignment: {CLO 1-7, 11-12} {IO 1-9, 12}

A written clinical note is required for this course and will account for 10% of the overall course grade. This assignment will be due at 11:59 pm on Sunday of week 1 of the rotation.

The written assignment for surgery rotation is a preoperative H&P with surgical consent.

This assignment will be due at 11:59 pm on Sunday of week 1 of the rotation. Late submissions will negatively impact the professionalism grade. For more details on specific graded components, please refer to the professionalism rubric (Appendix B). Only the first submission will be graded. It is expected that the note will be generated de novo (from scratch), involving an actual patient encounter experience and be free from any patient identifiers. Any evidence of copying or templating will result in a 0 for the assignment. Please refer to H&P Note Rubric for specific grading criteria (Appendix C).

If a student is scheduled for a site visit during their rotation (refer to Site Visit below), the Written Clinical Note Assignment will account for 5% of the course grade, with the Site Visit accounting for the remaining 5%.

Generative artificial intelligence (AI) is not allowed to be used during the planning, drafting, editing, or completion of this assignment. Students are expected to produce original work. Submission of work generated in whole or in part by AI, or work substantially revised using AI constitutes as violation of Program and University AI Guidelines (see below).

Site Visit: {CLO 1-9, 11, 13, 17} {IO 1-9, 15-16, 19-20}

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.

The initial site visit will occur within the first semester of the clinical phase. The faculty member will determine how well the student has integrated into the clinical environment. Please refer to the site visit rubric for additional details and grading (Appendix D).

The second visit will occur during the second or third semesters of the clinical year. The faculty member will assess the student's progression during the clinical phase.

If there is any concern regarding the student's transition or progression, additional site visits will be scheduled throughout the clinical year. Additional site visits will not be graded.

If a student fails the graded site visit(s), receiving a 75% or less, the student may have additional site visits scheduled.

The site visit will account for 5% of the course grade if scheduled, reducing the Required Written Clinical Note Assignment to 5% (if no site visit is scheduled, the Written Clinical Note Assignment will account for 10% of the overall course grade).

Review Questions: {CLO 1-7} {IO 1-8}

Review Questions assigned via ©Blueprint, designed to practice for the end of rotation exam for the designated discipline, must be completed by 11:59 pm Sunday of week 4. This assignment will account for 10% of the rotation grade. This will be graded on a pass or fail basis. Students must complete this exam in order to obtain credit. Completion of the exam will result in a pass, failure to complete will result in a failure. Failure to complete these review questions may prompt a referral to the Student Progress Committee for possible disciplinary action.

End of Rotation Exam: {CLO 1-7} {IO 1-8}

The Physician Assistant Education Association (PAEA) End of Rotation™ (EOR) Examination is worth 30% of the overall grade. The examination blueprint and topic list is found on the PAEA website and in the Topic List of the syllabus.

The exam consists of two separate 60-minute blocks, each with 60 multiple choice questions, for a total of 120 questions. There is an option to take up to a 15-minute break in between the two sections. This exam will be scheduled on Thursday of week 5. Please see Virtual Callback Day Schedule in Moodle for time.

The PAEA End of Rotation (EOR) examination is administered through the current PAEA testing platform and must be completed in accordance with all PAEA testing policies and program requirements.

Students are responsible for reviewing all examination instructions provided by the program and PAEA prior to the examination date. Students must access the examination using the credentials and examination information provided through the PAEA platform and follow all platform-specific procedures required to launch and complete the exam.

For remote administration, students must:

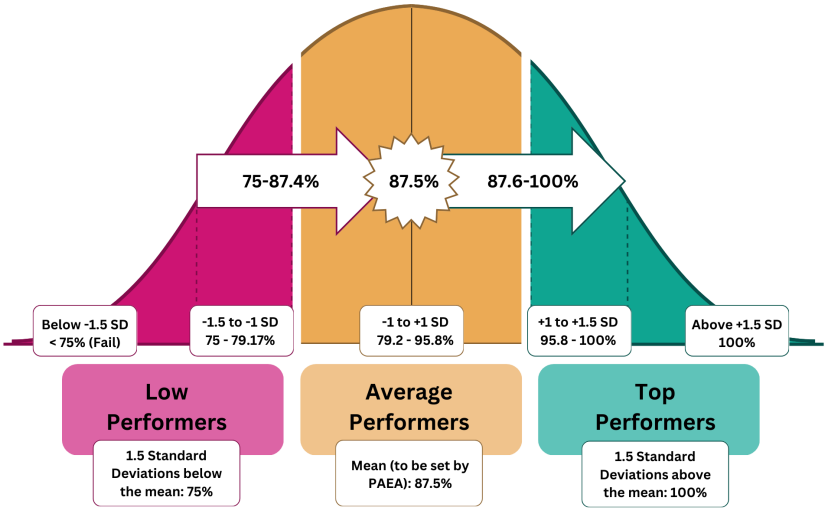
- Participate in the program-designated virtual proctoring session (e.g., Zoom) for the duration of the examination.
- Complete an environmental scan of the testing area prior to beginning the examination, including a 360-degree view of the room upon request.
- Position their camera/device as directed by the program so that the student, workspace, and computer screen are reasonably visible throughout testing.
- Remain visible on camera and comply with all proctor instructions for the entire examination period.
- Ensure that the testing environment is quiet, private, and free from unauthorized materials, devices, or individuals.
- Maintain reliable internet connectivity and appropriate technology necessary to complete the examination.

The program may record the proctoring session for academic integrity and examination review purposes. Any suspected violation of examination security, academic integrity policies, PAEA testing policies, or program testing procedures may result in review under the Student Code of Conduct and applicable academic policies.

Students are responsible for arriving on time, completing all required check-in procedures, and following the most current instructions provided by PAEA and the program on the day of testing.

In order to successfully pass this exam, the student must score at or above 1.5 standard deviations (SD) below the raw score comparative national data mean. The scaled score that is received from PAEA after completion of the exam, will be converted to a percentage which will be used in the rotation grade calculation as defined below:

Physician Assistant Education Association (PAEA)
End of Rotation (EOR) Examination™



Student grades will be determined by converting the scaled score into a percentage as above, with intermediate scores calculated proportionally.

A student who scores between 1.0 and 1.5 SD below the raw score comparative to the national data mean is considered “at risk.” Students deemed “at risk” as defined above should consider evaluating their study methods to ensure future success and will be provided with supportive intervention.

Students who receive a score of less than 1.5 SD below the national average have not successfully passed the exam. Those students will meet with the course instructor, and the Director of Clinical Education as necessary, for remediation. After remediation interventions are completed within a given timeframe, the student will complete a Make-Up EOR exam. Only the initial examination score will be calculated as 30% of the final rotation grade. If a student fails (score less than 1.5 SD below the national average) the Make-Up Examination, the remediation is not considered successful.

Rotation Evaluations: {CLO 1-18} {IO 1-17, 19-20}

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 (Appendix E). This assignment will be pass or fail. The self evaluation is due by 11:59 pm on Sunday of week 2 and subsequently signed by the preceptor to receive full credit. Late submissions will negatively impact the professionalism grade. Please refer to the professionalism rubric (Appendix B) for additional details.
- 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 must 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.
- Generative artificial intelligence (AI) is not allowed to be used during the planning, drafting, editing, or completion of this assignment. Students are expected to produce original work. Submission of work generated in whole or in part by AI, or work substantially revised using AI constitutes as violation of Program and University AI Guidelines (see below).

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 (Appendix F). 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.

Score	Description
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 promptly 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. The student will then be promptly assessed for competence in the learning outcome. Reassessment may include but is not limited to practical exam, simulation experience, preceptor re-evaluation.
- Students are required to acknowledge the receipt of their final evaluation through CORE ELMS.

Professionalism: {CLO 13, 16-17, 19} {IO 12, 14-16, 19-20}
The professionalism portion of the course grade accounts for 5% of the overall grade. Professionalism will be a pass/fail grade. Students will be evaluated using the Professionalism Rubric (Appendix B).

Components of professionalism includes but is not limited to:

Attendance and Punctuality : Arrival to site on time, preferably 5-10 minutes early. No unexcused absences. Attendance at In-person Callback Days.
Participation and Engagement
Professional Dress
Ethical Behavior
Attitude and Demeanor
Responsibility and Accountability : Completing all clinical onboarding paperwork/requirements on time. Timely and accurate logging (patient logging, attendance logging, Time Off Form(s) and Exposure Form (as applicable)). Completing minimum rotation hour requirement. Timely completion of student site and preceptor evaluations. Timely completion of all assignments, mid rotation evaluation, review questions and EOR.
Teamwork and Collaboration
Communication - replying promptly, with proper etiquette to university emails

Emotional Maturity and Stress Management

Required Non-Assessed Student Responsibilities

The following components are non-graded, but required. Failure to complete these assignments prior to the end of the clinical rotation will result in a lowered professionalism grade, a course grade of "IP" (In Progress) and may prompt a referral to the Student Progress Committee for possible disciplinary action. Once the assignments have been satisfactorily completed, the earned course grade will be rendered.

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 expected to be on-call if required by the site. 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.

For absences exceeding three (3) days in the clinical year, students will be required to make up the missed time. If the missed time is not made-up prior to the end of the semester, a grade of "IP" (In Progress) will be awarded. Once the missed time is made-up, the earned course grade will be rendered. Refer to the Attendance Policy in the PA Program Student Handbook of Policies and Procedures for more details.

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.

Evaluation Components: The overall course grade is based on the following components:

Evaluation	Course Learning Outcomes	Percent Final Grade
Prerotation Diagnostic Script Assignment	1-6	5%
Written Clinical Note Assignment	1-7, 11-12	10% (if site visit scheduled, 5%)
Site Visit	1-8, 10, 12, 16	If site visit scheduled, 5%
Review Questions (Pass/Fail)	1-7	10%
Mid-Rotation Student Evaluation (Pass/Fail)	1-17	5%
End of Rotation Exam*	1-7	30%
Preceptor Final Evaluation of Student's Clinical Performance*	1-17	35%

Professionalism (Pass/Fail)	12, 15-16, 18	5%

Pass / Fail Components: **full credit will be given if passed; no credit for will be given if failed or incomplete.**

If a student initially scores less than 75% on the EOR exam or any component of the Preceptor Final Evaluation of Student's Clinical Performance, they will be required to remediate and demonstrate competency on reassessment. All remediation eligible assessments will be noted by an asterisk (*) above. Remediation outcomes do not alter the grade of the original assessment. If the reassessment is unsuccessful then the student will be referred to the Student Progress Committee. Please refer to the Remediation Policy in the PA Program Student Handbook of Policies and Procedures for more information.

Grading Policy

Successful completion of the course requires a final calculated grade of at least a C and demonstration of competency on any assessment identified by an asterisk (*). Student assessments and grades are NOT rounded. This includes course assessments and final course grades. For example, a grade of 73.99% is not rounded up to 74% and will remain as its original score. This is to promote standardization and equity amongst graded performance across the curriculum.

Please refer to the Nazareth University PA Program Student Handbook of Policies & Procedures for further details.

Grade Scale

Grades will be assigned according to a letter grade system. Letter grades are assigned as follows:

A	93 - 100%
A-	90 - 92.99%
B+	87 – 89.99%
B	83 – 86.99%
B-	80 – 82.99%
C+	77 – 79.99%
C	74 – 75.99%
F	≤ 73.99%
IP	In Progress

Professionalism

Physician Assistant students are expected to display the highest ethical standards commensurate with work as a healthcare professional. As such, students will be evaluated on their professionalism throughout the course. Late submissions will negatively impact the professionalism grade. For more details on specific graded components, please refer to the professionalism rubric in Moodle.

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.

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 your professionalism score from your preceptor.

For emergent absences, students must notify the DCE and clinical preceptor as soon as possible.

Excused Absences

Each student is allotted five (5) discretionary days in the didactic year and three (3) discretionary days for the clinical year. The program encourages students to use those days for necessary appointments or employment interviews. Discretionary days during the clinical year are limited to one per rotation.

A Request for Time Off Form must be submitted to the DDE or DCE two weeks in advance for a scheduled event or within 24 hours for an emergent event to be considered for approval. Absences exceeding the allotted discretionary days may be approved for specific circumstances (e.g. illness, jury duty, death of an immediate family member). Approval is at the discretion of the

DDE or DCE. Unapproved absences are considered unexcused. Unexcused absences, tardiness or leaving early without prior approval are violations of our Professionalism Policy and may result in a lowered professionalism score by the course instructor/ preceptor, a review by the DDE/DCE, an Unprofessional Conduct Citation and/or referral to the SPC for disciplinary measures.

For absences exceeding three (3) days in the clinical year, students will be required to make up the missed time. If the missed time is not made-up prior to the end of the semester, a grade of "IP" (In Progress) will be awarded. Once the missed time is made-up, the earned course grade will be rendered. If this cannot be achieved at the current clinical site, the program may require the student to complete additional hours at another clinical site or may require an additional rotation. Students with prolonged illnesses or other personal issues that result in multiple absences should consult with the DDE or DCE regarding taking a leave of absence.

Absence from Assessment, Reassessment, and Remediation Periods

A student who must miss an exam due to illness must contact the course instructor and DDE or DCE by email and/or phone (preferably before the exam or as soon as possible); seek treatment from a healthcare provider and provide documentation of illness from the healthcare provider. By starting an exam, a student affirms that they are well enough to take the exam, and the exam will count in the student's grading. Requests for make-up exams for reasons other than illness must be approved by the course instructor using the Request for Time Off Form, prior to the original exam date.

If an absence from a scheduled assessment or reassessment is documented with a healthcare provider's note, the make-up assessment will be arranged by the DDE or DCE. If the student is unable to participate in a team assessment, the student will not be entitled to receive team points on any makeup assessment.

Working with the student, the DDE/DCE will arrange for the student to take the assessment as soon as possible following the student's return. Efforts will be made to schedule the makeup assessment so that it does not jeopardize the student's performance on other scheduled assessments when possible. The date and time of the makeup assessment will be communicated to the Program Director and the student; and can be scheduled for outside of regular hours. Failure to adhere to the approved makeup date and time will result in a zero for the exam and no further make-up accommodation will be given for any reason unless approved by the Program Director. Exam "No Shows" are violations of our Professional Policy and if repetitive can result in an Unprofessional Conduct Citation.

Expectations of Students

Students are expected to be in the [virtual] classroom, ready to begin classes at the stated times per the course schedule. All sessions are planned out by the faculty and staff and cannot be changed by students.

Appropriate online student conduct is a University priority. Students are required to observe the same University standards of courtesy and interpersonal respect that govern face-to-face classroom behavior, including appropriate tone and language when engaged in all forms of communication with students and instructors. This includes synchronous and asynchronous course elements, such as emails, discussions, and live sessions. Online classes are designed to foster engagement and collaboration. Students are expected to keep their cameras on during live sessions to promote active participation and create a more interactive learning environment.

During live sessions, students should: find a quiet, private space without distractions, be visible with a camera, remain visible throughout the session and be fully engaged with instructor(s) and peers.

Laboratory partner and group assignments are at the discretion of the course instructor.

What students can expect

The program utilizes the electronic grade book in Moodle, thus you will be able to check your current standing at any time. Questions related to course content should be directed to the instructor of record. For general inquiries about study habits or progression through the didactic year, please reach out to your faculty advisor.

Program Policies

Students must also maintain a term and cumulative grade point average of 3.0 throughout the program or they will be placed on academic probation as per the Nazareth University PA Program Student Handbook of Policies & Procedures.

Class and Lecture Schedule

In the didactic year, course block scheduling will be utilized which combines traditional full-semester courses with block-style courses that meet in condensed timeframes. Some courses (e.g. Human Anatomy and Clinical Skills & Procedures) run for the entire semester. In contrast, block courses (e.g. Essentials of Dermatology and Essentials of Surgery) are intensive, meeting for a shorter period, such as a few weeks, and often focus on a specific subject or skill.

These block courses may meet more frequently during their condensed time frame, allowing for a deeper, more focused exploration of the material.

Lectures are generally scheduled Monday – Friday. **Decisions regarding course meeting times and testing are under the authority of the PA faculty only. Students are prohibited from requesting changes to class times after the semester has begun.**

While students receive a class schedule, the program cannot always adhere strictly to the days and times listed in each course syllabus. The majority of the adjunct and instructional faculty is composed of practicing physicians and PAs whose schedules may fluctuate. When an emergency or conflict arises, students will be notified by email or Moodle announcement.

***The PA Program reserves the right to add additional hours to previously scheduled classes and/or schedule outside of scheduled lecture times including evenings and weekends as necessary.**

For example:

- The PA Program typically schedules ACLS training for students. It is several hours long and may occur over the weekend.

- Lectures that must be canceled due to unforeseen circumstances will be rescheduled for another day in the week.

Students are expected to be in the [virtual] classroom, ready to begin classes at the stated times per the course schedule. All sessions are planned out by the faculty and staff and cannot be changed by students.

Appropriate online student conduct is a University priority. Students are required to observe the same University standards of courtesy and interpersonal respect that govern face-to-face classroom behavior, including appropriate tone and language when engaged in all forms of communication with students and instructors. This includes synchronous and asynchronous course elements, such as emails, discussions, and live sessions. Online classes are designed to foster engagement and collaboration. Students are expected to keep their cameras on during live sessions to promote active participation and create a more interactive learning environment. During live sessions, students should: find a quiet, private space without distractions, be visible with a camera, remain visible throughout the session and be fully engaged with instructor(s) and peers.

Laboratory partner and group assignments are at the discretion of the course instructor.

Students must not independently record class sessions without instructor permission. Doing so may be considered a violation of academic integrity. Please visit the Echo360 and Zoom sites for additional information about student privacy and Nazareth's recording policies.

University Policies

Academic Integrity

Academic Integrity is defined as "honest and responsible scholarship" (University of 3 Oklahoma, 2018) and is further characterized by the five values designated by the International Center for Academic Integrity: "honesty, trust, fairness, respect, and responsibility" (International Center for Academic Integrity, 2014, p. 16). Nazareth University shares the Center's preference for an academic, supportive, and promotive approach to academic integrity rather than one focused mainly on violation detection and disciplinary consequence. Nazareth recognizes the interdependence among these five values. Trust of instructors follows fair treatment of students. Trust among scholars at all levels depends on honesty, and respect is earned when we hold ourselves as responsible as we expect others to hold themselves. In these ways, academic freedom is earned with academic integrity. In addition to modeling academic integrity, it is often the responsibility of faculty to teach students the importance of academic honesty as well as the procedures for recognizing the work of others. So informed, students are then responsible for holding themselves to the same standards. Course instructors are familiar with their students, with their own disciplines' conventions, and with their own coverage of those conventions at any given point in the semester. Therefore, instructors are best situated initially to assess the nature and extent of violations of academically honest practice. This begins with distinguishing errors due to insufficient education on the one hand, and deliberate violations on the other. For information on the full policy and for information on the procedure to be followed in the event that an instructor believes a violation of academically honest practice may have occurred, visit the "Academic Integrity" section in the graduate catalog.

Strict adherence to the academic honesty policy of the University as well as the PA Program is essential to the proper functioning of the PA program. The medical profession requires the highest ethical standards among its workers in order to protect the health and privacy of all patients. Please refer to the Academic Integrity section of the PA Program Student Handbook of Policies & Procedures for further details.

LockDown Browser Academic Integrity Software

This course requires the use of LockDown Browser for online, in-class exams. Watch the short video on Moodle to get a basic understanding of LockDown Browser and the optional webcam feature (which may be required for some exams). You will be provided with a link to download

and install LockDown Browser on your personal computer. You also have the option to use a computer from Nazareth for online in-class exams. Please see the Student Technology Support Site for additional information regarding the use of LockDown Browser for Moodle quizzes. When taking an online exam, note these guidelines: Clear your desk of all external materials; remain at your desk or workstation for the duration of the test; Lockdown Browser will prevent you from accessing other websites or applications so close them all prior to starting the exam; you will be unable to exit the test until all questions are completed and submitted.

Artificial Intelligence Guidelines

For this specific course, generative AI tools may be used on assignments that explicitly authorize AI use. Students must consult each assignment prompt for detailed instructions on AI use allowance. If AI is used, it must be properly documented and credited utilizing a citation. For assignments such as diagnostic scripts or patient documentation exercises including but not limited to H&Ps, SOAP or any other patient notes may NOT be generated by AI. These documentation exercises are required to be written independent of generative AI tools.

Students are prohibited from entering, uploading, or sharing any patient identifiers, protected health information (PHI), or HIPAA-protected data into any artificial intelligence (AI) platform or tool (e.g., ChatGPT, Gemini, Claude, Grammarly AI, OpenEvidence or similar technologies). This includes, but is not limited to, patient names, initials, dates of birth, medical record numbers, photographs, addresses, specific dates of care, names of healthcare facilities, names of medical providers, or any other information that could directly or indirectly identify a patient, preceptor, provider, or health care entity. AI tools must not be used to guide, supplement, verify, or generate recommendations for the diagnosis, evaluation, treatment, prescribing, or management of actual patients during any supervised clinical practice experience unless expressly authorized by the clinical site and supervising preceptor. Clinical sites may maintain additional or more restrictive AI policies which supersedes Nazareth AI policy as it pertains to patient care. Any use of AI tools in coursework, assignments, documentation practice, or educational activities must comply with HIPAA, applicable state and federal privacy laws, university policies, clinical site requirements , and program policies. Students are expected to fully de-identify all clinical scenarios and patient information before utilizing AI-assisted technologies. Removal of obvious identifiers alone may not eliminate the risk of patient re-identification. Failure to comply with this policy may result in removal from the clinical site, professionalism violations, disciplinary action, failure of the course and/or referral to the SPC.

Examples of AI permitted use:

- brainstorming
- outlining
- grammar assistance
- study guides

- practice quizzes

AI is not permitted to be used on:

- diagnostic scripts
- SOAP notes
- H&Ps
- patient logs
- procedure notes
- mid evaluation reflection
- reflective documentation based on patient encounters
- clinical decision making
- patient communications

Turnitin

Students agree that by taking this course all required papers may be subject to submission for textual similarity review using Turnitin, a software application used for the detection of potential plagiarism. Submitted papers may be included as source documents in the Turnitin.com reference database solely for the purpose of the originality checking of such papers at the instructor's discretion. Use of the service is subject to the Usage Policy and Privacy Pledge posted on the Turnitin.com site. Please see the Student Technology Support Site for more information. Course work documents which use Turnitin plagiarism detection may include, but are not limited to papers, blog postings, journal entries, presentations, or any other written work, in electronic or hardcopy, submitted in the format and on the schedule required by the course instructor.

Class Recording

Nazareth University has equipped multiple instructional classrooms with lecture recording equipment which can digitally capture lectures and presentations. Lecture recording is primarily intended to extend virtual accessibility of the lecture experience to students who have registered for a specific course for a specific period of time.

Whether the course is fully in-person or fully online, class sessions may be recorded at the instructor's discretion. Student access to digital records of classes is also determined by the instructor for each course. Student access to the recordings should be linked through the password-protected learning management system (Moodle).

Students must not independently record class sessions without instructor permission. Doing so may be considered a violation of academic integrity. Please visit our Echo360 and Zoom sites for additional information about student privacy and Nazareth's recording policies.

Students seeking to record a class or interaction with Nazareth personnel for educational purposes must seek approval from Student Accessibility Services (SAS) to accommodate a documented learning disability. Contact Student Accessibility Services to discuss this accommodation. Faculty will support the approved learning accommodation.

Intellectual Property

In accordance with the Nazareth University Policy on Intellectual Property, faculty ordinarily own the copyright of course and scholarship materials. Therefore, it is only the faculty member who may reproduce, distribute or display (post/upload) course materials. Students may not reproduce, distribute or display (post/upload) course materials without the express, written permission of the faculty member.

Student Accessibility Services

Nazareth University is committed to supporting the diverse learning needs of our community. Students are encouraged to meet with instructors at the beginning of the course to express anticipated learning questions and barriers. Please set a meeting with your instructor during office hours at the beginning of the semester. Students are encouraged to connect with the course instructor as soon as possible should any concerns arise during the semester to allow for timely problem solving.

If you are seeking disability accommodations, or you think you may have a disability, contact Student Accessibility Services to begin the process of seeking official accommodations. Learn more about Student Accessibility Services on their webpage: https://www2.naz.edu/student-accessibility-services/

It is the student's responsibility to share their approved Nazareth University accommodation letter with their instructor to apply their accommodations in each course.

Students seeking to record a class or interaction with Nazareth personnel for educational purposes as part of an accommodation for a documented learning disability should contact Student Accessibility Services to discuss this accommodation.

Medical Absence

If a student will be absent from class for 3 or more consecutive days, the student (or the student's medical provider) must notify the Office of Academic Success and Accessibility (ASA).

ASA will send a "notification of absence" alert through the Navigate 360 System to notify instructors. When the student has indicated absence is due to an illness or injury of any kind, the notice will only indicate "illness" or "injury" as the reason. It will not provide additional details surrounding the absence. As is the case with any extended absence, it is the student's responsibility to work with the instructor to make up missed work. Refer to the course-specific attendance policy instructors have developed for each course for additional details. If a student will be out for fewer than 3 days, they are asked to simply communicate with the instructor directly and no official notification will be sent.

Mental Health Concerns

Nazareth University faculty and staff recognize that mental health concerns can impact academic performance and interfere with daily life activities. Because stress is a normal part of the college experience, learning to manage your mental health effectively is crucial to your well-being and overall success. If your mental health starts to impact your academic success, it is your responsibility to communicate with your professor so that we can help you. When you are part of the Nazareth community, you are not alone.

If you are feeling overwhelmed and think you might benefit from additional support, please know that there are people who care and offices to support you at Nazareth. These services are provided by staff who welcome all students and embrace a philosophy respectful of all cultural and religious backgrounds, and are sensitive to differences in race, ability, gender identity and sexual orientation. Free, confidential appointments with a licensed therapist can be made at the Student Health Portal at http://patient-naz.medicatconnect.com, and a community therapist can be accessed 24-7 at 585-275-8686. For an extensive list of well-being resources on campus, please visit: https://www2.naz.edu/well-being-collective

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Health and Safety

While not required, and to protect the health and safety of the entire Nazareth community, Nazareth encourages students, faculty and staff to stay up-to-date with vaccines and boosters to protect against COVID-19. To view current guidelines for the COVID-19 vaccine, visit: https://www.cdc.gov/covid/vaccines/stay-up-to-date.html.

Further, in order to prevent infectious spread of respiratory illness and out of respect for your fellow classmates and instructors, Nazareth strongly encourages use of masks indoors when exhibiting symptoms of COVID-19. This includes fever, nasal congestion, excessive sneezing, sore throat, and/or cough.

Religious Observances

Nazareth University respects the diversity of religious holy day/holidays by providing reasonable accommodations for students who may be unable to fully participate in class, clinics, exams,

rehearsals, labs, student teaching, or other assignments due to observation of a significant/major religious holiday.

Students who are unable to participate in any class, examination, or assignment due to religious holy day/holiday requirements shall not be penalized, provided the instructor has been notified via email at least two weeks prior to the absence. Some accommodations may include travel time home for students who do not live locally.

Accommodations for obligatory religious fasting (e.g., Ramadan): Reasonable accommodations for religious fasting will be offered when possible. Such accommodations may include, but are not limited to:

- Allowing the student to take an exam or final exam before the fasting period begins (if possible)
- Allowing the student to take an exam or final exam at a different time during the day

Regardless of the reason for absence, it is the responsibility of the student to make up all missed work to the satisfaction of the instructor. Students must meet deadlines for course requirements during the period of absence unless the student makes alternate arrangements with the instructor prior to the original due date.

Please contact the Center for Spiritually with questions via their webpage: http://www.naz.edu/center-for-spirituality/

Snow Days

In the event the University is closed unexpectedly because of weather or other unplanned reasons, our class will continue through virtual delivery.

Sexual Harassment and Misconduct

Nazareth University is committed to fostering a climate free from sexual harassment, including sexual assault, dating and domestic violence, stalking, and to providing options, support, and assistance to members of our community affected by various forms of sexual misconduct. If you have been subjected to sexual misconduct, we encourage you to report the incident(s) to someone who can help. If you report an incident of sexual misconduct, including verbal, visual and/or physical harassment, sexual violence, dating or domestic violence, and/or stalking to a faculty or staff member, they must notify our Title IX Coordinator via titleix@naz.edu or 585-389-2026. The Title IX, or a Deputy Title IX, Coordinator will contact you to learn about what happened, ask for your preference about what to do next, discuss available supportive measures and connect you to appropriate resources. For more information about your options, please go to: www.naz.edu/titleix. You may choose to speak confidentially with certain individuals on campus and in the community who can also connect you with support services, as well as discuss

options for addressing sexual misconduct. A list of these resources can be found in the Sexual Misconduct Policy and the Nazareth University Policy on Title IX Sex Discrimination: Dating

Violence, Domestic Violence, Sexual Assault, Stalking, and Title IX Sexual Harassment, both of which are available online at: www.naz.edu/titleix.

Diversity

Nazareth University embraces a society that is both diverse and inclusive, and values both respect for the person and freedom of speech. Respect for the dignity of all people is an essential part of the University's tradition, mission, and vision for the future as we advance a socially just and equitable community. The University promotes civility and denounces acts of hatred, violence, and/or intolerance. As your instructor, it is my goal that students from a breadth of diverse backgrounds, identities, and perspectives be recognized and respected, that students' learning needs be addressed, and that the diversity students bring to this class in all its forms and intersections be viewed as a resource, strength, and value in the pursuit of academic excellence. Your suggestions toward co-creating a more inclusive and equitable learning environment are welcomed and encouraged in order to improve the effectiveness of this course for you and the other students.

Other Elements

Course & Instructor Evaluation
At the end of the semester, students will be asked to evaluate the course and instructor(s) using the CoursEval system. Guest lecturer evaluations will be conducted through Qualtrics survey format, as applicable. Completing the evaluation forms is essential for providing valuable feedback that helps improve the course and enhance the learning experience for future students.

Appendices

*****Appendices will be available at the time of the site visit*****

- Appendix A Prerotation Diagnostic Script Grading Rubric
- Appendix B Professional Behavior Rubric
- Appendix C Preoperative H&P Note Rubric
- Appendix D Site Visit Rubric
- Appendix E Mid Rotation Student Evaluation
- Appendix F Preceptor Final Evaluation of Student's Clinical Performance

Appendix A

Prerotation Diagnostic Script Grading Rubric					
Criteria	**Excellent (3)**	**Satisfactory (2)**	**Needs Improvement (1)**	**Not Included (0)**	**Score**
Disease Identification	Disease clearly identified with appropriate synonyms if applicable (including accurate CPT codes)	Disease identified, but some details are missing or unclear.	Disease identification is incomplete or inaccurate.	*Not included*	
Epidemiology	Provides comprehensive information on prevalence, incidence, risk factors, age of onset, and geographical data if applicable.	Includes basic epidemiological information, but some details (e.g., prevalence, risk factors) are missing or vague.	Epidemiological data is incomplete or mostly missing.	*Not included*	
Etiology and Pathophysiology	Thorough explanation of causes, pathogenesis, and physiological impact; includes genetic factors if relevant.	Provides some explanation of causes and pathogenesis, but lacks depth or clarity. Genetic factors may be missing or unclear.	Limited or inaccurate explanation of causes and pathophysiology.	*Not included*	
Signs and symptoms	Clearly lists common symptoms and signs, differentiates the disease from similar conditions with relevant details.	Lists some symptoms and signs, but differentiation from other conditions is weak or missing.	Symptoms and signs are incomplete or incorrectly described.	*Not included*	
Diagnosis (labs, imaging, diagnostics)	Well-structured diagnostic approach including history, physical exam, lab tests, diagnostic criteria, and differential diagnosis.	Provides a basic diagnostic approach, but some key elements (e.g., history, lab tests) are missing or unclear.	Diagnostic approach is incomplete or poorly organized.	*Not included*	
Treatment	Comprehensive treatment plan including pharmacological, non-pharmacological, and surgical options. Clear monitoring and follow-up care plan.	Treatment plan is basic but includes some pharmacological and non-pharmacological options. Monitoring and follow-up care may be vague.	Treatment plan is incomplete, lacks clear options, or misses important aspects of care.	*Not included*	

Prerotation Diagnostic Script Grading Rubric

Criteria	Excellent (3)	Satisfactory (2)	Needs Improvement (1)	Not Included (0)	Score
Prognosis & Complications	Clearly explains short-term and long-term prognosis, lists potential complications with adequate detail.	Provides a general prognosis, but lacks detail or omits some complications.	Prognosis is unclear, and complications are poorly identified or missing.	*Not included*	
Patient Education	Comprehensive explanation of patient education, including clear instructions on self-management, lifestyle modifications, and strategies for managing the disease	Describes a basic explanation of patient education, but lacks detail.	Patient education is vague or missing.	*Not included*	
References	Accurately uses AMA citations to list academic sources, clinical guidelines, or textbooks used in preparing the disease sheet	Does not consistently utilize AMA citations to list academic sources, clinical guidelines, or textbooks used in preparing the disease sheet	Missing citations	*Not included*	
			Total:		

Appendix B

Professional Behavior Rubric				
Criteria	**Meets Expectations (3)**	**Developing (2)**	**Unsatisfactory (1)**	**Score**
Attendance & Punctuality	Adheres to attendance policies. Punctual.	Has an unexcused absence or occasionally late.	Has more than one unexcused absence or frequently late.	
Participation & Engagement	Fully engaged in academic and clinical activities. Actively participates, asks insightful questions, and contributes meaningfully to discussions.	Occasionally disengaged, distracted, or passive in learning opportunities.	Frequently disengaged, inattentive, or uninterested in academic or clinical activities.	
Professional Dress	Adheres to the program dress code. Maintains a professional appearance.	Occasionally fails to follow the program dress code or maintain a professional appearance.	Frequently fails to follow the program dress code or maintain a professional appearance.	
Ethical Behavior	Consistently adheres to ethical standards.	Occasionally unsure about ethical standards and requires correction.	Demonstrates disregard for ethical responsibilities, including dishonesty or unethical behavior.	
Attitude & Demeanor	Displays confidence and a positive attitude. Accepts feedback and makes appropriate changes.	Occasionally shows lapses in respect. Needs reminders to implement feedback.	Frequently disrespectful or does not accept feedback well.	
Responsibility & Accountability	Responsible and dependable and consistently meets deadlines.	Occasionally misses deadlines or fails to take responsibility for actions.	Frequently misses deadlines or fails to take responsibility for actions.	
Teamwork & Collaboration	Works effectively with team members. Handles conflicts professionally.	Occasionally struggles with teamwork or does not always contribute effectively.	Frequently has difficulty working with others; disruptive to the team.	

Professional Behavior Rubric

Criteria	Meets Expectations (3)	Developing (2)	Unsatisfactory (1)	Score
Communication	Communicates in a timely manner, clearly and effectively. Written and verbal communication demonstrates a professional tone and style	Communication is untimely, sometimes unclear, unprofessional, or ineffective.	Frequently struggles with timely, clear and professional communication.	
Emotional Maturity & Stress Management	Manages stress effectively, remains composed, and adapts to challenges with resilience.	Occasionally struggles with stress management; reactions impact performance.	Frequently overwhelmed or reacts inappropriately under stress.	
			Total:	

Appendix C

H&P Note Rubric							
Criteria	**Superior (5)**	**Above Average (4)**	**Average 3)**	**Below Average (2)**	**Needs Improvement (1)**	**Not Included (0)**	**% Score**
Format / Mechanics	All components completed with accuracy: • Correct heading (PA Student Type of Note, student name, rotation # & discipline) • Encounter date and time included • Note sections in correct order with appropriate titles • Body systems in head-to-toe order • No patient identifiers included • No misspellings	Four components completed with accuracy: • Correct heading (PA Student Type of Note, student name, rotation # & discipline) • Encounter date and time included • Note sections in correct order with appropriate titles • Body systems in head-to-toe order • No patient identifiers included • No misspellings	Three components completed with accuracy: • Correct heading (PA Student Type of Note, student name, rotation # & discipline) • Encounter date and time included • Note sections in correct order with appropriate titles • Body systems in head-to-toe order • No patient identifiers included • No misspellings	Two components completed with accuracy: • Correct heading (PA Student Type of Note, student name, rotation # & discipline) • Encounter date and time included • Note sections in correct order with appropriate titles • Body systems in head-to-toe order • No patient identifiers included • No misspellings	One component completed with accuracy: • Correct heading (PA Student Type of Note, student name, rotation # & discipline) • Encounter date and time included • Note sections in correct order with appropriate titles • Body systems in head-to-toe order • No patient identifiers included • No misspellings	*Not included*	5 = 5% 4 = 4% 3 = 3% 2 = 2% 1 = 1%

H&P Note Rubric

Criteria	Superior (5)	Above Average (4)	Average 3)	Below Average (2)	Needs Improvement (1)	Not Included (0)	% Score
HPI/ Surgical Indication/ Preoperative Risk Summary	All components completed with accuracy: • Presenting condition / chief concern / reason for referral • Concise summary of presenting symptoms and clinical context • Relevant diagnostic tests (labs/imaging including date) and brief summary of findings • Emphasis on status of comorbidities (relevant for surgical optimization) • Specialty-specific considerations	Four components completed with accuracy: • Presenting condition / chief concern / reason for referral • Concise summary of presenting symptoms and clinical context • Relevant diagnostic tests (labs/imaging including date) and brief summary of findings • Emphasis on status of comorbidities (relevant for surgical optimization) • Specialty-specific considerations	Three components completed with accuracy: • Presenting condition / chief concern / reason for referral • Concise summary of presenting symptoms and clinical context • Relevant diagnostic tests (labs/imaging including date) and brief summary of findings • Emphasis on status of comorbidities (relevant for surgical optimization) • Specialty-specific considerations	Two components completed with accuracy: • Presenting condition / chief concern / reason for referral • Concise summary of presenting symptoms and clinical context • Relevant diagnostic tests (labs/imaging including date) and brief summary of findings • Emphasis on status of comorbidities (relevant for surgical optimization) • Specialty-specific considerations	One component completed with accuracy: • Presenting condition / chief concern / reason for referral • Concise summary of presenting symptoms and clinical context • Relevant diagnostic tests (labs/imaging including date) and brief summary of findings • Emphasis on status of comorbidities (relevant for surgical optimization) • Specialty-specific considerations	*Not included*	5 = 20% 4 = 16% 3 = 12% 2 = 8% 1 = 4%

H&P Note Rubric

Criteria	Superior (5)	Above Average (4)	Average 3)	Below Average (2)	Needs Improvement (1)	Not Included (0)	% Score
Social History	All components completed with accuracy: • Occupation and physical demands (relevant to recovery, post-op limitations) • Living situation and support system for post-op care • Tobacco use (current/former, amount, cessation status) • Alcohol and drug use (screening, risk for anesthesia/withdrawal) • Diet and exercise (nutritional status, BMI, physical activity) • Sleep and safety risks (e.g., OSA risk or CPAP use) • Sexual history when relevant (e.g., pelvic/GU procedures, pregnancy status)	Four components completed: • Occupation and physical demands (relevant to recovery, post-op limitations) • Living situation and support system for post-op care • Tobacco use (current/former, amount, cessation status) • Alcohol and drug use (screening, risk for anesthesia/withdrawal) • Diet and exercise (nutritional status, BMI, physical activity) • Sleep and safety risks (e.g., OSA risk or CPAP use) • Sexual history when relevant (e.g., pelvic/GU procedures, pregnancy status)	Three components completed: • Occupation and physical demands (relevant to recovery, post-op limitations) • Living situation and support system for post-op care • Tobacco use (current/former, amount, cessation status) • Alcohol and drug use (screening, risk for anesthesia/withdrawal) • Diet and exercise (nutritional status, BMI, physical activity) • Sleep and safety risks (e.g., OSA risk or CPAP use) • Sexual history when relevant (e.g., pelvic/GU procedures, pregnancy status)	Two components completed: • Occupation and physical demands (relevant to recovery, post-op limitations) • Living situation and support system for post-op care • Tobacco use (current/former, amount, cessation status) • Alcohol and drug use (screening, risk for anesthesia/withdrawal) • Diet and exercise (nutritional status, BMI, physical activity) • Sleep and safety risks (e.g., OSA risk or CPAP use) • Sexual history when relevant (e.g., pelvic/GU procedures, pregnancy status)	One component completed: • Occupation and physical demands (relevant to recovery, post-op limitations) • Living situation and support system for post-op care • Tobacco use (current/former, amount, cessation status) • Alcohol and drug use (screening, risk for anesthesia/withdrawal) • Diet and exercise (nutritional status, BMI, physical activity) • Sleep and safety risks (e.g., OSA risk or CPAP use) • Sexual history when relevant (e.g., pelvic/GU procedures, pregnancy status)	*Not included*	5 = 5% 4 = 4% 3 = 3% 2 = 2% 1 = 1%

H&P Note Rubric

Criteria	Superior (5)	Above Average (4)	Average 3)	Below Average (2)	Needs Improvement (1)	Not Included (0)	% Score
Family History	All components completed with accuracy: • Includes family members with age, life status, major illnesses, or cause of death • Covers parents, siblings, children (and grandparents if relevant) • Documents any family history of anesthesia complications (e.g., malignant hyperthermia, prolonged recovery) • Includes relevant hereditary conditions impacting surgical risk (e.g., CAD, coagulopathy, breast/colon cancer, aneurysm syndromes) • Summary statement includes pertinent negatives (e.g., "No family history of	Some minor missing information: • Includes family members with age, life status, major illnesses, or cause of death • Covers parents, siblings, children (and grandparents if relevant) • Documents any family history of anesthesia complications (e.g., malignant hyperthermia, prolonged recovery) • Includes relevant hereditary conditions impacting surgical risk (e.g., CAD, coagulopathy, breast/colon cancer, aneurysm syndromes) • Summary statement includes pertinent negatives (e.g., "No family history of anesthesia reactions or bleeding disorders")	Three components completed: • Occupation and physical demands (relevant to recovery, post-op limitations) • Living situation and support system for post-op care • Tobacco use (current/former, amount, cessation status) • Alcohol and drug use (screening, risk for anesthesia/withdrawal) • Diet and exercise (nutritional status, BMI, physical activity) • Sleep and safety risks (e.g., OSA risk or CPAP use) • Sexual history when relevant (e.g., pelvic/GU procedures, pregnancy status)	Two components completed: • Occupation and physical demands (relevant to recovery, post-op limitations) • Living situation and support system for post-op care • Tobacco use (current/former, amount, cessation status) • Alcohol and drug use (screening, risk for anesthesia/withdrawal) • Diet and exercise (nutritional status, BMI, physical activity) • Sleep and safety risks (e.g., OSA risk or CPAP use) • Sexual history when relevant (e.g., pelvic/GU procedures, pregnancy status)	One component completed: • Occupation and physical demands (relevant to recovery, post-op limitations) • Living situation and support system for post-op care • Tobacco use (current/former, amount, cessation status) • Alcohol and drug use (screening, risk for anesthesia/withdrawal) • Diet and exercise (nutritional status, BMI, physical activity) • Sleep and safety risks (e.g., OSA risk or CPAP use) • Sexual history when relevant (e.g., pelvic/GU procedures, pregnancy status)	*Not included*	5 = 5% 4 = 4% 3 = 3% 2 = 2% 1 = 1%

H&P Note Rubric

Criteria	Superior (5)	Above Average (4)	Average 3)	Below Average (2)	Needs Improvement (1)	Not Included (0)	% Score
	anesthesia reactions or bleeding disorders")						
Review of Systems (ROS)	<u>All components completed with accuracy:</u> • Systematic review of all relevant body systems • Identifies any symptoms that could impact surgery/anesthesia (e.g., chest pain, dyspnea, bleeding, OSA symptoms) • ROS is consistent with HPI and other documentation • Includes pertinent positives and negatives that impact perioperative care (e.g., cardiac, pulmonary, endocrine, renal, neuro, bleeding/clotting history) • Unrelated positive	<u>Four components completed:</u> • Systematic review of all relevant body systems • Identifies any symptoms that could impact surgery/anesthesia (e.g., chest pain, dyspnea, bleeding, OSA symptoms) • ROS is consistent with HPI and other documentation • Includes pertinent positives and negatives that impact perioperative care (e.g., cardiac, pulmonary, endocrine, renal, neuro, bleeding/clotting history) • Unrelated positive ROS items have additional detail or are deferred appropriately	<u>Three components completed:</u> • Systematic review of all relevant body systems • Identifies any symptoms that could impact surgery/anesthesia (e.g., chest pain, dyspnea, bleeding, OSA symptoms) • ROS is consistent with HPI and other documentation • Includes pertinent positives and negatives that impact perioperative care (e.g., cardiac, pulmonary, endocrine, renal, neuro, bleeding/clotting history) • Unrelated positive ROS items have additional	<u>Two components completed:</u> • Systematic review of all relevant body systems • Identifies any symptoms that could impact surgery/anesthesia (e.g., chest pain, dyspnea, bleeding, OSA symptoms) • ROS is consistent with HPI and other documentation • Includes pertinent positives and negatives that impact perioperative care (e.g., cardiac, pulmonary, endocrine, renal, neuro, bleeding/clotting history) • Unrelated positive ROS items have	<u>One component completed:</u> • Systematic review of all relevant body systems • Identifies any symptoms that could impact surgery/anesthesia (e.g., chest pain, dyspnea, bleeding, OSA symptoms) • ROS is consistent with HPI and other documentation • Includes pertinent positives and negatives that impact perioperative care (e.g., cardiac, pulmonary, endocrine, renal, neuro, bleeding/clotting history) • Unrelated positive	*Not included*	5 = 10% 4 = 8% 3 = 6% 2 = 4% 1 = 2%

H&P Note Rubric

Criteria	Superior (5)	Above Average (4)	Average 3)	Below Average (2)	Needs Improvement (1)	Not Included (0)	% Score
	ROS items have additional detail or are deferred appropriately		detail or are deferred appropriately	additional detail or are deferred appropriately	ROS items have additional detail or are deferred appropriately		
Physical Exam	All relevant systems examined, fully documented	Completed with minor omissions	Most systems completed with accuracy	Some systems incomplete	Few systems examined/documented	*Not included*	5 = 20% 4 = 16% 3 = 12% 2 = 8% 1 = 4%
Labs / Diagnostics	All pertinent labs and diagnostics included with results and date/time - with clear relevance to surgical risk or optimization or indication.	Included with missing date/time	Most included	Some included	Very limited included	*Not included*	5 = 5% 4 = 4% 3 = 3% 2 = 2% 1 = 1%

H&P Note Rubric

Criteria	Superior (5)	Above Average (4)	Average 3)	Below Average (2)	Needs Improvement (1)	Not Included (0)	% Score
Assessment / Plan	All ten components completed with clear surgical focus: • Concise surgical impression including indication and stage/severity (if applicable) • Problem list format prioritizing surgical issue and relevant comorbidities • Each condition has supporting discussion and perioperative consideration • Preop optimization plans included (e.g., control of HTN, DM, smoking cessation) • Meds with d/r/f and perioperative changes noted (e.g., hold anticoagulation) • Non-pharm interventions (e.g., PT, bowel prep, infection control)	8–9 components completed with surgical focus: • Concise surgical impression including indication and stage/severity (if applicable) • Problem list format prioritizing surgical issue and relevant comorbidities • Each condition has supporting discussion and perioperative consideration • Preop optimization plans included (e.g., control of HTN, DM, smoking cessation) • Meds with d/r/f and perioperative changes noted (e.g., hold anticoagulation) • Non-pharm interventions (e.g., PT, bowel prep, infection control)	6–7 components completed with surgical focus: • Concise surgical impression including indication and stage/severity (if applicable) • Problem list format prioritizing surgical issue and relevant comorbidities • Each condition has supporting discussion and perioperative consideration • Preop optimization plans included (e.g., control of HTN, DM, smoking cessation) • Meds with d/r/f and perioperative changes noted (e.g., hold anticoagulation) • Non-pharm interventions (e.g., PT, bowel prep, infection control)	4–5 components completed with surgical focus: • Concise surgical impression including indication and stage/severity (if applicable) • Problem list format prioritizing surgical issue and relevant comorbidities • Each condition has supporting discussion and perioperative consideration • Preop optimization plans included (e.g., control of HTN, DM, smoking cessation) • Meds with d/r/f and perioperative changes noted (e.g., hold anticoagulation) • Non-pharm interventions (e.g., PT, bowel prep, infection control)	1–3 components completed with surgical focus: • Concise surgical impression including indication and stage/severity (if applicable) • Problem list format prioritizing surgical issue and relevant comorbidities • Each condition has supporting discussion and perioperative consideration • Preop optimization plans included (e.g., control of HTN, DM, smoking cessation) • Meds with d/r/f and perioperative changes noted (e.g., hold anticoagulation) • Non-pharm interventions (e.g., PT, bowel prep, infection control)	*Not included*	5 = 20% 4 = 16% 3 = 12% 2 = 8% 1 = 4%

H&P Note Rubric

Criteria	Superior (5)	Above Average (4)	Average 3)	Below Average (2)	Needs Improvement (1)	Not Included (0)	% Score
	• Labs/imaging ordered with rationale • Specialist referrals (e.g., Cardiology, Anesthesia) with indications • Patient education: surgical expectations, risks/benefits • Disposition: admit vs outpatient, preop timeline, follow-up	• Labs/imaging ordered with rationale • Specialist referrals (e.g., Cardiology, Anesthesia) with indications • Patient education: surgical expectations, risks/benefits • Disposition: admit vs outpatient, preop timeline, follow-up	• Labs/imaging ordered with rationale • Specialist referrals (e.g., Cardiology, Anesthesia) with indications • Patient education: surgical expectations, risks/benefits • Disposition: admit vs outpatient, preop timeline, follow-up	• Labs/imaging ordered with rationale • Specialist referrals (e.g., Cardiology, Anesthesia) with indications • Patient education: surgical expectations, risks/benefits • Disposition: admit vs outpatient, preop timeline, follow-up	• Labs/imaging ordered with rationale • Specialist referrals (e.g., Cardiology, Anesthesia) with indications • Patient education: surgical expectations, risks/benefits • Disposition: admit vs outpatient, preop timeline, follow-up		
Surgical Consent Documentation	<u>All components documented clearly and accurately:</u> • Procedure name and laterality (if applicable) • Clear, patient-friendly description of procedure • Risks, benefits, and alternatives (including no surgery) documented • Documentation of patient's verbalized understanding and	<u>Missing 1 component:</u> • Procedure name and laterality (if applicable) • Clear, patient-friendly description of procedure • Risks, benefits, and alternatives (including no surgery) documented • Documentation of patient's verbalized understanding and agreement • Planned anesthesia type included	<u>Missing 2 components:</u> • Procedure name and laterality (if applicable) • Clear, patient-friendly description of procedure • Risks, benefits, and alternatives (including no surgery) documented • Documentation of patient's verbalized understanding and agreement • Planned anesthesia	<u>Missing 3 components:</u> • Procedure name and laterality (if applicable) • Clear, patient-friendly description of procedure • Risks, benefits, and alternatives (including no surgery) documented • Documentation of patient's verbalized understanding and agreement • Planned anesthesia	<u>Minimal consent data included:</u> • Procedure name and laterality (if applicable) • Clear, patient-friendly description of procedure • Risks, benefits, and alternatives (including no surgery) documented • Documentation of patient's verbalized understanding and	*Not included*	5 = 10% 4 = 8% 3 = 6% 2 = 4% 1 = 2%

H&P Note Rubric

Criteria	Superior (5)	Above Average (4)	Average 3)	Below Average (2)	Needs Improvement (1)	Not Included (0)	% Score
	agreement • Planned anesthesia type included		type included	type included	agreement • Planned anesthesia type included		
						Total:	

Appendix D

Site Visit Rubric

Criteria	Superior (5)	Above Average (4)	Average (3)	Below Average (2)	Needs Improvement (1)	Absent (0)	% Score
History	Included all (9 criteria): · Chief Concern · History of Present Illness · Medications · Allergies/sensitivities (with reaction) · PMH/PSH · Health Maintenance · Family History · Social History · Pertinent review of systems	Included most (7-8 criteria): · Chief Concern · History of Present Illness · Medications · Allergies/sensitivities (with reaction) · PMH/PSH · Health Maintenance · Family History · Social History · Pertinent review of systems	Included some (5-6 criteria): · Chief Concern · History of Present Illness · Medications · Allergies/sensitivities (with reaction) · PMH/PSH · Health Maintenance · Family History · Social History · Pertinent review of systems	Included little (3-4 criteria): · Chief Concern · History of Present Illness · Medications · Allergies/sensitivities (with reaction) · PMH/PSH · Health Maintenance · Family History · Social History · Pertinent review of systems	Included minimal (1-2 criteria): · Chief Concern · History of Present Illness · Medications · Allergies/sensitivities (with reaction) · PMH/PSH · Health Maintenance · Family History · Social History · Pertinent review of systems	Included no (0 criteria): · Chief Concern · History of Present Illness · Medications · Allergies/sensitivities (with reaction) · PMH/PSH · Health Maintenance · Family History · Social History · Pertinent review of systems	1= 4% 2= 8% 3= 12% 4= 16% 5= 20%
Physical Exam	Missing no pertinent physical exam systems: · Vital signs · General · Skin · HEENT · Heart · Lungs · Breast · Abdomen	Missing 1 pertinent physical exam system: · Vital signs · General · Skin · HEENT · Heart · Lungs · Breast · Abdomen · Genital/rectal	Missing 2 pertinent physical exam systems: · Vital signs · General · Skin · HEENT · Heart · Lungs · Breast · Abdomen	Missing 3 pertinent physical exam systems: · Vital signs · General · Skin · HEENT · Heart · Lungs · Breast · Abdomen · Genital/rectal	Missing 4 pertinent physical exam systems: · Vital signs · General · Skin · HEENT · Heart · Lungs · Breast · Abdomen · Genital/rectal	Missing >5 pertinent physical exam systems: · Vital signs · General · Skin · HEENT · Heart · Lungs · Breast · Abdomen	1= 3% 2= 6% 3= 9% 4= 12% 5= 15%

Site Visit Rubric

Criteria	Superior (5)	Above Average (4)	Average (3)	Below Average (2)	Needs Improvement (1)	Absent (0)	% Score
	· Genital/rectal · Musculoskeletal · Peripheral vascular · Neurologic	· Musculoskeletal · Peripheral vascular · Neurologic	· Genital/rectal · Musculoskeletal · Peripheral vascular · Neurologic	· Musculoskeletal · Peripheral vascular · Neurologic	· Musculoskeletal · Peripheral vascular · Neurologic	· Genital/rectal · Musculoskeletal · Peripheral vascular · Neurologic	
Labs/ Diagnostics	All pertinent lab/diagnostic information included (results, date/ time) or says “none” if n/a	All pertinent labs/diagnostics included but missing information (results, date/ time)	Most pertinent labs/diagnostics included (results, date/ time)	Most pertinent labs/diagnostics included, but missing information (results, date/ time)	Very limited pertinent labs/diagnostics included with results	No pertinent labs/diagnostics included	1= 1% 2= 2% 3= 3% 4= 4% 5= 5%
Impression Statement	Impression sentence is concise and contains all pertinent information	Impression sentence is not concise, but contains all pertinent information	Impression sentence is concise, but missing some pertinent information	Impression sentence is not concise and missing some pertinent information	Impression sentence is not concise and missing all pertinent information	Impression sentence is absent	1= 1% 2= 2% 3= 3% 4= 4% 5= 5%
Differential Diagnosis	Differential diagnosis is well developed and includes all applicable critical diagnoses	Differential diagnosis is moderately developed, but includes all applicable critical diagnoses	Differential diagnosis is well developed, but does not include all applicable critical diagnoses	Differential diagnosis is moderately developed and does not include all applicable critical diagnoses	Differential diagnosis is poorly developed	Differential diagnosis is absent	1= 1% 2= 2% 3= 3% 4= 4% 5= 5%

Site Visit Rubric

Criteria	Superior (5)	Above Average (4)	Average (3)	Below Average (2)	Needs Improvement (1)	Absent (0)	% Score
Plan	Plan includes all of 5 of the following: · Medications prescribed including dosage, route, frequency and duration of therapy (if applicable) · Non-medication treatments prescribed · Labs, imaging and/or procedures ordered · Appropriate referrals (if applicable) · Disposition	Plan includes all of 4 of the following: · Medications prescribed including dosage, route, frequency and duration of therapy (if applicable) · Non-medication treatments prescribed · Labs, imaging and/or procedures ordered · Appropriate referrals (if applicable) · Disposition	Plan includes 3 of the following: · Medications prescribed including dosage, route, frequency and duration of therapy (if applicable) · Non-medication treatments prescribed · Labs, imaging and/or procedures ordered · Appropriate referrals (if applicable) · Disposition	Plan includes 2 of the following: · Medications prescribed including dosage, route, frequency and duration of therapy (if applicable) · Non-medication treatments prescribed · Labs, imaging and/or procedures ordered · Appropriate referrals (if applicable) · Disposition	Plan includes 1 of the following: · Medications prescribed including dosage, route, frequency and duration of therapy (if applicable) · Non-medication treatments prescribed · Labs, imaging and/or procedures ordered · Appropriate referrals (if applicable) · Disposition	Plan is absent	1= 2% 2= 4% 3= 6% 4= 8% 5= 10%
Patient education and follow-up instructions	All patient education and discharge instructions are included and appropriate for patient	Most patient education and discharge instructions are included and appropriate for patient	Some patient education and discharge instructions are included and appropriate for patient	Minimal patient education and discharge instructions are included and appropriate for patient	Patient education and discharge instructions are included, but not appropriate for patient	Patient education and discharge instructions are not included	1= 2% 2= 4% 3= 6% 4= 8% 5= 10%

Site Visit Rubric

Criteria	Superior (5)	Above Average (4)	Average (3)	Below Average (2)	Needs Improvement (1)	Absent (0)	% Score
Evidence-based medicine	Demonstrates thorough knowledge of the patient and effectively utilizes evidence-based medicine to answer all site visitors' questions.	Frequently demonstrates thorough knowledge of the patient and effectively utilizes evidence-based medicine to answer all site visitors' questions.	Demonstrates adequate knowledge of the patient and applies evidence-based medicine to answer site visitors' questions.	Demonstrates limited knowledge of the patient and occasionally utilizes evidence-based medicine to answer site visitors' questions.	Demonstrates minimal knowledge of the patient and rarely utilizes evidence-based medicine to answer site visitors' questions.	Does not demonstrate knowledge of the patient or use evidenced based medicine to answer site visitors' qualifications or fails to engage with site visitors altogether.	1= 1% 2= 2% 3= 3% 4= 4% 5= 5%
Presentation	Presentation meets all 6 criteria: · Organized and concise · Without sidebar commentary · At a good tempo and clearly audible · Maintains good eye contact with minimal notecard usage (only one allowed) · Appropriately uses medical terminology · Conveys extensive knowledge of the patient	Presentation meets 5 criteria: · Organized and concise · Without sidebar commentary · At a good tempo and clearly audible · Maintains good eye contact with minimal notecard usage (only one allowed) · Appropriately uses medical terminology · Conveys extensive knowledge of the patient	Presentation meets 4 criteria: · Organized and concise · Without sidebar commentary · At a good tempo and clearly audible · Maintains good eye contact with minimal notecard usage (only one allowed) · Appropriately uses medical terminology · Conveys extensive knowledge of the patient	Presentation meets 3 criteria: · Organized and concise · Without sidebar commentary · At a good tempo and clearly audible · Maintains good eye contact with minimal notecard usage (only one allowed) · Appropriately uses medical terminology · Conveys extensive knowledge of the patient	Presentation meets 1-2 criteria: · Organized and concise · Without sidebar commentary · At a good tempo and clearly audible · Maintains good eye contact with minimal notecard usage (only one allowed) · Appropriately uses medical terminology · Conveys extensive knowledge of the patient	Presentation meets 0 criteria: · Organized and concise · Without sidebar commentary · At a good tempo and clearly audible · Maintains good eye contact with minimal notecard usage (only one allowed) · Appropriately uses medical terminology · Conveys extensive knowledge of the patient	1= 5% 2=10% 3=15% 4= 20% 5= 25%
						Overall Rating:	

Appendix E

Mid Rotation Student Evaluation
Please reflect on the following areas regarding your performance:
Strengths
Identify and describe the areas where you believe you are performing well during this rotation. ***Response:***
Areas for Improvement
Reflect on areas where you feel there is room for growth and development. Consider both technical skills and professional behavior. ***Response:***
Outstanding Rotation-Specific Learning Outcomes
Refer to your individual syllabus and specify which learning outcomes you still need to work on in order to fully meet the course objectives. ***Response:***
Feedback from Preceptor/Team
Provide a summary of feedback received from your preceptor and/or clinical team regarding your performance and progress thus far. ***Response:***
Student-Developed Action Plan
Outline your plan to address the areas identified for improvement, with a focus on achieving the necessary competencies outlined in your learning outcomes. This may include both preceptor-suggested and self-identified goals. ***Response:***

Appendix F Preceptor: Final Evaluation of Student's Clinical Performance Rubric

Score	Grade Conversion
N/O	Not Observed
1	0%
2	60%
3	75%
4	87.5%
5	100%

I. MEDICAL KNOWLEDGE

GRADED CRITERIA	N/O	100%	87.5%	75%	60%	0%
1. Demonstrate knowledge of clinical presentation and manifestation of medical conditions in patients in pre-operative, intra-operative and post-operative encounters in the surgical setting.						
Pre-operative encounters		☐	☐	☐	☐	☐
Intra-operative encounters		☐	☐	☐	☐	☐
Post-operative encounters		☐	☐	☐	☐	☐
2. Order and interpret appropriate diagnostic tests used in the care of surgical patients.		☐	☐	☐	☐	☐
3. Demonstrate the ability to manage appropriate pharmacologic treatment plans for patients in the surgical encounter.		☐	☐	☐	☐	☐
4. Propose appropriate treatment plans for medical conditions encountered in the surgical setting.		☐	☐	☐	☐	☐
Average Medical Knowledge Grade (Total Sum ÷ 6):						

II. CLINICAL REASONING AND PROBLEM SOLVING

GRADED CRITERIA	N/O	100%	87.5%	75%	60%	0%
5. Identify the need for referral to specialty care.		☐	☐	☐	☐	☐
6. Apply clinical reasoning and problem-solving skills to formulate differential diagnoses for conditions in pre-operative, intra-operative and post-operative encounters in the surgical setting.						
Pre-operative		☐	☐	☐	☐	☐
Intra-operative		☐	☐	☐	☐	☐
Post-operative		☐	☐	☐	☐	☐
7. Apply principles of evidence-based medicine to the care of individual patients in the surgical encounter.		☐	☐	☐	☐	☐
Clinical Reasoning & Problem Solving Skills Grade (Total Sum ÷ 5):						

III. CLINICAL SKILLS

GRADED CRITERIA	N/O	100%	87.5%	75%	60%	0%
8. Demonstrate the clinical skills needed to gather essential information through medical history taking of patients in the surgical encounter.		☐	☐	☐	☐	☐
9. Demonstrate the clinical skills needed to gather essential information through physical examination of patients in the surgical encounter.		☐	☐	☐	☐	☐
Average Clinical Skills Grade (Total Sum ÷ 2):						

TECHNICAL SKILLS

GRADED CRITERIA	N/O	5	4	3	2	1
10. Demonstrate competency in the following technical skills:						
a. Perform urinary catheterization	☐	☐	☐	☐	☐	☐

GRADED CRITERIA	N/O	5	4	3	2	1
b. Perform a sterile surgical scrub	☐	☐	☐	☐	☐	☐
c. Maintain sterile technique during a procedure	☐	☐	☐	☐	☐	☐
d. Perform a dressing change	☐	☐	☐	☐	☐	☐
e. Perform surgical wound closure	☐	☐	☐	☐	☐	☐

IV. INTERPERSONAL AND COMMUNICATION SKILLS

GRADED CRITERIA	N/O	100%	87.5%	75%	60%	0%
11. Demonstrate the ability to provide appropriate patient education in the surgical encounter.		☐	☐	☐	☐	☐
12. Demonstrate accurate and complete documentation of pre-operative, intra-operative and post-operative patient encounters in the surgical setting.						
Pre-operative patient encounters		☐	☐	☐	☐	☐
Intra-operative patient encounters		☐	☐	☐	☐	☐
Post-operative patient encounters		☐	☐	☐	☐	☐
13. Demonstrate interprofessional communication skills to work effectively with other health care professionals.		☐	☐	☐	☐	☐
Average Interpersonal & Communication Skills Grade (Total Sum ÷ 5):						

V. PROFESSIONAL BEHAVIORS

GRADED CRITERIA	N/O	100%	87.5%	75%	60%	0%
14. Demonstrate cultural humility and sensitivity when caring for patients from marginalized populations.		☐	☐	☐	☐	☐
15. Demonstrate ethical principles in patient care.		☐	☐	☐	☐	☐
16. Demonstrate respect and empathy in all interactions.		☐	☐	☐	☐	☐
17. Demonstrate professionalism by reliably completing assigned tasks, incorporating						

feedback and demonstrating continuous improvement.						
Reliably completing assigned tasks		☐	☐	☐	☐	☐
Incorporating feedback		☐	☐	☐	☐	☐
Demonstrating continuous improvement		☐	☐	☐	☐	☐
18. Demonstrate knowledge of reimbursement, billing and coding specific to surgical encounters.		☐	☐	☐	☐	☐
Average Professional Behaviors Grade (Total Sum ÷ 7):						

Final Grade (Total Sum of Each Graded Section ÷ 5): _____