Revision of these policies and procedures

The program reserves the right to make changes to any and all aspects of this guide. Students will be notified of any substantial changes in writing. Students are expected to remain current in all policies and procedures. The Supervised Clinical Practical Experiences (SCPE) manual is not to be interpreted as a legal document or contract. The policies and procedures set forth in the manual apply to all students in their clinical year in the UNC Physician Assistant Program.

SPECIAL NOTE: This manual replaces all previous clinical experience manuals and handbooks. The SCPE Handbook does not supersede the Student Handbook.
WELCOME!
Welcome to the clinical phase of your studies! We respect and admire you for your commitment to embarking on the journey of becoming a Physician Assistant through the University of North Carolina’s School of Medicine. Making it this far was no small feat and deserves a pause for celebration and reflection.

This semester is a time of transition to the clinical phase of study. The focus will be applying what has been gained through didactics and move toward clinical practice. The program’s commitment to helping you become successful is priority. The rigor of the program will intensify during the semester requiring long hours, and dedication for success. We challenge you to engage and seize those assigned/unexpected opportunities for learning.

The faculty serves as the program’s foundational resource and encourage you to access them with any questions or concerns. The program’s primary goal is to provide its students with the highest quality learning that supports clinical excellence and proficiency upon successful completion.

Warm Regards,
The University of North Carolina Physician Assistant Clinical Team
UNC PA PROGRAM CLINICAL TEAM

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INTRODUCTION TO THE CLINICAL YEAR

Purpose of the SCPE Handbook (A3.02)
The UNC PA Program Student Handbook is the comprehensive reference for Program Policy. Students are still expected to adhere to all standard operating procedures in both the Student Handbook and the SCPE Handbook. Although we have tried to be comprehensive and attentive to the most frequently needed information, there will be questions and needs that we did not anticipate. Please feel free to stop by, call or email the Clinical Coordinator at the program whenever questions arrive.

The mission of the UNC PA Program is to promote high-quality, accessible, patient-centered healthcare for the people of North Carolina and the nation through excellence in education, scholarship, and clinical service. The UNC PA program is committed to the healthcare and workforce needs of North Carolinians and will use an inter-professional approach to prepare skilled and compassionate healthcare practitioners across the continuum of life.

Although not specifically stated after each section, failure to comply with and/or conform to the guidelines, academic requirements, rules and regulations of this handbook will result in disciplinary action, up to and include referral to the Supervised Clinical Practice Experience (SCPE) Committee and dismissal from the program.

It is the student’s responsibility to read this handbook. All students must sign a declaration of understanding prior to beginning the clinical phase stating they have read, understand, and agree to abide by the contents of this handbook (See Appendix 1).

What you achieve out of your SCPE’s will largely depend upon what you put into them. This is your opportunity to learn from specialists in the various fields of medicine, expand your medical knowledge base and prepare for certification and practice as a medical provider.

This handbook is intended to inform you of standard operating procedures, expectations, and pertinent information regarding the academic work required of the following courses: (A3.14d, A3.14e, B3.07)

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Course Name</th>
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</thead>
<tbody>
<tr>
<td>PASC 800</td>
<td>4</td>
<td>Primary Care I</td>
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<tr>
<td>PASC 801</td>
<td>4</td>
<td>Internal Medicine</td>
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<tr>
<td>PASC 802</td>
<td>4</td>
<td>General Surgery</td>
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<tr>
<td>PASC 803</td>
<td>4</td>
<td>Pediatrics</td>
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<td>PASC 804</td>
<td>4</td>
<td>Obstetrics and Gynecology</td>
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<tr>
<td>PASC 805</td>
<td>4</td>
<td>Psychiatry and Behavioral Medicine</td>
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<tr>
<td>PASC 807</td>
<td>4</td>
<td>Emergency Medicine</td>
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<td>PASC 808</td>
<td>4</td>
<td>Elective 1</td>
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<tr>
<td>PASC 809</td>
<td>4</td>
<td>Elective 2</td>
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<tr>
<td>PASC 810</td>
<td>4</td>
<td>Primary Care II</td>
</tr>
</tbody>
</table>
PASC 800/810 Primary Care I / II 4/4 Credits
Students are introduced to the principles of and practice of ambulatory care and family medicine with emphasis on disease prevention and health maintenance across the lifespan. The student will refine techniques in history taking, physical examination, health behavior counseling. Many of these sites provides care for the disadvantage and underserved populations exposing students to the diversity of community and family health needs and the occupation and environmental issues that influence health and healthcare decision making.

PASC 801 Internal Medicine 4 Credits
This rotation provides the student the opportunity to understand the principles of general internal medicine. Student apply knowledge and skills learned in the didactic year to patient evaluation, and begin to apply patient management strategies to patients in an assigned clinical setting. Under the direction of a preceptor, the student will analyze the patient chart, monitor the patient’s progress, perform history and physicals, and plan therapeutic interventions. The student will learn to order specialty test, write orders, and request special consultation. Students will participate in discharge planning and disposition regarding home care and follow up.

PASC 802 General Surgery 4 Credits
The rotation provides experience in the management of patients with surgical problems. The student will learn pre-operative, intra-operative, and post-operative patient care. The student will scrub into surgical cases and assist the surgeon as indicated. The student will participate in the management of the surgical inpatient, and assist with discharge planning. The student will work as part of a surgical on-call team and respond to emergency situations in the emergency department and the operating room with the team.

PASC 803 Pediatrics 4 Credits
This rotation provides the student exposure to the care of neonates, infants, children, and adolescents. The student will further refine the skills of history taking and physical examination specific to the pediatric population. The student will recognize normal development and appreciate common abnormalities of growth and development. Students will become familiar with the evaluation and treatment of common pediatric disorders. Emphasis will be on preventive care and family dynamics.

PASC 804 Obstetrics and Gynecology 4 Credits
This course provides the student an opportunity to gain experience in common gynecological conditions. The student learns about screening for breast and gynecologic cancers, normal and abnormal menstrual patterns, infectious disease, and family planning. The student participates in providing routine prenatal and obstetrical care.

PASC 805 Psychiatry and Behavioral Medicine 4 Credits
The student will be exposed to and participate in the care of patients with psychiatric illnesses and psychosocial disorders. The student will develop skill in counseling patients, communicating with family members of patients living with these conditions, and managing common outpatient illnesses. Under the direction of the preceptor the student will become familiar with the use of psychotropic therapeutics. Students will learn to identify and refer “at-risk” patients.
PASC 807: Emergency Medicine  
This rotation provides in-depth exposure to the illnesses and injuries that necessitate emergency care across the continuum of life. Students will participate in all aspects of emergency medical care. The student will interview, evaluate and examine patients presenting to the Emergency Department. Students will present all patients cared for to the precepting clinician. Emergency procedures and treatment will be guided by the clinical preceptor.

PASC 808/809 Elective  
In addition to the above required core rotations, students are given the option of electing 2 rotations of their choice.

General Information  
The Physician Assistant Studies Program at The University of North Carolina strives to provide an exemplary education to students for careers in primary health care. UNC PA students are taught to work as part of an Inter-professional team in providing preventive and primary healthcare services to patients. PA students entering their clinical practicums have received 12 months of intensive education in basic, behavioral, and clinical sciences. This includes intensive instruction in anatomy and physiology, pathophysiology and clinical medicine. PA students are trained to take medical histories, perform physical examinations, and perform medical procedures before entry into clinical practicums. They have taken courses on clinical decision-making and should be able to identify historical and physical findings common to frequently encountered forms of disease.

Purpose of the Clinical Year  
Clinical practicums enable PA students to sharpen their primary care skills and learn the intricacies of medical practice. For preceptors unfamiliar with PA education, it is useful to compare the clinical practicums with practicums performed by third- and fourth-year medical students. A preceptor should typically allow the student to assess the patient, establish a working diagnosis, present the patient to the preceptor and work with the preceptor to plan therapy. The primary goal is for the student to gain practical experience, develop skills as a healthcare practitioner and learn the role of other members of the healthcare team. The practicums also emphasize the Physician-Physician Assistant Team Concept. To facilitate this, students are available for practicum activities a minimum of 40 hours per week. Days off and holidays will follow the schedule of the supervising preceptor.

Goal of the Clinical Year  
The mission of the UNC-CH PAP is to educate our students in a generalist curriculum which promotes practice in rural and urban medical underserved populations of North Carolina. There are four goals of the UNC-CH PA Program Clinical Year. Each of these goals aligns with the mission of the UNC-CH PAP. The first goal is that all PA students are exposed to a diversity of preventive, emergent, acute and chronic patient encounters [B3.02]. The second goal is that all PA students are exposed to a diversity of patient experiences in the medical care of infants, children, adolescents, adults, and the elderly [B3.03a]. The third goal is that all PA students acquire patient care experiences in women’s health (prenatal and gynecologic), behavioral and mental health conditions, and conditions requiring surgical management, to include (pre-operative, intra-operative, and post-operative care) [B3.03b-d]. The fourth goal is that all PA
students have an optimal interprofessional educational experience during each clinical experience to prepare students to work collaboratively in interprofessional patient centered team [B1.08].

Guidance
Students will have access to his/her advisor for assistance and counseling regarding their career development, concerns and problems. Advisors will also be promptly available to assist students in understanding and abiding by program policies and practice and to provide referral for students with personal problems that may interfere with their progress in the clinical experience.

Accreditation Standards for Physician Assistant Education (A1.03c)
The Accreditation Review Commission on Education for the PA (ARC-PA) has established Accreditation Standards to maintain and promote appropriate benchmarks of quality in the education process of PAs. These Accreditation Standards are used as guidelines in the development, evaluation, and self-analysis of PA programs. The ARC-PA provides recognition for educational programs that are in compliance with standards of quality for PA education.

The standards are posted online at: http://www.arc-pa.org/accreditation/standards-of-accreditation/

The policies and procedures stated in this Student Handbook align and are in compliance with these standards.
CLINICAL YEAR POLICIES AND PRACTICES

**Student Employment (A3.04, A3.14h)**
During SCPEs, students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised. The student must contact Program Director and the Director of Clinical Education if asked to function as a clinical instructor and/or administrative staff. Students must not accept compensation for any services provided during supervised clinical experiences.

Any violations to any component of this policy will result in referral to the SCPE Committee.

**Statement of Disabilities (A3.10)**
Any student who may need an accommodation based on the potential impact of a disability should the Disability Support Services office at (919) 962-8300 to establish eligibility and to coordinate reasonable accommodations. For additional information on the policy, refer to the UNC PAP Policy: [https://www.med.unc.edu/ahs/unc-pa/files/2020/05/UNCPAP-ACCOMODATIONS-FOR-STUDENT-WITH-DISABILITIES.pdf](https://www.med.unc.edu/ahs/unc-pa/files/2020/05/UNCPAP-ACCOMODATIONS-FOR-STUDENT-WITH-DISABILITIES.pdf)

**Honor Code Policy**
Students are bound to the academic integrity and academic dishonesty policies and procedures as defined in the UNC PA Student Handbook and by the University. If a student is found responsible for or in any way compromising academic integrity, the student may be subject to both academic disciplinary action (including dismissal from SCPE rotation) and student conduct review action (up to and including dismissal from the university). For additional information, please refer to UNC Honor Code Policy: [https://catalog.unc.edu/policies-procedures/honor-code/](https://catalog.unc.edu/policies-procedures/honor-code/)

**Conduct Violations and Harassment (A3.17g)**
The UNC Physician Assistant Studies Program adheres to the same policy adhered to by University of North Carolina. This policy can be found at: [https://eoc.unc.edu/our-policies/ppdhrm/](https://eoc.unc.edu/our-policies/ppdhrm/)

**Student Academic Grievances / Appeal Process (A3.17d)**
The PA Program abides by University of North Carolina policies related to Academic Grievance, as outlined in the UNC Graduate Handbook. If a student disagrees with the approved dismissal he/she can appeal following the University’s grievance policy found in the UNC Graduate Handbook: [https://handbook.unc.edu/grading.html](https://handbook.unc.edu/grading.html)

**Student Clinical Hours During the Clinical Year**
The UNC PA Program has an established policy for student clinical hours during the clinical year. Further information on attendance and excused time of during the clinical year can be found on pages 41-43 of the SCPE Handbook. Information regarding this policy can be found at: [https://www.med.unc.edu/ahs/unc-pa/files/2020/05/UNCPAP-Student-Duty-Hour-Guidelines.pdf](https://www.med.unc.edu/ahs/unc-pa/files/2020/05/UNCPAP-Student-Duty-Hour-Guidelines.pdf)
**Technical Standards** *(A3.15e)*

The UNC PA Program is committed to comply with Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the Americans with Disabilities Act (ADA), and also ascertains that the following minimum technical standards must be present in the prospective candidates.

The UNC PA Program has determined technical standards that are essential for successful progression and completion of all aspects of the curriculum, as well as entry into the profession. These Technical Standards are required for admission and must be maintained throughout the UNC PA Program. In the event a student is unable to fulfill these Technical Standards, with or without reasonable accommodation, the student will be subject to dismissal. Students must have somatic sensation and the functional use of the senses of vision and hearing.

Students’ diagnostic skills will also be lessened without the functional use of senses of equilibrium, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, and vibratory) and sufficient motor function to permit them to carry out the activities described in the section above. They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

Technological compensation can be made for some disabilities in these areas, but a candidate should be able to perform them in a reasonably independent manner. The use of a trained intermediary would mean that a student’s judgement must be mediated by someone else’s power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements in the five skill areas specified below. Reasonable accommodations can be made for documented disabilities.

**Observation**
- Students must be able to observe a patient accurately at a distance and close at hand.
- Observation necessitates the functional use of the sense of vision, hearing, smell, and somatic sensation.

**Communication**
- Students must be able to speak, hear and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications.
- Students must be able to communicate effectively and sensitively with patients.
- Students must be able to communicate (verbal, nonverbal, and written) effectively and efficiently in oral and written form with all members of the healthcare team.
- Students must possess reading level to be able to independently accomplish curricular requirements and provide clinical care for patients.
Motor Coordination and Function
- Students should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.
- Students should be able to do basic laboratory tests, carry out diagnostic procedures and read EKGs and X-rays.
- Students should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of PAs are cardiopulmonary resuscitation, the administration of intravenous medication, application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds and the performance of simple obstetrical maneuvers.
- Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

Intellectual, Conceptual, Integrative, and Quantitative Abilities
- Students must exhibit the following intellectual abilities:
  - Measurement
  - Calculation
  - Reasoning
  - Analysis
  - Synthesis
  - Comprehend three-dimensional and spatial relationships
  - The above listed abilities are necessary skills in order to perform problem solving tasks quickly and efficiently

Behavioral and Social Attributes
- Students must possess the behavioral emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibility’s attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.
- Students must be able to tolerate physically taxing workloads and to function effectively when under stress.
- Students must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.
- Students must demonstrate empathy, integrity, concern for others, interpersonal skills, interest, motivation, and the ability to interact with people at all levels in a culturally diverse society.
Dress Code
During all rotations, returning to campus for Call Back Days and PAEA EOR Written Examination Days, students are expected to maintain a professional appearance. This is defined as:

**NOTE: During Call Back Days & EOR Exams, the dress code is business casual dress. No workout clothes, sweatshirts, hoodies, shorts, etc. will be allowed. Professional points will be deducted from the Global Professionalism Assessment.**

Identification in the Clinical Setting
Proper identification must be clearly displayed identifying that the student is a UNC PA student. UNC student ID badges must be worn at all times. The ID badge must be worn so that it is easily readable by patients and hospital/clinic personnel. ID badges must not be obscured or altered in any manner except as determined by clinical necessity, (e.g. special stickers for newborn nursery access). The code card must be displayed behind the UNC student ID badge to allow for easy access for emergency contact numbers and codes.

White Coats
Student-style white coats are required for clinical settings and during certain laboratory sessions, simulation exercises, competency evaluations and any other times as designated by the Course Director; they must be clean and neat. They will possess the University of North Carolina logo. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

Note: **Exceptions to this rule are at the discretion of the clinical preceptor or clinical site.**

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

Shoes
Footwear must be clean, in good condition, and appropriate. For safety reasons, open-toed shoes and sandals are not allowed in patient care areas or designated laboratory components of didactic courses.

Style
No sweatshirts or shirts with messaging, lettering or logos. No shorts, cut-offs, etc. Jeans, workout pants, shorts are not to be worn even if it is clinic policy to allow providers to wear jeans. A tie is recommended for men, unless described as optional in specific policy for that clinical setting.

Fragrance
No wearing of colognes, perfumes or scented lotions in clinical settings as patients may be sensitive to fragrances.
Hands
Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Artificial nails and decorative nail designs are prohibited. Some clinics/hospital settings do not permit any colored polish.

Hygiene
Daily hygiene must include personal cleanliness, including use of deodorant. Clothing should be clean, pressed, and in good condition, including the white coat.

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

Jewelry
Jewelry should not be functionally restrictive or excessive. Students should avoid wearing long or dangling earrings for their own and for patient safety. There should be no visible jewelry in body piercings with the exception of earrings. In the case of religious requirement, certain piercings may be acceptable. Please consult the Director of Clinical Education if you have religious requirements for piercing. No other facial jewelry (e.g., tongue, eyebrow piercings, etc.) is allowed.

Tattoos
Tattoos shall be appropriately covered when possible.

Students in violation of any of the above dress codes may be asked to change into appropriate attire. Repeated violations will result in referral of the student to the SCPE Committee for disciplinary action.

Medical Records and Patient Confidentiality
Patient confidentiality is a cornerstone in PA practice and essential for establishing and maintaining the patient-provider relationship built on trust.

PA students are privileged to learn information that patients share only with healthcare professionals and be present in very personal moments of patients’ lives. Patients, in turn, trust the PA students will preserve their confidentiality; as a key component of medical professionalism, PA students must honor this trust.

Students are not to discuss a patient in any manner or situation that would disclose any information about that patient to any person not directly involved in the patient’s healthcare. Students must refrain from discussing patients in public places, (i.e. cafeterias, elevators, etc.) where conversations may be overheard. Students should remind those who may be inappropriately discussing patient information, about confidentiality.

Students will adhere to ethical principles and use practical reasoning when dealing with patients at all times. No student should medically treat other PA students, friends, or family members while a student is in the UNC PA Program.
All students will receive formal instruction on, and must follow the Health Insurance and Portability and Accountability Act (HIPPA) rules when participating in clinical activities at affiliated hospitals and clinics; HIPAA compliance includes maintaining confidentiality of paper and electronic health records.

When violations of HIPPA by a student are identified by a hospital, clinic, physician’s office, etc., the violation will be reviewed by the SCPE Committee. Disciplinary actions may which include remediation and/or sanctions, including the possibility of dismissal from the program.

**Student Documentation Guidelines for Patient Records**

Student must read and observe the rule set forth by the Committee for Medicare and Medicaid (CMM) as it pertains to student documentation. The Center for Medicare and Medicaid Services (CMS) guidelines are that physicians, physician assistants, and advanced practice registered nurses (APRNs – nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists) can review and verify (sign and date), rather than re-documenting, notes made in the medical record by other physicians, residents, medical, physician assistant, and APRN students, nurses, or other members of the medical team.

Further information regarding CMS guidelines on student documentation §§ 410.20, 410.69, 410.74, 410.75, 410.76, and 410.77, can be found in the final rule (Pages 377 – 389)

**Prescription Writing**

Students may write or input electronic prescribing information for the preceptor, but the preceptor must sign/send all prescriptions. The student’s name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription.

Students should practice handwriting prescriptions on clinical rotations when the opportunity to input electronic prescriptions is not available.

In addition, students MUST notify the PA Clinical Team immediately if he/she is being asked by a preceptor or a member of his/her staff to write, sign, or distribute medications without supervision.

**Professionalism (C3.02)**

As members of the healthcare community, UNC-CH PA students are expected to adhere to high standards of medical professionalism. Maturity, integrity, flexibility, cultural competence, honesty, respect, compassion, accountability for your actions & your work/assignments and self-control are expected of students in all aspects of the didactic and clinical education. Professionalism should be manifest as a high level of professional judgment and composure in interactions with instructors, preceptors, fellow students, staff, and patients. Most of all, a medical professional understands that the welfare of the patient is paramount and takes precedence over other considerations.

The American Academy of PAs takes professionalism very seriously. As a PA student, you should be familiar with the Academy’s comprehensive statement of values and guidelines for ethical conduct:


There is extensive literature written about medical professionalism, and there are many dimensions
to what constitutes professional and unprofessional conduct. The UNC-PA Program curriculum will address professionalism in depth. We want you to be aware—at the beginning of your training—of some specific unprofessional behaviors that may jeopardize your standing and result in sanction or dismissal from the program. These include but are not limited to:

- **Breaching patient confidentiality.** This is not limited to identifying patients and their health issues to others not involved in the patient’s care. This also includes indiscreet conversations in public places (e.g. elevators, hallways, the cafeteria).
- **Illegal drug use, alcohol abuse or abuse of controlled substances.**
- **Sexual involvement with a patient.**
- **Engaging in scope of practice beyond that of a student.**
- **Misrepresenting one’s position in the medical care system.**
- **Abandonment of duties.**
- **Serious legal infractions.**
- **Disobeying or showing disrespect to faculty or preceptors.**
- **Abusive and/or threatening behavior or language toward fellow students, instructors, preceptors or staff.**
- **Misuse of social media and electronic communication.** Social media has created unprecedented opportunities to enhance communication, but there is equally great potential for the rapid, unfair, unethical, and unprofessional dissemination of information. Misuse may be a breach of patient confidentiality or may involve posting of opinions, complaints, derogatory comments, observations about other students, staff, faculty, the educational environment or the healthcare system. A moment’s indiscretion may not easily be undone. The UNC-CH Healthcare System has a well-elaborated policy pertaining to the use of social media and dissemination of digital content, including images.

**Social Media and the Medical Professional**

UNC PA Students should understand and adhere to the guidelines and professional considerations when engaging in social media networking that are outlined in the UNC PA Program Student Handbook.

The UNC PA program supports the American Medical Association’s (AMA) Code of Ethics Opinion 2.3.2 titled “Professionalism in the Use of Social Media.” The opinion is available at: [https://www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media](https://www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media)

- You should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- You must not use personal social media accounts to communicate with patients.
- You must not communicate patient information in text messages or unsecured email (Your UNC email accounts are secure and you can use this to exchange patient care information with other healthcare professionals within the UNC-CH SOM if there is a patient care need or legitimate educational purpose. The UNC Electronic Health Record, EPIC, is the preferred method for secure patient care communication.)
- If you interact with patients on the internet, you must maintain appropriate boundaries of the patient-provider relationship in accordance with professional ethical guidelines just, as they would in any other context.
• You must never share images taken in clinical settings by text or unsecure email.
• The UNC-CH Healthcare System has a well-elaborated policy pertaining to the use of social media and dissemination of digital content, including images: http://news.unchealthcare.org/empnews/2016/april-21/updated-unc-medical-center-social-media-policy-now-available-on-intranet

**Criminal Background Checks/Drug Screening**
During the clinical phase of the program, students will be required to undergo one or more national criminal background checks, which may include finger printing. Supervised clinical practice experience (SCPE) sites may require additional background checks, fingerprinting, and/or drug screening for students who are assigned at those institutions. Students are responsible for all expenses related to meeting additional drug screening, and background documentation required by the SCPE site.

A criminal record or failure to pass a drug screen will result in a referral to the SCPE Committee, and may result in the student’s dismissal from the program; if this occurs, tuition and fees will not be refunded.

By accepting admission to the program, a student agrees to submit to national criminal background checks, as well as drug screening; and pay any associated expense.

**Anti-Nepotism Policy**
Students may complete a rotation in the same clinic/hospital system as a family member ONLY if the family member is not the preceptor and the preceptor is not considered a subordinate of the family member. Requests for such arrangements will be reviewed by the Clinical Team.

Similarly, rotations with a current personal health care provider are prohibited. If a student is scheduled for a rotation with a previous health care provider, it must be >1 year prior to the start of the rotation since the student was a patient with that preceptor. The student may not seek medical advice/care from the preceptor or other providers at that clinical site during their rotation. It is also highly discouraged for students to initiate a provider-patient relationship with any previous preceptor prior to graduation.

Students who do not comply with these policies will be withdrawn from the rotation and may incur a delay in the progression of their clinical education. Questions or concerns should be addressed by the Clinical Team.

**Preceptor-Student Relationship (Non-fraternization Policy)**
The student should maintain a professional relationship with the preceptor, staff, and patients and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and kept to a minimum, so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter) should be avoided until the student fully completes the program. Career networking through professional sites like LinkedIn is acceptable.

If the preceptor and student have an existing personal relationship prior to the start of the rotation, this must be disclosed to the Clinical Team prior to the start of the rotation and a professional relationship must be maintained at all times in the clinical setting.
Anti-harassment Policy
UNC PA Program is committed to providing and maintaining learning and training environments that are free of all forms of harassment and discrimination. UNC PA Program will not tolerate harassment within our campus or affiliate training sites whether committed by staff, students, preceptors or faculty. For the purposes of this policy, harassment is defined as any type of behavior, which is based on age, religion, gender, race, color, ethnicity, national origin, disability, sexual orientation, marital status, or pregnancy that interferes with an individual’s work or academic performance or creates an intimidating or hostile work or academic environment.

The University does not permit discrimination or harassment in our programs and activities on the basis of race, color, national origin, sex, gender identity, disability, age, religion, status as to veteran, or any other characteristic protected by institutional policy or state or federal law.

Sexual harassment is most often defined as any unwelcome conduct of sexual nature and can include unwelcome sexual advances, requests for sexual favors, and other verbal, or physical conduct of a sexual nature, such as assault or acts of sexual violence. Unwelcome verbal or physical conduct of a sexual nature includes deliberate, repeated making of unsolicited gestures or comments or the deliberate repeated display of offensive graphic material which is not necessary for business purposes.

Further information on this policy can be found at: https://hr.unc.edu/files/2017/07/Policy-on-Prohibited-Discrimination-Harassment-and-Related-Misconduct.pdf

Violations of this policy:
The UNC PA Program is committed to the enforcement of this policy. The UNC PA Program will follow the University Formal Process as outlined in the Institutional Policies. Individuals who have been found to violate this policy will be subject to the full range of sanctions, including termination of his/her affiliation. Students that are found to violate this policy will subject to removal from a rotation site and possible dismissal from the program.

Cell phone calls/text messages
It is inappropriate, unprofessional, and disrespectful to text message, check social media sites or email, or use cell phones/iPad mini or any other devices for purposes other than educational in nature while on clinical rotations.

If the preceptor approves, iPad mini or iPhones with internet capabilities may be used as a clinical resource only (i.e. medical applications). Students that text message and/or use their cell phone with internet access for non-educational purposes will be disciplined for unprofessional conduct &/or lose the professionalism grade for that rotation. If texting is necessary to contact the clinical team on the day of a scheduled site visit, students should ask their preceptor if they may communicate with faculty via text.
Drugs & Alcohol Policy
Any student who appears to be under the influence or impaired (i.e., a risk to patient safety) while on clinical rotations, will be dismissed from his/her clinical site immediately. The preceptor will notify the PA Clinical Team as soon as possible. Students impaired due to the use of illicit substances will receive a failing grade for the rotation. If the impairment is due to a prescribed, authorized substance, then the rotational responsibilities may be re-evaluated or rescheduled at the discretion of the PA Clinical Team and PA Program Director.
MISCELLANEOUS POLICIES

Legal
If at any time a student believes a patient situation may have legal implications, they should contact the Clinical Team immediately. The Clinical team will discuss the matter with the PA Program Director.

Also, if a PA student is arrested at any point during the clinical year, they must notify the Program Director and Clinical Team within 72 hours both by email and by phone.

Student Concerns/Problems
The PA Program faculty and staff make every effort to ensure that clinical rotations are positive learning experiences. However, if any problems/concerns arise during the clinical year, students are encouraged to contact the Clinical Team and their academic advisor for help, counsel, and or advice.

Safety in the Clinical Setting (A1.02g)
The UNC School of Medicine, Department of Allied Health Sciences requires each clinical site (on-site/off-site) provide a reasonably safe working environment, including reasonably safe equipment, tools, and premises through its affiliation agreement. The UNC PA Program assesses each clinical site prior to sending students and during each rotation students are required to evaluate the clinical site regarding the safety of the work environment. The UNC PA Program also conducts continual clinical site visit to monitor and assess the safety of the work environment.

If a student finds himself/herself in any position that threatens his or her safety, he or she should remove himself/herself from the situation and call 911 if appropriate or contact on-site security. Phone numbers for point of contacts for personal safety and adverse weather are available on the provided code card. The code card must be displayed behind the UNC student ID badge to allow for easy access for emergency contact numbers and codes. The student should then notify the PA program as soon as possible for an alternative plan will be developed.

A. Safety During the psychiatry rotation
Your inpatient experiences may be on locked units with some patients who have the potential for violent behavior. You shall conduct interactions with such patients by placing yourself so that you are always in clear view of staff. You are encouraged to never allow themselves to be in a situation that they think could become unsafe. You are encouraged to discuss concerns about safety with their preceptor and other medical personnel prior to any patient interaction. You will learn about red flags in the history and clinical presentation. We emphasize that your role as a student is not to become directly involved but rather to distance yourself. You can be helpful, for example, in gathering medication data, or relaying important historical information to physicians who are called to the situation.

B. Safety in the Emergency Department at UNC Hospitals
1. Safe practices for dealing with dangerous and agitated patients shall be reviewed at the beginning of the rotation.
2. Students are instructed not to become directly involved with management of violent patients. As with the psychiatry rotation, you shall distance yourself from a confrontation.
You can be helpful in gathering medication data, or relaying important historical information to physicians who are called to the situation.

3. UNC Hospitals police are stationed in the emergency department and are available to deal with agitated or violent patients. You are instructed to be aware of potentially dangerous situations. If you think that a situation could become unsafe, you are to notify ED staff, faculty, or UNC-CH hospital police.

**Student Wellbeing during the Clinical Year**

If at any time, the Clinical Team or other faculty member feels a student is unfit physically, mentally, or emotionally to care for patients, the student will be required to meet with the Program Director and the Clinical Team to determine the appropriate course of action (i.e. leave of absence). If a student has concerns about his/her own wellbeing, they should contact the Clinical Team immediately.
STUDENT EXPOSURE / INCIDENT REPORTING (A3.08a-c)

The practice of health care involves the care of individuals who are ill or injured. As a student enrolled in the Division of Physician Assistant Studies at the University of North Carolina at Chapel Hill, you will be expected to provide care to patients who may have known or unknown infections/communicable diseases. Prior to starting the clinical year, all students must complete and sign the Healthcare Provider Disclaimer Form.

Accidents will occasionally occur in the laboratory or in the clinical setting. Exposure to blood borne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk during orientation. Individual clinical sites may also provide orientation sessions regarding blood borne pathogens. Observing universal precautions is one method to reduce risk. Each clinical site rotation presents different potential hazards. Phone numbers for point of contacts for an environmental exposure or patient safety incident are listed on the provided code card. The code card must be displayed behind the UNC student ID badge to allow for easy access for emergency contact numbers and codes.

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other persons. Of particular concern are the primarily blood-borne pathogens HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body fluids other than blood, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites’ specific policies regarding universal precautions. Further information regarding the Student Exposure Policy can be found at: https://www.med.unc.edu/ahs/unc-pa/files/2020/04/UNCPAP-Student-Exposure-Policy.pdf

Universal Precautions Guidelines:
1. Act as though all patients with whom you have contact have a potentially contagious blood borne disease.
2. Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions.
3. Avoid injuries from all “sharps”.
4. Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
5. Dispose of all “sharps” promptly in the appropriate special puncture resistant containers.
6. Dispose of all contaminated articles and materials in a safe manner prescribed by law.

In practice, using Universal Precautions also requires:
1. Washing hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
2. Depending on job duties and risk of exposure, using appropriate barriers, including gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, and equipment such as resuscitation devices.
These barriers are to be used to protect:
Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin), mucous membranes, especially eyes, nose, and mouth

**NOTE:** These items of protective apparel, including gloves are removed after each use and are properly disposed. The same pair of gloves, etc., are NOT to be worn from one patient or activity to another.

3. Students will wear protective equipment as directed by their clinical preceptor or facility protocol
4. All patient specimens are bagged per facility protocol before transport to the laboratory

**Methods of Prevention: (A3.08)**

**Immunizations:** In order to reduce the risk of PA students of being exposed to infectious diseases, PA students are required to have immunizations as required by the Centers for Disease Control and Prevention, the North Carolina Department of Health and Human Services, North Carolina law, and UNC Health.

**Training:** The UNC CH Office of Environment, Health and Safety, and the UNC PAP require PA students, to complete training in infection prevention, bloodborne pathogens, tuberculosis awareness, emergency preparedness, hazard communication and safety, and fire safety prior to matriculation and the start of clinical rotations.

**Infection Control (Needlestick & Bloodborne Pathogen Exposure) (A3.08)**
Exposure to blood, infectious body fluid, serum or unfixed tissue by sharp stick, cut or splash onto mucous membrane or non-intact skin constitutes an exposure. Students must immediately report any infectious disease exposure to the preceptor, the hospital/clinic and the employee health department per facility protocol, as well as the UNC PA Program Clinical Team. Students must also complete and submit the UNC PA Program Student Incident Report which can be found by clicking on the follow link:


Procedures concerning blood borne pathogen exposure exposures and needle stick procedures can be found by clicking on the following link:

https://www.med.unc.edu/ahs/unc-pa/students/policies-procedures/

**Financial Responsibility For Care and Treatment:**

- **UNC Hospitals in Chapel Hill:** The costs of the initial evaluation and management of a blood borne pathogen exposure at UNCH is covered by UNCH for the source patient and the SOM for the PA student. A visiting student’s private insurance will be filed for labs drawn on the visiting student. UNC PA students should use the pharmacy benefit of their health insurance plan to pay for medications but may be reimbursed for the cost of the medication with documentation.

- **Outside Campuses/Sites:** PA students who are on rotation at a site greater than one hour away from the Chapel Hill campus will be managed per the occupational health system in place at that
Students are given information regarding the management of blood borne pathogen exposure during their orientation to the site. The costs of the initial evaluation and management of a blood borne pathogen exposure is typically covered by their respective occupational health offices for the source patient, and for the student. In some circumstances, the source patient’s insurance may pay for source patient testing. All costs associated with medications used for post exposure prophylaxis are typically filed using the pharmacy benefit of the student’s health insurance plan, but UNC PA students may be reimbursed for the cost of medications with documentation. In all cases, the exposure should be reported to the UNC Chapel Hill CHS for tracking purposes and when needed, to assist in the case.

**COVID-19**

During the performance of clinical practice/research activities, a student may have contact with patients/subjects with COVID-19. Students must read and follow the UNC PAP policy outlined in the COVID-19 protocol for students in the clinical environment and review the required training materials for methods of prevention. Students must be in the community of the rotation for 14 days and have completed the symptom checklist protocol. Students must understand the risks associated with the clinical care of patients in the current COVID-19 pandemic and will take necessary precautions and follow prescribed protocols to prevent the spread of the infection. Further information regarding the UNC PAP COVID-19 policy can be found at: [https://www.med.unc.edu/ahs/unc-pa/files/2020/05/UNCPAP-COVID19-Student-Protocol-in-the-Clinical-Environment.pdf](https://www.med.unc.edu/ahs/unc-pa/files/2020/05/UNCPAP-COVID19-Student-Protocol-in-the-Clinical-Environment.pdf)

**Other Exposures, Illness, or Injury**

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of contagious diseases may need to avoid contact with patients. In such cases, or in the event of an injury, the student should be evaluated by a healthcare provider in order to determine need for therapy and clearance for patient care. Students must notify and work with the site preceptor to determine whether the situation requires the student to be evaluated by the site occupational health provider or their own healthcare provider. Students must report via email such instances to the Director of Clinical Education or the Program Director within 24 hours of the event.

**Medical Follow-up and Clearance to Return to Clinical Activities**

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student’s exposure incident/illness/injury will be determined by the student’s healthcare provider (in collaboration with the student) and other appropriate healthcare professionals. The student must obtain a medical attestation form from their healthcare provider clearing the student for participation in patient care.

**Effects of Exposure/Illness/Injury on Student Learning Activities**

Students may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of clinical exposure to infectious and environmental agents. In such case the SCPE Committee will review the case and make recommendations regarding the student’s academic standing.
Students should refer to the remediation, deceleration, and progression policies regarding criteria for academic separation.

**Latex Allergy**

As part of the “Universal Blood and Body Fluids Precautions” to limit the transmission of various pathogens, use of gloves is required when appropriate. With increased use of latex products in healthcare the emergence of various forms of latex sensitivity and/or allergy has been identified as a problem both for patients and staff. The course directors recommend preventing or minimizing latex use and exposure to help 1) minimize or prevent the student from developing an allergic reaction and 2) to prevent latex exposure to patients that have or may develop such sensitivities. We want to protect both ourselves and others.

Natural latex rubber is potentially found in but not limited to: rubber bands, erasers, elastic, bandages and dressings, gloves, catheters and drains, blood pressure cuffs, stethoscope tubing, balloons, balls & toys and nipples and pacifiers. Latex exposure occurs most commonly through skin via gloves, tape, masks etc., but can also occur through mucous membranes, inhalation, intra-uterine devices or intravascularly.

Common reactions are almost indistinguishable from irritant contact dermatitis of the skin; however more serious reactions are possible, including symptoms of anaphylaxis. Latex avoidance is the best prevention. Careful history taking from patients should identify the high-risk group or those with preexisting allergy.

The student is ultimately responsible for avoiding self-exposure and patient-exposure to prevent reactions or the development of sensitivity. The course directors recommend the use of non-latex products in all situations, but they cannot guarantee availability. It is the students’ responsibility to provide non-latex products for their own use.
CLINICAL SITE ASSIGNMENTS (A3.03)

Clinical SCPEs will be arranged for all students in a neutral and non-discriminatory fashion, without regard to a student’s gender, race, sexual orientation, religious preference, or ethnicity. Every student is given a specific rotation schedule for the clinical year which is finalized and posted NLT 5:00 p.m. EST on August 31 of the pre-clinical year. Changes to the core rotation clinical sites or rotation blocks will not be permitted. The schedule is developed by the Clinical Team after a thorough review of site and preceptor availability, evaluation of site ensuring compliance with program goals, learning outcomes, policies and procedures, and student academic performance. Students may NOT recruit preceptors for rotations. All Core Rotations will be placed at established UNC PA Program clinical sites with established preceptors. For elective rotations, refer to elective rotation policy. Placements are always at the discretion of the Clinical Team and the reasoning may not be apparent or shared publicly.

The student should be prepared to live away from their local residence during the clinical year. If the student is not currently residing in the Chapel Hill/Raleigh/Durham region, the student is responsible for arranging housing and transportation. Clinical rotations will not be preferentially arranged in the student’s local residence.

Occasionally there are circumstances beyond the Program’s control that require changes in a student’s clinical rotation schedule. The PA program reserves the right to schedule students based on rotation availability, location, and student experience. Student flexibility is expected and appreciated. The Clinical Team also reserves the right to change a student’s rotation schedule at any time based upon a student’s individual clinical or professional performance, needs, or concerns. The student should check their clinical schedule on a regular basis in eMedley. Therefore, students should have in place a 12-month backup plan for family and pet care needs. No personal commitments should be made during the clinical year.

The PA program makes every attempt to assist the student in finding suitable housing through AHEC. The students will receive an AHEC Housing Brief in early November. However, ultimately the responsibility for housing, travel, and food are the student’s responsibility.

At least one of these rotations is required to take place in a medically underserved area. Students should plan to be out of the local area for a minimum of two rotations. Exposure to different systems and/or cultures is an important component of medical education.

All pre-clinical training related to SCPEs will be due NLT 5 p.m. (EST) on Dec 1 of the pre-clinical year. A memorandum with the required training will be distributed to the student by Sept 1 of the pre-clinical year. SUBMITTING DOCUMENTS LATE IS UNACCEPTABLE AND MAY CAUSE A DELAY IN STARTING THE FIRST SCPE ROTATION.

Students MUST refer to the site-specific credentialing information located in eMedley. It is the student’s responsibility to fulfill and submit to the clinical site coordinator, not the PA Program, all site-specific credentialing requirements for each rotation prior to December 10 of the pre-clinical year. The student must CC the Clinical Team when submitting the credentialing documents to the clinical site coordinator.
The start of the clinical year will be delayed if credentialing paperwork is not complete. It is imperative that the student confirms arrival at the site and with housing coordinator, if needed, no later than two weeks prior to the start of the rotation unless otherwise notified.

**Elective Rotations**

Students may request the medical discipline and location for elective rotations. The UNC PA Program does have numerous elective rotations already established in many different fields of medicine.

All Elective Scheduling Forms (1 per elective) must be submitted to the clinical team no later than November 30 if your elective rotation is between January to May or by April 30 if your elective rotations are scheduled between June – December. Once the elective rotation is confirmed, changes will not be permitted. It is highly encouraged to have your elective rotations selected prior to December of the pre-clinical year as many elective rotations spots fill up with other learners.

If a student chooses to have an elective rotation at a clinical site that is NOT currently an affiliated site with the UNC PA Program:

1. If the site is out-of-state, the student must first check the availability of rotations in that state with the Director of Clinical Education BEFORE doing any paperwork with the site.
2. If the site is in-state or in an approved state, the student must submit the Request for Student Request for NEW Elective Rotation Site Form.
3. The Clinical Team will attempt to make contact with the requested site TWICE. If no response is received, the student may be asked to find a new site or be assigned by the program to a different site.
4. One form must be completed for EACH requested elective rotation unless the student’s electives are back-to-back and an 6-week or 8-week rotation is being requested (please specify this on the form).
5. Submitting a request for approval does NOT guarantee approval.
6. **The site must agree to take additional UNC PA students in the future if needed.**
7. Students are responsible for all expenses related to living & travel arrangements for elective rotations.

The UNC PA Program is fortunate to have well established elective sites/preceptors for most medical/surgical fields and specialties. Depending on scheduling and availability, the Clinical Team reserves the right to place students in an established elective site/preceptor when necessary, regardless of specific requests from students.

**Elective rotations are a privilege. The UNC PA Clinical Faculty reserves the right to use a student’s elective rotation(s) to place the student back into a core rotation if the student’s performance in that rotation was below expectations or if they feel the student would benefit from a family medicine/ambulatory care elective prior to the PANCE. Students who are placed on academic probation during the clinical year will be required to complete an additional family medicine/ambulatory care rotation for at least one of their elective rotations.**


**Area Health Education Centers (AHEC) housing**

AHEC housing may be available for some practicums on a first come – first serve basis. It is the responsibility of each individual student to reserve housing. Housing may be reserved from one day prior to the start of your clinical rotation to one day after your clinical rotation has completed. The rotation must be greater than 60 miles from the UNC School of Medicine for AHEC Housing to be approved. The Department of Allied Health Sciences will cover the costs for housing ($7.00 per night). The link to make AHEC housing reservations is [https://my.ncahec.net/login.php](https://my.ncahec.net/login.php).

AHEC Housing brief will be conducted by AHEC personal in November of the pre-clinical year. More information regarding AHEC Housing can be found at: [https://www.ncahec.net/student-services/student-housing/](https://www.ncahec.net/student-services/student-housing/).

**International Clinical SCPEs**

There are multiple International Clinical SCPEs available for students. Students wishing to do an international SCPE must adhere to the most recent Policy on International SCPEs. Students who are interested in taking an international clinical SCPE must provide a written proposal to the Director of Clinical Team at least six months in advance of the dates of the proposed SCPE. International experiences are set up in conjunction with the Office of International Activities in the UNC School of Medicine.

If a student wishes to do an International Clinical SCPE that is not already established with the Office of International Activities in the School of Medicine then the student will need to follow the procedures below.

The conditions noted above for out-of-state SCPEs apply. All requests will be reviewed on a case-by-case basis.

**Procedures:**

The proposal must include:

- The name of the country and location within the country where the student will take the SCPE
- The name of the preceptor(s) – the preceptor(s) must include a physician who is licensed to practice medicine within that country and is credentialed to work in the facilities in which the student will be located
- The name of all the clinics and hospitals where the student intends to be located
- A description of the expected area of clinical study with description of clinical activities and learning objectives

It must be made clear to the preceptor(s) that the student is there in an educational capacity and not to serve as a worker.

It is the student’s responsibility to ascertain his or her legal status as a PA student in that
country with regard to patient care issues.

The Director of Clinical Education will review the proposal and will either approve it, require further information, or will bring it to the full faculty for review and approval or disapproval.

The UNC PA Program will not approve international clinical SCPEs in any location where the U.S. State Department has issued a traveler’s warning advisory. In approving a foreign clinical SCPE, the UNC PA Program makes no warranty as to local conditions or potential risks to the student.

If the proposal is approved, the following applies:

- The SCPE must be taken as the 4-week Elective SCPE. It can only be taken during any regular SCPE slot after the fifth clinical SCPE. The Director of Clinical Education must approve the final dates of the SCPE.
- All UNC PA Program requirements and policies apply in all cases of international SCPEs. The preceptor(s) must understand that he/she is responsible for completing the written evaluations of the student.
- In addition to the required written clinical log assignments, the student will be required to give a mini “grand rounds” presentation on their experiences to their classmates and Director of Clinical Education upon return.
- All travel, housing, food, and incidental expenses related to foreign SCPEs are the responsibility of the student.
- The student is responsible for obtaining passports, arranging visits, and obtaining required and recommended immunizations. The student must procure and maintain health insurance that provides coverage while abroad.
- If for any reason the UNC Liability insurance is not available or refuses to cover the student, the SCPE cannot take place.
- If the student is delayed in returning to the UNC PA Program for circumstances beyond their control, they must notify the Director of Clinical Education as soon as possible. In the event of a medical reason causing a delayed return, the policy in the UNC PA Program Student Handbook will apply regarding long-term leave of absence.

Clinical Site Affiliation Agreements (A1.02, A1.03g, A2.14, A3.01, A3.03, C4.01, C4.02)

The UNC PA Program is committed to the continuous development of effective clinical sites. The review, evaluation and approval of a supervised clinical practical experience (SCPE) site and preceptor is a rigorous process, this is to ensure that the SCPE site provides sufficient clinical experience to facilitate the achievement of the clinical rotation’s learning objectives, student safety, and expected competencies. The program requires a current and fully executed written and signed affiliation agreement between all SCPE sites and the University of North Carolina School of Medicine. These agreements are legal documents that address academic, physical, clinical, and liability issues. The process of attaining SCPE sites is solely the responsibility of the program and facilitated by the University of North Carolina legal counsel.
The evaluation process to determine if the prospective SCPE site is suitable for educational purposes and meets all academic, physical, and clinical standards will be conducted and approved by the Clinical Team. Students or their agents are not allowed to solicit or negotiate an affiliation with a SCPE site. If a student becomes aware of a potential elective clinical site; a SCPE Request Form must be submitted to the Director of Clinical Education (DCE) via eMedley (See Appendix 2). A violation of this policy will result in an immediate referral to the APPRC for disciplinary action.
PHYSICIAN ASSISTANT COMPETENCIES
(B1.01,B1.03,B1.04,B1.05, B1.06, B1.07, B1.08, B1.09)

The PA profession defines specific knowledge, skills, and attitudes required and provide education experiences as needed in order for PA to acquire and demonstrate these competencies. The professional competencies for PA include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and system-based practice. Each specific rotation will have separate learning goals and outcomes associated with the PA Core Competencies.

Medical Knowledge
Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. PAs must demonstrate core knowledge about established and evolving biomedical and clinical sciences, as well as the application to patient care in the area of practice. In addition, PAs are expected to demonstrate an investigative and analytic thinking approach to clinical situations. PAs are expected to understand, evaluate, and apply the following to clinical scenarios:

- Evidence-based medicine
- Scientific principles related to patient care
- Etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Signs and symptoms of medical and surgical conditions
- Appropriate diagnostic studies
- Management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- Interventions for prevention of disease and health promotion/maintenance
- Screening methods to detect conditions in an asymptomatic individual
- History and physical findings and diagnostic studies to formulate differential diagnoses

Interpersonal & Communication Skills
Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. PAs must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients’ families, physicians, professional associates, and other individuals within the healthcare system. PA are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective communication skills to elicit and provide information
- Adapt communication style and messages to the context of the interaction
- Work effectively with physicians and other healthcare professionals as a member or leader of a healthcare team or other professional group
- Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- Accurately and adequately document information regarding care for medical, legal, quality, and financial purposes
Patient Care
Patient care includes patient and setting-specific assessment, evaluation, and management. PAs must demonstrate care that is effective, safe, high quality, and equitable.

PAs are expected to:

- Work effectively with physicians and other healthcare professionals to provide patient-centered care
- Demonstrate compassionate and respectful behaviors when interacting with patients and their families
- Obtain essential and accurate information about their patients
- Make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- Develop and implement patient management plans
- Counsel and educate patients and their families
- Perform medical and surgical procedures essential to their area of practice
- Provide healthcare services and education aimed at disease prevention and health maintenance
- Use information technology to support patient care decisions and patient education

Professionalism
Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. PAs must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance use, cognitive deficiency or mental illness. PAs must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. PAs are expected to demonstrate:

- Understanding of legal and regulatory requirements, as well as the appropriate role of the PA
- Professional relationships with physician supervisors and other healthcare providers
- Respect, compassion, and integrity
- Accountability to patients, society, and the profession
- Commitment to excellence and on-going professional development
- Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients’ culture, age, gender, and abilities
- Self-reflection, critical curiosity, and initiative
- Healthy behaviors and life balance
- Commitment to the education of students and other healthcare professionals
**Practice-based Learning & Improvement**
Practice-based learning and improvement includes the processes through which PAs engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self and practice-improvement. PAs must be able to assess, evaluate, and improve their patient care practices. PAs are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the healthcare delivery team
- Locate, appraise, and integrate evidence from scientific studies related to their patients' health
- Apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- Utilize information technology to manage information, access medical information, and support their own education
- Recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

**Systems-based Practice**
Systems-based practice encompasses the societal, organizational, and economic environments in which healthcare is delivered. PAs must demonstrate an awareness of and responsiveness to the larger system of healthcare to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the healthcare system of which their practices are a part. PAs are expected to:

- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- Practice cost-effective healthcare and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Partner with supervising physicians, healthcare managers, and other healthcare providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Apply medical information and clinical data systems to provide effective, efficient patient care
- Recognize and appropriately address system biases that contribute to healthcare disparities
- Apply the concepts of population health to patient care
USE OF eMedley PLATFORM SYSTEM

All students are required to use the web-based eMedley database, evaluation, and tracking system throughout their SCPEs. The eMedley system will ensure students are meeting program expectations and are able to acquire the competencies needed for clinical practice. The eMedley database helps the student document the range of patient care and learning experiences during each clinical rotation. Clinical patient encounter data will be collected via eMedley and will include, but not be limited to, preceptor and site demographics, student logging of patient encounters, graded and ungraded student and preceptor evaluations, and procedure logs. Student logging of all patient encounters and procedures via eMedley will allow for prompt review and evaluation of students’ progress towards meeting the SCPE objectives. The monitoring of this system will allow the UNC PA Program faculty members to review, analyze, and document student and preceptor experiences and concerns.

The following information is maintained in eMedley:

\( (A2.14, A.2.15, A.2.17, B3.04, B3.05, B3.06, B3.07) \)

- List(s) of clinical sites
- Clinical rotation schedule for each student
- Rotation specific student schedule
- List(s) of preceptors and supervising physicians for APPs along with relevant contact information
- List(s) of point of contacts for sites with relevant contact information
- Site specific training requirements and other required documents
- Preceptors educational background (relevant specialties), board certification, CV, and licensure

Students must upload and maintain a copy of the following documents in eMedley:

- Most current physical examination
- Immunization record including yearly influenza vaccination and PPD information
- BLS and ACLS certifications
- Health insurance coverage
- HIPPA Training Certification
- Drug Screen
- Annual Criminal Background Check
- All LMS required training
- EPIC Training Documents
- Title IX Training Documents

These items may be required for review by the clinical site and should always be maintained in eMedley. It is the student's responsibility these items are uploaded and ALWAYS current in eMedley. Students are responsible for releasing their personal information to clinical sites. Students may not start clinical rotations until the above information has been submitted in eMedley.
Multipurpose nature of eMedley tracking:

(B3.02, B3.03, B3.04, B3.07, C1.01)

- Education: to ensure you have the appropriate clinical learning opportunities, patient diversity, patient exposures, and technical skills
- Employment: to serve as a “portfolio” of sorts as you are applying for jobs or credentialing
RESPONSIBILITIES AND EXPECTATIONS IN THE CLINICAL YEAR

STUDENT RESPONSIBILITIES AND EXPECTATIONS

Email Policy
The UNC PA Program will use email as an official form of communication with students during clinical rotations. The Program requires all students to check email daily including weekend/holidays on all rotations and to respond to email requests by the PA Program within 24 hours. Students are asked to acknowledge any email from the Clinical Team with a simple reply to ensure the email was received. If a student is located in a site with no/limited internet access, they must let the Clinical Team know ASAP so that we know to call if we need to contact the student. Failure to reply to Clinical Team emails within 24 hours may result in deduction or loss of Professionalism grade.

Communication of schedule
Students are required to upload their work schedule in eMedley in the documents tab by Thursday at midnight of the first week of each rotation so that site visits may be planned by faculty/staff. Please place the current rotation in the title section of the uploaded document. If the student’s rotation schedule is not available at that time, he/she should inform the Clinical Team at UNC of this prior to the deadline. Calendars MUST INCLUDE:

- Student name/cell number
- Rotation period
- Primary preceptor name & email
- For each shift: scheduled hours (eastern standard time), location, preceptor (if multiple preceptors)
- TOTAL HOURS scheduled for this rotation

Calendars that are submitted with incomplete information (aside from a pending schedule), will be returned to the student and professionalism points will be deducted. If a student does not submit their calendar by the due date/time professionalism points will be deducted.

General Communication Considerations
It is Imperative that students communicate both verbally and in writing in a professional manner. This is an important professional skill that is essential as a medical provider. Unprofessional, derogatory, demeaning, or inappropriate communication can result in probationary action or even dismissal (see Global Professionalism Assessment).

Contacting clinical sites/hospitals
Students are required to send an email to the clinical site contact, preceptor (if an email address is listed, unless otherwise stated in the preceptor comments section), and hospital systems contact (if credentials are needed) for each rotation TWO WEEKS in advance of starting the rotation. If a student has not received a return email by Wednesday prior to starting the rotation, the student should call the site and ask to speak to the site contact person listed. If a student is still having difficulty reaching the site contact person by the Wednesday prior to starting the rotation, the student should contact the Clinical Team at UNC.
Students will NOT be sent a reminder email from the program each month, so it is recommended that students make a note of this on their calendar for each rotation.

All credentialing requirements must be completed prior to first day of rotation. The start of the rotation will be delayed if site-specific credentialing requirements are not completed and missed days will need to be made up and professionalism points will be deducted. If more than 2 days are missed due to incomplete credentialing the rotation will need to be repeated. It is imperative that the student confirms arrival at the site and with housing coordinator, if needed, no later than two weeks prior to the start of the rotation unless otherwise notified.

**Student Professional Clinical Conduct**

1. Students at clinical sites must always work under the supervision of a preceptor who must be a licensed and boarded physician, PA, NP or CNM. *(B3.05, B3.06)*
2. Student must not function in the place of an employee, or assume primary responsibility for a patient’s care.
3. Students must not treat and discharge a patient from care without the direct oversight of their clinical preceptor.
4. Students must always identify themselves as “PA students”. *(B3.01)*
5. Students must always visibly display the Program and provided name tag designating student status and association with the Master of Physician Assistant Studies Program.
6. Students shall perform only those procedures authorized by the Program, clinical site, and preceptor.
7. Students shall not exhibit any behavior that may jeopardize the health and safety of patients, faculty, or fellow students.
8. Students will deliver healthcare service to patients without regard to a patient’s race, ethnicity, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, and political beliefs.
9. In the event of the temporary absence of the assigned preceptor, the preceptor or his/her designee will identify an alternate preceptor.
10. At no time will students work without having a clearly identified preceptor who directly oversees the student’s activities.
11. All documents completed by the student must be signed with the student’s name clearly written, followed by the designation “PA-S”.
12. At no time may PA students use their other professional titles (e.g. AT-C, RN, EMT-P, DPT, DC, etc.) while on clinical rotation.
13. The preceptor must countersign all chart entries and written orders immediately.
14. Students must know their limits. Students must not consent to assess any patient or perform any procedure that is beyond their ability.
15. The highest level of patient confidentiality and compliance with the HIPAA guidelines will be observed at all times.
16. Students must adhere to standards related to universal precautions.
17. Students must complete all evaluations/assessments/assignments for each rotation. Students are responsible to ensure the main preceptor has completed the final preceptor evaluation.
18. PA Students must contact/check in with their faculty advisor by Thursday at midnight of Week 2 for each rotation. This is a time to provide a self-reflection on your rotation and personal well-being.

19. PA students must behave in a professional manner at all times as outlined in the Student Handbook.

20. PA students must report to the clinical site on time, as directed by the preceptor.

21. PA students must sign the appropriate hospital forms agreeing to maintain strict confidentiality of all patient information. Students must complete the following annual learning management system (LMS) training module and turn it in to the Director of Clinical Education prior to starting the clinical year: Confidentiality, Privacy, and Information Security.

22. PA students are responsible for maintaining all current and up to date immunizations in the PA Program. The student must have a required comprehensive physical examination by a licensed medical provider (DO, MD, PA or NP). Students are also required to keep a copy of immunization records to send to clinical practicums as needed. You can find the most up-to-date UNC requirements at [https://www.med.unc.edu/ahs/students/immunizations/](https://www.med.unc.edu/ahs/students/immunizations/) (A3.07, A3.19, A3.21)

23. PA students must report any infectious disease exposures (needle sticks, etc.) to the preceptor, hospital employee health, and the clinical team immediately. (A3.08)

24. PA students must maintain current health insurance and immunizations (including PPD/CXR) throughout the clinical year. (A3.07)

25. PA students must obtain any background criminal investigation and/or drug screening, if required by the clinical site, at the student’s expense.

26. PA students will abide by the rules and regulations established by the participating preceptor and institution including scheduling of hours of attendance.

27. PA students must be courteous to the people with whom you work. Most preceptors are not paid for the education they are providing you.

28. PA students will follow the dress code of the participating institution or site.
PRECEPTOR RESPONSIBILITIES AND EXPECTATIONS

Preceptors responsibilities include, but are not limited to, the following:
1. Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation. Supervise student’s clinical activities.
2. Will act as part of the Instructional Faculty for the UNC-CH PAP. (A2.13, A2.14)
3. Although PA students can be expected to evaluate all types of patients, they are not yet licensed practitioners. During clinical practicums, a preceptor who has legal authority to provide medical care for the patient must supervise PA students. This includes physicians who are specialty board certified in their area of instruction, PAs team with physicians who are specialty board certified in their area of instruction or other licensed healthcare providers experienced in their area of instruction. In some cases, the student may present cases to a graduate PA or NP working for the designated preceptor, however, responsibility for supervising the student and the care rendered by that student must rest with the physician-supervisor. (B3.05, B3.06)
4. Evaluate and grade the student's performance. (C3.01)
5. Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
6. Ensure that the student follows the reading assignments in the syllabus.
7. Provide a fair and honest evaluation of the student’s abilities during and on completion of the practicum. (C3.01, C3.02)
8. Assure that students will not be used to substitute for regular clinical or administrative staff. (A3.06)
9. Complete the student’s electronic final Clinical Performance Evaluation via eMedley no later than the last day of the rotation. (C3.01, C3.02)
10. Conduct three Mini-Clinical Evaluation Exercise (mini-CEX) during the SCPE and submit in eMedley. (C3.01, C3.02)
11. Allow the student to attend any required meetings.
12. Make sure that the student follows all HIPAA and Universal Precautions standard operating procedures, regulations or laws and reports any infectious disease exposures to the PA Program immediately.
13. Provide an environment conducive to learning.
14. Provide constant feedback on patient care and interactions with staff.
15. Give guidance as a mentor and role model.
16. Provide direction for the student to become a self-motivated lifetime learner.
17. Provide timely feedback to the student and the program regarding student performance.
18. Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and responsibilities.
19. Maintain an updated CV (Every 5 years), Certifications (Based on respected Board Recertification timeframe), and Licensure (Annually) in E-medley. (A2.13, A2.16)
**HOSPITAL/CLINIC RESPONSIBILITIES AND EXPECTATIONS**

1. Provide a comfortable learning environment for the student. *(C4.02)*
2. Maintain and update as appropriate a roster of all students and supervising physicians currently serving in the hospital.
3. Assure that the non-physician professional staff is aware of the medical staff bylaws allowing student participation in the hospital setting.
4. Maintain appropriate clinical site security and personal safety measures for all PA students. *(A1.03g)*

**PA PROGRAM RESPONSIBILITIES AND EXPECTATIONS**

1. Train the student in basic sciences, pathophysiology, interviewing and physical examination skills, basic life support and appropriate treatment modalities.
2. Pass the Preclinical Standardized Assessment (PCSA) with a 70% in order to progress from the didactic phase to the clinical phase of the program. *(A3.17c)*

**CLINICAL TEAM RESPONSIBILITIES AND EXPECTATIONS**

**Goals**
The Clinical Coordinator is responsible for coordinating, fostering and overseeing an optimal clinical education experience for PA students, ultimately preparing them for certification and professional practice. Frequent and detailed monitoring and evaluation of each student through the clinical competencies ensures the realization of this goal.

**Clinical Team Policies regarding email communication**
- Clinical Team will be monitoring and checking emails periodically M – F 9 a.m. (EST) to 5 p.m. (EST)
- Clinical Team will respond to non-emergent emails within 24 - 48 hours
- Clinical Team will respond to **only** emergent emails after 8 p.m. (EST) M – Th, after 5 p.m. (EST) on Friday. On Saturday, Sunday, Holidays and while on leave Clinical Team will **only** respond to emergent emails.

**Facilitation and coordination of clinical experiences**
1. Arrangement of clinical SCPEs and preceptors [students are not allowed to find their own clinical sites or preceptors]. *(A3.03)*
2. Determine the most appropriate SCPE sites.
3. Maintain accurate account of clinical sites, clinical preceptors and types of preceptors. *(A2.14)*
4. Determine the most appropriate timeframe of each SCPE.

**Administration and Oversight**
1. Be available by e-mail, office phone, or cell phone to respond to any problems that may affect the student’s practicum and learning experience.
2. Visit each preceptor at least one annually during the clinical year. *(C4.01, C4.02)*
3. Conduct site visits to ensure clinical preceptor is providing high quality clinical experience. *(C4.01, C4.02)*
4. Oversee any additional paperwork required by the clinical site.
5. Maintain all Training Affiliation Agreement and letters of good standing.
6. Furnish liability insurance for each student.
7. Be informed and consulted immediately should management problems arise with any student.
8. Provide students and preceptors clinical rotation specific syllabi with clear learning objectives and goals.
9. Provide remediation and support for those students who are not achieving the goals and objectives of the clinical rotation, as is deemed appropriate.
10. Abide by the policies and procedures set forth in this handbook.
11. Monitor and update preceptor CV, certifications, and licenses. (A2.16)
12. Monitoring and assessing the student’s progress and achievement of the goals and objectives at the mid-point and the end of the clinical rotation.
13. Provide clinical preceptors and sites a thorough orientation on UNC PA Program Clinical Year goals and objectives and an updated Clinical Year Orientation Manual. (A3.06, B1.10)
ATTENDENCE IN THE CLINICAL YEAR

Work Hours
The goal is for clinical rotations to mimic the “real world”, so students should work 40+ hours per week. If students are scheduled for less than 152 hours for the rotation, they should request additional shifts be added if possible BEFORE submitting their calendar to the Clinical Team. If a student is not able to obtain at least 144 hours in a given rotation, they may be required to make up hours during clinical year remediation or complete a project assigned by the preceptor or the clinical team during the rotation.

Students may be assigned to day, evening, or holiday shifts. They may work eight, ten, or twelve hour shifts, providing there is sufficient time off between shifts. Preceptors may ask students to rotate shifts in order to gain the most amount of clinical experience during peak patient flow. During certain clinical rotations, (i.e. inpatient medicine, surgery, emergency medicine), weekend hours may provide excellent access to clinical experiences.

Students may not work additional hours during the first part of the rotation to complete their rotation early. Students also may not alter their rotation start/stop date.

Student duty hours policy in the clinical phase

UNC PA program students are held to the following clinical-hours guidelines:
1. Duty hours include all in-house clinical and other required activities related to a rotation (patient care, charting, call, rounds, conferences, etc.). Duty hours do not include reading and preparation time spent away from the duty site. All clinical rotations and courses should adhere to the duty hour guidelines outlined below.
2. Duty hours should not exceed 80 hours per week inclusive of all scheduled in-house call activities.
3. Continuous on-site duty, including required in-house call, should not exceed 24 consecutive hours.
4. Students who take required in-house call may remain in-house up to 6 additional hours to participate in didactic activities or to transfer care of patients.
5. Students should be provided 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all scheduled clinical, educational and administrative activities.

UNC PAP Student Clinical Hours policy can be found at: https://www.med.unc.edu/ahs/unc-pa/files/2020/05/UNCPAP-Student-Duty-Hour-Guidelines.pdf

Any violation of these guidelines must be reported to the Director of Clinical Education and/or the Program Director immediately.
**Attendance**

1. Attendance at all scheduled shifts is mandatory. Students are expected to arrive at least 15 minutes early to each of their scheduled shifts.

2. Any length of absence (an hour, ½ day, full day) must be reported to the entire Clinical Team immediately.

3. Part-time jobs, extracurricular activities, vacations, or lack of childcare are NOT acceptable excuses for absences.

4. **Excused Time Off (ETO)**
   a. Students are allowed 5 Excused Absences total over the course of the entire clinical phase. No more than 1 day may be taken in any given rotation, and these days may NOT be used on a Clinical Seminar Day. Absence requests MUST be approved by both the preceptor and Clinical Team at least 1 week in advance by submitting the Absence Request Form located in the resource folder in Sakai/eMedley. Any time missed, will be made up through assigned Aquifer cases to ensure learner competency is met.
   b. Absence request forms should be reserved for important life events, job interviews later in the clinical year, or sick time. Any time missed, will be made up through assigned Aquifer cases to ensure learner competency is met.
   c. If a student is scheduled to work on a day that they need to have off, an absence request form must be submitted to the Clinical Team. It is in the student’s best interest to make up these missed rotation hours if at all possible.
   d. If more than 5 days total are taken by a student in the clinical year, the student must meet with the Clinical Team & Program Director to discuss the absences.
   e. Students must contact their clinical site/preceptor as well as the Clinical Team immediately if they are missing clinical time due to illness (leaving early, arriving late, or missing any amount of time).
   f. If 4 hours of clinic time is missed, a ½ day will be documented. More than 4 hours of missed clinic time = a full ETO.
   g. If an absence of greater than one working day is missed in a given rotation for any reason, the Clinical Team will determine if any time must be made up. Decisions will be made on an individual basis and determined by the total number of hours scheduled for that rotation. If it is determined that time must be made up, students may be required to work additional hours while during clinical year breaks.
   h. If the student is absent from a single rotation for 2 days or more due to illness, the student is required to submit to the Clinical Team a note from a licensed healthcare provider defining the number of days absent, and the expected date of return. Any time missed, will be made up through assigned Aquifer cases to ensure learner competency is met.
   i. If extraordinary circumstances require a student’s prolonged absence (more than 3 days in one rotation), the student may be encouraged to consider a Medical Leave of Absence which can be requested through the Clinical Team/Program Director. A Medical Leave of Absence may delay the student’s graduation. Each case will be evaluated on a case-by-case basis.
j. *Family emergencies/death in family*: Due to the variability of circumstances, time off needed for family emergencies or death in the family will be reviewed by the Clinical Team on a case-by-case basis.

k. *Military obligations*: Students needing to miss rotation days due to military obligations are not required to use ETO time, but given the length of absence, may be required to make up time at a later date.

5. **Procedure for approval/documentation:**

A. If absence is due to illness:
   i. Notify preceptor/site & UNC PA clinical team of absence as soon as possible.
   ii. Email the UNC PA clinical team when you return to rotation.
   iii. Submit the absence request form located in the resource folder in Sakai/eMedley.

B. If absence is pre-planned:
   i. Request for consideration of approval from the UNC PAP Clinical Team first, then the preceptor for approval (>1 week in advance)
   ii. Once approved, complete the absence request form in Sakai/eMedley.

C. Any missing requests will be considered an unexcused absence.

*Holidays*

While on clinical rotations, students must only observe holidays that are observed by their respective clinical site. If a student is assigned by a preceptor to work on a holiday, the student may NOT request use of a discretionary day on the holiday.

*Disaster Policy*

Should a student’s clinical site or student housing administration close or evacuate a student due to a disaster, the student should notify the PA Program Clinical Team and leave the premises immediately. Likewise, if the PA Program notifies a student to evacuate an area, the student must notify the preceptor and leave the area immediately.

Note: In the event of a disaster, students may need to be temporarily or permanently relocated for a rotation(s).

*Medical Leave of Absence*

Students who require a medical leave of absence must request a meeting with the program director. The circumstances of the leave will be reviewed with the Clinical Academics Committee. Each case will be considered on an individual basis. A plan for deceleration, remediation, or withdrawal will be developed in discussion with the Clinical Academics Committee.

Students returning after a medical leave of absence must obtain a medical clearance letter prior to returning to the program.
Unexcused absences

Failure to notify both the PA Program and/or the rotation site of any absence from a rotation, regardless of the reason or number of hours, will result in, a) completion of a Professionalism Notification Form and b) 0% Professionalism grade for that rotation and/or c) failure of the current rotation.

Two or more unexcused absences during the clinical year will result in referral to the UNC PAP Program Progress Committee for recommendation for dismissal from the program.

Dismissal from rotation site

In the event the student is asked to leave the rotation and/or rotation site by the preceptor or clinical site staff, the student must IMMEDIATELY notify the PA Program in person or by phone.

Call Back Days

Students are required to return to UNC PA Program during clinical seminar days. Full attendance and participation in the entire day is MANDATORY. These sessions may run from 9am – 5pm; therefore students should NOT make any travel plans prior to 5pm on Clinical Seminar Days. The only exceptions that will be made are for students representing the PA Program in UNC-sponsered events. Personal urgencies/emergencies will be evaluated on a case-by-case basis. Failure to abide by this policy may result in failure of the rotation.

Tardiness

If a student arrives to the clinical site 30 minutes late or leaves the clinical site 30 minutes early, he/she is required to notify the Clinical Preceptor and the Director of Clinical Education immediately.

If a student accumulates tardy hours totaling 5 hours, this constitutes 1 unexcused absence. The procedure and policy for unexcused absences will then be applied.

Postponement or interruption of clinical phase

A student may request postponement or interruption of their SCPE schedule. Criteria for this is outlined in the Student Handbook. Written requests must be made to the Director of Clinical Education as soon as possible. The student should be aware that interrupted and postponed SCPEs will delay the student’s program completion date. The program may not be able to find a suitable preceptor in the area SCPEs not yet completed in time to meet the student’s expected program completion date.

CLOSING OF CAMPUS (INCLUDING INCLEMENT WEATHER)

Clinical Phase Students Rotating within 60 miles of the UNC School of Medicine:
If classes are to be cancelled and/or the University closed due to inclement weather, the following steps shall be implemented for courses and rotations by the program:
Clinical activities will be suspended in the following way:

- In Condition 2 status, students are excused from clinical duties. Students must notify the preceptor at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.
o During Condition 2 status, students should be excused immediately from clinical duties in order to return home safely.
o The program will also make efforts to communicate to faculty and to students on their rotation by email when clinical duties are suspended.
o Students must notify the preceptor at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.

**Clinical Phase Students Rotating > 60 miles from UNC School of Medicine**
Students are not expected to put themselves in dangerous situations. If a student feels as though road conditions are too dangerous for driving, then he/she should report the absence to the Director of Clinical Education. If a clinical preceptor cancels a clinic day due to inclement weather, it is does not need to be made up, but should be reported to the Director of Clinical Education. Students should strive to still meet the minimum required hours for the rotation. If this is not possible, the student should contact the Director of Clinical Education immediately to discuss options.

**Non-inclement weather closure of campus**
Should campus be closed for a reason other than inclement weather, clinical phase students are expected to attend clinicals for the day. Should the campus closure be of such a nature that students may be negatively affected in some way (emotionally, physically, etc.), the program will alert students to not attend clinicals.
CLINICAL YEAR EVALUATION AND ASSESSMENT
(B1.05, B2.04, B2.07, B2.10, B2.11, B2.12, B3.02, B3.03, B3.04, C1.01, C3.01, C3.02, C3.03, C4.01, C4.02)

Throughout the clinical phase of the program, students will be evaluated and expected to meet the highest standards of achievement in the established learning outcomes and expected competencies. The UNC PA Program adheres to a multi-method and longitudinal global assessment program during the clinical year. The use of multiple combination of assessments will result in a portfolio that resembles the overall picture of how well the student is performing during the clinical year. This will allow for timely feedback of student's clinical performance and to assist in facilitating remediation during the clinical phase.

In each of the core clinical rotations (Internal Medicine, Family Medicine, Pediatrics, Women's Health, Surgery, Emergency Medicine, Behavioral and Mental Health and electives) the student will be evaluated by the Director of Clinical Education, Clinical Preceptor(s) and Faculty Advisor(s) utilizing a variety of assessment tools to review and synthesize the student's clinical performance:

Determination of learner competency for each rotation will be composed of several components assessing the students' academic and clinical performance: (Medical Knowledge, Patient Care, Professionalism, Interpersonal & Communications Skills, Practice-Based Learning and Improvement, Systems-Based Practice, and Technical Skills).

The student **MUST** achieve a grade of 70% in **ALL** the following clinical rotation performance assessments and assignments to be proficient in the six (6) PA Competencies:
- End-of-rotation (EOR) specialty written examinations for core rotations
- Grand Rounds Presentations for elective rotations
- Written case study and critical appraisal
- CME Presentation for Primary Care II Rotation
- Learning objectives/paragraphs for elective rotations

Grammarly will be used when evaluating the assignments. A score of greater than 15% on Grammarly, the assignment will be further investigated by faculty. If it is determined the student plagiarized, a zero will be given for the assignment and the student will be dismissed from the program.

In addition to the above assessments, the students will receive a **Final Clinical Instructor Evaluation** and a **Global Professionalism Evaluation** during each rotation. Students must achieve a grade of 70% in both the final clinical instructor evaluation and global professionalism assessment to be proficient in the six (6) PA Competencies.

Students not passing the final clinical instructor evaluation or global professionalism evaluation will be referred to the UNC PAP Clinical Academic Affairs Committee (CAAC) to determine if the student will remediate the SCPE or be dismissed from the program. If the committee determines the student will remediate the rotation, the student will receive an incomplete in the rotation pending remediation. The student will also be placed on academic probation. Failure to pass the remediation will result in failure of the course and dismissal from the program. This policy is not intended to allow a student to remediate any and all graded activities or multiple assessment
activities in multiple courses. Remediation in the clinical phase only one EOR graded assessment activity will be remediated per EOR session.

The following table provides a description of the competency, assessment and weighted score for each of the assessments and evaluations for each SCPE:

<table>
<thead>
<tr>
<th>Instructional Objective</th>
<th>Competency</th>
<th>Assessment</th>
<th>Percentage of Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instructional Objectives</strong></td>
<td><strong>Learning Outcomes and Competencies</strong></td>
<td><strong>Assessment</strong></td>
<td><strong>Weight</strong></td>
</tr>
<tr>
<td>See syllabus</td>
<td>MK, ICS, P, PBLI, SBP</td>
<td>End of Rotation Exam (Core SCPE)</td>
<td><strong>45% for Core SCPEs</strong></td>
</tr>
<tr>
<td>See syllabus</td>
<td>MK, ICS, P, PBLI, SBP</td>
<td>Grand Rounds Presentation (Elective SCPE)</td>
<td><strong>35% for Elective SCPEs</strong></td>
</tr>
<tr>
<td>See syllabus</td>
<td>MK, ICS, P, PBLI, SBP</td>
<td>Written Case Study Presentation</td>
<td>25%</td>
</tr>
<tr>
<td>See syllabus</td>
<td>MK, P, PBL, SPB</td>
<td>Develop Learning Objectives</td>
<td><strong>10% for Elective SCPEs</strong></td>
</tr>
<tr>
<td>See syllabus</td>
<td>M, ICS, PC, P, PBLI, SBP</td>
<td>Clinical Instructor Evaluation of Student</td>
<td>10%</td>
</tr>
<tr>
<td>See syllabus</td>
<td>P</td>
<td>Global Professionalism Evaluation</td>
<td>20%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

**Required for Successful Completion of ALL Rotations:**

- See syllabus
- Evaluations
  - P
    - Student mid-rotation self-evaluation
    - (3) Mini CEX
    - Student final evaluation of preceptor/self/site/SCPE course
  - Global Professionalism Assessment

**Written**

- P
  - Public Health Short Essay
  - Global Professional Assessment

- P
  - eMedley patient, procedure and time logs
  - Global Professional Assessment
The final grade score from all assignments and assessments in each SCPE will be based on the following table:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>&gt;70%</td>
</tr>
<tr>
<td>F</td>
<td>&lt;69.9%</td>
</tr>
<tr>
<td>IN</td>
<td>Incomplete</td>
</tr>
</tbody>
</table>

**Final course grades are not rounded up/normalized**

**Incomplete Grade:**
A grade of IN is given when the course instructor determines that exceptional circumstances warrant extending the time for the student to complete the course. IN is a temporary grade that converts to F* unless the grade is replaced with a permanent grade by the last day of classes for the same term one year later.

The Director of Clinical Education will set clear expectations for course completion requirements and set the maximum allowable period for completing the course, but in no case will this extension exceed one year. If the time allowed is to be less than one year, this information should be transmitted in writing to the student and copied to The Graduate School. It is the sole responsibility of the student to complete the course and initiate the grade change prior to the one-year deadline.

Since the grade of IN is given after the deadline to change courses in that semester, a student may not retroactively drop a course where an IN was received. The student must complete the work in the timeframe expected or earn F*.

Further information regarding the UNC Graduate Grading policy can be found at: [https://handbook.unc.edu/grading.html](https://handbook.unc.edu/grading.html)

**Expected Progression of the PA Student during the clinical year (COMPETENCY BASED MODEL)**

PA Students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should be allowed progressively increasing supervised autonomy. Below are some models that can assist a preceptor when working with PA Students.
The General Model – Ambulatory Setting

- Student follows/observes the first 1 – 2 days
- Student sees patients and formally presents
- Patient then seen by supervising preceptor with students – student feedback provided
- Student degree of independence to be governed by student experience and preceptor comfort level

The General Model – Inpatient Settings, Medicine, Surgery

- Assigned inpatient teams
- Daily rounds, assigned patients, patient presentations
- Call as is customary, admissions H&P’s, admission orders vs Daily progress notes, orders, labs
- Involve student in patient management decisions
- Periodic team educational conferences as is customary vs Grand Rounds
- Outpatient clinic duties if applicable
- As much “hands on” as possible

Student Evaluation Using the ORIME Framework:

The Final Preceptor Evaluation using ORIME model: (Competency Based Education)

- Observer (passive)
- Reporter (data gathering)
- Interpreter (differential diagnosis)
- Manager (formulates a treatment plan)
- Educator (reads up on a topic, teaches the team)

The ORIME framework provides terminology for describing the professional growth of PA students. The progression of student development during the clinical years is probably best conceptualized by the ORIME framework. As students grow in knowledge, skills and attitudes, they generally progress through four stages: Reporter, Interpreter, Manager and Educator. Students will progress through the stages at different rates. Each stage requires an integration of knowledge, skills and attitudes. The more advanced stages require a higher degree of sophistication and confidence. Attributes of each level include:

Observer
The student does not participate in patient care directly, but observes the preceptor in all aspects of healthcare delivery. Students start PA school as Observers and progress to Reporter in the middle of the pre-clinical year.

Reporter
Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters are able to distinguish important information from unimportant information and are able to focus data collection and presentation on central issues. It is
expected that all students will function as master Reporters (and be transitioning into beginning Interpreters) by the end of the didactic year.

**Interpreter**
Interpreters are able to identify problems independently and to prioritize problems, including new problems, as they arise. Interpreters are able to develop a differential diagnosis independently and to make a case for and against each of the important diagnoses under consideration for a patient’s central problem(s). All students are expected to begin their clinical year primarily at this stage, and to demonstrate significant progress to a manager towards the latter part of the clinical year.

**Manager**
Managers are able to develop and defend a diagnostic and a therapeutic plan for each of their patients’ central problem(s). Managers are able to utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient’s circumstances. While some students will acquire sufficient knowledge, skills, and confidence to function as Managers for some of their patients earlier in the clinical year, not all will make this transition until the latter part of the clinical year. The transition from Interpreter to Manager is essential during the course of the clinical year.

**Educator**
Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team. The transition from Manager to Educator is usually completed at the very end of the clinical year, though not all students will demonstrate the characteristics of an Educator in all domains.

**Summary**
The ORIME model provides a framework and terminology for describing the professional growth of PA students. Students should use it to monitor their own progress and clinical instructional faculty should use it to monitor student progress and to provide appropriate feedback in guiding students’ professional growth in becoming a practicing PA.
**CLINICAL YEAR ASSIGNMENTS AND REMEDIATION (A3.17f)**

A student who do not achieve a passing grade of 70% in **ANY** of the assessments/assignments will require remediation. Students not passing the final clinical instructor evaluation or global professionalism evaluation will be referred to the UNC PAP Clinical Academic Affairs Committee (CAAC) to determine if the student will remediate the SCPE or be dismissed from the program. If the committee determines the student will remediate the rotation, the student will receive an incomplete in the rotation pending remediation. The CAAC will develop a remediation plan and outcomes. The student will also be placed on academic probation.

Failure to pass the remediation will result in failure of the course and dismissal from the program. This policy is not intended to allow a student to remediate any and all graded activities or multiple assessment activities in multiple courses. Remediation in the clinical phase only one EOR graded assessment activity will be remediated per EOR session.

A Student Academic Encounter Form (SAEF) form will be filled out describing the remediation activity. When the student completes the remediation activity, a SAEF form will be filled out stating the student either successfully/unsuccessfully remediated the assessment. The forms will be placed in the students permanent file.

**A. End-of-rotation written exams:**

At the completion of each core rotation each student will complete a multiple-choice examination based on the rotation-specific objectives provided in the clinical rotation/course syllabus. Students do not complete an end of rotation (EOR) examination for elective rotations. All EOR exams are created by the Physician Assistant Education Association (PAEA). EOR exams will be given on the last Friday of the rotation at the UNC PA Program.

EOR exams consist of 120 multiple choice questions. Each student will have 2 hours to complete the exam, unless the student has prior approval for academic accommodations by the Accommodations, Resources and Services (ARS) Department. ALL students must follow the PAEA Assessment Exam Policy.
These exams are scored with a scale score (300-500) similar to the PANCE; however the program will have access to translate this scale to a raw score for grading purposes. For the purposes of course grades, scale scores will be converted to a point value (out of 100), according to the following table:

<table>
<thead>
<tr>
<th>Scaled Score</th>
<th>Percentage</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td>100</td>
<td>P</td>
</tr>
<tr>
<td>450 - 499</td>
<td>90</td>
<td>P</td>
</tr>
<tr>
<td>400 - 449</td>
<td>80</td>
<td>P</td>
</tr>
<tr>
<td>385 - 399</td>
<td>70</td>
<td>L</td>
</tr>
<tr>
<td>&lt;385</td>
<td>0</td>
<td>F</td>
</tr>
</tbody>
</table>

Exam results are not curved/normalized

Students must achieve a score of >385 to successfully pass the EOR exam.

- If a student scores between a 385 – 399 (low pass) on the EOR exam, he/she must successfully complete a remediation assignment.
- If a student scores <385 (exam failure) on the EOR exam, the student will receive an incomplete in the rotation pending remediation. The highest grade the student will receive upon successfully completing remediation is a 70% in this component. The student will also be placed on program level academic probation.
- If a student fails two (2) EOR exams (first attempt/remediation), the student will be dismissed from the program.

Any duplication, copying, or distribution of content of any clinical year written exam including key-word exam feedback is considered a cheating violation. Students who are found violating this policy will subject to disciplinary action as described in the UNC PA Program Student Handbook.

Exam tardiness/absence
It is unacceptable to be late for an exam. Students must be in their seats and have their computers set up before the posted exam time. Students who will be late for the exam must notify the Clinical Team by email, text, or phone as soon as possible. Tardy students may not enter the exam room; those students must report to the Clinical Team in the UNC PA Program Suite and will be set up in a location provided by faculty or other proctors who may be available.

Students more than 15 minutes late may not be allowed to take the exam and will receive a zero for the exam. Students will be referred to the UNC PAP Clinical Academic Affairs Committee (CAAC) to determine if the student will remediate the SCPE or be dismissed from the program. If the committee determines the student will remediate the rotation, the student will receive an incomplete in the rotation pending remediation. For extenuating circumstances, situations will be reviewed on a case-by-case basis.
The student will be placed on program level academic and professionalism probation. Failure to pass the remediation will result in failure of the course and dismissal from the program. Attendance is required for all examinations. There will be NO make-up examinations given except at the discretion of the Clinical Team and ONLY after a valid reason has been identified.

**Students with a Low Pass (385-399) on an End of Rotation Exam:**

- Student must complete a remediation assignment* following the low pass. Once the student turns in the remediation activity, the Clinical Team will release a 25-question quiz in eMedley. The student must score >75% following the remediation activity. If the student falls below a 75%, a learning contract will be established with the student with future remediation activities. The remediation activity and quiz are both due NLT 2 days following the remediation meeting to the clinical team unless specified otherwise by the clinical team.
- Failure to submit the remediation assignment by 11:59 p.m. (EST) on the 2nd day will result in failure of the SCPE and referral to the UNC PA Program Progress Committee for consideration of dismissal from the program.
- Students will be required to complete a minimum of 50 Rosh Review questions every two weeks. Students will need to take a screen shot of questions completed/score and submit to the Faculty Advisor/Clinical Team every two weeks.
- If a student receives more than 1 EOR Exam with a low pass, the student will meet with the clinical team to develop a learning contract** for future remediation activities.
- Student will be placed on academic warning for the remainder of the clinical year.
- Grammarly will be used to check the remediation assignment.

**First-Attempt Exam Failure (scale score <385)**

One first-attempt exam failure:

- If the student fails the examination, the student will receive an incomplete in the rotation pending remediation. The student will meet with the clinical team after the exam and develop a remediation plan and enter into a learning contract.**
- Student must complete a remediation assignment* following the exam failure. Once the student turns in the remediation activity, the Clinical Team will release a 25-question quiz in eMedley. The student must score >75% following the remediation activity. If the student falls below a 75%, a learning contract will be established with the student with future remediation activities. The remediation activity and quiz are both due NLT 2 days following the remediation meeting to the clinical team unless specified otherwise by the clinical team.
- Once the student successful remediates as determined by the Clinical Team, the re-take End of Rotation examination must be completed NLT 3 days from completion of the remediation session.
- Failure to submit the remediation assignment by 11:59 p.m. (EST) on the 2nd day will result in failure of the SCPE and referral to the UNC PA Program Progress Committee for consideration of dismissal from the program.
- Meet with advisor in-person regarding exam performance within 7 days.
- The re-take End of Rotation exam must be passed with a scale score of 385 or higher. The highest grade the student will receive upon successfully completing remediation is a 70% in this component. Failure of the remediation test will result in the dismissal from the program.
- Grammarly will be used to check the remediation assignment.
Two End of Rotation Examination Failures
Student will be dismissed from the program for failure of any two EOR written examinations. Refer to the UNC Graduate School Policy on Academic Eligibility: https://handbook.unc.edu/eligibility.html

*Remediation Assignment (A3.17f)*
Using the individual Performance Report from the PAEA End of Rotation Exam, students will write a brief summary (1-2 short paragraphs) for each of the keyword feedback items listed on their report. This is to be in paragraph format, and outline important aspects of that specific item. For example, if the feedback item included “Pulmonology: History & Physical, Pneumonia”, one would need to outline the elements of the history (What symptoms are typical in pneumonia? What social, family or medical history is pertinent to help establish a diagnosis or identify risk factors?) and physical examination (What findings are likely to be present? What exam techniques are specific to this disease process?).

For each keyword item, the student will need to list the references utilized for each response. Students must utilize required course textbooks and cite the textbook title after each response. The paragraphs must be in the student’s own words. Copy and Paste will not be accepted. If the student is found to have copied and pasted material, this will result in in failure of remediation and referred to the SCPE Committee for consideration of dismissal. If the student does not submit the Remediation Activity by the due date, this will be considered failure of remediation and the student will be sent to the Progress Committee for consideration of dismissal from the program.

**Learning Contract**
A learning contract will serve as a formal process that will outline requirements of a student to improve academic performance. Failure to adhere to the Learning Contract will result in referral to the SCPE Committee for consideration of dismissal. Additionally, failure of subsequent End of Rotation exams (first-attempt and/or retake exams) will result in dismissal from the UNC PA Program.

The learning contract will be individualized for each student but may include:

- Routine meetings with faculty advisor at a frequency to be determined by the advisor.
- Complete 50 Rosh review questions specific to the current rotation the student is on every two weeks. Submit a copy of the questions and the score to your academic advisor and clinical team.
- Detailed study/reading plan for each rotation submitted to advisor during the first week of each subsequent rotation.

B. Grand Rounds Presentation (B2.10)

Assignment Description:

Each student is required to demonstrate the ability to make a well-organized and articulate scholarly case presentations to peers. The oral case presentations (grand rounds) will replace the EOR written exam only during the elective rotation(s). The grand rounds presentation will be given during the next call back day.
The student must give a 12-15-minute presentation on their written case study, a critical appraisal of literature, provide five (5) board-style PANCE questions, followed by 2-3 minutes for Q&A. Students’ presentations will be stopped at the 15-minute mark, and any information not covered at that point in time will be graded a “0”. Refer to the grading rubric located in Sakai.

Remediation: (A3.17f)

- If the student receives less than 70%, the student will receive an incomplete in the rotation pending remediation. The student will meet with the instructor and develop a remediation plan. The student must re-submit the Grand Rounds Presentation with the corrections NLT 7 days from the remediation session. The highest grade the student will receive upon successfully completing remediation is a 70% in this component. Failure to re-submit the Grand Rounds Presentation by 8 p.m. (EST) on the 7th day or receiving less than 70% on the remediation will result in failure of the SCPE and dismissal from the program.
- Student will be placed on academic warning for the remainder of the clinical year.
- Student will be dismissed from the program for failure of any two Oral Case Study Presentations.

C. Written case study and Critical Appraisal: (B2.10)

Assignment Description:

Clinical case studies are an invaluable record of the clinical practices of a profession. Clinical case studies are a record of clinical interactions which help practitioners to frame questions to improve clinical practice, incorporate evidence-based medicine (EBM) practice in the current learning process, critically appraise current medical literature, and promote life-long learning.

Clinical case studies also provide valuable teaching material, demonstrating both classical and unusual presentations which may confront the practitioner.

Students must follow the Written Case Study and critical appraisal templates/rubrics located in Sakai. Grammarly will be used when reviewing the assignment.

Remediation: (A3.17f)

- If the student receives less than 70%, the student will receive an incomplete in the rotation pending remediation. The student will meet with the instructor and develop a remediation plan. The student must re-submit the Written Case Presentation with the corrections NLT 7 days from the remediation session. The highest grade the student will receive upon successfully completing remediation is a 70% in this component. Failure to re-submit the Written case by 8 p.m. (EST) on the 7th day or receiving less than 70% on the remediation will result in failure of the SCPE and dismissal from the program.
- Student will be placed on academic probation for the remaining of the clinical year.
- If the student receives less than 70% on two Written Case Studies, the student will be referred to the UNC PAP Progress Committee for dismissal.
D. Development Learning objectives for elective SCPE(s)

Assignment Description:

The students’ elective rotation(s) are principally based on what the student wants to accomplish during the time-frame. By having the student develop learning objectives, this provides a map to help guide and control what the student wants to learn/accomplish during the elective rotation. This will also help develop life-long learning skills and self-reflection, an important outcome for a successful practitioner.

Part I:
The student is to provide 10 learning objectives specific to the elective SCPE. You must use one or more of the six PA competencies per learning outcomes. All six PA competencies must be used. Annotate what competencies (s) are being used next to the learning outcome on the assignment.

Each learning objective must be at the higher level of Bloom’s Taxonomy (apply, analyze, evaluate, create) with at least four (4) at evaluate or create. (See Bloom’s Taxonomy worksheet located in Sakai in the Elective Learning Objectives Folder). These objectives should guide your learning for the elective and as such should be discussed with the preceptor at the beginning of the rotation to maximize achievement of the goals.

The learning objectives must be in the student’s own words. No plagiarism. Grammarly will be used when assessing the assignment.

Part II:
At the completion of the rotation, the student will provide documentation (minimum of one paragraph per objective) for how these objectives were met.

EBM Literature is required to help support your objectives and a minimum of 2 references must be used and documented. Use AMA format to document sources. Refer to the grading rubric located in Sakai.

Remediation: (A3.17f)

- If the student receives less than 70%, the student will receive an incomplete in the rotation pending remediation. The student will meet with the instructor and develop a remediation plan. The student must re-submit the Elective Rotation Learning Objectives with the corrections NLT 7 days from the remediation session. The highest grade the student will receive upon successfully completing remediation is a 70% in this component. Failure to re-submit the Elective Rotation Learning Objectives by 8 p.m. (EST) on the 7th day or receiving less than 70% on the remediation will result in failure of the SCPE and dismissal from the program.

- Student will be placed on academic warning for the remainder of the clinical year
- Student will be dismissed from the program for failure of any two elective rotation learning objectives assignment
E. Clinical Instructor Evaluation (C3.02, C3.03)

The Clinical Instructor will complete a final evaluation of the student for each SCPE in eMedley. You will be evaluated on the following, based on the Six Core Competencies: Medical Knowledge, Patient Care, Professionalism, Practice-Based Learning and Improvement, System-Based Practice and Interpersonal and Communication Skills, including but not limited to: decision making; case presentation; history taking and physical exam skills; communication with patients, families, nurses, consultants, PCP's, residents and faculty; organization; test interpretation; self-directed learning; surgical knowledge, self-improvement and objective achievements.

Clinical instructor grades are an integral part of assessment of clinical year students. The standard for passing the final preceptor evaluation is a 70%. Students who receive a failing grade from a clinical instructor will be referred to the UNC PAP Clinical Academic Affairs Committee (CAAC) to determine if the student will remediate the SCPE or be dismissed from the program.

If the committee determines the student will remediate the rotation, the student will receive an incomplete in the rotation pending remediation. The highest grade the student can receive following remediation is a 70%. The student must complete all components of the SCPE for a successful remediation.

Students who receive a failing grade from a second clinical instructor evaluation will again be brought before the CAAC. The CAAC will evaluate the specific circumstances of each clinical instructor evaluation. If the CAAC decides the evaluations are evidence the student is unprepared for the rigors of clinical practice, the student will be dismissed from the program.

F. Global Professionalism Assessment (C3.02)

- The clinical year is considered the Professionalism Phase of the PA Program.
- Professionalism will be evaluated during the rotation by the preceptor and Director of Clinical Education.
- Professionalism will be part of the preceptor evaluation grade for the rotation.
- There will be a separate professionalism grade for overall global professionalism during the SCPE rotation using the Professionalism Metrics Rubric. This will be evaluated by the Director of Clinical Education. Categories will include Communication, Attendance, Punctuality and Attentiveness, Completion of Course Assignments and Evaluations (to include eMedley logging (patient/time/procedures), emailing faculty advisor during midpoint of rotation, Q-stream, public health reflection essay, not meeting 40-hour clinical week requirement (unless approved by clinical year faculty) and Demeanor.
- Refer to the Professionalism Assessment Grading Rubric.
- A grade of less than 70% the student will be placed on professionalism probation and sent to the CAAC for consideration of remediation or dismissal from the program.
- If a student receives a second grade of less than 70% the student will be dismissed from program.

In addition to the above assessments/evaluations, the following assignments will be included in the Global Professionalism Assessment:

I. Student Logs in eMedley (B3.02, B3.03, B3.04, B3.07, C1.01)

- Students must log in all their patients, procedures performed and time logs from the previous week by 8:00a.m. (EST) the following Monday. For the last week of
rotation, then by 8:00 a.m. (EST) of the last Friday for core SCPEs or by 6:00 p.m. on the last Friday if it is an elective SCPE. A 10% deduction on the professionalism metric rubric will incur for each day late, starting at 8:01 a.m. (EST) on Monday, 8:01 a.m. (EST) on the last Friday for core SCPEs or 6:01 p.m. (EST) for elective SCPEs.

- Students must accurately enter the following information in eMedley in order to receive a grade for this SCPE. Please adhere to the following guidelines when entering data into eMedley. For further training on the efficient use of eMedley, please view the student tutorials online as you have some time to do so.
- Failure to complete eMedley Entry or to enter incomplete entries will result in a 10% deduction in the professionalism metrics rubric.

FOR ALL SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPE):

- There cannot be any missing information.
- Make sure all required fields are completed
- Document all ages of the patients (B3.03a)
- Code properly
- Students must complete the section on procedures, counseling, etc. Please note whether you observed, assisted in, or completed the procedure, and what tasks/skills were performed/completed. You must log all your procedures in eMedley. This will help to build your portfolio for when you start applying for jobs.

Types of Patient Encounters (B3.02)

- **Acute**: For illness or injury (e.g. a patient comes in with a cold or a sprained ankle).
- **Chronic**: For established patients who are seen regularly for follow up and the visit is to manage a chronic condition (e.g. Diabetes, HTN).
- **Emergent**: For any visit that requires emergency care (Any ER visits. Also, in the outpatient setting where the patient receives emergent care or the patient needs to go to the ER). If you are evaluating a Behavioral Health (BH) Patient in the Emergency Room then it will be Emergent plus Behavioral Health.
- **Preventive**: For visits that are well-child checks, well-woman checks, sports physicals, screenings.

There will be some redundancy when completing the "reason for visit". For example, Acute would probably be "episodic" although check the rest of the drop-down list to see if there is a more specific reason you can use before selecting "episodic". Please also do not to use "other" because it is simply too generic.

- Clinical procedures/skills must be completed if the student was involved in observing, assisting in, or performing any procedures/skills.

*Note: More and more employers are requiring documentation of what students have completed in school, so this information will be valuable to students at the end of the program.*
• **Clinic Note:** Students are required to complete very brief synthesis statements about the visit—please do not leave it blank. Do not include any patient identifying information anywhere in the entries.

**FOR THE FOLLOWING SCPEs:**

• **Surgical experiences:** Pre-op, intra-op, and post-op experiences must be noted. Do not leave these fields blank. Students must be very diligent in documenting skills in which they participated, such as suturing, wound care, etc. *(B3.03c)*

• If you evaluate a patient in the Emergency Room for trauma, indicated the Trauma Alert Category (Red, Yellow, Green) in your patient log.

• **Women’s Health experiences:** Prenatal visits must be noted along with gestational age, etc. If during women’s health SCPEs, students participate in labor/delivery, surgery fields will also apply and need to be noted in the system. There is also a separate place to note Labor & Delivery. Also, if you are on your Emergency Medicine or Family Medicine SCPE and you see a patient for first, second, or third trimester complaints, you must also check the OB section box in eMedley. *(B3.03b)*

• **Pediatric experiences:** Make sure all ages of the patient are included and coded correctly. *(B3.03a)*

• **Emergency Medicine:** Make sure you annotate the Emergency Severity Index (ESI) of 1, 2, 3, 4, or 5 in your patient log. Additionally, if you are involved in Trauma Resuscitation, indicated the Trauma Alert Category (Red, Yellow, Green) in the patient log. If you are on your Surgery Rotation and evaluate a patient in the Emergency Room for trauma, indicated the Trauma Level in your patient log.

• **Behavioral Health and Mental Health Conditions:** Document all BH patients evaluated during your BH SCPE. If you are on your Emergency Medicine SCPE, Family Medicine, Pediatric, or Internal Medicine SCPE and evaluate BH patients, document the encounter and check the BH box in eMedley. *(B3.03d)*

**II. Public Health Short Essay**

**Assignment Description:**
This is a short (500 word) essay reflecting on the completed SCPE about the current practice of health care, public health, or healthcare system. Some examples could be how this experience improved the student’s understanding of the link between effective communication and quality of care, culture and diversity in healthcare and/or the impact of social justice issues on population health. This is not a self-reflection on the rotation.

**Remediation:** *(A3.17f)*

• If the student receives less than 70%, the student will receive an incomplete in the rotation pending remediation. The student will meet with the instructor and develop a remediation plan. The student must re-submit the Public Health Short Essay with the corrections NLT 7 days from the remediation session. The highest grade the student will receive upon successfully completing remediation is a 70% in this component. Failure to re-submit the Public Health Reflection Essay by 8 p.m. (EST) on the 7th day or receiving
less than 70% on the remediation will result in failure of the SCPE and dismissal from the program.

• Student will be placed on academic warning for the remainder of the clinical year
• Student will be dismissed from the program for failure of any two elective rotation learning objectives assignment
• Grammarly will be used to check for plagiarism

G. CME Presentation

Assignment Description:

During Primary Care II rotation, in place of an End of Rotation Written Examination, the student will present a 50 minute CME presentation on a topic of their choice. The presentation will take place during Clinical Seminar. The topic must be approved by the Clinical Team

Remediation: (A3.17f)

• If the student receives less than 70%, the student will receive an incomplete in the rotation pending remediation. The student will meet with the instructor and develop a remediation plan. The student must re-submit the Primary Care II CME Presentation with the corrections NLT 7 days from the remediation session. The highest grade the student will receive upon successfully completing remediation is a 70% in this component. Failure to re-submit the Primary Care II CME Presentation by 8 p.m. (EST) on the 7th day or receiving less than 70% on the remediation will result in failure of the SCPE and dismissal from the program.
• Student will be placed on academic probation for the remaining of the clinical year.
• If the student receives less than 70% on two CME Presentations, the student will be referred to the UNC PAP Progress Committee for dismissal.
CLINICAL YEAR ASSESSMENTS (C3.01)

All PA students will be evaluated on the following, based on the Six Core Competencies: Medical Knowledge, Patient Care, Professionalism, Practice-Based Learning and Improvement, System-Based Practice and Interpersonal and Communication Skills, including but not limited to: decision making; case presentation; history taking and physical exam skills; communication with patients, families, nurses, consultants, primary care physicians, other health care providers, residents and faculty; organization; test interpretation; self-directed learning; surgical knowledge, self-improvement and objective achievements.

Mini-CEX (Clinical Evaluation Exercise) Evaluation

These are three formative “mini-evaluations” that one or more preceptors will complete during the rotation. The Mini-CEX is a rating scale to assess the six core competencies of PA students: patient care, communication, medical knowledge, and professionalism, system-based practice, practice-based learning, and overall clinical competence during the clinical rotation. Students are required to do one set of three per rotation. Three mini-CEX’s need to be completed during the course of the rotation. Refer to page 64 of the handbook for deadlines.

The mini-CEX’s will provide active, direct observation by the preceptor(s) in assess the student's clinical competence in the six PA competencies and will help the preceptor to direct feedback for potential areas of improvement during the clinical rotation.

Additionally, this will allow the preceptor to observe the student’s “real-time” performance and provide immediate feedback, as well as, role-model and supervise the student. The evaluation should be completed during the current patient encounter.

Please note that completion of the Mini-CEX evaluations by one or more preceptors is required however, assessment of these exercises as part of the student grade is based on completion the Mini-CEX evaluations and obtaining valuable preceptor feedback, rather than the preceptor score that is registered by the preceptor. A student will earn points as-long-as they turn in all three required Mini-CEX’s in each rotation according to the specified time-line. The Mini-CEX’s are to be uploaded onto eMedley for the appropriate rotation.

Mid-rotation Self-Assessment

Each student will complete and submit via eMedley the rotation-specific Mid-rotation Self-Assessment by Thursday at midnight of the 2nd week of each rotation. Students may not submit the mdi-rotation self-assessment prior to the night before the due date. This document assists the Clinical Team by ensuring that students are gaining the necessary experiences from the clinical site/rotation and that preceptors are providing mid-rotation feedback to the students. This evaluation also gives the student the opportunity to list potential issues or concerns at the site. If there are significant student concerns (ie: safety, lack of patients, etc.) the student should contact the Clinical Team immediately.
Site Visit/oral presentations

Each student will have a site visit by a faculty member a minimum of once throughout the clinical year. Students are responsible for emailing their rotation calendar to the Clinical Team by the Thursday at midnight of the 1st week of each rotation so that site visits may be scheduled on a day when the student and preceptor are available. Students should also notify/remind preceptors of scheduled site visits. Some students may, by chance, receive more than one site visit during the clinical year.

Each student will give an oral patient presentation if they receive a site visit by a faculty member. If the student is notified by email of a faculty member site visit, then the student should be prepared to give an oral presentation during the site visit. Students must score >80% on the oral presentation or they will be asked to remediate at the next Clinical Seminar Day.

Faculty may also do unscheduled site visits from time to time. If this occurs, the student is expected to give the faculty member an oral presentation at that time as well.

Final Global Preceptor Assessment

The end-of-rotation preceptor evaluation of the student will be available to the primary preceptor in eMedley one week prior to the end of the rotation. It is the student’s responsibility to remind the preceptor to complete the evaluation and review the evaluation with the student by the final day of the rotation. A final grade for the rotation cannot be calculated until the Final Preceptor Evaluation is submitted. Preceptor’s are encouraged to discuss strengths with students as well as provide students opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important.

Site Critique/Self-Evaluation/Preceptor/SCPE Course Evaluation

Students are a vital and integral component of the ongoing PA program self-study process and ARC-PA accreditation. To address these commitments, students are required to complete an evaluation assessing the course objectives, exams, syllabus, the clinical site and the preceptor. It is important to remember the site/preceptor critique will be shared to preceptors, so please be sure to utilize professional constructive feedback when deemed necessary. Additionally, part of the evaluation will have the student do a self-evaluation to see the relationship and comparison of the preceptor evaluation and the student’s perceptions of their progress through the entire SCPE. The evaluation is to be uploaded onto eMedley for the appropriate rotation.
ADDITIONAL CLINICAL YEAR ASSESSMENTS

A. Clinical Year Passport (B2.07, B3.02, B3.03a-d, C3.01)
Certain skills have been identified by the UNC Physician Assistant Program as core skills PA students should be able to perform and become competent in by the conclusion of their clinical year of training.

There is not a required number of times that a skill must be performed; however, preceptors should not sign off on the skill until they are comfortable and confident that the student performed that particular skill at entry-level (to the PA profession) proficiency. Most students develop competence with a skill over time, however if a preceptor finds that a student is not performing at the expected level or has other concerns, they are asked to contact the Clinical Team immediately.

At the end of each rotation, students are required to scan a copy of the pertinent Clinical Skills Passport page for that rotation into eMedley. In order for the student to graduate, all columns of the Clinical Skills Passport must be completed in its entirety before being submitted at the final Clinical Seminar Day. Any skills that have not been completed during the clinical year must be performed for faculty prior to graduation.

B. Q-stream questions (C3.01)
During each rotation, students will be receiving questions using the q-stream platform system. This will allow faculty members to assess the student’s medical knowledge as he/she progresses through the current rotation and help determine at risk students for the end of rotation written examination. Students who are at risk will be notified by the Clinical Team to discuss the student’s study plan and modify it moving forward. Students will also receive questions assessing overall medical knowledge related to the PANCE blueprint. Students on elective rotations will receive additional questions assessing overall medical knowledge of the PANCE blueprint.

C. Site Visits (B2.07, B3.02, B3.03a-d, C4.01, C4.02)
During your clinical experience UNC PA Program faculty will visit each student at least twice. UNC PA Program will make an effort to see students early in their clinical training, but site visits can occur any time of the year. Students may be visited multiple times throughout the year. The goal of the site visit is to evaluate a student’s clinical progress, to assess the clinical preceptor and student learning team, to monitor progress of case presentation, patient encounter documentation, evaluate the patient populations, student access to physical facilities and E-medley completion to ensure the student is able to fulfill program expectations of the clinical experience. The main components of the site visit are as follows:

1. The site visitor will accompany the student and observe a patient encounter (when available).
2. The site visitor will have time to speak individually with the student about his/her learning experience, to the preceptor about the student, and visit with the student and preceptor together (when time allows).
3. The site visitor may speak with staff including but not limited to office managers, nursing staff, clerks and medical assistants about the student’s professionalism.
4. The site visitor may review notes made by students about patients previously seen and charted by the student.

D. Clinical Seminar
Students will return to UNC PA Program to the 3-day call back sessions. These activities include the following:

- End-of-SCPE specialty written examination from 9:00 a.m. (EST) to 11:30 a.m. (EST) on Friday.
- Advising sessions will take place on Friday afternoon with the student’s faculty advisor.
- Monday - Wednesday of the preceding week students will be attending Clinical Seminar from 8:00 a.m. (EST) - 5:00 p.m. (EST).
- Grand Rounds Presentations for those students who have completed elective SCPEs. (B2.10)
- MOCK PANCE Exam I, II, III, IV (Each exam is 150 questions)
- End of SCPE Activities, which include speakers and skills sessions.
- Program-to-Practice: The program faculty will conduct seminars on topics of importance to the students’ professional education. The Program-to-Practice course take place over the same time period of the SCPEs. (B2.11, B2.13, B2.14, B2.15)
- OSCE Skills sessions: These take place at the simulation center and are determined through the required competencies completed in eMedley.
- Clinical topic lectures: Presented by clinically active content specialties, to augment clinical learning topics to include but not limited to: newborn exams, electrolytes and fluids, and how and when to make referrals.
- Completion of American Society of Addiction Medicine (ASAM) Medication-Assisted Treatment (MAT) Waiver Training. (B2.20d)
- Professionalism during End-of-SCPE Activities will be evaluated under the Global Professionalism Assessment

- **Students will be present at the UNC PA Program for the entire 3 days of Clinical Seminar.**

E. MAT Training/DEA-X
All UNC PA students will receive MAT Training during the clinical year so that upon graduation and application for a DEA number, a DEA-X waiver can be requested as well. The first 4 hours of training will take place in person on Clinical Seminar Day #1. The remaining 20 hours of required training will take place online and must be completed by the end of the clinical year in order to graduate.
**DIAGNOSTIC AND THERAPEUTIC TECHNICAL SKILLS (B2.07)**

Upon completion of the supervised clinical practice experiences, physician assistant students should be able to demonstrate/perform the following technical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique.

Students are required to log performance of all procedures/skills performed during each rotation, via the competency section in eMedley clinical tracking system. Students are expected to proactively pursue any opportunity to participate all procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios.

Program faculty selected skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program. When a student is considered competent in the selected competencies, the clinical instructor will sign the student off on the clinical year passport. Students must be prepared to demonstrate competency on any of the following skills during Clinical OSCE Evaluations as well as at the time of Summative evaluation. If the student is determined not to be competent in the following procedures it may delay graduation.

<table>
<thead>
<tr>
<th>Required Competencies During the Clinical Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airway Management</td>
</tr>
<tr>
<td>Dipstick Urinalysis</td>
</tr>
<tr>
<td>Fecal Occult Blood Testing</td>
</tr>
<tr>
<td>Interpret Chest Radiographs</td>
</tr>
<tr>
<td>Pre-Surgery Aseptic Technique</td>
</tr>
<tr>
<td>Digital Rectal Exam (DRE)</td>
</tr>
<tr>
<td>Incision &amp; Drainage (I&amp;D)</td>
</tr>
<tr>
<td>Interpret Musculoskeletal Radiographs</td>
</tr>
<tr>
<td>Interpret Spine Radiographs</td>
</tr>
<tr>
<td>Peripheral IV Catherization</td>
</tr>
<tr>
<td>Intraoperatively Closure With Sutures &amp; Staples</td>
</tr>
<tr>
<td>Wound Care</td>
</tr>
<tr>
<td>Pelvic Examination For Collection Of Vaginal and Cervical Specimens for Cytologic (PAP)</td>
</tr>
<tr>
<td>Local Anesthesia For Wound Repair</td>
</tr>
</tbody>
</table>
CLINICAL YEAR CURRICULUM COMPONENT DEADLINES (A3.17a, b)

CLINICAL YEAR ROTATION REQUIREMENTS:
Requirements for each clinical rotation must be completed by the conclusion each End-of-Rotation (EOR) session to successful complete the rotation.

I. Required assignments/assessments due for EACH Core Rotation:

<table>
<thead>
<tr>
<th>ITEM:</th>
<th>DEADLINE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation Calendar</td>
<td>Thursday of week 1 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Mid-rotation Self-Assessment</td>
<td>Thursday of week 2 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Email advisor (self-reflection) check-in</td>
<td>Thursday of week 2 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Min-CEX 1</td>
<td>Monday of week 2 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Mini-CEX 2</td>
<td>Monday of week 3 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Mini-CEX 3</td>
<td>Monday of week 4 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Student evaluation of preceptor/site/self-evaluation</td>
<td>Friday of week 4 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Clinical Instructor Assessment of Student</td>
<td>Friday of week 4 by 8:00 p.m. (EST)</td>
</tr>
<tr>
<td>Clinical Skills Passport for current core SCPE</td>
<td>Friday of week 4 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>PAEA End of Rotation (EOR) Written Exam</td>
<td>Friday of week 4 (Reference Sakai Calendar for Time &amp; Location)</td>
</tr>
<tr>
<td>eMedley logs of patients, procedures and hours</td>
<td>Monday of weeks 2, 3, 4 by 8:00 a.m. (EST) and Friday of week 4 by 8:00 a.m. (EST) for core rotations or by midnight for elective rotations.</td>
</tr>
<tr>
<td>Written Case Study and Critical Appraisal</td>
<td>Thursday of week 4 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Public Health Short Essay</td>
<td>Thursday of week 4 by 11:59 p.m. (EST)</td>
</tr>
</tbody>
</table>

*Late submissions will incur a 10% deduction in the assignment grade and deduction in professionalism points. No assignments will be accepted after four (4) calendar days at midnight without the prior approval from either the directors of clinical education or the program director. Failure to submit the assignment will result in failure of the course and dismissal from the program.

II. Additional required assignment for ONLY Primary Care II Rotation/as needed:

<table>
<thead>
<tr>
<th>ITEM:</th>
<th>DUE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CME Presentation</td>
<td>Friday of Week 4 by 11:59 p.m.</td>
</tr>
</tbody>
</table>

*Late submission will incur a 10% deduction in the assignment grade and deduction in professionalism points. No assignments will be accepted after four (4) calendar days at midnight without the prior approval from either the directors of clinical education or the program director. Failure to submit the assignment will result in failure of the course and dismissal from the program.
### III. Required assignments/assessments due for ONLY ELECTIVE Rotations:

<table>
<thead>
<tr>
<th>ITEM:</th>
<th>DEADLINE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation Calendar</td>
<td>Thursday of week 1 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Mid-rotation Self-Assessment</td>
<td>Thursday of week 2 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Email advisor (self-reflection) check-in</td>
<td>Thursday of week 2 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Min-CEX 1</td>
<td>Monday of week 2 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Mini-CEX 2</td>
<td>Monday of week 3 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Mini-CEX 3</td>
<td>Monday of week 4 by midnight (EST)</td>
</tr>
<tr>
<td>Student evaluation of preceptor/site/self-evaluation</td>
<td>Friday of week 4 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Clinical Instructor Assessment of Student</td>
<td>Friday of week 4 by 8:00 p.m. (EST)</td>
</tr>
<tr>
<td>eMedley logs of patients, procedures, and hours</td>
<td>Monday of weeks 2, 3, 4 by 8:00 a.m. (EST) and Friday of week 4 by 8:00 a.m. (EST) for core rotations or by midnight for elective rotations.</td>
</tr>
<tr>
<td>Part 1 of Learning Objectives</td>
<td>Wednesday of Week 1 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Part 2 of Learning Objectives</td>
<td>Friday of Week 4 by 11:59 p.m. (EST)</td>
</tr>
<tr>
<td>Grand Rounds Presentation</td>
<td>Friday of Week 4 by 11:59 p.m. (EST)</td>
</tr>
</tbody>
</table>

*Late submissions will incur a 10% deduction in the assignment grade and deduction in professionalism points. No assignments will be accepted after four (4) calendar days at midnight without the prior approval from either the directors of clinical education or the program director. Failure to submit the assignment will result in failure of the course and dismissal from the program.*

### CLINICAL YEAR TO PROGRAM COMPLETION REQUIREMENTS: (A3.17c)

**Required assessments/components due for completion of Clinical Year & Graduation:**

<table>
<thead>
<tr>
<th>ITEM:</th>
<th>DUE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAT Waiver Training Completion</td>
<td>Last Day of Clinical Seminar in November</td>
</tr>
<tr>
<td>Completion of Professional Portfolio</td>
<td>Last Day of Clinical Seminar in November</td>
</tr>
<tr>
<td>All Components of Clinical Year Passport</td>
<td>Last Day of Clinical Seminar in November</td>
</tr>
<tr>
<td>Evaluation of Clinical Team</td>
<td>Last Day of Clinical Seminar in November</td>
</tr>
<tr>
<td>Cumulative Summative Written Assessment (240 questions)</td>
<td>2nd week of November</td>
</tr>
<tr>
<td>Cumulative Summative OSCE Assessments</td>
<td>3rd week of November</td>
</tr>
<tr>
<td>EBM II Capstone Project/Presentation</td>
<td>3rd week of November</td>
</tr>
<tr>
<td>4-day PANCE Board Review Workshop</td>
<td>3rd week of November</td>
</tr>
<tr>
<td>PACKRAT Formative Assessment</td>
<td>4th week of November</td>
</tr>
<tr>
<td>Program Exit Interview</td>
<td>1st week of December</td>
</tr>
<tr>
<td>UNC PA Program Graduation</td>
<td>2nd Saturday of December</td>
</tr>
</tbody>
</table>
ACADEMIC AND PROFESSIONALISM STANDING IN THE CLINICAL YEAR
(A3.17e, A3.17f)

The UNC PA Program has established a fair and formal process for taking any action that may affect the status of any PA student who does not meet the established standards of academic and professionalism performance. The process is generally positive in approach and committed to supporting students in the successful completion of the course study required by the program. Elements essential to the effectiveness of the process include but are not limited to: timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the PA student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

The Clinical Academic Affairs Committee is charged in the clinical phase with the responsibility of systematically reviewing the academic performance and professional behaviors of each PA student, in order to make appropriate recommendations to the Faculty Committee and Program Director regarding graduation, progression, deceleration, remediation, and dismissal for the final decision.

The committee will also participate directly in the placement of students on program academic and professional probation and in the design remediation for deficiencies.

Additionally, the Clinical Academic Affairs Committee serves to ensure that the policies outlined in SCPE handbook (are applied in a fair and equitable manner to all students. However, claims of discrimination, including retaliation, and sexual harassment should be submitted to the University Office of Academic Affairs by the student. All deliberations and proceedings of the SCPE Committee are confidential. Except as specified in this policy, the meetings are closed to persons other than individuals specifically authorized by the Program Director. Faculty must be apprised of the confidential nature of the information.

Composition of the Clinical Academic Affairs Committee:

Voting Members
- Program Director
- Director of Clinical Education
- Associate Director of Clinical Education
- Manager, Business and Student Affairs

Ex-officio (Non-voting) Members (by invitation)
- Student Faculty Advisor

Students who are dismissed from a SCPE at the request of a preceptor or the Director of Clinical Education/Associate Director of Clinical Education for behavioral or professionalism concerns will be considered to have failed the SCPE, regardless of calculation of other graded components of the SCPE. The circumstances surrounding the removal will be reviewed by the Clinical Academic Affairs Committee and discussed with the Faculty Committee and Program Director, and if upheld, appropriate sanctions made, to include at a minimum, placement on professional probation and a deceleration for the remainder of the current SCPE block.
Students may be required to decelerate for an additional SCPE block to complete prescribed remediation activities if so assigned by the committee.

**Program Academic Warning**
Students will be placed on Academic Warning if they do not demonstrate academic success, as evidence by one or more of the following:
- Receiving a low-pass on an EOR written exam
- Receiving a low-pass on a Grand Rounds Presentation
- Receiving a low-pass on clinical year assessments/assignments/preceptor evaluation

**Program Professionalism Warning**
Students will be placed on Professionalism Warning if they do not demonstrate professionalism success, as evidence by one or more of the following:
- Receiving one deduction on the Global Professionalism Evaluation
- Receiving a professionalism concern during a rotation

**Program Academic Probation**
Students will be placed on Program Academic Probation if they do not demonstrate academic success, as evidence by one or more of the following:
- Failure of one EOR written exam
- Receiving two or more low-pass scores on an EOR written exam
- Failure of one Grand Rounds Presentation
- Failure of a clinical year assignment/assessment/presentation
- Failure of a final preceptor evaluation

**Program Professionalism Probation**
Students will be placed on Program Professionalism Probation following an unacceptable professionalism assessment by the Clinical Academic Affairs Committee, when they do not demonstrate acceptable professionalism behaviors as evidenced by one or more of the following:
- Receiving one “0” on the Global Professional Evaluation
- Receiving more than one deduction on the Global Professional Evaluation
- Receiving professional behavioral concerns documented on the student professionalism evaluation
- Receiving an “Unacceptable” professionalism comments on the Preceptor Evaluation of Student.
- Having greater than 5 excused absences in the clinical year based on Director of Clinical Education assessment.

Student will remain on Program Academic and/or Professional Probation the duration of the Clinical Year. Also, this will need to be reported to the medical board when applying for a medical license. Once on Program Academic and/or Professional Probation and you incur another discrepancy you will be referred to the CAAC for possible dismissal from the program.
Students will be dismissed from the UNC PAP Program for the following circumstances:

- When a student fails any two End-of-Rotation examinations (First attempt or remediation attempt). Refer to the UNC Graduate School Policy on Academic Eligibility: https://handbook.unc.edu/eligibility.html
- When a student fails two Oral Case Study Presentations during the clinical year. Refer to the UNC Graduate School Policy on Academic Eligibility: https://handbook.unc.edu/eligibility.html
- Failure to comply with professionalism remediation requirements and/or a second professionalism violation while on clinical year professional probation.

Students will be referred to the UNC PAP Progress Committee for consideration of dismissal from the Physician Assistant Program for the following circumstances as determined by the Clinical Academic Affairs Committee:

- When a student fails two CME presentations in the clinical year
- When a student fails one final SCPE grade during the clinical phase
- When a student fails two final preceptor evaluations
- When a student fails two clinical year assignments
- When a student fails two Global Professionalism assessments
- When a student fails to achieve the plans and outcomes delineated for remediation
- When a student fails to achieve the plans and outcomes delineated for deceleration
- More than two unexcused absences
- Evidence the student is not prepared for the rigors of clinical practice
- When a student has greater than 5 excused absences in the clinical year (unless approved by the Clinical Year/Program Director)
- Recurring unprofessional behavior to include but not limited to frequently turning in late assignments and evaluations, not following policies and procedures.
- When a student receives two “Unacceptable” marks in the professionalism category of the Preceptor Evaluation of Student.
- For conduct that would render them ineligible to participate in clinical rotations. When a student is unable to meet the minimum technical standards necessary to achieve the knowledge, skills, and competencies of an entry-level PA.
- When the student exhibits behavior detrimental to their profession, including failure to demonstrate ethical and/or professional behavior and academic dishonesty.
- Students found to be cheating are subject to automatic dismissal.
- Any additional professional violations following placement on professionalism probation.
- When their behavior poses a threat to the standards of orderly operation, scholarship, and conduct.
- When they have violated principles related to academic integrity and plagiarism as outlined by University of Carolina Honor Code.
- When their behavior poses a threat to the mental or physical well-being of patients.
- For any gross violations of professional conduct as determined by the Student Progress Committee.

Note: Students will be dismissed for failure to comply with academic, clinical, or professional standards. The faculty has the option on a case-by-case basis to determine if remediation or deceleration is an option for any student facing dismissal. Dismissals from the program must be reviewed and approved by the Dean of Allied Health. If a student disagrees with the approved dismissal he/she can appeal following the University's grievance policy found in the UNC Graduate Handbook: https://handbook.unc.edu/grading.html
APPENDIX 1

COMMITMENT STATEMENT

A. Working with Diverse Groups
I understand that as part of the educational experience in the MPAS Program, I will work with individuals representing a variety of cultural, religious, ethnic, racial, sexual orientation and socio-economic backgrounds. I agree to participate in such educational experiences with individuals regardless of their background.

B. Health Status
I have reviewed the MPAS Program Technical Standards and, to the best of my knowledge, I do not have any condition which will compromise my ability to perform the duties expected of me as a student in this program. Further, I agree to fulfill any associated health testing or intervention necessary for me to participate fully in assigned SCPEs. I will submit any necessary documentation regarding my health status (e.g., records of immunization) as required by the program or the clinical site, and I will not be permitted to start a SCPE if the documentation has not been completed.

C. BLS & ACLS Certification
I understand that current BLS and ACLS certifications are required prior to beginning the clinical phase of the MPAS Program and that it is my responsibility to maintain certification and immunizations during the entire clinical curriculum and to provide the appropriate documentation.

D. SCPE Agreement
I understand that the MPAS Program assigns all SCPEs and that there is no guarantee I will be assigned to a specific location or preceptor. I also understand that SCPE sites are subject to change, sometimes without advanced warning. During the clinical curriculum, PA students may have to relocate for periods of time due to availability of clinical sites. Students are expected to provide their own transportation and housing.

E. Communications
I understand that my UNC email is the primary means of communication for the MPAS Program. I will check my UNC email account on a daily basis and respond in a timely manner. Furthermore, I understand that I may be subject to disciplinary action for failure to respond to faculty or staff communications in a timely manner.

F. Statement of Confidentiality
I acknowledge my responsibility under applicable federal law and the Affiliation Agreement between a clinical training facility and UNC to keep confidential any information regarding facility patients, as well as all confidential information of the facility.

G. PA Program SCPE Handbook
As a Master of Physician Assistant Studies Student at the University of North Carolina PA Program, I have read, understand and accept, and agree to be bound by all the rules, policies and procedures of the Clinical & Professional Phases Handbook.
Student Printed Name:  
Date:  

Student Signature

This acknowledgement is to be signed and returned to the Course Director by the end of the Preparation for Clinical Education course.

Note: If students do not sign and return the form, they will still be held to the standards outlined in the handbook.
APPENDIX 2

NEW Rotation Site Form

Corporate Name of Practice: _______________________________________________________

Discipline: ________________________________________________________________

Doctor of Record (Full Name): ____________________________ MD/DO (Circle One)

Mailing Address: _____________________________________________________________

City, State, Zip: ____________________________________________________________

Phone: ___________________ Fax: ___________________ Email: ___________________

Contact Person: ____________________________________________________________

Phone/Extension: __________________________________________________________

Email: ________________________________________________________________