



**College of Education and Health Sciences**

**JOINT MSPAS/MPH  
CLINICAL YEAR  
HANDBOOK**

**CLASS OF 2025**

This Handbook will be your primary source of information during the clinical year. Read it. Refer to it. Keep it close to you. The Program will expect you to refer to it prior to calling or emailing with a question.

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# SECTION 1 PURPOSE AND PHILOSOPHY

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## **PURPOSE**

The second year of the Joint MSPAS/MPH Program consists of 54 weeks of supervised clinical & Public Health experiences referred to as rotations. Clinical rotations enable students to integrate and apply their didactic knowledge in the evaluation, diagnosis and treatment of patients in a supervised clinical setting. Students complete rotations with providers practicing in multiple disciplines in order to provide a wide variety of patient encounters as well as to demonstrate how the approach to a patient may vary between specialties. Learning in a clinical setting is different than learning in a classroom setting. The transition can be difficult yet exciting and is vital to the success of a clinician. The Public Health field study provides students with practical experience in a public health setting allowing for the integration and application of the public health skills and knowledge acquired during the didactic curriculum.

These experiences are designed to build competence in fundamental clinical skills through practice and feedback, and to enhance confidence in preparation for graduation and practice.

This handbook states the policies, procedures, student requirements and expectations for the clinical experience of the Program and supersedes the Joint MSPAS/MPH student handbook. All policies from the student handbook not addressed in this handbook will remain in effect.

The Program and TUC reserves the right to make changes at any time in this handbook or in the requirements for graduation, tuition, fees and any rules or regulations.

In recognition of the gender spectrum, this handbook uses gender-neutral language, where appropriate, including the singular 'they' pronoun instead of 'he/she'.

## **PHILOSOPHY**

Learning the skills necessary to become a competent and empathetic health care practitioner is best accomplished through rigorous yet nurturing clinical & public health experiences that include direct observation, hands-on practice, constructive feedback, mentoring, and supplemental reading. We view this process as an active partnership between the student, the clinical & public health supervisor or preceptor, the Joint MSPAS/MPH Program, and the University.

## SECTION 2 DISABILITY SERVICES

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### DISABILITY SERVICES

Touro University California is committed to granting reasonable accommodation to students with known disabilities in accordance with applicable laws. An application for accommodation for a disability must be made by the student, and students must reapply each academic year to be considered for accommodations. To the extent provided by law, the university will reasonably accommodate qualified individuals with disabilities that meet the legal standards for documentation, whenever the individual is otherwise qualified to safely perform all essential functions of the position and meet the academic program technical standards.

For information on the University's disability services and procedure for requesting accommodations, please see the Touro website and "Student Resources" and "Appendix D" in the [University Catalog](#).

The Technical Standards for the Physician Assistant Studies program may be found at <https://tu.edu/programs/mspas-mph/admissions/technical-standards/>

## SECTION 3 STUDENT SAFETY AND IMPORTANT CONTACTS

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### SAFETY

Your safety is our number one concern. If at any time you do not feel safe in a clinical rotation site, it is critical that you notify the Program immediately by phone. This includes concerns regarding your physical safety or harassment of any kind. Students are also expected to notify the Program immediately if a crime occurs.

For concerns regarding safety, please do not rely solely on paperwork submissions or online communication (email or online rotation evaluations) to communicate with the Program. The Program wants to address issues as soon as possible and communicating with us by phone will allow for a more rapid response.

#### Crime Awareness and Campus Security

As required by federal law, Touro University makes information available to students about policies and procedures to report criminal actions on campus, current policies concerning security and access to facilities on campus, and information on campus law enforcement and statistics concerning incidents of campus crime. Students interested in this information should contact the Office of Student Services or visit: <https://tu.edu/campus-life/campus-safety/> Additional Important Phone numbers:

1. Campus Security: (707) 638-5804
2. Emergency Pager: (707) 398-1510
3. Vallejo Police/Fire/Ambulance: 911, dial 9911 from any campus phone, or (707) 552-3285

## Crime Awareness and Off-Campus Security

Touro University makes every effort to ensure student safety when off campus on clinical rotations. The university and Program recommend that all students be aware of their surroundings at all times and utilize common sense security techniques (i.e. keeping one hand free, locking your car and concealing valuables from view in your car.) Additionally, the University and Program recommend that students utilize any available safety systems present at clinical rotation sites, such as “security escorts to your car”.

### **FOR EMERGENCIES CALL 911**

## **HARASSMENT**

Touro University California is committed to providing a learning environment free of unlawful harassment. Touro University California abides by federal and state laws that prohibit workplace harassment, including the California Fair Employment and Housing Act, Government Code Section 12940, et. seq., and Title VII of the Civil Rights of 1964, as amended.

The University prohibits sexual harassment, environmental harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful. This policy applies to all persons involved in the operation of Touro University California and prohibits unlawful harassment by any employee of the University, including supervisors, coworkers and preceptors. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics.

- Harassment is any behavior by a person(s) that is offensive, aggravating or otherwise unwelcome to another person.
- Environmental harassment is any severe or pervasive action that results in a hostile or offensive working environment for the recipient. Environmental harassment is also known as hostile environment harassment.
- Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature. The conduct need not be motivated by sexual interest, but need only be of a sexual nature to be considered sexual harassment. Sexual harassment is one form of unlawful harassment.

Any student experiencing any type of harassment should report it to the Director of Clinical Education within 24 hours. Students experiencing harassment will be removed from the environment during the investigation period. All reports will be submitted to the University for a Protocol Based Investigation. During this investigation, students and witnesses may be contacted for further information.

## SECTION 4 EXAMINATION PROTOCOL

### JOINT MSPAS/MPH PROGRAM EXAMINATION PROTOCOL

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The following are the procedures regarding the administration of an examination. Both the student and proctor are responsible for adhering to the examination protocol. Written exams may be given outside of the regularly scheduled class time. Check your schedule for date and times.

Students are responsible for rotation learning objectives whether or not they are covered in lectures or seen on rotation. Exam questions may be from the text, lectures and online resources and/or handouts. All questions will be based on both the general and rotation specific objectives.

1. Students are required to be present for all scheduled examinations and must arrive on time for the examination.
2. Computer based examinations must be downloaded at least 24 hours prior to scheduled examination time or as instructed.
3. Upon entry into the examination site, the student must place all belongings (e.g. books, notes, study aids, coats, personal possessions, and electronic devices including smart watches, smart glasses, and earbuds) at a location away from the seats. Cellular phones are not allowed at a student's seats and must be turned off before being stowed. If a student is found to have an electronic device (e.g. cell phone) on their person during an exam, the student may be referred to the Student Promotions Committee or Student Services for disciplinary action.
4. Seating: Students must sit several seats apart within a row and will have at least one empty row between rows of seated students. The Program reserves the right to assign seating.
5. No talking is allowed once an examination starts.
6. Hats/caps may not be worn during any examination except for the wearing of a headpiece for religious reasons. Any student wearing a hat will be asked to remove it. Failure to comply with this or any other reasonable request of a proctor will result in the immediate dismissal of the student from the examination and may result in a zero "0" for the exam.
7. Late Arrival: A student who arrives late to an examination will not be given additional time to complete the exam. If a student arrives  $\geq 15$  minutes late from the exam start time, it will be at the discretion of the Director of Clinical Education or designated proctor to determine if the student will be permitted to take the exam at that time or whether the exam will be rescheduled for that student. If the exam is rescheduled, the exam will cover the same subject material covered by the original examination; however, the exam may be in a different format than the original examination. Furthermore, any student arriving after other students have completed the exam and left the testing area will not be allowed to start the examination.
8. Absence: A student unable to attend a scheduled examination for any reason must immediately notify the Director of Clinical Education (in person, phone or email) as soon as possible **prior** to the start of the exam. Failure to appear for an examination and/or failure to communicate with the Director of Clinical Education prior to the exam start time is considered unprofessional behavior and will result in disciplinary action unless deemed an emergency situation by the Director of Clinical Education. The missed exam will be administered as soon as possible, so the student

should be prepared to take the exam with short notice. Although the make-up exam will cover the same subject material covered by the original examination, it may be given in a different format.

### Examination Integrity

Exam integrity is vital to the assessment of the academic knowledge of students. It is therefore essential that academic and professional standards be maintained at all times to ensure fairness and validity of exams. Students are expected to uphold the Code of Responsibility of Students of TUC ([Appendix C](#)).

The Program is in alignment with the NCCPA Physician Assistant National Certifying Examination (“PANCE”) policy regarding examination integrity (<http://www.nccpa.net/PoliciesProcedures>). All examinations, including examination grading sheets such as for practical/OSCE exams, will remain confidential and in possession of the Program. No student may retain a copy of an examination or part of an examination. Violation of exam integrity via any method noted below, in the NCCPA Policy, or by any other form of cheating, such as but not limited to, obtaining a copy of the exam, a previous year’s exam or questions and/or getting help from another student during the exam, is grounds for disciplinary action up to and including dismissal from the Program.

NCCPA PANCE & PANRE Policy: The content of the NCCPA Physician Assistant National Certifying Examination ("PANCE"), and each of its items, is proprietary and strictly confidential, and the unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to emailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after an examination, is strictly prohibited. In addition to constituting irregular behavior subject to disciplinary action such as revocation of certification, revocation of eligibility for future certification, and disciplinary fines, such activities violate the NCCPA proprietary rights, including copyrights, and may subject violators to legal action resulting in monetary damages.

NCCPA Code of Conduct:

Certified or certifying physician assistants shall protect the integrity of the certification and recertification process.

- They shall not engage in cheating or other dishonest behavior that violates exam security (including unauthorized reproducing, distributing, displaying, discussing, sharing or otherwise misusing test questions or any part of test questions) before, during or after an NCCPA examination.

As noted in the NCCPA Code of Conduct above, discussion of PANCE/PANRE exam questions is considered a breach of the Principles. The Program also adheres to this principle.

Although it is common for students to want to discuss exam questions that they felt were hard or they might have missed, do not do so. This is in violation of the NCCPA Code. After an exam, please do not discuss the contents of the exam. To do so may be grounds for disciplinary action up to and including dismissal from the Program.

### Time Provided for Written Exams

The amount of time allotted for written exams decreases over the course of the Program to acclimate students to the timing used by the NCCPA on the PANCE. OSCEs and other practicum testing are not included in here. Timing for each type of question during the clinical year is as follows:

- Multiple choice questions: 1 minute/question
- Fill in the blank: 1.5 minutes/question
- Short answer: 2 minutes/question
- Essay questions: Timing is at the discretion of the Director of Clinical Education as based on answer expectations.

### Exam Review Process & Procedure

Students may **not** review clinical year end-of-rotation exams or OSCEs at any time.

## SECTION 5 CLINICAL CURRICULUM AND SCHEDULE

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The clinical year consists of 9 six-week blocks (54 weeks total). The clinical portion of the Program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules will vary depending on the site. The organization of the clinical experiences is outlined below, though the order will vary for each student.

### REQUIRED CLINICAL ROTATIONS

Course No.	Rotation	Length	Credits
PASC 606	Primary Care I	6 wks	6.0
PASC 607	Primary Care II	6 wks	6.0
PASC 608	Primary Care III	6 wks	6.0
PASC 609	Primary Care IV	6 wks	6.0
PASC 610	Surgery	6 wks	6.0
PASC 611	Emergency Medicine	6 wks	6.0
PASC 612	Elective I	6 wks	6.0
PASC 613	Elective II	6 wks	6.0
PBHC 600-4	Public Health Field Study	6 wks	4.0
Total		54 wks	50.0

Clinical rotations will average approximately 40 hours a week on site. Some rotations may involve shorter or longer hours, evening or on-call responsibilities, and weekend hours. The preceptor will determine the student schedule and clinical responsibilities. Students MUST adhere to each block schedule and to all assignments developed by the Program, sites and preceptors.

Joint MSPAS/MPH students must complete a minimum of 400 hours of public health fieldwork experience. Joint MSPAS/MPH students, enrolled in PBHC 600-4, automatically receive an “hours waiver” for 200 hours. This “hours waiver” acknowledges that Joint MSPAS/MPH students obtain 200 hours of PH field experience throughout their PA curriculum clinical rotations. Therefore, Joint MSPAS/MPH students must complete a minimum of 200 hours (of the required 400 hours) during the PH field study rotation. The requirements for the PH Field Study work must follow the guidelines of the PH program.

## DESCRIPTION OF ROTATIONS

Primary Care I and II– Students will be placed in an outpatient and/or inpatient setting with a family practitioner or internist to obtain exposure to the fundamental principles of the disciplines of family medicine/internal medicine as they relate to the clinical care of patients. These rotations' examinations will focus on patients and issues seen in family and internal medicine.

Primary Care III - Students will be placed in an outpatient and/or inpatient setting with a family practitioner, internist, psychiatrist, psychologist and/or licensed clinical social worker to obtain exposure to address the fundamental principles of the disciplines of behavioral and mental health as well as exposure to geriatric patients. This rotation's examination will focus on geriatrics and psychiatric/behavioral health.

Primary Care IV – Students will be placed in an outpatient and/or inpatient setting with a family practitioner, internist, pediatrician, midwife and/or OBGYN, to obtain exposure to address the fundamental principles of the disciplines of pediatrics, obstetrics, and gynecology. This rotation's examination will focus on pediatrics obstetrics, and gynecology.

Emergency Medicine – Students will be placed in a hospital-based emergency room to gain exposure to urgent and emergent care. This rotation's examination will focus on Emergency Medicine.

General Surgery – Students will be placed in a surgery rotation to obtain pre-, intra-, post-operative experiences. This rotation's examination will focus on general surgery principles

Electives 1 and 2 – Students have the opportunity to complete elective rotations in a multitude of sites and specialties. The Program reserves the right to utilize elective rotations in the best interest of the student to address knowledge/skill deficiencies and/or to meet their minimum requirements (MRs). Every student is required to complete two elective rotations. Therefore, elective rotations may not be used in lieu of repeating or remediating a failed rotation.

Public Health Field Study (FS) – The FS is a structured and practical experience in a professional public health setting which allows the student to apply and integrate the knowledge and skills acquired during the didactic period to “real world” situations, projects or tasks and make meaningful contributions to a public health organization. In most cases, the FS will occur in Block 9. However, there are some sites where a rotation and FS may occur at the same site or in the same geographic location, or earlier during the clinical year.

## ROTATION SCHEDULE

Semester	Block	Dates	Callback Dates / Exams
Spring 2024	1	February 12 – March 22, 2024	B1 EOR: Fri 3/22 Remediation B1 EOR: Tues 3/26
	2	March 25 – May 3, 2024	May 6 - 10, 2024: B2 EOR: Mon 5/6, Lectures and/or Workshops Remediation B2 EOR: Fri 5/10
Summer 2024	3	May 13 – June 21, 2024	*If students <u>FIRST</u> EOR: B3 EOR: Fri 6/21 and Remediation B3 EOR: Tues 6/25
	4	June 24 – August 2, 2024	August 5 - 9, 2024: B3/B4 EORs: Mon 8/5, OSCE #1, Lectures and/or Workshops Remediation B3/B4 EOR: Fri 8/9. If 2nd EOR remediation: Tues 8/13
Fall 2024	5	August 12 – September 20, 2024	
	6	September 23 – November 1, 2024	November 4 - 8, 2024: B5/B6 EORs: Mon 11/4, OSCE #2, Lectures and/or Workshops Remediation B5/B6 EOR: Fri 11/8. If 2nd EOR remediation: Tues 11/12
	7	November 11 - December 20, 2024	
Spring 2025	8	December 23 - January 31, 2025	February 3 - 7, 2025: B7/B8 EORs: Mon 2/3, Case Presentations, Lectures and/or Workshops Remediation B7/B8 EOR: Fri 2/7. If 2nd EOR remediation: Tues 2/11
	9	February 10 - March 21, 2025	B9 EOR: Fri 3/21; Remediation B9 EOR: Tues 3/25

\*Dates are subject to change\*

### Attendance for the Callback dates is mandatory.

Callbacks will include multiple activities. Completion of these examinations and assignments on the day(s) scheduled by the Program is mandatory.

## SECTION 6 CLINICAL ASSIGNMENT, NOTIFICATION AND PREPARATION

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The Program makes all final decisions regarding the placement of students in sites throughout the clinical year.

### ASSIGNMENT OF STUDENTS

#### Student Clearance Protocol

You are required to successfully complete/pass the following requirements prior to starting clinical rotations:

- All didactic coursework
- Successful completion of the CPH exam (if not completing a Capstone)
- Pre-clinical assignments
- A criminal background check
- A 10-panel urine toxicology and alcohol screen with urine creatinine
- All required immunizations, titers, and TB screening

Failure to complete any of these required items by the due date may result in a delayed start to the clinical year and/or clinical site placements. A delayed start will lead to a delayed program completion and will lead to additional tuition and fees, which is the responsibility of the student.

Some rotations and field study placements have additional requirements which students will also be required to complete prior to starting the specific rotation/ field study (i.e. interview, orientation, and time specific background checks/drug testing, specific immunizations or physical exam). Students may incur additional costs in order to complete rotation specific clearance requirements.

#### Clinical Rotation Placement

Assignment of student rotations is the responsibility of the Director of Clinical Education, Clinical Coordinator and Program.

1. You are not required to develop or arrange your own clinical sites. However, you will have the opportunity to request rotation assignments and recommend potential preceptor sites through the Student Preceptor/Rotation Request Form. Instructions on how to complete this form and the criteria for preceptor requests can be found on Canvas. The Joint MSPAS/MPH Program will only accept recommendations and requests from students for non-confirmed rotations and a minimum of 12 weeks prior to the start of the select rotation block. This will allow the Program adequate time to speak to the potential preceptor, evaluate the site's suitability, and develop an affiliation agreement. Completion of the request form does not guarantee student placement in the requested site. Students are not allowed to solicit potential preceptors through "cold call"/ random contact techniques.
2. Students must be in good standing within the Program to be considered for placement in a requested site or a requested elective rotation. The Program defines good standing as a student who is actively and continually engaged in the process of academic and professional improvement towards degree completion.

3. The Program reserves the right to replace a student's elective rotation with an additional core rotation.
4. You may not switch site assignments with other students.
5. Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations only. Requests for rotation changes that fall outside these parameters will result in a professionalism infraction.
6. Although most of the sites are in California, you may be placed outside of the state.
7. All students are expected to relocate **at least three times** for clinical rotations. Special accommodations may be made for unusual circumstances only and are at the discretion of the Program.
8. The Program works toward firmly establishing each six-week block, however unforeseeable events can occur which may require a student to be moved to a different site with short notice, just prior to starting and/or during a rotation.
9. Students will be required to complete rotations that are geographically distant (>50 miles) from our campus. Students are responsible for all financial costs associated with travel and/or relocation regardless of the cause.

#### Public Health Rotation Placement

Student placement is the sole responsibility of the Public Health Field Study Coordinator.

The Public Health Program has successfully developed collaborations with local and international organizations engaged in public health activities that provide our students with many placement sites from which to gain field experience. Please refer to the MPH Student Handbook for complete information about the field study. It is available on the PH website at: [MPH PHFS Handbook](#)

### **STUDENT NOTIFICATION OF CLINICAL ROTATION PLACEMENTS**

#### Initial Notification

Prior to the start of the clinical year, you will receive a list of confirmed rotations, including the rotation title, the name of the practice and geographical location.

#### Ongoing Notifications

You will be notified of confirmed rotation assignments and rotation changes via email. This email will contain information for both the immediate upcoming rotation as well as information for any additional confirmed rotations for the remainder of the clinical year.

#### Immediate upcoming rotation information:

The content of the email will contain the contact information for the upcoming rotation, as well as any additional rotation specific clearance requirements that you need to complete prior to the start of the rotation.

### Future rotation schedule information:

Attached to the email is a list of your updated confirmed rotation schedule. This attachment will also contain the necessary contact information for each rotation, as well as any rotation specific clearance requirements that you need to complete prior to the start of the rotation.

Students are responsible for reviewing all the information regarding their future rotation schedule to ensure the timely completion of any rotation specific requirements. Failure to complete rotation specific requirements as instructed may result in a delayed start to the rotation or removal from the rotation. This may delay the student's completion of the Program and result in additional tuition and/or fees. While the Program makes every effort not to change rotations once confirmed, however, occasionally this is unavoidable. Students are responsible for all fees incurred due to rotation assignment changes. Students are responsible for reviewing the ongoing notification list of confirmed rotations to monitor for rotation changes.

The Program recommends that you open rotation notification emails and attachments on a computer. Opening such documents on other electronic devices (such as smart phones) may result in omission of important information and instructions.

## PREPARATION FOR ROTATIONS

Prior to beginning any rotation, please complete the following tasks

1. Contact the designated contact person at the site upon receiving the notification email to determine specifics such as reporting time, location, and any special instructions **at least two weeks prior to the start of the rotation** when possible. Please do not correspond with any institutional staff until the rotation site has been cleared by the Program.
2. Complete all rotation specific requirements. (For Example: obtain ID badge, get hospital clearance, or complete toxicology screen) Be prepared to provide all necessary clearance documents to the appropriate departments (IZ, ACLS, hospital forms, OSHA/HIPAA).
3. Make housing arrangements. (All housing and transportation expenses are the student's responsibility.) When making house arrangements, consider asking about things that are important to you.
4. Review rotation objectives. Self-assess areas of weakness and develop learning goals for the rotation.
5. Review rotation specific topics (For example, surgical instruments and suture procedures for ER and surgery rotations or IV medications for a hospitalist rotation.)
6. Develop a study plan to address knowledge deficiencies and preparation for examinations.

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## SECTION 7 ATTENDANCE

### HOLIDAYS

There are **no official holidays** during the clinical year. Students on clinical rotations do **NOT** follow the University academic calendar regarding holidays.

### ABSENCES

Students must contact the Preceptor, the Director of Clinical Education, **and** the Clinical Year team ([tuc.paclinicalyear@touro.edu](mailto:tuc.paclinicalyear@touro.edu)) **prior to** the regular reporting time if they need to be absent for illness or emergency. Additionally, if a preceptor will not be available on an anticipated clinical day, students must advise the Clinical Year team ([tuc.paclinicalyear@touro.edu](mailto:tuc.paclinicalyear@touro.edu)) **prior to** the absence of the preceptor, providing a detailed outline of how missed clinic time will be utilized. The Clinical Year team will determine if the student needs to complete additional hours or a written assignment to compensate for the clinical time lost. **Failure to notify the Preceptor and Clinical Year team of absences prior to the regular reporting time will result in an unexcused absence.**

Unexcused absences will result in the lowering of the rotation's overall professionalism grade by 5% on the first absence and 10% for each additional unexcused absence. Determination of an unexcused absence is at the discretion of the Clinical Year team. The student will be placed on probation and referred to the SPC for Professionalism for the third unexcused absence. Please note: Unexcused absences will be tallied cumulatively over the course of the clinical year.

### PERSONAL DAYS

There is a maximum of 10 personal days off during the clinical year. These personal days include holidays, sick days, emergent absences, unexcused absences and other requests for time off. **Students may use a maximum of two days per rotation.** If the student requests additional personal days, these absences will be considered "unexcused absence(s)". Unexcused absences will result in the lowering of the rotation's overall professionalism grade by 5% on the first absence and 10% for each additional unexcused absence. Determination of an unexcused absence is at the discretion of the Clinical Year team. Personal days **cannot** be taken during the Public Health Field Study. Students must inform the Program **prior** to the beginning of the clinical year if time off is requested to observe religious holidays (i.e., Rosh Hashanah, Yom Kippur, Christmas, Easter, Ramadan, etc.). Prior approval from the Program and Preceptor is required for utilization of any Personal Days. The student is required to submit a Student Time Off Request Form ([see Appendix A](#)) to the Director of Clinical Education and the Clinical Year team **at least 30 days prior to the expected absence.** Submission of the form does not guarantee approval.

**Students absent (whether excused or unexcused) for more than two days in one rotation or more than 10 days throughout the entire clinical year** may have an overall grade reduction of 10% for the corresponding rotation(s) **and/or** may be required to make-up the missed time or repeat a rotation. (This grade reduction is in addition to the reduced Professionalism grade if any of the absences were unexcused). This may delay completion of the Program, which may result in additional tuition and/or fees.

## **CONFERENCES**

It is the Program's desire to promote dedication to the lifelong learning process needed for our profession. As such, you may request time off to attend regional and national PA conferences (e.g. AAPA National Conference, CAPA). Students must be in good standing to attend. The Program defines good standing as a student who is actively and continually engaged in the process of academic and professional improvement towards degree completion.

While this time will not be counted against Personal Days, prior approval from the Program and Preceptor is required. The Student is required to submit a Student Time Off Request Form ([see Appendix A](#)) to the Director of Clinical Education at least 30 days prior to the expected absence. Submission of the form does not guarantee approval. The number of approved days is at the discretion of the Director of Clinical Education. Failure to adhere to the approved dates will result in an unexcused absence. Refer to the above consequences for unexcused absences.

## **TRAVEL DAYS**

Students are not allotted any 'free travel' days to return to campus for Callback Weeks or between rotations. If additional time is required, the student must submit a Time Off Request Form ([See Appendix A](#)) the Director of Clinical Education at least 30 days prior to the requested dates. If approved, the additional time will count toward the student's personal days

## **LEAVE OF ABSENCE AND DECELERATION**

Students can request a Leave of Absence (LOA) or withdrawal from the Program. An LOA is defined in the University Catalog as a short, defined period of one or more academic terms that has the potential to impact attendance and, therefore, successful progression in the program. The amount of leave time granted depends largely on the personal needs of the student and the timing of the LOA within the academic program as that will look different in the didactic and clinical phase. Students must make this request in writing to the Program Director AND Director of Clinical Education and follow all procedures as outlined in the current University Catalog. Students are encouraged to contact the Offices of the Registrar, Bursar, and Financial Aid to understand the implications of taking a leave or withdrawal.

From an accreditation reporting standpoint, the Program defines a Leave of Absence as a temporary student separation from the program due to personal or medical (non-academic) reasons.

Due to the many variables involved, this will be determined on a case-by-case basis. For the purposes of our accreditation body and our program, such an action will be deemed as a non-academic deceleration.

Students are responsible for fully understanding the consequences of taking an LOA as it will have financial and academic implications. It is the student's responsibility to discuss these options with the Registrar, Bursar and Financial aid offices. Students on a LOA may not participate in any academic activity at TUC nor are they expected to submit any work or participate in any way with any academic program. In addition, any LOA may be counted toward the total amount of time given for a student to complete the PA program which is limited to 4.5 years from the time of matriculation.

It is important to keep in mind that a student in the Joint MSPAS/MPH Program is a joint student. Therefore, a student cannot request a LOA from the PA program and continue courses within the Public Health program. An LOA is a separation from ALL academic work. An LOA is not guaranteed. It is initiated by the student, outlining a defined period of time, and requires approval by the program directors of both Programs (PA and PH).

An LOA during the PA clinical phase of education will lead to delayed graduation as the student will be forced to forfeit one or more clinical rotation(s) dependent upon which semester the LOA is taken. Depending on the length of time and number of rotations impacted, the student may be advised to take a Program Break versus an LOA. *(Please see Program Break below).*

**The procedure for a leave of absence is as follows:**

- To initiate the LOA, a Leave of Absence form must be submitted by either the student or the program. The form can be found in TouroOne Portal in the Registrar section under "Forms."
- Student will meet with the Program Director, Associate Program Director, and/or Director of Clinical Education to discuss possible effects on their academic program progress and discuss any required actions that must take place before returning.
- Students are required to contact the Registrar, Bursar and Financial Aid offices to review their circumstances.
- The official start date of the LOA will be the effective date listed on the LOA petition. Please review University Catalog for further details.
- If a student needs to extend their leave, a new LOA form must be completed by the student and the academic program which then needs to be processed/approved by the Registrar's office.
- It is the student's responsibility to initiate any Petition to Return with the program and Registrar's office prior to expiration of the LOA.
- Involuntary leave of absence: In certain circumstances, the Provost, Dean, or designee, may require a student to take an involuntary leave of absence. In these cases, the LOA will be applied to the student's record and they will be informed of the details by the department and/or Registrar's office.
- Unapproved LOA: Students who have not completed a term, did not re-enroll as defined by the LOA petition is considered as being on an Unapproved LOA. Students who have an Unapproved LOA are administratively withdrawn and/or dismissed by the program for nonenrolment time away will count towards the total time to graduate of 4.5 years since matriculation.

Deceleration, from an accreditation reporting standpoint, is defined as a student who is required to leave the class in which they entered for academic reasons. More specifically, the student remains matriculated in the PA program but will now complete their course of study with the following cohort and graduate with the next cohort. Deceleration cannot be requested by the student. Decelerating into the following cohort is not guaranteed and requires approval by the SPC and Program Director. Deceleration into the following academic cycle/cohort may only be granted once during the duration of the program.

**The procedure for deceleration due to academic deficiency is as follows:**

- Student will have been referred to SPC for academic deficiencies. If the SPC makes a recommendation for deceleration and the Program Director accepts the recommendation, the student may be decelerated to the following cohort.
- Deceleration may happen only once during the academic program.
- To initiate the deceleration, the Program Director will initiate communication with the student detailing the effects on their academic program progress and discuss any required actions that must take place before returning.

- Students are required to contact the Registrar, Bursar and Financial Aid offices to review their circumstances.
- The official restart date of the deceleration will be listed in the communication by the Program Director to the student. Please note for University purposes, this is a LOA due to academic reasons.
- It is the student's responsibility to initiate any Petition to Return with the program and Registrar's office prior to restarting the PA program with the following cohort.

A maximum of 18 months on an LOA or deceleration may be allowed (consecutive or combined). The time spent on an LOA and/or deceleration is counted towards the maximum limit of 50 months that a student has to complete the PA program. An LOA beyond 18 months will be cause for academic withdrawal if it is not possible to complete the program within 50 months of matriculating into the program.

Any LOA or deceleration will impact the total cost of the program. Additional fees, tuition differences, and other financial aid considerations are the responsibility of the student. Students are encouraged to talk to the Bursar and Financial Aid offices for detailed information, as these are subject to change. Please review the University Catalog for more information.

### **RETURNING FROM A LOA**

The procedure for returning from Leave of absence (non-academic deceleration) or academic deceleration is as follows:

- Student will complete a "Petition to return to classes" form six (6) weeks prior to the start of the upcoming semester.
- The form will need to be completed and approved by both the academic program and the Registrar's office. Once completed and approved the student will then be able to register for classes. Please see the University Catalog for further details.
- Each student will be required to complete a competency examination prior to returning. Please see "Competency examination for students decelerating or returning from a leave of absence" below.
- Student is responsible for fulfilling the matriculation health requirements prior to beginning and must remain compliant with the continuing student health requirements for the duration of the program.

Please see the current University Catalog for additional information.

### **PROGRAM BREAK**

There are times when a student might need to take a short break from academics within a defined term due to personal or medical reasons. The time impacted might be limited to a few weeks versus an entire term or semester(s) which will require an LOA. In this scenario, where the student might still be able to satisfactorily complete the required course work in a sufficient amount of time, a student may request a program break.

A program break during the clinical year is not guaranteed and needs to be approved by the Director of Clinical Education or their designee.

During the clinical phase of the program, a break during a clinical rotation could impact the minimum total hours of clinical hours on a rotation. Therefore, the student may be required to sit out a rotation which would delay Program completion. At times, due to poor academic performance, the Director of Clinical Education could require a student to take a program break from clinical rotations and enroll the student in Independent Study for knowledge remediation. This is typically an individualized, rigorous self-study course.

Independent Study cannot be requested by the student and the student cannot have more than one knowledge remediation during the clinical phase of the curriculum. This action will delay the student's Program completion date and will impact the total amount of time the student has to complete the PA program which is a maximum of 4.5 years from matriculation into the program.

All program break requests will be considered on a case-by-case basis due to the unique nature of the curriculum and student circumstances. A program break is not a separation of the student from the University or Program but a short, well-defined break during which time the student may be expected to submit course work and keep up with the curriculum to ensure successful reentry at the end of the program break.

The procedure for requesting a Program Break is as follows:

- Student will contact the Director of Clinical Education as soon as they are aware of the need for a program break via email or phone call.
- Student will then complete the Program Break form.
- Depending on the length of leave requested and how it would impact academics, the Director of Clinical Education may involve PA program leadership to make a determination of approval, denial, or recommendation for leave of absence or deceleration.
- Students are always encouraged to discuss the impacts of such actions with the Bursar, Financial Aid and Registrar's offices.
- Students will be responsible for successfully completing all course work and study as defined by the course director under a modified curriculum during the Program break.

Please note: a Program break, leave of absence, or deceleration cannot be retroactively enforced or applied. It behooves the student to take the time to discuss all their options with their advisor or the Director of Clinical Education to ensure they are on a path to success and completion of the program.

### **COMPETENCY EXAMINATION FOR STUDENTS DECELERATING OR RETURNING FROM A LEAVE**

Any student who takes an LOA for 12 consecutive weeks or longer during the Clinical Year may be required to complete a Re-Entry Competency exam (written exam and/or OSCE) prior to returning to rotations. Re-Entry Competency Examinations must be completed a minimum of two (2) weeks prior to resuming rotations, and students are required to obtain a minimum passing score of 75% on each Re-Entry Competency Exam. If a student fails any competency exam (written or OSCE), they will be referred to the Student Promotion Committee. Students returning from a Medical Leave of Absence must be able to meet the Program Technical Standards and will also be required to provide clearance to return to the Program from their medical provider (forms available through the Office of [Student Services](#)). The Technical Standards for the Physician Assistant Studies program may be found at <https://tu.edu/programs/mspas-mph/admissions/technical-standards/>

**WITHDRAWAL FROM THE PROGRAM**

Withdrawal from the Program and/or the University is addressed in the current University Catalog.

## SECTION 8 STUDENT RESPONSIBILITIES

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### STUDENT CODE OF CONDUCT GUIDELINES

You will be evaluated not only on your academic and clinical skills but also on your interpersonal skills, reliability, and professional and behavioral conduct.

The following is a list of guidelines, in addition to those found in the Student Handbook, to which the student must adhere during their participation in the clinical year.

1. Communication with the Program and University - The structure of clinical education mandates an increased frequency of electronic communication with students. The primary form of communication is via phone and the University email system. Your TUC email address (@student.touro.edu) is the only email address that will be answered by TUC personnel. Texting should be limited to emergencies and/or urgent matters only and should not be the sole mode of communication.

Regarding phone communication, please:

- Ensure that your voicemail system is active and able to receive messages.
- Provide a contact phone number in all messages left for the Program.
- Identify yourself in any text message sent to the clinical team.
- Notify the Program and the University registrar immediately upon changing a contact number.

For email communication, please:

- Check your Touro email accounts at least once every 48 hours.
- Respond to program emails within 48 hours or the next business day.
- Include the original message in email responses or forwarded emails when appropriate.
- Maintain access to your email account as you move during your education.
- Ensure appropriateness of email communication (refer to MSPAS/MPH Student Handbook) Use a signature line in your emails, including your full name and class, as well as a phone number. Some students also choose to include the pronoun they use (e.g., pronouns: She/Her/Hers).

Joe Smith, PA-S  
Joint MSPAS/MPH Class of 2025  
707-123-4567

In addition, you should:

- Save email messages and responses to a file (if necessary) for reference.
- Download email attachments from the Program in order to view them. There have been several occasions in which a student viewed an attachment in 'Preview' mode only and missed critical information.

2. Timeliness- Students must report to clinical sites prior to assigned times and remain at the site for the entire time designated on their approved schedule. Any modifications to their approved schedule must be reported to the Director of Clinical Education. If you anticipate being late, you must contact the Preceptor immediately. Repetitive tardiness (>2) will result in lowering of the rotation's professionalism grade for that rotation by 5% and/or disciplinary action such as referral to the SPC for professionalism. Students must also submit all required assignments and forms by their designated due date. Repetitive paperwork/assignment tardiness will result in disciplinary action.
3. Attire – While on clinical rotations, students must dress professionally in a manner that reflects positively on the Program, the University, and the PA profession. This includes clean and conservative “business casual” attire, good hygiene, and short, clean fingernails. Clothing that is deemed inappropriate includes, but is not limited to: strapless tops, lowcut tops, halter tops, tee shirts, tank tops, tops that reveal a bare midriff, tops with spaghetti/thin straps, clothing with profane or offensive language or images, hoodies, trousers below the waist that reveal undergarments or bare skin, pants with holes or rips, shorts of any type, skirts above the knee, leggings/jeggings, and open-toed shoes. Hair should be well-kept and out of one's face when giving patient care. Any hairstyle that requires repeated touching of hair during patient care is an infection control risk and should be avoided. Fragrances (e.g., perfume/cologne, lotions, smoke, strong deodorants, or heavy scents) should not be worn as they can be bothersome to others. Dangling earrings and long or excessive jewelry should be avoided because they can be a hazard (i.e., they can fall into a sterile field or be grasped by a child, etc.). Students may have beards and/or mustaches; however, they must be kept well-groomed and clean. Fingernails should be short enough so that they will not result in patient discomfort or injury during physical exams. Artificial nails of any type are not allowed in a laboratory or clinical setting. The following are required: a short, clean, and pressed student white coat, TUC-issued nametag, and closed-toed shoes. Some rotations may designate other prescribed clothing, such as scrubs or tennis shoes, and facility-specific ID badges. You may be sent home to change if you do not meet the dress code of a rotation site. The Program and Preceptors reserve the right to ask any student to remove or cover anything that is deemed inappropriate or unprofessional. Failure to comply with the dress code policy may result in a referral to the Student Promotions Committee for Professionalism violation.
4. Preparation- Please report to clinical sites fully prepared for work, with all necessary equipment and PPE (e.g., stethoscope, lab coat, etc.). Additionally, always have the following documents readily available:
  - a. BLS and ACLS cards: Students are responsible for maintaining current BLS and ACLS. Should a student's completion of the Program be delayed, the student will incur the costs of certification renewals.
  - b. Immunization Certificate: It is the student's responsibility to ensure that they remain current on all required immunizations and health screenings, such as latent TB screening.
  - c. Resume/CV
  - d. HIPAA Certificate
  - e. OSHA Certificate
  - f. MAT Certificates of Training
  - g. Any hospital forms required for the rotation

While the Program works diligently to monitor the specific requirements of all facilities, frequently, facilities will change a protocol without notifying the Program. Students are responsible for notifying the Program of any protocol changes that they discover, in order for the Program to update the requirements for future students.

5. Identification- You must always introduce yourself as a “physician assistant student”. Students should at no time present themselves to patients or other practitioners as a physician, resident, medical student, or as a graduate or certified physician assistant. While in the Program, students may not use previously earned titles (i.e. RN, MD, DC, PhD, etc.) for identification purposes. Students must wear a short clinical jacket with the Program patch while at all clinical sites unless instructed not to do so by the clinical site or the Program. Students must wear their Program issued identification nametag at all times on clinical sites, in addition to any student identification required by the site. Students must report lost or destroyed nametags within one day and will incur the cost of replacement tags. Lab coat & student I.D. may be required on the PH field study.
6. Student Role- Students must be aware of their limitations as students and of the limitations and regulations pertaining to PA practice. Students at clinical sites must always work under the supervision of a Preceptor. They may not function in the place of an employee or assume primary responsibility for a patient’s care. Students should seek advice when appropriate and should not be evaluating or treating patients without supervision from, and direct access to a supervising clinical preceptor at all times. Students will not treat and/or discharge a patient from care without consultation with the preceptor. Such behavior is fraudulent and illegal, thus will result in communication with the Program and may result in disciplinary action. Students will perform only those procedures authorized by the preceptor. Students must adhere to all regulations of the Program and the clinical sites. The student is to contact the Program immediately with any questions or concerns about the student’s role at a site.
7. Demeanor- Students must conduct themselves in a professional and courteous manner at all times displaying respect for the privacy, confidentiality, and dignity of patients, preceptors, faculty, staff, health care workers and fellow students. Displays of aggression, argumentative speech (in verbal and/or written correspondence), threatening language or behavior, inappropriate sexual conduct or speech, demeaning language, and behavior and language that is deemed to be insensitive to, or intolerant of, race, religion, gender, sexual orientation, and ethnicity toward Program faculty, a preceptor, staff and/or patient will not be tolerated. The role of a physician assistant and physician assistant student requires teamwork and the ability to carefully follow directions from a clinical supervisor. The role of the clinical preceptor commands the utmost respect. Students displaying this type of behavior will be referred to the SPC, which may result in disciplinary action including possible dismissal from the Program.
8. Use of Wireless Devices in the Clinic - Laptops, tablets/iPads and smartphones may be used in the clinic at the discretion of your preceptor. However, use of these and other electronic equipment in a manner not consistent with clinic activities often creates unacceptable disruptions and reflects a level unprofessionalism. The following activities during clinic time are considered disruptive and unprofessional:
  - Texting
  - Cell phone ringing
  - Surfing the internet
  - Checking or writing emails
  - Playing games
  - Checking or posting to social media site

9. Social Media Policy - Social media are internet-based tools designed to create a highly accessible information highway. They are powerful and far-reaching means of communication that, as a physician assistant student at Touro University California, can have a significant impact on your professional reputation and status. Examples include, but are not limited to: LinkedIn, Twitter, Facebook, Flickr, YouTube, SnapChat, TikTok, Tumblr, Clubhouse, Mastodon, Reddit, Discord and Instagram.

Students are liable for anything they post to social media sites and the same laws, professional expectations, and guidelines must be maintained as if they were interacting in person. The following guidelines have been developed to outline appropriate standards of conduct for your future and the reputation of our program:

- a. Take responsibility and use good judgment. Incomplete, inaccurate, threatening, harassing posts or the use of profanity on postings is strictly prohibited. It is inappropriate to use social media sites as a venue for venting. Example: A student posts on Facebook about their frustration with a course instructor (or preceptor) after they are given feedback. The instructor is not identified by name but is identified by title (my course instructor or my preceptor), with negative or derogatory comments.
- b. Think before posting as internet and email archives can permanently affect your reputation.
- c. Social networking during class, program activities, and clinical hours is strictly prohibited.
- d. HIPAA laws apply to all social networking, so it is the utmost priority to protect patient privacy by not sharing information or photographs. Example of a privacy breach: A student posts heartfelt concern on their Facebook page for a patient they are caring for. The patient is not identified by name, MR number, or date of birth. However, the type of treatment, prognosis, and the time of treatment is provided, and the personal characteristics of the patient are described, making the patient identifiable.
- e. Protect your own privacy by using privacy settings to prevent outsiders from seeing your personal information, as you may be held liable for postings from other individuals as well.
- f. If you state a connection to the Joint MSPAS/MPH Program or Touro University California, you must identify yourself, your role in the program, and use a disclaimer stating that your views are that of your own and do not reflect the views of the TUC Joint MSPAS/MPH Program.
- g. All laws governing copyright and fair use of copyrighted material must be followed.
- h. Consult your faculty advisor or the Program Director if you have any questions regarding the appropriateness of social networking use.

Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior and be subject to discipline, up to and including dismissal from the Program.

Students may not communicate with a member of the media or an outside source attempting to gather information regarding the Joint MSPAS/MPH Program or TUC through social networks. Refer all questions regarding program information, policies and procedures to the Program Director. Questions regarding TUC should be referred to the TUC Director of University Communications, Andrea Garcia (agarcia9@touro.edu). Please see the current University Catalog

for additional information regarding Internet Services and User-Generated Content Policy, including Social Media.

10. Integrity- You are expected to follow all policies in the Student Code of Conduct outlined in this handbook and the Student Handbook including those pertaining to academic honesty. Infractions such as forgery, plagiarism, the use of artificial intelligence (AI), stealing/copying tests, and cheating during examinations will not be tolerated. PA students are also expected to display the highest ethical standards commensurate with work as a health care professional. Students will report any illegal or unethical activity to the Program Director or Director of Clinical Education. Students may not accept gifts or gratuities from patients or families. Breaches in confidentiality, falsification of records, misuse of medications, and sexual relationships with patients and preceptors will not be tolerated.
11. Confidentiality- In accordance with the Guidelines for Ethical Conduct for the PA Profession (<https://www.aapa.org>) and in compliance with HIPAA Standards, you must respect and maintain the confidentiality of patients. Students are not permitted to discuss any patients by name or any other identifiable means outside the clinical encounter. For academic presentations, documentation assignments, all identifiable patient information must be removed as per HIPAA requirements.
12. Health and Safety- Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. Removal from a clinical rotation may prolong the length of the Program and delay the student's graduation.
13. Non-discrimination- Students will deliver quality health care service to all patients and not engage in discrimination against any person on the basis of race, color, religion, national origin, age, sex, gender identity, gender expression, sexual orientation, socioeconomic status, language, citizenship, weight, disability (cognitive, physical, or other), medical condition, health status, legal involvement, or political beliefs. Any such discrimination is strictly prohibited and may result in dismissal from the Program.
14. Impairment - Students will not appear at the University or clinical sites under the influence of alcohol or drugs. Should this occur, the student will be immediately removed from the rotation and referred for disciplinary action. Additionally, in accordance with University policy, any student suspected to be under the influence of alcohol and/or drugs on campus or while representing the University in any manner, may be remanded for immediate toxicology testing, and a formal university investigation will be started.
15. Site Regulations- Students must comply with all rules, regulations, bylaws, and policies of the site for which they are assigned. Failure to do so will result in removal from the rotation and may result in additional disciplinary action.
16. Learning Expectations - Students are responsible for fulfilling all learning objectives. It is not possible, nor expected, that students be exposed to each entity or problem listed in the objectives during rotations; however, it is your responsibility to ensure comprehensive knowledge about all of the objectives for each discipline. Furthermore, students must complete the Clinical Year Minimum Requirements to graduate. (Refer to Clinical Rotation Evaluation section for further information.)
17. Student Participation in the Learning Process- Students must take an active part in the learning process during their clinical education. Active listening skills must be applied to all clinical encounters whether observational or interactive. Students should show initiative and an eagerness

to learn. Preceptors have very different teaching styles and time constraints. Students must be assertive in pursuing their educational goals but never aggressive or disrespectful. In general, preceptors are likely to invest more time and energy teaching you if you demonstrate significant interest and effort. Students are expected to manage their time well and use slow periods for medical reading and preparation for examinations. Students are responsible for all assignments given by the preceptor and the Program.

18. Callback Days- Students are required to attend all Callback Days. Completion of the EOR examinations and all other activities on the day(s) scheduled by the Program is mandatory. Each Callback examination and assignment that is not completed on the day(s) scheduled by the Program without prior approval will be counted as a failed exam or assignment and is subject to the consequences described in the Clinical Year Evaluation and Grading section. Students must arrive on time for all Callback days and stay for the entire day. Failure to arrive on time, stay for the entire Callback day or absences without prior program approval may result in the loss of up to 15% from the student's overall professionalism grade for each rotation associated with that Callback.
19. Flexibility- PA clinical education involves instruction from practicing clinicians with unpredictable schedules. At times, clinical rotations may need to be adjusted with short notice. We require students to be flexible and tolerant of changes. Students must be flexible to accommodate the various teaching styles, schedules of the preceptors/sites, and PH project formats.
20. Problems/Conflicts- Students should initially attempt to work out any minor problems with their Preceptor or Supervisor. If the student continues to perceive a problem, including personality conflicts, communication issues, supervision, or inadequacy of the learning experience, they should contact the Program immediately.
21. Weapons-Students are not permitted to carry/possess weapons, incendiaries or explosives (including fireworks) of any kind on campus or to clinical sites.
22. Registration and Financial Obligations- Students on clinical rotations MUST adhere to deadlines concerning tuition bills, financial aid, registration and current contact information. The Program will register students for clinical rotations, Students are responsible for ensuring correct registration for the appropriate rotations. Failure to do so may result in removal from clinical rotations, delay in program completion and additional tuition/fees.
23. Blood/Body fluid Exposure- Students must **immediately** report any blood/body fluid exposure(s) to their Preceptor, the Clinical Year team (tuc.paclinicalyear@touro.edu), Student Health, and any hospital personnel (if instructed by their preceptor). Students must adhere to the University's Exposure protocol ([See Appendix A](#)). The protocol is also available on Canvas, Student Health, and at the Program's office. Be advised that the school is not liable for health care costs accrued if an exposure occurs. Students are expected to submit claims to their own medical health insurance.
24. Address Forms – Students are required to provide the Program with permanent contact information for the entire rotation year prior to the clinical year. Students are expected to notify the Program immediately, as well as the Office of the Registrar, upon any change of contact data. It is not the responsibility of the Program to confirm the accuracy of this information or report it to the Registrar. Please email (tuc.registrar@touro.edu), telephone (707-638-5984), or visit (690 Walnut Ave; Vallejo, CA 94582) the Registrar's office to update your personal information.

## SECTION 9 CLINICAL PRECEPTOR RESPONSIBILITIES

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### CLINICAL PRECEPTOR RESPONSIBILITIES

The preceptor plays a vital role in the educational process. The preceptor acts as a clinical resource while students apply the medical knowledge obtained during their didactic education. It is not the expectation that a preceptor would act as an instructor for said didactic knowledge. The Preceptor must be a licensed health care provider and is responsible for the on-site supervision, education and evaluation of the physician assistant student.

1. Student Schedule - The preceptor determines the student's schedule. Students are expected to adhere to the preceptor's work schedule. Students are expected to work at the site at least 40 hours per week but this can vary depending on the site, with a minimum of 30 hours and a maximum of 60 hours per week. When a preceptor is seeing patients, it is expected that the student will be working as well. Students are expected to work nights, weekends, and be on-call if required by the site.
2. Clinical Experience - Students should spend as much time as possible involved in supervised hands-on patient care activities. Seeing the largest number and greatest diversity of patients that is possible at the site enhances the learning experience. It is especially important that all students obtain exposure to patients across the entire life span. Additionally, students should be exposed to all aspects of a clinician's daily duties.
3. Objectives - Students are given learning objectives to guide their learning and to focus their study efforts for the end of rotation exam. Students are also required to complete a list of minimum requirements throughout the clinical year. We acknowledge that it is not possible for the student to be exposed to each entity or problem listed; however, we do ask that the preceptor review the learning objectives and the minimum requirements.
4. Supervision - The preceptor is responsible for the overall supervision of the physician assistant student's educational experience at the clinical site. An assigned qualified licensed provider **must be on the premises and available at all times** while the student is performing patient care tasks. The student must know who this person is and how to contact them. Unusual or abnormal physical findings must be confirmed. Students require supervision for all procedures. While on rotations, the physician assistant student will be supervised in all their activities commensurate with the complexity of care being given and the student's own abilities. **Students cannot treat and/or discharge a patient from care without consultation with the clinical preceptor.** The licensed provider retains all legal responsibility and medical duty for all patient care.
5. Assignment of Activities - Students will be directly involved in the evaluation and management of patients based on the clinical preceptor's preference and the individual student's skill and knowledge level. Patient encounter volumes vary depending on the specialty, location and practice. The rotation instruction sheets will provide a range of the expected number of patient encounters for each rotation. The actual number of patient encounters each student sees during their rotations will be monitored and reviewed through their Typhon Case Log submissions.

Although students may be asked to assist with administrative or other tasks, the student will not be used to substitute for regular clinical or administrative staff. The preceptor should assign the students to appropriate clinical oriented activities such as:

- Patients to examine and/or follow
- Procedures to perform/surgeries to assist
- Vital signs, immunizations, patient counseling, follow-up calls, etc.
- Clinical oriented paperwork (reviewing diagnostic test results and consultation reports, pharmacy refill requests, treatment prior authorizations, insurance/specialist referrals)
- Diagnosis and treatment research

6. Presentation - Preceptors should have the student present patients on a regular basis.
7. Documentation - Preceptors must review, verify, and document in the note that the student was supervised for all encounters. As of January 1, 2020, CMS no longer requires clinicians serving as preceptors to re-perform or edit student-provided documentation. Instead, preceptors can verify by signing and dating student documentation. If the practice uses an Electronic Health Record (EHR) system, students should be provided with a student ID and password. Students cannot use a licensed provider's ID and password. Students must receive permission from the preceptor prior to accessing or making written entries into the patient records, as students' notes are legal and contributory to the medical record. If the office/system uses predominately checklists or student EHR access is limited, the Program encourages the preceptor to assign (and subsequently evaluate) written notes to the student and/or additional case presentations to the student. Student entries in records must include status (e.g., Student Name, PA-S/PA-Student).
8. Teaching - The Preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments, hallway or informal consultations between patient encounters and/or recommending specific conferences. It is expected that the preceptor will model, expose students to and teach in accordance with current evidence-based medicine guidelines and the accepted standards of care.
9. Evaluation - The preceptor, or their designee, must observe and assess the student performing clinical functions, including documentation, on a regular basis and provide constructive verbal feedback to the student periodically over the course of the rotation. The preceptor may also be asked to give feedback on student performance to faculty members during site visits. The preceptor will be responsible for completing two performance evaluations, covering clinical knowledge and professionalism. Receiving honest critique and constructive feedback is critical to the academic and professional progression of a student.

## SECTION 10      PROGRAM RESPONSIBILITIES

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1. Preparation - The Program will adequately prepare the student for their clinical and public health experiences.
2. Assignment - The Program will be responsible for assigning students to rotations (PA for clinical rotations and PH for field study placements) that will provide a quality learning experience.
3. Objectives - The Program will provide learning objectives for clinical experiences to students and preceptors. The Program will evaluate the student's competency based on the objectives.
4. Affiliation Agreements - The Program will develop and maintain affiliation agreements with all clinical and public health sites.
5. Insurance - The Program will ensure that all students have current malpractice liability insurance.
6. Student Health Insurance - The Program will also ensure that all students have current health insurance and immunizations.
7. Grading - The Program will be responsible for assigning a final grade to every student for all rotations.
8. Problems - The Program will interact with all preceptors, sites and students and be available to respond to any problems or concerns. Should problems arise at the site, the Program retains the right to remove a student from a rotation.
9. Health and Safety – The Program will interact with preceptors and sites to help maintain patient safety. Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. This action may prolong the length of the Program and result in a delay of the student's graduation.

## SECTION 11      CLINICAL YEAR EVALUATION AND GRADING

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Evaluation of the Clinical Year requires demonstration of clinical knowledge/skills through successful completion of four (4) overarching components that are not related to a specific rotation, and demonstration of competency for each of eight (8) clinical rotations. In addition, professionalism will be evaluated during each clinical rotation and throughout the clinical year. The specific components are delineated below:

### EVALUATION OF OVERALL CLINICAL COMPETENCY

#### Clinical Knowledge/Skills

- Site Visits
- Clinical Year OSCEs
- Case Presentation
- Aquifer Cases
- Clinical Rotation Grades

1. **Site Visit** – During the clinical year, every student can expect to have at least one site visit. A site visit is an opportunity for faculty to interact, communicate and support the student and the clinical preceptor. It is a way to evaluate the student’s performance, as well as the quality of the clinical site and preceptor ([Grading Rubric](#) found in Appendix A).

During the site visit, the site visitor will observe the student’s performance during 1-3 patient encounters and evaluate their skills in history taking, physical examination skills, diagnostic ordering and interpretation, assessment and plan development, health maintenance, oral presentation skills, patient education, documentation, and professionalism. The encounter will be scored based on the site visit rubric (see Appendix [A](#))

The site visitor will also speak with the student and the preceptor(s) and may review student chart notes/documentation to assess for any substantial deficiencies in clinical judgment or medical knowledge and to determine if the student is below the level expected. Combined, this information will provide the overall impression score.

If a student does not receive a minimum score of 75% based on the grading rubric or receives a ‘fail’ for overall impression, the student will fail the site visit. The consequences for site visit failure can be found under [Consequences for Failure or Non-Adherence](#) below.

2. **Clinical Year OSCEs** - Clinical year OSCEs are utilized to assess academic, clinical, and professional progression. There are two OSCEs during the clinical year, the first typically occurs during the second Callback, and the second during the third Callback.

Attendance and completion of the OSCE(s) on the day scheduled by the Program is mandatory. Failure to complete the OSCE(s) on the assigned day demonstrates a lack of professionalism and may result in an automatic failure, followed by immediate referral to the SPC.

In addition to being graded overall, the primary components of the clinical year OSCE are also graded separately. These primary components may include but are not limited to: developing a differential diagnosis, history collection, physical examination, formulating an assessment and plan, prescription writing, interpretation of diagnostic tests (radiology/imaging tests, laboratory tests), health care maintenance, SOAP documentation, professionalism, and patient interaction skills. Information regarding how and what specific components will be graded during each of the OSCEs will be provided to the students in advance of the actual OSCE event.

Grading criteria:

- First clinical year OSCE and remediation: 70% on each component and an overall score of 75%
- Second clinical year OSCE and remediation: 75% on each component and an overall score of 80%

Failure of an OSCE by not obtaining the minimum passing percentage on any component or failure to obtain the original minimum passing percentage overall, constitutes failure of academic, clinical, and/or professional progression. In addition, if a student passes the OSCE mathematically but is deemed to have global deficiencies, substantial deficiencies in clinical judgment, and/or is far below the level expected, the program reserves the right to fail the student. The consequences for OSCE failure The consequences for site visit failure can be found under [Consequences for Failure or Non-Adherence](#) below.

3. **Case Presentation** – All students will present a clinical case to the class during the February Callback event ([See Appendix A for guidelines and grading rubric](#)). Case presentation research demonstrates the needed components of life-long learning imperative to the role of a physician assistant. Attendance and completion of the case presentation on the day scheduled by the Program is mandatory. Failure to complete the case presentation on the assigned day demonstrates a lack of professionalism and may result in an automatic failure, immediate referral to the SPC, and/or the placement on Academic Probation for professionalism. Although the case presentation is not calculated into a final rotation grade, students are required to pass the case presentation with a grade of 75%. Failure of the case presentation constitutes a lack of academic/clinical progression and ~~may~~ demonstrate a lack of professionalism. Failure of the case presentation will result in a Program Warning. The student will be required to generate a new case presentation(s) to present to peers and/or campus faculty until a grade of 75% is achieved.
4. **Aquifer Assignments** - See Clinical Rotation Paperwork (Forms) section below.
5. **Clinical Rotation Grades** - See Grading of Clinical Rotations below.

## EVALUATION OF PROFESSIONALISM

Professionalism holds equal importance to academic progress. You are expected to demonstrate the legal, moral and ethical standards required of a health care professional and display behavior which is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, timeliness, competence, demeanor, attitude, appearance, mannerisms, integrity, and morals displayed by the students to faculty, staff, preceptors, peers, patients, colleagues in health care and other educational settings and the public. The Program expects nothing short of respect and professional demeanor at all times. Throughout the clinical year, you will be directly evaluated for professionalism using the following measures. Each is discussed in more detail below.

- Preceptor Evaluations (Professionalism section)
- Site Visits
- Clinical Year OSCEs
- Completion & Submission of Paperwork and Aquifer assignments (Forms)

1. **Preceptor Evaluation (Professionalism Component)** - Each preceptor evaluation form has a section that is related to professionalism. Please refer to the Guidelines for Obtaining and Submitting Preceptor Evaluations of Student Performance located in [Appendix A](#).
2. **Site Visit** - During the site visit, you will be evaluated on professionalism as well as history taking, physical examination skills, diagnostic ordering and interpretation, assessment and plan development, health maintenance, oral presentation skills, patient education, and documentation.
3. **Clinical Year OSCE** – One graded component of the OSCE is professionalism, both in attendance and during the OSCE itself. Please see Evaluation of Overall Clinical Competency - Clinical Year OSCE (above) for complete grading details.
4. **Completion and Submission of Paperwork (Forms)** - It is fundamental in the role of a PA to be detail-oriented, accountable, meet deadlines, communicate effectively, document thoroughly, and demonstrate intellectual initiative. All forms and additional assignments must be completed thoroughly, in their entirety, and submitted or postmarked by the designated due dates.

## GRADING FOR CLINICAL ROTATIONS

Evaluation and grading for each rotation will be based on the measures listed below. Rotation grades are recorded as Pass (P) or Fail (F). To obtain a Pass (P), the student must obtain a 75% or greater on the EOR exam and the components of the Final Preceptor Evaluation in addition to an overall course grade of 75% or greater. Students receiving a final grade of 95% or higher will receive honors (P\*). Honors will not be assigned for the elective rotations.

<b><u>Clinical Knowledge/Skills (CK/S)</u></b>	<u>50%</u>
End of Rotation Exam ( <i>core assessment</i> )	35%
Final Preceptor Evaluation	15% ( <i>Knowledge/Skills &amp; Learning Outcomes Portions</i> )

<b><u>Professionalism</u></b>	<u>50%</u>
Final Preceptor Evaluations	20% ( <i>Interpersonal Skills/Professionalism Portion</i> )
*Forms ( <i>core assessment</i> )	30%

\*Forms include:

- Rotation Check-in & Schedule
- Typhon Case Logs #1 & Resubmitted/Corrected case logs
- Typhon Case Logs #2 & Resubmitted/Corrected case logs
- SOAP note (complete and timely submission of initial and repeat notes)

- Mid-Rotation Evaluation submission
- Aquifer Calibrate Early Assessments and required submissions
- Aquifer Calibrate Late Assessment
- Aquifer case completion
- Supplemental assignments (if assigned)

*Note: An End of Rotation (EOR) Examination is not required for elective rotations. For these rotations, the Clinical Portion of the Preceptor Evaluation will count for 50% of the rotation grade.*

**END OF ROTATION (EOR) EXAMINATION** (*makes up 35% of your Clinical Knowledge/Skills rotation score*): The FIRST EOR exam that each student takes will occur at the end of the corresponding 6-week rotation. Subsequent EOR exams will occur during Callback events and students will complete the exam(s) corresponding to their two previous rotation(s). The material covered on the examination corresponds with the title of the assigned rotation(s) and the learning objectives from the assigned rotation.

Since a student's first EOR exam will occur at the end of the corresponding 6-week rotation, some students will be permitted to take their first EOR remotely, while others will take their first EOR at a callback event. For clarity, here are some scenarios:

- My block 1 and block 2 rotations both have a corresponding EOR- when will I be scheduled to take my exams? *You will take your block 1 EOR at the end of the 6-week rotation block (remotely), and you will take your block 2 EOR at the May callback event*
- I sat out the block 1 rotation and my block 2 rotation was an elective. (*no EOR exams*). My block 3 and block 4 rotations both have a corresponding EOR- when will I be scheduled to take these? *You will take your block 3 EOR at the end of the 6-week rotation block (remotely), and you will take your block 4 EOR at the August callback event*
- My block 1 rotation has a corresponding EOR, but my block 2 rotation was an elective- when will I be scheduled to take my block 1 EOR exam? *You will take your block 1 EOR at the end of the 6-week rotation block (remotely), and you will have no EOR exams to take at the May callback event.*
- My block 1 rotation was my PH field study, and my block 2 rotation had a corresponding EOR which I took during the May callback event. My block 3 and block 4 rotations both have a corresponding EOR- when will I be scheduled to take my exams? *You will take **both** of these EORs on Monday of the August callback event. The single test format is only applicable to a student's very first EOR exam experience and does not apply to subsequent EORs.*

Students must receive a grade of  $\geq 75\%$  to pass the EOR. Failure to receive a grade of 75% on the end of rotation exam will result in a Course Warning. Because students are not permitted to review EOR exams, they will be provided a list of deficient areas as determined by the first examination to aid in preparation for the remediation examination (*see Remediation EOR exam below*). Students are not eligible for a Remediation EOR after failure of a rotation (e.g. The student fails the Overall Impression of the final preceptor evaluation, the student fails Section 1 or Section 2 of the final preceptor evaluation AND the initial

EOR, the student is asked to leave the rotation). The consequences for EOR failure can be found under [Consequences for Failure or Non-Adherence](#) below.

**Remediation EOR exam:** Students will take a remediation EOR exam on Friday of the Callback week, or within 5 business days (if the student has 2 EOR remediation exams) unless otherwise stated in the rotation and exam schedule. A passing score of  $\geq 75\%$  must be obtained on the retake. Although remediation examinations will test the same rotational objectives covered by the original examination, they may address different conditions/organ systems areas and different task areas. In addition, they may be different in format than the original examination, and they may be PAEA-developed exams. If a score of  $\geq 75\%$  is attained on the remediation exam, the student will receive a grade of 75% for that EOR. Failure to successfully pass the remediation end of rotation examination will result in failure of the rotation and placement on Academic Probation.

**Note:** *Any extension of the curriculum or deceleration will impact the total cost of the Program. Additional fees, tuition differences, and other financial aid considerations are the responsibility of the student.*

Consistent failure of initial EOR exams demonstrates a lack of academic progress and student preparedness. Remediation and the opportunity to repeat a course is to be regarded as a privilege that must be earned by a student who thoroughly demonstrates dedication to learning and active participation in the educational program, including but not limited to: overall academic/clinical performance, regular attendance, individual initiative and utilization of resources available. Therefore, failure of three initial EORs will result in referral to the SPC. Failure of a fourth initial EOR will result in no remediation opportunity and referral to the SPC with the recommendation for dismissal. Additional information regarding the consequences for OSCE failure can be found under [Consequences Failure or Non-Adherence](#) below

**FINAL PRECEPTOR EVALUATION** (Knowledge/Skill & Learning Outcomes, and Interpersonal/Professionalism Portions) - The Final Preceptor Evaluation Form is completed by the preceptor at the conclusion of the rotation. Preceptors may submit final evaluations electronically (through a secure email generated by the Program through Typhon) or paper through the mail. There are several Preceptor Evaluation forms, so please be sure to provide your preceptor with the correct one for each designated rotation. Form A applies to the following rotations: PC1, PC2, and PC4; Form B is for PC3; Form C is for Emergency Medicine; Form D is for Surgery; and Form E is for Electives.

Each form is divided into two sections:

Section 1 (*makes up 15% of your Clinical Knowledge/Skills rotation score*):

- Clinical knowledge and skills
- Learning outcomes

Section 2 (*makes up 20% of your Professionalism rotation score*):

- Interpersonal and professionalism

Refer to the Guidelines for Obtaining and Submitting Preceptor Evaluations of Student Performance located in [Appendix A](#). It is the student's responsibility to ensure that the preceptor is provided a paper copy of the final evaluation form, even if the preceptor plans to submit it electronically.

A numeric value will be assigned to each section noted above. Students must receive a minimum score of 75% on each of the two sections. Section 1 is calculated based on total points of 'Clinical Knowledge and Skills' and 'Learning Outcomes'.

**Failure of the Overall Impression (regardless of meeting the minimum of 75%) will result in failure of the rotation. Failure of either Section 1 or Section 2 AND the initial EOR for the same rotation will result in failure of the rotation.**

The consequences for failure of a final preceptor evaluation can be found under [Consequences for Failure or Non-Adherence](#) below

**CLINICAL ROTATION PAPERWORK (FORMS)** (makes up 30% of your Clinical Professionalism rotation score):

There are several types of paperwork and assignments that you will need to complete and submit by the designated due date for each rotation. Each is addressed below. Templates for each form, assignment criteria, and additional guidelines for submission, when applicable, are located in [Appendix A](#). For all submissions, it is your responsibility to verify that submissions are complete, and correctly uploaded or emailed by the designated due dates.

Each Form contributes to the student’s professionalism grade for the rotation. Submission of incomplete Forms and/or failure to submit any Forms by the designated due date represents unprofessionalism and constitutes a Forms Infraction.

### **Clinical Forms Due Dates – Class of 2025**

<b>Block</b>	<b>Check In &amp; Schedule</b>	<b>SOAP Note</b>	<b>Mid Rotation Evaluation</b>
1	Feb 16, 2024	Feb 26, 2024	Mar 1, 2025
2	March 29, 2024	Apr 8, 2024	Apr 12, 2024
3	May 17, 2024	May 27, 2024	May 31, 2024
4	June 28, 2024	July 8, 2024	July 12, 2024
5	Aug 16, 2024	Aug 26, 2024	Aug 30, 2024
6	Sept 27, 2024	Oct 7, 2024	Oct 11, 2024
7	Nov 15, 2024	Nov 25, 2024	Nov 29, 2024
8	Dec 27, 2024	Jan 6, 2025	Jan 10, 2025
9	Feb 14, 2025	Feb 24, 2025	Feb 28, 2025

Block	Typhon Case Logs & MR's		Aquifer Assignments	
	Logs 1	Logs 2	Early Assessment (first PC1/2, PC3, PC4) & Indicate Selected cases (ER, Surg, Electives)	Late Assessment (first PC1/2, PC3, PC4) & Completion of Selected cases (all rotations)
1	Feb 25, 2024	Mar 24, 2024	Feb 18, 2024	Mar 22, 2024
2	Apr 7, 2024	May 5, 2024	Mar 31, 2024	May 3, 2024
3	May 26, 2024	Jun 23, 2024	May 19, 2024	June 21, 2024
4	July 7, 2024	Aug 4, 2024	June 30, 2024	Aug 2, 2024
5	Aug 25, 2024	Sept 22, 2024	Aug 18, 2024	Sept 20, 2024
6	Oct 6, 2024	Nov 3, 2024	Sept 29, 2024	Nov 1, 2024
7	Nov 24, 2024	Dec 22, 2024	Nov 17, 2024	Dec 20, 2024
8	Jan 5, 2025	Feb 2, 2025	Dec 29, 2024	Jan 31, 2025
9	Feb 23, 2025	Mar 23, 2025	Feb 16, 2025	Mar 21, 2025

*Documents are to be submitted by 11:59pm PST on the designated due date above.*

*Note: Due dates that fall on a federal holiday are to be submitted on the next business day.*

*\*Schedule is subject to change*

### **Clinical Rotation Check-In & Schedule**

The Clinical Rotation Check-In and Schedule is designed to ensure that the student is not encountering any difficulties with the clinical rotations/preceptors or sites and to monitor the professionalism of the student. Students must meet with their preceptor to develop, review, and approve the clinical schedule prior to submitting it to the Program. Once submitted, students are expected to adhere to the schedule. **Any changes must be reported to the Director of Clinical Education immediately. This includes if the preceptor is out on vacation, or the clinic is closed for the Holidays.**

The Clinical Rotation Check-In and Schedule must be completed in Canvas by 11:59pm PST on the first Friday or your rotation (see due dates). [A paper version of the Check-In & Schedule can be found in Appendix A for reference.](#)

### **SOAP Note**

For each Primary Care rotation (PC1-PC4), students are required to submit a SOAP note and complete a self-critique form, which they will submit by uploading into the corresponding assignment section of Canvas. A SOAP note is deemed passing when a score of **75%** is achieved and the reviewing clinician determines it to have sound clinical judgement, and that is at the expected level of proficiency. (Refer to the [Appendix A](#) for the SOAP note instructions, self-critique form, and a sample grading rubric.)

The SOAP note and corresponding self-critique form must be completed and uploaded into Canvas by 11:59pm PST on the designated due date. All student SOAP notes (pass or fail) will receive feedback from a faculty member through Canvas.

If you do not pass the SOAP note on the first attempt, you will need to review and address the feedback and instructions provided by the faculty member. Inadequate re-submissions will result in a failure for that SOAP note assignment and will result in a Forms infraction.

Failure of 2 SOAP notes: will result in a meeting with the Director of Clinical Education or other members of the Clinical Year team, and additional SOAP notes or other assignments to address the deficiency.

Failure of 3 or more SOAP notes: may result in disciplinary action, including referral to the SPC for failure to demonstrate academic progress. **Inclusion of a patient identifier or including copies or screenshots of a patient's chart is a FORMS infraction, as this constitutes a HIPAA violation and unprofessionalism.** Such actions will result in a loss of points for that rotation and potentially removal from the rotation. Removal from a clinical rotation may prolong the length of the Program and delay the student's graduation.

**Criteria for Automatic failure of the rotation SOAP note, resulting in a Forms Infraction:**

- Patient identifiers **real or fake** (name, DOB, etc.)
- Inability to complete a self-critique
- Any HIPAA violation

### **Mid-Rotation Feedback Evaluation**

The *Mid-Rotation Feedback Evaluation* is a formative assessment that allows the student and program to monitor and assess the student's progress and clinical performance in the first half of a clinical rotation by identifying areas of weakness to be addressed, as well as showcase strengths. The Program will investigate all unsatisfactory evaluations through correspondence with the student and/or preceptor. Repeated unsatisfactory evaluations may represent a pattern of unsatisfactory progress through the clinical year and will result in a meeting with the Director of Clinical Education and a Program Warning.

The *Mid-Rotation Feedback Evaluation* must be completed and uploaded to Canvas by 11:59pm PST on the designated due date. It is the student's responsibility to ensure the uploaded PDF document is visible/readable and legible. If, due to preceptor unavailability, the mid-rotation evaluation cannot be completed by the scheduled due date, the student must notify the Clinical Year Team with the date when the evaluation will be submitted.

### **Typhon Logging & Minimum Requirements (MRs):**

Students must meet the clinical year Minimum Requirements (MRs) in order to graduate from the Program (See [Clinical Year Minimum Requirements](#) Section). Failure to complete the minimum requirements during the standard eight (8) clinical rotations may result in additional rotations,

delayed graduation, and additional tuition and/or fees. MRs will be graded and tracked through the Typhon Tracking System as a component of the student's patient encounter case logs.

**Students must log all patient encounters**, including those not for MR credit, through the Typhon Tracking System. Tracking of patient encounters provides information on the types of patients seen, procedures and the level you are able to participate in a patient's care. This information can prove to be invaluable to you after graduation when applying and interviewing for jobs. We track your patient numbers so that we can provide you with feedback if you are falling behind. We also use this information to evaluate clinical sites.

Using the Typhon tracking system, you will keep a daily patient log. You are required to enter **all** patient encounters regardless of the level of your participation or if you are requesting minimum requirement (MR) credit or not. Students must stay current with encounter entries on a weekly basis. The Program recommends logging patient encounters on daily basis because it is very easy to get behind.

Patient encounter case logs and MRs will be submitted and graded **twice** during **each** rotation:

Case Logs 1: unless otherwise stated, logs 1 will cover the first 2 weeks of the rotation.

Case Logs 2: covers the entire rotation, including weeks 1 & 2.

**\*Students are required to self-review their logs and MR requests prior to the submission date** (*see Typhon manual for instructions*)

All patient encounter case logs will be graded by a faculty member through Typhon. Cases will be reviewed for proper billing & coding and clinical competencies will be assessed. MR encounters will be reviewed to ensure the encounter qualifies as completion of a minimum requirement. Upon reviewing the encounter case logs and MRs, the student will receive an approved or not approved notice through Typhon. If an encounter is not approved, the student will be responsible for making all necessary corrections and resubmitting the corrected encounter within one week from the notification date.

Typhon case logs, including cases for which students are requesting MR credit, must be completed in Typhon **by you** by 11:59pm PST on the designated due date. Case logs will be automatically downloaded and reviewed by Program faculty on the designated due date, and late submissions (cases logged after the due date) will not be approved for credit.

Failure to perform the required self-review of cases (defined as  $\geq 20\%$  of cases with errors), failure to log all clinical encounters, deleting case logs after initial submission, and/or failure to complete logging of patient encounters and MRs (both initial submissions and resubmissions) by 11:59 pm PST of the designated due date will result in a "Forms" infraction and no credit for requested MRs will be given.

### **Aquifer Assignments**

During each clinical rotation, students will complete required Aquifer work, which will include Aquifer calibrate assessments and assigned Aquifer cases. A list of the required Aquifer assignments for each rotation are found in the corresponding rotation syllabi and in [Appendix E](#).

Each of the Aquifer assignments will be graded as Complete or Incomplete.

In order to obtain a 'Complete', students must:

- Complete all Aquifer calibrate assessments during the designated window of time
  - Complete identified Aquifer cases in their entirety during the designated window of time. This is defined as:
    - Completing ALL sections of the case. Once you get to the bottom of each section, you will know there is more material in the section if there is a blue 'Continue' button. If the continue button is gray, you have completed the section.
    - Completing ALL questions (both multiple choice and essay) and ALL summary statements.
    - Clicking the 'Finish Case' button when you are done (under Case Summary Download section).
- \*We recommend that you also complete the 'Deep Dive and Feedback sections.

Aquifer Calibrate assessments are assigned as follows:

- Family Medicine: To be completed on your PC1 or PC2 rotation (whichever occurs **first**). Students will complete the early assessment during the first week of the rotation and the late assessment during the last week of the rotation. Students will also complete at least 3 cases identified as weakness areas between these assessments.
- Internal Medicine: To be completed on your PC3 rotation. Students will complete the early assessment during the first week of the rotation and the late assessment during the last week of the rotation. Students will also complete at least 3 cases identified as weakness areas between these assessments.
- Pediatrics: To be completed on your PC4 rotation. Students will complete the early assessment during the first week of the rotation and the late assessment during the last week of the rotation. Students will also complete at least 3 cases identified as weakness areas between these assessments.

**Aquifer Cases are assigned as follows:**

- PC1/PC2 rotation (whichever occurs **second**). Students must complete their previously selected cases (identified in the FM calibrate assessment) by week 6 of the rotation.
- Emergency Medicine rotation: Students will choose 6 Aquifer cases not previously completed, assigned, or selected as part of another rotation or course. Students must complete their cases by week 6 of the rotation.
- Surgery rotation: Students will choose 6 Aquifer cases not previously completed, assigned, or selected as part of another rotation or course. Students must complete their cases by week 6 of the rotation.

While there are no required Aquifer assignments for elective rotations, completing additional casework reflects active engagement in learning and commitment to academic and professional improvement. Therefore, students are strongly encouraged to complete additional Aquifer cases based on their areas of weakness identified in their PACKRAT scores, preceptor evaluations and feedback, and during calibrate assessments.

Failure to complete Aquifer assignments by the designated due date(s) will result in a “forms” infraction, and the student will be expected to repeat the assignments and additional casework.

## CRITERIA FOR FAILURE OF A ROTATION

The following will result in failure of a rotation:

- Failure of an End of Rotation (EOR) Exam and Remediation EOR Exam for the same rotation.
- Failure to receive a final rotation grade of 75% or above.
- Student is asked to leave the rotation by the preceptor/clinical site due to academic or professionalism deficiencies.
- Failure of the Overall Impression on the Preceptor Evaluation.
- Removal from a clinical rotation based on failure to demonstrate proficiency to a level where it may jeopardize patient safety.

## CONSEQUENCES FOR FAILURE OF A ROTATION

- If first failure during the Clinical phase of the Program:
  - Repeat the rotation
  - Academic probation until successful repeat of the rotation
  - Delay in program completion
- Any subsequent rotation failures will result in referral to SPC with the recommendation for dismissal

## CONSEQUENCE FOR FAILURE OR NON-ADHERENCE

The following are consequences that have been pre-determined by the Program and the SPC with regard to the following topics:

1. End of Rotation (EOR) Exam Failures
2. OSCE Failures
3. Site Visit Failure
4. Final Preceptor Evaluation
5. Forms Infractions (in reference to Clinical Rotation paperwork)

### **End of Rotation (EOR) Exam Failure:**

Each student will take a total of 6 initial EOR exams over the course of the clinical year that corresponds with each of the six core rotations (PC 1-4, EM, and Surgery). If a student fails any of the initial EOR exams, they will be required to pass a remediation EOR exam if provided by the Program. No remediation opportunity will be given for four or more initial EOR failures.

**Note:** Any extension of the curriculum or deceleration will impact the total cost of the Program. Additional fees, tuition differences, and other financial aid considerations are the responsibility of the student.

- First (initial) EOR Failure:
  - Clinical Course Warning Form
  - Automatic referral to Student Success, Additional optional referrals
  - Remediation EOR as scheduled
    - Pass the Remediation EOR:
      - Student must submit a learning action plan within 2 weeks
      - Optional meeting with clinical team member
    - Fail the Remediation EOR:
      - Constitutes failure of the rotation (*see rotation failure section*)
      - Program Warning
      - Placed on Academic Probation
      - Student must develop a learning action plan within 2 weeks
      - Required meeting with a clinical team member
      - Repeat rotation which will result in a delay in graduation by 6 weeks
  
- Second (initial) EOR Failure:
  - Clinical Course Warning Form
  - Program Warning Form
  - Repeated referral to Student Success, Additional optional referrals
  - Remediation EOR as scheduled
    - Pass the Remediation EOR:
      - Student must submit a learning action plan within 2 weeks
      - Required meeting with Director of Remediation and/or Clinical Team member
    - Fail the Remediation EOR (with no previous rotation failures):
      - Constitutes failure of the rotation (*see rotation failure section*)
      - Placed on Academic Probation
      - Student must develop a learning action plan within 2 weeks
      - Required meeting with Director of Remediation and/or Clinical Team member
        - Repeat rotation which will result in a delay in graduation by 6 weeks
    - Fail the Remediation EOR (with a previous rotation failure):
      - Referral to SPC with recommendation for dismissal
      - *Other consequences/actions as determined by SPC committee*
  
- Third (initial) EOR Failure:
  - Second Program Warning Form
  - Repeated referral to Student Success, Additional optional referrals
  - Automatic referral to SPC for repeated exam failures
  - Remediation EOR as scheduled
    - Pass the Remediation EOR:
      - Referral to SPC for failure to demonstrate academic progress
      - *Other consequences/actions as determined by SPC committee*
    - Fail the Remediation EOR
      - Referral to SPC with recommendation for dismissal
      - *Other consequences/actions as determined by SPC committee*

- Fourth (initial) EOR Failure:
  - No remediation opportunity will be given
  - Referral to SPC with recommendation for dismissal
  - *Other consequences/actions as determined by SPC committee*

## Clinical Year OSCE Failure

Failure of an OSCE by not obtaining the minimum passing percentage on any component or failure to obtain the original minimum passing percentage overall, constitutes failure of academic, clinical, and/or professional progression. In addition, if a student passes the OSCE mathematically but is deemed to have global deficiencies, substantial deficiencies in clinical judgment, and/or is far below the level expected, the program reserves the right to fail the student. The consequences for OSCE failure are as follows:

### Failure of an OSCE component(s) without failing the overall OSCE:

- First occurrence: The student will be allowed to proceed to the next rotation; however, they will be required to remediate the corresponding OSCE component(s) (*see OSCE remediation format/info below*).
  - If the student fails to successfully pass the remediation OSCE component(s) (*i.e., fails the same task area twice*), it will be treated as a second failure of the same OSCE component(s) (*see below*).
  - *Note: If the student fails different component(s) on subsequent clinical year OSCEs, those will be treated as a first occurrence.*
- Second failure of the same OSCE component(s):
  - If the student fails the same OSCE component(s) twice (*whether these occurred during an initial or remediation OSCE*), the student will be allowed to proceed to the next rotation; however, they will be required to remediate the corresponding OSCE component(s). The student will also receive a program warning, an additional site visit to occur during a subsequent rotation and be required to submit a learning action plan within two weeks.
- Third failure of the same OSCE component(s):
  - Three failures of the same OSCE component(s) (*whether these occurred during an initial or remediation OSCE*) will result in no remediation opportunity, and the student will be referred to SPC with the recommendation for dismissal due to failure to progress academically.

### Failure of the overall OSCE:

- First occurrence: The student will be allowed to proceed to the next rotation; however, they will be required to remediate the OSCE (*see OSCE remediation format/info below*).
  - If the student fails to successfully pass the remediation OSCE (*defined as failure to obtain the original minimum passing scores for all retested components and failure to obtain the original minimum passing score overall*), it will be treated as a second overall OSCE failure (*see below*).

- Second overall OSCE failure:
  - If the student fails a second overall OSCE (*whether these were initial or remediation OSCEs*), the student will be allowed to proceed to the next rotation; however, they will be required to remediate the OSCE. The student will also receive a program warning, an additional site visit to occur during a subsequent rotation and be required to submit a learning action plan within two weeks.
- Third overall OSCE failure:
  - Three failures of an overall OSCE (*whether these were initial or remediation OSCEs*) will result in no remediation opportunity, and the student will be referred to SPC with the recommendation for dismissal due to failure to progress academically.

### **Clinical Site Visit Failure**

If a student does not receive a minimum score of 75% based on the grading rubric or receives a ‘fail’ for overall impression, the student will fail the site visit. The consequences of site visit failure are as follows:

- First failure: The student will receive a course warning and an additional site visit in a subsequent rotation.
- Second failure: The student will receive a program warning and may be referred to the SPC with the recommendation for dismissal due to failure to progress academically.

### **Final Preceptor Evaluation Failure**

Each form is divided into two sections:

Section 1:

- Clinical knowledge and skills
- Learning outcomes

Section 2:

- Interpersonal and professionalism

- First Failure of either section of a final preceptor evaluation will result in:
  - Course Warning
  - Communication with a member of the Clinical year team
- Second Failure of either section of a final preceptor evaluation will result in:
  - Program Warning
  - Communication with the Director of Clinical Education
- Third Failure of component 1 and/or 2 of a final preceptor evaluation may result in:
  - Referral to the SPC

As previously stated, **failure of the overall impression regardless of meeting the minimum of 75% will result in a failure of the rotation.**

**Forms Infractions** (*refer to Clinical Rotation Paperwork section*). For most rotations, forms will include all of the following: Rotation Check-in & Schedule, Typhon Case Logs #1 & Resubmitted/Corrected case logs, Typhon Case Logs #2 & Resubmitted/Corrected case logs, SOAP note (complete and timely submission of initial and repeat notes), Mid-Rotation Evaluation submission, Aquifer Calibrate Early Assessments and required submissions, Aquifer Calibrate Late Assessment, Aquifer case completion, and Supplemental assignments (if assigned)

Failure to complete or submit any form or assignment by the published deadline will lead to the following:

- **First infraction:**
  - Communication with a member of the Clinical Year team via phone, email, or in-person
  - A verbal warning for professionalism
- **Second infraction:**
  - Reduction of the forms component of the professionalism grade for the rotation by 30% (\*this equates to a reduction of your final course/rotation grade by 9%)
  - Written Program warning for professionalism and communication with a member of the Clinical Year team via phone, email, or in person
  - Student must complete and submit a Learning Action plan to address professionalism deficiencies within two weeks
- **Third infraction:**
  - Reduction of the forms component of the professionalism grade for the rotation by 60% (\*this equates to a reduction of your final course/rotation grade by 18%)
  - Written Program Warning for Professionalism and communication with the Director of Clinical Education and/or a member of the Clinical Year team via phone, email, or in-person
- **Fourth incident:**
  - A 0% will be recorded for the forms component of the professionalism grade for the rotation (\*this equates to a final course/rotation grade of <75%, and thus, **failure of the rotation**)
  - The student may be referred to the SPC with the recommendation for dismissal due to failure to demonstrate professionalism progression

Falsification of any clinical rotation paperwork (Forms), assignments, forgery of signatures, and tampering with or destruction of any evaluation form or other egregious behavior is prohibited and will be referred to the SPC or the TUC Chief Academic Integrity Officer and may be grounds for disciplinary action, up to and including Program and/or University dismissal.

## SECTION 12 PUBLIC HEALTH FIELD STUDY

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### PUBLIC HEALTH FIELD STUDY

The Public Health Field Study Course is required of all MSPAS/MPH students. The Field Study provides students with practical experience in a public health setting allowing for the application and integration of the skills and knowledge acquired during their graduate didactic coursework. All information related the Public Health Field Study including requirements, format, competencies, responsibilities, evaluation and grading, and forms are covered in the MPH Student Handbook, available on the PH website at:[https://tu.edu/media/schools-and-colleges/tuc/documents/handbooks-and-manuals/MPH-Student-Handbook\\_2022-2023.pdf](https://tu.edu/media/schools-and-colleges/tuc/documents/handbooks-and-manuals/MPH-Student-Handbook_2022-2023.pdf)

## ACADEMIC AND PROFESSIONAL PROGRESS PROGRAM POLICIES AND PROCEDURES

### **Academic Progress**

Satisfactory academic progress must be evident and demonstrated by students in the Program in order to continue in the Program. Any failure to progress academically up to and including the failure of a course will be cause for referral to the MSPAS Student Promotions Committee (SPC). The MSPAS SPC monitors academic progress for the entire program to include the clinical year of experiences.

It is important to remember that some aspects of knowledge integration and clinical judgment cannot be adequately evaluated by examinations alone. Observations from academic and/or clinical faculty/preceptors are crucial for evaluating these critical skills. Failure to achieve minimum competency in coursework, including clinical assignments and satisfactory progress in professional development, behaviors and attitudes may result in Program probation or dismissal. A pattern of documented evaluator concerns about performance may indicate unsatisfactory progress when the record is viewed as a whole, even though passing grades have been assigned. In such instances, successful completion of a remediation plan is required to continue in the Program.

### **Professional Progress**

Professionalism is as important as, and holds equal importance to, academic progress. Students are expected to demonstrate the legal, moral and ethical standards required of a health care professional and display behavior that is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, timeliness, competence, demeanor, attitude, appearance, mannerisms, integrity, and morals displayed by the students to faculty, staff, preceptors, peers, patients, colleagues in health care and other educational settings and the public. The Program expects respectful and professional demeanor at all times in all settings (classroom or clinic).

### **Professional Code of Conduct**

Success in the physician assistant profession requires certain professional behavioral attributes in addition to content knowledge. Therefore, these professional behavioral attributes, to include empathy, respect, discipline, honesty, integrity, the ability to work effectively with others in a team environment, the ability to take and give constructive feedback, the ability to follow directions, and the ability to address a crisis or emergency situation in a composed manner, are considered to be a part of academic performance. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Accreditation Standards for Physician Assistant Education 5th edition states, "The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills and the capacity to react to emergencies in a calm and reasoned manner. Essential attributes of the graduate PA include an attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare." Adherence to these attributes requires that physician

assistants and physician assistant students exhibit a high level of maturity and self-control even in highly stressful situations or in difficult circumstances and situations.

In keeping with these principles, while on clinical rotations, physician assistant students are expected to conduct themselves in a demeanor that is nothing less than professional and consistent with appropriate patient care and adhere to the Professional Code of Conduct. Students will be evaluated not only on their academic and clinical skills but also on their interpersonal skills, reliability, and professional and behavioral conduct. (Refer to Section 8: Student Responsibilities)

Failure to do so will result in the following:

1. First minor incident of unprofessional behavior
  - a. Course Warning - The Program will provide the student with a warning to change the behavior depending on the severity of the offense. The appropriate faculty member (e.g. advisor or Director of Clinical Education) will document the incident in the student file.
2. Second minor incident of unprofessional behavior
  - a. Program Warning - The Program will document the incident in writing, and the student will meet with the appropriate faculty member. This documentation will go in the student's file.
3. Third incident of minor unprofessional behavior or egregious behavior
  - a. The student will be automatically referred to the SPC with the recommendation for professional probation, which goes into the student's permanent record and is reported to most state licensing boards.
  - b. The Committee will meet to determine a course of action for the behavior that can include but is not limited to corrective or disciplinary action, probation or dismissal.

### **MSPAS STUDENT PROMOTION COMMITTEE (SPC)**

The MSPAS SPC is charged with monitoring all Joint MSPAS/MPH students both academically and professionally, promoting students who have successfully completed a semester, as well as reviewing the cases of students who meet the criteria for probation or dismissal. It is made up of faculty members from the Joint MSPAS/MPH Program and from other TUC Programs and Colleges that provide instruction to the PA students. Student performance of the PH curriculum is monitored by the MPH Academic Progress Committee (APC). The APC includes a representative from the PA program. If necessary, the APC and SPC will jointly review a student's record. The MSPAS SPC may review student records and discuss student records with appropriate faculty members and/or preceptors in determining an appropriate course of action for students experiencing academic and/or professional conduct difficulties in the Program. The MSPAS SPC may choose to request the appearance of the student during an MSPAS SPC meeting. The committee can recommend actions such as, but not limited to, probation, remediation, suspension, or dismissal. Recommendations are made on an individual basis after considering all pertinent circumstances. The committee's recommendations are forwarded to the MSPAS Program Director for review. The Program Director may agree, amend or disagree with SPC recommendation. The final decision regarding student status is determined by the Program Director. A letter of decision to the student regarding their status in the Program will be issued by the Program Director or designee.

Failure to comply with requirements put forth by the SPC and Program Director will be considered unprofessional conduct and may result in referral to the SPC with the recommendation for dismissal or automatic dismissal if outlined as such in the initial letter of decision.

## **JOINT MSPAS/MPH PROGRAM: COURSE WARNING**

Course Warning is internal to the Program and is documented in the Program file but not on the official transcript. Any student who fails a core assessment (EOR) or other marker of academic or professional progress, will receive a course warning. The student will meet with a member of the Clinical Year team to discuss plans for improvement and a course warning form (CWF) will be completed and provided to the student. Multiple course warnings will result in a Program Warning.

## **JOINT MSPAS/MPH PROGRAM: PROGRAM WARNING**

Program Warning is internal to the Program and is documented in the Program file (it is not documented on the official transcript). It serves as a warning that academic and/or professionalism improvement is needed. In addition to the situations already detailed in this handbook and the student handbook, a Program Warning may also be instituted when:

- A student demonstrates minor Professional misconduct, behavior and/or attitude inconsistent with the PA profession
- The Program receives verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student is not progressing academically or professionally and/or not demonstrating proficiency to a level as expected for the level of/timing within clinical education.

Multiple Program warnings will result in placement on Probation and may include referral to the SPC.

## **JOINT MSPAS/MPH PROGRAM: ACADEMIC/PROFESSIONAL PROBATION**

**Academic Probation** is the result of unsatisfactory scholarship or professionalism which may lead to dismissal from the Program. It is documented on the official transcript.

**Professionalism Probation** is a subcategory of Academic Probation. It is the result of unsatisfactory professionalism which may lead to dismissal from the Program. It is documented on the official transcript as Academic Probation.

Probation is a warning that there are deficiencies. Steps to remediate these deficiencies will be provided to the student. During probation, the student's academic/clinical progress and/or professional conduct will be closely monitored by the MSPAS Student Promotion Committee (SPC) and the MPH Academic Progress Committee (APC). Failure to demonstrate improvement in areas of deficiency may result in referral to the SPC with the recommendation for dismissal. Decisions regarding Academic Probation cannot be appealed. In addition to the situations already detailed in this handbook and the student handbook, Academic/Professional Probation may also be instituted when:

- Three unexcused absences (as tallied throughout the clinical year)
- A student demonstrates professional misconduct, behavior and/or attitude inconsistent with the PA profession or in violation of the Professional Code of Conduct policies in this handbook and/or student handbook.

- A student fails to adhere to the Program policies and procedures found in the Clinical Year Handbook and the Student Handbook
- The Program receives verbal or written reports and/or evaluations from academic faculty, clinical preceptors or designees indicating that a student is not adhering to site regulations, site schedule, ethical standards of conduct, limitations of student role.
- The Program receives verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student is not progressing academically and/or not demonstrating proficiency to a level where it may jeopardize patient safety.
- The Program receives verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student is not progressing academically and/or not demonstrating proficiency to a level as expected for the level of/timing within clinical education.
- A student consistently fails to progress academically as demonstrated by repetitive failure to demonstrate competency across multiple evaluation modalities, including but not limited to, written examinations, OSCEs, preceptor evaluations, written assignments, faculty observation of clinical skills/decision making, and/or site visits.
- A student fails to follow and/or comply with requirements set forth by the MSPAS SPC and Program Director

**Note:** Most state licensure boards request information on academic and professionalism probation on the official program completion verification paperwork. The Program must document when a student has been on Academic and/or Professionalism Probation, and in most cases, the reasons for probation. Additionally, this information is often requested by credentialing agencies, and therefore, it may impact your ability to obtain employment clearance. Refer to sections on Academic/Professionalism Probation and MSPAS Dismissal.

### **MSPAS Terms of Probation**

1. When a student is placed on probation they will be notified in writing by the Program and the reasons will be stated. A copy of this letter will be provided to the Dean of Students and the Registrar's office and placed in the student's academic file. Probation is also noted on the official transcript.
2. A student will remain on Academic Probation until the terms of probation have been satisfied, as stated in the remediation plan and probation letter. Probation may continue throughout the remainder of the didactic year, or until graduation, if deemed appropriate. A student placed on Professionalism Probation will remain so until graduation.
3. In the case of probation due to professional misconduct, the Program will determine whether or not the student has achieved an acceptable level of professional behavior. This information may be gained from professionalism assignments, faculty evaluations, preceptor evaluations or any other evaluations from individuals the Program deem appropriate. Failure to remediate professionalism issues will result in referral to the SPC.
4. When the terms of probation have been satisfied, notification of removal from probation will be forwarded to the Registrar and the Dean of Students so the necessary adjustments to the student's transcript can be made. Additionally, documentation will be placed in the student's academic file.

5. The primary responsibility of a TUC Joint MSPAS/MPH student is to gain the knowledge, skills and attitudes to become a competent and professional PA. Therefore, a student on Academic Probation may not serve as an officer of any official TUC club or organization (including holding a Class Officer position), or as a representative of the College as it may detract from time needed to be academically successful. If a student who is presently serving as an officer/representative is placed on Academic Probation, a substitute officer/representative will be chosen by the Class to fulfill the position until the student is removed from probation.

The Program reserves the right to place additional restrictions and performance requirements as additional terms of a student's probation, as deemed necessary.

### **REMEDICATION AND REPEATING A COURSE/ROTATION**

Remediation and repeating a course or rotation are opportunities given to students to correct unsatisfactory performance, progress, and/or professional conduct in the Program. The offer to do so is not automatic or guaranteed. Recommendations will be made by the MSPAS SPC on an individual basis after considering all pertinent circumstances in each case and with a final decision made by the Program Director. Any student placed on probation for academic or professionalism reasons and offered remediation or the opportunity to repeat a course must fulfill all the terms of the contract within the designated time frame or face actions including, but not limited to, dismissal. Remediation and the opportunity to repeat a course is to be regarded as a privilege which must be earned by a student through demonstrated dedication to learning, and active participation in the educational program to include, but not limited to, overall academic/clinical performance, regular attendance, individual initiative and utilization of resources available. Remediation plans/decisions cannot be appealed. The MSPAS SPC may recommend a remediation plan that includes, but is not limited to, the following:

1. Development of a contract/plan that outlines and defines a remediation program, successful remediation criteria and the responsibilities of the student.
2. A remediation exam of failed subject material as constructed by the course coordinator.
3. Repeating the failed course(s)/rotation(s) the next time it is offered/available.
4. Repeating the entire academic term. The student may be required to repeat multiple rotations.
5. Demonstrating continued competency in previously learned material by passing re-entry competency requirements for students with a remediation plan that includes extended time away from studies.
6. Complete additional clinical rotation(s).
7. Requiring corrective action for unprofessional behavior and/or misconduct. This may include but is not limited to direct apologies, letters of apology, professionalism assignments, additional clinical rotation(s), ongoing monitoring and reports of professional behavior corrections by faculty, preceptors etc.

Students who are directed to repeat a year of curriculum for academic reasons remain on Academic Probation until successful completion of all courses scheduled within that academic year and may remain on probation until successful completion of the Program. Students on Professionalism Probation will remain on probation for the remainder of enrollment within the Program.

Failure to meet the requirements of a remediation contract or competency exam results in:

- Failure of the remediation or competency exam
- Referral to the MSPAS SPC committee with the recommendation for dismissal

## JOINT MSPAS/MPH PROGRAM: DISMISSAL

It should be clearly understood that the Touro University California Joint MSPAS/MPH Program, after due consideration and process, reserves the right to require the dismissal of any student at any time before graduation if circumstances of a legal, moral, behavioral, ethical, patient safety concerns, health or academic nature justify such an action.

If a student is dismissed for failure of the MSPAS component of the Joint Program, they may apply for consideration to the stand-alone MPH Program. However, acceptance is at the discretion of the MPH Program Director. If a student is dismissed for failure of the MPH Program, they may not remain in the MSPAS component of the Joint Program and will therefore be dismissed as a Joint student.

In addition to the situations already detailed in this handbook and the student handbook, Dismissal from the Program may be recommended by the Clinical Year team when:

- A student fails a repeated or remediated course/rotation
- A student fails a remediation plan
- A student fails re-entry competency examinations
- A student fails to comply with or complete a remediation program within the defined time frame
- Two or more criteria for Academic Probation and/or Professionalism Probation throughout enrollment within the Program have been met
- Two or more occurrences of professional misconduct, behavior and/or attitude inconsistent with the PA profession or in violation of the Professional Code of Conduct policies found in this handbook and the student handbook have
- The Program receives verbal or written reports from academic faculty, clinical preceptors or designees indicating that a student, who is already on probation, is not adhering to site regulations, site schedules, ethical standards of conduct, or limitations
- The Program receives verbal or written reports and/or evaluations from academic faculty, clinical preceptors, or designees indicating that a student who is already on probation is not progressing academically and/or not demonstrating proficiency to a level where it may jeopardize patient safety.
- The student consistently fails to progress academically while on academic probation, as demonstrated by repetitive failure to demonstrate competency across multiple evaluation modalities, including but not limited to written examinations, OSCEs, preceptor evaluations, written assignments, faculty observation of clinical skills/decision-making, and/or site visits.
- Jeopardizing patient safety because of a lack of skill or knowledge
- Two or more occurrences of failure to follow Program policies and procedures as defined in the Clinical Handbook as well as those defined in the Student Handbook.
- Failure to comply with requirements put forth by the SPC and/or Program Director

Decisions regarding dismissal are made on an individual basis after considering all pertinent circumstances and extenuating circumstances relating to the case. The SPC's recommendations are forwarded to the MSPAS Program Director for review. The Program Director may agree, amend or disagree with SPC

recommendation. The Program Director, or their designee, will issue a letter of decision to the student regarding their status in the Program. If the Program Director agrees with the SPC recommendation, the dismissal is immediately effective upon receipt of the letter of notification from the Program Director. Students may appeal a Dismissal decision in accordance with the formal Appeal Process and Procedure for Program Dismissal. (Refer to the [TUC Catalog](#) for further information).

## **PUBLIC HEALTH PROGRAM ACADEMIC PROGRESS COMMITTEE (APC)**

For the responsibilities of the Academic Progress Committee - Refer to the Public Health Student Handbook.

### **MPH Program Academic/Professional Probation or Dismissal Criteria/Protocol**

The Public Health Program has separate criteria for probation and dismissal.

## SECTION 14 PHYSICIAN ASSISTANT PROGRAM COMPETENCIES

### MSPAS OBJECTIVES, GOALS AND COMPETENCIES

Consistent with the *Core Competencies for New Physician Assistant Graduates* ([https://paeaonline.org/wp-content/uploads/2021/01/core\\_competencies-new-pa-graduates-092018.pdf](https://paeaonline.org/wp-content/uploads/2021/01/core_competencies-new-pa-graduates-092018.pdf)) graduates of the Joint MSPAS/MPH Program will be expected to demonstrate knowledge and proficiency in the areas outlined below. See Appendix F for complete document.

**Medical Knowledge** Graduate need to have a comprehensive understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention.

<b>MK</b>	<b>Competencies</b>
MK 1	Demonstrate knowledge of pathophysiologic principles of specific disease processes and differential diagnoses for general medical and surgical conditions.
MK 2	Identify signs, symptoms and physical manifestations of medical and surgical conditions
MK 3	Select and monitor the appropriate pharmacological therapy for medical and surgical conditions.
MK 4	Management, treatment and follow up of medical and surgical conditions
MK 5	Identify appropriate patient education regarding preventable conditions and lifestyle modifications including preventative screening.
MK 6	Demonstrate knowledge of medical care across the lifespan including prenatal, infant, children, adolescents, adults and elderly.

**Interpersonal and communication skills:** Graduates will demonstrate verbal, nonverbal and written communication skills which are effective for exchange of information with patients, their families, collaborating physicians and other members of team care team.

<b>ICS</b>	<b>Competencies</b>
ICS 1	Establish a meaningful and therapeutic relationship with patients ensuring the individual's psychosocial, socioeconomic, and personal beliefs are explored to deliver culturally competent care.
ICS 2	Effectively communicate with members of the health care team.
ICS 3	Perform patient education which considers health literacy and other social determinants to encourage treatment adherence.
ICS 4	Demonstrate effective medical documentation

**Clinical and Technical skills** Graduates will demonstrate clinical and technical skills required to provide age-appropriate assessment, evaluation and management of patients.

<b>CTS</b>	<b>Competencies</b>
CTS 1	Elicit and perform a history and physical for any given medical condition; recognize normal from abnormal findings
CTS 2	Perform clinical procedures using aseptic technique.
CTS 3	Select the appropriate laboratory and diagnostic studies in the aid of decision making.

**Clinical Reasoning and problem solving:** Graduates will be able to analyze and synthesize clinical, diagnostic, cultural information to diagnose and manage patients' health care needs across the lifespan.

<b>CRPS</b>	<b>Competencies</b>
CRPS 1	Synthesize history and physical exam findings to formulate a differential diagnosis for acute and chronic conditions
CRPS 2	Incorporate diagnostic data into medical decision making.
CRPS 3	Formulate health management plans which include pharmacologic and non-pharmacologic therapies for the treatment of acute, chronic and emergent conditions.

**Professional Behaviors and Ethics:** Graduates will demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements.

<b>PB</b>	<b>Competencies</b>
PB 1	Demonstrate compassion, integrity, and respect for others.
PB 2	Collaborate within interprofessional teams while understanding the roles of others to improve quality of patient care.
PB 3	Recognize the importance of patient safety strategies to help improve patient outcomes and quality of care.
PB 4	Exhibit clear understanding of the medical ethics and legal aspects of health care.
PB 5	Demonstrate a growth mindset by recognizing personal limitations, ensuring individual accountability, and accepting constructive feedback.
PB 6	Demonstrate understanding of the regulatory environment, laws and regulations regarding professional practice.

**Society and Population Health:** Graduates will be able to recognize and understand that the influences of the larger community may affect the health of patients and integrate knowledge of social determinants of health into care decisions. Patient care includes promotion of wellness.

<b>SPH</b>	<b>Competencies</b>
SPH 1	Recognize the cultural norms, influences, socioeconomic, environmental, and other population level determinants affecting the health of the individual and community being served.
SPH 2	Acknowledge and reflect on personal and professional limitations in providing patient care.
SPH 3	Reflect how one might utilize their master's in public health degree to affect the health of patients and the larger community.
SPH 4	Use credible sources to make evidence-based decisions on patient care
SPH 5	Approach quality care with consideration to financial impact, safety, and cost-effective resource allocation.

## SECTION 15 CLINICAL YEAR MINIMUM REQUIREMENTS

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The following pages outline the **minimum** exposure requirements (MRs) that each student is to fulfill during the clinical year. These are designed to guide the student's learning and to ensure exposure to medical diseases, procedures and situations across the entire life span. Completion of these minimum requirements is necessary to graduate from the Program. These exposure requirements may be fulfilled through patient encounters during any of the clinical rotations, when plausible (i.e. a pediatric MR may be fulfilled during the pediatric, emergency medicine or family practice rotations). **Only ONE requirement can be claimed per patient encounter.** For example, if you assess a patient for hypertension and depression and you give them a tetanus shot, you can only receive credit for one of those MRs. In addition, in order to claim the MR, you must actively manage the disease being claimed. For example, if you assess a patient for depression, who also happens to have hypertension, you may claim the MR for depression but not hypertension (as you did not assess and manage this illness). Well child checks must only be claimed for patients who are scheduled specifically for WCC appointments (i.e., you may not claim a WCC for a patient who is being seen for an acute illness, even if you ask WCC-type questions and provide anticipatory guidance).

**Refer to the Typhon System Guidelines and Instructions Manual for detailed information on data entry requirements, suggestions and helpful hints.**

It is not the intention of the Program that students have made the initial diagnosis of these conditions. **MR credit can be received for initial patient diagnosis and for follow-up evaluation of the status and management of the noted illness.**

### DIAGNOSIS MINIMUM REQUIREMENTS

To receive credit, the student must have performed at least 50% or more of the patient encounter.

#### General

Altered Mental/Cognitive Status ( <i>Neurological causes: Trauma, Alzheimer's, CVA</i> )	3
Chest Pain ( <i>cardiac, pulmonary, musculoskeletal</i> )	4
Chronic pain	2
Fatigue	1
Fever	3
Substance use/dependency diagnosis	3

#### Cardiovascular

Arrhythmia	4
Coronary artery disease	2
Heart failure	4
Heart murmur	4
Hyperlipidemia	20
Hypertension	30
Peripheral vascular disorder	2

## **Respiratory/ENT**

Acute bronchitis	6
Allergic rhinitis	2
Asthma	10
COPD	10
Hearing loss or impairment	2
Otitis externa	2
Otitis media	6
Pneumonia	4
Sinusitis	5
URI- Viral	10

## **Renal**

Chronic kidney disease	1
------------------------	---

## **Genitourinary**

Erectile dysfunction	1
STI	3
Urinary Incontinence	2
Urinary tract infection	5

## **Musculoskeletal**

Fracture	1
Low back pain	7
Lower Extremity MSK problem	5
Neck/back pain	3
Osteoarthritis	8
Rheumatoid arthritis	2
Upper Extremity MSK problem	5

## **Dermatology**

Acne	2
Derm infection ( <i>bacterial, fungal, parasitic</i> )	5
Rash ( <i>contact dermatitis, etc.</i> )	5

## **Hematology**

Anemia evaluation	3
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## **Ophthalmology**

Red eye	3
Vision change	1

### **Neurology**

Chronic seizure disorder	1
Dizziness	3
Headache	5
Sleep Disorders	3
TIA/Stroke	3

### **Psychiatry**

Anxiety disorder	12
Eating disorder	2
Mood disorder	12

### **Endocrine**

Diabetes	30
Hyperthyroidism	2
Hypothyroidism	3
Osteoporosis	3

## **COUNSELING & SCREENING MINIMUM REQUIREMENTS:**

To receive credit, the student must perform 50% or more of the counseling.

Cardiovascular risk factors and risk reduction	2
Colorectal cancer screening	2
End of Life <i>(DNR, POLST, Power of attorney issues or wills, or transitions to higher levels of assisted care)</i>	1
Fall risks (>65 y/o)	1
Immunization counseling	5
Nutrition counseling	2
Obesity/Overweight counseling	2
Physical abuse or IPV screening	1
STI counseling/screening	2
Substance use/dependency counseling	5

## **PEDIATRIC SPECIFIC MINIMUM REQUIREMENTS**

To receive credit, the student must have performed at least 50% or more of the patient encounter.

Well Child Check (Inc. Anticipatory Guidance) <1 y/o	3
Well Child Check (Inc. Anticipatory Guidance) 1-4 y/o	3
Well Child Check (Inc. Anticipatory Guidance) 5-11 y/o	3
Well Child Check/Sports PE (Inc. Anticipatory Guidance) 12-17 y/o	3
Chart growth & development of pediatric patient	2
Manage immunization schedule of pediatric patient	2
Pediatric Dermatologic Complaint	1
Pediatric Fever	1
Pediatric Gastrointestinal Complaint	1
Pediatric MSK complaint	1
Pediatric Pulmonary Complaint	1
STI Counseling/Evaluation - Adolescent patient (12-17 y/o)	2
Mental health screening/evaluation - Adolescent patient (12-17 y/o)	2

### **GYNECOLOGY/OBSTETRIC SPECIFIC MINIMUM REQUIREMENTS**

To receive credit, the student must have performed at least 50% or more of the patient encounter.

Counsel on Pre-conception/Pre-natal care	1
Identify/Counsel on factors associated with high-risk pregnancy	1
Prenatal visit (initial or routine)	1
Manage complaint-based problem in obstetrical patient	2
Postnatal visit	1
Menopause Counseling	2
Menstrual Irregularities	4
Pelvic Pain- Female	4
Routine Gynecological (Wellness) Visit	2
Vaginitis - any etiology	5

### **SURGERY RELATED MINIMUM REQUIREMENTS**

To receive credit, the student must have performed at least 50% or more of the patient encounter.

Pre-Operative Management/Evaluation- Inpatient Setting	1
Pre-Operative Management/Evaluation	4
Document a Pre-Operative note	2
Post-Operative Management/Evaluation- Inpatient Setting	1
Post-Operative Management/Evaluation	4
Document a Post-Operative note	2

## GENERAL SKILLS/PROCEDURE MINIMUM REQUIREMENTS

To receive credit, the student must perform 100% of SKILL/procedure and at least 50% of the corresponding encounter. Encounters with “less than shared” student participation in the encounter may be given credit, with additional supportive explanation from the student. Final approval is at the discretion of the Program.

Bimanual Pelvic Exam	2
Clinical Breast Exam	4
Conduct a hospital admission	1
Contraception Management	5
Dermatological procedure	2
EKG interpretation	7
EKG interpretation >65 y/o	3
First/Second Assist	5
Hernia/testicular exam	2
Imaging Interpretation -Abd/MSK	3
Imaging Interpretation- CXR	2
Injections	20
Interpret DEXA scan or calculate FRAX	1
Laceration repair	1
Medication Change/Manage Polypharmacy <i>(Evaluating/changing/managing polypharmacy for a pt with <math>\geq 2</math> medications for <math>\geq 2</math> chronic diseases)</i>	3
Mental status exam	2
Prostate/rectal exam	3
Splint/Cast placement	2
Suture placement	10
Suture/Staple removal	2
Vaginal speculum exam	2
Wellness/Annual exam- Geriatric preventative health eval ( $\geq 65$ y/o)	3
Wellness/Annual exam-Adult preventative health eval (18-64 y/o)	3

## CRITERIA FOR APPROVAL OF MINIMUM REQUIREMENTS SUBMISSIONS

- Billing and coding must be correct and justify the MR being requested.
  - Nonspecific codes will not be accepted IF a specific code is available. {i.e. R10.9}
- The “Type of H&P” must match your CPT code.
- Encounters must be billed appropriately.

4. The “MR requirement” box must be marked.
5. The “Competency” must be marked as “MR Performed”.
6. If the MR is age dependent, the age must be correct.
7. Office procedures must be billed correctly. (i.e. EKG)
8. The rotation type must be correct (geriatric, psychiatric, pediatric, women’s health, etc.).
9. You must explain circumstances that aren’t obvious by the coding.  
Ex: “I interpreted an EKG that the patient brought in but didn’t take the EKG in the office.” You would NOT enter the CPT code for the EKG because it was not done in your office.
10. Counseling MRs will not receive credit if the encounter is billed incorrectly.
11. Well Child Checks must be billed correctly, with appropriate Reason for Visit, ICD10 and CPT codes.

## **SECTION 16: CLINICAL YEAR LEARNING OUTCOMES**

### **GENERAL LEARNING OUTCOMES FOR THE CLINICAL YEAR**

This section includes the learning outcomes and rotation specific objectives. Resource books include all required and recommended texts from the academic year.

Students should also utilize available resources at each site. A list of additional resources will be provided

Upon completing the clinical year, students will be able to demonstrate competency in the following areas. These skills may be obtained in the outpatient, inpatient, emergency room and/or surgical settings.

Methods of assessment of these skills include but are not limited to: end-of-rotation (EOR) examinations, site visits, actual patient encounters, preceptor evaluations, OSCEs, SOAP notes and other clinical year assignments.

Acute complaints: Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a patient presenting with the following symptoms:

1. Dysuria
2. Dyspnea
3. Cough
4. Rectal bleeding
5. Rash
6. Diarrhea
7. Constipation
8. Abdominal pain

Chronic illness: Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a patient presenting with the following diagnosis:

1. Hypertension
2. Low back pain
3. Diabetes Mellitus type 2
4. Hyperlipidemia
5. COPD
6. CHF
7. Osteoarthritis

Preventive Care:

1. Perform a complete history and comprehensive physical exam on a patient for a routine annual visit.
2. Identify cardiovascular risk factors and appropriately determine lifestyle modifications and/or medication management.
3. Appropriately educate patients on substance misuse/dependency disorders (e.g., nicotine, alcohol, opioids, or other commonly abused substances).
4. Identify patients who are classified as overweight or obese and educate on lifestyle modification.
5. Identify patients at risk of developing diabetes mellitus type 2 through appropriate diagnostic testing.
6. Provide patient education on colorectal cancer screening and recommend/perform the appropriate screening.

Geriatric Medicine

1. Assess and counsel on potential fall risks.
2. Conduct a medication review to determine if some medications may be discontinued in a situation of polypharmacy.
3. Determine osteopenia/osteoporosis risk and management using FRAX and DEXA scan screening.
4. Perform a MMSE, problem-focused history and physical exam to determine reversible versus nonreversible disorders of cognition in a patient presenting with cognitive impairment
5. Assess and refer for the correction of hearing impairment
6. Appropriately make recommendations for immunizations (e.g., pneumococcal pneumonia, influenza, herpes zoster, and tetanus)

### Behavioral Medicine

1. Perform a mental status examination and/or depression screening on a patient
2. Appropriately formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for
  - a. Depression
  - b. Anxiety
  - c. Substance use disorders
  - d. Eating disorders
  - e. Sleep disorder

### Pediatrics

1. Infant:
  - a. Perform a well-child exam
  - b. Identify and assess developmental milestones
  - c. Chart normal development and growth
  - d. Initiate and manage a child's immunization schedule
  - e. Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for an infant presenting with fever
2. Child
  - a. Perform a well child exam on a toddler and child
  - b. Manage a patient presenting with ear pain and symptoms indicative of an HEENT infection
  - c. Update and manage a child's age-appropriate immunization schedule
  - d. Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a child presenting with:
    - Pulmonary complaint
    - Dermatologic complaint
    - Gastrointestinal complaint
3. Adolescent:
  - a. Assess the stages of growth and development using the Tanner Scale
  - b. Provide obesity screening, patient nutritional and exercise education
  - c. Provide education and screening for STIs
  - d. Provider education and screening for mental illness (e.g., anxiety, depression, substance use, suicidal ideation)

## Gynecology & Obstetrics

1. Gynecological care
  - a. Elicit a problem-oriented history to include a sexual history, contraceptive history and gravidity/parity.
  - b. Perform an age-appropriate routine gynecological (wellness) exam including reproductive health diagnostic screening, patient education, and counseling as needed.
  - c. Evaluate and manage patients presenting with abnormal vaginal bleeding or discharge.
  - d. Appropriately screen a patient for a sexually transmitted infection and provide the correct treatment.
  - e. Conduct patient education on contraceptive use and develop a management plan.
  - f. Manage peri-menopausal or menopausal symptoms.
2. Perinatal care
  - a. Provide appropriate prenatal specific patient education.
  - b. Calculate the estimated date of delivery and gestational age using date of last menstrual period or abdominal ultrasound.
  - c. Perform a pre-natal exam on a pregnant person.
  - d. Determine fetal positioning by conducting an abdominal physical exam on a pregnant patient and confirm the presence of fetal heart tones.
  - e. Accurately identify the clinical presentation of a pregnancy at risk for complications.

## Emergency Medicine

### Emergent:

1. Conduct a history and physical examination to determine vascular and neurological status in a patient presenting with a fracture
2. Develop an appropriate differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a patient presenting with the following acute clinical presentations:
  - a. Trauma/Shock
  - b. Respiratory distress
  - c. Chest pain
  - d. Acute headache
  - e. Weakness and numbness

### Acute:

1. Appropriately assess, manage and repair an acute laceration with minimal supervision from the preceptor.
2. Accurately interpret an ECG for a patient presenting with chest pain
3. Appropriately assess a patient and determine which patients have life-threatening versus non-life-threatening medical conditions.
4. Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a patient presenting with the following:
  - a. Acute GI bleed
  - b. Acute low-back pain
  - c. Acute abdomen
5. Appropriately consult with an admitting provider to prepare a patient for hospital admission.

## Surgical Medicine

### Pre-operative Care

1. Elicit a history and conduct a pre-op physical examination for a surgical patient.
2. Write an accurate pre-op note for a surgical patient.
3. Perform a problem-oriented history and physical exam, order standard diagnostic tests, and develop an appropriate differential diagnosis for a patient presenting with an acute complaint.

### Intra-operative Care

1. Perform surgical scrub, gown and glove using sterile technique.
2. Correctly identify surgical instruments, needles, and suture material for a surgical case.
3. Close a surgical wound using appropriate stapling or suturing techniques.
4. Appropriately assist with surgical procedures under direct supervision of the surgeon.

### Post-operative Care

1. Perform post-operative wound care and appropriately identify signs of infection.
2. Accurately write a post-operative note.
3. Perform an appropriate history, physical exam, and assess the need for antibiotic therapy in a patient with post-operative fever.
4. Use proper techniques to remove staples or sutures for a post-operative patient returning for a follow-up visit.

**APPENDIX A:**  
**CLINICAL YEAR CONTACTS AND FORMS**

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## **CLINICAL YEAR FACULTY & STAFF DIRECTORY**

The primary advisors for the clinical year are the Director of Clinical Education and/or the Clinical Coordinator. They should be your first point of contact for all issues personal and academic during the clinical year. However, faculty advisors from the didactic year, the Medical Director, Associate Program Director and Program Director are also available if needed.

### **Clinical Year Team**

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## ROTATION CHECK-IN AND SCHEDULE

The rotation check-in and schedule will be completed at the start of each block/clinical rotation through Canvas in a quiz format. The rotation check-in and schedule are due by 11:59 pm PST on the first Friday of your rotation. The form below is for reference only- you do not need to print or email/upload this form. *\*Note: Student do not complete this check-in and schedule for PHFS rotations. Refer to the PHFS guidelines for any reporting instructions.*

1. What rotation are you currently on?

- PC1
- PC2
- PC3
- PC4
- ER
- Surgery
- Elective 1
- Elective 2
- Repeat/Remediation rotation

2. Name of Practice: \_\_\_\_\_

3. Have you been oriented to the practice/made adjustment to the site?

- Yes
- No

4. Have you had any direct patient contact?

*\*A NO response indicates that you have been at your site for one week and have seen no patients. If this applies to you, please do not complete this check-in form and contact Le'Anna & Regina via email for further instruction.*

- Yes
- No

5. Have you seen patients alone?

*\*A NO response indicates that you have been at your site for one week and have not seen patients alone, nor do you anticipate seeing patients alone in week two. If this applies to you, please do not complete this check-in form and contact Le'Anna & Regina via email for further instruction.*

- Yes
- No, but I expect to next week
- No

6. What is the average number of patients seen daily by your preceptor (or at the site if you are in the ER)?

- 5-20 patients/day
- 20-30 patients/day
- 30-40 patients/day
- >40 patients/day

7. What is the average number of patients seen daily by you (where your involvement is >50%)?  
*\*A NONE, N/A response indicates that you are not playing a primary role in the care of patients. If this applies to you, please explain in the comments section (question #15 below)*
- 3-5 patients/day
  - 5-10 patients/day
  - 10-15 patients/day
  - >15 patients/day
  - None, N/A
8. Is your site/preceptor using telehealth (or eHealth) to provide patient care? If yes, please indicate what percentage of provider-patient visits are being conducted using telehealth (e.g. synchronous audio/visual visits or audio-only telephone visits)  
*\*If telehealth is not being used, enter No or N/A. \_\_\_\_\_*
9. Do you have any issues or conflicts with the site?  
*\*A YES response indicates that you have significant concerns or conflict with the site which is negatively impacting you and/or your ability to learn. If this applies to you, do not complete this check-in form and call the Director of Clinical Education (Jennifer Pimentel) immediately. If you are unable to reach her by telephone, please email the clinical team immediately with your contact information and one of us will connect with you.*
- No
  - Yes
10. Do you have any safety concerns with this site?  
*\*A YES response indicates that you have serious concerns about your safety at this site. If this applies to you, do not complete this check-in form and call the Director of Clinical Education (Jennifer Pimentel) immediately. If you are unable to reach her by telephone, please email the clinical team immediately with your contact information and one of us will connect with you.*
- No
  - Yes

11. For each of the blanks below, enter the start/stop times for your typical workdays (*not hours/day*). If you are not in that setting on a particular day, enter "0" in that space. **\*Do not leave any spaces blank\***

*For example:*      *Mondays: Clinic/Office Hours: 8a-5p*

*Hospital/OR/ER hours: 0*

*Tuesdays: Clinic/Office Hours: 1p-5p*

*Hospital/OR/ER hours: 8a-12p*

Mon:      Clinic/Office Hours: \_\_\_\_\_

Hospital/OR/ER hours: \_\_\_\_\_

Tues:      Clinic/Office Hours: \_\_\_\_\_

Hospital/OR/ER hours: \_\_\_\_\_

Wed:      Clinic/Office Hours: \_\_\_\_\_

Hospital/OR/ER hours: \_\_\_\_\_

Thurs:      Clinic/Office Hours: \_\_\_\_\_

Hospital/OR/ER hours: \_\_\_\_\_

Fri:      Clinic/Office Hours: \_\_\_\_\_

Hospital/OR/ER hours: \_\_\_\_\_

Sat:      Clinic/Office Hours: \_\_\_\_\_

Hospital/OR/ER hours: \_\_\_\_\_

Sun:      Clinic/Office Hours: \_\_\_\_\_

Hospital/OR/ER hours: \_\_\_\_\_

12. What are the average number of hours per week you spend at the site?

20-30

30-40

40-50

>50

13. List THREE specific goals you have for this rotation

\_\_\_\_\_

14. Your schedule **must** be reviewed and approved by your preceptor prior to completing this submission to the Program. Please indicate that you have discussed this schedule with your preceptor, and they have approved it by typing the word **YES** in the space below. *\*If you have not discussed your schedule with your preceptor, you cannot complete this check-in!\**

15. The purpose of a check-in report is to present you with an opportunity to get acquainted with the site and providers that you will be working with during the rotation. You should be discussing rotation expectations with your preceptor (e.g. what your preceptor expects and anticipates from you over the next six weeks, how you can positively contribute to the practice, what your learning goals are, etc.) at the start of every new rotation block. Please indicate that you have done this by typing the word **YES** in the space below. *\*If you have not discussed expectations with your preceptor, you cannot complete this check-in!\**

16. Any comments you want to add related to the above questions? \_\_\_\_\_

## **SOAP Note (for PC1, PC2, PC3, and PC4 Rotations ONLY) Submission Guidelines**

For each Primary Care rotation (PC1-PC4), students are required to complete and submit a SOAP note **and** corresponding self-critique form, which they will upload into the corresponding assignment section of Canvas. A SOAP note is deemed passing when a score of **75%** is achieved and the reviewing clinician determines it to have sound clinical judgement, and that is at the expected level of proficiency.

SOAP notes must be typed in Word format (not PDF). Acceptable types of notes include visits for new complaints, routine follow-ups on chronic illnesses, or surgical workups. Annual preventative health physicals, intraoperative notes, visits for medication refills, and routine post-op notes will not be accepted. Your SOAP note must include items in the plan that you might have forgotten (e.g., “mailed patient lab slip”), and you should indicate any subjective information that you forgot to ask during the encounter by stating, “forgot to ask about X”. If you disagree with the assessment and/or plan that was provided during the clinical encounter, you need to document that for us and state what you would have done differently.

In addition to the SOAP note, students are required to submit a corresponding SOAP self-critique form. This self-critique should reflect a critical analysis of your note and allow for early recognition of any omissions, inaccuracies, or inadequacies prior to submission. **Incomplete self-critiques or failure to submit a self-critique will result in an automatic failure for the SOAP note and will result in a Forms infraction.**

The SOAP note and corresponding self-critique form must be completed and uploaded into Canvas by 11:59pm PST on the designated due date. All student SOAP notes (pass or fail) will receive written or video feedback through Canvas.

If you do not receive a passing grade of 75% on the first attempt, you will need to review and address the feedback and instructions provided by the faculty member. Inadequate re-submissions will result in a failure for the SOAP note and will result in a Forms infraction.

## SOAP NOTE FORMAT

### SUBJECTIVE

- **Do not include the patient's name/initials or the date of the visit anywhere in your SOAP note**
- **Chief Complaint**
  - Should include reason for visit in patient's own words (in quotations)
- **History of Present Illness**
  - Opening sentence
    - Should include age, gender (if pertinent), ethnicity (if pertinent), PMH (if pertinent), chief complaint, and duration
  - Should include OPQRST as appropriate
  - **Utilize qualifiers for symptoms (sharp, dull, pulsating, productive, dry, burning, progressive, worsening, improving, acute onset, intermittent, etc.)**
  - Diet, exercise, stress levels and other patient concerns related to chief complaint(s) should be addressed
  - Socioeconomic issues that complicate CC should be brought up
  - Follow up visits should include: last OV, labs, taking meds as prescribed, symptoms appropriate for condition(s), prescription side-effects, complications, etc.
- **Review of Systems**
  - Include pertinent +/- symptoms from those systems which you believe may relate to the cause of the CC and for any of the patient's chronic illnesses
  - Do NOT use organ system subtitles
- **Past Medical History: if not pertinent, list "none" or "N/A"**
  - Includes:
    - Hospitalizations (for what & when) (If relevant to CC)
    - Medical illnesses/diseases including psychiatric (diagnosis & when diagnosed)
    - Preventive Care (includes age-appropriate vaccines and screenings)
    - Significant Injuries & Accidents
    - Surgeries (for what & when) (If relevant to CC)
  - For chronic condition(s), the last set of labs, visits with specialists, and other interventions that were completed can be listed here instead of HPI
- **Family History: should be pertinent to your CC (e.g. if patient here for chest pain, should probably ask about AMI, CVA, DM, HTN, and other risk factors for your ddx)**
  - (mirrors PMH) List (+) and (-) to diseases or conditions in the organ systems you asked about in your ROS, include age of diagnosis ONLY if pertinent
  - "Not relevant" should NEVER be listed in a SOAP note.
  - You may put "Non-Contributory" if not pertinent for DDX of CC
- **Social History**
  - Relevant to CC ONLY, smoking, ETOH, drugs, + any other aspect of SH (occupation, stress, diet, caffeine intake, etc.)
- **Medications**
  - Should include name (must include generic), dosage, route (e.g. oral) and frequency of medication, one per line
  - For "prn" medications, you must list a reason (e.g. prn for SOB/wheezing).
  - Only list medications which a patient is currently taking. If non-adherent, you should address this in your HPI and/or list "not currently taking".
- **Allergies with reaction**
  - **Ask about medication and environmental allergies**

## **OBJECTIVE**

- **Vitals**
  - Includes all relevant vital signs, including route for temp (F or C must be indicated) and position/location for BP if relevant
  - If your clinic does not perform certain vitals (e.g. SpO<sub>2</sub>) then indicate, not performed
  - Include BMI if relevant and re-check any vitals that are outside normal limits with a manual reading
  - Clarify if SpO<sub>2</sub> is on room air (RA) or 2L O<sub>2</sub>, for example.
  - Make sure to address any abnormal vitals as part of your assessment (tachycardia, BMI >30, etc.)
- **Physical Exam**
  - Includes findings from the focused physical exam appropriate for the CC and any chronic illnesses
  - Findings described with appropriate and clear terminology, avoiding “normal” or synonyms, in list format by system/area of body examined, in standard order
  - It is helpful to the reader if you somehow indicate your abnormal findings: bold, alternate color, etc.
  - It is not necessary to perform exams that are not pertinent to your differential (I.e. do not perform a sinus exam for a patient with left leg pain or an abdominal exam if nothing in the history suggestive of a possible abdominal complaint). If your preceptor requires a comprehensive exam for a patient, indicate which are not pertinent to your chief complaint.
- **Diagnostics**
  - All diagnostics pertaining to CC that are completed at point of care or reviewed from prior records should be noted at the END of Objective section
  - If none necessary/performed, you can indicate: “none ordered/performed” or similar
  - List ranges for values and indicate whether H (high), L (low), or WNL (within normal limits)
  - You should address any abnormal values in your A/P section.

## **ASSESSMENT/PLAN**

- **Assessment**
  - Number or bullet each assessment
  - Can be combined into A/P in same line
- **New Diagnosis** (e.g. Acute Viral Pharyngitis, Acute URI, Acute Uncomplicated UTI)
  - At least three potential differentials\*
  - Rationale/evidence for selected diagnosis only\*
  - Discussion of the status/severity, prognosis, and potential complications\*
  - Discussion of next steps and goal
- **New Sign or Symptom (if applicable)** (e.g. Acute Cough, Dysuria, Low Back Pain, Fever)
  - At least three potential differentials\*
  - All pertinent positives and negatives from history, physical exam, and diagnostic data listed for each differential\*
  - Identification the most likely or leading diagnosis with rationale/evidence provided\*
  - Discussion of next steps and goals of therapy
- **Established Diagnosis** (e.g. Stage I Hypertension, Type II Diabetes, Stage 3a Chronic Kidney Disease)
  - Chronicity (acute/chronic vs. acute on chronic vs. recurrent)
  - Status (worsening/improving, controlled/uncontrolled, stable/unstable)\*
  - Evidence supporting your status\*
  - Goals of therapy
  - Any complications or side effects
- **Plan**
  - Addresses diagnostic, therapeutic, and patient education plans in clear and complete fashion. Make sure to indicate to the patient to continue or discontinue any medications, if necessary.
  - Aligns with identified differential diagnosis and severity and urgency of problem, as well as any psychosocial issues identified.

- Addresses routine HCM issues (It is ok to have preventative HCM issues addressed in the plan not linked to a Dx)
- Includes follow up, referrals, prescriptions and OTC medications (medication name, sig, route, QTY/RFL, rx side effects (if newly prescribed), counseling/education, emergency/ER precautions)
- Support your treatment/therapeutic decisions, which can include social determinants of health
  - Example: why you chose prescriptive management over surgical intervention
  - Example: why you selected to add on one anti-HTN agent versus another
  - Example: why you elected to start insulin therapy rather than oral DM medications
  - Example: why you decided on OTC medications rather than antibiotics (or vice-versa) for a patient with uncertain diagnosis
  - Example: why you chose to order specific labs (what are you evaluating for?)
- **Signature**
  - Sign your note and include preceptor's name
  - Failure to sign your note w/ your name and preceptors = Automatic Failure

## SOAP GRADING RUBRIC

**AUTO FAILURE CRITERIA:** 1. Patient identifiers (real or fake) 2. HIPAA violations 3. Failure to sign note, include preceptor's name 4. Inability to complete self-critique

Criteria	Ratings		
<b>Chief Complaint</b> • Should include reason for visit in patient's own words (in quotations)	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<b>History of Present Illness</b> • Opening sentence should include age, gender, ethnicity (if pertinent), PMH (if pertinent), chief complaint, and duration • Should include OLDCAARTS as appropriate • Diet, exercise, stress levels and other patient concerns related to chief complaint(s) should be addressed • Socioeconomic issues that complicate CC should be brought up  Follow up visits should include: last OV, labs, taking meds as prescribed, symptoms appropriate for condition(s), prescription side-effects, complications, etc.	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<b>Review of Systems</b> • Include pertinent +/- symptoms from those systems which you believe may relate to the cause of the CC and for any of the patient's chronic illnesses • Do not use organ system subtitles	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<b>Past Medical History</b> Includes: • Hospitalizations (for what & when) (If relevant to CC) • Medical illnesses/diseases including psychiatric (diagnosis & when diagnosed)	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing

<ul style="list-style-type: none"> <li>•Preventive Care</li> <li>•Significant Injuries &amp; Accidents</li> <li>•Surgeries (for what &amp; when) (If relevant to CC)</li> </ul> <p>For chronic condition(s), the last set of labs, visits with specialists, and other interventions that were completed can be listed here instead of HPI</p>			
<b>Family History</b> <ul style="list-style-type: none"> <li>• Mirrors PMH) list (+) and (-) to diseases or conditions in the organ systems you asked about in your ROS, include age of diagnosis ONLY if pertinent</li> <li>•“Not relevant” should NEVER be listed in a SOAP note</li> <li>• You may put “Not contributory” if not pertinent for DDX of CC</li> </ul>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<b>Social History</b> <ul style="list-style-type: none"> <li>• Relevant to CC ONLY, smoking, ETOH, drugs, + any other aspect of SH</li> </ul>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<b>Current medications/herbs/supplements</b> <ul style="list-style-type: none"> <li>• Should include name, dosage, route (oral) and frequency of medication, one per line</li> </ul>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<b>Allergies w/ reaction</b>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing

Criteria	Ratings		
<b>Vitals</b> <ul style="list-style-type: none"> <li>• Includes all relevant vital signs, including route for temp and position for BP if relevant</li> </ul>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<b>Physical Exam</b> <ul style="list-style-type: none"> <li>• Includes findings from the focused physical exam appropriate for the CC and any chronic illnesses</li> <li>• Findings described with appropriate and clear terminology, avoiding “normal” or synonyms, in list format by system/area of body examined, in standard order</li> </ul>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<b>Diagnostics</b> <ul style="list-style-type: none"> <li>• All diagnostics pertaining to CC that are completed at point of care or reviewed from prior records should be noted at the END of Objective</li> </ul>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing

<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Number or bullet each assessment</li> <li>• Can be combined into A/P in same line</li> </ul> <p>New Diagnosis</p> <ul style="list-style-type: none"> <li>• At least three potential differentials*</li> <li>• Rationale/evidence for selected diagnosis only*</li> <li>• Discussion of the status/severity, prognosis, and potential complications*</li> <li>• Discussion of next steps and goal</li> </ul> <p>New Sign or Symptom (<i>if applicable</i>)</p> <ul style="list-style-type: none"> <li>• At least three potential differentials*</li> <li>• All pertinent positives and negatives from history, physical exam, and diagnostic data listed for each differential*</li> <li>• Identification the most likely or leading diagnosis with rationale/evidence provided*</li> <li>• Discussion of next steps and goals of therapy</li> </ul> <p>Established Diagnosis</p> <ul style="list-style-type: none"> <li>• Chronicity (acute/chronic vs. acute on chronic vs. recurrent)</li> <li>• Status (worsening/improving, controlled/uncontrolled, stable/unstable)*</li> <li>• Evidence supporting your status*</li> <li>• Goals of therapy</li> <li>• Any complications or side effects</li> </ul>	<p><b>2 pts Appropriate</b></p>	<p><b>1 pt Needs Improvement</b></p>	<p><b>0 pts Missing</b></p>
<p><b>Plan</b></p> <ul style="list-style-type: none"> <li>• Addresses diagnostic, therapeutic, and patient education plans in clear and complete fashion</li> <li>• Plan aligns with identified differential diagnosis and severity and urgency of problem, as well as any psychosocial issues identified.</li> <li>• Address routine HCM issues. (It is ok to have preventative HCM issues addressed in the plan not linked to a Dx)</li> <li>• Should include follow up, medication name, sig, rx side effects (if newly prescribed), counseling/education, emergency precautions</li> </ul>	<p><b>2 pts Appropriate</b></p>	<p><b>1 pt Needs Improvement</b></p>	<p><b>0 pts Missing</b></p>
<p><b>Signature</b></p> <ul style="list-style-type: none"> <li>• Sign your note and include preceptor's name!</li> <li>• Failure to sign your note w/ your name and preceptors = Automatic Failure*</li> </ul>	<p><b>2 pts Appropriate</b></p>	<p><b>1 pt Needs Improvement</b></p>	<p><b>0 pts Missing</b></p>

Criteria	Ratings		
<p><b>Clarity</b></p> <ul style="list-style-type: none"> <li>• Language, including spelling and grammar, are appropriate and do not detract from reading health record</li> <li>• No use of inappropriate/ non-standard and unexplained abbreviations</li> </ul>	<p><b>2 pts Appropriate</b></p>	<p><b>1 pt Needs Improvement</b></p>	<p><b>0 pts Missing</b></p>
<p><b>Structure</b></p> <ul style="list-style-type: none"> <li>• Sections (Subjective, Objective, Assessment, Plan) clearly identified and presented in standard format to assist the reader (either using full name or S, O, A, and P)</li> </ul>	<p><b>2 pts Appropriate</b></p>	<p><b>1 pt Needs Improvement</b></p>	<p><b>0 pts Missing</b></p>

**Clinician Rating**

A SOAP note is deemed passing when a score of 75% is achieved AND the reviewing clinician determines it to have sound clinical judgement, and that is at the expected level of proficiency.

<p><b>Passing Note</b></p>	<p><b>Not a Passing Note</b></p>
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## SOAP NOTE SELF-CRITIQUE FORM

Student Name: \_\_\_\_\_ Block #: \_\_\_\_\_

Rotation (PC1, PC2, PC3, or PC4): \_\_\_\_\_

**Instructions:** The purpose of this assignment is for you to critically analyze your own SOAP note. Using your copy of the SOAP note you submitted/plan to submit, complete this form in detail.

### **SUBJECTIVE:**

#### **1. The chief complaint should include either:**

a. The reason for visit in patient's own words (in quotations)

#### **OR**

b. Age, gender, complaint, and duration of complaint

**Does your CC follow this (yes/no)?** \_\_\_\_\_

#### **2. The HPI should include:**

- a. An opening sentence that includes age, gender, ethnicity (if pertinent), PMH (if pertinent), chief complaint, and duration
- b. OLDCAARTS as appropriate, including qualifiers as necessary
- c. Diet, exercise, stress levels and other patient concerns related to chief complaint(s) should be addressed
- d. Socioeconomic issues that complicate CC should be brought up
- e. Specific concerns that the patient may have (e.g. if the patient initiated discussion about the role of cancer screening test, cholesterol measurement, etc.).
- f. Any important clinical events that have occurred since the last visit. For example, visits to the emergency room, visits to subspecialists, hospital admissions, out-patient procedures, etc.

**Does your HPI follow this (yes/no)?** \_\_\_\_\_

#### **3. The ROS should include:**

- a. Pertinent +/- symptoms from those systems which you believe may relate to the cause of the CC and for any of the patient's chronic illnesses
- b. Do not use organ system subtitles (only do this for your physical exam)
- c. Write your ROS in a list format (see below)

#### **Example:**

Positive for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Negative for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Does your ROS follow this (yes/no)?** \_\_\_\_\_

#### **4. The past medical history should include:**

- a. Hospitalizations (If relevant to CC)
- b. Medical illnesses/diseases including psychiatric (diagnosis & when diagnosed) c. Preventive Care
- c. Significant Injuries & Accidents (If relevant to CC)
- d. Surgeries (for what & when) (If relevant to CC)

**Does your PMH follow this (yes/no)?** \_\_\_\_\_

#### **5. The family history should:**

- a. Mirror PMH list (+) and (-) to diseases or conditions in the organ systems you asked about in your

ROS, include age of diagnosis ONLY if pertinent

- b. "Not relevant" should NEVER be listed in a SOAP note
- c. You may put "Non-Contributory" if not pertinent for DDX of CC

**Does your FHx follow this (yes/no)? \_\_\_\_\_**

**6. The social history should be:**

- a. Relevant to CC ONLY, smoking, ETOH, drugs, + any other aspect of SH
- b. Can be in a list or narrative format
- c. "Not relevant" should NEVER be listed in a SOAP note. You may put "Non-Contributory" if not pertinent for DDX of CC

**Does your SHx follow this (yes/no)? \_\_\_\_\_**

**7. Current medications/herbs/supplements and allergies should include:**

- a. Name, dosage, route, and frequency of medication, one per line
- b. If there is a drug allergy, the reaction should document

**Does your medication and allergies follow this (yes/no)? \_\_\_\_\_**

**OBJECTIVE:**

8. Are all vital signs relative to the CC(s) and any chronic conditions documented?  
(yes/no)? \_\_\_\_\_

9. The physical exam should include:

- a. Findings appropriate for the CC and any chronic illnesses
- b. Findings described with appropriate and clear terminology, avoiding "normal" or synonyms, in list format by system/area of body examined, in standard order

**Does your vitals and physical exam follow this (yes/no)? \_\_\_\_\_**

10. Are your diagnostics pertaining to CC that are completed at point of care or reviewed from prior records noted at the END of Objective section?

(yes/no)? \_\_\_\_\_

**ASSESSMENT/PLAN:**

11. For your assessments:

- a. Number or bullet each assessment
- b. Can be separated or combined with the "plan"
- c. List them in the order of highest to lowest significance/severity
  - o New Diagnosis
    - At least three potential differentials\*
    - Rationale/evidence for selected diagnosis only\*
    - Discussion of the status/severity, prognosis, and potential complications\* □ Discussion of next steps and goal
  - o New Sign or Symptom
    - At least three potential differentials\*
    - All pertinent positives and negatives from history, physical exam, and diagnostic data listed for each differential\*
    - Identification the most likely or leading diagnosis with rationale/evidence provided\*
    - Discussion of next steps and goals of therapy

- o Established Diagnosis
  - Chronicity (acute/chronic vs. acute on chronic vs. recurrent)
  - Status (worsening/improving, controlled/uncontrolled, stable/unstable)\*
  - Evidence supporting your status\*
  - Goals of therapy
  - Any complications or side effects

Do your assessments follow this (yes/no)? \_\_\_\_\_

12. Are your assessment(s) mentioned/supported by the HPI, ROS, vitals, or physical exam?  
(yes/no)? \_\_\_\_\_

13. The Plan should:

- a. Have every sentence start with a verb (await, order, plan, refer, defer, discontinue, increase, etc.)
- b. Address diagnostic, therapeutic, and patient education plans in clear and complete fashion
- c. Include medication names, sig, rx side effects (if newly prescribed), counseling/education/ER precautions, and follow up plan
- d. Align with the differential diagnosis or established problem

Does your plan follow this (yes/no)? \_\_\_\_\_

14. Did you conclude each note with a Health Care Maintenance section? This includes age and sex-specific screening tests as well as vaccinations.  
(yes/no)? \_\_\_\_\_

15. Are there follow-up instructions mentioned at the conclusion of the note?  
(yes/no)? \_\_\_\_\_

Example:

**#1: Dyspnea on Exertion** (new diagnosis)

*Etiology unclear. Differential includes COPD, ACS, pulmonary malignancy, CHF, and anemia. Favoring COPD given significant smoking history and main presenting symptom of exercise intolerance. He is at increased risk for pulmonary ca though reassuringly there are no signs of cough, hemoptysis, or unintentional weight loss. Less likely ACS (no chest pain and HLD is well controlled) or CHF (recent BNP and echo wnl). Will need additional workup to rule out other cardiac and respiratory causes before initialing any form of therapy.*

- Obtain PFTs, EKG, and CXR
- Ordered CBC to r/o anemia
- Return to clinic in 6 weeks (or patient will call sooner if symptoms worsen). At that time, will consider repeat exercise tolerance test and repeat echo to assess LV function

**#2: Hyperlipidemia** (Chronic)

*Controlled. LDL 80, HDL 40; both at target levels on Simvastatin 20 mg/d. Tolerating statin without myalgias. Anticipate continued disease control with ongoing lifestyle changes and statin therapy.*

- Continue Simvastatin at current dose
- Check parenchymal liver enzymes and Creatinine Kinase today and in 6 months to assure no hepatotoxicity
- Follow up in 6 months

**#HCM:**

- Discussed colonoscopy and low dose CT chest; will follow up at next visit
- Administered Pneumovax today

**Follow up:** Return to clinic in 6 weeks

**Overall:**

16. Is the note signed? (yes/no)? \_\_\_\_\_
17. Is your note in narrative format? Address your SOAP note to other medical professionals, not to the patient. The words “your and you” should not be in your SOAP note. (yes/no)? \_\_\_\_\_
18. Is the note organized? (i.e. has appropriate headings, information in correct sections, note is easy to read and has logical flow) (yes/no)? \_\_\_\_\_
19. Do the subjective and objective components of this note give you a sense of the provider’s working differential diagnosis or status of an established diagnosis? (yes/no)? \_\_\_\_\_  
a. **If so**, how? **If not**, why not?
20. If you were the next provider to see this patient, does this note effectively communicate this visit, summarize your thought process, and provide actions steps that need to be completed?  
a. **If so**, how? **If not**, why not? (yes/no)? \_\_\_\_\_

**Touro University California**  
**Site Visit Evaluation Form / Class 2025**

Overall Percentage \_\_\_\_\_ %  
 Overall Impression (circle one): PASS FAIL

Student: \_\_\_\_\_ Dates of Clinical Block: \_\_\_\_\_ to \_\_\_\_\_

Block #: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6 \_\_\_7 \_\_\_8 Site: \_\_\_\_\_

Specialty: \_\_\_PC1 \_\_\_PC2 \_\_\_PC3 \_\_\_PC4 \_\_\_ER \_\_\_Surgery \_\_\_Elective/Variable (type \_\_\_\_\_)

**I. Patient Information**

1. Type:  Acute  Chronic  Annual Physical/WCC  F/U Visit  New Pt.

2. Setting:  Hospital  Office 3. CC: \_\_\_\_\_

**II. Professional Behavior**

PA student wearing student I.D. Done \_\_\_\_\_ (2) Not Done \_\_\_\_\_ (0)

Introduces self as a PA student (**must do both to get credit**)

Rapport with patient/caregiver Appropriate \_\_\_\_\_ (2) Inappropriate \_\_\_\_\_ (0)

Smooth task transition (Interview/exam) Yes \_\_\_ (2) Needs Improvement \_\_\_ (1) No \_\_\_ (0)

Exhibits professionalism w/ pt/staff/physician Yes \_\_\_ (2) Needs Improvement \_\_\_ (1) No \_\_\_ (0)

**III. History**

1. Does student review chart before entering room Done \_\_\_\_\_ (2) Not Done \_\_\_\_\_ (0)

2. Appropriate vital signs assessed or reviewed (e.g. 3 BPs for HTN patients) Done \_\_\_\_\_ (2) Not Done \_\_\_\_\_ (0)

3. Chief complaint, including duration Done \_\_\_\_\_ (2) Incomplete (1) \_\_\_ Not Done \_\_\_\_\_ (0)

4. OPQRST+ assoc.sx/Appropriate HPI Appropriate \_\_\_\_\_ (2) Incomplete \_\_\_\_\_ (1) Not Done \_\_\_ (0)

5. Medication(s) (name, dose) Appropriate \_\_\_\_\_ (2) Incomplete \_\_\_\_\_ (1) Not Done \_\_\_ (0)  
 Allergies (Name and Reaction) Appropriate \_\_\_\_\_ (2) Incomplete \_\_\_\_\_ (1) Not Done \_\_\_ (0)

6. Directed ROS Appropriate \_\_\_\_\_ (2) Incomplete \_\_\_\_\_ (1) Not Done \_\_\_ (0)

7. PMH Appropriate \_\_\_\_\_ (2) Incomplete \_\_\_\_\_ (1) Not Done \_\_\_ (0)

8. FH Appropriate \_\_\_\_\_ (2) Incomplete \_\_\_\_\_ (1) Not Done \_\_\_ (0) N/A \_\_\_

9. SH Appropriate \_\_\_\_\_ (2) Incomplete \_\_\_\_\_ (1) Not Done \_\_\_ (0) N/A \_\_\_

Please add additional scoring for additional CCs

10. Additional CC (s): \_\_\_\_\_  
 Chief complaint, including duration Appropriate \_\_\_\_\_ (2) Incomplete \_\_\_\_\_ (1) Not Done \_\_\_ (0) N/A \_\_\_

11. Directed ROS for each additional CC      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_ (0) N/A \_\_
12. PMH/FH/SH      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_ (0) N/A \_\_

**IV. Physical Examination**

1. Washed/Sanitized Hands      Done \_\_\_\_ (2)      Not Done \_\_\_\_ (0)
2. Directed PE performed based on CC  
Systems Examined:      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_ (0)  
  
Systems Missed:
3. Appropriate patient instructions given to facilitate PE      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_ (0)
4. Proper techniques & appropriate equipment is used to gather relevant data      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_ (0)

**V. Assessment**

1. Formulates appropriate diagnosis(es)      Done \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_\_\_ (0) N/A \_\_\_\_
2. Orders/Identifies appropriate diagnostic studies      Done \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_\_\_ (0) N/A \_\_\_\_
3. Student has rationale for selecting studies (*ask student questions*)      Done \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_\_\_ (0) N/A \_\_\_\_

**VI. Plan**

1. Formulates proper management (in relation to practice criteria)      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_ (0) N/A \_\_\_\_
2. Explains Mgmt to pt; provide rationale for therapeutic decisions      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_ (0) N/A \_\_\_\_
3. Patient education with respect to Dx, Tx, Complications, etc.      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_ (0) N/A \_\_\_\_
4. Follow-up care arranged/Discussed      Done \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_\_\_ (0) N/A \_\_\_\_
5. Counseling/discussion regarding psychosocial issues is completed      Done \_\_\_\_ (2) Incomplete \_\_\_\_ (1) Not Done \_\_\_\_ (0) N/A \_\_\_\_

**VII. Oral Presentation**

1. Accurately, concisely & efficiently presents case to preceptor or site visitor      Appropriate \_\_\_\_ (2) Incomplete \_\_\_\_ (1) N/A \_\_\_\_

\_\_\_\_\_/60

**General Impression:**

**Did the student miss any global issues that would impact patient care?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Please list:

**Did the student demonstrate overall competency?**      Yes \_\_\_\_\_ No \_\_\_\_\_

**X. An additional Site Visit is recommended**      Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for additional site visit:

## PRECEPTOR COMMENTS

Take a few minutes to talk with the preceptor (remember preceptors will also be completing a thorough, written evaluation of the student). If the preceptor is unavailable, the Clinical Coordinator will call the preceptor at a later time.

The preceptor was available during this site visit.

Yes\_\_\_ No\_\_\_

The following are SUGGESTED questions to discuss with the preceptor. Mainly, you are trying to determine if there are any glaring problems with the student.

1. Is the student's general fund of medical knowledge satisfactory? Yes\_\_\_ Somewhat \_\_\_ No\_\_\_ N/A\_\_\_

2. Are the students History and Physical skills appropriate/ satisfactory? Yes\_\_\_ Somewhat \_\_\_ No\_\_\_ N/A\_\_\_

3. Does the student order/ interpret appropriate diagnostic studies? Yes\_\_\_ Somewhat \_\_\_ No\_\_\_ N/A\_\_\_

4. Are the student's assessment/management skills satisfactory? Yes\_\_\_ Somewhat \_\_\_ No\_\_\_ N/A\_\_\_

5. Is the student exhibiting the expected level of professionalism? Yes\_\_\_ Somewhat \_\_\_ No\_\_\_

6. Has the student demonstrated knowledge of current practice standards? Yes\_\_\_ Somewhat \_\_\_ No\_\_\_

7. If deficiencies are noted above, has the preceptor discussed them with the student? Yes\_\_\_ No \_\_\_ N/A\_\_\_

8. What area should the student concentrate on during his/her next Clinical Block (*if applicable*).

---

STUDENT COMMENTS

**What is the student's overall impression of this clinical experience? (A few words are fine).**

\_\_\_\_\_  
**Evaluator's Name & Signature**

\_\_\_\_\_  
**Date**

Student Name \_\_\_\_\_ Date of Site visit \_\_\_\_\_

Site Visitor's Name \_\_\_\_\_ Site \_\_\_\_\_ / Setting OP IP ER/ Specialty \_\_\_\_\_

General Issues Discussed with Student (Ex. Student Adjustment, personal issues)

None

Student Concerns Addressed

None

Student performance deficiencies discussed (General deficiencies, site visit case specific, program concerns)

No specific deficiencies to discuss

Any plans discussed for improvement/reevaluation/continued growth

Student has no safety concerns at the site

Student given a copy

Student emailed a copy/Receipt Confirmation attached

## **GUIDELINES FOR OBTAINING AND SUBMITTING PRECEPTOR EVALUATIONS OF STUDENT PERFORMANCE**

Use the approved forms to obtain evaluations

- Mid-Rotation Feedback Evaluation Form: used for all rotations
- Final Preceptor Evaluation Forms (*posted to Canvas*)
  - Form A= PC1, PC2, and PC4
  - Form B = PC3
  - Form C = Emergency Medicine
  - Form D = Surgery Rotation
  - Form E = Elective 1 and 2

Who should complete an evaluation form:

- The main clinical preceptor (MD, DO, PA, NP) with whom you worked the majority of the rotation and who can fully evaluate your clinical abilities and professional behavior.
- Split rotations:
  - Obtain an evaluation from the main preceptor at each rotation.
- Rotations with more than one preceptor:
  - If you spent **equal** time with two preceptors, then you should obtain evaluations from each preceptor. Your grade will be calculated using the average of the evaluations.
  - For practices with more than two providers (as may be the situation in the ER or surgery rotations), you are to obtain an evaluation from the preceptor with whom you spent the majority of time. Refer to the above, if you spent equal time with two preceptors. Submission of evaluation forms from providers with whom you only spent a few days with is not appropriate and will not be accepted.
  - At some sites a preceptor or their representative may complete the form after obtaining input from several team members who have directly supervised the student. This is also appropriate, and you should follow the site policies regarding evaluations.
  - All evaluations you receive must be submitted. You may not choose the best evaluation or disregard or destroy any evaluation.
  - You must notify the Director of Clinical Education if you plan to request/submit more than one preceptor evaluation for a rotation. You must also provide the names of the preceptors that will be submitting forms.

**Once a rotation grade has been calculated, no further evaluations will be considered.**

Completion of the **Mid-Rotation Feedback Evaluation Form:**

- Must be completed and uploaded into Canvas by 11:59 pm PST on the designated due date.
- It is the student's responsibility to ensure the uploaded PDF document is visible/readable and legible.

Completion of the **Final Preceptor Evaluation Form:**

- Preceptors may complete final evaluations electronically (through a secure email generated by the Program through Typhon) or on paper.
  - If a preceptor has indicated on the student's mid-rotation evaluation that they would prefer to complete the final evaluation electronically, it will be sent to them at the start of the final week of the rotation. *\*Note: It is the student's responsibility to ensure that the preceptor is provided a paper copy of the final evaluation form- even if the preceptor plans to submit it electronically.*

- If a preceptor prefers to complete the final evaluation on paper, the student must provide the evaluation form to the preceptor(s) at the start of the final week of the rotation to allow ample time for completion.
- Evaluation forms must be completed before the student leaves the rotation site.
- Preceptors should be free to fill out these forms without the student being present. It is **not** appropriate for a student to be standing next to the preceptor during the completion of the form. After completing the evaluation, the preceptor may review it with the student. Students may discuss a preceptor's evaluation in a calm manner but should **never** be argumentative, aggressive or debate the evaluation. Should the preceptor choose not to review the evaluation with the student, the student will be given the opportunity upon returning to campus to review all evaluations.

Submission of Final Preceptor Evaluation:

- Electronic submissions will be sent directly to the Program.
- Paper submissions:
  - The evaluation must be placed in a sealed envelope with the preceptor's signature across the seal.
  - The student is responsible for submitting the sealed envelope to the Program.
  - If the preceptor wishes to mail it directly, then the student must provide a stamped envelope addressed to the Program. The student must notify the Director of Clinical Education immediately via email.
  - The sealed envelope may be hand-delivered or mailed to:  
Touro University California, MSPAS/MPH Program, Attn Clinical Team 1310 Club Dr,  
Vallejo, CA 94592

**Any falsification of evaluation forms or logs, forgery of signatures, tampering with or destruction of evaluation forms is prohibited and will be referred to the SPC and may be grounds for disciplinary action, up to and including program dismissal.**

**Touro University California Joint MSPAS/MPH Program**

**Mid-Rotation Feedback Evaluation**

Please provide feedback on our student's progress mid-way through the rotation.

**Student:** \_\_\_\_\_ **Rotation** \_\_\_\_\_ **Block:** \_\_\_\_\_

	<b>On the right track, learning appropriately</b>	<b>Emphasize more study and practice in this area</b>	<b>Area of concern</b>	<b>Not Applicable</b>
1. Medical/Surgical Fund of Knowledge				
2. History Taking Skills				
3. Physical Exam Skills				
4. Interpreting Labs-Tests				
5. Formulating Differential Diagnoses				
6. Management and Treatment Plans				
7. Documentation: Concise & Pertinent				
8. Oral Presentation: Concise & Pertinent				
9. Patient Education Knowledge				
10. Technical skills (e.g. diagnostic/ therapeutic procedures, suturing, etc.)				
<b>Professional Behavior:</b>				
1. Communication Skills w/Patients/Caregivers				
2. Rapport with patients/caregivers				
3. Rapport with clinic staff				
4. Enthusiasm & self-motivation				
5. Accepts criticism				
6. Recognizes own limitations				
7. Functions well in a team				
8. Displays cultural competency				
9. Dependable & Punctual				
10. Adheres to dress code including ID Badge & White Coat (if required)				

**This student is well prepared each day- having reviewed pertinent patient information and ready to discuss previous and current clinical cases/conditions: YES NO INCONSISTENT- NEEDS MORE WORK**

**Specific Examples/Commentary:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Clinical Preceptor (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Preceptor (PRINTED Name):** \_\_\_\_\_

**Clinical Preceptor (Email)\*:** \_\_\_\_\_

*\*Note: Final Rotation Evaluations can now be offered electronically. Please indicate your preference:*

**YES- I would like to complete this student's final evaluation electronically, use the above email address**

**NO- I prefer to complete the student's final evaluation on paper and return it by mail to the Program**

***STUDENT:*** *It is your responsibility to ensure that the information written above is legible (specifically the email address of your preceptor, if provided). The completed Mid-Rotation Evaluation should be returned by the student to the program by uploading into the corresponding location in Canvas by 11:59pm PST on the designated due date.*

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**Touro University California  
Joint MSPAS/MPH Program**

**CLINICAL FINAL PRECEPTOR EVALUATION - FORM A (PC1, PC2, PC4)**

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

<b>STUDENT:</b>		<b>MEETS EXPECTATIONS</b> Knowledge as expected	<b>APPROACHING EXPECTATIONS</b> Knowledge not meeting expectations	<b>BELOW EXPECTATIONS</b> Poor/ Unacceptable performance	<b>NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)</b>
<b>Preceptor:</b>					
<b>Rotation Title:</b>	<b>Block:</b>				
<b>Family/Internal Medicine/ OB/Gyn/Pediatrics</b>					
<b>Rotation Dates:</b>					
<b>GENERAL CLINICAL KNOWLEDGE / SKILLS</b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O N/A</b>
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Interpreting laboratory and diagnostic tests					
7. Performs clinical procedures using aseptic technique					
8. Develops appropriate Assessments					
9. Implements appropriate Management/Treatment plan					
10. Provides appropriate patient education and counseling					
11. Oral Presentation Skills					
12. Encounter documentation/medical records					
13. Approaches care with consideration of patient psychosocial and socioeconomic factors					
<b>LEARNING OUTCOMES – FM/IM (Adult Medicine)</b>					
Formulate DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for a patient presenting with the following symptoms:					
a. Dysuria					
b. Dyspnea					
c. Cough					
d. Rectal Bleeding					
e. Rash					
f. Diarrhea					
g. Constipation					
h. Abdominal pain					
Formulate a DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for a patient presenting with the following diagnosis:					
a. Hypertension					
b. Low Back Pain					
c. Diabetes Mellitus Type 2					
d. Hyperlipidemia					
e. COPD					

f. CHF				
g. Osteoarthritis				
Perform a complete HX/PE on a patient for a routine annual visit/preventative care				
Identify CV risk factors and appropriately determine lifestyle modifications and/or medication management.				
Appropriately educate patients substance misuse/dependency disorders (e.g., nicotine, alcohol, opioid, or other commonly abused substances).				
Identify patients classified as overweight/obese and educate on lifestyle modification.				
Through diagnostic testing of a patient, identify patients at risk of developing diabetes mellitus type 2 through appropriate diagnostic testing.				
Provide patient education on colorectal cancer screening and recommend/perform the appropriate screening.				

<b>Please evaluate student on the following additional learning outcomes</b>		<b>MEETS EXPECTATIONS</b> Knowledge as expected	<b>APPROACHING EXPECTATIONS</b> Knowledge not meeting expectations	<b>BELOW EXPECTATIONS</b> Poor/ Unacceptable performance	<b>NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)</b>
<i>Check here if little or no Women's Health care provided during this rotation:</i>					
<i>Check here if little or no Pediatric care provided during this rotation:</i>					
<b>LEARNING OUTCOMES – OB/Gyn</b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O N/A</b>
<b>GYNECOLOGICAL CARE</b>					
Elicit a problem-oriented history to include a sexual history, contraceptive history and gravidity/parity					
Perform an age-appropriate routine gynecological (wellness) exam including reproductive health diagnostic screening, patient education, and counseling as needed.					
Evaluate and manage patients presenting with abnormal vaginal bleeding or discharge.					
Appropriately screen a patient for a sexually transmitted infection and provide the correct treatment					
Conduct patient education on contraceptive use; develop a management plan.					
Manage peri-menopausal and menopausal symptoms.					
<b>PERINATAL CARE</b>					
Provide appropriate perinatal specific patient education					
Calculate the estimated date of delivery and gestational age using date of last menstrual period or abdominal ultrasound.					
Provide prenatal care to a pregnant patient					
Determine fetal positioning by conducting an abdominal physical exam on a pregnant patient and confirm the presence of fetal heart tones.					
Accurately identify the clinical presentation of a pregnancy at risk for complications					
<b>LEARNING OUTCOMES - Pediatrics</b>					
<b>INFANTS</b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O N/A</b>
Perform a well-child exam on an infant					
Identify and assess developmental milestones					
Chart normal development and growth					
Initiate and manage an infant's immunization schedule					
Formulate a DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for an infant presenting with fever					
<b>CHILD</b>					

Perform a well child exam on a toddler and child			
Manage a patient presenting with ear pain and symptoms indicative of an HEENT infection			
Update and manage a child's age-appropriate immunization schedule			
Formulate a DDX, perform a HX/PE, and order diagnostic tests for a child presenting with a pulmonary complaint.			
Formulate a DDX, perform a HX/PE, and order diagnostic tests for a child presenting with a dermatological complaint.			
Formulate a DDX, perform a HX/PE, and order diagnostic tests for a child presenting with a gastrointestinal complaint.			
<b>ADOLESCENT</b>			
Assess the stages of growth and development using the Tanner Scale			
Provide obesity screening, patient nutritional and exercise education			
Provide education and screening for STIs			
Provide education and screening for mental illness (anxiety, depression, substance use, suicidal ideation)			
<b><i>INTERPERSONAL SKILLS/PROFESSIONALISM</i></b>	<b>YES (2)</b>	<b>Inconsistent (1)*</b>	<b>No (0)*</b>
Communicates effectively and appropriately with patients, develops rapport			
Communicates effectively with members of the healthcare team, works well and is respectful of other clinicians & clinic staff			
Demonstrates ethical behavior, protects confidentiality			
Demonstrates cultural competency			
Provides holistic patient care accounting for cultural norms, socioeconomic, and environmental impacts on health			
Uses credible sources to make evidence-based decisions			
Recognizes own limitations; seeks help when needed			
Seeks additional learning opportunities, enthusiastic, self-motivated			
Demonstrates appropriate response to criticism and feedback			
Is attentive to detail			
Is dependable & punctual, arrives on time and completes tasks in a timely manner			
Dressed professionally including wearing appropriate ID badge & White Coat (if required)			

**Overall Impression: Do you feel that the student should pass this rotation?    Yes    No    Please Call Me**

***Comments and Explanation:***

**Have you discussed the content of this evaluation with the student?    Yes    No**

**Clinical Preceptor Signature: \_\_\_\_\_**

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

**If you have suggestions regarding the Program’s curriculum, please comment below.**

Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical Team  
1310 Club Drive, Vallejo, CA 94592

**Touro University California Joint MSPAS/MPH Program**  
**CLINICAL FINAL PRECEPTOR EVALUATION - FORM B (PC3)**

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

<b>STUDENT:</b>		<b>MEETS EXPECTATIONS</b> Knowledge as expected	<b>APPROACHING EXPECTATIONS</b> Knowledge not meeting expectations	<b>BELOW EXPECTATIONS</b> Poor/ Unacceptable performance	<b>NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)</b>
<b>Preceptor:</b>					
<b>Rotation Title:</b> <b>Geriatrics/Behavioral Medicine</b>	<b>Block:</b>				
<b>Rotation Dates:</b>					
<b>GENERAL CLINICAL KNOWLEDGE / SKILLS</b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O, N/A</b>
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Interpreting laboratory and diagnostic tests					
7. Performs clinical procedures using aseptic technique					
8. Develops appropriate Assessments					
9. Implements appropriate Management/Treatment plan					
10. Provides appropriate patient education and counseling					
11. Oral Presentation Skills					
12. Encounter documentation/medical records					
13. Approaches care with consideration of patient psychosocial and socioeconomic factors					
<b>LEARNING OUTCOMES – Geriatrics/Elderly Care</b>					
Assess a geriatric for potential falls					
Conduct a medication review to determine if some medications may be discontinued in a situation of polypharmacy.					
In a geriatric patient, determine osteopenia/osteoporosis risk and management using FRAX and DEXA scan screening.					
In a patient presenting with cognitive impairment, perform a MMSE, problem- focused HX/PE to determine reversible vs. nonreversible disorders of cognition					
Assess and refer for the correction of hearing and/or visual impairment					
Appropriately make recommendations for immunizations (pneumococcal pneumonia, influenza, herpes zoster, and/or tetanus)					
<b>LEARNING OUTCOMES – Behavioral Medicine</b>					
Perform a mental status and depression screening with a patient					
Appropriately formulate a DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for 3-5 of the following:					
a. Depression					
b. Anxiety					
c. Substance Use Disorder					
d. Eating Disorder					
e. Sleep Disorder					



**If you have suggestions regarding the Program's curriculum, please comment below.**

Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical Team  
1310 Club Drive, Vallejo, CA 94592

**Touro University California  
Joint MSPAS/MPH Program**

**CLINICAL FINAL PRECEPTOR EVALUATION FORM C (EM)**

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

<b>STUDENT:</b>		<b>MEETS EXPECTATIONS</b> Knowledge as expected	<b>APPROACHING EXPECTATIONS</b> Knowledge not meeting expectations	<b>BELOW EXPECTATIONS</b> Poor/ Unacceptable performance	<b>NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)</b>
<b>Preceptor:</b>					
<b>Rotation Title:</b> <b>EMERGENCY MEDICINE</b>	<b>Block:</b>				
<b>Rotation Dates:</b>					
<b><i>GENERAL CLINICAL KNOWLEDGE / SKILLS</i></b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O, N/A</b>
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Interpreting laboratory and diagnostic tests					
7. Performs clinical procedures using aseptic technique					
8. Develops appropriate Assessments					
9. Implements appropriate Management/Treatment plan					
10. Provides appropriate patient education and counseling					
11. Oral Presentation Skills					
12. Encounter documentation/medical records					
13. Approaches care with consideration of patient psychosocial and socioeconomic factors					
<b><i>LEARNING OUTCOMES</i></b>					
<b>EMERGENT</b>					
Conduct a HX/PE to determine vascular and neurological status in a patient presenting with a fracture.					
Develop an appropriate DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for a patient presenting with the following acute clinical presentations:					
a. Trauma and/or Shock					
b. Respiratory Distress					
c. Chest Pain					
d. Acute Headache					
e. Weakness and numbness					
<b>ACUTE</b>					
Appropriately assess, manage and repair an acute laceration with minimal supervision from the preceptor.					
Accurately interpret an ECG for a patient presenting with chest pain					
Appropriately assess a patient and determine which patients have life-threatening versus non-life-threatening medical conditions.					



**If you have suggestions regarding the Program's curriculum, please comment below.**

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Team 1310 Club Drive, Vallejo, CA 94592

**Touro University California  
Joint MSPAS/MPH Program**

**CLINICAL FINAL PRECEPTOR EVALUATION FORM D  
(Surgery)**

**Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.**

<b>STUDENT:</b>		<b>MEETS EXPECTATIONS</b> Knowledge as expected	<b>APPROACHING EXPECTATIONS</b> Knowledge not meeting expectations	<b>BELOW EXPECTATIONS</b> Poor/ Unacceptable performance	<b>NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)</b>
<b>Preceptor:</b>					
<b>Rotation Title:</b> <b>SURGERY</b>	<b>Block:</b>				
<b>Rotation Dates:</b>					
<b><i>GENERAL CLINICAL KNOWLEDGE / SKILLS</i></b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O, N/A</b>
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Interpreting laboratory and diagnostic tests					
7. Performs clinical procedures using aseptic technique					
8. Develops appropriate Assessments					
9. Implements appropriate Management/Treatment plan					
10. Provides appropriate patient education and counseling					
11. Oral Presentation Skills					
12. Encounter documentation/medical records					
13. Approaches care with consideration of patient psychosocial and socioeconomic factors					
<b><i>LEARNING OUTCOMES</i></b>					
<b>PRE-OP</b>					
Elicit a history and conduct pre-op physical examination for a surgical patient.					
Write an accurate pre-op note for a surgical patient.					
In a patient presenting with an acute complaint, perform a problem-oriented HX/PE, order standard diagnostic tests, and develop an appropriate DDX.					
<b>INTRA-OP</b>					
Perform surgical scrub, gown and glove using sterile technique					
Correctly identify surgical instruments, needles, and suture material for a surgical case					
Close a surgical wound using appropriate stapling or suturing techniques.					
Appropriately assist with surgical procedures under direct supervision of the surgeon.					
<b>POST-OP</b>					
Perform post-operative wound care and appropriately identify signs of infection.					
Accurately write a post-operative note.					
In a patient with post-operative fever, perform an appropriate history, physical exam, and assess the need for antibiotic therapy.					



**If you have suggestions regarding the Program's curriculum, please comment below.**

Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical Team  
1310 Club Drive, Vallejo, CA 94592

**Touro University California  
Joint MSPAS/MPH Program**

**CLINICAL FINAL PRECEPTOR EVALUATION FORM E**  
**(Electives 1 & 2)**

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

<b>STUDENT:</b>		<b>MEETS EXPECTATIONS</b> Knowledge as expected	<b>APPROACHING EXPECTATIONS</b> Knowledge not meeting expectations	<b>BELOW EXPECTATIONS</b> Poor/ Unacceptable performance	<b>NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)</b>
<b>Preceptor:</b>					
<b>Rotation Title:</b> <b>ELECTIVE 1 OR 2</b>	<b>Block:</b>				
<b>Rotation Dates:</b>					
<b><i>CLINICAL KNOWLEDGE / SKILLS</i></b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O, N/A</b>
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Interpreting laboratory and diagnostic tests					
7. Performs clinical procedures using aseptic technique					
8. Develops appropriate Assessments					
9. Implements appropriate Management/Treatment plan					
10. Provides appropriate patient education and counseling					
11. Oral Presentation Skills					
12. Encounter documentation/medical records					
13. Approaches care with consideration of patient psychosocial and socioeconomic factors					
<b><i>INTERPERSONAL SKILLS/PROFESSIONALISM</i></b>					
Communicates effectively with members of the healthcare team, works well and is respectful of other					
Demonstrates ethical behavior, protects confidentiality					
Demonstrates cultural competency					
Provides holistic patient care accounting for cultural norms, socioeconomic, and environmental impacts					
Uses credible sources to make evidence-based decisions					
Recognizes own limitations; seeks help when needed					
Seeks additional learning opportunities, enthusiastic, self-motivated					
Demonstrates appropriate response to criticism and feedback					
Is attentive to detail					
Is dependable & punctual, arrives on time and completes tasks in a timely manner					
Dressed professionally including wearing appropriate ID badge & White Coat (if required)					

**Have you discussed the content of this evaluation with the student?**            **Yes**    **No**

**Clinical Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**If you have suggestions regarding the Program's curriculum, please comment below.**

Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical  
Team 1310 Club Drive, Vallejo, CA 94592

**Touro University California  
Joint MSPAS/MPH Program**

**CLINICAL YEAR STUDENT TIME OFF REQUEST FORM**

Student Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**ALL INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.**

Initial requests for time off due to the Program 30 days prior to the first day requested off.  
Student must obtain Preceptor approval no sooner than 2 weeks prior to the start of the rotation.

Date(s) requested off: \_\_\_\_\_

- Religious Observance: Identify observance below
- Holiday: Identify observance below
- Other: Explain below, in detail, the reason for time requested off

Explanatory information as indicated above: (Attach additional sheets as needed)

Due to the Covid-19 related impact, all students seeking time off must be prepared to obtain a SARS-CoV-2 test upon their return to their clinical site, at their own expense. The Program, Preceptor(s), and Clinical Sites reserve the right to determine if a Covid-19 test is required to resume the clinical rotation, which might occur at short notice due to rapidly changing recommendations and guidelines across the country and among various counties. Students must provide the name, address, & phone number of a testing site where they can obtain an asymptomatic SARS-CoV-2 test should this be required upon their return to the clinical rotation after their time off.

**Testing Site, Address & Phone number:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree to obtain a SARS-CoV-2 test upon my return to the clinical rotation/site, should I be requested to do so by the Program, Preceptor, or Clinical Site for any reason. I understand that this requirement may be provided to me in short notice, and it will be at my own expense. Should I decline to obtain the requested testing, I understand that I will not be able to continue the rotation and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. If travel guidelines or restrictions change, resulting in the need for a period of quarantine of 10 or more days upon my return after taking time off, I understand that I may not be able to continue the rotation and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. If I obtain testing and my results are inconclusive or positive, I understand that this may result in the need for a period of quarantine or isolation for 10 or more days. As such, I may not be able to continue the rotation and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. Furthermore, if I test positive, I agree to immediately notify TUC student health.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Submission of this request does not constitute approval by the Program or the Preceptor. Students should not assume a request has been granted until a notification has been sent.*

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***This page is reserved for Program & Preceptor responses:***

- Program Response:  Approved, with Preceptor/Site request indicated below:  
 Make up time at Preceptor discretion  Make up time REQUIRED
- Denied  
Reason for Denial:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Clinical Education)

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**Preceptor Response (please select ONE):**

Student may resume their rotation with me/at my site without a SARS-CoV-2 test. Should this request change, I will notify the Program immediately.

*\*Contact: Jennifer Pimentel: [Jpimente@touro.edu](mailto:Jpimente@touro.edu)*

I request that the student obtain SARS-CoV-2 test upon their return from time off, within 72 hours of resuming their rotations with me/at my site.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Preceptor)

**Touro University California  
Joint MSPAS/MPH Program**

**CLINICAL YEAR STUDENT PROGRAM BREAK FORM**

Student Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**ALL INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.**

Dates/Block requested off: \_\_\_\_\_

Was this Program Break recommended by the Director of Clinical Education?    Yes    No

Detailed Explanation for Program Break request:

Due to the Covid-19 related impact, all students seeking a program break must be prepared to obtain a SARS- CoV-2 test upon their return to their clinicals, at their own expense. The Program, Preceptor(s), and Clinical Sites reserve the right to determine if a Covid-19 test is required to resume clinical rotations, which might occur at short notice due to rapidly changing recommendations and guidelines across the country and among various counties. Students must provide the name, address, & phone number of a testing site where they can obtain an asymptomatic SARS-CoV-2 test should this be required upon their return to the clinical rotation after their time off.

**Testing Site, Address & Phone number:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree to obtain a SARS-CoV-2 test upon my return to the clinical rotations, should I be requested to do so by the Program, Preceptor, or Clinical Site for any reason. I understand that this requirement may be provided to me in short notice, and it will be at my own expense. Should I decline to obtain the requested testing, I understand that I may not be able to continue rotations and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. If travel guidelines or restrictions change, resulting in the need for a period of quarantine of 10 or more days upon my return, I understand that I may not be able to continue the rotation and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. If I obtain testing and my results are inconclusive or positive, I understand that this may result in the need for a period of quarantine or isolation for 10 or more days. As such, I may not be able to continue the rotation and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. Furthermore, if I test positive, I agree to immediately notify TUC student health.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Submission of this request does not constitute approval by the Program. Students should not assume a request has been granted until a notification has been sent.*

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***This section is reserved for Program response:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Clinical Education)

## **Clinical Year Case Presentations**

The Callback Clinical Case Presentation is a detailed narrative in which students share a perplexing, challenging, or unique clinical patient scenario that they encountered during a clinical rotation. Similar to grand rounds, the clinical case presentation is designed to allow students to share their experiences and challenges and contribute meaningfully to the knowledge and education of their clinician peers. Additionally, completion of the case presentation and corresponding class handout is intended to encourage students to become involved in medical research and act as an introduction to medical writing.

The presenting student is expected to “work through” a case including formulating a clinical question and/or stating the patient’s problem, performing a literature search to find the best evidence-based data of the differential diagnosis derived from the patient’s problem and critically analyze that data, while applying the evidence to the clinical encounter. The student’s presentation and corresponding class handout should follow the CARE (Case Report) guidelines as much as possible, which has become a standard for scientific writing in health and medicine. Each student will be given 15 minutes to present their case, followed by an additional 5-10 mins for audience questions.

### **Case Choice:**

Your chosen case must meet one or more of the following criteria:

1. The case illustrates a diagnostic or therapeutic problem you encountered
2. The case presents an illness or disease not covered during the didactic year
3. The case describes a new disease or one that is rarely encountered
4. The case illustrates how a patient’s ethnicity, culture, or spiritual beliefs contributed to the disease or illness and affected their treatment and outcomes

### **Technology Format:**

Students must use a presenting program/platform such as Power Point, Keynote, Prezi, Google Slides, etc.

### **Presentation Format:**

Presenting your chosen case study should begin with an introduction explaining the context and relevance of the case, followed by the patient story. This should be a narrative that includes the patient’s presenting problem or complaint, your differential diagnosis based on the presenting complaint, the subjective and objective clinical findings identified during the patient encounter, all relevant diagnostic studies performed, and clinical interventions that were proposed and chosen. The patient outcomes including any adverse events, and follow-up should also be included. The presentation should conclude with a discussion of the rationale for any conclusions made and “clinical pearls” or key takeaway points.

Your presentation must include the following 8 sections. (*Applicable CARE guidelines items are referenced for you as well*):

1. Title (CARE item #1)
  - The diagnosis or intervention of primary focus followed by the words “case report”
2. Introduction (CARE item #4)
  - One or two brief paragraphs summarizing why this case is unique and why you chose it (*bullet points with adequate narration are acceptable too*)

3. Patient Information (CARE item #5a thru 5d)
  - De-identified demographic information of the patient (if relevant, you can include age, gender, ethnicity, occupation, etc.)
  - Chief complaint or primary concern/symptoms of the patient
  - Your differential diagnosis determined from the chief complaint or primary concern/symptoms of the patient.
  - Relevant medical, family, and psychosocial history of the patient. Be sure to include:
    - Details about relevant comorbidities or chronic illnesses
    - Psychosocial history, including lifestyle when relevant
    - Genetic information if relevant
    - *Note: If relevant to the case, provide a timeline of key events in the patient's history (CARE item #7)*
  - Information regarding past treatments and interventions, including the outcomes
4. Clinical Findings (CARE item #6)
  - Describe relevant physical examination findings and any other important clinical findings
5. Diagnostic Assessment (CARE item #8a thru 8d)
  - Diagnostic methods utilized (such as physical exams performed, laboratory testing, imaging, questionnaires/surveys)
  - Diagnostic challenges (such as access to testing, financial, or cultural)
  - Diagnostic reasoning (including a discussion of the other diagnoses you considered and how you were able to rule those out)
  - Prognosis or staging when applicable (such as staging in oncology)
6. Therapeutic Interventions (CARE item #9a thru 9c)
  - Types of therapeutic intervention that were used and/or recommended (such as pharmacologic, surgical, preventive, self-care)
  - Administration of therapeutic intervention (such as dosage, strength, duration)
  - Any changes made to the therapeutic intervention (with rationale for the change)
7. Follow-up and Outcomes (CARE item #10a thru 10d)
  - When applicable, include clinician and patient-assessed outcomes- this can include objective measures such as lab tests results, or may be subjective outcomes perceived by the patient
  - Important follow-up diagnostics and other test results (including results if available)
  - Intervention adherence and tolerability (when applicable, include how was this assessed)
  - Adverse and unanticipated events
  - *Note: If possible and relevant, include the patient's perspective on the treatment(s) they received (CARE item #12)*
8. Discussion (CARE item #11a & 11d)
  - A scientific discussion of the strengths AND limitations you encountered while managing this patient
  - The primary “take-away” lessons of this case report (without references)

### **Class Handouts:**

Students will be required to provide a bullet point/quick reference handout of the case study topic (*not a summary of the clinical encounter*). The handout should NOT be a full narrative, nor a copy and paste of your presentation. The purpose of the handout is to provide your medical colleagues a quick snapshot of information about the disease/illness so it can be referenced at a later date.

Your handout must include the following 5 sections. (*Applicable CARE guidelines items are referenced for you as well*):

1. Title (CARE item #1)
  - The diagnosis or intervention of primary focus (this should be very similar to your presentation title)
2. Key Words (CARE item #2)
  - 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report". (*Note: Keywords help identify the focus of a case report and, if you were to publish a case study, they would be the terms used to find your publication in a database search*)
3. Disease/Illness fact sheet (CARE item #11b)
  - A summary of the relevant medical literature and findings. You must include the following:
    - a. Brief description/definition of the diagnosis including diagnostic criteria (*when applicable*)
    - b. A summary of the “classic” signs and symptoms
      - Include what should be on your differential diagnosis list when a patient presents with these signs & symptoms
    - c. A summary of the “classic” physical exam findings, lab results, and diagnostic findings
      - Include how these objective findings help discriminate between the various diseases/illnesses on your differential diagnosis list
    - d. The standard treatment options (*describe first, second, and third line options*), comparing the risks/benefits of each choice and the goals of treatment (both initial and long-term)
    - e. Any impact that ethnic, cultural, or spiritual beliefs might have on the diagnosis, treatment, or anticipated outcomes
4. Key take-away points (“Clinical Pearls”) about the diagnosis
5. List the references/resources you used (a minimum of 3)

### **Grading:**

As stated in the clinical year handbook, failure to complete the case presentation on the assigned day demonstrates a lack of professionalism and may result in automatic failure and placement on academic probation. Students are required to pass the case presentation with a grade of 75%. Failure of the case presentation will result in a program warning and the student will be required to generate a new case presentation(s) to present until a grade of 80% is achieved.

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## Clinical Year Case Presentation Grading Rubric

Student:

Title/Topic of case:

Clinical question/why this case was chosen:

### 1. Title, Introduction

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as 1) Chosen case meets specified criteria and the title follows CARE guidelines 2) Introduction is brief, succinct and 1-2 paragraphs in length ( <i>bullet points with narration is acceptable too</i> ) 3) Introduction summarizes uniqueness of this case study			
	Needs Improvement	Good	Very good	Excellent
Fail	1-2	3-4	5-6	7-9

### 2. Patient Information

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a presentation that includes 1) Demographic information that is relevant to the case and de-identifies the patient 2) A discussion of the patient's chief complaint and primary symptomology 3) A differential list that includes relevant diagnoses based on the patient's presenting complaint 4) Pertinent components of the PMHx including the presence/absence of comorbidities 5) Pertinent components of the family history 6) Relevant components of the psychosocial history 7) Information regarding past treatments and interventions, including the outcomes			
	Needs Improvement	Good	Very good	Excellent
Fail	1-5	6-10	11-15	16-20

### 3. Clinical Findings & Diagnostic Assessments

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a presentation that includes 1) Pertinent physical examination findings and their relevance to the final diagnosis 2) A discussion of the diagnostic methods used including test results 3) Describes barriers and challenges to making the diagnosis 4) An explanation of your clinical reasoning, describing the differential diagnoses you originally considered and how you were able to rule them out 5) Patient prognosis ( <i>when applicable</i> )			
	Needs Improvement	Good	Very good	Excellent
Fail	1-3	4-6	7-9	10-12

### 4. Therapeutics

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a presentation that describes 1) The types of therapeutic interventions considered and recommended to the patient, including non-pharm and preventative 2) Information regarding the chosen intervention including drugs, dosage, schedule and duration 3) Changes that were made to the therapeutic regimen and/or a discussion of anticipated changes ( <i>if student was not present during follow-up</i> )			
	Needs Improvement	Good	Very good	Excellent
Fail	1-3	4-6	7-9	10-12

### 5. Follow-up and Outcomes

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a presentation that describes 1) Important follow-up assessments including any labs/diagnostics needed to evaluate the chosen therapeutic regimen 2) Patient adherence to and tolerability of the therapeutic intervention 3) Adverse events or unanticipated outcomes			
	Needs Improvement	Good	Very good	Excellent
Fail	1-2	3-4	5-6	7-9

### 6. Class Handout

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a handout that includes 1) A defining title with corresponding key words 2) A brief description of the diagnosis including diagnostic criteria ( <i>when applicable</i> ) 3) Typical signs & symptoms of the diagnosis including what should be included on a differential 4) Expected physical exam and diagnostic findings that discriminate between the diagnosis and the differential 5) A summary of the treatment modalities available including when to choose each 6) The initial versus long-term goals of treatment 7) An explanation of how ethnic, cultural, or spiritual beliefs might impact making the diagnosis, the therapeutics use, and/or the expected outcomes 8) Key “clinical pearls” 9) A broad and up-to-date list of references that are evidence-based ( <i>minimum of 3</i> )			
	Needs Improvement	Good	Very good	Excellent
Fail	1-6	7-12	13-19	20-27

### 7. Overall Impression

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as 1) A presentation that is focused and relevant, follows provided guidelines, and is appropriate length 2) Oral presentation is well-paced, professional medical terminology is used, thorough preparation is reflected, ideas are presented in logical order 3) Presenter demonstrates thorough understanding of content, makes good eye contact, avoids distracting gestures, answers audience questions/comments with authority and accuracy 4) Handout is well developed, provides accurate and relevant information, reflects depth on topic, contains no grammar errors			
	Needs Improvement	Good	Very good	Excellent
Fail	1-2	3-5	6-8	9-11

Additional Comments/Feedback: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Grader: \_\_\_\_\_

## Touro University California

### Blood/ Body Fluid Exposure Protocol

#### Student Responsibilities:

- Receive office/department orientation regarding infection control policy and post exposure management procedures.
- Utilize appropriate barrier precautions during the administration of care to all individuals.
- Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
- Immediately report accidental needle sticks and exposure to blood or body fluids.\* (see below)
- Initiate immediate intervention for the management of accidental exposure to blood or body fluids.\* (see below)
- Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

#### \*Accidental/Occupational Exposure Procedure

In the event of an accidental/occupational exposure to blood or body fluids, which includes accidental needle sticks, the student will:

- **Immediately** wash the area of exposure with soap and water.
- **Immediately** report the incident to instructor, preceptor or supervisory personnel and to Touro University California, Student Health Services. (707) 638-5220.
- **Initiate** referral to the nearest Emergency Department, Clinic, or Private Physician for post exposure management.
- **STUDENTS WILL ADVISE TOURO UNIVERSITY CALIFORNIA, STUDENT HEALTH SERVICES OF THE INCIDENT WITHIN 24 HOURS** of the occurrence, leaving a message if there is no answer. Student Health Services will be responsible for notifying the respective program (COM, COP, PA) through the designated clinical coordinator of that program.
- **Complete** a Touro University **Incident Report Form AND Blood- Body Fluid Exposure Report. Send the completed forms to:**
  - Touro University-California
  - Attention: Student Health Center
  - 1310 Club Drive - Building H89, Suite
  - 1537 Vallejo, California 94592
  - Fax to: 707-638-5261 or Email to: [tuc.studenthealth@touro.edu](mailto:tuc.studenthealth@touro.edu)
- Decisions regarding post exposure management, prophylaxis and follow-up will be made upon recommendation of the care provider. Touro University California, Student Health Services require a minimum of obtaining a baseline screening for HIV and a Hepatitis panel (to include antibodies) and to update any needed immunizations.
- **BE ADVISED THAT THE SCHOOL IS NOT LIABLE FOR HEALTH CARE COSTS ACCRUED IF AN EXPOSURE OCCURS. STUDENTS ARE EXPECTED TO SUBMIT CLAIMS TO THEIR OWN MEDICAL HEALTH INSURANCE.**
- Touro University California, Student Health Services will be available to guide the student as to further follow-up based on current CDC guidelines in conjunction with the treating physician.

# BLOOD-BODY FLUID EXPOSURE REPORT



**Student Health Center**  
1310 Club Drive, Building H-89 Ste. 1537  
Vallejo, CA 94592  
P: 707-638-5220 F: 707-638-5261  
Email: [tuc.studenthealth@tu.edu](mailto:tuc.studenthealth@tu.edu)

## Blood - Body Fluid Exposure Report and Checklist

Date Form Completed: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Program and Year: \_\_\_\_\_

Date and Time of Exposure: \_\_\_\_\_

Name of Site: \_\_\_\_\_ Department: \_\_\_\_\_

Type of Exposure:

- Percutaneous – Needle-stick or cut through skin
- Mucous Membrane- Splash into eye or mouth
- Cutaneous- Contact with exposed, chapped, abraded, skin with large amount of blood for prolonged time

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Notified at the Site (Name and Title): \_\_\_\_\_  
\_\_\_\_\_

Date and Time of Site Notification: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Student Tested: Yes  No

If yes, which tests were completed?

HIV  Hep B  Hep C  LFT's

Counseling Offered: Yes  No

Treatment Offered: Yes  No

Treatment Accepted: Yes  No

Was the source pt. tested? Yes  No  Declined

If yes, which tests were completed?

HIV  Hep B  Hep C



**Student Health Center**  
1310 Club Drive, Building H-89 Ste. 1537  
Vallejo, CA 94592  
P: 707-638-5220 F: 707-638-5261  
Email: [tuc.studenthealth@tu.edu](mailto:tuc.studenthealth@tu.edu)

Student Signature: \_\_\_\_\_

Student will submit this completed form to Touro University California Student Health Center and Designated Program Clinical Coordinator within 24 hours of incident.

Student Health Center

Date Form was received: \_\_\_\_\_

Name of Person who received the form:

\_\_\_\_\_

Program Designated Clinical Coordinator

Date Form was received: \_\_\_\_\_

Name of Person who received the form:

\_\_\_\_\_

Form reviewed by Director/Medical Director:

Yes  No

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

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



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**APPENDIX B:**  
**CODE OF RESPONSIBILITIES OF STUDENTS**

## CODE OF RESPONSIBILITIES AND RIGHTS OF THE STUDENTS OF TOURO UNIVERSITY CALIFORNIA

This code is entitled *The Code of Responsibilities and Rights of the Students of Touro University* and is in Appendix E in the TUC Catalog. A portion of it is excerpted here.

### Definition and Basic Concepts

The Code of Responsibilities and Rights of the Students of Touro University is a part of each student's educational commitment. The following definitions of terms are made for clarification.

1. The "university" refers to Touro University. The term includes the physical plant, the total educational program, students, faculty, employees, officers and trustees.
2. A "student" is anyone who has matriculated at the university and has commenced classes. The term does not include an individual who has applied for admission to but has not been in attendance at the university, nor does it include alumni.
3. The "faculty" constitutes those individuals appointed to the faculty by the President of the University.
4. A "student organization" is any group of students given recognition by the Student Government Association (SGA) administration.
5. The "SGA" is the university student governance structure. The leadership of the SGA is elected by the entire student body. The SGA is composed of all the class officers and student organization officers. All students are invited to participate in SGA meetings.
6. "Student affairs" includes areas of student interest and involvement through which their academic, social and professional goals can be achieved.
7. "University affairs" are the academic, business, administrative, professional and public relations activities of the University.
8. "University programs" are those academic programs established by Touro University for osteopathic medicine, pharmacy, allied health, and teacher education.
9. "Academic freedom" is the right of faculty and students to study, discuss, investigate and function within the educational process.
10. "Requirements of the University" are those prerequisites for receipt of the degrees, granted by the University, which are delineated in the college catalog and in official pronouncements of the Board of Trustees, faculty and administration. Such requirements may change from time to time as the need arises to insure acceptability and respectability of the various degrees offered by the university.

### Student Responsibilities

- To achieve and maintain a high standard of academic, professional and social conduct considering individual aptitude and abilities.
- To recognize the value and necessity for active and life-long learning as a vital adjunct to the university's formal educational program and to work diligently to learn from their own strengths and weaknesses so as to become competent professionals who can live up to the standards set by their chosen professional fields.
- To be familiar with this code and the bylaws regulated.
- To meet the requirements of the Code of Responsibilities and Rights of the Students of Touro University's degree programs.
- To work toward better relations with the general public on behalf of all programs of Touro University California and their respective profession.

- To help promote excellence in education, patient oriented health care, and community services as provided by the university.
- To exhibit personally the highest ethical and professional performance and to work with others to promote similar performance among fellow students and alumni.
- To serve on any university committees to which appointed with the understanding that such appointment requires accurate representation of the opinions of the entire student body of the committee.
- To maintain good academic standing (i.e., not on academic probation) to be eligible to hold elected positions in their classes, colleges or organizations, to maintain university committee appointments, or travel on behalf of student organizations representing the University.

APPENDIX C:

**IMPORTANT PROGRAM  
AND UNIVERSITY  
CONTACT  
INFORMATION**

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## IMPORTANT PROGRAM AND UNIVERSITY CONTACT INFORMATION

### ***JOINT MSPAS/MPH Program***

*1310 Club Drive  
Vallejo, CA 94592  
Program Main: 707-638-5809*

### **Joint MSPAS/MPH Program**

#### **Clinical Administrative Coordinator**

Regina Branch  
P: 707-638-5854  
F: 707-638-5891  
E: [rbranch@touro.edu](mailto:rbranch@touro.edu)

#### **Director of Clinical Education**

Jennifer Pimentel, MAEd  
Cell: 707-246-7613  
E: [jpimente@touro.edu](mailto:jpimente@touro.edu)

#### **Associate Professor - Clinical Education**

Le'Anna St. John Paul, MPAS, PA-C  
E: [lstjohn@touro.edu](mailto:lstjohn@touro.edu)

### **MPH Program**

#### **Administrative Coordinator**

Charleane Williams  
Phone: 707-638-5838  
Fax: 707-638-5871  
E: [cwilliam27@touro.edu](mailto:cwilliam27@touro.edu)

#### **Program Director**

Gayle Cummings, PsyD, MPH  
Phone: 707-638-5831  
E: [gcumming@touro.edu](mailto:gcumming@touro.edu)

#### **Field Study Coordinator**

Sharon O'Hara, DrPH, MPH, MS  
Phone: 707-638-5834  
E: [sohara@touro.edu](mailto:sohara@touro.edu)

**Touro University California**

*Main: 707-638-5200*

**Student Health / Counseling Services**

Phone: 707-638-5220

Fax: 707-638-5261

Email: [tuc.studenthealth@touro.edu](mailto:tuc.studenthealth@touro.edu)

**Bursar Office**

Phone: 707-638-5253

Email: [tuc.bursar@touro.edu](mailto:tuc.bursar@touro.edu)

**Registrar Office**

Phone: 707-638-5984

Fax: 707-638-5267

Email: [tuc.registrar@touro.edu](mailto:tuc.registrar@touro.edu)

**Financial Aid**

Phone: 707-638-5280

Fax: 707-638-5262

Email: [tuc.finaid@touro.edu](mailto:tuc.finaid@touro.edu)

**Dean of Student Affairs**

Steven Jacobson, Ed.D

Phone: 707-638-5935

Email: [sjacobso10@touro.edu](mailto:sjacobso10@touro.edu)

**Student Services (Parking)**

Karen Malone

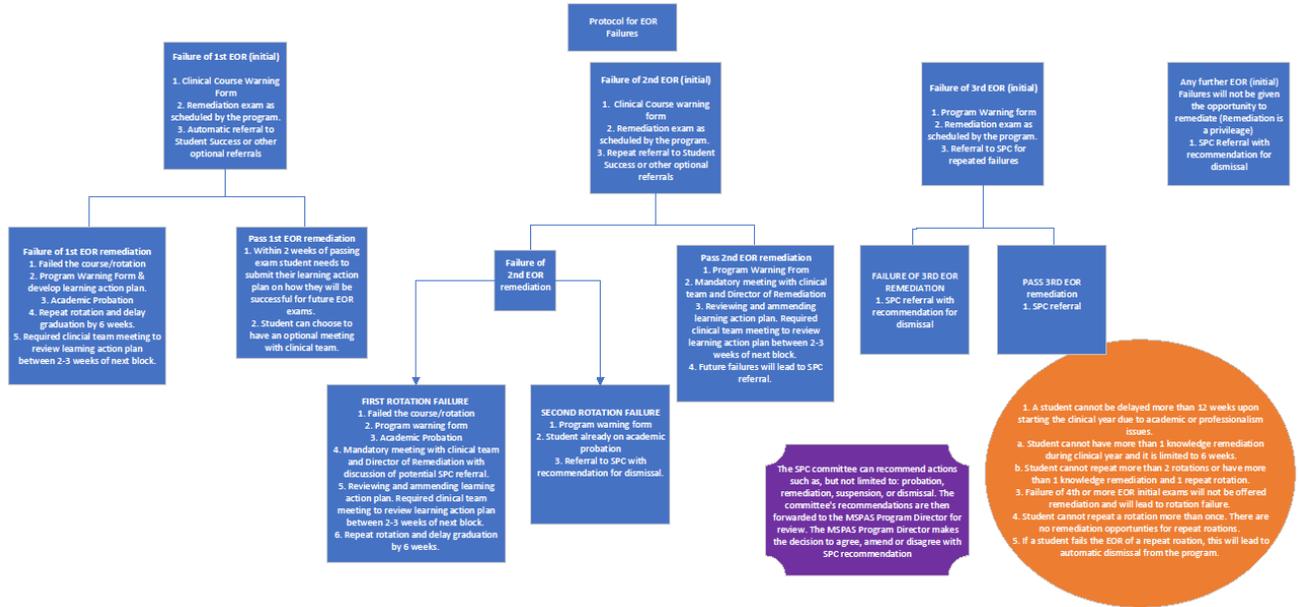
Phone: 707-638-5935

Fax: 707-638-5255

Email: [kmalone@touro.edu](mailto:kmalone@touro.edu)

# APPENDIX D:

## Rotation (Course) Failure Algorithm



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## **APPENDIX E:**

### **AQUIFER ASSIGNMENTS**

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## Clinical Year Aquifer Assignments- Class of 2025

Aquifer is an excellent case-based, multimedia learning tool that will help you develop some of the most challenging skills needed to become a great PA. These include critical thinking, developing differential diagnosis lists, putting together a patient encounter from beginning to end, and effective communication with patients and families. It takes time and practice to foster these skills, and we hope these cases will facilitate your journey.

The assignments listed below should be completed by the designated due dates for each rotation. It is your responsibility to take advantage of this resource and give yourself the time you need to adequately learn from these cases!

Each of the Aquifer assignments will be graded as Complete or Incomplete.

In order to obtain a 'Complete', students must:

- Complete all Aquifer calibrate assessments during the designated window of time.
  - Complete identified Aquifer cases in their entirety during the designated window of time. This is defined as:
    - Completing ALL sections of the case. Once you get to the bottom of each section, you will know there is more material in the section if there is a blue 'Continue' button. If the continue button is gray, you have completed the section.
    - Completing ALL questions (both multiple choice and essay) and ALL summary statements.
    - Clicking the 'Finish Case' button when you are done (under Case Summary Download section).
- \*We recommend that you also complete the 'Deep Dive and Feedback sections.

### **Getting to Aquifer**

Go to <https://aquifer.org/>(you should already be registered from didactic year courses)

- For calibrate assessments, go to the "My Assessments" section.
- For additional cases, search by practice area

Feel free to complete more than your pre-assigned cases. Many students have completed dozens of extra cases and reported a significant improvement in their skills.

Contact Le'Anna (lstjohn@touro.edu) if you have any questions.

## REQUIRED CASES BY ROTATION

### PC1 or PC2- whichever rotation occurs FIRST:

Complete the Aquifer Family Medicine calibrate assessments:

#### During the first week of the rotation:

Complete the early FM assessment:

- Review your performance on the early assessment.
- In the "Identify Patterns" section, add cases to your To-Do list:
  - **You must select all cases marked as "warning" or "novice"** regardless of the number. If you have none of these, you can select cases from any of the remaining areas (i.e. unsure, competent,

or excel). Your final to-do list must have a minimum of 9 total cases and must include all of those marked as “warning” or “novice”.

- Complete the “My Learning Plan and To Do’s” section- your selected cases will already be listed here. You will identify at least 3 cases to complete during your current rotation. The remaining cases (which should be 6 or more), you can complete during this rotation or as part of your second PC1 or PC2 rotation. You must also include at least one observation & strategy. Once you’ve completed this section, select “Share” and send this report to Le’Anna: [lstjohn@touro.edu](mailto:lstjohn@touro.edu)

During the last week of the rotation:

Complete the late FM assessment. Students are encouraged to compare their early & late results to identify areas of continued weakness and to guide their studies.

### **PC1 or PC2- whichever rotation occurs SECOND:**

Students will complete the remaining Aquifer cases they identified on their FM calibrate “My Learning Plan and To Do’s” section. You should have at least 6 remaining cases to complete.

### **PC3 rotation:**

Complete the Aquifer Internal Medicine calibrate assessments:

During the first week of the rotation:

Complete the early IM assessment:

- Review your performance on the early assessment.
- In the “Identify Patterns” section, add cases to your To-Do list:
  - **You must select all cases marked as “warning” or “novice”** regardless of the number. If you have none of these, you can select cases from any of the remaining areas (i.e. unsure, competent, or excel). Your final to-do list must have a minimum of 3 total cases and must include all of those marked as “warning” or “novice”.
- Complete the “My Learning Plan and To Do’s” section- your selected cases will already be listed here. **You will complete all cases on your To-Do list** during your current rotation. You must also include at least one observation & strategy. Once you’ve completed this section, select “Share” and send this report to Le’Anna: [lstjohn@touro.edu](mailto:lstjohn@touro.edu)

During the last week of the rotation:

Complete the late IM assessment. Students are encouraged to compare their early & late results to identify areas of continued weakness and to guide their studies.

### **PC4 rotation:**

Complete the Aquifer Pediatric calibrate assessments:

During the first week of the rotation:

Complete the early Pediatric assessment:

- Review your performance on the early assessment.
- In the “Identify Patterns” section, add cases to your To-Do list:
  - **You must select all cases marked as “warning” or “novice”** regardless of the number. If you have none of these, you can select cases from any of the remaining areas (i.e. unsure, competent, or excel). Your final to-do list must have a minimum of 3 total cases and must include all of those marked as “warning” or “novice”.
- Complete the “My Learning Plan and To Do’s” section- your selected cases will already be listed here. **You will complete all cases on your To-Do list** during your current rotation. You must also include at least one observation & strategy. Once you’ve completed this section, select “Share” and send this report to Le’Anna: [lstjohn@touro.edu](mailto:lstjohn@touro.edu)

During the last week of the rotation:

Complete the late Pediatric assessment. Students are encouraged to compare their early & late results to identify areas of continued weakness and to guide their studies.

**Surgery rotation:**

Choose 6 Aquifer cases you have not already completed or have not previously been assigned to you. Depending on your rotation location, preceptor, and patient population, you may find cases from the following content areas useful:

- Aquifer Neurology
- Aquifer Oral Presentation Skills
- Aquifer Palliative Care
- Aquifer Radiology
- Aquifer Trauma-Informed Care

Selected cases must be completed by week 6 of the rotation

**Emergency Medicine rotation:**

Choose 6 Aquifer cases you have not already completed or have not previously been assigned to you. Depending on your rotation location, preceptor, and patient population, you may find cases from the following content areas useful:

- Aquifer Neurology
- Aquifer Oral Presentation Skills
- Aquifer Palliative Care
- Aquifer Radiology
- Aquifer Trauma-Informed Care

Selected cases must be completed by week 6 of the rotation

**Elective Rotations:** While there are no required Aquifer assignments for elective rotations, completing additional casework reflects active engagement in learning and commitment to academic and professional improvement. Therefore, students are strongly encouraged to complete additional Aquifer cases based on their areas of weakness identified in their PACKRAT scores, preceptor evaluations and feedback, and during calibrate assessments.

Failure to complete Aquifer assignments by the designated due date(s) will result in a “forms” infraction, and the student will be expected to repeat the assignments and additional casework.

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## 2025 CLINICAL YEAR HANDBOOK SIGNATURE SHEET

Every attempt is made to provide a complete clinical handbook that provides an accurate overview of the clinical curriculum. However, circumstances and events may make it necessary to modify the handbook during the clinical year. Any amendments will supersede those sections of the original handbook.

By signing below, I attest that I have received, read, and fully understand the Touro University Joint MSPAS/MPH Program Class of 2025 Clinical Year Handbook. I understand that amendments may be made to the policy and procedures noted within. I hereby agree to comply with all provisions listed in this handbook and any future amendments.

---

*Signature*

---

*Date*

---

*Print Name*

**This form is due back to the Joint MSPAS/MPH program by Monday,  
January 29, 2024  
(via Canvas upload)**