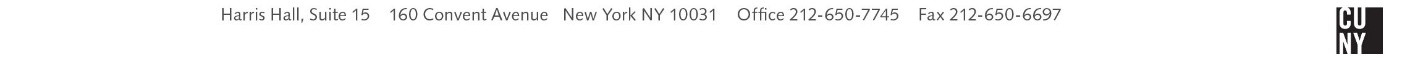
**POLICIES AND REQUIREMENTS FOR STUDENTS IN THE CLINICAL YEAR**

**2022-2023**



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*Revised 12-30-2022*

**PROGRAM FACULTY AND STAFF  
CONTACT INFORMATION**

CUNY School of Medicine Physician Assistant Program

160 Convent Avenue, Harris Hall- 15

New York, NY 10031

**Program office number:** (212) 650-7745

**Program fax number:** (212) 650-6697

|  |  |
| --- | --- |
| **Interim Assistant Dean and Program Director**  Olga Waters, MS, PA-C  (212) 650-7812  [owaters@med.cuny.edu](mailto:owaters@med.cuny.edu) | **Clinical Sites Manager**  Fanta Davis-Clarke, M.S.  (212) 650-8862  [fdavisclarke@med.cuny.edu](mailto:fdavisclarke@med.cuny.edu) |
| **Clinical Coordinator**  Gloria Mabry, DrPH, MHA, PA  (212) 650-7939  [gmabry@med.cuny.edu](mailto:gmabry@med.cuny.edu) | **Assistant to the Director/Administrative Coordinator**  Yasmine Azor, MS Ed.  (212) 650-8862  [yazor@med.cuny.edu](mailto:yazor@med.cuny.edu) |
| **Clinical Coordinator**  Tania Torres, PA-C  (212) 650-7812 | **Director of Recruitment** |
| **Didactic Coordinator**  Birgland Joseph, M.D.  (212) 650-5702  [bjoseph@med.cuny.edu](mailto:bjoseph@med.cuny.edu) | **Director of Administration**  Aletha Cook, B.S.  (212) 650- 8859  [acook@med.cuny.edu](mailto:acook@med.cuny.edu) |
| **Didactic Coordinator**  Mark Maraj, MS, PA-C  (212) 650-6863  [Mmaraj1@med.cuny.edu](mailto:Mmaraj1@med.cuny.edu) | **CUNY Office Assistant**  Fabiola Lopez  (212) 650-8863  [flopez@med.cuny.edu](mailto:flopez@med.cuny.edu) |
| **Research & Assessment Coordinator**  Emily Greene, PhD  (212) 650-7745  [Egreene@med.cuny.edu](mailto:Egreene@med.cuny.edu) | **College Assistant**  Deidre Washington, B.A.  (212) 650-7745  [dwashington@med.cuny.edu](mailto:dwashington@med.cuny.edu) |
| **Medical Director**  Maurice Wright, MD  (212) 939-1378  [Maurice.Wright@nychhc.org](mailto:Maurice.Wright@nychhc.org) |  |

**\*Clinical Year Rotation Calendar 2022-2023**

|  |  |
| --- | --- |
| **ROTATION SCHEDULE CLASS OF 2024** |  |
|  |  |
| **ROTATION SCHEDULE** | **End of Rotation Exam** |
| **Rotation # 1: January 2 – February 2. 2023** | **Friday, February 3, 2023** |
| **Rotation # 2:  February 6 – March 9, 2023** | **Friday, March 10, 2023** |
| **Rotation # 3:   March 13 – April 13, 2023** | **Friday, April 14, 2023** |
| **Rotation # 4:   April 17 – May 18, 2023** | **Friday, May 19, 2023** |
| **Rotation # 5:  May 22 – June 22, 2023** | **Friday, June 23, 2023** |
| **Rotation # 6:  June 26 – July 27, 2023** | **Friday, July 28, 2023** |
| **Rotation # 7:  July 31– August 31 2023** | **Friday, September 1, 2023** |
| **Rotation # 8   September 4 – October 5, 2023** | **Friday, October 6, 2023** |
| **Rotation # 9:  October 9 – November 9, 2023** | **Friday, November 10 2023** |
| **Rotation #10 November 13 – December 14, 2023** | **Friday, December 15, 2023** |

\****All Dates are subject to change***

***\*\*Tentative Graduation date, subject to change***

**Other Scheduled Activity Dates**

* ***NYSSPA*** 2023 – Saratoga November 10-12
* ***PA’s on the Plaza*** – TBA
* ***PA Professional Day*** -- TBA
* ***AAPA Conference*** – Nashville May 20-24

**Physician Assistant Learning Outcomes (Graduate Competencies)**

Students of the CSOM Physician Assistant program will be expected to demonstrate competency essential to PAs entering clinical practice. The CSOM Physician Assistant program expects achievement of the program learning outcomes (graduate competencies) by each student of the program. The program uses achievement of these learning outcomes as metrics for student competency and program effectiveness. Each course syllabi will guide the student through the assessment modalities utilized by the program to determine competency in the domains of medical knowledge, interpersonal skills, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities.

The following are the program learning outcomes (graduate competencies) for the CSOM Physician Assistant program. Prior to graduation from the program, students will:

PLO-1. Integrate behavioral, social, and **medical knowledge** established from the evolving biomedical and clinical sciences in recognizing, evaluating, and managing patient disease states across the lifespan during acute, chronic, preventative, and emergent encounters.

PLO-2. Demonstrate **the interpersonal and communication skills** required to sustain effective, multi-directional information exchange within a diverse population of patients, their caregivers, and members of the healthcare team.

PLO-3. Demonstrate the ability to elicit an accurate patient history, perform an appropriate physical examination, and perform appropriate clinical procedures using essential **clinical and technical skills** to provide quality patient care.

PLO-4. Collaborate effectively as part of an interdisciplinary healthcare team through **clinical reasoning and problem-solving skills** to formulate a logical differential diagnosis, select and interpret appropriate diagnostic studies, and synthesize a comprehensive, patient- centered management plan for the promotion of wellness and disease prevention.

PLO-5. Demonstrate the ability to interpret and integrate an evidence-based approach to clinical and professional practice through **clinical reasoning, problem- solving**, and decision-making processes to improve patient care practices.

PLO-6. Demonstrate **professionalism** through personal behaviors, sensitivity, and accountability essential to patients, society, and the profession.

## Transition to the Clinical Year

Congratulations on completing the didactic portion of the PA curriculum! Welcome to the clinical clerkship year! The entire faculty and staff are very pleased with this accomplishment as the class enters this new phase of training. This first section outlines some of the personal attributes that may contribute to success during the clinical clerkships.

#### Clinical Year Guidelines

The Clinical Clerkship year consist of clinical training in Emergency Medicine, Internal Medicine, Pediatrics, General Surgery, Primary Care, Women’s Health, Psychiatry, Geriatrics, Critical Care, and a Clinical Elective. Clinical clerkships are arranged at various New York City Health and Hospitals Corporation facilities, neighborhood health care centers, voluntary hospitals, and private practices throughout the New York metropolitan area, Long Island and Westchester County. Students at each site are assigned to a preceptor who may be an attending physician, graduate physician assistant, or a resident/fellow. The preceptor coordinates instruction and monitors and evaluates student progress. Students are expected not only to follow the policies and regulations within this Handbook, but also with the PA Program Student Handbook, the hospital or office/clinic they are rotating through and the policies of City College. For more information, see:[[https://www.ccny.cuny.edu/about/policies](http://www.ccny.cuny.edu/about/policies.cfm)](https://www.ccny.cuny.edu/about/policies)

**Making the Transition to Clinical Practice**

The move from the relatively comfortable realm of the classroom, where goals and expectations are clearly delineated to the world of clinical clerkships where attaining goals and meeting expectations rely on self-motivation and self-assessment can be daunting. The faculty is confident that each student possesses the skills necessary to negotiate the challenges with which s/he will be faced. Please remember that the program staff is available should a situation arise in which help is needed.

While each clerkship will provide the opportunity to meet the program objectives, taking advantage of additional opportunities will yield added enrichment. Making the most of the clinical year depends upon being dedicated to the task of learning as much as possible. This will be especially true for the clerkships that are less enjoyable. Learning to navigate the clinical world in all circumstances is important to success in the clinical year.

**General Information**

#### Identification

Students must display their CUNY School of Medicine and HHC photo identification or site photo ID if provided on their person in a clearly visible location while on clinical rotations. All students must identify themselves as “physician assistant student” to patients and medical staff. Under no circumstance should a student encourage or fail to correct the misconception that s/he is a physician assistant student.

**Appearance and Dress**

Students, faculty, and staff of the CSOM Physician Assistant program are required to place a high value on personal behavior and appearance, including attire. The highest standards for personal behavior and professional appearance are necessary to convey professionalism, facilitate trust and good communication with patients and colleagues, and show sensitivity to diverse cultural mores and attitudes. This section briefly describes standards for dress and appearance necessary to meet the service and safety objectives of placing patient comfort and welfare first, and the educational objectives of preparing the student to assume the role of a professional health care worker. Patient trust and confidence in the health care provider are essential to excellent care. The message communicated by the healthcare provider through his/her attire and appearance plays a fundamental role in establishing this trust and confidence. Students should consider the cultural sensitivities of their most socially conservative patients and families. PA students should present themselves in a manner that will demonstrate respect, inspire trust, and ensure patient comfort. Recent trends in clothing, body art, and body piercing, which may be personally attractive in some social situations, may not be accepted by some patients and should not be worn or displayed by PA students in the professional setting. Each student’s name tag must be worn during all clinical education experiences. It is required that students wear name tags at all times when on campus during their first didactic quarter.

Students must realize from the outset that the public views them as representatives of the PA profession. Therefore, when contact with the public is anticipated, students must dress appropriately. In cases where inappropriate attire is worn, students may be dismissed until professional attire is displayed. The following standards of dress and appearance are to be observed while on campus, within clinical settings, and small group activities as outlined below.

**Dress in Clinical Settings**

An even higher standard of dress is expected when in the clinical setting. This includes clinical rotations, standardized patient exams, and Applied Learning Experiences during the didactic year. In the event a clinical site has certain dress/attire requirements of personnel including students, students are expected to abide by all requirements of the clinical site. In addition to the classroom guidelines above, the following should also be observed:

* A clean waist-length clinical jacket with name tag will be issued at the White Coat Ceremony. The lab coat is to be worn at all times in clinical and hospital settings.
* Clothing must be clean and in good repair, allowing for freedom of movement without inappropriate exposure. No tank tops or spaghetti straps are permitted.
* Acceptable dress for women includes blouses/sweaters and slacks or knee-length skirts/dresses.
* Acceptable dress for men includes dress shirt, slacks or collared shirt and khaki pants with a tie (unless ties are specifically prohibited by the clinical site).
* Dress length must be appropriate for a dignified and professional appearance, allowing room for modest movement without indecent exposure.
* Clothing with “shed” potential (e.g. sequins, fur, glitter) is not allowed.
* All shoes worn in a clinical setting must be closed-toe, clean, and polished. Tennis shoes are only allowed when wearing scrubs.
* Hair must be kept well-groomed, clean, and neat, of a natural human color and must be in a professional, conservative hairstyle.
* Fingernails should not extend beyond the end of the fingertip.
* Makeup and jewelry must be kept to a minimum and must be of a conservative nature.
* No tattoos or body piercings should be visible.
* Excessively high heels are discouraged.
* Hospital scrubs are worn when in the operating room and only when specified otherwise.
* Good personal hygiene is to always be maintained. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene. Avoid perfumes or colognes, odors due to smoking, and halitosis that may precipitate allergic responses or be sensitizing or disturbing.

**Technical Standards**

In order to ensure that patients receive the best medical care possible, the faculty of the CUNY School of Medicine (CSOM) Physician Assistant program has identified certain skills and professional behaviors that are essential for successful progression of physician assistant students in the program. A student must possess skills and behaviors at a level of capability to perform a variety of duties required of a physician assistant as a health care professional.

Students with disabilities who can perform these skills and successfully execute professional behavior either unassisted, with dependable use of assistive devices, or by employing other reasonable accommodations are eligible to apply for enrollment in the program. Minimum performance standards include critical thinking, communication skills, observation skills, motor skills, and interpersonal abilities. Interested parties may contact the Physician Assistant program office for additional information about CSOM PA program performance standards. These skills and behaviors include, but are not limited to:

***Critical Thinking:*** A student must possess the intellectual, ethical, physical and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty. The ability to solve problems, a skill that is critical to the practice of medicine, requires the intellectual abilities of measurement, calculation, reasoning, analysis and synthesis. Students must be able to perform demonstrations and experiments in the basic sciences.

***Communication Skills:*** A student should also be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity and posture, and to perceive nonverbal communications. The student must be able to communicate effectively and efficiently in oral and written forms.

***Observation Skills:*** A student must be able to observe a patient accurately, both at a distance and in close proximity. This ability requires the functional use of vision and somatic sensation.

***Motor Skills:*** A student should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic techniques. A student should be able to execute movements reasonably required to move from area to area, maneuver in small spaces, calibrate and use large and small equipment, position and move patients, and provide patients with general care and emergency treatment.

***Interpersonal Abilities:*** A student must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities required for the diagnosis and care of patients and the development of professionalism through mature, sensitive, and effective relationships with patients, families, and colleagues.

**Personal Preparation for the Clerkship Year**

***Fund of Knowledge:*** Prior to each rotation, identify gaps in knowledge and determine how best to meet these deficits. This will require an honest self-assessment and the discipline to schedule study time when not in the hospital or clinic. A frequent review of the learning objectives may prove very helpful.

***Interpersonal Communication****:* One key to a successful clinical year is the ability to get along with preceptors and the other employees at the site. Mastering “people skills” is a valuable and necessary part of the learning experience. Be respectful and courteous to all staff and patients. Sometimes tone of voice and body language may give an impression that a student has an attitude, even when s/he is unaware of this unintended signal.

***Personal Preparation:*** Some rotations require taking call, meaning staying at the site late into the evening or overnight. Others may require early morning or late-evening hours. Every site is different. Anticipate the need for baby-sitters, dog-walkers or the care for others who rely on you. It is NOT ACCEPTABLE to arrive late or leave before the rest of the team.

***Transportation***: Expect that some rotations will be far from home. Anticipate the time needed to reach each site and allow plenty of time. It is wise to make a dry run before the first day to see how long it will take. Some rotations begin as early as 6:00 AM and preceptors will expect you to have seen patients before rounds.

***Site Assignments****:* Site assignments are NOT NEGOTIABLE.

***Oral Presentations****:* Oral presentations are required for every rotation, which consists of the student presenting the medical course of a patient to preceptors, fellow students, and physicians. Practice oral presentation at home, in front of a mirror or friends. Preparation for oral presentations beforehand helps student appear confident and well informed.

***Feeling Inadequate:*** Many students feel inadequate as they become aware of the responsibilities associated with the PA profession. Acknowledging this feeling without being crippled by it is the best strategy. Students are not expected to know everything, and most preceptors and staff will be sympathetic to nervousness. Most importantly, ask questions, listen, and learn. Confidence will grow with time. The ability to realistically self-appraise and to seek help in overcoming knowledge deficits will boost confidence.

***Getting Help****:* The Clinical Coordinators, Clinical Site Manager and program staff can be relied on for support. Call as problems arise, rather than wait until a situation spirals out of control. Should issues concerning lack of supervision or any type of discrimination arise, a Clinical Coordinator or the Program Director should be contacted immediately.

***Involvement in Clinical Setting:*** Clinical rotations provide access to experiences that may never be available again. Therefore, expending the greatest effort will maximize the benefit and enjoyment of each clerkship experience. Spend as much time as possible at each site. Read about each medical condition seen each day. Volunteer for presentations. Staying late, after the team has left, may afford additional opportunities that would otherwise not be available.

***Personal Goals and Objectives****:* Familiarization with the goals and objectives for each rotation is extremely important. Discuss these goals with the preceptor and ask for ongoing feedback. In addition, develop an Individual Education Plan (IEP) for personal goals. Identify areas of weakness, lack in number of experiences or procedures, or skills needed for long-term career plans and determine how a given rotation can help meet these goals. Assess the IEP midway, see how many goals were met, and create a new plan to reflect the assessment.

***First impressions count****:* Preceptors form opinions of students early in the rotation. It is important that you not only pay attention to punctuality and appearance, but also to showing initiative and a desire to learn by asking questions. Demonstrate responsibility by following through on assignments, volunteering for extra activities, etc. Staying quiet can unintentionally give the impression that a student does not know the material. A preceptor can judge only what is seen. Speaking up will demonstrate your knowledge base and critical thinking skills.

***Ambassador for the PA Profession****:* During clinical clerkships, students may encounter a wide range of opinions among medical personnel regarding physician assistants. Some believe that there is no place for physician assistants within the practice of medicine. Others have embraced our profession and recognize our contributions to health care. Be prepared to discuss the PA profession, our history and our role within the health care system. Patients will also be curious, skeptical and, in some cases, hostile to the idea of being cared for by a physician assistant student. Anticipate these responses and develop a way to reassure them. Continue to carry out your tasks without becoming personally offended. Also remember patients have the right to request a different provider if they chose.

***Seek out teachers****:* In addition to the preceptor, other staff (e.g. patient care technicians, nurses, social workers, radiologists, etc.) may be willing to teach. Seek them out. Learn whatever you can from whoever is willing to teach.

***Be assertive:*** Many sites will have other students (medical, other physician assistants, and nurse practitioners) and/or residents competing for attention, wanting to present cases on rounds, read EKG’s or X-rays, and to do procedures. Without assertion, students may miss important learning opportunities. Fight the temptation to sit back and merely observe.

***Learn through every interaction:*** Keep notes on each patient seen. Later on, review the chart to determine if the findings are consistent with the first impression of the disorder. Ask the preceptor to explain the rationale for the diagnosis or intervention. Note questions as they occur for later exploration. Become familiar with the principles of evidence-based medicine and develop skills to enhance lifetime learning (see Sackett, D.L., Straus, S.E. Richardson, W.S. Rosenberg, W & Haynes, Rob. (2011) Evidence-based medicine: how to practice and teach EBM (4th edition). New York: Churchill Livingstone).

***Expect Frustrations:*** There are many situations that frustrate students during the clinical year. An example is when a patient changes the history when re-interviewed or re-examined by the preceptor. This may be due to a number of factors such as a jog in memory during a second interview, better patient rapport or better interviewing skills of the second provider. Do not be upset by this and don’t reproach the patient for it. The preceptor may provide clues as to why the patient responded differently. Seek out ways to resolve and potentially avoid frustrating situation.

***Read:*** Continuous reading during the clinical year is the chief way to prepare for patient rounds or daily discussions with preceptors. Many sites afford the ability of accessing textbooks and articles on-line. Whether to review basic concepts or learn about rare or complex diseases states, it is important to read each evening.

***Cellphones****:* It is very tempting to refer to the Medical Apps on the cell phones during rounds, **DO NOT** use your cell phone during rounds. Attendings do not know what you are doing with the cell phone and it might be misinterpreted as texting, being on social media, etc.

**Program Goals**

The following are goals for the CUNY School of Medicine Physician Assistant program:

* The program will recruit a highly qualified diverse student cohort that will foster success in the program.
* The program will strive to adequately prepare graduating students to achieve a first-time pass rate that exceeds the national average upon completion of the Physician Assistant National Certification Examination (PANCE). (Note: Requirements for NCCPA Certification are determined by the NCCPA and are subject to change without notification to the City College of New York. Graduation from the CSOM Physician Assistant program does not guarantee certification or employment.)
* The program will provide students service-learning opportunities that allow them to use their skills and education to demonstrate compassion and commitment to the community.

**Professionalism**

The CSOM Physician Assistant Program requires all students enrolled in the program to demonstrate professionalism at all times. The following principles of professionalism are a hallmark of the profession and students will face disciplinary action and risk dismissal if these are not adhered to.

* Demonstrate high ethical principles and sensitivity to all patients, their families, and members of the healthcare team regardless of culture, age, gender, sexual orientation, socioeconomic status, educational level, and/or disabilities.
* Develop communication skills and professionalism to interact with physicians, interprofessional heath care members, and patients tactfully and with appropriate language, speech patterns, and nonverbal communication to promote collaboration and effective communication.
* Demonstrate the ability to approach clinical encounters with a diverse patient population in an empathetic, non-judgmental, and caring manner.
* Demonstrate accountability by researching evidence-based medical literature when personal limitations in medical knowledge and/or skills are identified.
* Recognize one’s physical limitations, innate personal beliefs, and biases, as well as those of others.
* Identify legal issues in medicine, which may include confidentiality, assessment of competence, end-of-life decision making, power of attorney, living wills, advance directives, and DNR orders.
* Discuss issues associated with loss, grief and bereavement, death, and dying appropriately with patients, caregivers, and family members.
* Demonstrate sound work ethic by showing integrity, responsibility, and initiative.
* Demonstrate exceptional professionalism through appropriate appearance, attire, and attendance.

**Unsatisfactory Physician Assistant Program Academic, Clinical, and Professional Behavior Performance**

A student's professionalism behavior performance may be reviewed at any time, based on information received by the PA program. The program shall take appropriate action based on the type and severity of the student's misconduct. Students who breach the CSOM Physician Assistant Program Standards of Professional Behavior or who do not meet the requirements of Good Standing Status will be referred to the Course and Standing Committee.

The faculty advisor and/or Clinical Coordinators will inform the student of the program's receipt of an unsatisfactory evaluation or professional behavior performance violation. The Course and Standing Committee, will apply programmatic policy in reviewing the violation of the standards for PA program academic, clinical, and/or professional behavior performance, and will make a recommendation to the Associate Dean and Program Director. The Program Director will notify the student of the decision.

If a student is being considered for placement in a status other than advance in good standing, he/she will be afforded the opportunity to speak formally to the Course and Standing Committee before a decision is rendered by the committee.

Failure to meet the minimum academic standard may result in a loss of financial aid. Please refer to the Minimum Standards for Graduate Academic/Financial Aid Progress and Consequences for Failing to Meet Minimum Standards Policy in the financial aid department for further information regarding financial aid warning.

**Communication**

**Students are required to maintain active e-mail and telephone accounts at all times**. Throughout the course of study at the CSOM PA program, a variety of events occur (some unexpected, some matters of routine business) making it necessary for students to be reached. Phone numbers, mailing addresses, and e-mail addresses are required to be current and on file in the program office and in the clinical logging system and updated appropriately. All student email correspondence with the program must be through their citymail.cuny.edu student email account. **Students are required to check their citymail.cuny.edu student e-mail daily. The CSOM Physician Assistant program is not responsible for information missed by students who have not maintained up-to-date, reliable contact information with the University and have not checked their citymail.cuny.edu email daily**.

#### Cultural Competency

The range of clinical experiences will include working with patients of varied racial, ethnic, economic, geographic, sexual orientation, and cultural backgrounds. Students will be assigned to sites in various geographical areas or work with patient populations with which they may be unfamiliar.

Providing care to all populations is a central part of the mission of our profession, and of the mission of our program. Students are expected to rotate to all sites to which they are assigned, regardless of their geography or patient population.

**Email Etiquette**

Email is an effective and standard way to communicate quickly with the faculty, staff, and fellow students and is also the standard in business communication. The following are reminders to help make the experience more positive and productive for students, faculty, staff and other professionals.

* Students are required to use their assigned citymail.cuny.edu email account for all departmental communication.
* Emails should include a respectful salutation (Dear Dr. or Professor). Students are advised to check with faculty to see how they prefer to be addressed.
* Emails should maintain a neutral, respectful tone at all times. Email communication is a form of professional communication and should be consistent with the professionalism policies of the Physician Assistant program and CSOM.
* Faculty and staff will respond to a student’s email within 24-48 business hours. If a student sends a faculty or staff member an email on a Friday afternoon, the student should not expect to hear back until the following Monday or Tuesday.
* Students are expected to respond to email within 24 hours and are required to check their citymail.cuny.edu email daily.
* Students are advised not to send passwords, credit card information, or other sensitive material over the web.
* Email responses and forwarded emails should include the original message when appropriate.
* Students are advised to use a signature line in their emails, including their full name and class, as well as a phone number, such as the following example:

Jane Smith  
MSPAS Class of 2025 212-445-1313

* **Failure to check an e-mail account and junk mail folder is not an allowable excuse for missing a Program event or notification**.

**Text Etiquette**

Text-based communications like email, text messages, and even discussion boards can be tricky. It is easy to read into something that someone says without all of the other in-person clues like the tone of voice, hand gestures, etc. However, there are a few tips that will help to keep written communication appropriate and genial.

* **Avoid using caps lock** - For better or for worse, using all caps when typing SEEMS LIKE YOU’RE YELLING! *--The same can be true when overusing exclamation marks!!!*
* **Read first, then think, then write** - While another student may have posted something in a discussion board with which you disagree, take a minute to reread and make sure it says what you first thought. Then, take another moment to think through your response. Taking a minute to think about what you want to say, and *how* you want to say it, can ensure that your response is thoughtful and well received.
* **Be your own proofreader** - Review your text before replying. Make sure your grammar and punctuation are correct. Typos and incorrect words can change the meaning of what you are trying to say.
* **Be forgiving** - If you notice a minor grammatical mistake or error in another student’s post do not pounce. Instead, respond the way you would want someone to respond if you had made that error.
* **Embrace diversity** - We all have different backgrounds and experiences that have made us who we are. It is always ok to ask for more information about something you may not be familiar with, just do it in a respectful and supportive way.
* **Cite your sources** - When appropriate, always cite your source of information using AMA formatting. It strengthens your contribution. If you are unsure, always err on the side of citing and ask for clarification!

#### Social Media Policy

It is strictly prohibited to take photographs of patients, including in the operating room, even if the patient is not identified. Similarly, the accessing of diagnostic images or any form of patient data for the purpose of transmission on a social media platform including but not limited to You Tube, Face Book, Instagram, iTunes, LinkedIn, Twitter and B/Vlogs is strictly prohibited. Violation of this policy will result in being called before the Course and Standing Committee and possible dismissal from the program. Witnessing any violation of this policy should be immediately reported to the Clinical Coordinator or Program Director.

**Student Employment**

Employment during a student’s course of training is strongly discouraged. Any student who seeks part-time employment and is unable to maintain adequate academic standing as outlined in this document may be asked to terminate his/her employment.

At no time is a CSOMPA student allowed to or required to work for the program.

**Attendance Policy**

The CSOM PA program maintains an institutional attendance policy to support the academic achievement of its students. Students are expected to attend all scheduled class, laboratory, and examination periods each week. Students, whether present or absent from class, are responsible for knowing all that is announced, discussed, and/or lectured upon in class or laboratory, as well as for mastering all assigned reading. In addition, students are responsible for submitting on time all assignments and examinations as required in the class.

Students are expected to attend all scheduled activities that are part of the class, including those activities scheduled during class time and those scheduled outside of class time.

The student is expected to meet with the preceptor to set his/her work schedule and hours, which may include on-call time. Students are required to be on-site for the same period of time as the others on the medical team, including students working with only one preceptor. Students take call with their preceptor or other team members.

Students are required to follow the schedule of their medical team, which may NOT include school or legal holidays. Students are expected not to leave before other team members. Students are not permitted to take a “half-day” or to determine that there isn’t enough to do to warrant spending an entire day on the site. Consult a Clinical Coordinator for clarification of this policy. THERE ARE NO DAYS OFF DURING THE CLINICAL YEAR.

**Additional CSOM Physician Assistant Program Policies on Attendance**

Attendance policies for courses within the CSOM Physician Assistant Program are more stringent than the standard University Attendance Policy. **All PA students are responsible for knowing and abiding by the program’s attendance policy.**

Due to the rigorous nature of the coursework and the accelerated pace of learning, attendance for classes and clinical experiences is mandatory for successful completion of the program. It is the expectation of the Course and Standing Committee that all students will attend all scheduled classes, conferences, seminars, laboratory experiences, and clinical practicums. Any student who is absent from a required scheduled course activity (didactic or clinical) must notify the Course Director, as well as the respective Director (Didactic or Clinical) of the absence. The student assumes full responsibility for obtaining all materials and making up all course work that is missed during an absence, as well as making up the time during clinical clerkships.

The course syllabus will further define how attendance is graded and/or monitored. All students are responsible for reviewing and abiding by the attendance policy for each course, which is located in the course-specific syllabus. Students who are absent due to a medical condition will be excused for as long as a healthcare provider states it is medically necessary for the student to be absent. The PA Program will not accept any healthcare provider documentation from the student that includes personal protected health information. This is done for the student’s protection against any accusation of neglect or indifference, as well as to ensure that students have received appropriate medical attention.

Recurrent absences and tardiness will not be tolerated and may result in a disciplinary action to include a formal review by the Course and Standing Committee.

Any student who requires time off for personal or other reasons is obligated to request approval in writing from

from the Program **BEFOREHAND**. An e-mail request to one of the Clinical Coordinators and Clinical

Sites Manager should be submitted at least one-week in advance. For emergencies, both the preceptor and

the Program must be notified via e-mail by the time the student is due to report to the preceptor. **Absence**

**the day before the end-of-rotation examination will not be permitted.** Only medical and/or

government documentation will suffice as proof of need for an absence at this time. In the event a student

is called to Jury Duty, they are to notify the program immediately to be provided with appropriate excuse

documentation.

Any time missed during rotations, for any reason, must be made up. The preceptor will determine the nature of the made-up time, which must be communicated to the Clinical Coordinator. **Failure to report an absence, or to make up the time, may result in a failing grade for the rotation.** Misrepresentation of time spent at clinical rotations is a serious offense that could result in dismissal from the program, this is a professionalism issue and can result in dismissal from the program. Excessive absence may result in repeating an entire rotation.

Students are also responsible for attending all activities on Call Back days, which may include and are not limited to: lectures, presentations and clinical seminars and examinations. **ALL Call Back days are mandatory.** There will be no excused absences with the exception of a medical emergency and or Government Issue. Absence documentation from Call Back Day is subject to the same conditions as absence during a clerkship.

***Examinations:*** Attendance is mandatory for all examinations, both written and oral. Students are responsible for being present at the beginning of all examinations. Exams will begin **ON TIME**. Students who arrive after an examination has begun will be refused admission to the testing room.

Student are only allowed to take an examination prior to the regularly scheduled test administration if it is approved by Didactic Coordinator or by the Clinical Coordinator. Students must remain in the proctored setting until the start of the regularly scheduled class examination.

Students who are excused from the regularly scheduled administration of a test will be required to set up a time with the Course Director to make up the missed test as soon as possible. Permission for any deviation from the regular test schedule must be requested through the Didactic Coordinator or the Clinical Coordinator. Depending on the nature of the absence, it is at the discretion of the Didactic or Clinical Coordinators if the student will be allowed to make up the examination. Any missed exam may be referred to the Course and Standing Committee for evaluation. **If the student would like to appeal the decision, then the Program Director should be contacted.**

All absences, whether from a rotation site or Call Back Day, must be documented by a medical provider’s note or other secondary verification. Any unexcused absence in excess of three (3) during the clinical year will result in appearing before the Committee on Course and Standing. All absences, including verified absences, from a clerkship site may be required to be made up at the discretion of the preceptor.

***Reporting of Absences:*** First-year students must report absences in advance via **email** whenever possible to the Course Director, the Didactic Coordinators and the CUNY Office Assistant. If circumstances do not permit immediate access to email, the student must call the Didactic and/or Clinical Coordinator, and ultimately submit an email notification.

Second year student absences must be reported to the Clinical Coordinators, the preceptor and the CUNY Office Assistant. Students unable to meet as scheduled with individual clinical preceptors must notify the preceptor personally, as well as the Clinical Coordinator. When absence due to illness extends beyond 48 hours, a signed healthcare provider’s note will be required. The PA Program will not accept any healthcare provider documentation from the student that includes personal protected health information. This is done primarily for the student’s protection against any accusation of neglect or indifference, as well as to ensure that a proper health care provider has been sought by students in the case of illness.

***Tardiness:*** Students are expected to be in class/clinic and ready to participate on time. Students are recommended to arrive 15 minutes prior to course scheduled activities and at least 30 minutes prior to clinical clerkships. Tardiness is a reflection of unprofessional behavior and will not be tolerated in either the didactic or clinical phases of the program.

Each didactic class will be monitored by faculty to identify those students who arrive late. In the clinical phase of the program, preceptors are responsible for monitoring attendance and tardiness. The first offense will result in a verbal warning. Any subsequent offenses will require a meeting with their faculty advisor and may result in referral to the Course and Standing Committee.

***Religious Observances:*** The CSOM Physician Assistant program recognizes that excellence in medical education cannot be dependent solely upon any calendar, since patient illness respects no calendar, be it secular or religious. The PA program is committed to providing an academic environment that is respectful of the religious beliefs of all students. As part of this commitment, the PA Program will make a good faith effort to avoid scheduling examinations during religious holidays and to provide reasonable accommodations to students who identify conflict with their academic requirements or schedule due to their religious beliefs and practices. Any student who is unable to participate in an examination or course requirement because of their religious observances will be given the opportunity to make up the missed examination(s) and/or course requirement(s). **Students who anticipate conflicts with regularly scheduled classes, tests, examinations, and/or any clinical experiences must notify, in writing, the Didactic Coordinators and/or the Clinical Coordinators during their PA program pre-matriculation orientation in January.**

Students are generally scheduled to be off during CCNY/CSOM designated holidays during the didactic year. Please refer to the CSOM Calendar for the official university calendar.

Due to the “non-scheduled” nature of clinical training, each student is expected to recognize his/her own personal responsibility for patient care and his/her own learning experience. Preparing students to assume the responsibility for patient care is the nature of clinical training and is critical to students’ professional training.

During the clinical phase, students are expected to be at the rotation site for any days surrounding holidays when the rotation site is in operation. If the clinic/office is closed the day prior to or the day of the holiday and the preceptor will not be available, you may be given the day off as well.

If a student is unable to resolve a schedule conflict concerning religious holidays with the appropriate Didactic or Clinical Coordinator, the student may appeal. Appeals should be made in writing first to the Physician Assistant Program Director.

**Policy on Drug and Alcohol Use**

The CUNY School of Medicine Policy on Drug and Alcohol states that the consumption of alcoholic beverages is not permitted on campus property except in areas or at functions approved by the Dean of Students or designee. For more information, please see:

[Policy on Drugs and alcohol](https://www.ccny.cuny.edu/sites/default/files/CUNY%20Policy%20Drugs%20%26%20Alcohol%20and%20Information%20on%20risks%20and%20consequences%20of%20drug%20and%20alcohol.pdf) at <https://www.ccny.cuny.edu/sites/default/files/CUNY%20Policy%20Drugs%20%26%20Alcohol%20and%20Information%20on%20risks%20and%20consequences%20of%20drug%20and%20alcohol.pdf>

This policy applies to students on clinical rotations as well. Therefore, students are absolutely forbidden from using any type of recreational drug or alcohol while on clinical rotations. Being under the influence of recreational drugs or alcohol while on rotation is grounds for immediate dismissal from the PA Program. Students are also subject to CUNY School of Medicine penalties such as suspension or expulsion from the College.

#### Sexual Harassment

The policies of both CUNY School of Medicine and the PA Program promote an environment where respect for all students, faculty and staff exists. Sexual harassment is inconsistent with this objective and illegal under federal, state and city laws. Any member of the college community engaging in sexual harassment or retaliating against anyone raising an allegation of sexual harassment, filing a complaint alleging sexual harassment, or participating in any proceeding to determine if sexual harassment has occurred will not be tolerated. This policy extends to all aspects of the program, including clinical rotations. For more information, please see: <https://www.ccny.cuny.edu/affirmativeaction/harassment>

#### Definition

For purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other oral or written communications or physical conduct of a sexual nature when:

* Submission to such conduct is made either explicitly or implicitly a term or condition of any individual’s employment or academic standing;
* Submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such individual;
* Such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or creating an intimidating, hostile or abusive work or academic environment.

Examples of sexual harassment include, but are not limited to the following:

* Requesting or demanding favors in exchange for employment or academic opportunities (such as hiring, promotions, grades or recommendations);
* Submitting unfair or inaccurate job or academic evaluations or grades, or denying training, or academic opportunity, because sexual advances have been rejected;
* Sexual comments, teasing or jokes;
* Sexual slurs, demeaning epithets, derogatory statements, or other verbal abuse;
* Graphic or sexually suggestive comments about an individual’s attire or body;
* Inquiries or discussions about sexual activities;
* Pressure to accept social invitations, to meet privately, to date, or to have sexual relations;
* Sexually suggestive letters or other written materials;
* Sexual touching, brushing up against another in a sexual manner, graphic or sexually suggestive gestures, cornering, pinching, grabbing, kissing or fondling;
* Coerced sexual intercourse or sexual assault.

#### Sexual Misconduct

Sexual relations between a PA student and a patient are unethical, regardless of who initiated the relationship. Reasonable proof of a sexual relationship between a student and patient will result in dismissal from the program. Sexual relations between a PA student and clinical staff at a site are similarly unacceptable. Sexual harassment of a physician assistant student by a preceptor or other rotation site employee is a serious matter and must be reported to the Clinical Coordinator immediately. All good faith reports of inappropriate behavior will be supported. Students should not attempt to handle this problem alone, as sexual harassment involves issues of unequal power. Should a student feel s/he has been sexually harassed; assistance from the program faculty must be sought immediately.

#### Criminal Background Checks

Current laws generally permit a state licensing board or agency to deny a license to practice if the applicant has been convicted of a felony or other specified crime. Like many state-licensing boards, the Office of the Professions of the New York State Education Department requires that a criminal background check be conducted prior to granting a license.

The City College of New York does not require a criminal background check for admission. Yet a number of hospitals or other off-campus clinical training sites require a student to undergo a criminal background check and a toxicology screening before the student can be placed for clinical training. The CSOM PA Program has arranged an account with Castle Branch where the students can have a background check and ‘Chain of Custody’ toxicology-screening document; both of these require a fee that students are responsible for.

A site may deny a student access to its facility based upon the results of a criminal background check even if the student has already begun the clerkship, regardless of the student's performance up until that point. Furthermore, a clinical site has the right to ask the student to pay the cost of the background check. Students frequently undergo more than one criminal background check during the clinical year.

#### Toxicology Screening

Some clinical rotation sites also require that students undergo a drug test as a condition of their access to the site. Students may be responsible for the cost of this testing. Testing positive or refusing drug testing may result in an inability to complete the clinical year, and to graduate.

Please note that if a clinical training site determines that a student may not take part in its training program based on the results of a criminal background check or drug test (or due to refusal to submit to a drug test), s/he may be unable to complete the course requirements and to continue in the professional program.

Neither the Physician Assistant Program nor CCNY has the obligation to refund tuition or other fees or to otherwise accommodate a student in the event that course requirements cannot be completed based on the results of a criminal background check or drug screen, or if a license to practice is denied.

See: <https://www.ccny.cuny.edu/csom/criminal-background-checks-and-drug-testing>

#### Health Clearance

All students must provide the Program with evidence of physical fitness including non-contagion to infectious disease. The OHS (Occupational Health Service) of Harlem Hospital provides this service for free. Copies of ALL the medical clearance documents needed for rotations are to be brought to the PA office to be filed on the students record. Copies of all the medical clearance documents are to be uploaded into Typhon. For rotations out of Harlem Hospital students are required to keep a copy of their medical information and present it to the preceptor/administrative personnel **4 weeks prior to the rotation start day**. In addition, you must bring a copy to the site on the first day of rotation**.** Each site can request different protocols. **Failure to maintain an updated medical clearance can/will result in removal from rotation and graduation delay.**

**Requirements for Health Clearance**

* + Physical Examination
  + The physical examination is a part of the initial health clearance offered by Harlem Hospital OHS. Medical clearance by OHS must be renewed on or near the anniversary date for each year the student is enrolled in the Program.
  + Immunity from Infectious Disease
  + The titer for the following diseases must be obtained:
    - Rubeola, Mumps, Rubella
    - Diphtheria, Pertussis, Tetanus
    - Varicella
    - Hepatitis B
  + The word “Immune” submitted by a PCP will not suffice for this purpose. A childhood record of vaccination (MMR, DPT, Heb B) will similarly not suffice. A verified record of previous titers will be acceptable, however. If the titers are not available, serum titers must be obtained. If titers show insufficient immunity, re-vaccination will/might be necessary, according to CDC guidelines.
  + Tuberculosis
  + As there is no vaccine against tuberculosis, all students will receive either a PPD (Mantoux) or QuantiFERON test as part of their physical exam. If the test is positive, or if previous prophylaxis or treatment for tuberculosis has occurred, a chest X-Ray will be required. Students who had a negative PPD or QuantiFERON test in the past, and who subsequently test positive will be required to undergo prophylactic treatment, even if their chest x-ray is negative.
  + Influenza vaccination
  + Influenza vaccine is now a mandatory part of the health clearance, consistent with NYC department of Health criteria. Anyone possessing a Harlem Hospital identification badge will not be allowed access to the hospital without a sticker verifying receipt of the flu vaccine. To that end, all PA students must provide documentation of annual influenza vaccination by December 31, 2021. Similarly, clinical year students will not be able to attend clinical rotations until vaccination has been documented. Some sites are also requiring proof of COVID 19 vaccination, this will be updated as needed.
  + COVID vaccination
  + COVID vaccine is now mandatory as part of the health clearance in many hospitals and facilities. Some facilities are requiring proof of negative COVID test as well. Clinical year students will not be able to attend clinical rotations until proof of vaccination has been documented or proof of negative COVID test has been documented.

#### Medical Records

Some rotations will allow students access to the electronic medical record and some will not. When a student can enter data, the preceptor **must countersign** all entries, as all medical records are legal documents. Only Joint Commission approved abbreviations can be used. For more information, please see: <http://www.jointcommission.org/assets/1/18/dnu_list.pdf>

If access to the EMR is not available, hand-written notes should be submitted to the preceptor. Type or write legibly and use only black ink. Errors must have a single line drawn through them and must be initialed. Never erase, white out, or cross out as to make the entry illegible. These notes should be signed, with the: Name, “PA Student” clearly printed below the signature. All notes must be dated.

#### Pregnancy

Should a student become pregnant in the course of their studies, she should notify one of the Clinical Coordinators as soon as possible so that working in potentially hazardous environments could be avoided. The student should also inform the clinical preceptor of any special needs that might arise.

#### Universal Precautions

The principle of universal precautions has been adopted to protect clinicians from exposure to infectious diseases because any patient may harbor microorganisms that could cause infection if transmitted. Although blood-borne pathogens are of particular concern, all body fluids

secretions and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites specific policies regarding universal precautions. The material below reviews guidelines and preventative techniques.

* Avoid direct contact with: blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions.
* Avoid injuries from all sharp objects such as needles or scalpels.
* Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
* Dispose of all sharp objects promptly in special puncture resistant containers.
* Dispose of all contaminated articles and materials in a safe manner prescribed by law. In practice, using universal precautions also requires the following measures:
* Wash hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
* Depending on job duties and risk of exposure, use appropriate barriers, which can include: gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, and resuscitation devices. These barriers are to be used to protect:
  + Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin).
  + Mucous membranes, especially eyes, nose and mouth.

**NOTE:** P*rotective apparel, including gloves, must be removed after each use and are to be PROPERLY disposed of, and not worn from one patient or activity to another.*

#### Exposure Policy and Incident Reporting

Should a student be exposed to the body fluid of a patient, s/he will immediately report the incident to the clinical preceptor and a Clinical Coordinator. A medical evaluation must occur shortly after the incident; therefore, the student must follow-up with the employee health office of the clinical site, or the Harlem Hospital OHS if the site has no such office. Prophylaxis against HIV should begin as soon as possible. Therefore, prompt evaluation is important. Please refer to the Incident Report form on page 103 of this document.

The student will follow the institutional infectious and environmental hazard policies, including completing all required documentation. Additionally, the student must contact the Clinical Coordinator or program director within 24 hours of the incident. Students are further required to provide documentation of Employee Health Office evaluation to one of the Clinical Coordinators within 48 hours of the incident. Health information of any kind concerning students, patients, or staff should not be included when filling out the exposure form.

#### Student Safety and Notification in suspected exposure to Ebola Virus Disease (EVD)

The primary purpose of this protocol is to ensure the safety of our students during clinical training and to ensure that the proper notifications are handled in a timely manner. All staff and faculty who have responsibility for students must be aware of this protocol and are expected to follow it in cases where potential exposure to Ebola is suspected.

#### All students must be notified that they are prohibited from participating in any aspect of clinical care activities for patients suspected of or with EVD.

* All students must be familiar and comply with the entire physician assistant program, CUNY School of Medicine, university and assigned clinical affiliate policies.
* Students are expected to maintain current levels of training and preparation related to EBV that is provided by the CUNY School of Medicine and clinical affiliates.
* Preceptors, clinical instructors and supervisors must be made aware of this protocol.
* Students are to reconfirm the contact information for the Clinical Coordinator, Clinical Director and Program Director of their respective clinical program to include both telephone and email contacts.
* Preceptors are to reconfirm the contact information for the Clinical Coordinator, Clinical Director and Program Director of their respective clinical program to include both telephone and email contacts.
* Students are to immediately notify the PA program of any situation where potential exposure is suspected and/or a possibility at the earliest time possible.
* Preceptors are to immediately notify the PA Program at Harlem Hospital Center through the designated contacts of any potential situation where exposure is suspected and/or a possibility at the earliest possible time.
* Students are to follow instruction from the preceptor, the PA program as applicable and comply with Health Department and institutional requirement until the situation is resolved.

**Staff and Faculty**

* Staff and faculty are to reconfirm official contact information to students and preceptors for the Clinical Coordinator, Clinical Director and Program Director of the program to include both official telephone and email contacts.
* Upon receipt of a notification, the staff member or faculty member who receives the information is to collect as much information about the situation as possible. The information should include:
  + Site address
  + Nature of the possible exposure
  + Current situation with the student
  + Whether this is an ongoing or fully resolved situation
  + Clarification of whether the student is under quarantine
  + What entity is managing the quarantine decisions
  + Establish an ongoing line of communication for contact with the student until the situation is resolved
* The staff or faculty member is to complete a report in an email that details all of the above information excluding the student’s name. If the situation has been resolved and exposure ruled out completely, the report is to be filed with the Program Director. The Program Director is to arrange an interview with the student to debrief the event and to learn how the event transpired and what we may learn for the future.
* The staff or faculty member is to complete a report in an email that details all of the above information excluding the student’s name. If the situation is ongoing and not resolved, the report is to be filed with the Program Director, Program Medical Director and the Dean of The CUNY School of Medicine.
* The staff or faculty member is to ensure that an ongoing line of communication is established to provide support for the student until the situation has been resolved.
* The staff and faculty are not authorized to discuss the matter with other parties. The student’s name should not be divulged to anyone outside of the communication channel.
* The leadership in The CUNY School of Medicine and the University will follow established protocols for elevating the communication to the wider CCNY community.

#### Student Safety and Notification in suspected exposure to COVID 19

The primary purpose of this protocol is to ensure the safety of our students during clinical training and to ensure that the proper notifications are handled in a timely manner. All staff and faculty who have responsibility for students must be aware of this protocol and are expected to follow it in cases where potential exposure to COVID19 is suspected.

#### Students are to immediately notify the PA program of any situation where potential exposure is suspected and/or a possibility at the earliest time possible.

* Preceptors are to immediately notify the PA Program at Harlem Hospital Center through the designated contacts of any potential situation where exposure is suspected and/or a possibility at the earliest possible time.
* Students are to follow instruction from the preceptor, the PA program as applicable and comply with Health Department and institutional requirement until the situation is resolved.

**Staff and Faculty**

* Staff and faculty are to reconfirm official contact information to students and preceptors for the Clinical Coordinator, Clinical Director and Program Director of the program to include both official telephone and email contacts.
* Upon receipt of a notification, the staff member or faculty member who receives the information is to collect as much information about the situation as possible. The information should include:
  + Site address
  + Nature of the possible exposure
  + Current situation with the student
  + Whether this is an ongoing or fully resolved situation
  + Clarification of whether the student is under quarantine
  + What entity is managing the quarantine decisions
  + Establish an ongoing line of communication for contact with the student until the situation is resolved
* The staff or faculty member is to complete a report in an email that details all of the above information excluding the student’s name. If the situation has been resolved and exposure ruled out completely, the report is to be filed with the Program Director.
* The staff and faculty are not authorized to discuss the matter with other parties. The student’s name should not be divulged to anyone outside of the communication channel.

**Student and Preceptor Responsibilities**

The CSOM PA program is committed to the development of knowledge and ethics that are consistent with responsible professional and social behavior. During orientation to the program, each student receives a copy of the Physician Assistant Program Academic Handbook 2020-2021 and prior to the start of the clinical clerkships, each student receives a copy of the Policies and Requirements for Students in the Clinical Year 2022-2023. These documents govern student activity while enrolled in the CSOM PA program. Students are expected to meet academic requirements and demonstrate a sense of responsibility with an understanding of and respect for the rights of others. The atmosphere of the University reflects these goals; and, in turn, each student must be aware of his/her individual responsibility to act accordingly. By enrolling as a student at the CSOM PA program, a student agrees to abide by the rules and regulations of CCNY. The rules concerning student behavior are outlined in the *Community Standards* section of the Division of Student affairs in the CCNY website. Specific conduct expectations of the CSOM Physician Assistant student can be found in the “Standards of Conduct” section of this handbook. Alleged violations of the program’s Standards of Professional Behavior will be referred to the Course and Standing Committee.

**The student is responsible for:**

* To maintain professional behavior towards patients, their families, preceptors, staff, and their colleagues.
* To report to the preceptor on the first day of the rotation;
* To review rotation learning objectives;
* To communicate with preceptors any information regarding the care, evaluation, management or documentation of all patients;
* To understand the rules and regulations of the clinical site;
* To meet the learning objectives as directed by preceptors and Program faculty. The preceptor and supervising clinicians will retain full responsibility for the care of patients and will maintain administrative and professional supervision of the student;
* To ensure all orders, documentation and notes are countersigned by the preceptor prior to being carried out or accepted by the institutional staff. Some clinical sites will prohibit a student from performing certain procedures, or from making entries in the patient record. It is the duty of the student to respect the parameters of their role in each clinical site.

**The student, under the supervision of a licensed physician or PA preceptor, will be expected to:**

* Collect and record a complete database (detailed histories, and complete physical examination) on all patients, both inpatient and outpatient;
* Write appropriate orders for diagnostic tests and studies;
* Perform routine procedures (i.e. draw venous and arterial blood samples, begin intravenous therapy, perform lumbar punctures, insert and remove CVP catheters, nasogastric tubes and urinary catheters);
* Assist the clinician in the performance of operative procedures (i.e. venous cut-downs, joint aspiration or injections, bone marrow aspiration or biopsy, and endotracheal intubation);
* Observe and assist in surgery and deliveries;
* Suture non-complicated lacerations;
* Obtain informed consent;
* Write orders of medications and indicated treatment modalities, as directed by the clinician and hospital protocol;
* Make daily rounds to observe and document patient progress;
* Participate in on-call activities and responsibilities;
* Initiate appropriate resuscitative therapy for the patient in a life-threatening condition until the arrival of the clinician and other assistance;
* Maintain appropriate BLS/ACLS certification for each rotation. Uncertified students will not be allowed onto a rotation site;
* Participate in ALL Call Back Day activities. Students WILL NOT be permitted to:
* Initiate patient care that has not been outlined and supervised by the clinician;
  + See, treat, or dismiss a patient without review and discussion of the patient’s problem with the clinician;
* Dispense or write prescriptions for any medications without approval of the clinician, and his/her signature as co-signer;
* Initiate disclosure of, or draw conclusions from, findings or treatment plans with the patient without prior discussion with the clinician;
* Change standing orders without consultation and approval of the supervising clinician;
* Initiate treatment for a patient that has not been seen or examined;
* Participate in a treatment modality, diagnostic procedure, or other activity that is beyond their level of training or level of competence;
* Discuss findings with a patient prior to conferring with the preceptor;
* Discuss a patient by name with anyone except other members of the health care team, without the patient’ consent;
* Discuss a patient’s condition with family members without the patient’s consent;
* Discuss a patient in a public place such as in the elevator or hallway;
* Take pictures of a patient;
* Check the Electronic Medical Record of any patient that is **NOT** part of their service;
* Perform duties that do not achieve the purpose, goals, and objectives of the rotation, including personal requests from either patients or preceptors (should such requests be made, one of the Clinical Coordinators should be notified).

**The Preceptor is responsible for:**

* Evaluating each student in the following areas: academic knowledge, content of documentation, professionalism, team work, communication skills, patient management skills, and clinical decision-making skills;
* Orienting students at the onset of the rotation to the practice/site policies and procedures and review the expectations and objectives for the rotation;
* Providing ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the Clinical Coordinator by submitting mid-rotation and end-of-rotation evaluations;
* Increasing levels of responsibility for clinical assessment and management as appropriate to the student’s experience and expertise;
* Observing and evaluating oral and written presentations;
* Assigning and discussing readings concerning best practice;
* Meeting with PA faculty during site visits to evaluate student progress;
* Auditing and co-signing charts in order to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans;
* Submitting student mid-rotation and final evaluations via the Typhon logging system;
* Tracking student attendance and performance;
* Promptly notifying the PA program of any circumstance that interferes with meeting the published objectives or diminish the overall training experience;
* Modeling best practice and ethical, professional behavior;
* Demonstrating cultural competency through interactions with patients and students;
* Meeting with students on a regular basis and discussing progress and deficiencies;
* Maintaining physical presence on-site for the length of clerkship;
* Assuring a safe learning environment;
* Assuming strict professional boundaries and not compromising the student by asking for non-clinical tasks;
* Providing the student with opportunities to meet the objectives. At a minimum, preceptors should provide opportunities for interviewing and physical examinations, formulating primary and differential diagnosis, determining treatment and management plans, presenting patient cases, and performing or assisting in diagnostic and therapeutic procedures.

#### Preceptor Review and Countersignature

All patients evaluated by a PA student must be then examined by the supervising preceptor. The supervising preceptor must review and countersign all notes submitted by the student. The student must sign each note with their name and title (PA-student) and not the abbreviation “PA- S” to prevent confusion. The supervising preceptor must countersign the note immediately.

The student is not authorizedto initiate any orders for a patient without the consultation and the signature of the supervising preceptor. Students are not permittedto sign any prescriptions.

Failure to adhere to these policies will result in a disciplinary hearing before the Committee on Course and Standing.

#### Pati ent’s Bill of Rights

**Patients in a hospital in New York State have the right, consistent with law, to:**

* Understand and use these rights. If for any reason, you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.
* Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
* Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
* Receive emergency care if you need it.
* Be informed of the name and position of the doctor/provider who will be in charge of your care in the hospital.
* Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
* A no smoking room.
* Receive complete information about your diagnosis, treatment and prognosis.
* Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
* Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet “Deciding About Health Care — A Guide for Patients and Families.”
* Refuse treatment and be told what effect this may have on your health.
* Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
* Privacy while in the hospital and confidentiality of all information and records regarding your care.
* Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
* Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
* Receive an itemized bill and explanation of all charges.
* Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital’s response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
* Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
* Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

*Public Health Law (PHL) 2803 (1) (g) Patient’s Rights, 10NYCRR, 405.7, 405.7(a) (1), 405.7(c)*

#### Patient Rights and Confidentiality

All information regarding a patient’s health is privileged information. All students must strictly adhere to each institution’s policy governing patient rights and confidentiality and to all federal, state and local regulations. Students must not discuss any information regarding a patient in a manner or location that might

reveal the identification of the patient to individuals not directly involved in that patient’s care. Patients’ chart, inclusive of progress notes or lab reports, must not be removed from the clinical site. If photocopies of a patient’s record are needed for a site evaluation, all identifying information must be removed to protect patient confidentiality.

For more information, please see:<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/>

**Evaluation of Students**

**It is essential for professional development that students adopt and exhibit self-directed responsibility for their mastery of knowledge and skills.** Students are required to pass all requisite didactic and clinical course work with a minimum grade of “C” for courses utilizing the letter grading system, or “Pass” for courses utilizing the Pass/Fail system. Students must complete class work in its entirety. No PA course credits from another institution may transfer into the didactic or clinical year.

During the program, any performance below “C” in any course utilizing the letter grade system or a grade of “Fail” in any course utilizing the Pass/Fail system is interpreted as significant deficiency in the subject.

Students performing poorly in the didactic phase of the program should contact the Didactic Coordinators and the course instructor as soon as possible to solicit their help and recommendations to remediate deficiencies. Students performing poorly in the clinical phase of the program should contact the Clinical Coordinators and the clinical preceptor as soon as possible to solicit their help and recommendations to remediate deficiencies.

Faculty members are expected to provide reasonable assistance and direction to aid in this remediation process. The methods and extent to which faculty assist students with review and remediation of deficient material is at the discretion of the individual faculty member.

To satisfactorily complete a course, the student must earn a grade of “C” or better in courses using the letter grading system or, a “Pass” in courses utilizing the Pass/Fail system. Additionally, **students must maintain an overall cumulative GPA of 3.0 or higher throughout the duration of their enrollment clinical year.** Each course grade may be based on multiple examinations, assignments, and a comprehensive final exam. Each exam may consist of multiple choice, matching, essay and clinical competency skills testing. Demonstration of clinical competency skills testing will be proctored by program faculty and/or their designee and must be completed as assigned by the course instructor or a designated faculty member. Material and assigned readings covered up to the lecture preceding the scheduled exam may be included on the exam. Any exceptions to examination content will be announced well in advance of the scheduled exam. Basic concepts covered earlier in the quarter may be asked on later exams.

**Clinical Phase Evaluation**

The Clinical Coordinators are responsible for monitoring and coordinating the evaluation of the progress of each student in the clinical phase of the CSOM Physician Assistant program. Students receive clinical experiences in both primary care and specialized (medical, behavioral, and surgical) rotations to better prepare them for the wide range of patient problems which they may encounter after graduation. Students in the clinical phase of the program are evaluated in a variety of ways by their clinical preceptors and program faculty during their clinical rotations. Feedback is provided to the students daily by the preceptors while students are actively participating in the care of patients. During the clinical phase, evaluation is intended to address achievement of competency in knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice.

Clinical students must satisfactorily complete all clinical rotations as assigned. Grades in clinical course work reflect a student’s cognitive, technical, attitudinal and behavioral performance and are based upon preparation, skill, attitude, and attendance, as well as patient management. Successful completion of a clinical rotation requires timely completion of credentialing documents and requirements, attainment of objectives and learning outcomes, compliance with rotation and program assignments within the rotation period, attendance at all scheduled activities of the clinical service, applicable key experience measures and competencies, and attainment of passing scores on preceptor evaluations, end-of-rotation examinations, and other faculty assessments which can include OSCEs (objective structured clinical examinations) and practical examinations.

The CSOM Physician Assistant Program’s Clinical Coordinators will review the evaluations from the clinical preceptors/instructors and have final authority in assigning grades for all the clinical rotations and courses. Patient safety, proper professional conduct, and the progressive demonstration of achieving learning outcomes and independence of thought at all clinical sites is expected. The Clinical Coordinators in consultation with the Course and Standing Committee may recommend that a student either stay longer at a clinical site or repeat specific components of a clinical rotation and course as deemed necessary to ensure patient safety and the student’s expected level of professional development and mastery of learning outcomes. This will be reviewed by the Course and Standing Committee and a recommendation will be made to the Program Director for intervention.

An overall minimum grade of “C” is required for satisfactory completion of each clinical rotation course. The grade for each of the ten clinical rotations will be based on multiple components including the evaluation from the primary preceptor, faculty evaluations of the student, end-of-rotation exam (an assignment will replace an end-of-rotation exam for the geriatrics, critical care and clinical elective rotations), and clinical logging requirements in the clinical tracking system. Please refer to the discipline-specific clinical rotation syllabus for further details regarding expectations of students for each rotation.

**Any other circumstance that causes a student not to successfully complete a rotation will require the student to meet with the Course and Standing Committee**.

All evaluations not turned in and grades not calculated by the end of the rotation are reported as “I” (Incomplete) to the Registrar’s office. Late grades will be turned in to the Registrar’s office with a change of grade form once the necessary evaluation(s) have been received. All evaluations must be returned to the Clinical Coordinators’ office prior to conferment of diplomas/graduation.

**Comprehensive Exams**

Successful completion of the program requires satisfactory completion of a comprehensive summative evaluation near the conclusion of the clinical training period. The summative evaluation consists of written examination, clinical performance, and professionalism components. This is administered near the conclusion of the clinical training period. The evaluation includes assessment of medical knowledge, interpersonal and communication skills, clinical and technical skills, professionalism behaviors, clinical reasoning, and problem-solving abilities in patient care. This evaluation is designed to assess competency in the program’s defined learning outcomes, as well as to determine eligibility for graduation from the program.

There are three (4) distinct components of the graduate candidate’s summative evaluation. Each must be successfully completed in order to earn a passing grade. Minimum passing scores on the components of the summative examination are as follows:

* The Summative examination– Score must be greater than 70%.
* OSCEs (objective structured clinical examinations) – score must be greater than 70%.
* Clinical Performance – Scores must be greater than or equal to 70% in each area assessed on the clinical performance examination (medical knowledge, interpersonal and communication skills, clinical and technical skills, professionalism behaviors, clinical reasoning, and problem-solving abilities in patient care)
* Final Professional Behavior Evaluation– Each student needs to be deemed “Competent” in each domain of professional behavior on the program’s final professionalism behavior evaluation

Students who do not receive a satisfactory grade on any part of the comprehensive summative examination will be required to remediate. Students will be required to remediate areas of deficiency and repeat the portion(s) of the summative evaluation in which they were not successful. In the event that significant areas of deficiency are noted, the student may be required to enroll in a self-directed independent learning seminar to remediate the deficiency/deficiencies. The Program Director will set guidelines for the remediation period if necessary. The student will not be eligible for program completion or graduation activities until they receive a satisfactory performance on each component of the summative evaluation. If the student fails the component a second time, they will be referred to the Course and Standing Committee for further review.

#### End of Curriculum Examinations

**There are three examinations that are taken throughout the clinical year:**

* **The End of Curriculum Exam** – a 300 question comprehensive multiple-choice examination given at the end of the Clinical Year. This exam is meant to highlight areas of weakness and a remediation plan will be personalized to the student. The Summative exam must be passed with a grade of 70%. Any student who does not achieve a 70% or greater on the End of Curriculum exam will be required complete a comprehensive individualized remediation plan under the supervision on their advisor. They will need to achieve a grade of greater than on the reassessment of the End of Curriculum Exam prior to graduation. The End of Curriculum multiple-choice exam is given within 4 months of graduation.
* **Summative OSCE**– a comprehensive, simulated complex patient case. This is to include a full history and physical, assessment and plan, including clinical documentation and a grade of 70% or greater should be achieve to pass this component. This test is developed by the faculty and based on the NCCPA Blueprint. Like the clinical exams, students not meeting the benchmark will meet with their advisor to develop a correction plan. The Summative OSCE is given within 4 months of graduation.
* **PACKRAT**– a standardized exam developed by PAEA, modeled on the PANCE is given once or twice a year. This exam is also based on the NCCPA Blueprint. Results are reported both by organ system (cardiology, pulmonology, etc.) and by critical thinking area (history taking skills, therapeutics, management, etc.). Students will be required to meet with their advisor to discuss their strengths and weaknesses performance and improvement. Students not achieving the benchmark will meet with their advisors.

***Grading Scale:*** Grades will not be changed with the exception of mathematical errors.

|  |  |
| --- | --- |
| Letter grade |  |
| **A+** | **95+** |
| **A** | **90-94** |
| **A-** | **87-89** |
| **B+** | **83-86** |
| **B** | **80-82** |
| **B-** | **77-79** |
| **C+** | **73-76** |
| **C** | **70-72** |
| **C-** | **60-69** |
| **F** | **0-59** |

**Standards of Clinical Performance:**

* Clinical Competency
  + Quarterly analysis of preceptor evaluations
  + Areas of assessment include but are not limited to:
    - Medical knowledge
    - Interpersonal skills
    - Clinical and technical skills
    - Professional behaviors
    - Clinical reasoning and problem-solving abilities
    - Overall performance
* Preceptor Feedback
  + Feedback from preceptors from any source (e.g. in person, phone, email, written correspondence) should indicate that the student is meeting the minimum competencies.
* Clinical Experiences
  + Students must complete electronic submissions as outlined in the discipline-specific syllabus.
  + Discipline-specific learning outcome requirements and other clinical patient experiences for students to successfully complete the clinical education portion of the PA program are detailed in each rotation syllabus. Students are responsible for fulfilling the requirements prior to graduation and tracking their progress using the digital platforms provided.

**Clerkship Components**

The Clinical Coordinator and/or Clinical Site Manager will visit each student during any of the three clinical semesters. The progress and site will be discussed with the student as well as the preceptor/s. The medical notes entered in Typhon will also be evaluated.

The grade for each clerkship is based on three types of evaluations: The preceptor evaluations, the End-of-Rotation Examination (EORE), and the Clinical Coordinator evaluation.

**End of Rotation Examination**

Clinical year students will take an online comprehensive rotation-specific examination at the end of each rotation. The examinations consist of 120 multiple choice questions derived from the clerkship learning objectives. Students are expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice serves as a conceptual frame for End of Rotation Examinations. In order to pass the examinations, a student must earn a grade of no less than 70%. While End of Rotation examinations cannot be reviewed question by question, students receive feedback in the form of content deficits within the seven tasks. This analysis will afford students the opportunity to identify and rectify deficits in content knowledge. **No student is permitted to take the day off before a Call Back Day in order to study or complete assignments. If the Clinical Coordinator is informed that such an absence occurred, the student will receive ten (10) points off final grade for the rotation.**

The End of Rotation exam (EORE) consists of 120 multiple-choice questions. 100 of these questions are scored,

and the other 20 questions are unscored pre-test items which are used to gather statistics. The exam is divided into

two sections of 60 questions each. Each exam incorporates current, relevant test questions that follow rotation

specific content, the corresponding PAEA Blueprint and corresponding Topic Lists. The exams focus on assessing

the relevant knowledge gained during specific clinical practice experiences. The exam content is reflective of the

specific Blueprints and Topic Lists identified for that clinical practice experience or rotation. Questions are

typically presented in vignette format so that the exam can better assess students’ capacity for problem solving

and critical thinking. Time - Students have 60 minutes to complete each of the two sections. Time may not be

carried over from the first section. Once a section is completed students cannot go back to any questions in that

section. <http://www.endofrotation.org/exams/exam-format/>

The students will take their end-of-rotation (EOR) exam remotely via monitorEDU, which will be scheduled at the conclusion of the clinical rotation. The students are responsible payment to monitorEDU. The EOR exam comprises 40% of the final grade. The Emergency Medicine End of Rotation™ Exam is provided by the Physician Assistant Education Association (PAEA) and is based on the National Committee on Certification of Physician Assistants (NCCPA) blueprint for the Physician Assistant National Certification Exam (PANCE). While students expand their skills in the supervised clinical setting, they are expected to do additional reading and research on the topics listed in the [PAEA Exam Topic List](https://paeaonline.org/wp-content/uploads/imported-files/eor-emergencymed-topiclist-20200309.pdf). The Exam Topic List is providedthrough the[**PAEA website**](https://paeaonline.org/assessment/end-of-rotation/content) and provides specifics on what types of diseases or conditions will be covered on the test.

Students must satisfactorily complete the appropriate EOR exam with a score of 70% or better. Failure of the EOR exam will require students to remediate the relevant topics in the PAEA EOR report and submit to the clinical coordinator 2 weeks from assignment. After remediation the student will receive a MAXIMUM score of 70%.

For our purposes, the exam scores will be converted using a student Z-score and the minimum acceptable adjusted grade is 70%. Please refer to PAEA for further information on the Z-score.

* *How to Find The Z-Score* 
  + The following formula establishes the student Z-score for a particular test:
    - Z-Score = (Student EOR Score - National average for that exam)
      * Exam SD
* *Using the Z-Score to Convert the EOR Test Grade* 
  + Since 70% Is the lowest passing grade on a test, the following formula Is used to establish a grade via a student Z-score:
    - Adjusted Grade = 85 + (z-score x 7.5)
      * + 100
  + The chart below on the left is a summary of z-scores, adjusted grades, and resulting letter grade.
  + The national data for the exam is presented below on the right. The data in this chart includes projected mean (μ) and standard deviation (σ).

|  |  |  |
| --- | --- | --- |
| **Z-Score** | **Adjusted Grade** | **Letter Grade** |
| +0.67 to +2.00 | 95% to 100% | A+ |
| 90% to 94% | A |
| -0.66 to +0.66 | 87% to 89% | A- |
| 83% to 86% | B+ |
| 80% to 82% | B |
| -0.67 to –2.00 | 77% to 79% | B- |
| 73% to 76% | C+ |
| 70% to 72% | C |
| -2.00 or lower | Below 70% | Requires Remediation |

**Students** are required to complete an evaluation of the course and instructor(s) at the conclusion of the course.

NOTE: Grades may be withheld pending course/instructor evaluation completion.

**Clinical Clerkship Project for Geriatrics, Critical Care and the Clinical Elective**

Rotations without end of rotation examinations (Critical Care, Geriatrics and Clinical Elective) will require a PowerPoint Presentation as well as a Paper on a challenging case with at least 3 Peer Review study references. The case MUST BE an atypical presentation or a complicated case. PowerPoint Presentations or Paper MUST BE submitted by 12 midnight the due BEFORE the scheduled Call Back. The use of the Call Back Day for these presentations is up to the Clinical Coordinators and it is subject to change.

**Case Presentations:** Rotations without end of rotation examinations (Geriatrics, Critical Care, and Elective rotations) will require a PowerPoint Presentation as well as a Paper on a challenging case with at least 3 Peer Review study references. The case MUST BE an atypical presentation or a complicated case. Presentations/Paper must be submitted by **12 midnight** the day before scheduled Callback. The use of the Call Back Day for these presentations is up to the Clinical Director and it is subject to change.

* Evaluation of presentations will be based on the following six criteria:
  + - Complexity of subject choice. The student is expected to choose a challenging case for this presentation.
    - Content, including mastery of the topic and the ability to respond to inquiries;
    - Creativity;
    - Time management;
    - PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
    - Case Presentation and Peer Review Paper consist of 40% of the grade for the rotation.

Format of PowerPoint Presentation and Paper:

I. History taking an Performing a Physical Examination

II. Using Diagnostic and Laboratory Studies

III. Formulating Most Likely Diagnosis, including 3 Differential Diagnoses

IV. Managing Patients

V. Health Maintenance, Patient Education, and Preventive Measures

VI. Clinical Intervention

VII. Pharmaceutical Therapeutics

VIII. Applying Basic Scientific Concepts

IX. Professional Practice

**Evaluation of presentation/paper will be based on the following criteria**

|  |  |  |
| --- | --- | --- |
| **Topic** | **Requirements for**  **maximum points** | **Points** |
| Complexity of subject choice | Clearly identifies the problem. Addresses atypical presentation and complexity of the case | 10 |
| Content | Format items I-IX included in presentation, mastery of the subject, ability to respond to inquiries | 25 |
| Creativity | Original and creative presentation of topic  Resourcefull | 5 |
| Time Management | Includes timeline for implementation | 5 |
| PowerPoint Presentation | Clarity of slides  Presentation format  Comprehensive | 25 |
| Paper | All in-text and end-of-text references must be in AMA format  Language is clear, concise and objective throughout paper | 25 |
| Overall | Absence of spelling and grammatical errors  Each section is clearly identified  References are cited appropriately | 5 |
| Total |  | 100 points |

Failure of any End of Rotation examination/project more than once will result in failure of the clinical rotation course due to unsatisfactory clinical and medical knowledge competency. Please refer to Appendix B for further details.

**Preceptor Evaluations**

Each student is evaluated by the preceptor twice, at the end of week 2 and again at the end of week 5. The week 2 evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation, it is not clerkship specific and accounts for 10% of the final grade. The Week 5 evaluations are clerkship specific, account for 20% of the grade and will be accounted for in the computation of the **FINAL** preceptor evaluation grade. The preceptor will evaluate the student on performance and professionalism. The Preceptor Evaluations account for 30% of the final grade. Any students scoring below a 70% in the overall preceptor’s evaluations will have to repeat the rotation and any scoring below a 3 (“Competent with support”) as evaluated by preceptors on discipline-specific Learning Outcomes will be addressed accordingly to complete remediation. **Failure of any Preceptor Evaluation will result in failure of the clinical rotation course due to unsatisfactory clinical competency.**

Preceptor evaluations are submitted via the Typhon logging system. **IT IS THE STUDENT’S RESPONSIBILITY TO FOLLOW UP WITH THE PRECEPTOR OF RECORD TO ENSURE THAT THE EVALUATIONS ARE SUBMITTED.**

**Clinical Coordinator Evaluations**

These evaluations have several components, refer to the table below for breakdown. The total percentage of the grade for the Clinical Coordinator Evaluations is 30%.

|  |  |  |  |
| --- | --- | --- | --- |
| **Professionalism and Assignments**   * Student Evaluation of Clinical Site, Course, & Preceptor – 5% * Clinical Logging, Board Preparation Self-assessment 5% * Pre MOCK and Post MOCK exams 5% * Aquifer cases 5% * Professionalism – 5% * Attendance & Timely Credentialing – 5% | PLO-1,5,6 | GENMED 1-10 | 30% |

Self-Assessment with Clinical Exams: MOCK EOR Exams in ExamSoft & Pre and Post Rotation Exams in Knowledge Plus NEJM.

To refine medical knowledge and test-taking skills, students will be assigned a MOCK End of Rotation Exam of 100 questions at week 2 of the specific Clinical Rotation during their clinical year to identify areas of strengths and weaknesses. Students are required to complete 50 questions each week from UWorld and 50 questions each week from Knowledge+ NEJM. Students are required to take the Pre-Rotation Exam prior to the start of their clinical rotation at NEJM Knowledge Plus as well as the NEJM Resident 360 Prepared Quiz if assigned to that rotation (these vary in questions 75-100 questions combined) and are to take the Post Rotation exam the weekend before the PAEA EOR exam. Students are required to do practice questions from areas of weakness identified in the Pre-Rotation exam within Knowledge+ NEJM. Virtual Clerkships at Aquifer will be available for students to complete clinical cases in their particular rotation as well as real patient cases in their clerkships. Resources utilized during the clinical year are subject to change at the program’s discretion.

**Student Evaluation of Clerkships**

Each student is required to complete a rotation evaluation upon completion of the rotation. These evaluations help the faculty make decisions regarding the clinical year for future classes. Therefore, thoughtful input, suggestions and constructive criticisms help the continual assessment and improvement of the program. Students are NOT to contact a clinical site once that clinical site rotation has been completed. If a student does not agree with a preceptor evaluation, the students is to communicate with the Clinical Coordinators, Clinical Site Manager or Assistant Dean and Program Director.

If these requirements are not met, the Course and Standing Committee will decide if remediation, resulting in a delay of graduation, will occur.

**Presentations and Paper**

Clinical clerkships without end of rotation examinations (Geriatrics, Critical Care, and Elective rotations) will require a PowerPoint Presentation as well as a Paper on a challenging case with at least 3 Peer Review study references. The case MUST BE an atypical presentation or a complicated case. Presentations/Paper must be submitted by **12 midnight** the day before scheduled Callback. The use of the Call Back Day for these presentations is up to the Clinical Director and it is subject to change.

* Evaluation of presentations will be based on the following six criteria:
  + - Complexity of subject choice. The student is expected to choose a challenging case for this presentation.
    - Content, including mastery of the topic and the ability to respond to inquiries;
    - Creativity;
    - Time management;
    - PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
    - Case Presentation and Peer Review Paper consist of 40% of the grade for the rotation.

#### Rotation Grades

The grade is made up in the following proportions: Internal Medicine, Emergency Medicine, Surgery, Pediatrics, Women’s Health, Primary Care and Psychiatry, Geriatrics, Critical Care and the Clinical Elective.

**Preceptor Evaluation Average: (Week 2+Week 5) = 30%**

**Clinical Coordinator Evaluation: Week 5 = 30%**

**End of Rotation Exam/PPP and Paper: Week 5 =40%**

Failure to meet the designated grade in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

* A grade of 70% or better on the final clinical preceptor evaluation
* A grade of 70% or better on the End of the Rotation exam.
* A grade of 70% or better on the Clinical Coordinator evaluation.
* A grade of 70% or better on the the Preceptor Evaluation of the PA student

#### End-of-Rotation Examination Failure

Students that fail an End of Rotation Examination with grades of 50-69% will be given the opportunity to Remediate. A Remediation plan will be implemented by a faculty member and will be tailored on an individual basis. This Remediation plan will be determined by the faculty and will be due 2 weeks later. Students who complete this remediation will receive a grade of 70% for this component. **Failure to complete the remediation on the date scheduled will result in a grade of zero.**

**Students are permitted to remediate no more than twice (2) during the clinical year. Failing a third end-of-rotation exam will results in appearance before the Committee on Course and Standing and failure.**

#### Clerkship Failure

Should a student fail a rotation, the student will appear before the Committee on Course and Standing. The student will be required to repeat the clerkship at the end of the curriculum, resulting in a delay of graduation. *All financial costs associated with repeating a clerkship will be the responsibility of the student.* **Only two clerkships can be failed. A third clerkship failure will result in dismissal from the Program.**

**Delayed Clinical Clerkships**

In the event that a student is delayed in rotation(s) (i.e. due to delayed start, failure, and/or leave of absence) note that only one clinical rotation is advised to be completed during the research semester. The student will need to complete those rotations after completion of the research semester.

#### Leave of Absence

A student may be granted a Leave of Absence only in the case of personal illness, family emergency or other circumstance beyond the student’s control. A request for leave must be made in writing to the program director. A leave taken without consent from the program director may result in dismissal from the program. Students are granted only one Leave of Absence for the entire PA curriculum.

#### Professional Causes for Dismissal during the Clinical Year

Besides academic performance, there are professional reasons for dismissal during the clinical year. These include:

* Violation of the standard of conduct at clinical sites: Each clinical site has its own policies and procedures to which students must adhere. Failure to adhere to these policies and procedures may result in the student’s dismissal from the Program.
* False Reports: Submitting data regarding a patient’s history or physical examination that was not personally elicited, including reporting a finding as normal when unsure of the finding may be cause for dismissal from the Program. Falsely representing the involvement of a physician or other preceptor in the assessment or management of a patient may also result in dismissal.
* Sexual harassment or misconduct including dating a patient, or communicating derogatory statements regarding the racial, ethnic, sexual orientation, disability, or any physical characteristic of a patient or colleague may be cause for dismissal from the Program
* Violations of HIPAA: any violation of privacy and confidentiality of a patient may result in dismissal.
* Cheating on any test or assignment.

**Call Back Day Activities**

Every last Friday of rotation, students will return to campus for Call Back Day activities. These activities typically introduce new information relevant to the clinical year, or review basic material commonly seen in clinical clerkships, such as reviewing pharmacology, review of systems, reviewing EKGs, preparing for life after graduation, etc. **Students are, therefore, expected to attend each Call Back Day, arrive at class on time, and be in attendance for the full day.**

Self-Assessment with Clinical Exams: MOCK EOR Exams in ExamSoft & Pre and Post Rotation Exams in Knowledge Plus NEJM.

To refine medical knowledge and test-taking skills, students will be assigned a MOCK End of Rotation Exam of 100 questions at week 2 of the specific Clinical Rotation during their clinical year to identify areas of strengths and weaknesses. Students are required to complete 50 questions each week from UWorld and 50 questions each week from Knowledge+ NEJM. Students are required to take the Pre-Rotation Exam prior to the start of their clinical rotation at NEJM Knowledge Plus as well as the NEJM Resident 360 Prepared Quiz if assigned to that rotation (these vary in questions 75-100 questions combined) and are to take the Post Rotation exam the weekend before the PAEA EOR exam. Students are required to do practice questions from areas of weakness identified in the Pre-Rotation exam within Knowledge+ NEJM. Virtual Clerkships at Aquifer will be available for students to complete clinical cases in their particular rotation as well as real patient cases in their clerkships. Resources utilized during the clinical year are subject to change at the program’s discretion.

If these requirements are not met, the Course and Standing Committee will decide if remediation, resulting in a delay of graduation, will occur. There will be a Summative OSCE, as well as an End of Curriculum multiple-choice exam within 4 months of graduation.

**Typhon Tracking System**

Students are required to maintain a procedure and patient log for all rotations via the Typhon Group Physician Assistant Tracking System, an electronic tracking system. This system serves as a vehicle for compiling information regarding clinical clerkship experiences. Students are required to log information regarding each patient seen on a daily basis. Failure to log patient encounters on time will result in a three (3) point deduction from the overall rotation grade**.** Each additional submission failure will result in an additional three (3) point deduction and referral to the Course and Standing Committee.

The Typhon System defines a logging week as Sunday to Saturday. At the end of a logging week, the system will close. Edits cannot be made after this time. The Clinical Coordinators will spot check these logs. Students will be contacted if inadequate patient care experiences or omissions in documentation are found. It is the student’s responsibility to review all comments and make corrections when indicated in their Typhon logging systems. Students must keep copies of Typhon logs for personal records. The program will not provide copies of rotation documents.

While the Clinical Coordinator will discuss ways to maximize clinical opportunities for the remaining time in the clerkship, it is the student’s responsibility to find opportunities to meet the procedure requirements. Difficulty in meeting these requirements should be brought to the attention of the Clinical Coordinator. **Failure to complete any procedure requirement by the end of the year will result in referral to the Course and Standing Committee and a delay in graduation.**

#### Rotation Specific Logging Requirements

Students must log each patient encounter during the clinical year. In addition, medical notes and clinical procedures must be logged in the following numbers:

#### Clerkship Medical Note Requirement

|  |  |
| --- | --- |
| **Surgery** | 5 per week/25 per rotation + 2/10 per rotation virtual patients  There should be at least 5 Pre-Op, 5 Intra OP and 5 Post-Op in the 25 total notes |
| **Pediatrics** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |
| **Primary Care** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |
| **Internal Medicine** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |
| **Psychiatry** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |
| **OB/GYN** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |
| **Emergency Medicine** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |
| **Critical Care** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |
| **Geriatrics** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |
| **Elective** | 5 per week/25 per rotation + 2/10 per rotation virtual patients |

#### Required Clinical Year Procedures/Examinations

|  |  |
| --- | --- |
| **PROCEDURE** | **REQUIRED MINIMUM NUMBER** |
| ABG | 3 |
| Abscess I&D | 3 |
| Blood Culture | 3 |
| Cardiopulmonary Resuscitation | 3 |
| Foley Catheter Placement | 3 |
| IM/SC/ID-injections | 3 |
| IV Placement | 3 |
| NG Tube Placement | 3 |
| Splinting | 3 |
| Suturing | 3 |
| Venipuncture | 3 (adult) 3 (pediatric) |
| Assist in Operating Room | 10 |
| Wound Care/Debridement | 3 |
| Breast Examination | 3 |
| Pap Smear | 3 |
| Pelvic exam | 3 |
| Prostate exam | 3 |
| Testicular exam | 3 |

#### HIGHLY Recommended Clinical Year Procedures/Examinations

|  |  |
| --- | --- |
| Delivery | 3(vaginal) 3(Cesarean) |

**Professional Portfolio**

The Typhon system has a feature to create a professional portfolio. Beginning a professional portfolio challenges students to think critically about their patient care experiences by engaging in reflective practice. It also teaches students to set goals for achieving professional milestones for career advancement by documenting seminal events in clinical, professional, and personal growth as they occur. The information logged on the professional portfolio can be easily transferred to a CV, blog, web page or other media.

Utilizing the Typhon Group Healthcare Solutions Physician Assistant Student Tracking System (PAST), students will create an online portfolio consisting of six components:

* **Home Page** (Introductory Page), which consist of name, picture, address, CCNY e-mail, and an introduction.
* **Reflections**: Five (5) entries at different points of the clinical year, each two or more paragraphs, that describe the academic, clinical, professional and personal journey during your time in the PA Program:
* The first will describe your entry into Physician Assistant Program
* The second will describe your transition from the didactic to the clinical year The third, fourth, and fifth will describe growth experiences at various points in the clinical year.
* Interesting patient: These three (3) additional reflections center on a patient care experience that highlights the benefits of health care services, health care policy and education aimed at disease prevention and health maintenance. These reflections might also address how the encounter impacts critical thinking and future practice. Each submission is from two paragraphs to one page in length.
  + Clinical Year: This page includes links to Rotation and Dates; Preceptor evaluations, Typhon Logs; Medical Notes; BCLS and ACLS certification documents.
  + Research Paper
  + CV

This portfolio will be active for five years from the first day of the Program. Maximal use of this system verifies clinical education experiences, which will be useful to future employers.

**Disciplinary Action**

Students are bound by the content of the policies within this handbook, the Academic Handbook as well as the policies of the City College of New York and the CUNY School of Medicine. Students who do not uphold such policies will be given a verbal warning, this will be followed by a written warning and if a third repeat infraction occurs, students will be referred to the Committee on Course & Standing for breach of the standards of professionalism.

**Preamble**

The National Commission on Certification of Physician Assistants (NCCPA) endeavors to assure the public that certified physician assistants (PAs) meet professional standards of knowledge and skills. Additionally, NCCPA attempts to ensure that the PAs it certifies are upholding appropriate standards of professionalism and ethics in practice. The NCCPA’s *Code of Conduct for Certified and Certifying PAs and PAs with the PA-C Emeritus Designation (*the *"Code of Conduct")* outlines principles that all certified or certifying PAs and PAs holding the PA-C Emeritus designation are expected to uphold. Breaches of these principles may be cause for disciplinary review. Disciplinary actions taken at the conclusion of that review may include a letter of concern, formal censures, revocation of certification and/or eligibility for certification, or revocation of PA-C Emeritus designation or eligibility for the designation, and/or other actions deemed appropriate by NCCPA, such as administrative suspension. Disciplinary actions may be reported to the Federation of State Medical Boards, any state licensing authority, the federal government, the PA’s employer, and other interested parties, including individuals seeking information about the PA’s certification or PA-C Emeritus designation, as solely determined by the NCCPA and in compliance with NCCPA’s Information Disclosure policy. This *Code of Conduc*t represents some, though not necessarily all, of the behaviors that may trigger review under NCCPA’s *Policies and Procedures for PA Disciplinary Matters.* NCCPA retains the right to impose discipline under its *Policies and Procedures for PA Disciplinary*

*Matters* even if the PA’s certification expires or the PA retires from practice, provided that the violation triggering the disciplinary proceeding occurred when the PA was certified, seeking certification, or applying for or holding the PA-C Emeritus designation.

**Principles of Conduct**

Certified or certifying physician assistants shall protect the integrity of the NCCPA-issued credentials and of the process by which those credentials are earned and awarded. Certified or certifying PAs and PAs with the PA-C Emeritus designation:

* 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.
* Shall not engage in irregular behavior, as defined in the NCCPA’s *Policies and Procedures for Disciplinary Matters*.
* Shall not employ deceptive means, including submitting to the NCCPA any document or testimony that contains a misstatement of fact or omits a fact to obtain, attempt to obtain or assist others in obtaining or maintaining an NCCPA credential.
* Shall not manufacture, modify, reproduce, distribute or use a fraudulent or otherwise unauthorized NCCPA certificate.
* Shall not falsely represent themselves in any way as a Physician Assistant-Certified (PA-C) designee a Certificate of Added Qualification (CAQ) recipient, or a PA-C Emeritus or otherwise use or assist others in using fraudulent credentials, as set forth in in the NCCPA’s *Policies and Procedures for PA Disciplinary Matters*.
* Shall promptly inform NCCPA when possessing knowledge or evidence that raises a substantial question of cheating on or misuse of questions from an NCCPA examination, fraudulent use of an NCCPA card, certificate or other document or misrepresentation of NCCPA certification status by a physician assistant or any other individual.

Certified or certifying physician assistants shall comply with all applicable laws, regulations and standards, including but not limited to those governing professional practice. Certified or certifying physician assistants:

* Shall respect appropriate professional boundaries in their interactions with patients and others.
* Shall avoid behavior that would pose a threat or potential threat to the health, well- being or safety of patients apart from reasonable risks taken in the patient's interest during the delivery of health care.
* Shall not disclose patient confidential information, publicly disclose information about a patient that the PA learned as part of the PA’s practice, nor disparage any patient in a public setting, (including through social media) based on information observed or learned in the PA’s practice.
* Shall recognize and understand their professional and personal limitations. *Revised 12-20-2021*
* Shall practice without impairment from substance abuse and shall practice without impairment from cognitive deficiency or mental illness that, even with appropriate reasonable accommodation, adversely affects their practice.
* Shall, unless no longer certified or certifying, maintain and demonstrate the ability to engage in the practice of medicine within their chosen areas of practice safely and competently.
* Shall behave in a manner that is lawful and ethical, during and outside the practice of medicine, that upholds accepted standards of professional practice and conduct.
* Must report to the NCCPA any adverse regulatory, legal or credentialing action within 30 days of (i) revocation, suspension, surrender, lapse, loss or denial of a license or credential to practice as a health care provider (including authorization to practice as an employee of the federal government or in a jurisdiction not requiring licensure) whether such adverse action is by decision, consent order, stipulation, or agreement.
* Must report to NCCPA within 30 days convictions, guilty pleas or no contest pleas to felonies and certain misdemeanors, as described more fully in the *Policies and Procedures for PA Disciplinary Matters.*
* Must cooperate with and respond to inquiries from NCCPA related to their own or another’s compliance with NCCPA’s policies and this Code of Conduct, in connection with NCCPA certification-related matters or disciplinary proceedings.
* Must comply with conditions set forth by NCCPA, unless due to circumstances beyond the PA’s control.  
  PAs with the PA-C Emeritus designation shall not use the PA-C Emeritus designation in any clinical setting or in the context of any clinically- related interaction, including clinical volunteer service.

**National Commission on Certification of Physician Assistants  
12000 Findley Rd., Ste. 100, Johns Creek, GA 30097  
Tel: 678.417.8100 Fax: 678.417.8135 www.nccpa.net***Adopted: November 2005 Last Revised: November 2019  
Monitoring: This policy will be reviewed every third year in November beginning in 2019.*

Appendices

Appendix A: CSOM Physician Assistant Program Incident Form

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_ AM/PM

Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident Cause: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give brief description of incident, including predominating and contributing causes as well as actions taken following the incident:

State corrective action taken to prevent recurrence. Indicate if further investigation is warranted.

Did you seek medical care? ♦ Yes ♦ No  
Date/Time/Method Program was notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Report to preceptor/clinical department manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Faculty/Advisor reviewing the report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Injured Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix B: **RECORDS RELEASE FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CUNY School of Medicine Physician Assistant Program

Consent for Release and Exchange of Student Records

Student ID#:

Students in the CUNY School of Medicine Physician Assistant Program participate in clinical clerkships which are part of the requisite course work for the Masters in Physician Assistant degree offered by the CUNY School of Medicine Physician Assistant Program.

To enable CSOM PA Program and the clinical clerkships sites to evaluate a student’s eligibility to participate in clinical rotations and to evaluate a student’s performance on clinical rotations, it is necessary for CSOM and the clinical clerkships sites to exchange educational records and information about that student. The educational records and information subject to release and exchange include grade reports, transcripts, evaluations, attendance records, examination results, background check results, and records of conduct and disciplinary investigations and proceedings. Release and exchange of educational records and information is between and among faculty members, administrators, and other designees of CSOM PA Program and the facilities which have an affiliation agreement with CSOM PA Program to provide clinical rotations.

I hereby consent to the release and exchange of my educational records and information as described above.

I acknowledge receipt of a copy of this signed form.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix C: Remediation Form

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Remediation Content:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**1. Areas of difficulty/Student comments after reviewing Test Report**:

♦ Carelessness ♦ Material Unfamiliar (Book/Lecture) ♦ Misread/Misinterpreted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

♦ Student reviewed and understands errors made.

**2. Plan of Action (Objectives):**

♦ Academic Success Center Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Remediation Improvement Contract Objectives Achieved**:

♦ Reassessment completed/ Objectives achieved  
♦ Reassessment not completed/ Objectives not achieved

**Reassessment Format:**

♦ EOR exam ♦ Presentation/Paper ♦ End of Curriculum Exam  
♦ Summative OSCE

**Reassessment Date: \_\_\_\_\_\_\_\_\_\_\_\_Reassessment Final Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not achieved, please state why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Course Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix D: Performance Improvement Plan

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: /\_ /\_ Rationale for Entering Student in Performance Improvement Plan:

Description of the Performance Improvement Plan (Must include timeline):

Results:

**Acknowledgement of Performance Improvement Plan:  
I acknowledge understanding of and agree to the Performance Improvement Plan as set forth above.** Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Successful Performance Improvement Plan Completion Verification**:

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: /\_ /\_

Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: /\_ /\_

Appendix E: Participation of Students as Human Subjects Form

There are multiple physical examination and skill activities taught during the program. In addition to educating students in their roles as practitioners, having students fill the role of patients during these activities helps them become more sensitive to the patient perspective. Furthermore, active participation and repetition reinforce learning. Therefore, CUNY School of Medicine PA program:

• Requires the participant of students as human subjects during selected courses.  
• Expects its students to willingly participate in all aspects of physical exam and technical skills training in a professional and cooperative manner.

At various times, students will be required to wear clothing that will easily allow physical examination by another student. Examples of modestly appropriate attire include sports bras, exercise wear, and shorts.

For any questions or concerns with this policy, please contact the course director.

I hereby signify that I have read and understand this policy and am willing to participate as a human subject as described.

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

Print Legibly Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix F: Professionalism Assessment

**Summative Professionalism Evaluation**

**Five-Point Likert Scale:** 5. Exceptional performance, 4. Above average performance, 3. Performance meets expectations, 2. Needs improvement, 1. Poor performance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section I: Professional Conduct (Behavior) | 5 | 4 | 3 | 2 | 1 |
| Demonstrates **relationship building/development** with patients, caregivers, and other members of the healthcare team by establishing rapport and **building trust**.  (PCPK, SPH, ICPL, HLC) | ○ | ○ | ○ | ○ | ○ |
| Demonstrates **interpersonal skills including influence, empathy, humility, beneficence, and compassion**.  (SPH, PLAHC, ICPL) | ○ | ○ | ○ | ○ | ○ |
| Demonstrates **emotional intelligence** in all interactions through awareness, self-control, and expressing one's emotions judiciously and empathetically.  (HLC) | ○ | ○ | ○ | ○ | ○ |
| Utilizes and maintains effective collaboration and communication skills with interprofessional healthcare team members demonstrating patient-centered care through effective **teamwork**.  (ICPL) | ○ | ○ | ○ | ○ | ○ |
| Demonstrates sound work ethic by showing **integrity**, responsibility, and initiative with a positive attitude.  (PLAHC) | ○ | ○ | ○ | ○ | ○ |
| Recognizes and appropriately addresses one’s cognitive limitations by demonstrating **help-seeking behaviors** through soliciting feedback, guidance, and additional resources.  (PLAHC) | ○ | ○ | ○ | ○ | ○ |
| Demonstrates **adaptability** and resilience in all interactions with peers, faculty, patients, caregivers, and other members of the healthcare team.  (HLC) | ○ | ○ | ○ | ○ | ○ |
| Demonstrates **leadership** behaviors by actively and consistently contributing to the community in a professional capacity by assisting and/or mentoring others and modeling professionalism with other members of the healthcare team.  (ICPL) | ○ | ○ | ○ | ○ | ○ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section II: Sensitivity | 5 | 4 | 3 | 2 | 1 |
| Demonstrating **empathy** by **actively listening** to an individual through engaging and affirming the encounter.  (PCPK, SPH, ICPL, PLAHC) | ○ | ○ | ○ | ○ | ○ |
| Recognizing through **cultural competency**, the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants affecting the health of the individual and community being served.  (HLC) | ○ | ○ | ○ | ○ | ○ |
| Projects an appropriate degree of **self-confidence** without arrogance while establishing rapport and trust with others.  (HLC) | ○ | ○ | ○ | ○ | ○ |
| Demonstrate **humanism** through effective, equitable, understandable, and respectful interactions with all members of the community.  (PLAHC) | ○ | ○ | ○ | ○ | ○ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section III: Accountability | 5 | 4 | 3 | 2 | 1 |
| Demonstrates **self-awareness** of one’s limitations and is receptive to **constructive criticism**.  (SPH, HLC, ICPL) | ○ | ○ | ○ | ○ | ○ |
| Recognizes **existing and unconscious biases** and attitudes towards others.  (SPH, HLC) | ○ | ○ | ○ | ○ | ○ |
| Engages in **effective** multidirectional **communication** and maintains healthy boundaries to establish healthy partnerships.  (ICPL) | ○ | ○ | ○ | ○ | ○ |
| **Advocates** for **patient safety** and welfare by ensuring that the patients’ needs are the focus over self and others.  (ICPL, PLAHC) | ○ | ○ | ○ | ○ | ○ |
| Participates in difficult conversations facilitating **ethical decision- making** with patients and colleagues.  (PLAHC) | ○ | ○ | ○ | ○ | ○ |
| Demonstrate respect for the dignity and privacy of patients while maintaining **confidentiality** in the delivery of team-based care.  (PLAHC) | ○ | ○ | ○ | ○ | ○ |
| Consistently demonstrates **accountability** with timeliness, appropriate attire, and a positive attitude during all interactions and learning experiences.  (PLAHC) | ○ | ○ | ○ | ○ | ○ |

**PAEA Core Competencies for New Physician Assistant Graduates:** 1. Patient-Centered Practice Knowledge (PCPK), 2. Society and Population Health (SPH), 3. Health Literacy and Communication (HLC), 4. Interprofessional Collaborative Practice and Leadership (ICPL), 5. Professional and Legal Aspects of Health Care (PLAHC)

Appendix G: CSOM Physician Assistant Program

Student Handbook Acknowledgement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the information contained within the CUNY School of Medicine (CSOM) Physician Assistant Program Student Handbook. I understand my obligation to successfully complete all clinical requirements in the outlined time frame.

I fully understand this information and hereby agree to abide by the Physician Assistant program policies and procedures contained within the CSOM Physician Assistant program Student Handbook. Additionally, I agree to abide by all rules and regulations as set forth in the CSOM PA Program Academic Handbook 20-21, and CCNY Policies and Regulations.

I understand the outlined requirements including clinical learning outcomes for graduation from the CSOM Master of Science in Physician Assistant program. The CSOM Physician Assistant program reserves the right to modify curriculum requirements as necessary to ensure the academic integrity of its program. Students will be notified of any changes in curriculum or program requirements prior to implementation in accordance with ARC-PA standards.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix H: ARC-PA Standards of Accreditation (Fifth Edition)

**Policies**

A3.01 Program policies must apply to all students, principal faculty and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site.

A3.02 The program must define, publish, make readily available and consistently apply its policies and practices to all students.

A3.03 The program must define, publish, make readily available and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors.

A3.04 The program must define, publish, make readily available and consistently apply a policy that PA students must not be required to work for the program.

A3.05 The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as: a) instructional faculty and b) clinical or administrative staff.

A3.06 The program must define, publish, make readily available and consistently apply a policy that PA students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.

A3.07 The program must define, publish, make readily available and consistently apply: a) a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates. b) written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.

A3.08 The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must: a) address methods of prevention, b) address procedures for care and treatment after exposure, and c) clearly define financial responsibility.

A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation.

A3.10 The program must define, publish, make readily available and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.

**Fair Practices and Admissions**

A3.11 The sponsoring institution and program’s announcements and advertising must accurately reflect the program offered.

A3.12 The program must define, publish and make readily available to enrolled and prospective students general program information to include: a) the program’s ARC-PA accreditation status as provided to the program by the ARC-PA, b) evidence of its effectiveness in meeting its goals, c) the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years provided by the NCCPA through its program portal, no later than April first each year, d) all required curricular components including required rotation disciplines, e) academic credit offered by the program, f) estimates of all costs (tuition, fees, etc.) related to the program, g) program required competencies for entry level practice, consistent with the competencies as defined by the PA profession, and h) whether certain services and resources are only available to students and faculty on the main campus when the program is offered at a geographically distant campus location.

A3.13 The program must define, publish, consistently apply and make readily available to prospective students, policies and procedures to include: a) admission and enrollment practices that favor specified individuals or groups (if applicable), b) admission requirements regarding prior education or work experience, c) practices for awarding or granting advanced placement, d) any required academic standards for enrollment, and e) any required technical standards for enrollment.

A3.14 The program must make student admission decisions in accordance with clearly defined and published practices of the institution and program.

A3.15 The program must define, publish, consistently apply and make readily available to students upon admission: a) any required academic standards, b) requirements and deadlines for progression in and completion of the program, c) policies and procedures for remediation and deceleration, d) policies and procedures for withdrawal and dismissal, e) policy for student employment while enrolled in the program, f) policies and procedures for allegations of student mistreatment, and g) policies and procedures for student grievances and appeals.

A3.16 Programs granting advanced placement must document within each student’s file that those students receiving advanced placement have: a) met program defined criteria for such placement, b) met institution defined criteria for such placement, and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given.

**Student Records**

A3.17 Student academic records kept by the sponsoring institution or program, in a paper or electronic format, must be readily accessible to authorized program personnel and must include documentation: a) that the student has met published admission criteria including advanced placement if awarded, b) that the student has met institution and program health screening and immunization requirements, c) of student performance while enrolled, d) of remediation efforts and outcomes, e) of summaries of any formal academic/behavioral disciplinary action taken against a student, and f) that the student has met requirements for program completion.

A3.18 PA students and other unauthorized persons must not have access to the academic records or other confidential information of other students or faculty.

A3.19 Student health records are confidential and must not be accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student