



**CARROLL UNIVERSITY**  
Physician Assistant  
Program

**Carroll University  
Physician Assistant Program**

**Student Clinical Rotation  
Manual**

**Clinical Year 2026-2027**



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## *A Word From Your Program....*

Congratulations on the successful completion of your didactic year and progression to the clinical phase of the Physician Assistant Program! The purpose of the clinical phase of training is to place students in quality clinical rotations that provide access to a diverse patient population and a variety of diseases and injuries involving all body systems across the lifespan of the patient. The clinical year will support the knowledge and skills you learned during the didactic phase of your education including, but not limited to: ongoing development and mastery of your ability to take a medical history, perform a physical exam, order and interpret diagnostic tests, formulate a diagnosis and develop a treatment plan all in the setting of cultural competency. Clinical rotations will prepare you for board examinations, employment, and of course for providing quality patient care.

The clinical phase of your PA education will be both rewarding and challenging. For some, this may be the most difficult part of the journey to becoming a physician assistant. The clinical phase demands long hours, independent study and careful time management. This year will test you in ways not tested before. Good communication between you, the clinical site, your preceptor, and the program will be essential to your success.

Every clinical rotation is different, and completely dependent on the location of the site, the patient population, and the strengths and weaknesses of the preceptor(s). Some will require more independent study and self-motivation than others. Every clinical PA student is ultimately responsible for their rotation objectives and topic lists. Please know, however, that the entire PA faculty and staff are here to provide guidance and assistance when needed throughout the upcoming year.

In this manual you will find specific information on the Program's expectations for attendance, dress code, social media usage, and professionalism during the clinical year. The manual also contains clinical course descriptions. It outlines specific course requirements and assignments, grading scales, progression standards, and remediation policies. It also includes student and preceptor evaluation forms.

You have chosen a wonderful and rewarding career, but the pathway to completing this phase of your education will not always be easy. Remember, during the next 12 months, you will not only be representing yourself, but you will also be representing the Carroll University Physician Assistant Program, Carroll University, and the Physician Assistant profession. We are here to help support you along this journey and wish you a fun and successful clinical year.

*Carroll University Physician Assistant Program*

## Carroll University Physician Assistant Program Clinical Year Objectives

1. Strengthen the commitment of our program and our students to provide culturally competent medical care to all patients.
2. Facilitate the introduction of the PA student to the community in general and to the medical community specifically.
3. Orient preceptors and students to the structure of the preceptorship and student learning experience.
4. Place students in quality clinical rotations that provide access to a diverse patient population and a variety of diseases and injuries involving all body systems across the lifespan of the patient.
5. Serve as a resource in developing the PA students' role in each specific practice setting.
6. Provide specific objectives for each rotation, though individual learning goals may be tailored to the student and preceptor. Students should be aware that objectives not met during the rotation must be researched by the student independently.
7. Support and enhance the knowledge and skills learned in the didactic phase of training while continuing to prepare the student to provide quality patient care.
8. Stimulate and enhance the desire for independent study and lifelong learning.

### Information Sessions

As part of the Professional Development Series, the clinical faculty will meet with all students prior to the start of the clinical year to discuss information related to the clinical education program.

### Overview of Clinical Sites

All clinical training sites have signed an affiliation agreement that formalizes the relationship between the institution and the preceptor/site. Each active clinical site is reviewed annually by the clinical faculty for continued appropriateness and quality.

Clinical rotations are designed to give the students as much “hands-on” experience as possible. The *ideal setting* for the students would provide the opportunity to complete the following:

1. Interview patients to obtain a medical history.
2. Perform focused and full physical examinations.
3. Present the findings to the preceptor both orally and in writing.
4. Formulate a diagnosis with appropriate input from the preceptor.
5. Determine a treatment plan that integrates the student's current level of knowledge with the preceptor's clinical experience.
6. Write or dictate appropriate notes in the medical record to be reviewed and countersigned by the preceptor.
7. Assist with patient education under the direction of the preceptor.
8. If the clinical site includes hospital care, it is anticipated that the PA students will make rounds with the physician.

9. Students should take call whenever possible at the discretion of the preceptor.

The degree of student involvement is determined by the type of practice, the demands of the patients, the skill level of the student, and the precepting health care provider. Maximal hands-on care will allow the student to markedly improve their knowledge and understanding of practicing medicine. All rotations will have a **two-week observation evaluation to be completed by the student and by the preceptor** to alert us early of any potential problems. The evaluations are available in Typhon.

### Rotation Site Visits

Each new clinical site will be evaluated by the clinical education staff or a designated representative of the program by an on-site visit or by phone/electronic communication during the first student rotation. Additional formal program evaluations of the clinical site can be scheduled at any time as deemed necessary by the program or preceptor. Students may also request a clinical site visit, but do not need to be present at the site during the visit unless deemed necessary. The site visit provides an opportunity for an honest exchange of information among all parties concerned. Visits are scheduled with the clinical site/preceptor at a mutually convenient time. Site visits provide another venue for obtaining feedback from the preceptor and/or student concerning the rotation experience and student performance.

### Rotation Assignments and Changes

While students may be given the opportunity for input and may make suggestions prior to the assignment of rotations, they are not required to find and cannot arrange their own rotations. A student may not present themselves as a Carroll University PA student to non-assigned clinical setting(s), or outside of the assigned clinical rotation dates. This behavior may result in dismissal from the program.

Every attempt will be made to assign clinical rotations in a fair and equitable manner. The DCE and clinical faculty however, will make *all* final decisions on the rotation schedules. These decisions are based on preceptor availability, our program's educational goals and objectives, and our mission. Occasionally, unforeseen circumstances may result in changes to the rotation schedule throughout the year. There may be additions, deletions, and time changes which make it necessary for the student to be flexible. Every reasonable attempt will be made to keep these changes to a minimum. The clinical faculty will make rotation assignments or substitutions that they feel are in the best interest of the student, the preceptor and the program.

A request for a change to an assigned rotation will only be considered in rare and extenuating circumstances pending review by the Director of Clinical Education. The program cannot guarantee any requests. Difficulty finding **housing, financial difficulty, travel expenses, distance from family members or pets**, or using the site to help secure **future employment** will not justify an assignment change. It is expected that students will accept their rotation schedules with professionalism and without complaint. All placements and changes are at the discretion of the Director of Clinical Education.

## Housing, Transportation and Meals

Housing arrangements and costs associated with clinical rotations are the sole responsibility of the student. Some clinical sites will have housing available, but it is the student's responsibility to make those arrangements with the site. It is important to calculate in advance with the financial aid office what your financial needs will be during your clinical year.

## International Rotations

The program recommends that all students traveling internationally as part of a rotation consult a travel clinic to review and receive any additional vaccines or medications recommended by the Centers for Disease Control and Prevention (CDC). The program's blood borne pathogen protocol applies to international clinical experiences as well as rotations within the U.S.

## Attendance at Clinical Rotations

Consistent attendance and punctuality are expected of all students during enrollment in the program. Part of the socialization in the PA program is learning the values necessary to be a competent Physician Assistant. One of these is a sense of responsibility and obligation to commitments. Students make a commitment to patient care for clinical assignments, both to the patients and to the other members of the health care team. Students should not be late to a clinical site or rounds. Tardiness is not acceptable. Students are expected to arrive 15 minutes before their start time at their clinical sites.

- Each student is allowed 5 full days off during the clinical year for personal or family events, interviews, illness, etc. Be judicious of the use of your time off.
- Students must report all absences to the PA Program's clinical faculty and to their preceptor or clinic contact. For an absence to be excused, a student must fill out the "Student Absentee Report" found in Appendix One and submit it to the clinical faculty.
- For a **planned absence**, a student is required to submit documentation and receive an excused absence from the PA program's clinical faculty at least one week prior to the anticipated absence.
- For an **unplanned absence**, a student is required to inform the clinical faculty and their preceptor or clinic contact, at least one hour prior to the absence. Students must also submit proper documentation to the PA program's clinical faculty within 24 hours following his/her return to any educational/program activities to be considered an excused absence.
- **In emergency situations** only, students may obtain approval after their initial absence but must contact their preceptor and clinical faculty as soon as possible.
- All work missed during the absence must be completed to the satisfaction of the PA program's clinical faculty and the preceptor prior to receiving a grade for the course/clinical rotation. Any work not completed by the end of rotation may result in an "incomplete" which must be completed prior to graduation.
- Students' discretionary absences may not exceed 10 percent of a clinical rotation or more than two consecutive days without DCE consent.
- In the event that a preceptor has a planned absence during a student's rotation, the student must contact the program. At that point, the student should work with the

preceptor to find alternate educational activities (including but not limited to: working with another clinician in the department, observing procedures, shadowing in other departments, online medical education, etc.) The student shall then update the clinical faculty as to the final schedule. The clinical faculty will assist in this process as needed.

- Excessive absences or tardiness/early departures brought to our attention by the preceptor will be reviewed by the DCE.
  - Pending review, the student may be required to take a leave of absence or repeat the rotation. Excessive and unexcused absences may result in dismissal from the program.

Students are expected to work a minimum of 32 hours per week, following the schedule of the preceptor (s) they are working with. Depending on the nature of the rotation, students may work evening, nights, weekends and holidays. Students must follow the schedule determined by the preceptor/site.

**Acceptable reasons for an excused absence may include the following:**

- Student illness/injury. If the student is absent for greater than 3 consecutive days, a statement from a physician or other health care provider that, at the time of the mandatory activity, the student was under his/her care and unable to attend patient care activities, may be requested.
- Immediate family member illness. A statement from a physician or other health care provider that a member of the student's immediate family (state relationship) was seriously ill and required the student's presence may be requested.
- Childbirth (maternity and paternity policy of the University takes precedence).
- Educational or professional considerations, e.g., attendance at a professional meeting.
- Observation of religious holidays **discussed and scheduled before the religious holiday.**
- In the event of a death of an immediate family member (parent, grandparent, sibling, spouse, child), a 3-day bereavement leave will be granted at the discretion of the clinical faculty and/or Program Director.

The DCE must grant approval for any reason not specifically covered above.

A student may appeal to the PA Program Director if he/she feels that the policy is not being honored or equitably enforced.

EOR attendance is mandatory. The expectation is that the student will be available from 7:30 to 5 p.m. for every EOR day.

### **On Call, Night, Weekend, and Holiday Hours and Responsibilities**

Some clinical rotations may require students to work during evening, night, weekend, or holiday hours. If these shifts are available but not required, students are encouraged to volunteer at the discretion of their preceptor. On call duty can often provide opportunities and experiences not available during normal office and daytime hours.

## Professional Counseling and Accessibility Services

The Walter Young Counseling Center provides inclusive mental health services and programs to the Carroll community. To schedule a phone consultation with a professional counselor, email [wyc@carrollu.edu](mailto:wyc@carrollu.edu) or call 262-524-7335.

Student Accessibility Services provides assistance to students who have appropriate documentation evidencing impacts that limit life activities such as learning disabilities. If you are in need of special accommodations, you can start the process by visiting <https://www.carrollu.edu/student-services/accessibility-services> and complete the Accommodation Request Form. Any questions or concerns, email [SAS@carrollu.edu](mailto:SAS@carrollu.edu) or call 262-524-7616.

If an individual student has special needs or concerns about course requirements related to religious beliefs, cultural issues, or other issues, the student must contact the Program Director with a request for accommodation.

## Dress Code

Appropriate dress for a clinical rotation is determined by the clinical site/preceptor. However, the Physician Assistant Program expects the student to always dress in a professional manner.

Clothing should allow for adequate movement during patient care, and should not be tight, short, or low cut. Students may not wear jeans, tennis shoes (unless approved by site), open toe, high heels, or platform shoes exceeding two inches in height, shorts, cut-offs, hats or clothing with rips, tears or stains. During clinical rotations, all students must wear white lab coats unless the clinical site or preceptor wishes them not to. Lab Coats should be clean, pressed and worn without unauthorized patches, buttons, or pins. Professional pins issued by WAPA or the AAPA are allowed. All students must wear photo ID name tags supplied by the program identifying them as Carroll University PA students at all times while at the clinical site. Some sites may require additional identification. Students are expected to refrain from chewing gum, wearing perfume or scented lotions, and to remove facial / nose / mouth piercings. Tattoos should be covered. Hairstyles must not interfere with patient care.

**CLINICAL SUPERVISORS, PRECEPTORS, AND OR PHYSICIAN ASSISTANT DEPARTMENT FACULTY RESERVE THE RIGHT TO ASK A STUDENT WHO IS NOT APPROPRIATELY DRESSED TO LEAVE THE CLINICAL SITE.**

## Social Media Policy – LinkedIn

The PA Program permits students to connect with professionals via LinkedIn for networking purposes. This includes faculty, clinical preceptors, hospital, clinic staff, and/or recruiters. The student must maintain a professional demeanor in all communication on LinkedIn. If the Program receives a complaint regarding a student's professionalism further remediation may be required to meet professionalism expectations. Students are not allowed to "friend" or connect with patients on social media, or give medical advice on social media. Students may not use Carroll University logos on their social media except LinkedIn.

## Incident Reporting due to Exposure at Clinical Site

Should a student sustain an exposure at the clinical site (i.e., blood or body fluid exposure, TB exposure, or needle stick) the student should report the incident immediately to the preceptor and receive appropriate medical care at the time of the incident. A copy of the Carroll University's Blood-Borne Pathogen Exposure Policy and Protocol is located in Appendix Two, however the clinical site policy supersedes Carroll's Policy in all cases. Most facilities will refer you to their Occupational Health Dept. A copy of the incident report should be forwarded to the DCE. Ultimately, the student is responsible for initiating follow-up care after an exposure, at a physician's office, or at the clinic on campus. All costs are the sole responsibility of the student.

## Clinical Rotation Requirements

The following information will be shared with the preceptor / clinic site for each rotation.

Materials delivered to the rotation site by the **STUDENT** as requested:

1. Student personal goals for the rotation
2. Student contact information
3. List of previous clinical rotations
4. Specific information requested by clinical sites not listed below

Materials submitted to the rotation site by the **PA PROGRAM or THE STUDENT as provided and designated.** Many organizations use online onboarding platforms like My Clinical Exchange, Clinician Nexus, and others for students to upload onboarding information.

1. Student photo, biography, and history
2. Program contact information
3. Required training
  - Verification of certification for: BLS
  - ACLS
  - Blood-borne pathogen/universal precaution training
  - HIPPA training
4. Confirmation that student has satisfactorily completed the following to the organization's requirements
  - Background checks
  - Immunization and TB screening record
  - Drug screening
5. Confirmation that student is covered by CU Professional Liability Insurance
6. Preceptor manual
7. List of specific clinical objectives and course syllabus

## Conflict Resolution Procedure

- While not common, students may experience personality conflicts or professionalism issues while on rotation. Should this occur, it is the responsibility of the student to address this with his/her preceptor first and follow the procedure below. **If the situation is of significant concern, the student is to notify the DCE or the clinical**

**team immediately.** If the DCE/clinical faculty are unavailable, please contact the Administrative Assistant in the PA office and they will put you in contact with an available faculty member.

1. The student is to initiate discussion of the problem with the clinical preceptor as soon as the problem is identified. During that discussion, they are to define the problem(s) and design a resolution acceptable to both student and preceptor.
2. If the outlined plan does not produce resolution within one or two days, the student and/or the clinical preceptor are to call the DCE and discuss the situation. This may require a visit by the DCE or clinical faculty to discuss potential solutions for immediate implementation. This plan will be documented and included in the student's file.
3. There is to be a follow up phone call between the DCE and the clinical preceptor to report progress. A separate meeting between the DCE and the student will occur to ensure that the student is satisfied with the outcome.
4. If failure of the rotation is a possible consequence of inability to resolve the issue, it must be identified as early as possible and the situation discussed with the clinical preceptor, DCE and PD.

## Student Safety at Clinical Sites

**Student safety is a priority. The student is expected to call the DCE/clinical faculty at any time during the clinical rotation if he/she is experiencing any safety concerns.**

Students are placed where they are deemed to be safe for the patients, employees, and themselves. If a student feels the safety of these parties is at risk, they should discuss it first with the preceptor or the site coordinator. If the concerns remain, the student should consult with the DCE, clinical faculty or PD. If any parties are felt to be at risk, the DCE will discuss this with the preceptor or site coordinator. The DCE will then decide if it is safe to proceed or withdraw the student from the site.

## Additional Student Responsibilities for Clinical Rotations

- Any charts or orders written by the student must have their name clearly written followed by the initials "**PA-S**" (**Physician Assistant Student**). Students who possess other titles (e.g., RN, RT, etc.), will at no time be allowed to use these designations. All charts and orders must be signed by the preceptor immediately.
- Students should review medical textbooks and online materials to expand knowledge of problems and procedures typically seen in the practice setting or those that may be required by the preceptor.
- Students must not receive money or material goods in return for their assistance.
- Students must work under the direct supervision of a licensed PA, physician, midwife, nurse practitioner, psychologist, or therapist. Students are at no time allowed to be in charge of a patient's care. Students are not allowed to provide any services without

consultation and supervision of the preceptor.

- Students may perform procedures within the scope of practice as authorized by the preceptor and clinical site. Students are not to undertake any procedures without consulting the preceptor.
- Students cannot be under the influence of alcohol or drugs when working at a clinical site or university events. Students must not compromise the safety and health of patients, students, faculty, or hospital/clinic personnel. Any violation may result in dismissal from the program.
- Students must honor patient-physician confidentiality and deliver health care services to patients without regard to their national origin, race, creed, disease status, sexual orientation, religion, socioeconomic status, disability, and political beliefs.
- Students must maintain professionalism at all times and address the preceptor, clinical staff, and patients appropriately.
- Students must avoid disagreements with preceptors in front of patients or health care workers.
- Students are not allowed to work at any rotation site for compensation during the clinical year.
- It is the student's responsibility to **contact the preceptor or his/her designated contact person at least two weeks prior to the start of a new rotation**, to determine what time, where, and to whom the student should report for the first day of that rotation.
- It is the student's responsibility to make sure that paperwork, documents, and required trainings **are completed in the time frame the facility requires**.
- Learning outcomes for each rotation are provided to both the student and preceptor. End-of-Rotation exams are based on the rotation objectives and PAEA blueprint. Clinical experiences may vary depending on patient population and site strengths/weaknesses. **It is the student's responsibility to review the objectives and augment their clinical experiences with independent research and discussion with the preceptor as necessary**.
- If any serious problems arise during the clinical rotation, please notify the DCE as soon as possible. Examples include but are not limited to: personal injury at the clinical site, needle stick or other exposure, discrimination, and harassment of any form. You may not love every rotation, but if any major issues arise where you feel a line has been crossed you must contact the Program.

## Clinical Schedule for 2026-27 Academic Year

Block 1	6/1-7/24/2026
Block 2	7/27-9/18/2026
Block 3	9/21-11/13/26
Block 4	11/16-1/8/2027
Block 5	1/11-3/5/2027
Block 6	3/8-4/30/2027

The clinical year schedule does not correspond with CU's university semester schedule. The closest we can define our semester schedule are blocks 1&2 as SUMMER, blocks 3&4 as FALL, and blocks 5&6 as SPRING.

## Clinical Rotation Course Descriptions

### **PHA 620: Emergency Medicine Supervised Clinical Practice** **8 credits**

The student is introduced to triage and stabilization of patients with life threatening conditions and procedures performed in the emergency medicine department. Emphasis is placed on skills required to perform and document a problem-oriented history and physical, formulate a differential diagnosis, order and interpret the tests necessary to confirm or rule out a primary diagnosis, and give appropriate patient education. The student will learn strategies for interacting with patients and families experiencing various levels of stress. (8 weeks)

### **PHA 621: Family Medicine Supervised Clinical Practice** **8 credits**

The student will evaluate, document, diagnose, and treat problems common in primary care/family medicine. The student will demonstrate proficiency in office procedures commonly performed in a family medicine office. (8 weeks)

### **PHA 622: General Internal Medicine Supervised Clinical Practice** **8 credits**

The student will perform in-depth evaluation and ongoing treatment of patients with complex problems and/or chronic illness. The student will evaluate and manage the effects of chronic disease on multiple body systems and perform or assist in procedures commonly done in internal medicine. (8 weeks)

### **PHA 623: General Surgical Supervised Clinical Practice** **8 credits**

The student will evaluate and manage patients with a variety of surgical problems. The student will develop an understanding of the role of the surgeon, anesthesiologist, assistant surgeon, circulating nurse, scrub nurse, scrub tech, recovery room nurse, and the surgery floor nurses, aides, and techs in the care of the surgical patient. (8 weeks)

### **PHA 625: Pediatrics Supervised Clinical Practice** **4 credits**

The student will provide care to the neonate through adolescent. The student will perform evaluation of the healthy pediatric patient and recognize, evaluate and treat the common illnesses and problems experienced by the neonate, infant, small child and adolescent to age 18 years. The student will identify and manage problems in growth and development of these age groups and recognize and manage pediatric emergencies. (4 weeks)

### **PHA 626: Women's Health & Prenatal Care Supervised Clinical Practice** **4 credits**

The student will provide care to female patients in the areas of women's health, prenatal care, and disease processes of the reproductive system. The student will evaluate, manage, and educate female patients regarding annual exams, birth control, infertility, menstruation, sexuality, pregnancy, pre- and postnatal care, menopause, and relationships. (4 weeks)

### **PHA 627: Psychiatry/Behavioral Medicine Supervised Clinical Practice** **4 credits**

The student will evaluate and manage patients with a variety of psychiatric problems. The student will develop an understanding of the role of psychiatrists, psychologists, social workers and nurses in the care of the psychiatric patient. The student will perform a

psychiatric interview and mental status examination and make referrals for specialized psychiatric treatment. (4 weeks)

**PHA 628: Elective Supervised Clinical Practice**

**4 credits**

The student will participate in an elective clinical rotation, including but not limited to primary care, nephrology, interventional radiology, orthopedics, oncology, gastroenterology, or international medicine. The elective rotation is provided to give students an opportunity to increase their knowledge and skills in an area or to explore another field that is not required in the clinical rotation schedule. Students must have their elective rotations approved and assigned by the Clinical Coordinator. If desired, students can choose to participate in international health care opportunities as part of their elective rotation. The student will do a formal grand rounds type case presentation following their elective rotation in place of an end of rotation exam. (4 weeks)

**Addition to Clinical Rotation Syllabus For Internal Medicine and Family Medicine:  
Medicine of Underserved Populations**

Clinical year students will rotate through the Waukesha Free Clinic at Carroll University to deliver healthcare to an underserved population contained within an urban setting.

## Clinical Course Assessment

The DCE and clinical faculty are responsible for assigning the grade for rotation performance. Information from all evaluations, completion of activity logs, end of rotation exams, OSCEs, case presentations, projects, cultural reflection paper and professionalism are the basis for the decision whether to pass the student, extend the rotation, place the student on probation, or in some instances, dismiss the student from the program. The performance evaluations become a permanent part of the student's record. Further information may be found in the course syllabi.

The clinical year is composed of several components. Carroll University PA students must successfully complete the following:

- a. Four – eight-week clinical rotations: Family Medicine, Internal Medicine, Surgery and Emergency Medicine
- b. Four – four-week clinical rotations: Pediatrics, Women's Health, Behavioral Health/Psychiatry, and Elective.
- c. Attend all required End of Rotation days (EOR) and activities
- d. EOR exams
- e. One end of year cultural reflection paper due at end of block 6
- f. Medical Case write ups (H&Ps) for each rotation
- g. A Year End Comprehensive Summative Exam (EOC)
- h. A Capstone Project
- i. Three to four focused OSCEs
- j. A Summative OSCE
- k. Elective presentation

## Evaluations and Grading

Evaluation and grading for the rotations will be on the following scale:

- |  |             |
|--|-------------|
| 1. Student Evaluation (completed by Preceptor)             | 40%         |
| 2. End of Rotation Exams or Case presentation for elective | 40%*        |
| 3. OSCE  | 10%         |
| 4. Case Write Ups  | 10%         |
| 5. Typhon (Logging and Evals)                              | pass/fail** |
| 6. Cultural Reflection Papers                              | pass/fail** |

\*The EOR exam weight increases to 50% of the final grade when there is not an OSCE scheduled.

\*\*Must complete to receive course grade

## Grading Scale

Grading for the rotations will be on the following grading scale:

A	100 – 93	C	79.99 – 70
AB	92.99 – 90	D	69.99 – 60
B	89.99 – 83	F	59.99 and below
BC	82.99 – 80		

## Evaluation Forms

### Preceptor Evaluation of Student (See Appendix Four)

- The Preceptor Evaluation of Student/End of Rotation and the Rotation Specific Evaluations will be emailed to each preceptor, directly from Typhon, at the beginning of the last week of the clinical rotation. A grade for that rotation will not be assigned until all required forms are submitted.
- The preceptor's evaluation is based on demonstration of the student's medical knowledge, patient care and technical skills, interpersonal communication and professionalism, systems-based practice, and practice based learning and improvement.
- The preceptor is encouraged to have an exit interview with the student. This evaluation process should allow for more direct feedback between the preceptor and student regarding the student's performance. The student should also provide feedback to the preceptor concerning the rotation.
- Preceptor evaluation forms become a part of the student's permanent record and are calculated into the grade received for a particular rotation. Please see Rotation Progression Standards as outlined below.

### Student Evaluation of Preceptor and Site

- Each student is required to complete Typhon Eval and Survey Instrument (EASI) evaluations of the rotation site and preceptor as stated below:
  - **2 EASI Evaluations Required for every rotation.**
    - One EASI mid-rotation evaluation completed at 2 weeks.
    - One EASI eval completed at the end of the rotation to be submitted before the last EOR Day of that cycle.
- Students will provide their opinion on positives and areas needing improvement of the clinical site and experience. **Comments are expected to be professional and constructive.**
- If student works with multiple providers during one rotation, separate evaluations for each provider are not required. Complete the evaluation for the preceptor of record or the preceptor you have worked the most with.
- Preceptor evaluation of student performance and clinical site evaluations done by students are reviewed by the DCE or clinical faculty at week two and at the end of the rotation. Any issues or problems are identified, documented, and discussed with the preceptor and the student for resolution or improvement.

### End of Rotation Exams

Students will complete an exam associated with every clinical rotation at the end of each block during EOR with the exception of the elective rotation. Due to scheduling, some students will have to complete more than one exam. Exam content will be based on the learning objectives and topic list outlined in each rotation's syllabus, provided to both the student and preceptor, as well as the PAEA's exam blueprint. Clinical experiences may vary depending on patient population and site strengths/weaknesses. ***It is the student's responsibility to review the objectives and topics and augment their clinical experiences with independent research and discussion with the preceptor as necessary.*** See Rotation Progression Standards below.

## End of Rotation (EOR) Travel Distance Policy

All students are expected to return to campus for EOR days. If you are outside a 400-mile radius from CU you must contact the clinical faculty at least two weeks before the end of your rotation to make arrangements to take your EOR exam, which may be completed remotely, or give any presentations. All students must return to campus and be present for summative exams at the end of Block 5.

## OSCE- Objective Structured Clinical Exam

An OSCE exam allows the student to practice and demonstrate clinical skills in a standardized medical scenario. The student will have the opportunity to demonstrate competency in communication, history taking, physical examination, clinical reasoning, medical knowledge, and the integration of all these skills. An OSCE station may include clinical interactions with standardized patients (history taking, examination, counseling, professionalism) or examination through simulation; interpretation of findings including test interpretation, identification of pictures/images; and writing orders. If a student fails to achieve a passing grade of 70% on the OSCE, the student will need to remediate. Remediation may include repeating the OSCE, a written assignment or an oral presentation regarding the OSCE's subject matter. Assignments are at the discretion of the DCE. The student will receive a 70% grade for the OSCE once remediation is complete.

## Elective Rotation Case Presentation

Elective presentations are a grand rounds type of presentation. You will select a specific topic related to your elective and give a 20-minute presentation to your class. It should include the presenting symptoms, patient's history, PE, work-up, differential diagnosis and treatment. Also include pertinent review of anatomy, physiology, and pathophysiology. This should be a PowerPoint presentation with a printed copy for faculty. **Please send a copy of your presentation to the clinical faculty the Tuesday before EOR for review to ensure all necessary components are present.** If a student fails to achieve a passing grade of 70% on the presentation, he/she will be required to make the necessary corrections to the assignment and return the corrected handout to the clinical faculty within one week. When the repeated assignment is done correctly, the student will be given a passing grade of 70% on the assignment. See Appendix Three for grading scale.

## Case Write-Up Paper

The clinical write-up is an H&P including assessment and plan from a case study for each rotation. A split rotation only requires one H&P. If a student fails to achieve a passing grade of 70% on the case write up, they will be required to re-write the assignment and be given a grade of 70% on the assignment. The clinical write ups must be submitted to Teams and are due at the end of week two of your rotation (Friday). If more time is needed, message the clinical faculty. See Appendix Three for grading scale.

## Patient Profile/Clinical Procedure Log

Students will be **required** to maintain a patient/procedure log in TYPHON which gives the program an opportunity to further evaluate the clinical experience. The patient log will show

the numbers and types of patients being seen, diagnosis, and level of participation. This information assists in providing information to remain in compliance with the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA). The students will also complete their procedure skills “passport” as proof of entry level competency.

### Cultural Reflection Paper

Students will write a personal reflection paper on a culturally diverse patient issue they have observed or encountered during the clinical year. The topic should be one that adds to their knowledge and personal/professional growth as a clinician, including but not limited to, the cultural skills learned in year one of the practicum. The paper will be due at the end of block 6 and will be graded Pass/Fail. Please see Appendix Three for grading scale.

### Clinical Rotation Progression Standards

1. **Students must receive a grade of 75% or higher on the final preceptor evaluation for each clinical rotation.** If a student receives less than a grade of 75% on any final preceptor evaluation, they will be required to repeat that clinical rotation which may delay graduation.
2. The student must achieve and maintain a minimum cumulative and semester GPA of 3.0 throughout the clinical year or he/she will be placed on academic probation. The student must come off probation during the subsequent academic full semester of the program. A student can only be placed on academic probation one time during both academic years in the program. If a second academic probation occurs, the student will be dismissed from the program.
3. If a student is dismissed from a rotation by a preceptor for any reason, the dismissal may be considered a failure of that rotation pending review by the DCE and the Program Director regardless of the final grade awarded by the preceptor. A failed rotation must be repeated which may delay graduation.
4. Students must pass the EOR examination for each clinical rotation with a 70% or higher (C). PAEA EOR exams are used and curved according to a program-approved formula. If a student receives a curved score of less than 70% (C), they will be required to complete remediation facilitated by PA faculty as outlined in the Clinical Manual and take the repeat final exam within two weeks. If the student passes the repeat examination, he/she will receive a grade of 70% (C) on the examination regardless of the grade achieved on the second examination. If the student receives less than a 70% (C) a second time, they must repeat that rotation which may delay graduation.
5. Clinical year students may not remediate more than three EOR exams across all clinical rotations. More than three remediations of EOR exams will result in dismissal from the program. No more than one clinical rotation may be repeated. If a second rotation needs to be repeated for academic reasons, the student will be dismissed from the program.
6. All students required to repeat a clinical rotation must also complete remediation as outlined by the DCE. Repeat rotations will be arranged and scheduled by the DCE at or near the end of the clinical year and may delay the student’s graduation pending preceptor availability. All students will be given the final minimum passing grade of a 70% (C) for a repeat rotation regardless of the grade achieved during the repeat rotation.
7. A student will be dismissed from the program for any of the following:
  - A student who receives less than 75% on a repeat rotation’s final preceptor

- evaluation or is again dismissed from any rotation by the preceptor
- A student who is required to repeat two rotations
- A student may be placed on academic probation only one time during the program.
- A student who requires more than 3 EOR exam remediations

### **Clinical Rotation Remediation Policy:**

Clinical Rotation Progression Standards are clearly outlined in the Clinical Education Manual provided to each student upon admission to the program. Students are also required to sign a Learning Contract upon admission to the program, which states that they have been advised in writing of the program's curriculum and of the demanding nature of physician assistant training. This agreement is kept in the student's file in the Center for Graduate Studies. If, however, the student fails to meet the criteria for progression as outlined in the manual, the following steps for remediation will be activated:

1. The student must attend an urgent meeting with the DCE and the student's academic advisor if available.
2. Specific areas of deficiency will be identified and reviewed with the student in detail. A student assessment via the Walter Young Center will be used if the problem cannot be readily identified. The student will be provided with a written copy detailing the specific deficiencies. This document will be signed by the student and the DCE at their initial meeting and will remain in the student file. The student will be given the opportunity to add comments or write a rebuttal if desired and this will also remain with the original documentation.
3. If the deficiency is *academic*, the student will be offered additional study resources such as, but not limited to, our on-line self-study/board review materials, library resources and review books. Additional notes and lecture review material may be provided by the clinical faculty. A consultation with Student Affairs Office of Student Success regarding study habits, time management, and one on one tutoring will be arranged if needed. The student must then meet the remainder of the Progression Standards as outlined. If these standards are not met after academic remediation, the student will be dismissed from the program.
4. If the deficiency is *behavioral* the student will be offered the opportunity to meet with Counseling Services at the Walter Young Center for assessment and counseling. Referral to community resources will be offered if needed. The student must then meet the remainder of the Progression Standards as outlined. If these standards are not met after behavioral remediation, the student will be dismissed from the program.
5. If there is a *professionalism* deficiency, remediation will be dependent upon the issue and addressed by faculty.
6. During the remediation process, the student must continue to complete all other requirements of their current clinical rotation on time.

### **Clinical Rotation Evaluation Discrepancies**

The student should meet with the preceptor for a final evaluation. If the student is dissatisfied with the evaluation and has met with the preceptor to discuss the evaluation, the student should contact the DCE in writing outlining specific reasons why he/she disagrees with the preceptor's final evaluation. The statement needs to be submitted within one week of the final

evaluation. The statement will be reviewed by the DCE, clinical faculty. A meeting with the student will take place if further information is required. If further action is necessary, the DCE will contact the preceptor for more information. A final written decision will be sent to the student from the DCE.

The program makes every attempt to keep in close contact with each student, clinical site and preceptor. The DCE is available for consultation with the student or preceptor whenever necessary.

Communication between PA faculty and PA students is accomplished through several methods that may include site visits, emails, text messages and telephone calls. Students should check email at least once a day. Whether checking email is done at the practice site or at another nearby facility (i.e. university/medical center or even public library) is at the discretion of the preceptor. **It is the expectation that the student respond to any faculty communication within 24 hours.**

## PA Student General Clinical Goals

1. **History Taking:** Students will approach a patient of any age group in any setting and elicit an accurate, detailed patient history and record that data in an acceptable fashion.
2. **Physical Examination:** Students will perform a complete or focused physical examination of a patient of any age, sex, or condition in any setting.
3. **Diagnostic Skills:** Students will identify, order, perform (when appropriate), and appropriately interpret common laboratory, radiologic, cardiographic, and other routine diagnostic procedures used to identify pathophysiologic processes.
4. **Differential Diagnosis/Diagnostic Impression:** Students will develop a differential diagnosis and diagnostic impression considering the data.
5. **Therapeutic Skills:** Students will perform routine procedures such as injections, immunizations, suturing, and wound care. They will be able to manage conditions produced by infection or trauma, assist in the management of complex illness and injury, and take initiative in performing evaluations and therapeutic procedures in response to life-threatening situations.
6. **Emergency Skills:** Students will recognize and manage life threatening or harmful situations under any circumstance and in any setting. They will work as a team member in a medical emergency under appropriate supervision.
7. **Communication:** Students will communicate in a professional manner orally and in writing to health professionals and lay individuals.
8. **Attitude:** Students will appreciate the health problems of individual patients as well as those of population groups and approach such with an attitude of professional concern.
9. **Professionalism:** Students will possess the skills, attributes and behaviors necessary to function as a physician assistant and as a member of the professional medical community.

## PA Student Characteristics

There are many characteristics that are desirable in a Physician Assistant. These include comprehensive *medical knowledge*, *skill* in applying knowledge through the provision of medical care, and *professionalism* in one's conduct. A Physician Assistant must possess attention to detail, reliability, punctuality, and the ability to work as a team player with all levels of a given organization including supervisors, peers, and subordinates.

By the second year of study, Carroll University PA students are expected to demonstrate all these traits, and at progressively higher levels as they move towards completion of clinical rotations. Thus, the evaluation of Carroll University PA students includes consideration of knowledge, skill, and professionalism. All these factors will be assessed at all times. However, specific forms of evaluation are established to ensure the student is evaluated. Knowledge is assessed through written testing which is carried out at EOR. Skill is assessed via clinical preceptor evaluations and Carroll University Physician Assistant Program faculty. Professionalism is assessed through cooperation with the program staff, attendance at mandatory functions, participation in conferences and group exercises, and adherence to all the guidelines of this manual.

## General Clinical Objectives

The student will participate in the management of the patient under the direct supervision of the preceptor and as appropriate to the student's level of experience/expertise.

1. Elicit a problem-oriented or complete medical history and perform the appropriate physical examination.
2. Identify, perform and/or order diagnostic procedures based on history and physical examination findings.
3. Integrate data and formulate a problem list.
4. Formulate tentative diagnostic, internal therapeutic and disposition plans.
5. Give oral case presentations to the preceptor, using the proper format and terminology.
6. Implement appropriate treatment as approved and directed by the preceptor/supervising physicians.
7. Assist the preceptor with diagnostic procedures and/or required treatment.
8. Comply with treatment protocols as established by the host institution.
9. Accurately record the history and physical examination in the medical chart using the format established by the institution. Recordings will be clear, concise, organized documentation of all pertinent findings and include: diagnosis, diagnostic tests, therapy, management plans, referrals, and patient education.
10. Write prescriptions under the direct supervision of the preceptor and signed only by the supervising preceptor.
11. Provide patient education and counseling to patient and family regarding health prevention/promotion and health problem(s) including: explanation of the disease process, risks, benefits and alternatives to treatment/testing, prognosis, and community resources as appropriate, in a context that is appropriate to the patient's culture.
12. Express awareness of the physical, psychological, social, and economic distress created by health problems.
13. Communicate effectively with both patient and family by using vocabulary familiar to all concerned.
14. Give emotional support to both patient and family.

The physician assistant student will demonstrate to the preceptor his/her ability in critical thinking and clinical problem solving to include but not limited to:

1. Analysis of clinical and laboratory data
2. Logical and correct diagnosis
3. Consequences of action taken
4. Use of resources
5. Cost effectiveness
6. Sensitivity to the patient's culture when providing patient information, teaching and counseling

## **Required Exam and Procedural Skills**

Prior to graduation, PA students are expected to demonstrate entry level proficiency of procedures to a preceptor/faculty as documented on the passport. This is to include at least one of each of the following: pelvic exam, well woman exam with pap, breast exam, DRE, male GU exam, prenatal exam, destruction/excision of skin lesion, pediatric exams of various ages, I&D, splint placement, sterile technique, placement of simple interrupted sutures, interpretation of EKG and chest x-ray. See passport in Appendix Four.

## Appendix One

### Carroll University Physician Assistant Program Attendance Policy

I, (Print Name) \_\_\_\_\_ understand that if I am going to be absent from a scheduled rotation, I will immediately contact my Preceptor and the Director of Clinical Education (DCE) to notifying her/him of the circumstances causing my absence. I also understand that to complete the process for an excused absence, verbal notification must be followed by a written request with sufficient documentation attesting to the reason(s) for the absence within 24 hours of notification of absence.

Failure to notify both the DCE and the Preceptor of any absence from a rotation, regardless of the reason, results in an unexcused absence. **A Preceptor's absence is not considered an excused absence for a student. If the Preceptor is going to be absent, the student must contact the PA Program.** One unexcused absence during a rotation requires review by the DCE. Two or more unexcused absences during a rotation require review by the PA Student Progress Committee and could lead to failure of the scheduled clinical rotation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Clinical Education Signature

\_\_\_\_\_  
Date

**Carroll University  
Physician Assistant Program  
Student Absentee Report – Year I and Year II**

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

Date of Absence: \_\_\_\_\_

REASON FOR ABSENCE :

\_\_\_ STUDENT ILLNESS/INJURY

\_\_\_ FAMILY ILLNESS

\_\_\_ DEATH IN FAMILY

\_\_\_ WEATHER

\_\_\_ MEDICAL APPOINTMENT

\_\_\_ TRANSPORTATION

\_\_\_ ACCIDENT \_\_\_\_\_

\_\_\_ OTHER: \_\_\_\_\_

COMMENTS:

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

Didactic or Clinical Director Signature: \_\_\_\_\_

-----  
FOR PROGRAM USE:

Date Notice Received: \_\_\_\_\_

\_\_\_ By Phone

\_\_\_ In Person

\_\_\_ Written/email

\_\_\_ None

Notice Received From:

\_\_\_ Student

Relative: \_\_\_\_\_

Other \_\_\_\_\_

Excused \_\_\_\_\_

Unexcused \_\_\_\_\_

## Appendix Two

### Carroll University Physician Assistant Program

#### Blood Borne Pathogen Exposure Policy and Protocol

##### **Blood Pathogen Exposure Policy and Plan**

The Blood borne Pathogen Exposure Plan was developed by the Carroll University Health Center staff and will be applicable to all PA students, faculty and staff. If you have a blood borne pathogen exposure, contact the Carroll University clinical faculty as soon as possible, subsequently the University's exposure plan can be put into action. Any costs incurred are the responsibility of the student.

##### **Carroll University Health Center**

##### **POLICY AND PROCEDURE**

**Effective: August 23, 2011**

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##### **TITLE:**

Prevention of and response to blood or body fluid exposure.

##### **PURPOSE:**

To promote a safe environment and to eliminate or minimize student, staff exposure to blood borne pathogens.

##### **POLICY:**

Standard Precautions are observed with all individuals when in contact with blood or other potentially infectious body fluids in accordance with the OSHA Bloodborne Pathogen standard. All blood and other potentially infectious body fluids are treated as if infectious for blood borne pathogens.

##### **DEFINITION:**

**Significant Bloodborne Pathogen Exposure**— contamination of an individual with another's blood, tissues, or other potentially infectious body fluids by percutaneous injury (e.g., needle stick or cut with a sharp object), contact with mucous membranes, or contact with non-intact skin (especially when the exposed skin is chapped, abraded, or excoriated).

##### **PROCEDURES:**

###### **I. Prevention of Blood or Body Fluid Exposure:**

- i. **Hand washing:** All students and staff using PPE (personal protective equipment) must wash hands before and after removal of gloves.
- ii. **Exposure to Blood or Body Fluids:** Skin is immediately washed with soap and water thoroughly for 10-15 minutes. Allow blood to flow freely from the wound. Mucous membranes of the eye, mouth, or nose are flushed immediately with water for 10-15 minutes. Bleach is not to be used as a skin disinfectant. If a garment is penetrated, the garment shall be removed as soon as possible and isolated and later washed. Students and faculty should immediately notify the appropriate department at their clinical facility about any significant blood borne pathogen exposure for PEP (post exposure prophylaxis) consideration and counseling as soon as possible after the exposure. Staff and students at Carroll University will contact the ED at a hospital as soon as possible after the exposure for PEP

consideration and counseling. Health Services can help to determine if the exposure was significant, and draw baseline and follow up labs if needed, but the ED staff will have the most up to date PEP recommendations and are better able to respond to these situations.

- iii. **Preventing Needle sticks and other Parenteral Exposures to Blood:** Needles are not to be recapped or manipulated by hand after use. Used Syringes, Needles, Scalpel Blades, and other Sharp Items are immediately discarded after use in puncture-resistant containers. Safety devices are to be used.
- iv. **Food and Drink** shall be stored in clearly marked refrigerators.
- v. **Personal Protective Equipment:** Specialized clothing or equipment shall be worn to prevent skin or mucous membrane exposure to blood or body fluids. These include gloves, masks, protective eyewear, and gowns. Remove PPE after it becomes contaminated and before leaving the work area.

## II. Reporting Bloodborne Pathogen Exposure:

- i. Students and staff working in hospitals, clinics, long term health care facilities, or other health care centers, will notify the appropriate department (i.e. ED or Occupational Health Dept.) **at their facility** about any significant blood borne pathogen exposure for PEP (post exposure prophylaxis) consideration and counseling as soon as possible after the exposure. If the exposure occurs at Carroll University, students and faculty will contact Health Services or an ED at a hospital as soon as possible after the exposure for consultation, PEP consideration and counseling. Health Services can help to determine if the exposure was significant, and draw baseline and follow up labs if needed, but the ED staff will have the most up to date PEP recommendations.
- ii. A history of the incident should be obtained including documentation of route of exposure, how and when the exposure occurred, and where the exposure occurred.
- iii. Determine if the exposure was significant.
- iv. If it is determined that no significant exposure has occurred, PEP will not be offered.

## III. Significant Bloodborne Pathogen Exposure:

- i. All individuals with a potential blood or body fluid exposure will be evaluated using Public Health Service and CDC recommendations to determine whether a significant exposure has occurred, the risk associated with the exposure, and what type of PEP is appropriate.
- ii. Exposed persons will be counseled regarding risk of bloodborne pathogens, exposure information, PEP medication information, and prophylaxis, assurance of confidentiality, follow-up, and post exposure transmission prevention. Baseline labs will be obtained for HIV, HBsAg, HBsAB, and HCAB.
- iii. Identify source person if possible. Test source person for HIV, HBsAg, and HCAB if status is unknown. If source person is HIV +, gather available information regarding person's stage of infection (i.e., asymptomatic, symptomatic, or AIDS), CD4+ T-cell count, result of viral load testing, current and previous antiretroviral

therapy, and results of any viral resistance testing in order to choose an appropriate PEP regimen for the exposed person.

- iv. For unknown sources, evaluate the likelihood of exposure to a source at high risk for infection when considering PEP therapy.
- v. If PEP is initiated, the following is required: Lab testing of the exposed person (in addition to above baseline testing) to include CBC with differential, ALT, Metabolic Panel, Pregnancy test if indicated, and UA if indicated by PEP medications. Confidentiality will be maintained.
- vi. An informed consent must be signed for each drug that is prescribed.
- vii. A declination of PEP meds will be signed if the exposed person decides against PEP therapy after counseling.
- viii. A 2-day or 3-day supply of PEP medications will be prescribed to the exposed person until the source person's laboratory results are obtained and the source person is determined to be HIV AB negative. Medications will be continued and will be prescribed at 1-2 week intervals according to CDC guidelines if source is HIV AB positive.
- ix. PEP medications will be prescribed at 1-2 week intervals if the exposed person decides to take PEP meds after counseling and the source person is unknown.
- x. Follow-up visits will be scheduled at least every 1-2 weeks during PEP therapy to:
- xi. Review medication side effects, vital signs, and consult with NP
- xii. Lab testing: 2 wk. CBC with diff, ALT and Metabolic Panel; 4 wk. CBC with differential, ALT. Other tests may be ordered depending on the PEP medication prescribed.
- xiii. Referral to an Infectious Disease Specialist will be made for pregnant women and all others with special concerns.
- xiv. Follow-up laboratory testing for prophylaxis and monitoring of bloodborne pathogens (HIV, Hepatitis B virus and Hepatitis C virus) based on CDC recommendations is outlined in Table I and Table II.
- xv. If the source person is **not infected** with a bloodborne pathogen after lab testing, further follow-up of the exposed person is **not** necessary.

### LABORATORY PROTOCOLS FOR SIGNIFICANT BLOOD BORNE PATHOGEN EXPOSURE

SOURCE PERSON			EXPOSED PERSON	
HIV	HBsAg	HCAB	INITIAL Laboratory Testing	FOLLOW-UP Laboratory Testing
Non- Reactive	Negative	Negative	<ul style="list-style-type: none"> <li>• HIV</li> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> </ul>	None
			<ul style="list-style-type: none"> <li>• HIV</li> </ul>	Assuming PEP medication is

Reactive or Unknown  (PEP is started)	Negative	Negative	<ul style="list-style-type: none"> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> <li>• Pregnancy test</li> <li>• CBC with diff</li> <li>• Metabolic panel with ALT</li> <li>• UA if IDV</li> </ul>	<p>started (2 or 3 drug regimen):</p> <ul style="list-style-type: none"> <li>• Repeat CBC and Metabolic Panel at 2 weeks and 4 weeks post-exposure</li> <li>• HIV at 6 weeks, 3 months, and 6 months.</li> </ul>
Non-Reactive	Positive	Negative	<ul style="list-style-type: none"> <li>• HIV</li> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> </ul>	<ul style="list-style-type: none"> <li>• If exposed person is HBsAB <i>positive</i>, no further testing.</li> <li>• If exposed person is HBsAB <i>negative</i>, give HBIG and repeat/complete HBV series. Repeat HBsAB 1-2 months after 3<sup>rd</sup> dose.</li> </ul>
Non-Reactive	Negative	Positive	<ul style="list-style-type: none"> <li>• HIV</li> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> <li>• ALT</li> </ul>	<ul style="list-style-type: none"> <li>• HCV RNA 4 weeks after exposure</li> <li>• HCAB and ALT at 6 months</li> </ul>
Unknown  (not starting PEP)	Unknown	Unknown	<ul style="list-style-type: none"> <li>• HIV</li> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> <li>• ALT</li> </ul>	<ul style="list-style-type: none"> <li>• HIV at 6 weeks, 3 months, and 6 months</li> <li>• If exposed person is HBsAB <i>negative</i>, give one booster dose and repeat HBsAB titer in 1-2 months. If still negative, cont. 2<sup>nd</sup> series and retiter after 3<sup>rd</sup> dose in 1-2 months. Or finish 2<sup>nd</sup> series and retiter.</li> <li>• HCAB and ALT at 6 months</li> </ul>

Based on CDC recommendations (MMWR, Vol. 50/No.RR-11, June 29, 2001)

## Recommended Post-Exposure Prophylaxis For Exposure To Hepatitis B Virus

Vaccination and antibody response of EXPOSED PERSON	TREATMENT		
	SOURCE HBsAg positive	SOURCE HBsAg Negative	SOURCE Unknown or not available for testing
<b>Unvaccinated</b>	HBIG x 1 & initiate HB vaccine series	Initiate HB vaccine series	Initiate HB vaccine series
<b>Previously Vaccinated</b>			
Known Responder	No treatment	No treatment	No treatment
Known Non-responder	HBIG x 1 & initiate revaccination or HBIG x 2**	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody Response Unknown	Test exposed person for HBsAB: <ol style="list-style-type: none"> <li>1. If adequate, no treatment is necessary</li> <li>2. If inadequate, administer HBIG x 1 and vaccine booster.</li> </ol>	No treatment	Test exposed person for anti-HBsAB: <ol style="list-style-type: none"> <li>1. If adequate, no treatment is necessary</li> <li>2. If inadequate, administer vaccine booster and recheck titer in 1-2 months.</li> <li>3. If still inadequate, finish second vaccine series and re-titer in 1-2 months.</li> </ol>

Persons who have previously been infected with HBV are immune to reinfection and do not require post-exposure prophylaxis.

HBsAg—Hepatitis B surface antigen.

HBsAB—Hepatitis B surface antibody.

HBIG—Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

A responder is a person with adequate levels of serum antibody to HBsAg (i.e., HBsAB  $\geq 10$  mIU/ml).

A non-responder is a person with inadequate response to vaccination (i.e., serum HBsAB  $< 10$  mIU/mL).

\*\* The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for non-responders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series, but failed to respond, two doses of HBIG are preferred.

**Based on CDC recommendations (MMWR, Vol. 50/No.RR-11, June 29, 2001)**

## Bloodborne Pathogens Exposure Report

*In case of exposure to blood-borne pathogens, complete this form and submit a copy to the evaluating preceptor and retain a copy for the program Clinical Coordinator.*

Date of Incident Exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident Exposure: \_\_\_\_\_ am /pm\_\_\_\_

Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Report: \_\_\_\_\_ am / pm

### Exposed Individual's Information:

Name (Last, First, M.I.): \_\_\_\_\_ Sex: \_\_\_\_\_

Carroll University I.D. Number: \_\_\_\_\_

Address (Local): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Other Phone: \_\_\_\_\_

Status at time of exposure: Employee Student Faculty Other: \_\_\_\_\_

Has the Exposed Individual been immunized against hepatitis B Virus? Yes No

Dates of Immunization (if known): (1) \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) \_\_\_\_/\_\_\_\_/\_\_\_\_ (3) \_\_\_\_/\_\_\_\_/\_\_\_\_

Place (Facility/Dept.) where incident exposure occurred:

Name of individual in charge of area where exposure occurred:

Individual in charge role: Clinical Preceptor Supervisor Clinical Staff

Site Preceptor/Supervisor/Staff Contact Phone:

List any witnesses present:

#1) Name: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

#2) Name: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**Exposure to:** (Check all that apply)

<input type="checkbox"/>	Blood/ blood products	<input type="checkbox"/>	Cerebrospinal fluid
<input type="checkbox"/>	Body fluid with visible blood	<input type="checkbox"/>	Synovial fluid
<input type="checkbox"/>	Body fluid without visible blood	<input type="checkbox"/>	Pleural fluid with visible blood
<input type="checkbox"/>	Amniotic fluid without visible blood	<input type="checkbox"/>	Pericardial fluid
<input type="checkbox"/>	Peritoneal fluid	<input type="checkbox"/>	Seminal fluid or Vaginal secretions
<input type="checkbox"/>	Other: _____		

**Mechanism of Exposure:** (Check all that apply)

Needle stick/sharps accident

Device Type: \_\_\_\_\_

Device Brand: \_\_\_\_\_

Human bite with or without open wound

Contact with mucous membranes (eyes, mouth, and nose) – includes inhalation

Contact with skin (circle all that apply) broken, chapped, abraded, dermatitis, prolonged contact, extensive contact

Anatomical location of injury/exposure: \_\_\_\_\_

Personal protective equipment in use at time of exposure: \_\_\_\_\_

**Severity of Exposure:**

How much fluid (approx.)? \_\_\_\_\_

How long was exposure? \_\_\_\_\_

Describe any injuries: \_\_\_\_\_

Estimated time interval from exposure until medical evaluation: \_\_\_ minutes \_\_\_ hours

**Source of Exposure:**

Source Individual: Name (if known): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Medical Record # (if available): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Care/Attending Physician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## Source Individual Consent/Refusal form

Is a blood sample from the source available? Yes No  
 Is the source individual's HBV/HCV antigen/antibody status known? Yes No  
 Status: \_\_\_\_\_  
 Is the source individual's HIV antibody status known? Yes No  
 Status: \_\_\_\_\_

**Source Risk Factors:** (as documented in medical record or patient interview)

Yes	No	Unknown	Known HIV Positive
Yes	No	Unknown	Known homosexual, bisexual, prostitute, or sexual contact with same
Yes	No	Unknown	Known IV drug user or history of same
Yes	No	Unknown	Received blood transfusion 1977 - 1985
Yes	No	Unknown	Currently taking Zidovudine (AZT), Lamiduvine (3TC), and/or Indinivir (IDV)
Yes	No	Unknown	History of Hepatitis B, past, present or carrier
Yes	No	Unknown	History of Hepatitis C, past, present or carrier
Yes	No	Unknown	History of hemophilia, dialysis, and or transplant
Yes	No	Unknown	Currently elevated liver enzymes
Yes	No	Unknown	Current fever, lymphadenopathy, rash, malaise, GI or neuro symptoms
Yes	No	Unknown	Traveled outside of the United States

If yes, when and to which countries:

**Activity Leading to Exposure:** (Check all that apply)

<input type="checkbox"/>	Giving Injection	<input type="checkbox"/>	Handling waste products
<input type="checkbox"/>	Recapping needle	<input type="checkbox"/>	Handling lab specimen
<input type="checkbox"/>	Discarding needle	<input type="checkbox"/>	Controlling bleeding
<input type="checkbox"/>	Handling IV line	<input type="checkbox"/>	Performing invasive procedure
<input type="checkbox"/>	Handling disposal box	<input type="checkbox"/>	Cleaning blood spill
<input type="checkbox"/>	Other: _____		

**Actions Taken after the Exposure:** (Check when completed)

\_\_\_ Area washed with soap and water or other cleanser  
 Did the injury bleed freely? Yes No  
 Was topical antiseptic applied? Yes No  
 \_\_\_ Areas flushed (if applicable)  
 \_\_\_ Site Preceptor/Supervisor notified  
 \_\_\_ Infection / Exposure Control Officer notified  
 \_\_\_ Exposed Individual referred for medical evaluation/treatment  
 \_\_\_ Site/Facility (ED, Employee Health, Occupational Health, etc.)  
 \_\_\_ Off-Site affiliated location (Occupational Health, Clinic, etc.)

Name of location: \_\_\_\_\_

\_\_\_ School affiliated

\_\_\_ Other facility: \_\_\_\_\_

\_\_\_ School/Program faculty notified: Director of Clinical Education Program Director

\_\_\_ Follow-up made for re-evaluation of lab studies, clinical condition

\_\_\_ Clinical Site made aware of approximate date of return

**Narrative Description of the Incident/Exposure:**

**Nature and Scope of any Personal Injury:**

**Person Completing Form:**

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

Title/Capacity: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

## Appendix Three

### Assignments and Grading Scales

**Patient Names MUST NOT BE included in any assignments either turned in and/or presented by students.**

- **Use of initials “XX” or the word PATIENT to indicate the patient name is allowed.**
- **Twenty (20) Points will be deducted for any patient names found in ANY assignments and/or presentations.**

**Spelling/Grammar Errors: One (1) point will be deducted for each spelling and/or grammar error in all assignments and presentations.**

#### **Elective Rotation Case Presentation:**

Elective presentations are a grand rounds type of presentation. You will select a specific patient and topic related to your elective and give a 20 minute presentation to your class. It should include the presenting symptoms, patients history, PE, work-up, differential diagnosis and treatment. Also include pertinent review of anatomy, physiology, and pathophysiology. This should be a PowerPoint presentation with a copy for faculty. The presentation takes the place of the EOR exam. If a student fails to achieve a passing grade of 70% on the presentation, he/she will be required to make the necessary corrections to the assignment and return the corrected handout to the DCE within one week. When the repeated assignment is done correctly, the student will be given a passing grade of 70% on the assignment. The presentation is graded as follows:

#### **Communication Skills (20 points):**

Point assignment is based on good communication skills, ability to engage the audience, confidence, and eye contact. PowerPoint slides must be clear, logical, and appropriate to the case. Graphs, tables must be appropriate and not too busy. Background graphic design must not distract from the presentation. *Email a copy of your presentation to the DCE and provide a printed copy the day of presentation.*

#### **Case Presentation (40 points):**

The medical case must be presented in a SOAP format to include a brief HPI, pertinent physical exam findings, pertinent labs, imaging studies and other diagnostic studies, a brief differential diagnosis, assessment, and treatment plan. Inclusion of actual patient imaging is encouraged though all identifiers must be removed. Two points will be deducted for missing minor points. Five points will be deducted for missing sections.

#### **Discussion of the Disease Process and Pathophysiology (40 points):**

The discussion must include epidemiology, typical presenting signs and symptoms, pertinent imaging and diagnostics, treatment, and prognosis. Two points will be deducted for missing minor points. Five points will be deducted for missing sections.

#### **Case Write-Up:**

The clinical write-up is a complete H&P including assessment and plan from a case study for each rotation. If a student fails to achieve a passing grade of 70% on the case write up, they

will be required to re-write the assignment and be given a grade of 70% on the assignment. The clinical write-ups must be submitted to the clinical staff by the second Friday of each rotation or one letter grade will be deducted. The case write up is graded as follows:

**Subjective (25 points):**

The chief complaint must be in the first sentence along with *pertinent patient demographic* data. The paragraph should be concise and contain relevant history and symptom attributes following the “OLDCARTS” formula taught in year one Clinical Medicine. It must be written in a complete H&P format to include full ROS, PMH, FH, SH, social history, medications, and allergies. Two points will be deducted for each section missing minor points. Five points will be deducted if entire sections are missing.

**Objective (25 points):**

Data must include all pertinent PE findings, pertinent laboratory studies and imaging studies. Two points will be deducted for each missing or incorrect minor point. Five points will be deducted if entire sections are missing.

**Assessment (25 points):**

The dialogue must include a thoughtful differential diagnosis. The final assessment must be complete, correct and include description of supporting diagnostic evidence. Five points will be deducted for each missing criterion.

**Plan (25 points):**

The treatment plan must be complete, concise, and appropriate to the assessment. It must include all therapeutic intervention, referrals, disposition, follow up and patient education. Five points will be deducted for each section missing or for inappropriate treatment.

**Cultural Reflection Paper:**

The purpose of the cultural reflection paper is to describe what you have experienced or observed in regard to culturally related experiences while on clinical rotations. The paper is to include your thoughts and reactions to what you have experienced during your rotation as it pertains to the complexities of cultural interactions and medicine. For example, experiences with racially and ethnically diverse patients, LGBTQIA+ issues, barriers to access (language, education, financial, insurance coverage, rural settings, etc.), patients with disabilities, or ethical dilemmas (advance directives, conflicts with caregivers, life sustaining treatments, etc.). The reflection paper will be turned in by the end of EOR of block 6. Grade will be PASS/FAIL; the paper is required for the rotation to be considered complete and must contain the following elements:

**Communication Skills:**

- The paper must be 1-2 pages in length, single spaced, 12-point font.
- The paper must focus on *one* patient cultural topic that the student experienced during their rotation.
- The paper must be without spelling and grammatical errors. One (1) point will be deducted for each spelling and/or grammar error in all assignments and presentations.
- The paper must be concise and flow logically.
- The paper must not contain any identifying information.

**Knowledge:**

The student must demonstrate and clearly articulate an understanding of the complexity of elements important to members of another culture in relation to its history, values, politics, communication styles, economy, or beliefs and practices.

**Attitudes:**

The student must demonstrate and clearly articulate their feelings and reactions to what they have experienced or observed. The discussion must also include an exploration of why those elements were important to them, the provider, the patient, or the family. The student should reflect on their learning, growth, change, or potential for change that has taken place because of their experience.

**Skills:**

The student should explain how the cultural topic affected their approach and treatment of the patient and/or family. The paper must include a discussion on options for resolution. It must include reflection on how this experience will affect their approach to patients in the future.

**Cultural Immersion Discussions:**

(Only applies to students participating in cultural immersions)

Students returning from cultural immersion experiences will be required to lead an informal discussion with the rest of the class regarding their experience. The discussion should include a brief description of the logistics of their trip. Students should also briefly comment on cultural influences on medical care and self-awareness and recognition of personal limitations and cultural sensitivity.

They should include at least one memorable experience that enhanced their cultural awareness. The discussion should not exceed fifteen minutes in length and does not require PowerPoint slides or handouts. The purpose of the assignment is to enhance cultural awareness through lively discussion and is not graded.

**TYPHON Logging:**

Students will be required to maintain a variety of logging and evaluations on TYPHON which gives the program an opportunity to further evaluate the clinical experience.

**Patient and Procedure Logs (pass/fail):**

- The student case logs will show the numbers and types of patients being seen, diagnosis, and level of participation.
- Students must log at least 3 patients daily which should equate to a total of 120 patients for an 8-week rotation, 60 patients for a 4 week rotation, and 30 patients for a 2 week rotation.
- Credit for logging will be given as a “pass” if the 3 patients logged/day requirement is met.
- All patient logs are due on or before EOR day(s).
- Procedure logs will show the number of procedures assisted in or performed.

**EASI evaluation mid-rotation/2 Week (pass/fail):**

For all rotations, a mid-rotation EASI Evaluation is required. EASI evals are found under the “My Evaluations and Surveys” tab on the main Typhon login page. The mid-rotation/2 Week EASI evaluation should be completed by the student at the Friday of

the 2nd week.

**EASI evaluation End of Rotation (pass/fail):**

EASI evaluations should be completed at the end of each rotation, regardless of length, and submitted on or before the last EOR Day of that cycle.

## Appendix Four

### Required Exam and Procedure Skills Passport

Each student is expected to demonstrate entry level proficiency of the procedures below with the completion of at least one. Passports will be collected at each EOR and documented by clinical staff.

Required Exams Skills & Procedures	Rotation	Preceptor Name/ Initials	Date
Pelvic Exam			
Well Women with Pap			
Breast Exam			
Digital Rectal Exam			
Male GU Exam			
Pre-Natal Exam			
Destruction/Excision of Skin Lesion			

Required Exams Skills & Procedures	Rotation	Preceptor Name/ Initials	Date
Pediatric Exam 0-24 months			
Pediatric Exam 2-11 years old			
Adolescent Exam 12-17 years old			
Incision and Drainage			
Splint Placement			
Sterile Technique			
Simple Interrupted Suture Placement- Skin			
Interpret 12 lead EKG			
Interpret X-ray, Chest			



**Carroll University Physician Assistant Program**

**Preceptor Evaluation of Student / End of Rotation**

Student's Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Location: \_\_\_\_\_

Level of Interaction:     Minimum     Moderate     Extensive

**Please indicate how well the Carroll University Physician Assistant didactic curriculum prepared the student in the following areas. Comments are required at the end of this form, for any score of <6.**

**NOTE: A score of 5 = 75%, 7 = 87.5%, and 9 = 100%**

*See Grading Scale in Preceptor's Manual for more details*

<b><u>Patient Care</u></b>	Clearly inadequate; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
	1	2	3	4	5	6	7	8	9		
History taking; accurate and complete	1	2	3	4	5	6	7	8	9		
Physical Exam: needed components present	1	2	3	4	5	6	7	8	9		
Complete assessment and preventative care plans	1	2	3	4	5	6	7	8	9		
Case Presentation: Quality and Clarity	1	2	3	4	5	6	7	8	9		
Documentation complete and logical	1	2	3	4	5	6	7	8	9		

<b><u>Medical Knowledge</u></b>	Clearly inadequate; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
Overall problem solving ability	1	2	3	4	5	6	7	8	9		
Anatomy and Pathophysiological knowledge	1	2	3	4	5	6	7	8	9		
Pharmacological knowledge and usage	1	2	3	4	5	6	7	8	9		
Case Presentation: Quality and Clarity	1	2	3	4	5	6	7	8	9		
Appropriate rationale for selection of diagnostic test	1	2	3	4	5	6	7	8	9		
Integrates H&P, diagnostics test findings into diagnosis and Treatment Plan	1	2	3	4	5	6	7	8	9		

<b><u>Practice-Based Learning and Improvement</u></b>	Clearly inadequate; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
Good initiative/work ethic	1	2	3	4	5	6	7	8	9		
Responds to feedback positively	1	2	3	4	5	6	7	8	9		
Appropriate research to optimize care	1	2	3	4	5	6	7	8	9		

<b><u>Interpersonal/Communication Skills and Professionalism</u></b>	Clearly inadequate; needs immediate remediation	Some deficiencies; needs improvement	Average performance; does not excel in some areas	Exceeds minimum standards; excels in some areas	Superior in every way; in top 5%	N/A			
Creates an effective patient/provider relationship	1	2	3	4	5	6	7	8	9
Sensitive to cultural, age, gender, and disability issues	1	2	3	4	5	6	7	8	9
Demonstrates caring and respectful behavior with patients and staff	1	2	3	4	5	6	7	8	9
Works well as part of a team	1	2	3	4	5	6	7	8	9
Exhibits professional appearance and manner	1	2	3	4	5	6	7	8	9
<b><u>System-Based Practice</u></b>	Clearly inadequate; needs immediate remediation	Some deficiencies; needs improvement	Average performance; does not excel in some areas	Exceeds minimum standards; excels in some areas	Superior in every way; in top 5%	N/A			
Demonstrates knowledge of medical delivery systems (coding, billing, insurance)	1	2	3	4	5	6	7	8	9
Demonstrates appropriate referrals (specialists, PT, OT, dietician, etc.)	1	2	3	4	5	6	7	8	9

**Comments: (Add addendum if necessary) Comments are required for any score of “<6”.**

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**Please Mark the category that best describes the student at this point in their education:**

<input type="checkbox"/> <b>REPORTER</b> – Student accurately gathers and communicates the clinical facts of their patients. Mastery of obtaining a history and physical and knowing what to look for in a particular clinical situation are required. Good bedside skills are required.	<input type="checkbox"/> <b>INTERPRETER</b> – Student can prioritize and assemble a reasonable differential diagnosis, follow up on diagnostic tests and analyze their results. Student must make the emotional transition from bystander to active participant.	<input type="checkbox"/> <b>MANAGER</b> – Student is able to demonstrate a much better command of medical knowledge and has the confidence and ability to make decisions on patient management. The student is able to tailor the plan to each patient problem. Student has sound interpersonal and procedural skills.	<input type="checkbox"/> <b>EDUCATOR</b> – Student is beyond the basics in ability. They must be able to read deeply and share new learning with others. Student can derive relevant clinical questions and find the best evidence to answer the questions, analyze and apply the information their patients. There is a level of maturity and confidence to lead and educate the other members of the health care team.
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<b># of Days Absent:</b>	<b># of Days Late:</b>
<b>Students Must Also Report Absences and Tardiness to the Carroll University PA Office</b>	

<b>Preceptor</b>	<b>Student</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>

**How can Carroll University enhance your experience as a preceptor of our students?**

**Please provide any suggestions for curricular improvement to help us better prepare our students.**

Please return this form to:

Carroll PA Clinical Education Department

Carroll University, [CarrollPAClinEd@carrollu.edu](mailto:CarrollPAClinEd@carrollu.edu) or Fax to: 262-574-2686

Office Use Only:
Reviewed by:
Action Taken:

**Carroll University**  
**Master of Science in Physician Assistant Studies Program**

**Receipt of PA Student Clinical Rotation Manual**

I hereby acknowledge that I have received a copy of the PA Student Clinical Rotation Manual. I further acknowledge that I am responsible for all information contained within the manual and will abide by the policies, rules and regulations set forth thereof.

I realize in some cases, the rules and regulations of the PA Clinical Rotation Manual may exceed those of the Carroll University Graduate Catalog and Student Handbook, such as dress code, attendance etc. I acknowledge that I have had the opportunity to ask questions regarding any of the policies, rules or regulations set forth in the PA Student Clinical Manual.

I understand that failure to comply with the policies, rules and procedures set forth in all of the Carroll University handbooks and manuals may result in disciplinary action, suspension or termination from the Carroll University Physician Assistant Program.

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Student signature

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Student name (printed)

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Date