

# PACE UNIVERSITY-LENOX HILL HOSPITAL PHYSICIAN ASSISTANT PROGRAM

## CLINICAL HANDBOOK

ACADEMIC YEAR  
2007 - 2008

This clinical handbook has been developed by the faculty and administration of the Pace University-Lenox Hill Hospital Physician Assistant Program to provide the student with specific guidelines, rights, and responsibilities regarding the Physician Assistant Program. *This handbook is designed to supplement rather than supplant existing University policies and procedures, including those set forth in University catalog and Undergraduate Student handbooks.* We encourage every student to become familiar with, and refer to, those and other University publications for further information.

Any questions regarding policies contained within this manual should be directed to the Director of the Physician Assistant Program. Although every effort has been made to make this handbook as complete and up-to-date as possible, it should be recognized that circumstances will occur that the handbook does not cover. Changes will also be necessary in the handbook due to changes in the Physician Assistant Program. Students will be notified of any changes or additions in writing and they will become effective immediately upon notification.

When the handbook does not cover a specific circumstance or the interpretation is ambiguous, the Director of the Program will make the necessary decision or interpretation. The fact that written policies are not in the handbook should not be interpreted as an absence of a policy or regulation. If students have questions regarding a situation, they should discuss them with the Director of the Physician Assistant Program.

Please note that if there is any conflict between the specific policies and procedures set forth in this handbook and general University policies and procedures, the policies and procedures in this handbook shall be controlling. We hope you find this manual helpful and wish you much success in your studies.

-- *The Program Faculty*

***New policies approved after publication of this handbook may add to or supersede those contained herein.***

*Policies are derived from the  
“Accreditation Standards for Physician Assistant Education”  
Accreditation Review Commission on Education for the Physician Assistant, Inc.  
(ARC-PA)*

*Accreditation Status*

*The Pace University-Lenox Hill Hospital Physician Assistant Program has been accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc (ARC-PA). A program must be accredited during all or part of the time a student is enrolled for that student to be considered a graduate of an “accredited program”. Only graduates of an accredited program are eligible for the Physician Assistant National Certifying Examination (PANCE) prepared by and administered by the National Commission of Certification of Physician Assistants (NCCPA) in conjunction with the National Board of Medical Examiners (NBME).*

*As part of the licensing process in most states, including New York, both successful completion of an accredited program and passage of the PANCE are required to practice. Specific information regarding the licensing process can be obtained by contacting the licensing authority in the state in which you intend to practice.*

# TABLE OF CONTENTS

GENERAL INFORMATION.....	3
INTRODUCTION.....	5
MISSION STATEMENT.....	6
SPONSORSHIP.....	7
PROGRAM ADMINISTRATION.....	7
PROGRAM TECHNICAL STANDARDS.....	9
TERMINAL TRAINING OBJECTIVES.....	12
SENIOR YEAR CLERKSHIP SCHEDULE 2007-2008.....	18
DESCRIPTION OF CLINICAL CLERKSHIPS.....	19
CLERKSHIP IN EMERGENCY MEDICINE.....	19
CLERKSHIP IN INTERNAL MEDICINE.....	19
CLERKSHIP IN OBSTETRICS AND GYNECOLOGY.....	19
CLERKSHIP IN PEDIATRICS.....	19
CLERKSHIP IN SURGERY.....	19
CLERKSHIP IN PRIMARY CARE.....	19
CLERKSHIP IN PSYCHIATRY.....	19
CLERKSHIP IN ELECTIVE AREAS (I & II).....	19
DYSON 499-C – SENIOR CAPSTONE COURSE.....	20
LIST OF REQUIRED TEXTS.....	20
NEW YORK STATE EDUCATION DEPARTMENT REGISTRATION AND NCCPA EXAMINATION CRITERIA.....	23
DISEASE LIST AND CONTENT OUTLINE FOR NCCPA EXAM.....	24
PROFESSIONAL AGENCIES AND REGULATORY BODIES.....	29
PROFESSIONAL PUBLICATIONS.....	32
USEFUL WEBSITES.....	33
STUDENT POLICIES.....	35
STUDENT RIGHTS.....	37
ADVISING.....	38
HEALTH CLEARANCE POLICY.....	41
CLINICAL POLICIES.....	43
GENERAL GUIDELINES FOR HOSPITAL PRACTICE.....	45
ATTENDANCE.....	46
ATTIRE/IDENTIFICATION.....	48
PATIENTS’ RIGHT AND CONFIDENTIALITY OF MEDICAL RECORD HEALTH HISTORY INFORMATION.....	49
PATIENT RECORDS, PHYSICIAN REVIEW, AND COUNTERSIGNATURE.....	49
CHARTING.....	49
PRESCRIPTIONS AND HOSPITAL ORDERS.....	50
INCIDENTS/ACCIDENTS IN THE CLINICAL SETTING.....	50
UNIVERSAL PRECAUTIONS.....	50
LIVING ARRANGEMENTS.....	51
EMPLOYMENT OPPORTUNITIES/OPERATIONAL POLICY REGARDING STUDENTS PERFORMING SERVICE WORK.....	52
CLINICAL PROCEDURES EXPECTED OF STUDENTS.....	52
SURVIVAL TIPS.....	53
POLICY FOR FAILURE OF CLINICAL CLERKSHIP.....	54
CLERKSHIP ASSIGNMENT POLICY.....	54
STUDENT INITIATED CLERKSHIPS.....	55
PACKRAT EXAMINATION.....	55
COMPUTING CLINICAL CLERKSHIP COURSE GRADES.....	55

ASSIGNMENTS.....	56
WEEKLY PATIENT LOG.....	56
CLINICAL PROCEDURE LOGGING.....	56
DRUG CARDS.....	57
SITE VISIT FORMAT.....	57
MID CLERKSHIP EVALUATIONS.....	58
PRECEPTOR EVALUATION.....	58
STUDENT EVALUATION OF CLINICAL SITE.....	58
EXAMINATIONS.....	59
REVIEW OF EXAMINATIONS.....	60
END OF CLERKSHIP EXAMINATIONS.....	60
CALL BACK DAY LECTURE EXAMS.....	61
CLINICAL DOCUMENTATION: HISTORY AND PHYSICAL/SOAP NOTES.....	61
CASE PRESENTATION PROJECT.....	62
PATIENT EDUCATION PROJECT: PSYCHIATRY.....	64
HEALTH LITERACY PROJECT: INTERNAL MEDICINE.....	65
CONTINUING MEDICAL EDUCATION PROJECT: PRIMARY CARE ELECTIVE.....	66
HEALTH PROMOTION PROJECT: PRIMARY CARE ELECTIVE.....	66
PRE AND POST ESSAY: NON PRIMARY CARE ELECTIVE.....	67
PROJECT AND SITE VISIT BREAKDOWN.....	67
SUBMITTING CALL BACK DAY MATERIALS.....	68
LONG TERM CARE EXPERIENCE.....	68
ACADEMIC POLICY.....	70
INSTITUTIONAL POLICIES ON ACADEMIC & BEHAVIORAL INTEGRITY.....	72
PROGRESSION.....	73
ACADEMIC STANDARDS.....	73
REQUIREMENTS FOR SUCCESSFUL COMPLETION OF SENIOR YEAR.....	73
GRADUATION REQUIREMENTS.....	74
THE ACADEMIC AFFAIRS COMMITTEE.....	74
PROBATION.....	75
DISMISSAL.....	77
APPEAL PROCEDURE.....	79
COURSE GRADE APPEAL PROCESS.....	80
EVALUATION.....	82
EVALUATION OF STUDENTS IN THE DIDACTIC AND CLINICAL YEAR.....	82
PA PROGRAM GRADING AND QUALITY POINT SYSTEM.....	82
INCOMPLETE GRADES.....	82
PHYSICIAN ASSISTANT PROGRAM EVALUATION.....	83
PERSONAL POLICIES.....	84
E-MAIL.....	86
PROFESSIONAL MENTORS.....	86
LIABILITY INSURANCE.....	86
TRANSPORTATION.....	86
STUDENTS WITH DISABILITIES.....	87
ILL/IMPAIRED STUDENT.....	89
SEXUAL HARASSMENT POLICY.....	90
WORK POLICY.....	91
LEAVE OF ABSENCE, WITHDRAWALS, AND RESUMPTION OF STUDIES.....	91
DEMONSTRATION OF CURRENT COMPETENCY.....	91
TUITION CANCELLATION POLICY.....	92
READMISSION.....	92
EXPENSES.....	93
STUDENT SERVICES.....	94

FORMS .....	96
ADVISEMENT FORM.....	98
BRAINSTORMS FORM .....	100
INCIDENT REPORT.....	101
SENIOR YEAR HEALTH CLEARANCE .....	102
HEPATITIS VACCINE REFUSAL FORM.....	104
CLINICAL FORMS.....	106
CASE PRESENTATION GRADING SHEET .....	108
PATIENT EDUCATION PROJECT GRADING FORM .....	109
PRE AND POST ESSAY .....	110
DYS 499C – HEALTH LITERACY PROJECT .....	111
HEALTH LITERACY PROJECT GRADING FORM.....	113
PC ELECTIVE: HEALTH PROMOTION PROJECT .....	114
HEALTH PROMOTION PROJECT .....	116
SITE VISIT EVALUATION.....	117
CLERKSHIP WORK SCHEULE FORM .....	118



# **GENERAL INFORMATION**



## INTRODUCTION

*Congratulations* on your promotion to Clinical Clerkships! You should all be extremely proud of yourselves as you have just completed an extremely vigorous didactic course load.

The clinical year is the critical link between the student and graduate physician assistant. Your preceptors, as well as other instructors, will provide a number of opportunities for you to apply your newly acquired knowledge and skills to actual patient activities. Seize this opportunity to enhance your education to its fullest by committing 100% to this experience. Take advantage of each and every opportunity available. Making the most of clinical rotations depends primarily on you and how much effort, work and dedication you are willing to put in. All clerkships will not be perfect but remember that learning experiences can and do exist under all circumstances. This year will provide you with tremendous growth, both personally and professionally.

This manual was designed to provide students with most of the information necessary to keep you on track in completing your requirement for clerkship assignments. Please keep this information where it will be easily accessible. If you have a question please refer to the information in this handbook, then contact the program for assistance.

Please know that the faculty and staff are available to support and to help guide you through this most exciting period. You will be representing our program and the PA Profession while out on clinical rotations. Continue to conduct yourself in a professional manner. We are all very proud of you and wish you the very best as you begin this most important component of your clinical education.

## **MISSION STATEMENT**

The mission of the Pace University-Lenox Hill Hospital Physician Assistant Program is to conduct a quality education program that produces superior physician assistants who possess the requisite skills, knowledge and understanding to function in diverse communities designated as health professional shortage areas, and to treat all patients with dignity, respect and compassion.

### **PROGRAM VISION**

The Pace University-Lenox Hill Hospital will create an academic environment that will attract faculty, staff and students who are dedicated to the Program's mission to provide quality and culturally sensitive medical care.

### **PROGRAM GOALS**

The Pace University-Lenox Hill Hospital Physician Assistant Program is deeply committed to:

- Developing within each student a strong foundation in the basic and clinical sciences to enable them to meet the challenges inherent in the practice of medicine.
- Preparing students to function as primary care providers in the health care setting while providing enhanced training for those who wish to specialize.
- Teaching students to have a holistic view of the patient including treatment, education, prevention and health care management.
- Intensify the program's commitment to service in the community to augment their ability to provide culturally sensitive care.
- Equipping students to meet the changing needs of the health care system and to work as collaborative members of the health care team.

## SPONSORSHIP

On July 31, 1996, the New York State Education Department registered the Pace University-Lenox Hill Hospital PA Program. The Commission on Higher Education Middle States Association of Colleges and Secondary Schools accredits Pace University. The most recent Commission action was January 1, 2003 and the next required periodic review report is due January 1, 2008. Pace's clinical affiliate, Lenox Hill Hospital was awarded three-year accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) following its most recent survey in April 2005. The fourteen residency programs offered by Lenox Hill Hospital are accredited by their respective agencies.

## PROGRAM ADMINISTRATION

The Pace University-Lenox Hill Hospital Physician Assistant Program is administered by the department personnel listed below.

The Program administration is responsible for class selection, curriculum design and development, student and course evaluation, student advising, and other matters relevant to the Program.

It is important to the faculty of the Pace University-Lenox Hill Hospital Physician Assistant Program that there is open communication between students, faculty and staff. It is our intention, therefore, that all department personnel be available for student consultation as required.

### **Program Director Associate Clinical Professor**

Kathleen Roche, MPA, RPA-C  
Pace University  
1 Pace Plaza  
Rm Y-31  
New York, NY 10038  
(212) 346-1241  
[kroche@pace.edu](mailto:kroche@pace.edu)

### **Associate Director Assistant Clinical Professor**

Susan O. Cappellmann, MT (ASCP), RPA-C  
Pace University  
1 Pace Plaza  
Rm Y-31  
New York, NY 10038  
(212) 346-1690  
[scappellmann@pace.edu](mailto:scappellmann@pace.edu)

### **Medical Director Clinical Professor**

Sheila Cain, MD  
Lenox Hill Hospital  
100 E 77<sup>th</sup> Street  
Black Hall Bldg.  
6<sup>th</sup> Floor  
New York, NY 10021  
(212) 434-4848  
[scain@lenoxhill.net](mailto:scain@lenoxhill.net)

### **Clinical Coordinator Assistant Clinical Professor**

Gina Monteleone, RPA-C  
Pace University  
1 Pace Plaza  
Rm Y-32  
New York, NY 10038  
(212) 346-1536  
[gmonteleone@pace.edu](mailto:gmonteleone@pace.edu)

**Senior Clinical Coordinator  
Admissions Coordinator  
Assistant Clinical Professor**

Carina Loscalzo, RPA-C  
Pace University  
1 Pace Plaza  
Rm Y-32  
New York, NY 10038  
(212) 346-1516  
[closcalzo@pace.edu](mailto:closcalzo@pace.edu)

**Academic Faculty  
Assistant Clinical Professor**

JoAnn Deasy, MPH, RPA-C  
Pace University  
1 Pace Plaza  
Rm Y-31  
New York, NY 10038  
(212) 346-1357  
[jadeasy@sbcglobal.net](mailto:jadeasy@sbcglobal.net)

**Coordinator of Physician Assistant  
Graduate Studies  
Assistant Clinical Professor**

Jean Covino  
Pace University  
1 Pace Plaza  
Rm. Y-31  
New York, NY 10034  
(212) 346-1533  
[jcovino@pace.edu](mailto:jcovino@pace.edu)

**Didactic/Clinical Administrative Assistant**

Natasha Yukhnovskaya  
Pace University  
1 Pace Plaza  
Rm. Y-31  
New York, NY 10034  
(212) 346-1357  
[nyukhnovskaya@pace.edu](mailto:nyukhnovskaya@pace.edu) or  
[paprogram@pace.edu](mailto:paprogram@pace.edu)

**Academic Coordinator  
Assistant Clinical Professor  
Associate Adjunct Professor**

Jennifer Hofmann, RPA-C  
Pace University  
1 Pace Plaza  
Rm Y-32  
New York, NY 10038  
(212) 346-1534  
[jhofmann@pace.edu](mailto:jhofmann@pace.edu)

**Academic Faculty  
Assistant Clinical Professor  
Associate Adjunct Professor**

Jeff Chianfagna, RPA-C  
Pace University  
1 Pace Plaza  
Rm Y-32  
New York, NY 10038  
(212) 346-1532  
[jchianfagna@pace.edu](mailto:jchianfagna@pace.edu)

**Didactic/Clinical Administrative Assistant**

Norma Valerio  
Pace University  
1 Pace Plaza  
Rm Y-31  
New York, NY 10038  
(212) 346-1736  
[nvalerio@pace.edu](mailto:nvalerio@pace.edu)

**In case of an emergency after  
normal office hours, please contact  
the Program Director at the  
following telephone number  
(212) 410-0581**

## PROGRAM TECHNICAL STANDARDS

Pace University complies with the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as well as state and local laws which prohibit institutions of higher education from discriminating against students with disabilities. Although all applicants and students are held to the same technical and academic standards, reasonable accommodations are provided to qualified individuals with a disability. In order to request a reasonable accommodation, applicants and students should read *Information for Students with Disabilities* which may be found at [www.pace.edu](http://www.pace.edu) and then contact the Coordinator of Disability Services for their campus.

The ability to meet the technical standards and educational objectives established by the program is essential for the fulfillment of the requirements for the Bachelor of Science in Physician Assistant Studies degree. The academic and technical standards established by the faculty require that all students accepted by the Pace University – Lenox Hill Hospital PA Program possess the physical, cognitive, and behavioral abilities that insure that they will be able to complete all aspects of the curriculum. Students admitted to the Physician Assistant (PA) Program must have the intellectual, emotional and physical abilities to acquire the knowledge, behaviors, and clinical skills needed to successfully complete the entire curriculum and practice medicine as a physician assistant. The technical standards outlined below ("Technical Standards"), in conjunction with established academic standards, are followed by the Admissions Committee to select students who possess the intelligence, integrity, physical, and personal as well as emotional characteristics that are necessary to become an effective physician assistant. The Program and sponsoring institution must maintain the integrity of the curriculum and preserve those elements deemed essential to the education of a physician assistant. The program and sponsoring institution cannot compromise the health and safety of others and reserve the right not to admit any applicant who cannot meet the technical standards or who would constitute a direct threat to the health and safety of others, e.g., those individuals who are currently impaired by alcohol or substance abuse cannot meet the Technical Standards.

### **Technical Standards:**

Granting of the PA degree signifies that the holder is a physician assistant prepared for entry into the practice of medicine. Therefore it follows that graduates must have the knowledge and skills to practice medicine as PAs in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates must also have the physical and emotional stamina to function in a competent manner in educational and practice settings that may involve heavy workloads and stressful situations. Accordingly, candidates for the degree must be able to perform specific essential functions that the faculty deem requisite for the practice of medicine. These functions, expressed as technical standards, fall into several broad categories, including: observation, communication; motor; conceptual, integrative and quantitative; and behavioral and social.

- **Observation:** Candidates must be able to observe demonstrations in the basic sciences, medical illustrations and models, microscopic studies of microorganisms and tissues in normal and pathological states. They must also be able to directly and accurately observe a patient's demeanor, see a patient's physical condition, and obtain a medical history and perform a physical examination correctly on the patient in order to integrate the information derived from these observations in order to develop an accurate diagnostic and treatment plan. These skills require the functional use of vision, hearing, smell, and somatic sensation.
- **Communication:** Candidates must be able to speak, hear, and observe patients in a clinical setting and elicit information, perceive nonverbal communications and detect changes in mood. They must be able to record information accurately and clearly, speak fluent English, and communicate effectively and sensitively with patients and families. Candidates must also be able to communicate effectively with other members of the healthcare team in oral, written and electronic form, and provide accurate information in patient care settings in which decisions based upon those communications must be made rapidly.
- **Motor:** Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers necessary to complete a full physical examination. They must possess motor function sufficient to perform basic laboratory tests (e.g., urinalysis, CBC, etc.) and carry out diagnostic procedures (e.g., venipuncture, arterial puncture, paracentesis, thoracentesis, lumbar puncture, etc.). These skills require coordination of gross and fine muscle movements, equilibrium, and sensation. Candidates must be able to execute the appropriate motor movements required to provide general care as well as emergency treatment to patients. Examples of emergency treatment reasonably required of physician assistants are cardiopulmonary resuscitation, administration of intravenous medication, the application of pressure to stop bleeding, the management of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. A candidate must be able to transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and receive educational training.
- **Interpretative, Conceptual and Quantitative:** Candidates for the degree must have effective and efficient learning techniques and habits that allow for mastery of the complex PA curriculum. They must be able to learn through a variety of modalities, including, but not limited to, classroom instruction, small group activities, individual study, preparation and presentation of reports, and use of computer technology. They must be able to memorize measure, calculate reason, analyze, and synthesize. They must also be able to comprehend spatial relationships and three-dimensional models.

- **Behavioral and Social Attributes:** Candidates must understand the legal and ethical aspects of the practice of medicine and function within the guidelines established by the law and by the ethical standards of the PA profession. They must be able to relate to patients and their families, colleagues, and other members of the healthcare team with courtesy, maturity, and respect for the dignity of individuals. This requires that they place the welfare of their patients foremost, and demonstrate honesty, integrity, dedication, compassion and nondiscrimination in the care of their patients. They must at all times demonstrate the emotional stability to be able to exercise good judgment, and carry out prompt completion of all the responsibilities attendant to the diagnosis and care of their patients in a sensitive and effective manner. This sensitivity includes self-examination of personal attitudes, perceptions, and stereotypes in order to avoid potential negative impact on relationships and patient care. Applicants must be able to adapt to changing environments, display flexibility and professional responsibility to their patients, and to learn to function in an environment of uncertainty, in which changes may occur rapidly and without warning. A candidate must be able to accept criticism and respond by a modification of behavior. All of these personal qualities will be assessed during the admissions and educational process.

## **TERMINAL TRAINING OBJECTIVES**

1. Elicit a complete or directed patient history.
2. Perform a complete or directed physical examination.
3. Recognize “normal” vs. abnormal findings on the history and physical examination.
4. Develop appropriate differential diagnoses, problem lists, and management plans.
5. Accurately record and orally present findings in an organized manner.
6. Perform, request, and/or interpret routine laboratory or diagnostic tests/studies.
7. Initiate treatment for common problems encountered in patient care including the writing of medical orders and prescriptions.
8. Perform routine therapeutic procedures, e.g. suturing and casting, and assist in surgical procedures.
9. Provide appropriate health education and counseling for patients.
10. Perform independent evaluation and therapeutic procedures in response to life-threatening situations.
11. Recognize the indications for patient/family referral and initiate such referrals.
12. Recognize the value of consultation with colleagues, physicians, and other health professionals.
13. Recognize the contribution of other health care professionals to the delivery of patient care and work effectively with them towards meeting patient care objectives in a variety of settings.
14. Maintain current knowledge of community health facilities, agencies, and resources.
15. Maintain and apply a critical, current operational knowledge of new medical information.
16. Recognize and respond appropriately to issues of diversity which impact on the delivery of patient care.
17. Practice in a manner consistent with the highest standards of ethical and professional behavior.

## STANDARDS OF PROFESSIONAL CONDUCT FOR THE PHYSICIAN ASSISTANT STUDENT

As health care practitioners, physician assistants are required to conform to the highest standards of ethical and professional conduct. Physician assistant students also are expected to adhere to the same high ethical and professional standards required of physician assistants.

The American Academy of Physician Assistants has identified four primary bioethical principles, *i.e.*, autonomy, beneficence, nonmaleficence and justice, which form the foundation of the Statement of Values of The Physician Assistant Profession. The Statement of Values provides a guideline for ethical conduct by physician assistants. (A complete discussion of the ethical conduct required of physician assistants can be found at the American Academy of Physician Assistant website, [www.aapa.org](http://www.aapa.org)). In addition to the AAPA's guidelines, The National Commission on Certification of Physician Assistants, NCCPA, recently adopted a code of conduct for certified and certifying physician assistants. NCCPA's code of conduct "outlines principles that all certified or certifying physician assistants are expected to uphold." A complete discussion can be found at [http://www.nccpa.net/CER\\_process\\_codeofconduct.aspx](http://www.nccpa.net/CER_process_codeofconduct.aspx).

The Accreditation Review Commission on Education for the Physician Assistant, the accrediting body for physician assistant programs, recognizes that "[t]he role of the physician assistant demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes." (Further information may be found at the website of the Accreditation Review Commission on Education for the Physician Assistant, [www.arc-pa.org](http://www.arc-pa.org).)

In addition to knowing and complying with the principles and standards promulgated by the American Academy of Physician Assistants, The National Commission on Certification of Physician Assistants, and the Accreditation Review Commission on Education for the Physician Assistant, physician assistant students are required to know and comply with the policies, procedures and rules of the Physician Assistant Program and the University (including, without limitation, the Guiding Principles of Conduct that may be found in the Pace University Student Handbook); the Rules of Conduct contained in the Lenox Hill Hospital Organization Standards Manual; and the policies, procedures and rules of each clinical site to which the student is assigned. Further, physician assistant students are required to conduct themselves in a manner that complies with the following principles and standards:

**Respect** Physician assistant students are expected to treat all patients, faculty, staff, clinical preceptors, health care workers, and fellow students with dignity and respect. For example:

- Physician assistant students must recognize and embrace their role as a member of a team and interact with others on the team in a cooperative and considerate manner.
- Physician assistant students train closely with other students, including in physical

examinations of fellow students and discussion groups that may reveal personal information. Students must maintain and exhibit respect for the privacy and confidentiality of fellow students.

- Students should offer criticism or suggestions in a thoughtful and reasoned manner that fosters respect and trust.
- When confronted with conduct by another member of the team that may be inappropriate, students are not to respond angrily; rather, they must remain calm and respectful and respond in accordance with the standards of professional conduct required of physician assistant students.

**Flexibility** Although every effort is made to provide training activities at times and places scheduled in advance, physician assistant students often will be required to be flexible because of changes in the schedule. For example, instructors who are also practicing clinicians may not have a regular schedule and accordingly flexibility is required of physician assistant students. Lectures or clinical sessions may, at times, need to be rescheduled with short notice. In addition, clinical sites create the student schedules for the clinical year and such schedules may require physician assistant students to work weekends and nights.

**Academic Integrity** Physician assistant students are expected to comply with the University's Academic Integrity Code which may be found in the Pace University Student Handbook and the Pace University Catalogue. In addition, physician assistant students must know and comply with the academic integrity policy of the Physician Assistant Program which includes, but is not limited to, the following:

- Students are not permitted to use notes or other materials during examinations unless expressly authorized in advance to do so by the instructor.
- Students are required to do their own work and, without prior approval of the instructor, may not submit work created by others (including such things as terms papers purchased from commercial enterprises) as their own work.
- Students are required to sit for examinations that are submitted to fulfill their own academic obligations; students may not have another student or person take an examination for them.
- The same academic work may not be submitted more than once for credit, honors or to fulfill the requirements of an academic exercise.
- Obtaining a copy of an examination or graded assignment (*e.g.*, case presentation, patient education project) used in a previous year or completed by another person is prohibited.
- Prior to taking an examination or completing an assignment, students are not permitted to review prior related examination questions or answers and/or graded

assignments completed by another person.

- A student may not knowingly allow another student to copy or use his or her work.
- A student must give proper attribution when using the words or ideas of another person, whether in a written or oral academic exercise. This includes, among other things, proper citation of quoted and paraphrased material.
- Knowingly presenting false information to Program faculty and staff, supervisors, patients and clinical preceptors is prohibited.
- Falsifying any information including, but not limited to, laboratory data and patient information, is prohibited.
- Falsifying any document is prohibited.
- Forging another's name or signature is prohibited.
- Misrepresenting oneself as a graduate of the Program or one's physician assistant student status as, for example, a physician assistant, nurse practitioner, medical resident, and the like, is prohibited.

**Honesty and Trustworthiness** Physician assistant students shall be honest and truthful in all respects. Students shall not intentionally mislead others.

**Student Role and Accountability** Physician assistant students have a unique role in health care delivery. In that role, students are accountable for such things as:

- Students shall perform only those procedures authorized by the Program, clinical site, supervisor and/or preceptor.
- Physician assistant students at clinical sites must always work under the supervision of a preceptor, and are prohibited from assuming primary responsibility for a patient's care. For example, students shall not treat or discharge a patient without prior consultation with and approval of a clinical preceptor or supervisor.
- Students are responsible for timely completing all assignments and duties effectively and to the best of their ability.
- Students are responsible for identifying and reporting unprofessional, unethical and/or illegal behavior by health care professionals and students, faculty and staff of the Physician Assistant Program. If a physician assistant student has a reasonable belief that such conduct has occurred, he or she should report it to the Program Director, preceptor, supervisor or clinical coordinator, as may be

appropriate under the circumstances.

- Physician assistant students are expected to accept and apply constructive feedback.
- Physician assistant students are always required to exercise sound judgment.

**Concern For The Patient** Physician assistant students must, by their words and behavior, demonstrate concern the patient. Concern for the patient is manifested in many ways including, but not limited to, the following:

- Physician assistant students must treat patients and their families with dignity and respect.
- At all times the physical and emotional comfort of the patient is of paramount importance.
- Students must use appropriate verbal and non-verbal communication to convey concern, pleasantness and professionalism to the patient.
- The patient's modesty should be considered at all times.
- Students shall deliver health care services to patients without regard to their race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, creed, disability, medical condition, socioeconomic status or political beliefs, or any status protected by law.
- Students may not accept gifts or gratuities from patients or their families.
- Sexual and romantic relationships with patients are prohibited and will not be tolerated.

**Professional Demeanor** Physician assistant students must dress in professional, neat and conservative attire. Nametags or badges are required to be worn at all times. Good personal hygiene is always required. (More detailed information on the dress code applicable to physician assistant students may be found in the Pace University-Lenox Hill Hospital Physician Assistant Program Student Handbook).

**Maintaining Composure** Physician assistant students must maintain a professional and calm demeanor at all times, even in emergency and other highly stressful situations.

**Drugs and Alcohol** Physician assistant students must comply with the University's Drug and Alcohol Policy and all other applicable policies and procedures concerning the use of drugs and alcohol at Lenox Hill Hospital and clinical sites. Students are prohibited from appearing at any clinical site while under the influence of alcohol or any drug that may affect performance or judgment.

**Timeliness and Lateness** Attendance and timeliness are important aspects of professional behavior. Students must report to all classes, labs, seminars, call back days, clinical sites and other scheduled activities on time. Timely return from designated breaks is required. Students must return messages from Program staff, faculty, clinical preceptors, patients and clinical sites in a timely manner (*i.e.*, in less than 36 hours). Students must submit all required assignments and forms on or before the designated date and/or time they are due.

The professional conduct of physician assistant students is evaluated on an on-going basis throughout the didactic and clinical years of the Program. Violations of standards of conduct are subject to disciplinary actions administered by the University and by the Physician Assistant Program.

**Pace University – Lenox Hill Hospital  
Physician Assistant Program**

**SENIOR YEAR CLERKSHIP SCHEDULE 2007-2008**

<b>Clerkship 1</b>	September 4 <sup>th</sup> – October 3 <sup>rd</sup>	Call Back: Oct. 4 <sup>th</sup> & 5 <sup>th</sup>
<b>Clerkship 2</b>	October 8 <sup>th</sup> – November 7 <sup>th</sup>	Call Back: Nov. 8 <sup>th</sup> & 9 <sup>th</sup>
<b>Clerkship 3</b>	November 12 <sup>th</sup> – December 12 <sup>th</sup>	Call Back: Dec. 13 <sup>th</sup> & 14 <sup>th</sup>
	<b>Vacation: December 15<sup>th</sup> – January 1<sup>st</sup></b>	
<b>Clerkship 4</b>	January 2 <sup>nd</sup> - January 30 <sup>th</sup>	Call Back: Jan 31 <sup>st</sup> & February 1 <sup>st</sup>
<b>Clerkship 5</b>	February 4 <sup>th</sup> – March 5 <sup>th</sup>	Call Back: March 6 <sup>th</sup> & 7 <sup>th</sup>
<b>Clerkship 6</b>	March 10 <sup>th</sup> – April 9 <sup>th</sup>	Call Back: Apr. 10 <sup>th</sup> & 11 <sup>th</sup>
<b>Clerkship 7</b>	April 14 <sup>th</sup> – May 14 <sup>th</sup>	Call Back: May 15 <sup>th</sup> & 16 <sup>th</sup>
	<b>Vacation: May 17<sup>th</sup> – June 1<sup>st</sup></b>	
<b>Clerkship 8</b>	June 2 <sup>nd</sup> – July 2 <sup>nd</sup>	Call Back: July 3 <sup>rd</sup>
<b>Clerkship 9</b>	July 7 <sup>th</sup> – August 6 <sup>th</sup>	Call Back: August 7 <sup>th</sup> & 8 <sup>th</sup>
<b>Dyson</b>	August 11 <sup>th</sup> – August 15 <sup>th</sup>	Dyson Exam: August 18 <sup>th</sup> *Dyson dates are tentative and subject to change

**\*\*Vacation time is scheduled only as noted above.**

## **DESCRIPTION OF CLINICAL CLERKSHIPS**

### **CLERKSHIP IN EMERGENCY MEDICINE**

This supervised clinical course provides the student with an opportunity to participate in the care of a variety of patients with emergent medical complaints or concerns. This clerkship provides exposure to patients with medical, surgical emergencies as well as trauma.

### **CLERKSHIP IN INTERNAL MEDICINE**

This supervised clinical course provides the student with an opportunity to see a variety of medical complaints or concerns primarily in the inpatient setting. The clerkship allows the student to become familiar with the in-house continuity of care of acute and chronic patients.

### **CLERKSHIP IN OBSTETRICS AND GYNECOLOGY**

This supervised clinical course provides the student with an opportunity to participate in the care of a variety of patients with obstetric or gynecological complaints. The student will become proficient in accurate assessment of the obstetric patient with emphasis on pre- and post- natal care. The student will also become involved with the practice of “preventive” obstetrics and gynecology as well as common gynecologic disorders.

### **CLERKSHIP IN PEDIATRICS**

This supervised clinical course provides the student with an opportunity to participate in the care of a variety of pediatric medical complaints and concerns. The student will be exposed to not only the ill child, but also to the well child development and growth within the family unit and in peer interactions.

### **CLERKSHIP IN SURGERY**

This supervised clinical course provides the student with an opportunity to participate in the care of patients with surgical complaints. The student will, through rapid and methodical assessment, evaluate acutely ill and potentially surgical patients. The student will work as a member of the medical team providing immediate pre- and post-op care as well as gaining hands-on experience in the operating room setting.

### **CLERKSHIP IN PRIMARY CARE**

This supervised course provides the student with an opportunity to participate in the care of a wide variety of patients. The student will work as a member of a health care team providing care for a variety of medical complaints or concerns both acute and chronic for children, adults, and geriatric patients.

### **CLERKSHIP IN PSYCHIATRY**

This supervised course provides the student with an opportunity to see a variety of patients with psychological problems. The clerkship will utilize the health care team approach to both psychological and medical complaints or concerns of the psychiatric patients.

### **CLERKSHIP IN ELECTIVE AREAS (I & II)**

I- This supervised clinical course, chosen by the PA student, is restricted to primary care settings. The diagnosis, treatment, and management of diseases seen by the primary care health practitioner

are reinforced in this clerkship.

II- This supervised clinical course is arranged by the PA student in conjunction with Program faculty in a setting of the specialty chosen. Experiences can range from private practice to inpatient settings and from general care to subspecialties.

\*\*\*One week of one of the Elective Clerkships will be spent in a long-term care setting.

### **DYSON 499-C – SENIOR CAPSTONE COURSE**

This 2 unit capstone course is designed to increase the physician assistant student's appreciation of the impact of chronic disease upon patients and their families and to assist the student in developing appropriate attitudes necessary for managing patients who will not recover from their illness. In addition to the social-behavioral aspects of interaction and management, the natural history, prognosis, treatment and prevention of chronic diseases will be discussed. Please refer to the Dyson 499-C handbook for further details.

### **LIST OF REQUIRED TEXTS**

*Reading from the following texts is mandatory during the clerkships. Students are responsible for the rotation learning objectives and a comprehensive exam will be given following every clerkship with questions derived from these texts based on the objectives, as well as NCCPA objective standards. These texts are to be used for study throughout every clerkship. If a topic(s) is(are) on the learning objectives, but not covered in the listed textbook, you should seek the information from other texts.*

#### **FOR ALL CLERKSHIPS**

Bickley, LS. *Bate's Guide to Physical Examination and History Taking, 9<sup>th</sup> edition*, Lippincott, Williams & Wilkins, 2006.

Porth, CM. *Pathophysiology: Concepts of Altered States, 7<sup>th</sup> edition*, Lippincott, Williams & Wilkins, 2004.

Gomella, Leonard. *Clinician's Pocket Reference, 11<sup>th</sup> edition*, McGraw Hill, 2006.

Chen, MYM, Pope, TL. and Ott, DJ. *Basic Radiology*, Lange Medical Books/McGraw-Hill, 2004.

Wasson, JH, et al, *The Common Symptom Guide, 5<sup>th</sup> edition*, McGraw-Hill, 2002.

Tierney, LM et al, eds. *2006 Current Medical diagnosis and Treatment, 45<sup>th</sup> edition*, Mc Graw-Hill, 2006.

Dubin, *Rapid Interpretation of EKG's, 6<sup>th</sup> edition*, Cover Publishing, 2000.

Howland, R. et al, *Lippincott's Illustrated Reviews: Pharmacology* 3<sup>rd</sup> edition, Lippincott, Williams and Wilkins, 2006.

Lance, et al., *Drug Information Handbook- Allied Health Professional*, 13<sup>th</sup> edition, Lexi-Comp, 2006. Also available online, Pocket PC, Palm and CDROM at <http://www.lexi.com/lexistore/index.jsp>

Olson, J., *Clinical Pharmacology Made Ridiculously Simple, Revised*, Medmaster, Inc., 3<sup>rd</sup> edition, 2006.

**PAS 401      CLERKSHIP IN INTERNAL MEDICINE**

Tierney, LM et al, eds. *2006 Current Medical diagnosis and Treatment*, 45<sup>th</sup> edition, Mc Graw-Hill, 2006.

Kane, Ouslander, Abrass. *Essentials of Clinical Geriatrics*, 5<sup>th</sup> edition, McGraw Hill, 2004.

**PAS 402      CLERKSHIP IN PEDIATRICS**

Kliegman, Robert, MD et al, *Nelson's Essentials of Pediatrics*, 5<sup>th</sup> edition, Elsevier, 2006.

**PAS 403      CLERKSHIP IN OBSTETRICS/GYNECOLOGY**

Beckman, CR et al. *Obstetrics and Gynecology*, 5<sup>th</sup> edition, Lippincott, Williams and Wilkins, 2006.

**PAS 404      CLERKSHIP OF PSYCHIATRY**

Andreasen, NC and Black, DW. *Introductory Textbook of Psychiatry*, 4<sup>rd</sup> edition, American Psychiatric Publishing, Inc., 2006

**PAS 405      CLERKSHIP OF PRIMARY CARE**

Tierney, LM et al, eds. *2006 Current Medical diagnosis and Treatment*, 45<sup>th</sup> edition, Mc Graw-Hill, 2006.

Goroll, AH and Mulley, AG. *Primary Care Medicine: Office Evaluation and Management of the Adult Patient*, 5<sup>th</sup> edition, Lippincott, Williams and Wilkins, 2005

Mercier, LR. *Practical Orthopedics*, 6<sup>th</sup> edition, Mosby, 2007.

Fitzpatrick, TB et al., *Color Atlas and Synopsis of Clinical Dermatology*, 5<sup>th</sup> edition, McGraw-Hill, 2005.

**PAS 406      CLERKSHIP OF EMERGENCY MEDICINE**

Ma, John, Cline, David, Tintinalli, J. et al, *Emergency Medicine Manual: A Comprehensive Study Guide* 6<sup>th</sup> edition McGraw Hill, 2004.

Mercier, LR. *Practical Orthopedics*, 6<sup>th</sup> edition, Mosby, 2007.

Dubin, *Rapid Interpretation of EKG's*, 6<sup>th</sup> edition, Cover Publishing, 2000.

**PAS 407      CLERKSHIP OF SURGERY**

Doherty and Way, *Current Surgical Diagnosis and Treatment*, 12<sup>th</sup> edition, McGraw-Hill Medical, 2005.

**PAS 408/409   ELECTIVE CLERKSHIP I & II**

*If your elective does not fall under one of the following categories or if you are unsure of which category your elective falls under, contact clinical coordinators for clarification.*

**Medicine Electives**

Tierney, LM et al, eds. 2006 *Current Medical diagnosis and Treatment*, 45<sup>th</sup> edition, Mc Graw-Hill, 2006.

Porth,CM. *Pathophysiology: Concepts of Altered States*, 7th edition, Lippincott, Williams & Wilkins, 2004.

**Surgical Electives**

Doherty and Way, *Current Surgical Diagnosis and Treatment*, 12<sup>th</sup> edition, McGraw-Hill Medical, 2005.

Porth,CM. *Pathophysiology: Concepts of Altered States*, 7th edition, Lippincott, Williams & Wilkins, 2004.

**Orthopedics**

Mercier, LR. *Practical Orthopedics*, 6th edition, Mosby, 2007.

Porth,CM. *Pathophysiology: Concepts of Altered States*, 7th edition, Lippincott, Williams & Wilkins, 2004.

**Cardiology**

Tierney, LM et al, eds. 2006 *Current Medical diagnosis and Treatment*, 45<sup>th</sup> edition, Mc Graw-Hill, 2006.

Porth,CM. *Pathophysiology: Concepts of Altered States*, 7th edition, Lippincott, Williams & Wilkins, 2004.

Dubin, *Rapid Interpretation of EKG's*, 6<sup>th</sup> edition, Cover Publishing, 2000.

***Continued learning and research is important to your professional growth. It is up to your individual preference what additional clinical handbooks you choose to assist you during your clerkships.***

## **NEW YORK STATE EDUCATION DEPARTMENT REGISTRATION and NCCPA EXAMINATION CRITERIA**

Students should complete an application for registration with the New York State Education Department (NYSED) 3 months prior to graduation. Permanent registration in New York State requires obtaining a passing score on a certifying examination acceptable to the NYSED. Limited permits are also available. The Physician Assistant National Certification Examination (PANCE) is the current examination utilized by the NYSED.

Contact Information: <http://www.op.nysed.gov/rpa.htm>

### **PANCE**

Only those students who graduate in good standing from a program approved by the Accreditation Review Committee for Physician Assistants (ARC-PA) may sit for the PANCE exam. Advance registration is required and should be completed 3 months prior to graduation. Registration is completed on line at [www.nccpa.net](http://www.nccpa.net). After a completed application is received from a candidate and confirmation of graduation is received from the Program, a scheduling permit is created by the NCCPA and emailed directly to the candidate. The available testing dates for each candidate will begin seven days after the expected program completion date and end 180 days later. Please contact NCCPA at [www.nccpa.net](http://www.nccpa.net) for more detailed information.

Graduation from the Pace University-Lenox Hill Hospital PA Program does not ensure that one can practice as a physician assistant. Graduates must successfully pass the PANCE examination and meet state registration requirements in order to become licensed to practice as a physician assistant.

## DISEASE LIST AND CONTENT OUTLINE FOR NCCPA EXAM

*The following material is drawn from the National Commission on Certification of Physician Assistant, (NCCPA) content outline for the national certifying exam (PANCE). Use the outline to guide your preparation for the certifying exam. Successful performance on the exam is a requirement for licensure in most states, including New York.*

The table below illustrates the approximate percentage of exam questions you'll encounter. Other content dimensions cross-sect these categories. For example, up to 20 percent of the questions on any exam may be related to surgery, and up to two percent may cover legal or ethical issues.

**Although not an exhaustive listing, the following will provide a sampling of the diseases and conditions the candidate may expect to encounter on the PANCE.**

Organ System	% of Exam Content
<a href="#">Cardiovascular</a>	16
<a href="#">Pulmonary</a>	12
<a href="#">Endocrine</a>	6
<a href="#">EENT</a> (Eyes, Ears, Nose and Throat)	9
<a href="#">Gastrointestinal /Nutritional</a>	10
<a href="#">Genitourinary</a>	6
<a href="#">Musculoskeletal</a>	10
<a href="#">Reproductive</a>	8
<a href="#">Neurologic System</a>	6
<a href="#">Psychiatry/Behavioral</a>	6
<a href="#">Dermatologic</a>	5
<a href="#">Hematologic</a>	3
<a href="#">Infectious Diseases</a>	3
	<b>Total: 100%</b>

Although not an exhaustive listing, click on each organ system to view a sample of the diseases, disorders and medical assessments you may encounter during the exam. These lists can provide a foundation for your exam preparation and serve as your blueprint to the exam content.

Each question you encounter will address an organ system from the table at left and a physician assistant practice [task area](#).

Cardiovascular System		
<b>Cardiomyopathy</b> Dilated Hypertrophic Restrictive <b>Conduction Disorders</b> Atrial fibrillation/flutter Atrioventricular block Bundle branch block Paroxysmal supraventricular tachycardia Premature beats Ventricular tachycardia Ventricular fibrillation/flutter	<b>Congestive Heart Failure</b> <b>Hypertension</b> Essential Secondary Malignant <b>Hypotension</b> Cardiogenic shock Orthostasis/postural <b>Ischemic Heart Disease</b> Acute myocardial infarction Angina pectoris • <i>Stable</i> • <i>Unstable</i>	<b>Vascular Disease</b> Acute rheumatic fever Aortic aneurysm/dissection Arterial embolism/thrombosis Chronic/acute arterial occlusion Giant cell arteritis Peripheral vascular disease Phlebitis/thrombophlebitis Venous thrombosis Varicose veins <b>Valvular Disease</b> Aortic stenosis/insufficiency

<p><b>Congenital Heart Disease</b> Atrial septal defect Coarctation of aorta Patent ductus arteriosus Tetralogy of Fallot Ventricular septal defect</p>	<ul style="list-style-type: none"> <li>• <i>Prinzmetal's/variant</i></li> </ul>	<p>Mitral stenosis/insufficiency Mitral valve prolapse Tricuspid stenosis/insufficiency Pulmonary stenosis/insufficiency <b>Other Forms of Heart Disease</b> Acute and subacute bacterial endocarditis Acute pericarditis Cardiac tamponade Pericardial effusion</p>
---	---	--

Pulmonary System		
<p><b>Infectious Disorders</b> Acute bronchitis Acute bronchiolitis Acute epiglottitis Croup Influenza Pertussis Pneumonias • <i>Bacterial</i> • <i>Viral</i> • <i>Fungal</i> • <i>HIV-related</i> Respiratory syncytial virus infection Tuberculosis</p>	<p><b>Neoplastic Disease</b> Bronchogenic carcinoma Carcinoid tumors Metastatic tumors Pulmonary nodules <b>Obstructive Pulmonary Disease</b> Asthma Bronchiectasis Chronic bronchitis Cystic fibrosis Emphysema <b>Pleural Diseases</b> Pleural effusion Pneumothorax • <i>Primary</i> • <i>Secondary</i> • <i>Traumatic</i> • <i>Tension</i></p>	<p><b>Pulmonary Circulation</b> Pulmonary embolism Pulmonary hypertension Cor pulmonale <b>Restrictive Pulmonary Disease</b> Idiopathic pulmonary fibrosis Pneumoconiosis Sarcoidosis <b>Other Pulmonary Disease</b> Acute respiratory distress syndrome Hyaline membrane disease Foreign body aspiration</p>

Endocrine System		
<p><b>Diseases of the Thyroid Gland</b> Hyperparathyroidism Hypoparathyroidism Hyperthyroidism • <i>Graves' disease</i> • <i>Hashimoto's thyroiditis</i> • <i>Thyroid storm</i> Hypothyroidism Thyroiditis Neoplastic disease</p>	<p><b>Diseases of the Adrenal Glands</b> Cushing's syndrome Corticoadrenal insufficiency <b>Diseases of the Pituitary Gland</b> Acromegaly/gigantism Dwarfism Diabetes insipidus</p>	<p><b>Diabetes Mellitus</b> Type 1 Type 2 Hypoglycemia <b>Lipid Disorders</b> Hypercholesterolemia Hypertriglyceridemia</p>

EENT (Eyes, Ears, Nose and Throat)		
<p><b>Eye Disorders</b> Blepharitis Blowout fracture</p>	<p><b>Ear Disorders</b> Acute/chronic otitis media Barotrauma</p>	<p><b>Mouth/Throat Disorders</b> Acute pharyngitis Acute tonsillitis</p>

Cataract Chalazion Conjunctivitis Corneal abrasion Dacryoadenitis Ectropion Entropion Foreign body Glaucoma Hordeolum Hyphema Macular degeneration Orbital cellulitis Pterygium Retinal detachment Retinal vascular occlusion Retinopathy <ul style="list-style-type: none"> <li>• <i>Diabetic</i></li> <li>• <i>Hypertensive</i></li> </ul> Strabismus	Cerumen impaction Hearing impairment Mastoiditis Meniere's disease Labyrinthitis Otitis externa Tympanic membrane perforation Vertigo <b>Nose/Sinus Disorders</b> Acute/chronic sinusitis Allergic rhinitis Epistaxis Nasal polyps	Aphthous ulcers Dental abscess Epiglottitis Laryngitis Oral candidiasis Oral herpes simplex Oral leukoplakia Peritonsillar abscess Parotitis Sialadenitis
---	--	--

### Gastrointestinal System/Nutrition

<b>Esophagus</b> Esophagitis Motor disorders Mallory-Weiss tear Neoplasms Strictures Varices <b>Stomach</b> Gastroesophageal reflux disease Gastritis Neoplasms Peptic ulcer disease Pyloric stenosis <b>Gallbladder</b> Acute/chronic cholecystitis Cholelithiasis <b>Liver</b> Acute/chronic hepatitis Cirrhosis Neoplasms	<b>Pancreas</b> Acute/chronic pancreatitis Neoplasms <b>Small Intestine/Colon</b> Appendicitis Constipation Diverticular disease Inflammatory bowel disease Intussusception Irritable bowel syndrome Ischemic bowel disease Neoplasms Obstruction Toxic megacolon <b>Rectum</b> Anal fissure Anorectal abscess/fistula Fecal impaction Hemorrhoids Neoplasms Pilonidal disease Polyps	<b>Hernia</b> Hiatal Incisional Inguinal Umbilical Ventral <b>Infectious Diarrhea</b> <b>Nutritional Deficiencies</b> Niacin Thiamine Vitamin A Riboflavin Vitamin C Vitamin D Vitamin K <b>Metabolic Disorders</b> Lactose intolerance Phenylketonuria
---	--	--

### Genitourinary System

<b>Benign Conditions of the GU Tract</b> Benign prostatic hyperplasia Cryptorchidism Erectile dysfunction Hydrocele/varicocele Incontinence Nephro/uroolithiasis Paraphimosis/phimosis Testicular torsion	<b>Infectious/Inflammatory Conditions</b> Cystitis Epididymitis Orchitis Prostatitis Pyelonephritis Urethritis <b>Neoplastic Diseases</b> Bladder carcinoma Prostate carcinoma Renal cell carcinoma	<b>Renal Diseases</b> Acute/chronic renal failure Glomerulonephritis Nephrotic syndrome Polycystic kidney disease <b>Electrolyte and Acid/Base Disorders</b> Hypo/hyponatremia Hypo/hyperkalemia Hypo/hypercalcemia Hypomagnesemia Metabolic alkalosis/acidosis
---	---	---

	Testicular carcinoma Wilms' tumor	Respiratory alkalosis/acidosis Volume depletion Volume excess
--	--------------------------------------	---

## Reproductive System

<b>Uterus</b> Dysfunctional uterine bleeding Endometrial cancer Endometriosis/adenomyosis Leiomyoma Metritis Prolapse <b>Ovary</b> Cysts Neoplasms <b>Cervix</b> Carcinoma Cervicitis Dysplasia Incompetent <b>Vagina/Vulva</b> Cystocele Neoplasm Prolapse Rectocele Vaginitis	<b>Menstrual Disorders</b> Amenorrhea Dysmenorrhea Premenstrual syndrome <b>Menopause</b> <b>Breast</b> Abscess Carcinoma Fibroadenoma Fibrocystic disease Mastitis <b>Pelvic Inflammatory Disease</b> <b>Contraceptive Methods</b> <b>Infertility</b> <b>Uncomplicated Pregnancy</b> Prenatal diagnosis/care Normal labor/delivery	<b>Complicated Pregnancy</b> Abortion Abruptio placentae Dystocia Ectopic pregnancy Fetal distress Gestational diabetes Gestational trophoblastic disease Molar pregnancy Multiple gestation Placenta previa Postpartum hemorrhage Pregnancy-induced hypertension Premature rupture of membranes Rh incompatibility
---	---	---

## Musculoskeletal System

<b>Disorders of the Shoulder</b> Fractures/dislocations Rotator cuff disorders Separations Sprain/strain <b>Disorders of the Forearm/Wrist/Hand</b> Fractures/dislocations • <i>Boxer's</i> • <i>Colles'</i> • <i>Gamekeeper's thumb</i> • <i>Humeral</i> • <i>Nursemaid's elbow</i> • <i>Scaphoid</i> Sprains/strains Tenosynovitis • <i>Carpal tunnel syndrome</i> • <i>de Quervain's tenosynovitis</i> • <i>Elbow tendinitis</i> • <i>Epicondylitis</i>	<b>Disorders of the Back/Spine</b> Ankylosing spondylitis Back strain/sprain Cauda equina Herniated nucleus pulposus Kyphosis/scoliosis Low back pain Spinal stenosis <b>Disorders of the Hip</b> Aseptic necrosis Fractures/dislocations Slipped capital femoral epiphysis <b>Disorders of the Knee</b> Bursitis Fractures/dislocations Meniscal injuries Osgood-Schlatter disease Sprains/strains <b>Disorders of the Ankle/Foot</b> Fractures/dislocations Sprains/strains	<b>Infectious Diseases</b> Acute/chronic osteomyelitis Septic arthritis <b>Neoplastic Disease</b> Bone cysts/tumors Ganglion cysts Osteosarcoma <b>Osteoarthritis</b> <b>Osteoporosis</b> <b>Rheumatologic Conditions</b> Fibromyalgia Gout/pseudogout Juvenile rheumatoid arthritis Polyarteritis nodosa Polymyositis Polymyalgia rheumatica Reiter's syndrome Rheumatoid arthritis Systemic lupus erythematosus Scleroderma Sjogren's syndrome
--	---	---

## Neurologic System

### Alzheimer's Disease Cerebral Palsy Diseases of Peripheral Nerves

Bell's palsy  
Diabetic peripheral neuropathy  
Guillain-Barre syndrome  
Myasthenia gravis  
**Headaches**  
Cluster headache  
Migraine  
Tension headache

### Infectious Disorders Encephalitis Meningitis

**Movement Disorders**  
Essential tremor  
Huntington's disease  
Parkinson's disease

### Multiple Sclerosis Seizure Disorders

Generalized convulsive disorder  
Generalized nonconvulsive disorder  
Status epilepticus  
**Vascular Diseases**  
Cerebral aneurysm  
Stroke  
Transient ischemic attack

## Psychiatry/Behavioral Science

### Anxiety Disorders

Panic disorder  
Generalized anxiety disorder  
Posttraumatic stress disorder  
Phobias

### Attention-Deficit Disorder

### Autistic Disorder

### Eating Disorders

Anorexia nervosa  
Bulimia nervosa  
Obesity

### Mood Disorders

Adjustment  
Depressive  
Dysthymic  
Bipolar

### Personality Disorders

Antisocial  
Avoidant  
Borderline  
Histrionic  
Narcissistic  
Obsessive-compulsive  
Paranoid  
Schizoid  
Schizotypal

### Psychoses

Delusional disorder  
Schizophrenia  
Schizoaffective disorder

### Somatoform Disorders

### Substance Use Disorders

Alcohol abuse/dependence  
Drug abuse/dependence  
Tobacco use/dependence

### Other Behavior/Emotional Disorders

Acute reaction to stress  
Child/elder abuse  
Domestic violence  
Uncomplicated bereavement

## Dermatologic System

### Eczematous Eruptions

Dermatitis  
• *Atopic*  
• *Contact*  
• *Diaper*  
• *Nummular eczematous*  
• *Perioral*  
• *Seborrheic*  
• *Stasis*

Dyshidrosis

Lichen simplex chronicus

### Papulosquamous Diseases

Dermatophyte infections

- *Tinea versicolor*
- *Tinea corporis/pedis*

Drug eruptions

Lichen planus

Pityriasis rosea

Psoriasis

### Desquamation

Stevens-Johnson syndrome  
Toxic epidermal necrolysis

### Vesicular Bullae

Bullous pemphigoid

### Acneiform Lesions

Acne vulgaris

Rosacea

Folliculitis

### Verrucous Lesions

Seborrheic keratosis

Actinic keratosis

### Insects/Parasites

Lice

Scabies

Spider bites

### Neoplasms

Basal cell carcinoma

Melanoma

Squamous cell carcinoma

### Hair and Nails

Alopecia areata

Androgenetic alopecia

Onychomycosis

Paronychia

### Viral Diseases

Condyloma acuminatum

Exanthems

Herpes simplex

Molluscum contagiosum

Verrucae

Varicella-zoster virus

infections

### Bacterial Infections

Cellulitis/vasculitis

Erysipelas

Impetigo

### Other

Acanthosis nigricans

Burns

Decubitus ulcers/leg ulcers

Hidradenitis suppurativa

Lipomas/epithelial inclusion

cysts

Melasma

Urticaria

Vitiligo

Erythema multiforme

### Hematologic System

#### Anemias

Aplastic anemia  
Vitamin B12 deficiency  
Folate deficiency  
Iron deficiency  
G6PD deficiency  
Hemolytic anemia  
Sickle cell anemia  
Thalassemia

#### Coagulation Disorders

Factor VIII disorders  
Factor IX disorders  
Factor XI disorders  
Thrombocytopenia  
• *Idiopathic thrombocytopenic purpura*  
• *Thrombotic thrombocytopenic purpura*  
• *Von Willebrand's disease*

#### Malignancies

Acute/chronic lymphocytic leukemia  
Acute/chronic myelogenous leukemia  
Lymphoma  
Multiple myeloma

### Infectious Diseases

#### Fungal Disease

Candidiasis  
Cryptococcosis  
Histoplasmosis  
Pneumocystis

#### Bacterial Disease

Botulism  
Chlamydia  
Cholera  
Diphtheria  
Gonococcal infections  
Salmonellosis  
Shigellosis  
Tetanus

#### Mycobacterial Disease

Tuberculosis  
Atypical mycobacterial disease

#### Parasitic Disease

Amebiasis  
Hookworms  
Malaria  
Pinworms  
Toxoplasmosis

#### Spirochetal Disease

Lyme borreliosis  
• *Lyme disease*  
Rocky Mountain spotted fever  
Syphilis

#### Viral Disease

Cytomegalovirus infections  
Epstein-Barr virus infections  
Erythema infectiosum  
Herpes simplex  
HIV infection  
Human papillomavirus infections  
Influenza  
Mumps  
Rabies  
Roseola  
Rubella  
Measles  
Varicella-zoster virus infections

## PROFESSIONAL AGENCIES AND REGULATORY BODIES

### ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT, INC. (ARC-PA)

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

The ARC-PA encourages excellence in PA education through its accreditation process, by establishing and maintaining minimum standards of quality for educational programs. It awards accreditation to programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education. The accreditation process is designed to encourage sound educational experimentation and innovation and to stimulate continuous self-study and improvement.

<http://www.arc-pa.org>

#### AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS (AAPA)

The AAPA is the national professional organization of physician assistants. Its membership includes graduate and student physician assistants as well as affiliate membership for physicians and physician assistant educators. The Academy provides a wide range of services for its members from representation before federal and state governments and health related organizations, public education, pamphlets and brochures, insurance and financial programs, and employment assistance.

As an AAPA member, you also receive multiple publications, free record keeping and reporting of CME requirements, and are entitled to a membership discount for the annual spring conference. Student Physician Assistant Societies are an integral part of the AAPA and make up a body referred to as the Student Academy of the American Academy of Physician Assistants (SAAAPA). The Student Academy meets yearly at the national spring conference to elect officers and representatives. The Pace University-Lenox Hill Hospital Physician Assistant Program encourages each of you to take an active interest in this process. Release time to attend the national conference held in May of each year can be requested in writing to the Academic Coordinator (didactic year) or the Clinical Coordinator (clinical year).

The national organization represents you and as such deserves your support during your student years and as a graduate Physician Assistant. Membership to professional organizations is another benefit also routinely covered by employers.

<http://www.aapa.org>

#### NEW YORK STATE SOCIETY OF PHYSICIAN ASSISTANTS (NYSSPA)

NYSSPA is the state constituent chapter of the APAA. Currently all fifty states have similar chartered constituent chapters. The NYSSPA mission is “to improve the quality of health care services in NY State and to promote, address and represent the interests and development of the Physician Assistant profession.”

NYSSPA provides continual representation of PA interests in both Washington, DC and Albany with both federal and state health profession’s organizations as well as the State Department of Health (DOH) and the State Education Department (SED). The Student

Affairs Committee of NYSSPA promotes student issues and interests within the Society. Any student enrolled in a New York PA Program approved by the Board of Directors is eligible for student membership. Student members may hold a place on the Board of Directors and are also eligible for scholarship monies.

<http://www.nysspa.org/>

#### NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA)

All graduates of Physician Assistant Programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are eligible to sit for the national certifying exam (PANCE) offered by the NCCPA.

Registration applications are completed during the senior year of the Physician Assistant Program. Most states require graduates to take and successfully pass the national boards to continue employment. Please refer to the link below for exam scheduling requirements.

Once certified through the NCCPA, each graduate must obtain and report 100 hours of CME every two years. Recertification exams are also required every six years in addition to the CME requirement.

<http://www.nccpa.net>

#### STATE REGISTRATION

The majority of states have state regulations governing physician assistants. Each student who is considering employment in a specific state should review the regulations so they are familiar with them.

Many states require registration through the State Board of Medical Licensure prior to the start of employment. Students are encouraged to check with the specific State Board of Medicine for current requirements and an application.

<http://www.op.nysed.gov/rpa.htm>

## PROFESSIONAL PUBLICATIONS

*Physician Assistant*  
PO Box 908  
Springhouse, PA 19477

*The Clinical Advisor*  
114 West 26th Street, 3rd Floor  
New York, NY 10001  
[subscriptions@clinicaladvisor.com](mailto:subscriptions@clinicaladvisor.com)

*Journal of the American Academy  
of Physician Assistants*  
Advanstar Medical Economics  
5 Paragon Drive  
Montvale, NJ 07645-1742  
[www.jaapa.com](http://www.jaapa.com)

*Clinician Reviews*  
Clinicians Group  
Jobson Publishing, LLC  
100 Avenue of the Americas  
New York, NY 10013-1678  
[www.clingroup.com](http://www.clingroup.com)

*Advance for Physician Assistants*  
Merion Publications Inc.  
65 Park Avenue  
Box 61556  
King of Prussia, PA 19406-0956  
[advance@merion.com](mailto:advance@merion.com)  
[www.advanceforPA.com](http://www.advanceforPA.com)

*Clinician News*  
Clinicians GroupJobson Publishing, LLC  
100 Avenue of the Americas  
New York, NY 10013-1678  
[www.clingroup.com](http://www.clingroup.com)

*AAPA News*  
American Academy of Physician Assistants  
950 North Washington Street  
Alexandria, VA 22314-1552  
[aapa@aapa.org](mailto:aapa@aapa.org)  
[www.aapa.org](http://www.aapa.org)

*NEWS-Line for Physician Assistants*  
215 West Church Road  
Suite 102  
King of Prussia, PA 19406  
[www.news-line.com](http://www.news-line.com)

*Consultant*  
CMP Healthcare Media  
330 Boston Post Road, Box 4027  
Darien, CT 06820-4027  
[www.ConsultantLive.com](http://www.ConsultantLive.com)

## **USEFUL WEBSITES**

### **General Medical Information**

[www.fpnotebook.com/index.htm](http://www.fpnotebook.com/index.htm)  
[www.emedicine.com](http://www.emedicine.com)  
[www.medscape.com](http://www.medscape.com)  
[www.aafp.org](http://www.aafp.org)  
[www.nejm.org/content/index.asp](http://www.nejm.org/content/index.asp)  
[www.infopoems.com](http://www.infopoems.com)  
[www.mdchoice.com](http://www.mdchoice.com)

### **Research and Practice Guidelines**

[www.guideline.gov](http://www.guideline.gov)  
[www.cdc.gov](http://www.cdc.gov)  
[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)  
[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)

### **Pharmacology**

[http://www.kumc.edu/instruction/alliedHealth/NurseAnesthesia/Medical\\_Pharmacology/index.htm](http://www.kumc.edu/instruction/alliedHealth/NurseAnesthesia/Medical_Pharmacology/index.htm)  
[www.centerwatch.com](http://www.centerwatch.com)  
[www.rxlist.com](http://www.rxlist.com)

### **Miscellaneous**

Pathology: [medlib.med.utah.edu/WebPath/webpath.html](http://medlib.med.utah.edu/WebPath/webpath.html)  
Dermatology: [dermatlas.med.jhmi.edu/derm](http://dermatlas.med.jhmi.edu/derm)  
Ob/Gyn: [www.obgyn.net](http://www.obgyn.net)  
Oncology: [www.nci.nih.gov/cancerinfo.pdq](http://www.nci.nih.gov/cancerinfo.pdq)  
Radiology: [indv.radiology.uiowa.edu/Providers/ClinRef/FPHandbook/FPCContents.html](http://indv.radiology.uiowa.edu/Providers/ClinRef/FPHandbook/FPCContents.html)  
Emergency Medicine: [www.embbs.com](http://www.embbs.com) <http://www.emedhome.com/>  
Suturing: [www.bumc.bu.edu/Departments/PageMain/asp?DepartmentID=69&Page=5262](http://www.bumc.bu.edu/Departments/PageMain/asp?DepartmentID=69&Page=5262)  
Pediatrics: [www.aap.org](http://www.aap.org) <http://www.generalpediatrics.com/>  
Infectious Diseases: <http://www.hopkins-abxguide.org/>



# **STUDENT POLICIES**



# **STUDENT RIGHTS**

## **Basic Rights**

Enrollment in the Physician Assistant Program provides the student with some basic rights.

The student has the right to competent, knowledgeable instructors who conduct themselves in a professional manner in their interactions with students in the work setting. A student who is experiencing difficulty with an instructor should contact the Program Director so that appropriate action may be taken.

Classrooms should be able to provide the proper educational environment for student learning. These classrooms or other appropriate facilities should also have available current instructional materials and modern equipment that meets the technical training needs of the physician assistant student.

Instructors must maintain a classroom environment that is conducive to, and compatible with, the learning environment. Students who disrupt that environment will be asked to leave the classroom or clinical area. If a particular student persists in disruptive behavior, disciplinary action may be initiated.

## **Rights to Privacy**

Student records are protected from unauthorized access and release by the Federal Educational Rights and Privacy Act (FERPA) of 1974.

Students are granted access to their own files after completion of a Student Request For File Access form. Students may inspect and review files in the Physician Assistant Program office during regular office hours. At no time will information be removed from a student's permanent file. Students will also not be allowed to photocopy or otherwise duplicate information found in their file. All evaluations and minutes of meetings such as Academic Affairs Committee become part of the student's permanent record. Students who wish to challenge the content of records may do so in one of two ways:

- A letter may be placed in the student record indicating the student's objections to a given entry.
- Students may request a review regarding an entry with the Academic Affairs Committee.

Release of student records by the Program (i.e., to potential employers) is granted only upon completion of a written Consent for Release of Confidential Information by the student.

Program faculty and Pace University-Lenox Hill Hospital Physician Assistant Program employees, preceptors, and administrative staff who have direct involvement with the education of the student are provided access and may review student records without written consent of the student at the discretion of the Program Director.

## **ADVISING**

Each student will be assigned to an advisor. The advisor will meet with the student a minimum of once per semester. At this time your progress in meeting the PA Program's objectives, both academic and behavioral, will be discussed. This session is an opportunity to frankly assess your strengths and identify areas for improvement, and to develop plans to capitalize on your strengths and improve your weaker areas. The advisor will also be available at other times to discuss issues of concern raised by you or others. Advisors are available through e-mail as well. The Program faculty believes that failure to participate in the advising process is inconsistent with the behavior of a successful student. Lack of participation will be documented in the student's file.

Prior to each scheduled session, the advisor will collect data concerning your performance. You will be asked to complete a self-assessment portion as a basis for discussion (forms for your review are appended to this handbook).

### **A. Faculty Advisor**

Each student is assigned a faculty advisor\* during each year of the program. The role of the advisor is to:

1. Provide communication between the student and faculty;
2. Assist the student in meeting the educational objectives of the Program;
3. Discuss summative academic, clinical skills and behavioral evaluations;
4. Identify additional faculty member(s) who will be easily accessible if a student wishes to discuss a problem of a personal or professional nature;
5. Enable the student to identify the materials necessary to achieve the educational objectives of the Program.

Student input is critical for the success of this process. Both advisee and advisor have specific responsibilities.

*\*Should a student have a concern or problem that he or she does not wish to discuss with his/her assigned advisor, the student may seek out another faculty member for guidance.*

### **B. Student Responsibilities**

1. Discuss areas of strength and areas for improvement with the advisor;
2. Complete a self-evaluation;

3. Help plan a course of action to remediate deficiencies and capitalize on strengths;
4. Meet with advisor at least once per semester;
5. Meet with advisor on an as-needed basis when problems arise;
6. Make an honest effort to follow the plans derived from the session.

**C. Advisor responsibilities**

1. Discuss areas of strength and areas for improvement with the student;
2. Help plan a course of action to remediate deficiencies and capitalize on strengths;
3. Meet with student at least once per semester;
4. Meet with student on an as-needed basis when problems arise;
5. Try to apprise students of their options in a given situation;
6. Be aware of student advisee grades, technical skill development, and professional behavior;
7. Make written records of meeting events for student file;
8. Initiate referrals of support – didactic, clinical and/or emotional - - that enable the student's academic success;
9. Notify others, as deemed appropriate and necessary, to safeguard the health and welfare of everyone involved.

**D. Example of Output from Advising Sessions (Not Comprehensive)**

1. Referral to Learning Resource Center
2. Referral to Counseling Center
3. Referral to Health Care Provider
4. Change Study Habits
5. Behavior Modification
6. Specific Remediation Program
7. Meet with Department Tutor
8. Meet with Student Tutor
9. Begin Exercise Program/Other Stress Reduction Techniques
10. Career Goal Reexamination

### **THE ADVISOR WILL NOT:**

1. **SOLVE YOUR PROBLEMS.** They will discuss your problems, help you clarify options and help you devise a plan of action.
2. **ACT AS YOUR MEDICAL PROVIDER.** It is inappropriate for any of the Program faculty to try and provide you health care. If you have a medical problem, see the University Health Care Unit or the outside provider of your choice.
3. **ACT AS A COUNSELOR.** If you have problems that require counseling, you need the help of a professional counselor. Your advisor will be happy to make a referral to the established system at the University to assist you in accessing mental health services.

It is your responsibility to see your advisor and schedule a mutually convenient time for mid-semester advising. The advisor will not “track down” any student who does not make an appointment after initial notification by the PA Program. It is also your responsibility to act on the plan devised during the session.

The advising session can be a powerful tool for you to get the most from your education and in your development as a health care professional. The process must be an active one to be effective.

Remember that someone from the Program or Counseling and Personal Development Center at Pace University is available during normal office hours to provide you with help. In an emergency situation, your advisor or another faculty member can address your concern immediately. For emergencies taking place after normal office hours, please contact your community crisis center.

For non-emergent problems, make an appointment with your advisor. Please be advised that you can send an email or leave a phone message 24 hours a day.

## HEALTH CLEARANCE POLICY

All students entering the clinical phase of the Program must return a completed Health Clearance Packet to the Occupational Health Office at Lenox Hill Hospital by August 6, 2007. All students are required to have adequate health insurance. Students are responsible for their own health care while in school. Selected clinical agencies may require evidence of health insurance. If you are placed at such an agency, it will be necessary for you to provide this evidence. If a health condition arises during the course of study that would in any way alter a student's ability to perform in the clinical setting, it is the student's responsibility to notify the Director of the Physician Assistant Program immediately.

The following is a list of the Health Clearance items that must be completed:

### Health Clearance and Consent for Release of Confidential Health Information

- Must be completed by the **student** and will be signed by a faculty member **after** the forms are submitted and approved by occupational health.

### Student Health Clearance Form to be completed by a health care provider

- **Immunizations**

The following immunizations/titers are required.

1. **Measles** vaccine (2nd dose given after 1980) or titers: All students must provide proof of immunity to measles. The requirement is for TWO doses or a positive antibody titer. The dose must be after 12 months of age and, at least one month apart. They must be given after 1/1/68 and not given with immune globulin. Persons born before 1/1/57 must have proof of one dose or a positive antibody titer.
2. **Mumps** vaccine or titer
3. **Rubella** vaccine or titer: One immunization, a positive antibody titer, or documented history of the disease (positive rubella titer by lab report).
4. **Varicella** (chicken pox) titer or vaccine: Proof of positive Varicella antibody or two doses of vaccine given at least one month apart (if immunized after 13 years of age) meet the requirement.
5. **Diphtheria/Tetanus** vaccine: Primary series with DtaP or DTP and booster with Td within the past ten years.
6. **Hepatitis B** vaccine, documentation of positive titer or completed refusal form. Vaccine is required, consisting of the series of three immunizations and post-vaccination positive Hepatitis B surface antibody titer. Students who have not completed the 3 series vaccine must sign a declination form.  
*Hepatitis B vaccines are strongly recommended.*

- **Tuberculin Skin Test**

A current PPD within the past year otherwise a two-step PPD test should be done.

**History of BCG is NOT a contraindication to PPD testing.** Persons with a history of a

positive PPD (TB skin test) **must provide documentation of the test**, your chest X-ray report, and details of prophylaxis medication if applicable.

- **Physical Exam:** A complete physical exam must be completed by a health care provider with a copy of it submitted.

In order to ensure the safety of students, staff, clinical agency personnel, and patients, and to comply with clinical agency contract mandates, no students will be permitted to participate in Physician Assistant clinical courses or rotations **unless they have been medically cleared.**

**Students must carry a copy of the completed health clearance documents with them to every clerkship. Student must keep a copy of the completed health clearance documents for their own records.**

Lenox Hill Hospital  
Occupational Health Service

212-434-2130

# **CLINICAL POLICIES**



## **GENERAL GUIDELINES FOR HOSPITAL PRACTICE**

### **1. General tenets of learning in hospital sites:**

- 1.1 Students are not employees of the hospital and, therefore, work entirely under the preceptor's supervision.
- 1.2 Learning is best achieved by student participation under guidance.
- 1.3 Learning by "trial and error" without supervision is unacceptable as it jeopardizes patient care and threatens all professional persons (physicians, nurses, administrators, and other technical workers).

### **2. Learning "under supervision" is defined in the following manner:**

- 2.1 Eliciting a meaningful history – in this situation, the preceptor is in the institution or a nearby office.
- 2.2 Doing the physical examination – the preceptor is nearby, the nurse is on hand to give assistance if necessary.
- 2.3 Progress notes – dependent on policies of individual clinical sites.
- 2.4 Technical procedures – the appropriate professional support person will be at the student's side or within immediate reach.

### **3. Supervising preceptor responsibilities:**

- 3.1 Indicate clearly to the medical staff, the administration, and the nursing staff which doctor, PA or NP will be responsible for the activities of the student.
- 3.2 Respond to any and all questions as to the scope of the activities of the student.

### **4. Student responsibilities:**

- 4.1 Learn unobtrusively from all hospital persons and hospital activities.
- 4.2 Make the patient the beneficiary of all the above activities.
- 4.3 Do not pose as a primary medical provider or advisor/counselor to the patient-except to relay information as directed by authorized professionals. Students may not misrepresent themselves as a MD, PA, RN or other health care provider other than a physician assistant student.
- 4.4 Fulfill all academic and behavioral obligations to the PA Program.

## **5. PA Program responsibilities:**

- 5.1 Provide the preceptor with a set of learning objectives.
- 5.2 Provide the preceptor with a student fact sheet.
- 5.3 Maintain the official affiliation agreement.
- 5.4 Provide the preceptor with the health requirements required for the students in the clinical year.
- 5.5 Provide the preceptor with a copy of the malpractice insurance policy of the PA Program.
- 5.6 Continuous monitoring of students throughout their clinical year.
- 5.7 Evaluation and recruitment of new clinical sites.

## **ATTENDANCE**

Motivation, enthusiasm and commitment to the study of medicine are directly reflected by regular attendance, punctuality and preparation for clerkships. The Program has an important obligation to maintain a positive rapport with clerkship sites, preceptors, visiting physicians and other health care professionals who make an essential contribution to the curriculum of the Program. These relationships are vital to the ongoing success and development of the Program and the support of the clinical rotation experiences. The Program will not allow individuals to jeopardize these relationships by displaying unprofessional and discourteous behaviors. Prompt attendance to a clinical clerkship and all related Program activities, is a minimum demonstration of this commitment. Attendance and preparation for all classes, labs, seminars, small group discussions, and clerkships, and any other activities designated by the Program faculty is expected.

Students are required to turn in clerkship work schedule forms, signed by preceptors, no later than the Friday of the first week of each clerkship. For long term care clerkships, the schedule form must be submitted by the end of the first day of the clerkship. Failure to do so would assume that the student is not attending clerkships and will result in an incomplete grade. A sample clerkship work schedule can be found in this handbook under “forms”. Be advised that the program will make random calls or site visits to student clerkships to verify student attendance.

### **Excused Absences**

Although attendance and punctuality are required, on occasion it may not be possible for a student to attend his or her clerkship on a particular day. In such cases, if the absence may qualify as an excused absence, students should follow the procedure for excused absences

described below. A student who qualifies for an excused absence and follows the applicable procedure, will be permitted to make up without any penalty the assignments, examinations or other activities that were missed as a result of the student's absence. Nevertheless, a student with excessive excused absences will be required to meet with the Academic Affairs Committee and may be subject to disciplinary action.

Excused absences may be foreseen or they may result from unexpected circumstances. In order for either an anticipated or an unforeseen absence to qualify as an excused absence, the procedures described below must be followed.

**Anticipated Absences** Students will know in advance they will be absent for such things as professional activities such as health fairs, professional meetings, or other activities authorized by the PA Program; religious observances that are not provided for in the University's calendar; and significant appointments (such as medical appointments) for the student or immediate members of the student's family that could not be scheduled for a time that did not conflict with the student's academic obligations. A student who expects to be absent and believes the absence qualifies as an excused absence must notify the clinical coordinator and the clinical preceptor as soon as practicable prior to the anticipated absence. Absence forms are not required during the clinical year.

**Unanticipated Absences** Occasionally, a student is unable to attend class or other scheduled activities because of his or her own illness, the illness of an immediate family member, or an emergency involving the student or immediate family members. In such circumstances, the student must notify a clinical coordinator of the absence by 9:00 am via telephone or, if no one answers, the student must leave a voice mail message or an email explaining the circumstances of the absence. Additionally, students must contact the clinical preceptor prior to the beginning of their scheduled shift. The student must continue to contact a clinical coordinator and the clinical preceptor by telephone or email each day that he or she is absent. Under some circumstances the student will be required to provide evidence of illness and a medical clearance from an appropriate health care provider before being permitted to return to the PA Program.

### **Unexcused Absences**

A student who is absent for a reason that does not qualify as a basis for an excused absence, or who otherwise would be eligible for an excused absence but did not follow the applicable procedure, will incur an unexcused absence. Any student who does not notify both a clinical coordinator and the clinical preceptor, will incur an unexcused absence. Any student who incurs two or more unexcused absences during the course of the clinical year will be replaced on probation and will be required to meet with the Academic Affairs Committee.

Additionally, students who are absent, whether the absence is excused or unexcused, are required to arrange with the preceptor when missed time will be rescheduled, and notify the clinical coordinators via email of the arrangements to makeup the missed time as soon as practical.

## ATTIRE/IDENTIFICATION

As health professionals, Physician Assistant students are expected to maintain the highest possible standard of appearance. Students are expected to be conservatively and neatly dressed and groomed throughout all phases of their professional education.

Physician Assistant students are expected to be in full professional attire and to comply with the standards for attire as outlined by the clinical setting.

1. All Physician Assistant students are to wear clean, pressed, short white jackets with the Pace University-Lenox Hill Hospital PA Program patch attached to the left upper sleeve.
2. Proper identification badges bearing the student's name identifying him/her as a "Physician Assistant Student" must be worn at all times.

At no time should a student—either by virtue of his/her skills or knowledge attained while progressing through the Program—misrepresent him/herself as being other than a physician assistant student. While in the Program, students may not use previously earned titles (i.e. RN, MD, DC, PhD, etc.) Failure to identify oneself appropriately or to misrepresent oneself will result in immediate dismissal from the Program.

3. Men should wear conservative slacks and shirts; ties are required.
4. Women should wear slacks/skirts with shirts/blouses. (skirts should be of a conservative length and shirts and blouses should also be conservative).
5. No sneakers permitted. Shoes must be worn with socks or hose; heel height should be conservative. Open toed shoes and sandals are not permitted.
6. Jewelry and make-up should be conservative and subtle. Wearing cologne or perfume is strongly discouraged. Nails should be neatly trimmed and with clear or no nail polish. Nail polish and jewelry are not permitted during surgical rotations.
7. Hair for both men and women should be worn in a neat and conservative style.
8. No jeans or athletic wear are permitted on clinical sites.

Along with a neat and tidy appearance, students are expected to maintain appropriate personal hygiene.

***Clinical supervisors, preceptors or PA Program faculty reserve the right to remove any student from a clinical site/experience who is not appropriately dressed. If a student is sent home due to inappropriate attire, the student is required to make-up any clinical work, assignments or experiences for the missed day. Such an incident will be documented and may lead to professional probation.***

## **PATIENTS' RIGHT AND CONFIDENTIALITY OF MEDICAL RECORD HEALTH HISTORY INFORMATION**

1. All data gathered about the patient and his/her illness, including all items within a patient's history, is CONFIDENTIAL information.
2. Students should not discuss a patient's record in a manner or a situation which would reveal any information about that patient or his/her records to persons not involved in his/her healthcare.
3. Charts or contents, e.g., lab reports, etc., are not to be removed from the hospital or clinical setting. If photocopies of work are to be submitted to the program for evaluation, *all specific references to the patient (i.e., name, address, and identification number) must be deleted. Anything handed into the Program with any type of identifying information with result in a "0" (zero) grade for that assignment.*
4. The American Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that took effect on April 14, 2003. It established standards for privacy and security of patient information. Anyone involved in patient care must protect the confidentiality and privacy of patient information. Students are required to receive HIPPA training in order to be compliant with the regulations prior to beginning their rotations. A mandatory training class will be scheduled during the summer of the junior year prior to rotations. Certificates documenting compliance with this requirement must be in the student file prior to beginning the clerkships.

Reference, at any time, to a patient in a dehumanizing or insensitive manner is not professional and will not be tolerated. Such an infraction will be reviewed by the Program Director and Clinical Coordinators, and is justification for recommendation of placement on professional probation.

### **PATIENT RECORDS, PHYSICIAN REVIEW, AND COUNTERSIGNATURE**

All patients evaluated by the PA student must be evaluated by the supervising health care provider. It is the student's responsibility to ensure that the supervising health care provider also evaluates all his/her patients. The supervising health care provider is required to review all student notes written in medical records and countersign these documents. If there is any doubt as to the correct format, students must consult with their preceptor.

### **CHARTING**

Program policy permits students to document on chart, however hospital policy may differ. If students are not permitted to document on charts, they are encouraged to practice documentation on a separate sheet and have reviewed by preceptors.

Students are reminded that the medical record is a legal document. Whenever a student makes an entry into a patient's medical record (i.e., H&P, progress notes, etc.), the student must indicate that s/he is a physician assistant student when signing the entry. Either of the following is acceptable:

JOHN/JANE DOE, P.A. – S  
JOHN/JANE DOE, P.A. – STUDENT

## **PRESCRIPTIONS AND HOSPITAL ORDERS**

Program policy doesn't allow students to write prescriptions or inpatient hospital orders. Students are encouraged to practice writing prescriptions and orders on a separate sheet and have them reviewed by preceptors. We would appreciate your assistance/encouragement with this activity. Students may not sign a prescription for the physician and then write your initials after the physician's name.

## **INCIDENTS/ACCIDENTS IN THE CLINICAL SETTING**

Occasionally, accidents will occur on clinical site or in the laboratory. Should a student, patient, or other staff member be injured as a result of an accident involving a student, the student must first comply with all accident and injury protocols established at the institution. This might include the Risk Management Department of the individual institution as well as any other offices deemed appropriate by the preceptor or precepting institution. Subsequently, the student must file a Physician Assistant Program Incident Report, which can be found in the back of this handbook, no later than the Friday of the week following the incident with the Clinical Coordinators. Additionally, students must notify the Program by telephone of any such incident as soon as possible.

## **UNIVERSAL PRECAUTIONS**

All PA students are required to complete a training session for healthcare professionals in infection control/universal precautions provided by the Medical Society of the State of New York and New York State Department of Health, before entering clerkships. Documentation of compliance with this must be provided by the student and kept in their files prior to beginning the clinical year.

The principle of universal precautions has been adopted because any patient may be infected with microorganisms that could be transmitted to other persons. Of particular concern are the primarily blood-borne pathogens HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body fluids other than blood, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites specific policies regarding universal precautions.

### **Universal Precautions Guidelines:**

1. Avoid direct contact with: Blood, Body Fluids, Secretions, Excretions, Mucous Membranes, Non-intact skin, Lesions.
2. Avoid injuries from all “sharps”.
3. Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
4. Dispose of all “sharps” promptly in special puncture resistant containers.
5. Dispose of all contaminated articles and materials in a safe manner prescribed by law.

### **In practice, using Universal Precautions also requires:**

1. Wash hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
2. Depending on job duties and risk of exposure, use appropriate barriers, which can include: Gloves, Gowns, Aprons, Caps, Shoe covers, Leggings, Masks, Goggles, Face shields, Equipment such as resuscitation devices.

These barriers are to be used to protect:

- A. Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin).
- B. Mucous membranes, especially eyes, nose and mouth.

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

3. All specimens are bagged before transport to the laboratory.

***All injuries and other exposure having the potential for infection transmission must be reported to the preceptor and program immediately. If you have a needle-stick injury, or other work related injury, go directly to the emergency department or employee health office to receive the proper treatment and follow-up care. Fill out and submit the Physician Assistant Program Incident Report to the Program.***

## **LIVING ARRANGEMENTS**

The students are responsible for the cost of temporary housing, meals, and transportation during the clinical year. It remains the student’s responsibility to take the initiative to complete housing arrangements prior to the beginning of the next assigned clerkship.

## **EMPLOYMENT OPPORTUNITIES/OPERATIONAL POLICY REGARDING STUDENTS PERFORMING SERVICE WORK**

Participation in any clerkship is not to be construed as gainful employment. Accepting payment or gifts could result in the loss of malpractice liability coverage for the student. Once the clinical phase of the PA program has been accomplished and the student has graduated from the PA Program, s/he may then pursue a salaried position at the institution.

*Please see the complete “Work Policy” in the Personal Policy section of this handbook for further information regarding outside employment and volunteer activities.*

## **CLINICAL PROCEDURES EXPECTED OF STUDENTS**

During each clinical clerkship, students may perform and/or interpret the following diagnostic procedures as indicated by the supervising physician/preceptor and the clinical setting. These include, but are not limited to:

1. Venipuncture to obtain blood specimens and to start intravenous fluids
2. Arterial puncture for blood gas determination
3. Administer intramuscular, subcutaneous, intravenous, intradermal injections
4. Obtain blood cultures
5. Pelvic exams including pregnancy tests and PAP smears
6. Urinalysis including microscopic exam
7. Insertion and removal of a naso-gastric catheter
8. Insertion and removal of a urinary bladder catheter
9. Throat, stool, sputum, urine, wound, specimen or drainage for culture
10. Occult blood in feces, urine, sputum, and gastric contents
11. Gram stain
12. PPD, and fungal skin tests
13. Wet mounts and KOH prep, GC and Chlamydia cultures
14. 12 lead EKG
15. Administer inhalation oxygen
16. Radiographic studies
17. Wound care

*If there is concern about the appropriateness of any clinical procedure, contact a clinical coordinator.*

During each clinical clerkship, physician assistant students shall perform and/or assist in the following procedures only under direct MD/DO/PA/NP supervision:

1. Endotracheal and/or naso-tracheal intubation
2. Paracentesis

3. Thoracentesis
4. Lumbar puncture
5. Joint aspiration or injection
6. Insertion of a central line
7. Peritoneal dialysis
8. Cutdown
9. Suturing
10. Splinting or immobilizing an extremity
11. Incision and drainage of abscess
12. Resuscitative measures
13. Assist in deliveries
14. Bone marrow biopsy

## **SURVIVAL TIPS**

### **ASSESS THE CLINICAL SITE:**

- You must contact the preceptor at least one week prior to starting a new clerkship and /or long term care experience. Find out about parking, ID's, etc.
- Every effort has been made to maintain and update appropriate contact information for clinical sites. Nevertheless, minor problems may occur. It is necessary to maintain professionalism and flexibility when faced with such changes. First try to resolve any discrepancies on your own. Call the Program if this is not possible. Notify the program of any errors in supplied instructions so corrections can be made.
- Find out what available conferences you might attend (grand rounds, daily/weekly conferences, CME presentations, etc.)
- Locate the library and determine the hours of operation.

### **THINGS TO DISCUSS INITIALLY WITH YOUR PRECEPTOR:**

- Confirm your time schedule and specific duties (when to report to your clerkship, on-call schedule, rounds, weekend hours, etc.)
- Identify special interests, whether it is procedures or particular cases relevant to the clerkship.
- Talk to preceptors about remaining mandatory technical procedures required and your eagerness to complete them.

### **THINGS TO BE AWARE OF:**

- Be courteous to everyone.
- Develop and maintain a professional attitude.
- Be helpful to the preceptor and staff.
- Read about the disease processes you encounter each day.
- Take initiative.
- You may encounter harsh criticism at times. Try to learn from the feedback.

- Be prepared to discuss and answer questions about any disease or procedure encountered during your clerkship.
- Be prepared to study and read at least two hours per day.
- You may not always be permitted to write on charts. This is usually because of billing reasons. If this is the case at your site, practice writing notes on a separate sheet and have preceptors critique them.
- Students are not permitted to write prescriptions or orders. Practice prescription writing and order writing on a separate sheet and have preceptors critique them.
- While on rotations, actively look for work.
- Report early, stay late, volunteer for call
- What you gain from the clerkship is equal to the effort you put forth.
- In general, preceptors will give students as much hands-on experience as the preceptor feels you are capable of handling.

*If any concerns arise during clinical clerkships, please notify the clinical coordinators as soon as possible. If unable to contact a clinical coordinator, please contact another faculty member.*

## **POLICY FOR FAILURE OF CLINICAL CLERKSHIP**

If a student fails a clinical clerkship he or she is required to meet with the Academic Affairs Committee. The Academic Affairs Committee may make the following recommendations including but not limited to the following:

- The student will be placed on probation.
- The student will be required to successfully repeat the failed clerkship.
- The student may be dismissed from the PA Program.

Please see the Academic Affairs Committee, Probation and Dismissal sections of this Handbook for further information regarding failure of clinical clerkships.

## **CLERKSHIP ASSIGNMENT POLICY**

Clerkships are assigned according to their availability. Due to situations beyond the Program's control, it is not unusual for changes in the clinical assignment to occur during the clinical year. It is necessary that you maintain flexibility when these situations arise.

When placing students in a clinical clerkship, the clinical coordinators take into account student interest, transportation, and geographical location. However, the student is required to attend clerkships where they are assigned. The cost of possible temporary housing, meals and transportation, remains the responsibility of the student. All clerkship schedule decisions rest with the Clinical Coordinators.

Once the final clerkship schedule is compiled, student requests for changes will not be permitted.

## STUDENT INITIATED CLERKSHIPS

The procedure to be followed to initiate a new clerkship site is as follows:

- a) The process must be initiated by November of the Junior/Didactic year.
- b) The student makes initial contact with the physician(s) or other potential preceptor. Once the preceptor agrees to accept a student, the clinical coordinator must be notified.
- c) The student will then provide the preceptor with a Student Initiated Clerkship Letter and Response Form. The student is responsible for following up to ensure the completion of this form.
- d) After the response form is completed, program staff will arrange a meeting with the preceptor and the clinical coordinator(s).
- e) Students will be expected to follow up with any paperwork involved with initiated clerkships.

The final decision to pursue a particular student initiated clerkship rests with the clinical coordinators.

## PACKRAT EXAMINATION

The PACKRAT (Physician Assistant Clinical Knowledge Rating and Assessment Tool) examination is a self-assessment tool administered at the end of the Senior year and is a requirement for graduation. The results of the examination provide students with a report of their areas of strength and areas for improvement. This report may be utilized in formulating study plans for success in the PANCE exam. The exam report also allows the Program to compare student performance with national scores. Cost of the exam is the responsibility of the student.

## COMPUTING CLINICAL CLERKSHIP COURSE GRADES

The components of the clinical clerkship grade for **all clerkships except electives** clerkships include:

	<b>Percentage of Final Grade</b>
Preceptor Evaluation (Must be greater than 73% to pass clerkship)	30%
End of Clerkship Examination	30%
Rotation Project or Site Visit	20%
Clinical Documentation (1 H&P or SOAP note as designated for specific rotation)	10%
Call Back Day Lecture Exam	10%

The components of the clinical clerkship grade for the **non-primary care elective** clerkships include:

	<b>Percentage of Final Grade</b>
Preceptor Evaluation (Must be greater than 73% to pass clerkship)	30%
Pre and Post Essay	20%
Case Presentation	30%
Clinical Documentation (1 SOAP)	10%
Call Back Day Lecture Exam	10%

The components of the clinical clerkship grade for the **primary care elective** clerkships include:

	<b>Percentage of Final Grade</b>
Preceptor Evaluation (Must be greater than 73% to pass clerkship)	30%
CME Project	20%
Health Promotion Project	30%
Clinical Documentation (1 SOAP)	10%
Call Back Day Lecture Exam	10%

## **ASSIGNMENTS**

Unless otherwise authorized by a clinical coordinator in advance of the date on which they are due, all assignments must be submitted on or before the due date. Five points will be deducted from the final grade for each calendar day that an assignment is past due.

## **WEEKLY PATIENT LOG**

Every Monday at 9 am, patient logs in the PAST system will be reviewed for the previous week's encounters. Weekly logs during the final week of the clerkship must be logged by 9am of the 1<sup>st</sup> day of Call Back Day. If you do not have patients logged and hours submitted for each day you were scheduled, 1 point will be deducted from your final grade. The logs will also be reviewed for lab/diagnostic procedures performed, lectures, ground rounds, readings, and other clinical year activities. The "case log totals (graphical)" in the PAST system must be printed, signed off on by preceptors and submitted on the first day of call back day (see section of this handbook titled "Submitting Call Back Day Materials"). These logs provide valuable information necessary for assessing student performance, clinical opportunities available, diversity of patient encounters, and procedures performed.

## **CLINICAL PROCEDURE LOGGING**

Clinical procedures will be tracked through the PAST system and reviewed every Monday by 9 am. Weekly procedure logs during the final week of the clerkship must be logged by 9am of the 1<sup>st</sup> day of Call Back Day. The "case log totals (graphical)" in the PAST system must be printed, signed off on by preceptors and submitted on the first day of call back day (see section of this

handbook titled “Submitting Call Back Day Materials”). A certain number of each procedure must be completed to meet graduation requirements and is indicated in the PAST system. If they are not complete, you will not graduate. It is the student’s responsibility to keep track of the number of procedures completed.

## **DRUG CARDS**

Students are required to research 3 pharmaceutical agents for each clerkship and make flash cards indicating the class of drug, mechanism of action, indications, contraindications, side effects and cost of medication. The student is required to collect these cards throughout the clinical year. The student is required to have all of these cards on the day of his/her site visit, as s/he will be quizzed on his/her research as part of the site visit grade (see section titled “Site Visit Format”). If pharmacology cards are not present at the time of the site visit, students will not receive credit for that portion of the site visit grade.

## **SITE VISIT FORMAT**

A faculty member will be performing on-site visits to assess the progress of each student and observe the interactions between student, patient and preceptor during the following clerkships:

- Pediatrics (PAS 402)
- Primary Care (PAS 405)
- Emergency Medicine (PAS 406)

At this time, the clinical coordinator/faculty will have an informal meeting with each student and discuss the overall clerkship. During the site visit, the clinical coordinator will observe a patient interaction including obtaining a medical history, performing an appropriate physical exam, collecting pertinent data specific to the case and an oral presentation of the case to the preceptor including a differential diagnosis and management plan. The site visit will be graded by faculty and is worth 20% of the total clerkship grade.

In addition, the student is required to research 3 pharmaceutical agents for each clerkship (See section titled “Drug Cards”). The student is required to have all of these cards on the day of his/her site visit, as s/he will be quizzed on his/her research as part of the site visit grade. If pharmacology cards are not present at the time of the site visit, students will not receive credit for that portion of the site visit grade.

Site Visits for all other clerkships (Internal Medicine, Surgery, Ob/Gyn, Psychiatry and both electives) may be arranged and done randomly at the discretion of the clinical coordinators and faculty. Site Visits may occur during any clerkship and may be unannounced.

If the student receives <73% for a site visit grade, a repeat site visit must be performed either during another rotation or later in that particular clerkship. At times, multiple site visits may be necessary to assure student competency. Once a site visit is successfully remediated, a grade of 73% will be entered into the grade book.

## **MID CLERKSHIP EVALUATIONS**

Mid clerkship evaluations are designed to give the preceptor an opportunity to provide feedback to students on their performance during each clinical rotation. Students should take this information and opportunity to strengthen their skills.

One mid clerkship evaluation must be handed into the program for each rotation. This evaluation must be submitted to the Program midway through the clerkship. It can be faxed to 212-346-1503. If a mid clerkship evaluation is not submitted, you receive an incomplete final grade for the course.

If any academic or clinically related problems arise from this interaction that is of concern it is in the students' best interest to discuss this with a clinical coordinator. Do not sign the mid-clerkship evaluation and then hand it to your preceptor to be filled out. Your signature indicates your review of the evaluation. Only the assigned preceptor should fill out the evaluation.

## **PRECEPTOR EVALUATION**

The program has adopted a standard evaluation form, which is given to each preceptor. The preceptor is responsible for assessing student performance. Students will be evaluated on the basis of your general medical background, knowledge and ability to obtain a medical history and perform an appropriate physical exam. Included in the evaluation will be your ability to organize a database, propose a management plan, present cases, and demonstrate rapport with patients and co-workers. Dependability, attitude toward learning, and work habits are also part of the evaluation. The preceptor Evaluation consists of weighted grading scales for twenty-one (21) areas of clinical performance.

The student evaluation should be returned directly to the Pace University - Lenox Hill Hospital PA Program office in a sealed envelope with the preceptor's signature and stamp across the seal. A faxed copy can only be sent if the preceptor speaks directly to one of the staff and then faxes the evaluation. All evaluations must be turned in upon completion of the clerkship. Keep in mind that preceptors may request information from other clinicians with whom you have interacted, in order to complete a composite evaluation. Students must obtain a 73% or better to successfully complete the clerkship. Anyone who is unsuccessful at meeting the minimum score requirement on the preceptor evaluation, automatically fails the clerkship.

## **STUDENT EVALUATION OF CLINICAL SITE**

The student evaluation is designed to provide the program with student feedback regarding each clinical site. It is used to evaluate and improve on the site and in turn the student's clinical experience. A compilation of student evaluations, including comments written, is sent to and reviewed by clerkship sites and preceptors at minimum yearly. A student evaluation of the clinical site must be submitted utilizing the typhon ESAI system for each clerkship. If it is not submitted, you will receive an incomplete final grade for the course.

## EXAMINATIONS

Examinations are scheduled throughout the professional phase of the Physician Assistant Program, and students are required to take examinations when they are scheduled. On occasion, however, due to extenuating circumstances a student may be unable to take an examination at the time it is scheduled. If a student believes that due to extenuating circumstances he or she is unable to take an examination when it is scheduled, he or she must, prior to the time the examination is scheduled to begin, notify and receive approval from a clinical coordinator to be absent from the scheduled examination. Students who receive prior approval to be absent from an examination are required to take a make-up examination at a date and time to be determined by the course coordinator or any faculty member. The format of the make-up examination may differ from that of the original examination.

Students will be tested on the content of the course as described in the course syllabus. The formats of examinations are varied and may include multiple choice, true and false, matching, short answers, essays, oral presentations, practicals, simulated patient counters, and/or a combination of formats. A proctor or faculty member will administer each examination, give the instructions for taking the examination, and keep track of the time permitted for taking the examination.

All examinations (including make-up examinations) are subject to the following conditions:

- Students are required to place all personal belongings in a designated area in the examination room prior to beginning of the examination.
- A student who arrives after the examination has begun should enter the room quietly, sit down in the closest available chair, and wait for the examination materials to be given to him or her. Students who arrive late and therefore begin taking the examination after the other students began, will not be permitted additional time within which to complete the examination.
- Unless authorized by the course coordinator prior to the examination, students are not permitted to talk for any reason during an examination.
- When the proctor or faculty member announces that the time for the examination has ended, every student must stop writing immediately and put all writing utensils away. If a student continues to write after the announcement that the examination has ended, he or she will be subject to disciplinary action.
- Unless authorized by the course coordinator prior to the examination, students are not permitted to use electronic devices (including calculators, PDAs, cell phones, and the like) during an examination. If a proctor or faculty member has a reasonable belief that a student impermissibly used an electronic device during an examination, the device will be confiscated and the student will be subject to disciplinary action.
- No food or beverages are permitted in the examination room.
- Students must include their names and other required information on all examinations and answer sheets.
- Answer sheets are used during examinations and only answers on the answer sheets will be graded.
- Students may not use the lavatory or leave the examination for any reason unless escorted by a faculty or staff member.

- Students who complete the examination early, may leave the examination room but will not be permitted to re-enter until the examination period has ended.
- All examinations and answer sheets must be returned to the proctor or faculty member at the end of the examination. Students are prohibited from removing examinations and answer sheets from the examination room.

Except when taking an examination and during reviews of examinations (*see* Review of Examinations below), no student is permitted to have possession of an examination or answer sheet. Further, students are not permitted to copy (whether by hand or mechanically) examination questions or answers. This prohibition against possession and copying of examinations and answer sheets applies to current and previous examinations, and students who violate it will be subject to disciplinary action.

## **REVIEW OF EXAMINATIONS**

A review of examination questions and answers provides another opportunity to enhance a student's knowledge of a subject matter. Therefore, after all students have taken an examination, including the make-up examination, students may review the examination and answers. Students are encouraged, but not required, to review their examinations and answers.

Students may review an examination individually with a clinical coordinator. An individual review of an examination is permitted only within the seven days following issuance of the examination. Students are permitted to review individually an examination of any kind only once. Exam review is not permitted on Call Back Days.

Students are not permitted to write during an examination review, or to copy, in any manner, the questions or the answers. Students are required to return their examinations and answer sheets at the conclusion of the examination review to the clinical coordinator who gave the review.

## **END OF CLERKSHIP EXAMINATIONS**

End of clerkship exams are administered on Call Back Day. They are on a 100-point scale and consist of 35-50 questions. Questions on these exams are based on the learning objectives for each clerkship. This is worth 30% of your total clerkship grade.

In order to pass the examination, a student must receive a grade of no less than 73 percent. Anyone who is unsuccessful at meeting the minimum score requirement on the first attempt, will be allowed to take a remediation exam only once. If a student successfully remediate's the exam by receiving a score of 73% or higher on the end of clerkship examination, his or her grade for the exam will be changed to 73% and the original failing grade removed. If however, the student does not successfully remediate the exam, the original failing grade remains and, in order to progress in the Physician Assistant Program, the student will be required to successfully repeat the clerkship. A remediation exam will only be offered for a total of 2 clerkships. If a student fails a third end of clerkship exam, the student automatically fails the clerkship and must repeat it. A fourth failure on a end of clerkship exam will result in automatic dismissal from the program. Please note that repeating any of the clerkships will delay graduation and eligibility for

the PANCE exam.

Students who miss examinations due to illness must comply with the policy regarding absenteeism and contact one of the clinical coordinators immediately to arrange for an alternate examination. Alternative administration and format of the examination is at the discretion of the clinical coordinators.

### **CALL BACK DAY LECTURE EXAMS**

There will be a separate exam administered at each Call Back Day that covers material given to students during the lectures at the previous Call Back Day. The first Call Back Day exam will cover material presented to students during Clinical Orientation. Each Call Back Day exam is worth 10% of the respective clerkship grade and will consist of 5-25 questions. There is no failing grade policy or remediation for Call Back Day lecture examinations.

### **CLINICAL DOCUMENTATION: HISTORY AND PHYSICAL/SOAP NOTES**

Each student is to hand in one complete H&P or SOAP note for each 5-week clerkship. The table below outlines the requirements for each clerkship.

Primary Care	1 Complete H&P
Primary Care Elective	1 SOAP Note
Non-Primary Care Elective	1 SOAP Note
Surgery	1 Complete H&P
Obstetrics and Gynecology	1 Complete H&P
Psychiatry	1 SOAP Note
Internal Medicine	1 Complete H&P
Pediatrics	1 Complete H&P
Emergency Medicine	1 SOAP Note

- All notes must be handed in **along with a photocopy of the first page** of the original note written by you or someone else.
- Notes should **NOT** have ANY identifying information on it. **If a note is submitted with any identifying information on it, you will receive a grade of zero for that particular note.** (Violation of HIPPA regulations see above).
- All notes must be turned in to the clinical coordinators before 9:00 am on the first day of call back day (see submitting call back day materials). Failure to do this will result in a 5 point deduction from the note grade for each day it is not turned in.
- Notes should not exceed 5 handwritten pages.

If a grade of 73% is not achieved, the student must repeat the assignment until competency is assured. Once the remediation assignment is acceptable, a grade of 73% will be documented in the grade book.

## CASE PRESENTATION PROJECT

Each student is required to complete one case presentation project for each of the following clerkships: surgery, ob/gyn and non-primary care elective. The case presentation project will utilize the student's skills of article review, data collection, patient interview, formulation of differential diagnosis, reasoning for each differential diagnosis, use of resources such as texts, library and internet, presentation skills and overall organization of information. On Call Back Day (or another designated date and time) students will be expected to present a patient that they encountered during their rotation following the guidelines listed below. Case presentation projects will be graded and included in the final grade for that particular clerkship (see grading form in appendix).

Students are required to notify clinical coordinators in writing, preferably email, of the topic they are presenting on no later than 1 week prior scheduled presentation date.

Review and understand the program's policy on plagiarism (see Student Handbook) before beginning this project. Your project must be properly referenced, therefore be sure that you understand how to properly footnote, quote and reference all materials.

If a grade of 73% is not achieved, the student must repeat the assignment until competency is assured. Once the remediation assignment is acceptable, a grade of 73% will be documented in the grade book.

### **Guidelines for the Case Presentation Project:**

The patient **history and physical** will be presented to faculty and fellow classmates. Classmates must take notes on each case, formulate a differential diagnosis, critique your presentation, discuss historical or physical findings they would address in a small group discussion. A copy of the full history and physical with assessment and plan should be handed directly to faculty proctoring the session. Please utilize the following guidelines for this portion of the project:

- Be complete and focused
- Be Succinct
- Be Pertinent: provide pertinent negatives *and* pertinent positives
- Separate subjective information from objective information

The **Differential Diagnosis** will be discussed in groups. The student completing the project will be the group leader and must facilitate a discussion regarding the case. Discussion should include what classmates feel the differential diagnosis should include and why, what historical or physical findings they would address, assessment, plan as well as critique your presentation. The student completing the project must also type up an outline for 2 of the most likely diagnoses and discuss with the group. These must be distributed to faculty and classmates at the end of the session. Please utilize the following guidelines when completing this portion of the project:

- Include 2 of the most likely diagnoses with the first listed as the most likely.
- Give a *brief* overview of the etiology, signs and symptoms, epidemiology, risk factors, treatment options and complications of each differential diagnosis.
- Give reasoning for and against each differential diagnosis which includes historical,

physical exam findings, results of lab and diagnostic studies.

- Give a thorough, logical and appropriate assessment of the patient with attention to both acute and chronic diseases
- Provide an appropriate management plan

**Patient Education** must be included in the group discussion. Patient education is documented under plan in a history and physical write-up. When discussing and documenting patient education please use the following guidelines while completing this portion of the project:

- Address acute and chronic conditions
- Include disease prevention based on risk assessment
- Address medications given and possible side effects
- Explain tests and procedures patient may be undergoing and why procedures are needed
- Give instruction on which symptoms the patient should notify their provider about
- Address psychosocial issues
- Must be properly documented

A discussion regarding a **Research Article** must occur during group discussions. Please use the following guidelines while completing this project:

- Must submit one research article that is related to presenting patient
- The research article must be a complete article and the original article
- The research article can not be a review of multiple research articles
- Must present important points of research article in own words and succinctly
- The research article must be less than 5 years old
- Discuss what makes the research valid
- Identify bias and confounding factors within the research article
- Comment as to how the results of the article may change your practice.

Students presenting will be graded on their **Podium Skills**. Please use the following guidelines while completing this project:

- Interactive, cohesive delivery
- Glances but **does not** read from paper
- Rate, tone and pitch of speech
- Good movement, use of available space
- Organized with good transitions

Students presenting will also be graded on their **Group Facilitator Skills**. Please use the following guidelines while completing this project.

- Actively involves students within the group
- Includes all students in discussion within the group
- Creates a non-threatening atmosphere for group discussion
- Addresses all topics required

**Please remember:**

1. Choose a patient that you found to be interesting or possibly one that had a rare or unexpected outcome

2. Hand in a full H & P, outline of 2 differential diagnosis, and the research article on the day that you are scheduled to present. These materials should be handed directly to the faculty member proctoring the session.
3. The H & P submitted as part of this project is in addition to the other clinical documentation (note) required for the rotation.
4. All H & P's must be neatly handwritten and stapled. All other informative materials may be typed and professionally submitted.
5. Review the program's policy on plagiarism before beginning this project.

## **PATIENT EDUCATION PROJECT: PSYCHIATRY**

Each student will be assigned a patient education topic. Following the completion of the psychiatry clerkship, each student will present this project to the class on an assigned date.

The patient education project requires the student to create a unique plan to educate patients on their assigned topic. This may include but is not limited to: poster, pamphlet, creating a lesson plan or small group discussion. The student is then required to present to the class their education plan and educate their classmates on how to teach patients about their topic. Presentations should be no longer than **10 minutes** in length.

Review and understand the program's policy on plagiarism before beginning this project. Your project must be properly referenced therefore be sure that you understand how to properly footnote, quote and reference all materials.

If a grade of 73% is not achieved, the student must repeat the assignment until competency is assured. Once the remediation assignment is acceptable, a grade of 73% will be documented in the grade book.

### **Guidelines for Patient Education Project:**

#### **Content**

- Address assigned topic
- Demonstrate good research base
- Educate classmates on how to teach patients about topic
- Demonstrate effective method for communicating material to patients
- Address how to identify those patients that require specific patient education
- Answer questions regarding topic

#### **Written and Other Material**

- Patient education materials should have the potential for use in a clinical setting
- May include, but is not limited to, poster, pamphlet, creating a lesson plan or small group discussion.
- Properly footnoted and referenced if needed
- Material should be presented in a creative fashion
- Materials should be meticulously completed and submitted professionally

## Podium Skills

- Interactive, cohesive delivery
- Glances at written material but **does not read** from written material
- Rate, tone and pitch of speech
- Organized with good transition
- Good movement, use of available space

## HEALTH LITERACY PROJECT: INTERNAL MEDICINE

Each student is required to participate in the health literacy project during their internal medicine rotation and will turn in materials at the call back day that follows the medicine rotation. This project also satisfies the requirement for DYS 499C.

### **Prior to starting the rotation, students will read the following 2 articles:**

Makaryus AN, Friedman EA. Patients' understanding of their treatment plans and diagnosis at discharge. *Mayo Clinic Proceedings*. 2005; 80:991-994.

Rosenow EC III. Patients' understanding of and compliance with medications: the sixth vital sign? (editorial) *Mayo Clin Proc*. 2005; 80:983-987.

[www.mayoclinicproceedings.com/inside.asp?AID=980&UID=22453](http://www.mayoclinicproceedings.com/inside.asp?AID=980&UID=22453)

### **Background for Project:**

Hospital patients' lack of understanding of their disease(s) and medications can hinder adherence to their prescribed treatment plan. Lack of adherence is associated with increased risk for hospital re-admission.

In a small study of consecutively discharged patients at North Shore hospital in Brooklyn, New York, Makaryus and Friedman found that fewer than half were able to name their diagnosis at discharge or to identify their medications, indications for medications or potential adverse side effects of these medications.

### **Project:**

1. Involves interviewing patients at discharge – five consecutive patients who you were involved in their care as part of the team. Patients who do not speak a language you are fluent in and patients who are not oriented to person, place and/or time are excluded. Ask the questions and record patients' responses on the form. Questions should be asked in the order in which they appear on the questionnaire. If the patient does not know the answer or only part of the answer, record as such.
2. Fill out the second form from information in the patient's chart. Be sure to include the medical record number on both questionnaires.
3. Write a paper (maximum 2 pages) on your analysis of the results of your survey. In the paper state why the results are what you expected or were you surprised by the results.

Why do you think the results turned out as they did? If the results indicate that patients were not knowledgeable of their medical condition and/or medications, write what changes you would recommend to improve outcomes. Both actions on the part of health care professionals and recommended system changes should be included.

4. The paper should not exceed 2 pages, 12 font, single space. If the patient interviews and/or recorded results are falsified in any way or there is any indication of plagiarism, the student will receive a failing grade for the class DYS 499C and for the Internal Medicine Rotation. Faculty has the right to check authenticity by reviewing hospital patient records and other ways of determining the authenticity of the project.

The following will be used to evaluate student health literacy projects:

- Discusses the results in terms of what was expected
- Discusses why results turned out as they did
- Discusses what changes you would recommend to improve outcomes
- Discusses actions that could be implemented by health care providers to improve outcomes
- Utilized inventive, creative ways of analyzing information gathered
- Material discussed was thought provoking, creative and inventive
- Materials were submitted professionally

If a grade of 73% is not achieved, the student must repeat the assignment until competency is assured. Once the remediation assignment is acceptable, a grade of 73% will be documented in the grade book.

### **CONTINUING MEDICAL EDUCATION PROJECT: PRIMARY CARE ELECTIVE**

Students will be assigned to a web based CME program to be completed by the end of the primary care elective rotation. Students must successfully complete the program and submit proof of a passing CME exam score in the call back day packet. A 100% will be awarded for the project to students who obtain passing score. If a passing score is not obtained, a different CME program will be assigned until the student receives a acceptable grade. Once the remediation assignment is acceptable, a grade of 73% will be documented in the grade book.

### **HEALTH PROMOTION PROJECT: PRIMARY CARE ELECTIVE**

The main goal of this health promotion project is to enable patients to increase control over and improve their own health. As healthcare providers, it is our responsibility to promote healthy lifestyles, along with identifying high risk patients who can develop complications from their various chronic illnesses or lifestyle risk factors. The objectives of this project are to inform patients about the prevention of specific disease states and evaluate the effectiveness of their efforts.

For this project, choose a patient you provided chronic illness or lifestyle risk factor (example smoking) counseling to. Answer the questions listed on the project completion form. Question number 4 requires that you “reassess” the patient. This can be done via follow up visit or via

telephone conversation. Please be sure if a telephone conversation is scheduled, that you inform the patient you will be contacting them and that you have the correct contact information. Please obtain permission from your preceptor to contact the patient. Question number 5 requires that you read and attach a current article (<5years) that discusses health promotion issues that relates to your patient's illness (es).

If a grade of 73% is not achieved, the student must repeat the assignment until competency is assured. Once the remediation assignment is acceptable, a grade of 73% will be documented in the grade book.

### **PRE AND POST ESSAY: NON PRIMARY CARE ELECTIVE**

Students are required to complete this essay by the end of the non primary care elective rotation. The "pre" portion of this essay should be completed before beginning the clerkship. It should discuss why you chose the particular elective, what you hope to gain from the experience, what type of patients you expect to evaluate and your goals and objectives for the clerkship.

The "post" portion of this essay should be completed toward the end of the clerkship. It should discuss what you enjoyed/disliked about the discipline, whether or not the discipline is what you expected, how it differed from what you expected and whether or not you plan on seeking employment in the discipline. Your post essay should discuss important tips and information you gained from this discipline. You may also include how your goals and objectives were met, and if they weren't met, what **you did** to adjust your learning appropriately. Please feel free to add any additional thoughts you may have regarding your experience.

Please note this is a professional document and should discuss the above issues in such a manner. It is not an evaluation of the site or something that offers to criticize the site. All comments should be referring to the discipline, NOT the particular location in which you studied the discipline. The final essay should be from 1.5 – 2 pages in length, typed, double spaced.

### **PROJECT AND SITE VISIT BREAKDOWN**

Emergency Medicine	Site Visit
Primary Care	Site Visit
Pediatrics	Site Visit
Ob/Gyn	Case Presentation Project
Surgery	Case Presentation Project
Non Primary Care Elective (Elective 2)	Case Presentation Project, Pre and Post Essay
Psychiatry	Patient Education Project
Internal Medicine	Health Literacy Project
Primary Care Elective (Elective 1)	CME Project, Health Promotion Project

## **SUBMITTING CALL BACK DAY MATERIALS**

Before 9:00 am on the first day of each Call Back Day the following materials must be submitted to program staff in a **manila mailing envelope labeled with your name on the outside**:

- Clinical Documentation (H&P or SOAP as designated for specific rotation)
- Preceptor End of Rotation Evaluation (in sealed envelope with preceptor name and stamp across the seal)
- Print out of completed Student Evaluation of Clinical Site from Typhon EASI
- Print out of completed Student Evaluation of Long Term Care Experience from Typhon EASI (if applicable)
- Internal Medicine Health Literacy Project (if applicable)
- Primary Care Elective CME Project (if applicable)
- Primary Care Elective Health Promotion Project (if applicable)
- Non-Primary Care Elective Pre and Post Essay (if applicable)
- Signed PAST Patient and Procedure Log
- Signed PAST Patient and Procedure Log for Long Term Care Experience (if applicable)
- Dyson Assignments

## **LONG TERM CARE EXPERIENCE**

Long term care experiences are an extremely important part of your clinical training. They are designed to increase exposure to the aging population, chronic illness and the long term care setting. Just as with other clerkships, please contact the designated preceptor 1 week prior to starting the clerkship.

Before 9:00 am on the first day of Call Back Day, in addition to the above requirements, the following materials must be submitted to program staff in the **manila mailing envelope** described above:

- Print out of completed Student Evaluation of Long Term Care Experience from Typhon EASI
- Signed PAST Patient and Procedure Log for Long Term Care



# **ACADEMIC POLICY**



## **INSTITUTIONAL POLICIES ON ACADEMIC & BEHAVIORAL INTEGRITY**

### ***PACE UNIVERSITY***

The Pace University policy regarding Academic Integrity is located in the Undergraduate Catalog. It provides:

“Students must accept the responsibility to be honest and to respect ethical standards in meeting their academic assignments and requirements. Integrity in the academic life requires that students demonstrate intellectual and academic achievement independent of all assistance except that authorized by the instructor. The use of an outside source, including electronic sources, in any paper, report or submission for academic credit without the appropriate acknowledgement is plagiarism. It is unethical to present as one’s own work, the ideas, words or representations of another without the proper indication of the source. Therefore, it is the student’s responsibility to give credit for any quotation, idea or data borrowed from an outside source.”

“Students who fail to meet the responsibility for academic integrity subject themselves to sanctions ranging from a reduction in grade or failure in the assignment or course in which the offense occurred to suspension or dismissal from the University. Students penalized for failing to maintain academic integrity who wish to appeal such action may petition the department chair to request a hearing on the matter.”

### ***LENOX HILL HOSPITAL***

The Lenox Hill Hospital Organization Standards Manual contains the Rules of Conduct for employees. Although students in the PA Program are not considered employees of Lenox Hill Hospital, they should utilize this policy as a basis for professionalism while in the classroom or participating in clinical experiences within the hospital. The policy’s ‘General Statement of Purpose’ follows.

“Lenox Hill Hospital believes common sense, good judgment and regard for the rights and interests of both the Hospital and one’s co-workers will insure the well being of the patients entrusted to our care. Accordingly, the Hospital expects employees to adhere to high standards of personal conduct at all times.”

## **PROGRESSION**

Progression and continuance in the Pace University-Lenox Hill Hospital Physician Assistant Program is not based solely upon scholastic achievement. It is also, necessarily, based on the personal qualities described in the Program Technical Standards and Standards of Professional Conduct for the Physician Assistant Student.

The Certificate of Completion from Lenox Hill Hospital is coincidental with the BS degree from Pace University. Neither the certificate nor the degree will be granted unless the requirements of both have been satisfied.

### **ACADEMIC STANDARDS**

1. Students are required to maintain a cumulative QPA of 2.5 or higher to continue and/or graduate from the PA Program.
2. Students must obtain a minimum grade of “C” in all PAS-level courses and must successfully complete all other requirements for each specific course.

### **REQUIREMENTS FOR SUCCESSFUL COMPLETION OF SENIOR YEAR**

A physician assistant student must complete the following requirements to successfully complete the fourth year and graduate the Physician Assistant Program.

1. Follow all rules and regulations published by the Pace University-Lenox Hill Hospital Physician Assistant Program.
2. Fulfill all tenets of policy set forth in the Clinical Handbook regarding Progression;
3. Maintain a professional demeanor as a physician assistant student, as evidenced by attendance and active participation in clerkships, call back days, lectures and clinical experiences.
4. Assume responsibility for learning.
5. Satisfactorily participate in Program Clinical Competency exams (summative evaluations), either written, practical or a combination of both.
6. Participate in the PACKRAT exam at the end of the fourth year.
7. Undergo and submit documentation of a complete physical examination and labs to establish a health database prior to the start of the senior year.
8. Satisfactorily complete all 9 clinical clerkships, including end of clerkship examination, and end of clerkship evaluations with passing grades, and submitting all necessary

clerkship forms.

9. Demonstrate required skills necessary for clinical practice and professional behaviors as determined by Program faculty.

## **GRADUATION REQUIREMENTS**

**The Physician Assistant Program and the University OSA office will review all student records prior to graduation. Any outstanding financial balance must be reconciled with the University prior to graduation. Students must fulfill all Department and University requirements, including compliance with academic integrity and disciplinary policies, before being awarded a diploma and certificate and to be eligible for the physician assistant national certifying examination. Specific requirements include:**

1. Satisfactory completion of all Pace University required courses and courses for the Physician Assistant Program.
2. Satisfactory completion of all courses in the professional curriculum with a grade of 73% or better,
3. Satisfactory completion of all clinical rotations,
4. Satisfactory completion of all assignments,
5. Satisfactory completion of a comprehensive didactic written examination at the end of the junior year,
6. Satisfactory completion of a comprehensive physical exam and clinical skills practicum (CSP) or simulation at the end of the junior year,
7. Satisfactory completion of a comprehensive didactic written examination at the end of the senior year,
8. Satisfactory completion of a comprehensive OSCE (Objective Structured Clinical Evaluation) at the end of the senior year,
9. Completion of the PACKRAT examination in the senior year,
10. Compliance with standards of conduct, guidelines for ethical conduct and professional performance standards as listed in the student and clinical handbook, including the attendance policy.

## **THE ACADEMIC AFFAIRS COMMITTEE**

The mission of the Academic Affairs Committee is to maximize a student's learning opportunities and to ensure that each graduate of the Pace University-Lenox Hill Hospital Physician Assistant Program has the requisite skills and knowledge and, at the same time, to maintain the integrity and standards of the Program and safeguard the welfare of patients.

The Academic Affairs Committee reviews the records and circumstances of students whose status in the Program is of concern or whose eligibility to remain enrolled in the Program is at issue, and makes recommendations to the Program Director concerning responsive actions. The Program Director will accept a recommendation of the Academic Affairs Committee unless the Program Director determines that there is no reasonable basis for the recommendation. The Program Director may, in consultation with the Academic Affairs Committee, modify the

recommendation.

Probation. Students who have been placed on probation must appear before the Academic Affairs Committee. The meeting with the Academic Affairs Committee will provide the student with an opportunity to discuss any issues she or he may have that resulted in probationary status; it also permits the Academic Affairs Committee to assist in identifying appropriate remedial action and to facilitate the student's understanding of the conditions of probation. The conditions of probation are final and may not be appealed. If the student fails to satisfy the conditions of probation, he or she will be dismissed automatically from the Program. (For more information, *see Probation* below.)

Dismissal. Students who have been dismissed from the Program and wish to be reinstated must petition the Academic Affairs Committee for readmission to the Program. The petition must be in writing and addressed to the Chair of the Academic Affairs Committee. In order to be reinstated the student must establish to the satisfaction of the Academic Affairs Committee that his or her unsatisfactory performance is due to (1) extraordinary and non-recurring circumstances and (2) is not representative of the student's academic ability and/or usual professional conduct. The Academic Affairs Committee will make a recommendation to the Program Director either to deny the petition or to grant the petition with certain conditions of probation.

If the petition for reinstatement is granted, the student will be readmitted and placed on probation with such terms and conditions as may be recommended by the Academic Affairs Committee and as accepted or modified by the Program Director. The conditions of probation are final and may not be appealed. (For more information, *see Dismissal* below.)

Advisors (including attorneys), representatives, friends, classmates and family members of the student are not permitted to participate in any aspect of the business of the Academic Affairs Committee.

The members of the Academic Affairs Committee are determined on a case-by-case basis and may be drawn from among the following: the Medical Director of the Pace University-Lenox Hill Hospital Physician Assistant Program, the Associate Program Director, faculty members of the Pace University-Lenox Hill Hospital Physician Assistant Program, and appropriate representatives of the Department of Biology and Health Sciences, Pace University and Lenox Hill Hospital. The Academic Affairs Committee may convene with a minimum of two members neither of whom shall be the Program Director, the Appeal Officer (for more information, *see Appeal Procedure* below), or the faculty or staff member whose evaluation of or complaint about the student resulted in the probationary status, dismissal or other issue before the Committee.

## **PROBATION**

Probation provides a student with an opportunity to remedy deficiencies in academic standing and professional conduct. A student whose academic status and/or professional conduct fail to meet certain standards, automatically will be placed on probation and given a specified period of time within which to satisfy the conditions of his or her probation. If the conditions of probation are satisfied within the time permitted, the student will remain eligible for enrollment in the

Program. If, however, the student fails to satisfy the conditions of probation within the time permitted, the student will be dismissed automatically from the Program.

Although it is not possible to anticipate all of the circumstances, some of the circumstances that may result in a student being placed on probation include, but are not limited to, the following:

- During the didactic and clinical years the student:
  - Violated certain standards of professional conduct. Examples of conduct that will result in probation include, but are not limited to: being late without approval an unacceptable number of times from a clerkship site, Program lecture, class, case study, lab or other Program-related activity; being absent without approval an unacceptable number of times from a Program lecture, class, case study, lab or other Program-related activity; submitting incomplete or late assignments an unacceptable number of times without approval. (*See* the section entitled Standards of Professional Conduct for the Physician Assistant Student in the Pace University-Lenox Hill Hospital Physician Assistant Program Clinical Handbook and Student Handbook for a discussion of the standards of professional conduct applicable to physician assistant students.)
- During the didactic year, the student:
  - Received a grade below “C” in any PAS- level course; or
  - Did not maintain a cumulative grade point average (QPA) of at least 2.5 in each semester; or
- During the clinical year, the student:
  - Received a grade below “C” in any PAS-level course; or
  - Did not maintain a cumulative grade point average (QPA) of at least 2.5 in each semester; or
  - Three times failed an end-of-clerkship examination: whether once in three different clerkships and therefore automatically failed a clerkship, or failed to successfully remediate a failed end-of-clerkship exam and therefore automatically failed a clerkship; or
  - Failed any end-of-clerkship preceptor evaluation and therefore automatically failed the clerkship.

The Program Director will notify a student as soon as practicable that he or she has been placed on probation. The Academic Affairs Committee will meet with the student to discuss the student’s probationary status, the circumstances that may have resulted in his or her probationary status as well as possible conditions of probation. The Academic Affairs Committee will, after

considering the relevant portions of the student's record and the information provided during the meeting, recommend to the Program Director the conditions of probation and the time within which the conditions must be satisfied. The Program Director will accept the recommendation of the Academic Affairs Committee unless there is no reasonable basis for the recommendation. In addition, the Program Director may, in consultation with the Academic Affairs Committee, modify the conditions of probation as may be appropriate under the circumstances. The Program Director will notify the student in writing (usually by e-mail and/or mail) of the conditions of probation and the time within which the conditions must be satisfied. If the student has any questions about the conditions of probation, he or she should contact the Chair of the Academic Affairs Committee or the Program Director.

The conditions of probation (including the time period within which the conditions must be satisfied) are final and may not be appealed.

If the student fails to satisfy the conditions of probation, he or she will be dismissed automatically from the Program.

Students in the professional phase of the Program who have successfully completed two prior periods of probation and would, based on their current academic performance and/or professional conduct, otherwise be placed on probation for a third time, will be dismissed automatically from the Program.

Advisors (including attorneys), representatives, friends, classmates and family members of the student are not permitted to participate in this process.

### **DISMISSAL**

A student may be dismissed automatically from the Program even if she or he has never been placed on probation. Circumstances that may result in a student being dismissed from the Program include, but are not limited to, circumstances in which the student:

- Qualified for probation more than twice in the didactic and/or clinical phase of the Program; or
- Failed to satisfy the conditions of probation within the time permitted; or
- Received a grade below "C" in three or more PAS-level courses in one semester; or
- Committed a serious violation of the standards of professional conduct. Examples of conduct that will result in dismissal include, but are not limited to: violated the academic integrity standards of the Program; forged another person's signature on any document related to the Program; misrepresented one's physician assistant student status as, for example, a physician assistant, a nurse practitioner, a physician, or a medical resident. (See the section entitled Standards of Professional Conduct for the Physician Assistant Student in the Pace University-Lenox Hill Hospital Physician Assistant Program Clinical

Handbook and Student Handbook for a discussion of the standards of professional conduct applicable to physician assistant students.)

The Program Director will, as soon as practicable, notify a student in writing, usually by email and/or such other form of mail or delivery the Director determines is appropriate under the circumstances, that he or she has been dismissed from the Program.

Students who have been dismissed and wish to be reinstated must petition the Academic Affairs Committee for readmission to the Program. The petition must be in writing and may be mailed, delivered or sent by e-mail to: Jennifer Hofmann, RPA-C, M.S., Chair of the Academic Affairs Committee, Pace University-Lenox Hill Hospital Physician Assistant Program, 1 Pace Plaza, Room Y31, New York, NY 10038, or to [jhofmann@pace.edu](mailto:jhofmann@pace.edu). The written petition must be received by the Chair within seven (7) business days of the date of the Program Director's written notice of dismissal.

A student may, at the sole discretion of the Program Director, be permitted to attend class pending a decision on the petition for reinstatement. Such approval must be in writing. If the petition for reinstatement is not granted, the student will no longer be permitted to attend class and dismissal will be effective as of the date set forth in the original letter from the Program Director informing the student he or she has been dismissed from the Program.

In order to be reinstated the student must establish to the satisfaction of the Academic Affairs Committee that his or her unsatisfactory performance is due to (1) extraordinary and non-recurring circumstance and (2) is not representative of the student's academic ability and/or usual professional conduct. Based on the written petition alone, the Committee may recommend to the Program Director that the petition be granted with certain conditions of probation. Students not granted probationary reinstatement based on the written petition alone, will be permitted a personal appearance before the Academic Affairs Committee. At the meeting with the Academic Affairs Committee, the student may present additional evidence. The Committee may request additional information from the student or such other sources as it may deem appropriate. After the conclusion of the student's personal appearance, the Committee will deliberate and make a recommendation to the Director either to deny the petition or grant the petition with certain conditions of probation. The Program Director will accept the recommendations of the Academic Affairs Committee unless there is no reasonable basis for the recommendation. In addition, the Program Director may, in consultation with the Academic Affairs Committee, modify the conditions of probation as may be appropriate under the circumstances.

If the petition is granted, the student will be readmitted on probation with certain conditions. The Program Director will inform the student in writing (usually by e-mail and/or mail) of the conditions of probation (including the time permitted within which the conditions of probation must be satisfied). The Academic Affairs Committee will meet with the student to review and discuss the conditions of probation. The conditions of probation (including the time period within which the conditions must be satisfied) are final and may not be appealed.

A student who is reinstated and who fails to satisfy the conditions of probation will be dismissed

automatically from the Program without any further review or appeal.

If the petition for reinstatement is denied, the Program Director will notify the student in writing of the decision to deny the petition. The decision to deny the petition may be appealed to the Chair of the Department of Biology and Health Sciences in accordance with the Appeal Procedure described below.

A student who is dismissed a second time from the Program and whose petition for reinstatement is denied, may not appeal the decision of the Program Director denying reinstatement. Under these circumstances, the decision of the Program Director is final and not subject to further review.

Advisors (including attorneys), representatives, friends, classmates and family members of the student are not permitted to participate in this process.

### **APPEAL PROCEDURE**

A decision to dismiss a student from the Program for reasons of academic standing or professional conduct may be appealed to the Chair of the Department of the Biology and Health Sciences who will serve as the Appeal Officer. The appeal must be in writing and sent to the Appeal Officer by e-mail, mail or personal delivery. The written appeal must be received by the Appeal Officer within seven (7) business days of the date of the Program Director's written notice of dismissal. Normally, appeals that are not timely received will not be considered and will be denied.

A student may, at the sole discretion of the Program Director, be permitted to attend class pending a decision on the appeal. Such approval must be in writing. If the appeal is not granted, the student will no longer be permitted to attend class and dismissal will be effective as of the date set forth in the original letter from the Program Director informing the student he or she has been dismissed from the Program.

The appeal must include the following:

- The name, telephone number, address and e-mail address of the student appealing the decision of dismissal; and
- The reason the student was dismissed, e.g., academic standing, violation of the Standards of Professional Conduct for the Physician Assistant Student; and
- The grounds for appealing the decision of dismissal; and
- An explanation of the reasons the decision to dismiss should not be affirmed; and
- Identification of any extenuating circumstances that may have caused or contributed to the student's conduct that resulted in his or her dismissal from the Program; and

- Actions the student will undertake immediately and long term to improve his or her academic performance and/or professional conduct; and
- A copy of the letter informing the student that he or she was automatically dismissed from the Program and a copy of the decision of the Program Director denying reinstatement.

At the sole discretion of the Appeal Officer, he or she may meet with the student in order to obtain clarification or additional information, and/or confer with the members of the Academic Affairs Committee who recommended the dismissal of the student, and/or the Program Director. In addition, the Appeal Officer, as he or she may determine is appropriate under the circumstances, may request information from the student's record and other sources.

The Appeal Officer will deny the appeal unless he or she determines that there is no rational basis for the Program Director's decision to dismiss the student. The Appeal Officer shall, to extent practicable, decide the appeal within seven (7) business days of his or her receipt of the appeal. The Appeal Officer shall, as soon as practicable, notify the student in writing (usually by e-mail and/or mail) of the decision on the appeal. The decision of the Appeal Officer is final and not subject to further review or appeal.

If the appeal is granted, the student will be readmitted on probation with certain conditions as may be recommended by the Appeal Officer and/or the Academic Affairs Committee and as accepted or modified by the Program Director. The Program Director will notify the student in writing (usually by e-mail and/or mail) of the conditions of probation (including the time period within which the conditions of probation must be satisfied). The Academic Affairs Committee will meet with the student to discuss the conditions of probation and to facilitate the student's understanding of them. The conditions of probation are final and may not be appealed.

A student who is reinstated and who fails to satisfy the conditions of probation will be dismissed automatically from the Program without any further review or appeal.

A student who is dismissed a second time from the Program and whose petition for reinstatement is denied, may not appeal the decision of the Program Director denying reinstatement. Under these circumstances, the decision of the Program Director is final and not subject to further review.

Advisors (including attorneys), representatives, friends, classmates and family members of the student are not permitted to participate in the appeal process.

## **COURSE GRADE APPEAL PROCESS**

Printed below is the Grade Appeal Policy for Pace University as published in the Pace University Undergraduate Catalogue. For Physician Assistant Program students, the chain of events to be followed varies slightly from the University-wide policy. The student should try to resolve the appeal process within the Program by starting with the Course Coordinator/Instructor, moving to the Program Director, and finally to the Chair of the Department of Biology and Health Sciences.

“As a general principle, the instructor has sole authority to establish standards of performance and to exercise judgments on the quality of student performance, but in a manner that reflects reasonable and generally acceptable academic requirements. Grades assigned in this fashion are final except as the instructor may wish to review them. No faculty member, administrator or other individual may substitute his or her judgment of the student’s performance for the reasonable judgment of the instructor.”

“Students who believe that a final grade received in a course was not determined in a manner consistent with the principle described above may challenge that grade by first arranging, within a reasonable period of time (approximately 10 school days from the time that the student knew or should have known of the final course grade), to meet informally with the instructor to establish a clear understanding of the method by which the grade was determined. Every effort should be made to resolve the matter at the level of the instructor and the student. Students who have difficulty arranging a meeting with the instructor should consult the department chair.”

“If after meeting with the instructor, the student wishes to continue the grade challenge, the student may appeal in writing (with copies to the instructor and the dean of the school) within a reasonable period of time to the chair of the department that offers the course in question. The statement should clearly state the basis for questioning the grade received in the course. It should be noted that if the chair is the instructor, the appeal is to the dean of the school.”

“The chair’s decision to have a grade reviewed or not is final. If the chair decides that the method by which the student’s grade was determined was not proper, the chair will apprise the instructor of the basis for questioning the grade and request that the instructor review the grade. If the chair will request that at least one other faculty member qualified to teach the course in question review the grade. In the process of such a review, the faculty member(s) is (are) authorized to assign a grade change and may, if necessary, require additional examination of the student’s performance as a basis for the grade change.”

“Students may, at any point in this appeal process, solicit the advice and assistance of an individual faculty or staff member. This individual’s authority in these matters is limited to mediating the relationship between the student and the instructor and/or chair.”

## EVALUATION

### EVALUATION OF STUDENTS IN THE DIDACTIC AND CLINICAL YEAR

Students are evaluated by various methods to ensure that they meet the requirements contained in the “*Accreditation Standards for the Physician Assistant Education*” and the Terminal Training Objectives. The following instruments and processes are used in this effort:

- Didactic Tests
- Head-to-Toe Physical Exams
- Physical Exam Simulations (CSP’s/OSCE’s)
- Graded Case Studies
- Observation by faculty in class, small groups, clinical experiences, and clinical clerkships
- Performance of Clinical Procedures
- Clinical Experiences
- Faculty Advisory Reviews
- Evaluation of H & PE write-ups
- Patient Presentations
- PACKRAT Examination

### PA PROGRAM GRADING AND QUALITY POINT SYSTEM

A	= 94 - 100 %
A-	= 90 - < 94 %
B+	= 86 - < 90 %
B	= 83 - < 86 %
B-	= 80 - < 83 %
C+	= 76 - < 80 %
C	= 73 - < 76 %
C-	= 70 - < 73 %
D+	= 67 - < 70 %
D	= 60 - < 67 %
F	= < 60 %

*Any PAS course grade below a ‘C’ is not considered a passing grade by Program standards.*

### INCOMPLETE GRADES

The inability to complete required course work, or to take an examination may, at the discretion of the course instructor, result in a grade of ‘I’ (Incomplete). A maximum of six weeks will be provided for a student to complete the required course work or examination. If the course work requirements are not met within the six-week period, the grade of ‘I’ will automatically become an ‘F’ (Failure). If, in the judgment of the instructor, the work is so extensive that it cannot be completed in the allotted time, the grade of ‘F’ may be assigned immediately. Students must understand that an incomplete grade that is converted to an ‘F’ may result in a QPA that places the student in academic jeopardy and/or results in loss of financial aid or housing.

NOTE: Students must be aware that they may not continue in a subsequent course(s) if the prerequisite(s) for that course(s) has/have not been completed.

## PHYSICIAN ASSISTANT PROGRAM EVALUATION

The Physician Assistant Program is a dynamic entity. The Program faculty is constantly engaged in activities that provide evaluation data on the Program's performance. Student input is a vital part of this process. Every effort is made to assure that students play a continuing role in the development of the Pace University-Lenox Hill Hospital Physician Assistant Program.

Methods of Program evaluation that employ student input:

- Didactic Course Evaluation.
- Instructor Evaluations.
- Director's Hour.
- BrainStorms.
- Admission Process Evaluation.
- Student Self-Assessment.
- Self-Study Committees.
- Admission Committee.
- Curriculum Committee.
- Academic Affairs Committee.
- Student Class Representatives.

**BrainStorms** allow *individual* students to address any comments or concerns to the faculty or director. The suggestion forms are collected weekly and addressed at faculty meetings. The faculty/Program response is returned to the class during Director's Hour (see below).

**Student Class Representatives** allow concerns of the *class* to be brought to the attention of the Program Director. The Director may choose to have an open door policy or scheduled meetings with the class representatives. The class representative will also serve as a liaison from the Program to the class.

**Director's Hours** provide a *scheduled* forum for the Director to present any Program news to the class and for the class, as a whole, to address the Director.

Additional methods of Program evaluation include;

- Quarterly Report to the Executive Committee.
- Assessment of student performance on NCCPA exam.
- Assessment of student performance on PACKRAT exam.
- Assessment of data collected in graduate surveys.

*All Pace University-Lenox Hill Hospital Physician Assistant Program students are obligated to participate in ALL ongoing Program evaluation efforts.*

# **PERSONAL POLICIES**



## **E-MAIL**

E-mail is the preferred mode of communication between the Program Faculty/Staff and students. **ALL STUDENTS MUST** notify the Program of their current e-mail address, whether it is a personal account or a Pace University account. Students must check e-mail accounts daily for posts from Program Faculty or Staff. Additionally, students should empty mailboxes to allow for regular email from Program staff and faculty. “Not checking an account” is not an allowable excuse for missing a Program event or notification.

## **PROFESSIONAL MENTORS**

The Pace University-Lenox Hill Hospital Program recognizes the importance of professional role modeling. To this end, the Program recommends and fosters relationships between its students and many of the physician assistants who work at Lenox Hill Hospital outside of the Program. This relationship may take various forms from a one-time professional advisement session to shadowing or participation in an elective clerkship. The Program conducts scheduled social events during which students may meet and network with a larger group of physician assistants. The program encourages students to join the Student Academy of American Academy of Physician Assistants at <http://saaapa.aapa.org/index.htm> and New York State Society of Physician Assistants, NYSSPA, which has an online section <http://www.nysspa.org/students/index.html> dedicated to students. Students and faculty also attend professional NYSSPA and AAPA conferences; these conferences provide students additional opportunities to meet and network with physician assistants and other healthcare practitioners.

## **LIABILITY INSURANCE**

The Physician Assistant Program has assumed the cost of providing you with blanket malpractice liability insurance coverage through *Hagedorn & Company (Certificate of Insurance-Copy available in Physician Assistant Program Office)*.

## **TRANSPORTATION**

Throughout the professional phase of the Physician Assistant Program students are required to attend various clinical conferences and participate in clinical experiences in community medical settings. Students are required to provide their own transportation to hospital and clinical sites during the professional phase. Transportation to various hospitals, clinical experiences and other events will be the student’s responsibility. Senior year students are responsible for transportation to all clinical clerkship sites and to the Program on call back days.

## **STUDENTS WITH DISABILITIES**

The same rigorous standards for admission apply to students with and without a disability. In order to support the continued success of students with disabilities, the University prohibits discrimination on the basis of disability and is committed to ensuring equal access for students with disabilities to its facilities, programs, and activities. The University's commitment to equal educational opportunities for students with disabilities includes providing reasonable accommodations for the needs of students with disabilities.

### ***Disabilities and Accommodations***

Federal law, including the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as well as state and local laws prohibit institutions of higher education from discriminating against students with disabilities. The Americans with Disabilities Act defines an individual with a disability as a person who has a physical or mental impairment which substantially limits one or more major life activities of the individual; has a record of such an impairment; or, is regarded as having an impairment.

Students with, among others, visual, hearing and mobility impairments, psychological disorders (including, but not limited to, specific learning disabilities, organic brain syndrome, attention deficient disorder, emotional or mental illness), and chronic health disorders such as diabetes, heart disease, and HIV infection (whether asymptomatic or symptomatic) may be disabled and therefore eligible for a reasonable accommodation. Each student diagnosed with a particular disability will have a different level of functioning even within the same disability category. Further, compensation skills will also vary from one student to another and in the same student over time. Therefore, accommodations are determined on a case-by-case basis according to a student's documented needs, guidelines suggested by federal and state law, and criteria developed by the University.

Identifying and implementing a reasonable accommodation for a student with a disability is an interactive process that includes shared responsibility between the University and the student. Accommodations include adjustments to make the campus, residential housing, transportation and parking accessible, academic adjustments or modifications, and auxiliary aids and services. Examples of academic adjustments that may be made available to eligible students include priority registration, substitution of one course for another, a leave of absence, and extended time to complete an assignment or test. Auxiliary aids and services that may be provided to eligible students include, for example, note takers, recording devices, sign language interpreters, and computers equipped with voice recognition or other adaptive software.

The University is required to provide a reasonable accommodation; it is not required to provide the specific accommodation requested by the student. In providing accommodations, the University is not required to lower or effect substantial modifications to essential requirements or to make modifications that would fundamentally alter the nature of the service, program or activity. Thus, for example, although the University may be required to provide extended time within which to complete a test, it is not required to change the substantive content of the test. Personal attendants, individually prescribed devices, readers for personal use or study, wheelchairs, hearing aids, and other devices or services of a personal nature are the responsibility

of the student, not the University. Finally, the University is not required to make modifications or provide auxiliary aids or services that would result in an undue burden on the University.

Funding for auxiliary aids and services may be available from certain state agencies such as, for example, the New York State Office of Vocational and Educational Services for Individuals with Disability. For those auxiliary aids and services that are likely to be funded by a state agency, the University may require the student to apply to the agency for funding. The University may provide assistance with the application for funding.

### ***Request for an Accommodation***

To request an accommodation for a qualifying disability, a student must self-identify and register with the Coordinator of Disability Services for his or her campus. The Coordinator of Disability Services for the New York City campus, Dr. Richard H. Raskin, may be contacted at the Counseling Center at 156 William Street, 12<sup>th</sup> floor, New York, New York 10038, 212-346-1526 or by e-mail, [rraskin@pace.edu](mailto:rraskin@pace.edu). The Coordinator for the Westchester and Hudson Valley campuses, Ms. Elisse M. Geberth, may be contacted at the Counseling Center in the Administration Center at 861 Bedford Road, Pleasantville, New York 10570, 914-773-3710 or by e-mail, [egeberth@pace.edu](mailto:egeberth@pace.edu). Notifying other University offices, faculty or staff does not constitute giving notice to the University of a request for an accommodation. No one, including faculty, is authorized to evaluate the need and arrange for an accommodation except the Coordinator of Disability Services. Moreover, no one, including faculty, is authorized to contact the Coordinator of Disability Services on behalf of a student.

It is the student's responsibility to request an accommodation. Because some accommodations may take considerable time to arrange, students are urged to contact the Coordinator of Disability Services in order to request an accommodation as soon as possible after receiving notice of admission to the University. Untimely requests may result in delay, substitution, or an inability to provide an accommodation. If a request for an accommodation is submitted late, the Coordinator of Disability Services will, nevertheless, make every reasonable effort to process the request for an accommodation.

Before an accommodation will be provided, the student may be required to submit medical and/or other diagnostic information concerning the student's disability and limitations. If the information provided is unclear or incomplete, the student may be required to provide additional information or participate in further evaluations. In addition, the University may, at its expense, arrange for its own evaluation of the disability and needs of a student.

The Coordinator of Disability Services will, in conjunction with others as may be appropriate, evaluate the information provided by the student and health care providers; refer the student for additional testing and evaluation as may be necessary; make recommendations for the accommodations to be provided to the student; and, assist in arranging for the implementation of the accommodation to be provided.

If a student experiences difficulties with the implementation of the accommodation or, if after it has been implemented, a student has concerns that the expected results of the accommodation are not being met, the student must promptly notify the Coordinator of Disability Services. The Coordinator of Disability Services will, as may be appropriate,

endeavor to remedy the situation.

If a student disagrees with the accommodation recommended by the Coordinator of Disability Services, he or she should promptly appeal the recommendation to Mr. Geoffrey Harter, the University's Judicial/Compliance Officer, who may be contacted at 914-773-3717.

Depending on the nature of the disability and the accommodation provided, a student may be required periodically to submit medical and/or diagnostic information demonstrating the current status of the disability and/or to renew the request for an accommodation.

Any questions about the services offered by the University to students with disabilities or the procedures for requesting an accommodation should be directed to the Coordinator of Disability Services at 212-346-1526 or 914-773-3710

### ***Confidentiality***

The information and documents provided to the University in support of a student's request for an accommodation shall be maintained as confidential. Individually identifiable information will not be disclosed except as may be required or permitted by law or pursuant to a release signed by the student.

### ***Complaints of Disability Discrimination***

If a student has concerns that he or she has been discriminated against because of a disability, he or she should contact the University's Affirmative Action Officer at 212-346-1310 or 914-773-3856.

### ***Additional Services Offered by the Counseling Center***

The University's Counseling Center offers psychological services to all students. To make an appointment, call the Counseling Center at 212-346-1526 or 914-773-3710.

## **ILL/IMPAIRED STUDENT**

The stresses of a demanding program such as the Physician Assistant Program may cause the student to suffer from symptoms of various psychosocial difficulties. The following mechanisms have been established to deal with the affected student.

### **Identification and Prevention**

- Student input (Brainstorms, Student Representative, and Director's Hours)
- Required faculty advising sessions
- Discussion and observation by clinical preceptors
- Discussion and observation by Program faculty
- Discussion of 'Student Concerns' in weekly Program meetings

## Treatment

- University Health Care Unit
- Counseling and Personal Development Center (Pace University)
- Community Resources
  - Mental Health Line – 212-222-7666 –
    - ✓ 9:00 AM – 11:00 PM
    - ✓ Manned by mental health professionals
  - Crime Victims – 212-577-7777
    - ✓ 24 Hour
  - SUICIDE PREVENTION HOTLINE – 212- 673-3000
    - ✓ 24 Hour

Students who are directed to seek psychiatric or psychological services or other counseling by the Academic Affairs Committee, Program Director, or Dean may be required to present documentation of attendance at said sessions and/or submit a letter of certification of fitness to return to duty as a Physician Assistant student.

Students are responsible to provide payment for services rendered by any agencies.

## **SEXUAL HARASSMENT POLICY**

Both Pace University and Lenox Hill Hospital have policies regarding sexual harassment.

*(from the Pace University Undergraduate Student Handbook)* “Pace University reaffirms the principle that its students, faculty and staff shall be free from sex discrimination. Sexual offenses ...in the form of sexual harassment will not be tolerated...Sexual harassment in any situation is reprehensible; it is particularly damaging when it exploits the educational or professional dependence and trust between individuals with different levels of authority.”

*(from Lenox Hill Hospital Policy # HR-705)* “In accordance with EEO guidelines, the Hospital will not tolerate or condone conduct that creates an intimidating, hostile, or offensive work environment due to sexual harassment.”

Both institutions have established grievance policies. Any student who believes he/she has been or is being sexually harassed should report this incident to the Program faculty immediately. The faculty can then direct the student through the appropriate channels. Any complaints will remain confidential. No student will be placed in a clinical experience that jeopardizes his or her educational and personal welfare.

## **WORK POLICY**

Program faculty does not advise outside employment while participating in the Junior and Senior Year of the Physician Assistant Program. Faculty recognizes that employment may be an issue that some students will face. Given this recognition, realize that Program obligations will not be altered due to a student's work obligations. It is further expected that work obligations will not interfere with the student's learning progress or responsibilities while in the Program. Working often interferes with learning opportunities during rotation activities. The schedule of clinical experiences and clerkship hours to be observed are set by the Program or preceptor and are not negotiable. Work schedules cannot be allowed to interfere. The Program also discourages the student from working clinically at the same site where they are completing clinical experiences or clerkships.

Students who are involved in, or commence, volunteer or paid work during the course of their Physician Assistant training, cannot use their affiliation with the Physician Assistant Program in any aspect of that job. Work outside the Physician Assistant Program undertaken by the student, independent of the Program, is not covered by the liability offered for clinical work associated with the educational experience and students may not represent themselves as Pace University-Lenox Hill Hospital Physician Assistant students.

## **LEAVE OF ABSENCE, WITHDRAWALS, AND RESUMPTION OF STUDIES**

Generally, a student must complete the didactic and clinical portions of the Physician Assistant Program in three years, including any leaves of absence.

Occasionally, for a variety of reasons, a student may find it necessary to take a leave of absence from the PA Program or to withdraw before the end of a semester in which the student is enrolled. To request a leave of absence as a reasonable accommodation for an eligible disability, students should contact the Coordinator of Disability Services. The procedure to be followed for other types of leaves of absence may be found in the *Pace University Undergraduate Catalog* under *Leave of Absence and Resumption of Study*. Student contemplating a leave of absence or withdrawal, should also consult the *Withdrawal Policy* and the *Tuition Cancellation Policy*, both of which are in the *Pace University Undergraduate Catalog*.

## **DEMONSTRATION OF CURRENT COMPETENCY**

Students whose usual course of study is interrupted during the clinical year for greater than 4 clerkships, either because of a leave of absence or the need to repeat a course, are required to demonstrate their current competency in certain PAS-level courses prior to resuming their studies or progressing in the professional phase. To demonstrate current competency, a student may be required to take a written, oral or practical examination, or to perform clinical activities. A grade of 73% or higher is required in order to demonstrate current competency. Remediation of competency examinations is not permitted. If a student fails a competency examination, he or she will be required to repeat the course, even if the student successfully passed the course prior to the interruption of his or her studies.

The courses in which current competency must be demonstrated prior to the resumption of studies or progression in the professional phase of the PA Program can include but are not limited to: Clinical Medicine (PAS 301, 302 and 303), Basic Sciences and Clinical Laboratory Medicine (PAS 304, 305), Clinical Applications (PAS 306-307), and Pharmacology (BIO 347-348).

### **TUITION CANCELLATION POLICY**

The Pace University-Lenox Hill Hospital Physician Assistant Program adheres to the Tuition Cancellation Policy stated in the University Undergraduate Catalog.

### **READMISSION**

Students who are dismissed for poor academic performance may not register for any PAS-level courses for at least one full academic year. After this time, students may apply for readmission to the PA Program. Please contact the Program Director for the appropriate readmission procedure. Students may be readmitted only once to the PA Program after academic dismissal.

## EXPENSES

Current tuition and fees are available from the Office of Undergraduate Admissions. Other costs to be considered by the applicant are books, rent and utilities, food, transportation, and personal medical insurance costs. All professional students will be required to purchase medical diagnostic equipment, lab jackets and PDA's for the clinical year. Professional students need also consider costs for Infection Control Certification, BLS/ACLS Certification, patient tracking software, PACKRAT and PANCE examinations. Any student who must repeat a clerkship for any reason will be responsible for fees equaling 4 credit hours.

Approximate Cost of Attending Pace University – Lenox Hill Hospital  
Physician Assistant Program 2007- 2008  
*(All costs subject to change at any time)*

<b>Didactic Year</b>	
Tuition, per semester (12 – 18 credits)	\$14,727.00
Fees	\$316.00
Books	\$1,200.00
Lab coat	\$30.00
Infection Control Certification	\$40.00
BLS/ACLS Certification	\$250.00
Medical Diagnostic Instruments	\$650.00
<b>Clinical Year</b>	
Tuition, per semester	\$14,727.00
Fees	\$316.00
Books	\$300.00
PDA with Palm OS	\$150.00
Patient tracking software	\$90.00
PACKRAT	\$50.00
NCCPA/PANCE Exam	\$450.00
<i>Transportation to clerkship</i>	<i>(varies on location)</i>

***The Program is not responsible for any changes in the tuition or financial aid of students who must repeat a course/semester for academic or behavioral reasons. Nor is it responsible for changes made while a student is on leave of absence.***

## STUDENT SERVICES

The following are just some of the many useful services available at the Pace University and students should consult the Pace University website at [www.pace.edu](http://www.pace.edu) and the catalog for further information on these and others services that are of interest to them:

- Student Life Office
- Student IT Resources (Information Literacy Services at the Birnbaum Library)
- Center for Academic Excellence
  - Tutoring in all areas
  - Test taking skills
  - Electronic Learning Lab.
- Counseling and Personal Development Center
- Library On-Line Services
- Center for Applied Ethics, The Hastings Institute
- The Multimedia Foreign Language Lab.
- Volunteers in Action at Pace University (VIA Pace).
- The Children's Institute.
- Career Services.



# FORMS



**Pace University – Lenox Hill Hospital**

**Physician Assistant Program**

**ADVISEMENT FORM**

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

Junior    Senior

Fall    Spring    Summer

**Student Self-Assessment:** (To be completed by student)

Please circle the appropriate letter A-E in accordance to your answer A= Strongly agree; B= Agree; C= Neutral; D= Disagree; E= Strongly Disagree; N/A = not applicable						
1. My history/PE skills are appropriate to my level of training.	A	B	C	D	E	N/A
2. My clinical knowledge is appropriate to my level of training.	A	B	C	D	E	N/A
3. My time management and study skills are adequate	A	B	C	D	E	
4. I am managing my class load well	A	B	C	D	E	
5. My professional performance is appropriate.	A	B	C	D	E	
6. I understand Program expectations.	A	B	C	D	E	
7. I feel I am able to keep up with Program expectations.	A	B	C	D	E	
8. I am comfortable with my overall level of ability.	A	B	C	D	E	
9. I am able to manage my stress well.	A	B	C	D	E	
My concerns are: _____ _____						

**Faculty Assessment:** (To be completed by faculty advisor)

<b>Student Current QPA (&gt;2.5)</b>	<b>Yes</b>	<b>No</b>		
<b>Student Completed Health Care Experience (Documented by August of Junior year)</b>	<b>Yes</b>	<b>No</b>		<b>N/A</b>
<b>Student Completed Health Clearance Forms (Juniors by September, Seniors by August)</b>	<b>Yes</b>	<b>No</b>		
<b>Student Completed PAS 300 Courses (No grade less than C)</b>	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	<b>N/A</b>
<b>Student Completed PAS 400 Courses (No grade less than C)</b>	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	<b>N/A</b>
<b>Transfer Students: Student has submitted appropriate documentation of transfer credits and satisfaction of pre-requisites</b>	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	<b>N/A</b>

**Professional Performance Evaluation:**

Please rate the student's professional behavior over the past semester:

Treats others with respect, dignity and compassion	Outstanding	Satisfactory	Unsatisfactory
Maintains professional appearance and hygiene	Outstanding	Satisfactory	Unsatisfactory
Academic integrity: Identifies and reports unprofessional behavior	Outstanding	Satisfactory	Unsatisfactory
Is punctual and attentive in classroom activities	Outstanding	Satisfactory	Unsatisfactory
Uses appropriate verbal & nonverbal communication	Outstanding	Satisfactory	Unsatisfactory
Submits assignments on time and in professional format	Outstanding	Satisfactory	Unsatisfactory
Able to accept, apply and offer constructive criticism	Outstanding	Satisfactory	Unsatisfactory
Maintains patient confidentiality	Outstanding	Satisfactory	Unsatisfactory
Understands and respects cultural norms	Outstanding	Satisfactory	Unsatisfactory
Adheres to institutional policies and procedures and respects negotiated decisions	Outstanding	Satisfactory	Unsatisfactory
Takes personal responsibility for own learning and personal choices	Outstanding	Satisfactory	Unsatisfactory

**Advisement Discussions:** (academic, behavioral, or personal problems discussed)

---



---



---



---



---



---

**Plans and Recommendations:**

---



---



---



---



---

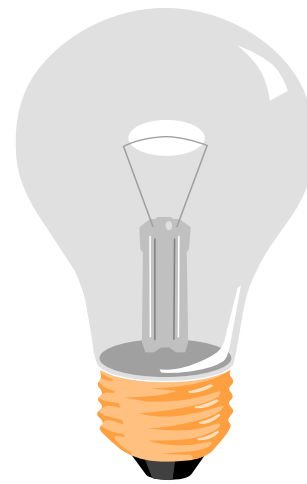


---

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

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pace University-Lenox Hill Hospital  
Physician Assistant Program  
BRAINSTORMS Form**



**Name:** \_\_\_\_\_  
(optional)

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

**Comment/Criticism/Suggestion:**

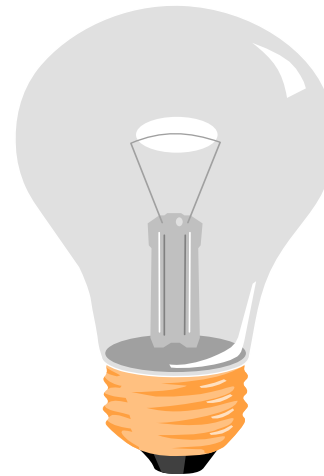
---

---

---

---

**Pace University-Lenox Hill Hospital  
Physician Assistant Program  
BrainStorms Form**



**Name:** \_\_\_\_\_  
(optional)

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

**Comment/Criticism/Suggestion:**

---

---

---



**PACE UNIVERSITY-LENOX HILL HOSPITAL  
PHYSICIAN ASSISTANT PROGRAM**

**SENIOR YEAR HEALTH CLEARANCE  
CONSENT FOR RELEASE OF CONFIDENTIAL HEALTH INFORMATION**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID

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

I, \_\_\_\_\_, understand that the clerkship site(s) to which I am assigned may require information regarding my health status. I hereby authorize Lenox Hill Hospital or Pace University-Lenox Hill Hospital Physician Assistant Program faculty and staff to release all or part of my medical record to the clinical sites with whom I am participating in my Senior Year Clinical Clerkships. I hereby authorize the Pace University-Lenox Hill Hospital Physician Assistant Program faculty and staff to maintain and release immunization and tuberculosis screening results. I understand that all other medical records will remain confidential and will not be accessible to or reviewed by program faculty or staff and will remain on file at the Lenox Hill Hospital Employee Health Department.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Do not write below this line for OHS use only**

**Medical Clearance**

After a review of all health information I certify that this student is found to be in good physical and mental health and appears able to perform senior year physician assistant student responsibilities with \_\_\_\_\_ or without \_\_\_\_\_ accommodations.

Practitioner's name (print): \_\_\_\_\_

Practitioner's signature: \_\_\_\_\_

**PACE UNIVERSITY-LENOX HILL HOSPITAL  
PHYSICIAN ASSISTANT PROGRAM  
STUDENT HEALTH CLEARANCE FORM**

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

\_\_\_\_\_  
Student ID

*This section is to be completed by a health care provider*

**Tuberculosis skin test** date of test \_\_\_\_\_ results \_\_\_\_\_ **if positive** results of Chest X-ray \_\_\_\_\_  
date of chest x-ray \_\_\_\_\_ INH therapy \_\_\_yes \_\_\_no (*attach all copies of TB test results and chest X-rays*)

**Immunization and Titers**

\_\_\_\_\_ **Rubella** – vaccine dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ **or** Titer results \_\_\_\_\_ (*attach copy of blood test indicating immunity*)

\_\_\_\_\_ **Measles (Rubeola)** – vaccine dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ **or** Titer results \_\_\_\_\_  
(*attach copy of blood test indicating immunity*)

\_\_\_\_\_ **Mumps** – vaccine dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ **or** Titer results \_\_\_\_\_ (*attach copy of blood test indicating immunity*)

\_\_\_\_\_ **Varicella** – 2 Vaccine dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ **or** titer results \_\_\_\_\_  
(*attach copy of blood test indicating immunity*)

\_\_\_\_\_ **Hepatitis B** – 3 vaccine dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ **and**  
titer results \_\_\_\_\_ (*attach copy of blood test indicating immunity and copy of signed waiver if non-reactive and no vaccine history available*)

\_\_\_\_\_ **Tetanus Vaccine**- date of vaccine \_\_\_\_\_ (*attach copy of vaccine record*)

**Physical Exam**

A thorough exam was completed on the above named individual. I find him/her to be in good health. He/She is free of any health impairments which may pose potential risk to patients or personnel, or which may interfere with the performance of clinical responsibilities. Habituation to alcohol or other drugs which may alter the individual's behavior has been considered in this evaluation.

\_\_\_\_\_  
Signature of examining Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address

**This form should not be signed unless the individual is able to fully participate in the clinical education of Pace University-Lenox Hill Hospital physician assistant students.**

**PACE UNIVERSITY-LENOX HILL HOSPITAL  
PHYSICIAN ASSISTANT PROGRAM**

**HEPATITIS VACCINE REFUSAL FORM**

*To be signed by any students who have declined to be vaccinated against Hepatitis B  
OR who are in the process of becoming immunized but do not have a demonstrable immunity by HbsAb antibody titer at  
this time.*

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

\_\_\_\_\_  
Student ID

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future I continue to have occupation exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series from my private health care provider at any time.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Student Name (PRINT)*



# **CLINICAL FORMS**





## CASE PRESENTATION GRADING SHEET

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

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

Rotation: Ob/Gyn    Surgery    Non-Primary Care Elective

Rot# \_\_\_\_\_

### Patient History and Physical Examination

- Complete and focused, succinct
- Thorough, logical appropriate assessment
- Addresses both acute and chronic disease
- Appropriate Management Plan

\_\_\_\_\_ ( 30 )

**Differential Diagnosis:** You must include all of the following for each differential diagnosis that you considered for the acute problem of the patient you are presenting:

- Gives brief overview of the etiology, signs and symptoms, epidemiology, risk factors, treatment options, and complications of each differential diagnosis.
- Gives reasoning for and against each differential diagnosis which includes historical, physical exam findings, results of lab and diagnostic studies.

### Differential Diagnosis #1

\_\_\_\_\_ ( 10 )

### Differential Diagnosis #2

\_\_\_\_\_ ( 10 )

### Patient Education

- Addresses acute and chronic conditions
- Includes disease prevention based on risk assessment
- Addresses medications given and possible side effects
- Explains tests and procedures patient may be going for and why
- Gives instruction on symptoms to notify staff of
- Psychosocial issues

\_\_\_\_\_ ( 20 )

### Podium Skills:

- Interactive, cohesive delivery, glances but DOESN'T READ from paper
- Rate, tone and pitch of speech
- Good movement, use of available space.

\_\_\_\_\_ ( 10 )

### Group Facilitator Skills:

- Actively involves students within the group
- Includes all students in discussion within the group
- Creates a non-threatening atmosphere for group discussion
- Addresses all topics required

\_\_\_\_\_ ( 10 )

### Research Article

- Research article current (<5 years)
- Articles summarized in student's own words

\_\_\_\_\_ ( 10 )

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

Final Score: \_\_\_\_\_ (100%)



## PATIENT EDUCATION PROJECT GRADING FORM

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

Rotation: Psychiatry Rotation Number \_\_\_\_\_

### Content

- Addresses topic assigned to student
  - Demonstrates good research base
  - Educates classmates on how to teach patients about topic
  - Demonstrates effective method for communicating material to patients
  - Addresses how to identify those patients that require specific patient education
  - Is able to answer questions regarding topic
- \_\_\_\_\_ (40)

### Written and Other Material

- Materials potentially able to be used as patient education materials in a clinical setting
  - May include but is not limited to poster, pamphlet, creating a lesson plan or small group discussion.
  - Is properly footnoted and referenced if needed
  - Material is presented in a creative fashion
  - Materials are meticulously completed and submitted professionally
- \_\_\_\_\_ (30)

### Podium Skills

- Interactive, cohesive delivery
  - Glances at written material but DOESN'T READ from written material
  - Rate, tone and pitch of speech
  - Organized with good transition
  - Good movement, use of available space
- \_\_\_\_\_ (30)

Final Score: \_\_\_\_\_ (100%)

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



## PRE AND POST ESSAY

**Student Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rotation: Non-Primary Care Elective** **Rotation Number** \_\_\_\_\_

### Content

#### Pre Essay

- Student defines a clear set of goals and objectives for clerkship experience
- Describes the single most important item they would like to experience, gain or have clarified
- Discusses expectations on types of patients anticipated \_\_\_\_\_ **(45)**

#### Post Essay

- Describes the most important issue/entity learned at clerkship site
- Student is able to critique their own learning and is able to compare pre & post learning
- Essay is unique and creative
- States, expands and supports main points
- Exercises proper composition skills \_\_\_\_\_ **(45)**

#### Professionalism

- Submitted materials on time in a professional manner \_\_\_\_\_ **(10)**

**Final Score:** \_\_\_\_\_ **(100%)**

**Faculty:** \_\_\_\_\_

## DYS 499C – HEALTH LITERACY PROJECT

**At the time of hospital discharge, ask the patient the following questions and record the results. Patients may refer to written notations they recorded about the following questions. Five consecutive patients should be interviewed.**

**Date:** \_\_\_\_\_ **Medical Record Number:** \_\_\_\_\_

1. Why were you hospitalized?

---

---

---

2. During your hospital stay, who gave you information about your diagnosis and medications (nurse, doctor, physician assistant, hospital discharge planner, etc) ?

---

---

---

5. What medications will you be taking when you leave the hospital?

---

---

---

6. What are the purposes of these medicines?

---

---

---

---

7. What are the side-effects of these medicines?

---

---

---

8. Were you given any specific instructions for when you leave the hospital?

---

---

---

9. When will you see your doctor or a doctor or health care provider after you leave the hospital?

---

---

---

**Date of discharge:** \_\_\_\_\_

**Medical record number:** \_\_\_\_\_

**Per the Patient's Chart:**

1. Age of patient: \_\_\_\_\_

2.  Male       Female

1. What are the patient's discharge diagnoses recorded in the chart (preferably discharge summary)?

---

---

---

---

2. Per the patient's chart: What medications was the patient prescribed at discharge?

---

---

---

---

3. Per the chart: What specific instructions was the patient given at discharge?

---

---

---

---

4. Per the chart: What are the follow-up instructions for this patient?

---

---

---

---



## HEALTH LITERACY PROJECT GRADING FORM

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

Rotation: Internal Medicine Rot# \_\_\_\_\_

- Discusses the results in terms of what was expected
- Discusses why results turned out as they did
- Discusses what changes you would recommend to improve outcomes
- Discusses actions that could be implemented by health care providers to improve outcomes
- Utilized inventive, creative ways of analyzing information gathered
- Material discussed was thought provoking, creative and inventive
- Materials were submitted professionally

**Final Score:** \_\_\_\_\_ ( 100%)

**Faculty:** \_\_\_\_\_

## PC ELECTIVE: HEALTH PROMOTION PROJECT

The main goal of this health promotion project is to enable patients to increase control over and improve their own health. As healthcare providers, it is our responsibility to promote healthy lifestyles, along with identifying high risk patients who can develop complications from their various chronic illnesses or lifestyle risk factors. The objectives of this project are to inform patients about the prevention of a specific disease states and evaluate the effectiveness of their efforts.

**Ask the patient the following questions and record and reassess the results. Please read and attach a current article (<5years old) that discusses health promotion issues that relates to your patient's illness (es).**

1. Identify and list this patient's chronic illnesses and any lifestyle risk factors.

---

---

---

---

---

---

---

---

---

---

2. What specific recommendations or actions did you take to enable patient self-management, disease prevention and health promotion?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

3. Has patient been receiving continuous health screening from visited facility? If so, when and what was done?

---

---

---

4. **Reassess the patient** and note if any changes were attempted or made after your initial discussions.

---

---

---

---

---

---

5. Please read and attach a current article (<5years) that discusses health promotion issues that relates to your patient's illness (es).



## HEALTH PROMOTION PROJECT

**Student Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rotation: Primary Care Elective** **Rotation Number** \_\_\_\_\_

### Content

- Identified and listed patient's chronic illnesses and lifestyle risk factors.
- Describes specific recommendations or actions taken to enable patient self-management, disease prevention and health promotion.
- Discusses whether or not patient is receiving continuous health screening from visited facility. If so, elaborates.
- Patient is reassessed. Discusses changes made or attempted.
- States, expands and supports main points.
- Exercises proper composition skills. \_\_\_\_\_ **(80)**

### Research Article

- Research article current (<5 years) \_\_\_\_\_ **(10)**

### Professionalism

- Submitted materials on time in a professional manner \_\_\_\_\_ **(10)**

**Final Score:** \_\_\_\_\_ **(100%)**

**Faculty:** \_\_\_\_\_



## SITE VISIT EVALUATION

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

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

Preceptor Name \_\_\_\_\_

Rotation Number \_\_\_\_\_

Evaluator Name \_\_\_\_\_

Clerkship Site \_\_\_\_\_

Clerkship Specialty \_\_\_\_\_

**Please rate each of the following areas on a scale of 1 (worst) to 20 (best):**

**1) Rate the student's ability to perform histories:**

- Obtains all patient data*
- Interviewing technique*
- Obtains history in reasonable amount of time*

**Rating (out of 25)** \_\_\_\_\_

**2) Rate the student's ability to perform physicals:**

- Organized and directed to chief complaint*
- Respects feelings of comfort*
- Explains procedure to patient*

**Rating (out of 25)** \_\_\_\_\_

**3) Rate the student's ability to perform oral presentation:**

- Focused, concise and organized*
- Thorough*
- Logical Flow*

**Rating (out of 20)** \_\_\_\_\_

**4) Rate the student's ability to formulate a differential diagnosis and management plan:**

- Fund of knowledge of disease process*
- Can formulate DDx and management plan*
- Patient education*

**Rating (out of 20)** \_\_\_\_\_

**5) Pharmacological fund of knowledge:**

- Was prepared and had adequate knowledge of pharmacology therapeutics*

**Rating (out of 10)** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_



## CLERKSHIP WORK SCHEULE FORM

Complete the following schedule form and fax it to the Program by the Friday of the first week of the clerkship or the end of the first day of a long term care experience.

**Student Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preceptor Name** \_\_\_\_\_ **Preceptor Telephone** \_\_\_\_\_

**Clerkship Specialty** \_\_\_\_\_ **Clerkship Number** \_\_\_\_\_

Document the DATE and HOURS (ex. 7 am – 5 pm) that you assigned to work on the following table.

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

Any changes to this schedule must be submitted to the program immediately and prior to date/dates changed.

**Student Signature** \_\_\_\_\_