SCPE Specific Course Syllabus Information

Overview Syllabus

As required, the following topics are covered in the SCPE Specific Course Syllabus section overview, as they are relevant for all SCPE courses:

- SCPE Contact Information
- Prerequisites
- Competencies for the PA Profession
- SCPE Expected Patient Contacts
- Learning Outcomes
- Textbook & Equipment Requirements and Recommendations
- Instructional Design
- Evaluation Methods
- Grading
- Scheduling
- Attendance
- Course Requirements
- Student Preparations
- Disability Accommodations

SCPE Contact Information

Name	Office Location	Office Hours	Phone	Email
Michele Mercer, MD Director of Clinical Education	CoHS 141	Open Door Policy or By Appointment	704-406-2369	mmercer1@gardner-webb.edu
Mikala Fowler, MMS, PA-C Director of Clinical Partnerships	CoHS 145	Open Door Policy or By Appointment	704-406-2388	mfowler5@gardner-webb.edu
Esther Porter Clinical Administrative Coordinator	CoHS 143	Open Door Policy or By Appointment	704-406-2404	eporter1@gardner-webb.edu
Stephanie Fraccola Clinical Scheduling Manager	CoHS 140	Open Door Policy or By Appointment	704-406-2597	sfraccola@gardner-webb.edu

Emergency *(See SCPE Specific Policies and Procedures section for more details regarding use of Emergency numbers.)*

Clinical Emergency Number
704-406-2523

Universal Emergency Number
911

Campus Security
704-406-4444

Participating Clinical Faculty (Preceptors)

Created 2/21/18 by SAF, reformatted from original document: Last revised 5/1/18 by MM & SAF

- Preceptor varies by clinical site.
- Physicians who are specialty board certified in their area of instruction,
- Physician Assistants teamed with Physicians who are specialty board certified in their area of instruction,
- Nurse Practitioner
- Certified Nurse Midwife
- Licensed Clinical Social Workers/Counselors
- Qualified health care providers experienced in their area of instruction.

SCPE Specific Preceptor/Site contact information is located in Typhon.

Prerequisites

ARC-PA Standard B2.01 - While programs may require specific course(s) as prerequisites to enrollment, those prerequisites must not substitute for more advanced applied content within the professional component of the program.

Admission into the Gardner-Webb Physician Assistant Program and successful completion of the Pre-Clinical Didactic Courses: MPAS504, MPAS506, MPAS508, MPAS510, MPASS512, MPAS521, MPAS523, MPAS531, MPAS533, MPAS540, MPAS550, MPAS560, MPAS571, MPAS573, MPAS 580, MPAS590, and MPAS599.

Competencies for the PA Profession

Adopted from NCCPA, ARC-PA, AAPA, and PAEA to define PA competencies. This document was updated in 2012 and then approved in its current form by the same four organizations.

Introduction

This document serves as a map for the individual PA, the physician-PA team, and organizations committed to promoting the development and maintenance of professional competencies among physician assistants. While some competencies will be acquired during formal PA education, others will be developed and mastered as physician assistant's progress through their careers. The PA profession defines the specific knowledge, skills, attitudes, and educational experiences requisite for physician assistants to acquire and demonstrate these competencies. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice. Patient-centered, physician assistant practice reflects a number of overarching themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning, and professional growth. Furthermore, the profession's dedication to the physician-physician assistant team benefits patients and the larger community.

Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations.

Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:
- evidence-based medicine
- scientific principles related to patient care

- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

Interpersonal & Communication Skills
Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system.

Physician assistants are expected to:
- create and sustain a therapeutic and ethically sound relationship with patients
- use effective communication skills to elicit and provide information
- adapt communication style and messages to the context of the interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

Patient Care
Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable.

Physician assistants are expected to:
- work effectively with physicians and other health care professionals to provide patient centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients
- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide health care services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

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

Physician assistants are expected to demonstrate:
- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers

- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

Practice-based Learning & Improvement

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self- and practice-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices.

Physician assistants are expected to:
- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

System-based Practice

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

Physician assistants are expected to:
- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide effective, efficient patient care
- recognize and appropriately address system biases that contribute to health care disparities
- apply the concepts of population health to patient care

SCPE Learning Outcomes

Upon completion of the SCPE curriculum, the students will be able to:

1. Demonstrate basic knowledge of science and clinical information and will demonstrate the ability to clinically apply knowledge base.
2. Differentiate between emergent, non-emergent, or surgical medical conditions.
3. Demonstrate that history gathering is complete, focused, and accurate, with findings described appropriately.
4. Perform physical examination adequately, identify major findings, and follow a logical sequence.
5. Demonstrate adequate knowledge of routine diagnostic studies and special diagnostic tests and can appropriately interpret results.
6. Formulate appropriate differential diagnosis and problem list.
7. Formulate an appropriate therapeutic management plan.
8. Apply current practice guidelines and evidence based medicine in treatment plan.
9. Articulate patient education regarding disease treatment and show respect for patient or family's belief or culture.
10. Demonstrate that oral communication/presentation is organized, without irrelevant findings and with only minor omissions.
11. Create appropriate documentation, with relevant and accurate information.
12. Demonstrate punctuality and appropriately recognize and accept limitations in clinical abilities.
13. Receive constructive criticism well and work cohesively with members of the healthcare team.
14. Demonstrate appropriate knowledge of and/or ability to perform basic procedures, with only minor assistance needed.

SCPE Expected Patient Contacts

Recommendations taken directly from the 5/12/17 version of the SCPE Handbook.

ARC-PA Standard B3.02 - Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, to include preventive, emergent, acute, and chronic patient encounters.

ARC-PA Standard B3.03 - Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, for patients seeking:
> *a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly,*
> *b) women's health (to include prenatal and gynecologic care),*
> *c) care for conditions requiring surgical management, including pre- operative, intra-operative, post-operative care and*
> *d) care for behavioral and mental health conditions.*

Required Patient Exposures per SCPE:

Family Medicine	105
Internal Medicine	85
Emergency Medicine	93
General Surgery	21
Pediatrics	50
Women's Health	30
Mental Health	24
Underserved	35
Elective	90

Required Nature of Care per SCPE:

	Preventative	**Emergent**	**Acute**	**Chronic**
Family Medicine	12	3	45	45
Internal Medicine	10	0	30	45
Emergency Medicine	0	20	60	13
General Surgery	0	3	15	3
Pediatrics	3	2	25	20
Women's Health	6	0	8	16
Mental Health	6	0	3	15
Underserved	6	2	24	23

Required Patient Exposures per Age Groups (Standard):

< 2 years	19
2-4 years	30
5-12 years	31
13-17 years	28
18-49 years	123
50-64 years	124
>= 65 years	108

Textbooks & Equipment Requirements and Recommendations

Many textbooks required for the program will be available online through the Library database and at no charge to enrolled students. Any required texts not available online must be purchased by the student. Online electronic data (texts, video, etc.) will be available through the GWU Library and include the following resources: *Access Medicine and UpToDate.*

Required

Required texts are those texts previously required for courses in the Didactic phase of the Program. Those required texts found on Access Med are highlighted in blue.

Author	Title	Edition	ISBN
American Psychiatric Association	The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)	5th, 2013	
APA	Publication Manual of the American Psychological Association (APA Style)	6th, 2010	978-1-4338-0561-5
Ballweg, Ruth	Physician Assistant A Guide to Clinical Practice	6th, 2017	9780323401128
Bardal, Stan K.	Applied Pharmacology	2011	978-1-4377-0310-8
Barrett, Kim E.	Ganong's Review of Medical Physiology	24th, 2012	on Access Med
Bickley, Lynn	Bates' Guide to Physical Examination & History Taking	12th, 2017	978-1469893419

	(Textbook & Pocket guide)		
Braun, Carie A.	Pathophysiology, A Clinical Approach	2nd, 2010	
Brunicardi, F. Charles	Schwartz's Principles of Surgery	10th, 2015	on Access Med
Chen, Michael	Basic Radiology	2nd, 2011	on Access Med
Crawford, Michael	Current Diagnosis & Treatment Cardiology	5th, 2017	on Access Med
Decherney, A.H.	Current Diagnosis & Treatment: Obstetrics and Gynecology	11th, 2012	on Access Med
Doherty, Gerard	Current Diagnosis & Treatment: Surgery	14th, 2015	on Access Med
Goldsmith, Lowell	Fitzpatrick's Dermatology in General Medicine	8th, 2012	on Access Med
Gomella, Leonard	Clinician's Pocket Reference	11th, 2007	on Access Med
Greenberg, Raymond	Medical Epidemiology: Population Health & Effective health Care	5th, 2015	on Access Med
Hall, John	Guyton and Hall Textbook of Medical Physiology	13th, 2016	978-1-4557-7016-8
Hamilton, R.	Tarascon Pocket Pharmacopoeia	2016	978-1284095296
NEWEST EDITION	Tarascon Pocket Pharmacopoeia 2018	32nd, 2018	978-1284142594
Harvey, Richard	Lippincott Illustrated Reviews: Pharmacology	6th, 2014	978-1451191776
Hay, William	Current Diagnosis & Treatment: Pediatrics	22nd, 2014	on Access Med
Katzung, Bertram	Basic & Clinical Pharmacology	13th, 2015	on Access Med
Kuhn, Peter	ECG Mastery: The Simplest Way to Learn the ECG	2015	978-3950394405
Longo, D.L.	Harrison's Principles of Internal Medicine	19th, 2015	on Access Med
Mayeaux, E. J.	The Essential Guide to Primary Care Procedure w/ bind-in access)	2nd, 2015	978-1451191868
McCance, Kathryn L; Et al	Pathophysiology: The Biologic Basis for Disease in Adults and Children	7th, 2015	978-0323088541
McKean, Sylvia	Principles & Practice of Hospital Medicine	2012	on Access Med

Author	Title	Edition	ISBN
McPhee, S.	Current Medical Diagnosis & Treatment 2017	55nd, 2016	on Access Med
McPhee, S.	Current Medical Diagnosis & Treatment 2016	55e, 2016	on Access Med
Mescher, Anthony	Junqueira's Basic Histology	14th, 2016	on Access Med
Moore, Keith	Moore Clinically Oriented Anatomy	7th, 2013	978-1-4698-3006-3
Nussbaum, Abraham	Pocket Guide to the DSM-5 Diagnostic Exam	2013	978-1585624669
Ryan, Kenneth	Sherris Medical Microbiology	6th, 2014	on Access Med
Sadock,Benjamin	Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry	11th, 2015	978-1609139711
Sullivan, Debra	Guide to Clinical Documentation	2nd, 2012	978-0803625839
Tintinalli, Judith	Tintinalli's Emergency Medicine: A Comprehensive Study Guide	8th, 2016	on Access Med
Washington University School of Medicine Department of Medicine	The Washington Manual Obstetrics and Gynecological Survival Guide	1st, 2003	
Williamson, Mary	Wallach's Interpretation of Diagnostic Tests	10th, 2014	978-1451191769
	Surgical Recall	7th, 2014	

Recommended

Recommended texts are those texts previously recommended for courses in the Didactic phase of the Program. Those recommended texts found on Access Med are highlighted in blue.

Author	Title	Edition	ISBN
Brunton, Laurence	Goodman & Gilman's The Pharmacological Basis of Therapeutics	12th, 2015	on Access Med
Carroll, Karen	Jawetz, Melnick, & Adelberg's Medical Microbiology	27th, 2016	on Access Med
Ebert, Michael	Current Diagnosis & Treatment: Psychiatry	2nd, 2008	on Access Med
Engorn, Branden	The Harriet Lane Handbook	20th	9780323096447

Feldman, Mitchell	Behavior Medicine: A Guide for Clinical Practice	4th, 2014	on Access Med
Fuster, Valentin	Hurst's The Heart	14th, 2017	on Access Med
Garcia, Tomas B.	12-Lead ECG: The Art of Interpretation	2nd, 2012	978-0763773519
Gardner, David	Greenspan's Basic & Clinical Endocrinology	9th, 2011	on Access Med
Greenberg, David A.	Clinical Neurology	9th, 2015	on Access Med
Grippi, Michael	Fishman's Pulmonary Diseases & Disorders	5th, 2015	on Access Med
Hall, Jesse B.	Principles of Critical Care	4th, 2015	on Access Med
Halter, Jeffrey	Hazzard's Geriatric Medicine & Gerontology	6th, 2009	on Access Med
Jonsen, Albert	Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine	8th, 2015	on Access Med
Kantarjian, Hagop	The MD Anderson Manual of Medical Oncology	2nd, 2011	on Access Med
Katzung, Bertram	Basic & Clinical Pharmacology	13th, 2015	on Access Med
Knoop, Kevin	The Atlas of Emergency Medicine	4th, 2016	on Access Med
Lalwani, Anil	Current Diagnosis & Treatment in Otolaryngology-Head & Neck Surgery	3rd, 2012	on Access Med
Laposata, Michael	Laboratory Medicine: The Diagnosis of Disease in the Clinical Laboratory	2014	on Access Med
LeBlond, Richard	DeGowin's Diagnostic Examination	10th, 2015	on Access Med
Lichtman, Marshall	Williams Hematology	8th, 2010	on Access Med
Lusatine, R.P.	The Color Atlas of Family Medicine	2nd, 2013	on Access Med
Maitin, Ian	Current Diagnosis & Treatment: Physical Medicine & Rehabilitation	2015	on Access Med
Morton, David	The Big Picture: Gross Anatomy	2011	on Access Med
Papadakis, Maxine	Quick Medical Diagnosis & Treatment 2017	2017	on Access Med
Riordan-Eva, Paul	Vaughn & Asbury's General Ophthalmology	18th, 2011	on Access Med
Ropper, Alan H.	Adam & Victor's Principles of Neurology	10th, 2014	on Access Med
Sabatine, Marc	The Massachusetts General Hospital Handbook of Internal Medicine	6, 2016	

The Sanford Guides Company	The Sanford Guide to Antimicrobial Therapy	2016	
Skinner, Harry	Current Diagnosis & Treatment in Orthopedics	5th, 2014	on Access Med
South-Paul, Jeannette	Current Medical Diagnosis & Treatment in Family Medicine	4th, 2015	on Access Med
Stone, Keith	Current Diagnosis & Treatment Emergency Medicine	7th	on Access Med
Tanagho, Emil A.	Smith's General Urology	18th, 2012	on Access Med
Williams, B.A.	Current Diagnosis & Treatment: Geriatrics	2nd	on Access Med

Other Resources

The following websites are required and available online through the University (code provided by Library):

- AccessMedicine.com—On-line access to textbooks, images, self-assessment, diagnostic tools and videos: http://www.accessmedicine.com/features.aspx
- UpToDate.com —Online evidence-based clinical decision support resource: http://www.uptodate.com/home
- Medscape Drug, OTCs, and Herbals – Online drug and disease information resource: http://reference.medscape.com/drugs
- US Preventive Services Task Force – Online independent panel of primary care providers recommendations for Primary Care clinicians and health systems: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstfix.html
- National Guidelines Clearinghouse – A public resource for evidence-based clinical practice guidelines: http://guidelines.gov

Students are provided access to and will utilize the following for additional learning and assessment opportunities:

- Kaplan PANCE Prep Course Qbank Program
   o Registration provided by the program during the scheduled clinical rotation year with student access via www.kaplanmedical.com

- Kaplan PANCE Prep Course High Yield Program
   o Registration provided by the program during the scheduled clinical rotation year with student access via www.kaplanmedical.com

Internet Resources

- Physical Examination and Case Presentation Videos, Loyola Medical School
- Physical Examination, University of Virginia
- A Practical Guide to Clinical Medicine, UCSD
- The Auscultation Assistant, UCLA
- Heart Sounds, Littman
- An Introduction to Radiology, University of Virginia

Mobile Apps

- Epocrates Mobile App
- UpToDate Mobile App
- Medscape App

PANCE Prep Materials

In addition to the Kaplan products, the following are additional resources to assist in preparation for the PANCE:

- NCCPA Practice Exam Info: https://www.nccpa.net/practiceexams
- Davis's PA Exam Review: Focused Review for the PANCE and PANRE, 2nd Edition. Morton A. Diamond MD, FACP, FAHA, FACC (E). ISBN-13: 978-0-8036-2951-6
- A Comprehensive Review For the Certification and Recertification Examinations for Physician Assistants / Edition 5: by Claire Babcock O'Connell. ISBN-13: 9781451191097. Lippincott Williams & Wilkins
- Physician Assistant Board Review / Edition 3. by James Van Rhee: ISBN-13: 9780323356114 . Elsevier Health Sciences

Required Medical Equipment

Medical equipment is the same as required equipment for the didactic phase of the Program. See the _GWU Physician Assistant Student Handbook and Policy Manual_ for details.

Instructional Design

The clinical year curriculum has been developed with a patient-centered, problem-oriented and application-based focus. In SCPE setting, the student will utilize the extensive medical knowledge base developed during the first four semesters of the Program.

GWU Blackboard will be used to distribute course content (syllabi, forms, classroom presentations, assignments, skills, etc.) and for the student to submit completed assignments for evaluation. Students will be advised regarding completion dates of assignment and where to post each completed assignment (i.e. email, Blackboard, discussion board, Typhon PAST web-based software). The Blackboard system is designed for both individual and group postings. Please familiarize yourself with the Blackboard system and contact the Gardner-Webb University Technology Services Help Center at (855) 406-5336 if you have problems, including if the campus computer system is malfunctioning and you are experiencing difficulty with accessing the system.

Students must check their GWU email, Blackboard and Typhon daily for any last minute announcements or posting of schedule changes. The GWU email (not Blackboard) will be the course and program email contact. All questions related to the course should be addressed per the communication policy detailed in the SCPE Specific Policies/Procedures section of this document.

Students enrolled in this course can access Blackboard in two ways: Log in via their GWU WebbConnect account and click on the Blackboard icon (Bb) or navigate directly to the Blackboard Login page and log in to the Blackboard courses using the following URL address: http://bbapp.gardner-webb.edu. Blackboard log in username and password are the same as the student's GWU username and password credentials. All Blackboard courses are automatically embedded with a Blackboard Student User Orientation/Tutorial. The 24/7 Blackboard Help Desk toll-free phone number is (855) 501-0857. For technical difficulties, the student can contact Gardner-Webb Technology Services Help Desk at (704) 406-4647 or email detech@gardner-webb.edu.

Evaluation Methods

Overview

The following evaluation methods are utilized in all SCPEs:

- SCPE Calendar Assignment
- Experiential Logging
- Preceptor Evaluation of Student Performance
- Student Mid-Rotation Self-Assessment
- SCPE Evaluation of Preceptor
- SCPE Evaluation of Site
- Professionalism

Calendar

Student is required to submit a ***SCPE Calendar Assignment*** (*Appendix T*) to Blackboard by 11:59 pm on the first Saturday of the SCPE. SCPE Calendar must include dates, times, and locations where the student will be working. In the event of a change to your schedule after calendar submission, email paclinical with any changes, upload an updated ***SCPE Calendar Assignment*** in Blackboard and complete the ***Time off*** **Request form** (*Appendix P*).

Experiential Logging

Clinical logs are designed to help the program track the student's experiences during SCPEs. **Filling out logs thoroughly and accurately will help ensure that students are receiving a quality clinical education.** Documentation will be submitted through the Typhon-PAST system. All patient encounters and technical skills must be documented indicating the level of involvement, including observational experiences. These logs are part of the grading plan for each SCPE and must be completed prior to progression to the next SCPE. *Time frame for logging before you no longer have access*

Due to the detailed information required for experiential logging, it is required and encouraged that documentation be completed by student daily.

- Patient logging will include the following information for each encounter:
  - Type of Encounter: (definitions from http://medical-dictionary.thefreedictionary.com)
    - **Acute**: having severe symptoms and a short course.
    - **Chronic**: persisting for a long time; applied to a morbid state, designating one showing little change or extremely slow progression over a long period
    - **Emergent**: Arising suddenly and unexpectedly, calling for quick judgment and prompt action.
    - **Preventative**: Preventing or slowing the course of an illness or disease; prophylactic:
  - Setting of patient encounter (per Center for Medicare & Medicaid Services website):
    - **Outpatient**: Patient is sent to hospital for:
      - x-rays or other diagnostic tests
      - same-day surgery
      - Emergency Department evaluation, even if spends the night in the course of getting services

- **Inpatient**: Patient is considered a hospital inpatient once the doctor has written orders for admission and the hospital has formally admitted the patient.
- **Emergency Department**: Dedicated emergency department means any department or facility of the hospital, regardless of whether it is located on or off the main hospital campus, that meets at least one of the following requirements:
    - It is licensed by the State in which it is located under applicable State law as an emergency room or emergency department;
    - It is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment. May be freestanding.
    - *Urgent Care Clinics are not an acceptable replacement for Emergency Department experience.*
- **Operating Room**: a specially equipped room, usually in a hospital but may be in a freestanding clinic, where surgical procedures are performed.
    - **Surgical Management**
        - Pre-op (before)
        - Intra-op (during) *equivalent to Operating Room experience*
        - Post-op (after)
- **Long-Term Care Facility**: Per CMS.gov, "Section 1886(d) (1) (B) (IV) (I) of the Act defines a LTCH as "a hospital which has an average inpatient length of stay (as determined by the Secretary of Health and Human Services (the Secretary) of greater than 25 days." This includes Assisted Living Facilities and Skilled Nursing Facilities.
- **Rural**: describes the location of the healthcare clinic.
- **Underserved**: describes the lack of access to healthcare providers.
- Patient demographics (age, gender)
    - Do not include any identifying information.
- Clinical Information
    - Time with patient (in minutes)
    - Consult with preceptor (in minutes)
    - Type of decision making
        - Straight Forward
        - Low Complexity
        - Moderate Complexity
        - High Complexity
    - Student participation
        - Observation only
        - Less than shared-but not observational only
        - Shared-50% performed by student, 50% by preceptor
        - Primary-greater than 50% performed by student
    - Reason for visit
    - Chief Complaint (in patient's words)
    - Type of H&P
        - Problem focused
        - Expanded problem focused
        - Detailed
        - Comprehensive
    - Social problems addressed
- Procedure and skills
    - General skills
        - Observed
        - Assisted

- o Performed
    - ▪ Office procedures or minor surgery
        - o Observed
        - o Assisted
        - o Performed
    - ▪ Evaluation, diagnosis, and management
        - o Observed
        - o Assisted
        - o Performed
- o ICD-10 diagnosis codes
    - ▪ Be sure to validate codes prior to submission
        - o Most commonly used ICD-10 list is located in Typhon!
- o CPT billing codes
    - ▪ Including evaluation and management codes
    - ▪ Be sure to validate codes prior to submission
        - o Most commonly used CPT list is located in Typhon!

> **REMEMBER:** There are specific CPT codes for *inpatient, outpatient and LTCH* encounters! Be sure to choose the appropriate CPT codes when logging!

- o Birth and delivery details (if applicable)
- o Medications
    - ▪ Types of new/refilled RX this visit
    - ▪ Adherence issues with medications
- o Other questions about this case
    - ▪ Nature of Care
        - o Acute
        - o Chronic
        - o Emergent
        - o Preventative

    - ▪ Age Group
        - o Adolescent
        - o Adult
        - o Children
        - o Elderly
        - o Infants
    - ▪ Behavioral/Mental health care
    - ▪ Gynecological care
    - ▪ Obstetrical/Prenatal care
- o Clinical notes
    - ▪ Anything that is clinically relevant, but not addressed in the template
        - o Not to include a SOAP note!

Preceptor Evaluation of Student Performance (Appendix H)/Preceptor Evaluation of Student Preparedness (Appendix Q)
The preceptor is expected to complete this evaluation within one week following completion of the SCPE. It is the student's responsibility to remind each preceptor of the deadline and re-inforce the value of feedback. The evaluation must be submitted directly to the Program by the preceptor via the Typhon software evaluation format. However, if the preceptor prefers, the student must provide a blank paper copy for preceptor use (see Blackboard for electronic file).

The paper version of the evaluation form must be sent from the preceptor's office with their signature over the envelope seal or via an appropriate electronic method, such as scanned and sent via email or fax.

Required Student Mid-Rotation Self-Assessment (Appendix I)

Healthcare is about being part of a team: students will obtain feedback from preceptor and other healthcare professionals they work with during the first half of the SCPE. Areas of evaluation include clinical skills, communication skills, knowledge base and professionalism. With guidance from their preceptor, the student will develop goals for improving the identified weaknesses.

Students must submit the ***Mid-Rotation Self-Assessment*** evaluation via Typhon by:
- Wednesday of the second week of a three week SCPE, by 11:59 pm; or
- .Wednesday of the third week of a six week SCPE, by 11:59 pm.

Required SCPE Evaluation of Preceptor (Appendix N)/SCPE Evaluation of Site (Appendix S)

Upon completion of each SCPE, students must complete the ***SCPE Evaluation of Preceptor*** (*Appendix N*) and ***SCPE Evaluation of Site (Appendix S)***, located in Typhon.

Program Course Evaluation

At the completion of each SCPE, students should complete the following online final evaluations:
- ***SCPE Evaluation of Preceptor***
- ***SCPE Evaluation of Site***
- Guest lecturer evaluations (if applicable)

> ***This information is a critical part of the program's ongoing self-assessment process and program Accreditation.***

Professionalism

During the final core SCPE, the preceptor will complete the ***Final Assessment of Student Behavior and Preparedness*** form (*Appendix U*).

Additional evaluation methods utilized in <u>Core SCPEs</u>, include the following:
- Charting
- EOR Exam

Charting

Patient charting is required for every Core SCPE. See *SCPE Specific Syllabus/Assignments* section of this manual for specifics.

End of Rotation (EOR) Exams

ARC-PA Standard C3.03 - The program must monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.

- A Physician Assistant Education Association (PAEA) End of Rotation [TM] exam must be successfully completed at the end of each of the seven core SCPEs. These proctored exams will only be available during Callback Days, unless distance proctoring is permitted by the DCP (or DCE).

- Each SCPE syllabus will provide a topic list and exam blueprint outlining exam content. Preparing for these exams will require the students to review previously learned material and, in some instances, become familiar

with new concepts. These exams are designed to gauge a student's readiness for the Physician Assistant National Certification Exam (PANCE).

All EOR exams will be scored with z-score conversion based on the national mean. _A student's z-score is calculated using the following:_

$$\text{Z-score} = \frac{\text{(Student score on the exam) - (national average for that exam)}}{\text{National standard deviation for exam.}}$$

Students who fail to achieve minimum competencies, as defined by a converted score of 75% or greater, must meet with the DCP (or DCE), and develop a remediation plan in accordance with the policy found in the _SCPE Specific Policies_ section of this handbook.

The following evaluation methods are utilized in <u>Non-Core SCPEs</u>:
- Elective SCPE Assignment
- Underserved SCPE Assignment

Underserved and Elective SCPEs have specific assignments that vary from Core SCPEs. See _SCPE Specific Syllabus/Assignments_ section for assignment details.

The following evaluation sessions are also utilized during the clinical year:
- Callback Days
- MPAS 652-RAD I
- MPAS 654-RAD III (Summative)

Callback Days
ARC-PA Standard C3.01 - The program must conduct frequent, objective and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components.

Callback Days are scheduled throughout the clinical year to provide evaluation and educational opportunities.

Activities may include, but are not limited to, the following:
- EOR exams
- OSCEs
- Skill specific testing
- Patient care simulations
- Student presentations
- Professional Development coursework
- PANCE preparation (Topic/Board Review, Practice Exam(s), etc.)
- PACKRAT
- Advising time

MPAS 652-RAD I and MPAS 654-RAD III (Summative)
ARC-PA Standard C3.02 - The program must document student demonstration of defined professional behaviors.

ARC-PA Standard C3.03 - The program must monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.

ARC-PA Standard C3.04 - The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice.

During the clinical year, students will return to campus for RAD I (fall semester) and RAD III-Summative Evaluation (spring semester). **Except in the case of true emergencies as determined by the Program Director, there will be no excused absences from these mandatory sessions.** These sessions are used to evaluate student learning outcomes and readiness for the NCCPA PANCE. See specific course syllabi for details.

The following evaluation is required for graduation:
- Final Assessment of Student Behavior and Preparedness

Grading Plan

> **SCPE specific grading details are located in the *SCPE Specific Syllabus/Assignments* section of this manual.**

Overview
All SCPEs are pass/fail courses:
- Passing Criterion: An overall course performance average of 75% or higher.
- Failing Criterion: An overall course performance average of less than 75%, failure of EOR exam twice, critical medical error or a professionalism violation may result in failure of rotation, formal remediation and/or referral to the APC for dismissal.

Students who fail a required core SCPE may lose the privilege to choose an elective, as this time may be used to repeat the failed SCPE. However, this, does not replace the original grade earned for the failed SCPE.

> **Failure of a SCPE may result in delayed completion of the clinical year, delayed graduation, ineligibility to take the PANCE, delayed licensure and/or delayed employment. Delays may have significant financial implications, including additional costs or other financial aid issues.**

Core SCPE Grading
The Core SCPE course performance is calculated using the following weighted distributions of average scores:

Graded Element	%
Experiential Logging/Student Mid-Rotation Self-Assessment/SCPE Evaluation of Preceptor/ SCPE Evaluation of Site/Evaluation of SCPE/SCPE Calendar/Clinical Team Assessment of Professionalism	10%
Charting (average)	10%
Preceptor Evaluation of Student Performance/Preceptor Evaluation of Student Preparedness (average)	40%
End of Rotation Exam	40%
TOTAL	100%

> **See SCPE Specific Syllabus/Assignment section of this manual for specific directions and instructions for completion and submission of all graded elements.**

The **Underserved** SCPE course performance is calculated using the following weighted distributions of average scores:

Graded Element	%
Experiential Logging/Student Mid-Rotation Self-Assessment/SCPE Evaluation of Preceptor/ SCPE Evaluation of Site/Evaluation of SCPE/SCPE Calendar/Clinical Team Assessment of Professionalism	20%
Underserved SCPE Assignment	40%
Preceptor Evaluation of Student Performance/Preceptor Evaluation of Student Preparedness (average)	40%
TOTAL	100%

> **See SCPE Specific Syllabus/Assignment section of this manual for specific directions and instructions for completion and submission of all graded elements.**

The **Elective** SCPE course performance is calculated using the following weighted distributions of average scores:

Graded Element	%
Experiential Logging/Student Mid-Rotation Self-Assessment/SCPE Evaluation of Preceptor/ SCPE Evaluation of Site/Evaluation of SCPE/SCPE Calendar/Clinical Team Assessment of Professionalism	20%
Elective SCPE Assignments	40%
Preceptor Evaluation of Student Performance/Preceptor Evaluation of Student Preparedness (average)	40%
TOTAL	100%

> **See SCPE Specific Syllabus/Assignment section of this manual for specific directions and instructions for completion and submission of all graded elements.**

Professionalism Violations

Professional Violations may include, but are not limited to, the following:

•   Unreported absences
•   Tardiness
•   Unauthorized changes to submitted SCPE calendar (see SCPE Specific Course Syllabus Information section)
•   Failure to complete assignments by specified due date
•   Failure to submit onboarding requirements by specified due dates
•   Failure to maintain professional language and tone in communications with Program faculty/staff and Clinical Preceptors (email, telephone, text, social media, and face-to-face interactions)
•   Failure to respond to communication from Program faculty/staff per the SCPE Communication section of this manual
•   Any verbal or written communication regarding anyone connected with the Program that could be considered libel or slander
•   Failure to follow dress code
•   Lack of preparation for daily SCPE activity/coursework

Failure of this portion of the course is subject to the student violating three or more of the following per SCPE:

•   Late submission of Onboarding requirements
•   Late submission of Mid-Rotation Self-Assessment
•   Incomplete or late submission of charting requirements
•   Incomplete or late submission of logging requirements
•   Ejection from clinical site
•   Failure to respond to communications from preceptor/site/faculty/staff member
•   Improper communication with preceptor/site/faculty/staff member
•   Excessive reminders needed to submit required documents
•   Behavior determined by faculty/staff meet criteria as Professionalism Violation

Professionalism Violations are subject to remediation specific to violation with self-reflective statement.

Late Assignments

Late assignments will only be accepted for credit up to three days past the posted due date. ***Assignments received during the 3-day late submission period will have 10% of the total points deducted from the final assignment grade for each day late.*** After three days, a zero (0%) grade will be awarded. Exceptional circumstances permitting late assignment submission will be determined by the DCE (or DCP).

Exam Procedures

EOR exams are administered utilizing PAEA validated exams. Therefore, challenging exam questions is not permitted. The student may schedule a review of exam performance with the DCE or DCP. A student who experiences a problem concerning a grade or any other aspect of a course should first discuss the matter with the DCE (or DCP).

Exam Integrity

• To maintain exam validity and academic integrity, students may not inquire about interpretation of exam items or content during the administration of the exam or assessment.
• If problems related to exam administration are encountered, the exam proctor should be notified immediately.
• During an exam, students may not have the following items at their desk or on their persons:
   o Caps or hats
   o Written material of any kind
   o Electronic devices, unless approved by the DCE or DCP
• Students should not leave the room during an exam. However, if a student needs to use the restroom, they must leave all of their exam materials and electronic devices in the exam room.
   o No more than one student may leave the room at a time.
• Cheating is a violation of the University's policy on academic honesty and grounds for dismissal.

Computerized Testing Integrity

Courses may use computerized testing to access knowledge. The following parameters apply to all computerized, on-site, proctored examinations:

• All backpacks, notes, cell phones, and any other item other than your computer must be removed from the testing area and put to the front/side of classroom prior to the start of the exam.
• The student should raise his/her hand if computer difficulties develop.
• When a test is open, no other windows may be open simultaneously (unless otherwise specified by DCE or DCP).
   o The testing screen must be fully maximized.

> If a student is observed at any point in an exam to have ignored this requirement, it will result in an automatic failure and referral to the APC for dismissal. The ***Academic Dishonesty Report*** Form is contained in Appendix D.

- Once a student has left the room after completing the exam, they may not return until everyone has completed the exam.

Late for an Exam
- Students are expected to arrive ten minutes prior to the scheduled start time of an exam allowing time to set up laptop computers when needed, etc. **Exams will begin promptly at the scheduled time.**
- Students arriving after an exam has begun will be allowed to take the exam, but no additional time beyond the scheduled conclusion will be allowed.
- If a student arrives for an exam after another student has completed it and left the classroom, he/she will not be allowed to take the exam and therefore receives a score of zero (0).
- REMEMBER…Tardiness is a professionalism violation!

Missed Exams
Due to personal emergencies or other exceptional circumstances, a student may miss an exam. If this occurs, it is the responsibility of the student to inform the DCE (or DCP) within 48 hours of the exam. The student must also complete, sign, and submit an Time off Request (with an explanation and documentation supporting the absence) to the DCE (or DCP) within 72 hours of missing the exam. The DCE (or DCP) will consider the request and, only if satisfactory evidence is presented, may allow the student to reschedule the exam.
- An absence will automatically be considered unexcused if the DCE (or DCP) is not notified within 48 hours.
- The DCE (or DCP) will consider each request on its individual merits and all decisions for either approval or denial shall be final.
- Unexcused absence for an exam will result in a grade of zero (0) to be awarded.
- If excused, the student must be prepared to take the exam on the day they return to class. The actual timing of the exam will be at the discretion of the Course Director and the make-up exam may not be the same as the original exam.

> **SCPEs following a missed EOR exam may not begin until the missed exam is made-up.**

Dissemination of Exam Results
Results of student exams will be provided within a reasonable time following the exam. Grades will be accessible via Blackboard. Electronically posted grades are official. *Grades will not be given over the telephone or via email.*

Schedule
Course Location
Individual location and preceptor assignments are available to each student in Typhon.

Course Schedule
Assigned by the CSM with supervision from the DCE (or DCP). An up-to-date schedule is located in Typhon.

Student Attendance
See *SCPE Specific Policies and Procedures* section of this manual for details.

Course Requirements

The clinical year requirements are designed to meet the graduate PA core competencies of the Program, ARC-PA, and the PA profession.

Overview

For successful completion of each required SCPE, a student must satisfy the requirements listed below, as well as specific course syllabi requirements and standards of this handbook. Formal assessments, such as end of rotation examinations, in conjunction with SCPE preceptor evaluation and faculty evaluation are utilized to ensure students are able to meet these standards.

Students are required to:

- Complete clinical on-boarding requirements in a timely manner.
- Be prepared for each day of the SCPE rotation by completing any required or self-directed readings (textbooks, reference, Blackboard or Internet-based), as assigned by Program Faculty and/or Clinical Preceptor(s).
- Complete and submit assignments by their designated due dates according to the Grading Policy in the course syllabus and as per Blackboard information.
- Submit all written coursework following the guidelines in the latest edition of the *Publication Manual of the American Psychological Association*.
- Attend and participate in all scheduled learning activities, unless specifically excused by the DCE (or DCP) in accordance with the program policy.
- Be on time for scheduled rotations.
- Complete all written examinations as scheduled.
- Achieve a final point score that is 75% or higher of the total available course points.
- Meet the appropriate ethical and professional standards, as outlined in the *Program Standards of Professional Conduct*.
- Log patient encounters as designated in the *Evaluation Methods* section of this manual.
- Notify Program of any absences or schedule changes by emailing paclinical@gardner-webb.edu. Students are required to complete the **Time off Request** form (see *Appendix C*) as delineated in this handbook.

Disability Accommodations

Any student with an identified learning disability or who feels that he or she has a disability must register with the GWU Noel Center for Disability Resources (704-406-4270) or at disabilityservices@gardner-webb.edu so that appropriate and reasonable accommodations can be made. Registration with Noel is required for each semester that the student is enrolled in the Program. No accommodations for any disability can be made unless appropriate documentation is provided from Noel. The Noel office may require additional testing and evaluation of the scope and nature of the student's disability.

In addition to registration with Noel, any student who feels that he or she has a disability or condition which might jeopardize the safety of patients or prohibits his or her participation in classroom, laboratory or clinical activities must notify the appropriate faculty and/or Program Director so that reasonable accommodations can be made, if possible.

SCPE Specific Syllabi