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Message from the Program Director

Dear Chapman University PA Student:

As you prepare to enter your clinical training year here with Chapman University's PA Studies Program, I would like for you to realize that you have reached a significant milestone in your medical education. The rigorous academic learning you have achieved will soon be applied to the clinical setting, where you will be afforded multiple opportunities to hone your skills, knowledge, and practice as a future healthcare provider. The quality of your clinical experiences this year will be what you make of it, so I encourage you to take full advantage of this time and privilege to learn and work in the various clinical venues assigned to you. The program will work to provide you with the support and resources necessary to help you navigate your clinical year, so as to maximize your educational experiences and lead you toward becoming a competent and exemplary healthcare professional.

Your engagement in clinical education will be unique, essential, and critically important, because you will be interacting with real-life patients who will entrust you with elements of their healthcare. This engagement with patients is both a great privilege and a great responsibility, and should be viewed as one of the most valuable processes in your development as a PA provider. Please remember to respect all of your patients, as they will certainly be some of your greatest teachers, and defer to your preceptor for any medical pearls of wisdom, direction, and guidance in their specialty of practice. Also respect and regard every preceptor as a potential employer, colleague, mentor, and even future confidante. If you conscientiously review this guide in its entirety and abide by its content, you will be well-prepared to gain the best possible learning experiences during your medical training.

PAs have become prominent, respected, and trusted participants in the healthcare community because those who preceded you represented themselves and their profession with integrity and excellence. You too will earn the proud respect of the medical community if you contribute your own excellence to your medical training and practice.

Congratulations on your well-won achievements thus far, and I wish you much success as you begin the clinical phase of your education. Please do not hesitate to contact me if you have any questions, concerns, or suggestions on how to enhance your educational experience.

Sincerely,

Robert Young, MS PA-C

Robert Young, MS, PA-C
Program Director
Chapman University Master of Medical Science
Physician Assistant Studies Program
PRECEPTOR RESPONSIBILITIES

Preceptor Role

Students preparing to become healthcare providers must be given opportunities to practice the clinical skills they will be expected to utilize as professionals. These skills include patient interviewing, physical examination of patients, communication with patients and colleagues, interpretation of diagnostic studies and clinical data, and demonstration of behaviors consistent with professionalism. Students are expected to apply and practice their skills so that they may become more useful members of the healthcare team, both as lifelong learners and as future healthcare professionals.

Students inevitably enter clinical training with varying levels of healthcare experience and capability, and so delegated responsibility for patient care may need to progress incrementally over the student’s period of training. It is optimal for preceptors to delegate as much responsibility as a given student is able to manage, while still providing the necessary supervision to ensure a quality learning experience for the student and the safety/well-being of patients.

A clinical preceptor will be a leader and guide in facilitating a student’s patient encounters, helping the student gain clinical experiences that are relevant to the practice of medicine and appropriate for the student’s achievement/experience level. As the student’s patient care responsibilities are progressively advanced, he/she should be able to manage all elements of a patient encounter, from the initial chief complaint to discussing final treatment planning. All students should be given guidance up-front on how the preceptor and/or practice system would like patient encounters to occur or be documented, and preceptors should keep in mind that students just starting out their clinical rotations may need additional supervision before they feel comfortable enough working more autonomously.

To make the learning experience more meaningful for students, we encourage preceptors to be receptive to student questions and to preview patient charts with students prior to encounters. After completing these encounters, students should be given the chance to present their history and physical exam findings to their preceptor, transcribe/dictate appropriate notes, review accompanying diagnostic studies, generate a differential diagnosis and treatment plan, and complete follow-up patient phone calls as needed.

**Important note:** The PA student must never be used as a substitute for a licensed clinical provider in any clinical setting. Students should not be allowed to evaluate, diagnose, treat, or discharge patients without the direct involvement and supervision of the clinical preceptor.

Orientation

Each member of the healthcare team plays a role in assuring the student has a successful rotation. Orientation should include introductions to staff, a tour of all practice sites, and a description of office and hospital protocols, routines, and scheduling. It is critical to familiarize the student with practice site routines and the location of critical resources so the student can be functional and confident in various clinical settings.

PA students need exposure to and experience with the entire spectrum of clinical services. This should include, but is not limited to:

- Outpatient care
- Inpatient care
- Sub-acute/skilled-nursing care
- Emergency room care
- Surgical/operative care
The PA student should be involved in all activities that the preceptor would engage in during the clinical day. Students should not be exempt from on-call, evening, weekend, or holiday clinical responsibilities, unless the preceptor has determined these activities not to be contributory to the students’ learning experience.

It is the responsibility of the preceptor to give the student opportunities to perform the following:

- Obtain an appropriate history
- Perform a pertinent physical examination
- Interpret diagnostic studies
- Communicate necessary and expected information in oral and written presentations
- Correlate clinical and diagnostic data findings
- Develop differential diagnoses
- Develop treatment plans
- Counsel and educate patients
- Follow up with patients after discharge, as needed
- Conduct oneself in a professional manner

**STUDENT RESPONSIBILITIES**

**Professional Behavior**

Students are granted the privilege to be invited guests of each clinical site, and should strive to always leave a positive impression of themselves, Chapman University, and the PA profession. Discretion, integrity, honesty, courtesy, and respectful behavior are required and expected while on rotations. Those who fail to consistently demonstrate an acceptable level of maturity and overall professionalism may receive a failing grade for the rotation.

Students are expected to treat all patients, faculty, university staff, clinical preceptors, health care workers, healthcare staff, and fellow students with dignity and respect. Any conflicts should be resolved in a diplomatic, mature, and reasoned manner. Students should be sensitive to, and tolerant of, diversity within preceptor and patient populations. PA training involves working closely with healthcare providers, patients, staff, and other students, where personal information is often discussed and shared. These situations must be approached with respect for the privacy, confidentiality, and sensitivity of such individuals. Ideas, suggestions, and constructive criticism should be offered in a thoughtful and respectful manner that encourages trust and understanding between individuals.

Displays of anger, intimidation, or aggression may be grounds for failure of the rotation and/or dismissal from the program. This includes demeaning, offensive, argumentative, and threatening language/behavior, or conduct that is insensitive to race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, gender identity or expression, disability, veteran status, medical condition, socioeconomic status, religious or political beliefs, or any status protected by law or executive order.

**Prerequisites for Clinical Rotations**

Students must fulfill the following criteria prior to engaging in clinical rotations:

1. Successful completion of all didactic course work.
2. Maintain a valid personal health insurance policy. Failure to maintain health insurance throughout the clinical year will result in removal from rotations until valid proof of insurance coverage is submitted.
3. Successful completion of a criminal background check (and any other background checks required or requested by a particular clinical site), and drug testing if required.

4. Completion of all required immunizations and testing (MMR, varicella, DTaP, record of hepatitis B vaccine and/or serum titer levels, PPD with or without chest x-ray, if indicated). Maintain yearly TB testing while on rotation. Students are responsible for maintaining their personal immunization record, and it is recommended that they carry a copy of this record to the assigned clinical site on the first day of each rotation. Failure to demonstrate an up-to-date immunization status on request will result in removal from the rotation until valid proof of current immunization status is presented.

5. Maintain a functional mobile phone number and Chapman University email. As well, it is students’ responsibility to make sure the PA Program always has the most updated contact information to reach them throughout the entire clinical year.

Clinical Activity

- PA students on clinical rotation must work under the direct supervision of a licensed physician, PA, nurse practitioner, or nurse midwife who is supervised by a licensed physician.
- Students must wear the embroidered Chapman University PA Program patch on their white coat, and display a visible name tag designating their student status. Students must always identify themselves as PA students to patients, healthcare providers, and staff.
- Students at clinical sites must always work under the supervision of a preceptor. They may not function as a substitute for any employee, or assume primary responsibility for a patient's care. They must not consult, examine, treat, or discharge a patient from care without consultation with a clinical preceptor or supervisor.
- Students shall perform only those procedures authorized by the Program, clinical site, and preceptor. Students must adhere to all rules and regulations of the PA Program and the clinical sites.
- Students cannot appear at the University or clinical sites under the influence of alcohol or drugs.
- Students shall not exhibit any behavior that may jeopardize the health and safety of patients, staff, faculty, or fellow students.
- Students will deliver health care services to patients without regard to their race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, gender identity or expression, disability, veteran status, medical condition, socioeconomic status, religious or political beliefs, or any status protected by law or executive order.
- In the event of the temporary absence of the assigned preceptor, the preceptor or his/her designee will identify an alternate preceptor. At no time will students work at a clinical site without having a preceptor clearly identified.
- All charts and written orders must be signed (if applicable) with the student’s name clearly written, followed by the designation “PA-S.” At no time may PA students use other professional titles (e.g. RN, EMT, DPT, etc.) while on clinical rotations.
- The preceptor must countersign all chart entries and written orders immediately.
- Students must know their limits while in training. Students must not consent to assess any patient or perform any procedure that is beyond their ability or scope of practice.
- The highest levels of patient confidentiality and privacy will be observed at all times, in compliance with HIPAA guidelines (see APPENDIX 8).
Documentation Guidelines

The Center for Medicare and Medicaid Services (CMS) guidelines only permit students to document a portion of the History and Physical Exam (the Past Medical History, Family History, Social History, and Review of Systems). The preceptor must personally document all other key elements of the visit. If a particular site does not authorize or allow PA students to officially document patient notes in a paper or electronic chart, it is advisable for students to document the patient encounter on a separate piece of paper so that they can continue practicing their documentation skills and obtain feedback from the preceptor. They must formulate a SOAP note, to be reviewed by the clinical site visitor.

Patient Confidentiality

Medical ethics and federal laws forbid violation of patient confidentiality. Students and preceptors alike must be sensitive to this issue. Any discussion regarding a patient’s identity, diagnosis, care, condition, or other medical information should be conducted with discretion, and preferably in a private setting. All current HIPAA Guidelines must be followed by every individual who works in a setting where exposure to protected patient information is present (APPENDIX 8).

Patient Incident Reporting

Chapman University’s Risk Management Department requires all students to report via the online Incident Reporting Form (https://webfarm.chapman.edu/IncidentReporting/IncidentForm.aspx) any patient occurrence or claim involving the student in any of the following patient-related events:

- Fatality;
- Major paralytic conditions, such as paraplegia or quadriplegia;
- Second or third-degree burns to 25% or more of the body;
- Amputation, permanent loss of use or permanent loss of sensation of a major extremity;
- Head or brain injuries resulting in coma, behavioral disorders, personality changes, seizures, aphasia, or permanent disorientation;
- Loss of sight in one or both eyes, or loss of hearing;
- Injury resulting in incontinence of bowel or bladder;
- Sexual molestation, sexual assault, or rape;
- Bodily injury resulting from health care services provided in a clinic, infirmary, student health center, treatment room, or other similar facility that provides medical or health services to students, or at other locations in the event of a medical emergency.

Attendance

Students are expected to follow all Program reporting instructions, and to notify the program of any errors or changes.

An assigned clinical schedule will be determined by the preceptor (or his/her agent), and should include a minimum of 40 hours per week. Students should anticipate working some evenings, weekends, holidays, or “on-call” shifts on various rotations, and must not refuse to work during these times if it is deemed necessary by the preceptor. University holidays do not apply to students’ schedules during the clinical year, and preceptors are not obligated to grant days off to students on holidays or weekends (but may do so at their discretion). Keep in mind that PA students only have one year to receive all of their clinical training prior to graduation, so it behooves them to make the most of the time and privilege granted to them of working at clinical sites; the more time spent at a given clinical site, the greater the opportunities available for enhancing one’s learning, skills, and understanding of the overall practice of medicine.
Students will email or fax their clinical rotations schedules (as determined by their preceptor) to the Clinical Coordinator by the end of the first week of the rotation.

Students must notify the Clinical Coordinator as to how they may best be reached during regular office hours, and of any mailing address or phone number changes (i.e. personal mobile number, emergency contact number(s), clinical site number, and/or student pager number if cellular service is weak or unavailable at some clinical sites, etc.).

**ABSENTEEISM**

Adherence to scheduled clinical rotation hours and attendance at all scheduled post-clinical activity days (PCADs) at the conclusion of rotations are mandatory. Failure to fulfill these requirements is strongly considered in the evaluation of the student’s academic performance and professional attitude, and may result in a failing grade for the rotation.

If a student must be absent from ONE scheduled clinical rotation shift (this can include daytime shifts, evening/overnight shifts, and/or “on-call” shifts), both the preceptor and the Clinical Coordinator must be notified as soon as possible, via telephone or electronic means; but in any event, no later than 9am on the day of the absence or following the absence (in the case of absence from an overnight shift). If the appropriate party cannot be reached, then students must leave a phone or electronic message regarding the absence, and a phone number where they can be immediately reached.

In addition, students must complete and submit a formal Student Absence Form (APPENDIX 2) to the Clinical Coordinator within 24 hours of the date of the absence (forms may be faxed, scanned and emailed as a .pdf file, or hand-delivered to the Program office). Failure to follow this procedure as stated will result in ONE unexcused absence. The student will be responsible to make up the hours for the clinical time missed during the absence.

Be advised that the program will make random calls to rotation sites to verify student attendance and performance.

**EXCUSED ABSENCES**

Incapacitating illness, injury requiring bed rest, and unexpected family emergencies are considered valid reasons for absenteeism; however, the procedures for absenteeism as outlined above must be followed. Excused absences greater than TWO (2) scheduled clinical rotation shifts per 5-week rotation due to bona fide, documented, medical or personal emergencies will result in a grade of "I" (incomplete) for the rotation. Rotations in which students receive an "I" due to excessive excused absences may be completed at a later date, depending on the availability of the rotation and at the discretion of the Clinical Coordinator. For an excused absence, time missed will be made up on an hour for hour basis.

**UNEXCUSED ABSENCES AND TARDINESS**

Business appointments, routine dental and doctor appointments, weddings, graduations, family reunions, and other social events are not valid reasons for excused absenteeism. Absenteeism not reported as per policy outlined above will be considered unexcused, regardless of cause.

Students are expected to always act in a professional manner, and reporting to scheduled clinical work shifts on-time is one of the most important demonstrations of professionalism. Tardiness to rotations and/or post-clinical activity days is not acceptable. Unexcused absences and tardiness will be handled as follows:

1. **First Event** - Documented counseling session with assigned faculty advisor and Clinical Coordinator; documented proof, with preceptor's signature, that missed clinical training time was made up; *final rotation grade decreased by 5 points.*

2. **Second Event** - Documented conference with the Clinical Coordinator and PA Program Director concerning professional conduct and responsibility; documented proof, with preceptor's signature, that missed clinical training time was made up; *final rotation grade decreased by 10 points.*
3. **Third Event - Automatic rotation failure** and referral to the PA Studies Program Student Progress Committee, with remediation efforts/decisions reviewed by the PA Program Director. A letter from the Program Director noting the student’s citations will be placed in the student’s academic file and will remain in the file at the Program Director’s discretion. The student will be required to report to the PA Program Studies office for the remainder of the clinical rotation cycle, 8:30 AM - 5:00 PM, Monday through Friday, to engage in an independent study program.

**OTHER SITUATIONS FOR ABSENCES**
Job interviews are not considered valid reasons for absences. All attempts must be made to schedule an interview so it does not interfere with the core clinical rotations (preferably during an elective rotation month). In the event that this cannot be accomplished, students must first obtain permission from the Clinical Coordinator to attempt to arrange time off for the interview. Subsequently, the preceptor must grant permission for the absence, and students must make up the missed clinical time within the confines of that rotation. The PA Program must be notified as outlined above. A maximum total of TWO (2) days per calendar year will be allowed for interviews. The "I" grade for excused absences outlined above applies.

A “Leave of Absence” may be granted by the Clinical Coordinator for extended illness or absence from a rotation. The Clinical Coordinator will (on an individual basis) consider emergencies, special requests, and special issues arising that cause students to request a leave of absence, if done prior to failure of the rotation. All student requests are considered private and confidential, and are treated as such by the faculty.

CAPA and AAPA Conference attendance - Students who wish to attend these conferences must submit their intentions, in writing, at the start of the clinical year to the Clinical Coordinator. After approval by the Clinical Coordinator, permission from the preceptor must also be obtained one month prior to the scheduled absence. If these processes are followed accordingly, this absence will be considered excused.

Students who serve on State or National committees must submit requests for time off for meetings at least 2 (two) months in advance, as these organizations schedule their meetings on an annual calendar. Any request submitted less than two months in advance may not be granted. If a documented “emergency meeting” is scheduled, permission for attendance will be considered on an individual basis, at the discretion of the Clinical Coordinator.

Absences for other scholarly activities will be considered by the Clinical Coordinator on a case-by-case basis, and must be addressed **at least one month prior** to the scheduled event.

**Attire**
Students must maintain a neat, hygienic, and presentable appearance suitable for professional school students. Therefore, attire should convey such professionalism whenever on the Chapman University campus or on clinical rotations (see the **Student Handbook** for the definition of acceptable professional attire). In addition to professional attire, students must also wear their white clinical jacket with the appropriate ID badge at all times. Scrubs are not permitted except while in the operating room or in surgery, unless otherwise indicated by the clinical preceptor. **Open-toed shoes are not acceptable under any circumstance while on clinical rotations.** Inappropriately dressed students should be asked to leave the rotation site and/or campus, and will receive an unexcused absence until they return in proper attire.
Medical Diagnostic Equipment
Students should bring their own properly functioning medical diagnostic instruments (stethoscope, reflex hammer, otoscope, ophthalmoscope, etc.) to all rotations, just in case the clinical sites do not provide this equipment for general use by student providers.

Parking/Travel/Housing
All students admitted to the Chapman University PA Studies Program should expect that they will be placed at some remote, underserved, and/or rural clinical sites that are not local to Chapman University’s campus. The program strives to afford all students the opportunity to work and receive training in a variety of clinical settings. The ultimate goal of this is to ensure that students will become well-rounded, culturally / demographically sensitive, and equitable providers to both the local community and population at large.

The Clinical Coordinator will attempt to place all students at clinical sites within a 70-mile driving radius of the Chapman University Health Sciences Rinker Campus in Irvine. When placement within a 70-mile driving radius is not possible, students will be responsible for planning their own living and transportation arrangements. Students are responsible for all parking, transportation, and travel costs incurred during attendance at clinical rotations. Students who attend required rotations and stay in nearby housing are responsible for all costs, risks, and liabilities involved in such housing arrangements. Travel expenses, parking, and housing are not covered by program tuition and will be the student’s personal and financial responsibility to cover and/or arrange.

Meals
Some clinical sites may provide meals to student providers at their own discretion. The program does not require nor request that any clinical site provide meals to student providers. Students should not assume that they are automatically welcome or invited into physician’s lounges or cafeterias at hospital institutions, and should enter these areas only if invited by a staff member or preceptor.

Insurance
Personal health insurance coverage is required for admission into and completion of the Chapman University PA Studies Program. Students must maintain a valid health insurance policy throughout their course of study in this program. Failure to maintain a valid insurance policy will result in removal from clinical rotations until proof of compliance is provided, which in turn may result in delay of graduation from the program. At the initiation of and throughout the clinical year, students will be required to show proof of a valid health insurance policy. Any costs incurred through illness, injury (either on or off-site during the course of the program), and/or a hospitalization during attendance at the PA Program is the students’ sole financial responsibility.

Professional Liability (Malpractice) Insurance – During clinical rotations, all students will be covered under their own student policy offered by HPSO* (claims-made and occurrence-based), which they will purchase individually (this cost is included in the mandatory student fee assessments). They will also be covered under a separate limited (claims-made only) professional liability policy provided by Chapman University. It is expected that all incidents involving students and patients will be reported immediately by phone and (at request) in writing to the Chapman University PA Studies Program, and also reported to Chapman University’s Risk Management Department via the online Incident Report Form: https://webfarm.chapman.edu/IncidentReporting/IncidentForm.aspx.

*Healthcare Providers Service Organization.
SAFETY

Universal Precautions
Students are responsible for following OSHA Guidelines for universal precautions at clinical rotation sites, including the use of protective gloves, eyewear, and clothing, the proper use and disposal of sharps, regular hand-washing/hand sanitation, and other precautionary measures. These guidelines will be presented in the PA Professional Issues didactic modules and pre-clinical training activities prior to starting clinical rotations.

Any documented allergies to latex products should be reported to the preceptor and the Clinical Coordinator. Each student is responsible to supply any latex-free products they may need, if they are not otherwise available at a given clinical site.

Bloodborne Pathogens Training
In any situation involving possible exposure to blood or potentially infectious materials, students should always practice Universal Precautions and try to minimize exposure by wearing protective barrier devices (i.e. gloves, splash goggles, gowns, pocket mouth-to-mouth resuscitation masks, etc.). For more information on Chapman University’s Bloodborne Pathogen Exposure Control Plan, visit:


All students will need to complete online video training on Bloodborne Pathogen Exposure prior to starting clinical rotations, which can be accessed at the following site:

http://safety.blr.com/safety_docs/10017300/player.html

Accident Reporting and Medical Care
If a student believes they have been exposed to HBV, HCV or HIV (especially if any of the signs or symptoms of these diseases have been experienced) or other potentially life-threatening communicable diseases, they should consult their private physician as soon as possible. Ultimately, the student is responsible for initiating care after exposure to possible blood borne pathogens. Students may consult their private physician or the Chapman University Student Health Clinic for guidance and assistance.

The Clinical Coordinator must also be notified of any exposure/possible exposure (i.e. needle-stick injuries, splashing of body fluids on exposed mucous membranes, inhalation exposure, etc.). Students should also report all accidents/injuries to Chapman University’s Risk Management Department via this online Incident Report Form:

https://webfarm.chapman.edu/IncidentReporting/IncidentForm.aspx.

Additional information on Chapman University’s Incident/Accident Reporting Policy and Procedure may be found here:


All costs for treatment and follow-up are the student’s sole responsibility. Please refer to the attendance and absenteeism policies in this handbook to account for any and all time missed due to clinical injury or exposure.
Emergency Procedures
While there is no guarantee or requirement for such, many of the clinical sites utilized by the Chapman University PA Studies Program can and will arrange for immediate medical care of students in the event of accidental injury or illness (costs incurred may be charged to the student’s personal health insurance policy). However, they are not obligated to take responsibility for subsequent costs involved in follow-up care, treatment, counseling, hospitalization, preventive care, etc.

If exposed, students should take the following steps:

1. Using gloves, remove and dispose of all contaminated personal protective equipment (PPE). Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap, if possible. If blood is splashed in the eyes or mucous membranes, flush the affected area with running water for at least 15 minutes.
2. Report the exposure to the supervising physician (or immediate clinical Supervisor) AND to the Clinical Coordinator as soon as possible. All incidents should also be reported to Chapman University’s Risk Management Department by completing an online Incident Reporting Form, which can be accessed at: https://webfarm.chapman.edu/IncidentReporting/IncidentForm.aspx
3. Many clinical facilities will initiate some aspect of post-exposure procedure(s) with a student. There is no mandatory requirement for them to do so, and any costs incurred following such a plan is the student’s responsibility. Students should ascertain costs (if any) in advance of accepting such services.
4. Students may also go to the Chapman University Student Health Center to request blood testing, if needed. Students may also contact their personal primary care provider for care and follow-up.

If students choose to utilize the services on campus, the Student Health Center has a specific set of procedures they will follow for all post-exposure cases, which are consistent with the Centers for Disease Control (CDC) policies and procedures. These procedures include documentation, treatment, and follow-up recommendations. Any costs incurred at the Chapman University Student Health Center are the student’s responsibility.

Public Safety
Students are required to review posted information on the Chapman Public Safety Site at http://www.chapman.edu/campus-services/public-safety/. If a student encounters any issues with regard to campus or public safety while enrolled in the Chapman PA Studies Program, he/she may call the 24-hour dispatch line at 714-997-6763.

ADMINISTRATION OF CLINICAL ROTATIONS

Establishing and Maintaining Clinical Rotation Affiliations
As a provisionally accredited PA Program, we are required to provide comparable clinical education experiences to all students, regardless of the site at which experiential training is obtained. The majority of this clinical practice must be supervised by a board-certified, residency-trained physician (MD or DO) or experienced PA (PA-C). Other experienced health care providers (nurse practitioners, certified nurse midwives, psychologists, etc.) can also supervise limited portions of a student’s clinical training, but will not serve as the primary precepting physician or PA. Students may request specific sites for use during their clinical year, however these potential sites must undergo the same approval process as program-identified sites and be deemed appropriate for use.
In order to ensure program compliance with accreditation standards, all preceptors and clinical sites are evaluated carefully. The process of establishing a clinical preceptor site is as follows:

1. A clinician or practice is recruited by the PA Program, or contacts the PA Program directly regarding interest in preceptorship
2. A Preceptor Information Packet is given to the potential preceptor
3. Program faculty conducts initial site evaluation visit (APPENDIX 5)
4. The Clinical Year Committee reviews the site’s prospects and site visit evaluation, and makes recommendation to the Clinical Coordinator and Program Director
5. Affiliation Agreement(s) is/are signed by both parties, and all supporting documentation is gathered (i.e. proofs of medical malpractice and general liability insurance, board certifications, and licenses of all preceptors involved)
6. Confirmation and a copy of the fully executed affiliation agreement is sent to the preceptor
7. Availability for student placement and scheduling at any given site is determined by the Clinical Coordinator

The process for precepting Chapman University PA students is as follows:

1. Student is assigned to site
2. Student information is forwarded to the preceptor (as well as associated practice facilities), and includes: Student biography, photograph, immunization record, date of last TB testing, background check, verification of health insurance coverage, certificate(s) of malpractice insurance coverage, HIPAA training certification, ACLS/BLS certifications
3. Student begins clinical rotation and presents to the preceptor the most updated version of the specialty-specific objectives and outcomes
4. Student will evaluate the clinical training site, learning experience, and site resources at the conclusion of the rotation
5. Preceptor will evaluate the student’s performance at mid-rotation and at the end of the rotation, and will send the appropriate documentation to the program accordingly

The process for maintaining a clinical preceptor site is as follows:

1. Faculty will occasionally visit the site to assess student performance and observe student-preceptor interactions
2. Preceptor feedback, student feedback, and site visit data is reviewed by the Program Clinical Year Committee, which will make recommendations to the Clinical Coordinator and Program Director whether to maintain the site relationship

Site Visits

In addition to the above and according to Program policy, site visits are mandated under any of the following conditions:

- In reply to a preceptor request or complaint about a student
- In response to a student’s concerns, whether communicated verbally or in conjunction with the mandatory student evaluation of the site/preceptor
- For all PA students who are on probation for any reason
- At the discretion of the program

Site visits can be requested for any reason by either the preceptor or the student by contacting the Clinical Coordinator to discuss the situation and set up a time to meet.
Site visits will occur at a minimum of once every two years. Site visits can be completed by faculty, alumni, adjunct faculty, or other personnel that the program determines to be in appropriate standing. These visits can be performed telephonically, via electronic means (i.e. email, Skype, Go-To-Meeting, Face-Time), or on physical location. In all cases, approved preceptor evaluation forms (APPENDIX 1) and site visit forms (APPENDIX 5) will be used to obtain consistent data for each site visit. During the site visits, students may also be evaluated (APPENDIX 3, APPENDIX 4); however, these evaluations can also be done on separate occasions, as needed by the program.

**Malpractice Insurance Coverage**

While on clinical rotations, PA Program students are given limited coverage (claims-made coverage only) by Chapman University’s “blanket” professional liability insurance policy. A copy of this certificate of insurance will be sent to each clinical site via email upon establishment of the site, and yearly with the renewal of the policy.

This coverage is limited to:

- Students currently registered and matriculated in the Chapman University PA Studies Program
- Clinical sites approved and scheduled through the Clinical Coordinator
- Students participating within the guidelines outlined in the Chapman University PA Studies Clinical Syllabi

The student will not be covered for any service or activity that is not approved, scheduled, or within the expected scope of practice for a PA student, as determined by Program policy.

As noted previously, all students will be covered under their own individual comprehensive (claims-made plus occurrence-based) student malpractice policy offered through HPSO*, which they will purchase individually (this cost is included in the mandatory student fee assessments).

*Healthcare Providers Service Organization.

**END OF ROTATION POLICIES AND PROCEDURES**

**Student Evaluation of Preceptor/Site**

This evaluation allows Chapman PA students to provide constructive feedback for preceptors and help guide the future use of clinical sites. Student feedback should offer insight, constructive criticism (if needed), and informative advice, and should not be judgmental or accusatory in nature. This contribution from students can be a powerful tool in improving medical education by providing the preceptor and program with vital information on preceptor performance, attitudes, and conduct. The Student Assessment of Preceptor and Clinical Rotation Sites Form can be found in APPENDIX 6.

Guidelines for giving constructive feedback include the following points:

- Base it on first-hand, personally observed/experiential data (and not on second-hand knowledge of the preceptor/site)
- Keep the tone professional, well-reasoned, and articulate
- Report specific information, rather than generalized impressions
- Provide suggestions for improvement, if needed
- Provide commentary that would help guide other students rotating on the site
Rotation Grades

Preceptor evaluation of student performance (APPENDIX 1) accounts for 40% of the student’s grade. To insure timely assignment of rotation grades, we ask that this form be completed and submitted to the Clinical Coordinator during the last week of the student’s rotation. All final clinical rotation grades are assigned by the program. Students are not to discuss grades with their Clinical Preceptors. Any questions about clinical rotation grades are to be referred to the Clinical Coordinator.

Rotation grades are assigned as follows:

- **Family Medicine**
  - Preceptor Evaluation: 40% of final grade
  - End-of-Rotation Examination: 40% of final grade
  - Patient Encounter and Procedural logging: 10% of final grade
  - Post-Clinical Activity Day(s) Attendance: 10% of final grade
  - Professionalism: “Satisfactory” or “Unsatisfactory”

- **Internal Medicine (Inpatient)**
  - Preceptor Evaluation: 35% of final grade
  - End-of-Rotation Examination: 40% of final grade
  - Case Study with Presentation: 10% of final grade
  - Patient Encounter and Procedural logging: 10% of final grade
  - Post-Clinical Activity Day(s) Attendance: 5% of final grade
  - Professionalism: “Satisfactory” or “Unsatisfactory”

- **Internal Medicine (Outpatient)**
  - Preceptor Evaluation: 40% of final grade
  - End-of-Rotation Examination: 40% of final grade
  - Patient Encounter and Procedural logging: 10% of final grade
  - Post-Clinical Activity Day(s) Attendance: 10% of final grade
  - Professionalism: “Satisfactory” or “Unsatisfactory”

- **Women’s Health & OB/GYN**
  - Preceptor Evaluation: 40% of final grade
  - End-of-Rotation Examination: 40% of final grade
  - Patient Encounter and Procedural logging: 10% of final grade
  - Post-Clinical Activity Day(s) Attendance: 10% of final grade
  - Professionalism: “Satisfactory” or “Unsatisfactory”

- **Emergency Medicine**
  - Preceptor Evaluation: 35% of final grade
  - End-of-Rotation Examination: 40% of final grade
  - Case Study with Presentation: 10% of final grade
  - Patient Encounter and Procedural logging: 10% of final grade
  - Post-Clinical Activity Day(s) Attendance: 5% of final grade
  - Professionalism: “Satisfactory” or “Unsatisfactory”

- **General Surgery**
  - Preceptor Evaluation: 40% of final grade
  - End-of-Rotation Examination: 40% of final grade
  - Patient Encounter and Procedural logging: 10% of final grade
• Mental & Behavioral Health
  o Preceptor Evaluation: 40% of final grade
  o End-of-Rotation Examination: 40% of final grade
  o Patient Encounter and Procedural logging: 10% of final grade
  o Post-Clinical Activity Day(s) Attendance: 10% of final grade
  o Professionalism: “Satisfactory” or “Unsatisfactory”

• Pediatrics
  o Preceptor Evaluation: 35% of final grade
  o End-of-Rotation Examination: 40% of final grade
  o Case Study with Presentation: 10% of final grade
  o Patient Encounter and Procedural logging: 10% of final grade
  o Post-Clinical Activity Day(s) Attendance: 5% of final grade
  o Professionalism: “Satisfactory” or “Unsatisfactory”

• Elective*
  o Preceptor Evaluation: 40% of final grade
  o End-of-Rotation Examination (Family Medicine): 40% of final grade
  o Patient Encounter and Procedural logging: 10% of final grade
  o Post-Clinical Activity Day(s) Attendance: 10% of final grade
  o Professionalism: “Satisfactory” or “Unsatisfactory”

All of the above are required components to receive a passing grade for the rotation. Failure to receive a “Satisfactory” notation for Professionalism will result in failure of the rotation. Remediation of this component is mandatory. See Remediation Policy below.

*For Elective Rotations ONLY: Students are expected to study for the Elective Rotation similar to a Family Medicine rotation. While students may spend additional time learning about rotation-specific topics, both the Learning Objectives and the End of Rotation exam for the Elective Rotation will be the same as for the Family Medicine rotation in order to prepare students for primary care medicine and for the PANCE examination upon completion of the program.

Remediation is available for grades achieved that are less than 80%. Any student who receives a failing grade during the clinical education phase is subject to dismissal from the program. At the discretion of the Clinical Coordinator and Program Director, the student may repeat a failed clinical rotation. Failure of a clinical rotation may and likely will result in a delay of graduation from the program.
APPENDICES

The following Appendices are included in the remainder of this document:

- Appendix 1  Preceptor Mid/End of Rotation Evaluation of Student form
- Appendix 2  Student Absence Form
- Appendix 3  Faculty Assessment of Clinical Site
- Appendix 4  Student Performance Evaluation at a Clinical Site (for Faculty to complete)
- Appendix 5  Clinical Site Evaluation (for Faculty to complete)
- Appendix 6  Student Assessment of Preceptor and Clinical Rotation Sites (for Student to complete)
- Appendix 7  Clinical Rotation Schedule Template
- Appendix 8  HIPAA Guidelines
- Appendix 9  ACGME Requirements/Duty Hour Regulations
- Appendix 10 Receipt & Acknowledgement of Clinical Curriculum Handbook
A1  Preceptor Mid/End of Rotation Evaluation of Student

Student Name: ________________________________  Primary Preceptor Name: ________________________________

Rotation Name/Specialty: ________________________________  Rotation Dates: ________________________________

Thank you for participating in the clinical training of our PA student. To assist us in evaluating the effectiveness of our program in preparing students for the clinical year, please rate student performance during clinical training using the following scale:

1 = Strongly Disagree; 2 = Disagree, 3 = Neutral; 4 = Agree; 5 = Strongly Agree; N/A = not applicable/unknown/did not observe

I. PROFESSIONAL BEHAVIOR:

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<thead>
<tr>
<th>CRITERIA</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
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<tr>
<td>Treats others with respect, dignity, and compassion</td>
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<td>Maintains professional appearance and good personal hygiene</td>
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<td>Personal integrity (identifies and reports unprofessional or dishonest behavior)</td>
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<td>Punctual attendance to clinical activities</td>
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<td>Uses appropriate verbal and non-verbal communication</td>
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<td>Identifies self properly as a PA Student</td>
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<td>Able to accept and apply constructive criticism</td>
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<td>Understands and respects socio-cultural norms</td>
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<td>Assumes personal responsibility for choices made</td>
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<tr>
<td>Adheres to institutional policies and procedures</td>
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<td>Takes personal responsibility for own learning; understands his/her own limits of knowledge, and when to ask questions</td>
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II. CLINICAL PERFORMANCE

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<th>4</th>
<th>5</th>
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<tbody>
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<td>Demonstrates skill in obtaining a meaningful/pertinent medical history</td>
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<td>Demonstrates skill and competence in performing an appropriate physical examination</td>
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<td>Knowledge of appropriate use of diagnostic tests</td>
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<td>Demonstrates core knowledge in area of specialty</td>
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<td>Demonstrates problem-solving skills/critical thinking</td>
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<td>Demonstrates skill in performing clinical and technical procedures</td>
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<td>Demonstrates ability to develop and apply appropriate differential diagnoses</td>
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<td>Demonstrates ability to develop and implement an effective treatment plan</td>
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<td>Demonstrates quality of written records/documentation (including timeliness)</td>
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*Please call the Clinical Coordinator (714-744-2185) if the student demonstrates any of the following problem behaviors:

- **Absenteeism:** absence or tardiness from clinical activities. Total number of absences:__________
- **Falsification of medico-legal records/documentation.**
- **Breach of patient confidentiality/HIPAA.**
- **Impersonation of a PA, doctor, or other health care provider (i.e. forgery, failing to identify oneself as a PA Student).**
- **Engaging in behaviors that might endanger patients, i.e. overestimates level of competence, proceeds in patient care without adequate supervision/feedback.**

ADDITIONAL COMMENTS: __________________________________________________________________________________________

__________________________________________________________________________________________

Preceptor Signature _____________________________  Date _____________________________

PLEASE RETURN COMPLETED FORM TO: Chapman University PA Studies Program, ATTN: Clinical Coordinator, 9401 Jeronimo Road, Irvine, CA 92618-1908; Fax: 714-289-2086; Email: paprogram@chapman.edu.

Revised: 12/7/15 JRG  17  ARC-PA Standard C4.01-C4.02
**A2  Student Absence Form**

**STUDENT ABSENCE FORM**

**Student Name:** [Click here to enter text.]

**Date Submitted:** [Click here to enter a date.]

**Student Instructions:** It is your responsibility to obtain and complete this form whenever you miss a class or clinical day. If it is an anticipated absence, please complete the form at least a week in advance of the class you expect to miss; if it is an unanticipated absence, you must fill out this form on the **first day** you return to class. When you have completed this form, print and sign it then submit it to the appropriate course director if didactic year, or to the Clinical Coordinator for the clinical year.

Check one:

☐ Anticipated absence
☐ Unanticipated absence

**Date(s) of absence:** [Click here to enter a date. to Click here to enter a date.]

**Class/Activity/Clinical Rotation missed:** [Click here to enter text.]

**Preceptor Name/Specialty (if applicable):** [Click here to enter text.]

**Reason for absence:**
[Click here to enter text.]

**How will the missed material be remediated?**
[Click here to enter text.]

____________________________________
___________________
Student Signature Date

---

For Course Director/Clinical Coordinator Use Only:

**Form submitted on time:**
☐ Yes  ☐ No

**Date received:** ____________

**Excused absence?**
☐ Yes  ☐ No

**Course material missed due to absence (check all that apply):**

☐ Lecture  ☐ Exam  ☐ Group Assignment  ☐ Skills/Anatomy Lab  ☐ Quiz

☐ Clinical Rotation  ☐ Other: __________________________

**May the student remediate the missed work?**
☐ Yes  ☐ No

**Plan for remediation (if applicable):**
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

________________________________________
______________________________
Printed Name Signature Date

**PLEASE RETURN COMPLETED FORM TO:** Chapman University PA Studies Program, ATTN: Clinical Coordinator, 9401 Jeronimo Road, Irvine, CA 92618-1908; Fax: 714-289-2086; Email: paprogram@chapman.edu.
### A3 Faculty Assessment of Clinical Site (Ongoing Evaluation)

**Student Name:** ____________________________  **Date of Visit:** ____________________________

**Primary Preceptor Name:** ____________________________  **Site Location:** ____________________________

**Rotation type (check one):**

- [ ] IM-outpt.
- [ ] IM-inpt.
- [ ] FM
- [ ] WH
- [ ] MBH
- [ ] PED
- [ ] ED
- [ ] SURG
- [ ] ELEC (specify): ____________________________

<table>
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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>This site’s location and surroundings appear safe for the student.</td>
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<tr>
<td>During this visit, the staff and preceptor are observed interacting with the student, and all parties appear comfortable working in the site’s environment.</td>
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<td>The facility is equipped/adequate to support a proper learning environment.</td>
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<td>The student is seeing appropriate patients, given the setting and rotation type.</td>
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<td>The student was able to present a case/patient encounter to the preceptor.</td>
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<td>The student’s presentation was appropriate for his/her current experience/exposure in the clinical year.</td>
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<td>The student is allowed hands-on experience, with preceptor guidance.</td>
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<tr>
<td>Is the student provided with physical access to the facility?</td>
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<tr>
<td>Did the student provide a rotation schedule and syllabus to the preceptor?</td>
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<tr>
<td>Was the primary preceptor available?</td>
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<td>Was an alternate preceptor available?</td>
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<td>Was there adequate time to discuss all issues/questions?</td>
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Has the preceptor(s) made any suggestions regarding changes to the current clinical curriculum/teaching system(s)?

- [ ] Yes  [ ] No  If yes, explain: __________________________________________________________

Have comments from previous students on this rotation been addressed?

- [ ] Yes  [ ] No  [ ] N/A __________________________________________________________________________

**Student Comments/Concerns:**
____________________________________________________________________________________________
____________________________________________________________________________________________

**Preceptor Comments/Concerns:**
____________________________________________________________________________________________
____________________________________________________________________________________________

**Site Visitor Comments/Concerns:**
____________________________________________________________________________________________
____________________________________________________________________________________________

I would recommend continued use of this clinical site.  [ ] Yes  [ ] No

I would recommend continued use of this clinical preceptor.  [ ] Yes  [ ] No

**Site Visitor Name** ____________________________  **Signature** ____________________________  **Date** ____________________________

**Faculty Instructions:** Complete this form at the time of your site visit for students currently on rotation. Submit completed form to the Data Assessment Coordinator.
**A4  Student Performance Evaluation at a Clinical Site (for Faculty to complete)**

Student: ____________________________________________________________

Rotation Dates: ____________________________

Clinical Site Name: __________________________________________________

Preceptor(s): ________________________________________________________

Practice Specialty: __________________________________________________

**Please check one:**

<table>
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<tr>
<th>CLINICAL SKILL</th>
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<th>Good</th>
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<th>Needs Improvement</th>
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<td>History-Taking</td>
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<td>Physical Examination</td>
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<td>Diagnostic / Laboratory Test (Interpretation/Ordering)</td>
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**COMMENTS ON STUDENT:**
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**ACTIONS:**  [ ] Discussed with Student  [ ] Discussed with Clinical Coordinator  [ ] No Action Required

**COMMENTS ON SITE** (Please comment on setting, preceptor, patients, etc.):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
________________________________________________________________________

__________________________  ____________________________  _______________
Site Evaluator Printed Name  Signature                      Date
**HISTORY & PHYSICAL EXAMINATION SKILLS**

- Complete Physical Examination
- Problem-Oriented Physical Examination

**Chief Complaint:** ____________________

**COMMUNICATION SKILLS**

- Introduces Self: Yes [ ] No [ ]
- Listening: Yes [ ] No [ ]
- Non-verbal: Yes [ ] No [ ]
- Appropriate Questions: Yes [ ] No [ ]
- Open: Yes [ ] No [ ]
- Closed: Yes [ ] No [ ]
- Leading Questions: Yes [ ] No [ ]
- Re-directs Patient: Yes [ ] No [ ]
- Follows Patient Leads: Yes [ ] No [ ]

**SUBJECTIVE**

**HPI:**

- Done  Omitted  N/A
  - Onset
  - Palliative (relieving factors)
  - Provocative (Aggravating factors)
  - Quality (character)
  - Radiation
  - Severity
  - Time (timing, frequency, duration)
  - Assoc. Symptoms
  - Patient Concerns
  - Summarizing

**PMH**

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**ROS**

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**ROS questions appropriate to chief complaint?** Yes [ ] No [ ]

**SOCIAL HISTORY**

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**OBJECTIVE**

**PHYSICAL EXAM**

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<tr>
<td>Vital Signs</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Head</td>
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<tr>
<td>Eyes</td>
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<tr>
<td>Ears</td>
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<tr>
<td>Nose</td>
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<td></td>
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<tr>
<td>Mouth/Throat</td>
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<tr>
<td>Neck &amp; Thyroid</td>
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<tr>
<td>Nodes</td>
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<tr>
<td>Chest</td>
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<tr>
<td>Cardiovascular</td>
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<td></td>
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<tr>
<td>Lungs</td>
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<td></td>
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<tr>
<td>Breast</td>
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<tr>
<td>Abdominal</td>
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<td></td>
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<tr>
<td>Urogenital/Rectal</td>
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<tr>
<td>Musculoskeletal</td>
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<tr>
<td>Neurologic</td>
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</tbody>
</table>

Was physical exam appropriate to the nature of patient's chief complaint(s)? Yes [ ] No [ ]

**COMMENTS:**

- Introduces Self
- Listening
- Non-verbal
- Appropriate Questions
- Open
- Closed
- Leading Questions
- Re-directs Patient
- Follows Patient Leads

**SUBJECTIVE**

- Onset
- Palliative (relieving factors)
- Provocative (Aggravating factors)
- Quality (character)
- Radiation
- Severity
- Time (timing, frequency, duration)
- Assoc. Symptoms
- Patient Concerns
- Summarizing

**PMH**

- Illness
- Surgery
- Allergy
- Meds
- Immunizations
- Childhood Diseases

**ROS**

- General
- Skin
- Head
- Eyes
- Ears
- Nose
- Mouth/Throat
- Neck
- Cardiopulmonary
- Breast
- Gastrointestinal
- Genitourinary
- LMP
- Birth Control
- Musculoskeletal
- Neuropsychiatric
- Hematopoietic
- Endocrine
- Vascular

**ROS questions appropriate to chief complaint?**

**SOCIAL HISTORY**

- Tobacco
- ETOH
- Drugs
- Exercise/Diet
- Family History
- Health Care Maintenance
### ASSESSMENT/DIFFERENTIAL DIAGNOSES

<table>
<thead>
<tr>
<th>Incl. Appropriate “rule-outs”</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incl. Health Care Maintenance</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>States valid DDxs</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Comments:**

Was student’s knowledge base appropriate for level of training?  
- Yes
- No

**Comments:**

### ORAL PRESENTATION SKILLS:

1. Clear, logical
   - Yes
   - No

2. SOAP Format Used
   - Yes
   - No

**Overall presentation quality:**

- Excellent
- Good
- Fair
- Needs improvement

**Comments:**

### PLAN

<table>
<thead>
<tr>
<th></th>
<th>Done</th>
<th>Omitted</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Dx</td>
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<td></td>
</tr>
<tr>
<td>Rx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Comments:**

Was length of visit appropriate for chief complaint?  
- Yes
- No

**Student Comments:**

**Signatures:**

- Student
- Site Evaluator
- Date
Clinical Site Evaluation (for Faculty to complete)

Master of Medical Science PA Studies Program Clinical Site-Preceptor Evaluation

Preceptor Name: ____________________________ ☐ MD  ☐ DO  ☐ NP*  ☐ PA-C*

* If primary Preceptor is not a physician (MD or DO), then a supervising physician’s information/paperwork is required also.

Professional Data:

State Medical License Number (Do not leave blank): __________________  Date of last issuance/renewal: __________________

Board Specialty: __________________________  Board Eligible Date: ___________  Date Certified/Recertified: _______________

Medical / PA/ NP School: ____________________________  Year Graduated ____________

If another medical professional within facility is interested in participating in the clinical rotation, kindly include their name below. We will contact them to obtain the rest of their information. You may attach additional pages if needed.

Additional Preceptor(s) Name:

1. ____________________________ ☐ MD  ☐ DO  ☐ NP  ☐ PA-C  License # (if known): ______________

2. ____________________________ ☐ MD  ☐ DO  ☐ NP  ☐ PA-C  License # (if known): ______________

3. ____________________________ ☐ MD  ☐ DO  ☐ NP  ☐ PA-C  License # (if known): ______________

Clinic/Practice Name: ___________________________________________________________________________________

Street Address: ____________________________  City: ____________  State: ______  Zip Code: ____________

Practice Telephone: ____________________________  Fax: ____________________________

Practice Contact: ____________________________ Phone: ____________________________  Email: ____________________________

Preferred method of communication: ☐ Phone    ☐ Fax    ☐ Email    ☐ Other: ____________________________

What is the official legal business entity name of your practice? _______________________________________________________

At what time, where, and to whom should the student report on the first day of the rotation? ____________________________

Hours & Days:

☐ Monday  From: _____________  To: _____________

☐ Tuesday  From: _____________  To: _____________

☐ Wednesday  From: _____________  To: _____________

☐ Thursday  From: _____________  To: _____________

☐ Friday  From: _____________  To: _____________

☐ Saturday  From: _____________  To: _____________

☐ Sunday  From: _____________  To: _____________

Practice Specialty Area:

☐ Internal Medicine – Outpatient  ☐ Internal Medicine – Inpatient/Hospitalist

☐ Family Medicine  ☐ Women’s Health/OBGYN

☐ Emergency Medicine  ☐ General Surgery

☐ Mental & Behavioral Health  ☐ Pediatrics

☐ Other: ____________________________

Primary practice type:

☐ Private Solo Practice  ☐ Private Group Practice  ☐ Hospital Clinic  ☐ Other (describe): ____________________________

List the most common disease entities or problems for which you provide primary patient care:

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

Are Physician Assistants (PAs) and/or Nurse Practitioners (NPs) currently employed at your practice? ☐PA  ☐NP  ☐Both  ☐Neither
What type of other office personnel / staff do you employ?
____________________________________________________________________________________________________________
________________________________________________________________________________________

Do you have a Clinical Faculty Appointment Designation at another college? ☐ Yes ☐ No
If yes, please list your title: ______________________________________________________________

Are you interested in teaching during the didactic year of the Chapman University PA Studies Program also? ☐ Yes ☐ No

Each student rotation is 5 weeks in duration per specialty area listed above. How many 5-week clinical rotations are you willing to provide per year in your specialty? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

How many students can you accept per 5-week rotation in the previous question? Please note that we request all clinical preceptors to accept a minimum of 5 students per year (not per rotation) if possible. ☐ 1 ☐ 2 ☐ 3 ☐ Other: __________________________

Briefly describe any special demographic and/or ethnic population for which you provide services:
____________________________________________________________________________________________________________
________________________________________________________________________________________

Average percent of practice for these special demographic or ethnic populations: ☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Please estimate the average number of patients seen per week in your practice: ☐ <25 ☐ 25-50 ☐ 51-75 ☐ 76-100 ☐ >100

If you are surgical, please estimate the number of procedures you perform per week: __________________________

Do you have facilities for office laboratory and other diagnostic procedures? ☐ Yes ☐ No

List current hospital, clinic, surgical center, and/or other affiliations where the student will accompany the preceptor (s) during the clinical rotation experience:
1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________

Provide the full name of your malpractice carrier (if any): _____________________________________________________
Policy Number (if known): ______________________________________

Additional Comments (if any):
____________________________________________________________________________________________________________
________________________________________________________________________________________

IMPORTANT:
Please submit a copy of each participating preceptor’s current Curriculum Vitae. If available, please also submit a copy of current National/Board Certification, current State License, and Insurance Certificate (if any).
Submit Completed application via one of the following methods:
E-mail (preferred) to paprogram@chapman.edu Attn: Clinical Coordinator
Fax to: (714) 289-2086 Attn: Clinical Coordinator
Mail to Chapman University PA Studies Program, 9401 Jeronimo Rd, Irvine, CA 92618

For Office Use Only
Reviewer Signature: _______________________________ Date: __________________
A6  Student Assessment of Preceptor and Clinical Rotation Site

Student Name: _____________________________________  Primary Preceptor Name: _______________________
Rotation Name/Specialty: _________________________________  Rotation Dates: _________________________________

1 = Strongly Disagree; 2 = Disagree, 3 = Neutral; 4 = Agree; 5 = Strongly Agree; N/A = not applicable/unknown

I. PRECEPTOR:

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates ideas clearly</td>
<td></td>
<td></td>
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<tr>
<td>Provides easy-to-understand suggestions and guidance</td>
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<tr>
<td>Clearly explains the rationale for various medical procedures</td>
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<tr>
<td>Demonstrates techniques for procedures and exams</td>
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<tr>
<td>Clearly communicates to PA students what is expected of them</td>
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<tr>
<td>Uses constructive criticism and offers positive reinforcement</td>
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<tr>
<td>Communicates enthusiasm for the subject</td>
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<tr>
<td>Motivates students to learn</td>
<td></td>
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<tr>
<td>Suggests outside reading to expand the student’s knowledge</td>
<td></td>
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<tr>
<td>Reviews medical records which the student has written</td>
<td></td>
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<tr>
<td>Maintains professional demeanor</td>
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<tr>
<td>Provides appropriate level of observation and supervision</td>
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<tr>
<td>Provides feedback and mentoring</td>
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</tbody>
</table>

II. CLINICAL SITE

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Student has physical access to the facility/site</td>
<td></td>
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<tr>
<td>Patient population is appropriate for the rotation</td>
<td></td>
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<tr>
<td>Adequate resources (work space, computers, phone, break room, patient supplies, etc.)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>The staff was welcoming to student learners and helpful in giving direction as needed</td>
<td></td>
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<tr>
<td>Student feels safe, secure, and non-threatened working at this site</td>
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<tr>
<td>Students are included as active participants and productive members of the team</td>
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<tr>
<td>The site offered an environment conducive and amenable to learning</td>
<td></td>
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</tbody>
</table>

ADDITIONAL COMMENTS

1. Strengths of this rotation:  Click here to enter text.
2. Weaknesses of this rotation:  Click here to enter text.
3. Were you adequately prepared for this rotation? ☐ Yes  ☐ No
   If no, what could the PA Program have done to better prepare you?  Click here to enter text.
4. Would you recommend this rotation to other students? ☐ Yes  ☐ No
   If no, why not?  Click here to enter text.
5. Additional Comments:
   Click here to enter text.

___________________________________________  ___________________
Student Signature  Date

PLEASE RETURN COMPLETED FORM TO: Chapman University PA Studies Program, ATTN: Clinical Coordinator, 9401 Jeronimo Road, Irvine, CA 92618-1908; Fax: 714-289-2086; Email: paprogram@chapman.edu.
Clinical Rotation Schedule Template

Chapman University Supervised Clinical Experiences Rotation Schedule

Please note that this is for general purposes only, and that schedules may change based upon the needs of the programs and clinical preceptors available.

<table>
<thead>
<tr>
<th>Spring 2018 (TRIMESTER 4)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>WEEK</td>
<td>Internal Med</td>
<td>Internal Med</td>
<td>Family Med</td>
<td>Women’s</td>
<td>Pediatrics</td>
<td>General</td>
<td>Emergency</td>
<td>Mental &amp;</td>
</tr>
<tr>
<td></td>
<td>(Inpatient)</td>
<td>(Outpatient)</td>
<td></td>
<td>Health</td>
<td></td>
<td>Surgery</td>
<td>Medicine</td>
<td>Behavioral</td>
</tr>
<tr>
<td>Students:</td>
<td>Students:</td>
<td>Students:</td>
<td>Students:</td>
<td>Students:</td>
<td>Students:</td>
<td>Students:</td>
<td>Students:</td>
<td>Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summer 2018 (TRIMESTER 5)</th>
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</table>

<table>
<thead>
<tr>
<th>Fall 2018 (TRIMESTER 6)</th>
<th></th>
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</table>
HIPAA Guidelines
Health Information Portability and Accountability Act (HIPAA) Guidelines

According to HIPAA, protected health information (PHI) is confidential and should be protected from access, use, or disclosure, except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use PHI, when unauthorized or improper, will result in counseling and/or disciplinary action, up to and including termination.

General Guidelines regarding breaches of privacy:

- Protected health information (PHI) includes all forms of patient-related data, including name, photos, date of birth, social security number, address, personal/medical background, demographic information, and any other information which could potentially identify a patient.
- Depending on the nature of the breach, violations at any level may result in more severe action or termination from the program; minimum action will include academic probation.
- Levels I-III violations are considered to be without malicious intent; Level IV connotes malicious intent.
- At Level IV, individuals may be subject to civil and/or criminal liability.
- For any offense, a preliminary investigation will precede assignment of level of violation, which will involve the Program Director and/or Clinical Coordinator.

<table>
<thead>
<tr>
<th>Level of Violation</th>
<th>Examples</th>
<th>Minimum Disciplinary/Corrective Action</th>
</tr>
</thead>
</table>
| Level I            | • Misdirected faxes & e-mails, mail  
                   • Failing to log-off or close or secure a computer with protected PHI displayed  
                   • Leaving copy of PHI in a non-secure area  
                   • Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator)  
                   • Repeated violations of previous level |
|                    |          | Notification of breach will be given to the Privacy Officer of the health agency, and the Clinical Coordinator and/or Program Director of the Chapman PA Program. After investigation, the incident will be presented to the appropriate departmental committee for appropriate disciplinary action. |
| Level II           | • Requesting another individual to inappropriately access patient information  
                   • Sharing ID/password with another co-worker or encouraging co-worker to share ID/password  
                   • Repeated violations of previous level |
|                    |          | Notification of breach will be given to the Privacy Officer of the health agency, and the Clinical Coordinator and/or Program Director of the Chapman PA Program. After investigation, the incident will be presented to the appropriate departmental committee for appropriate disciplinary action. |
| Level III          | • Releasing or using aggregate patient data without facility approval for research, studies, publications, etc.  
                   • Accessing or allowing access to PHI without having a legitimate reason |
|                    |          | Notification of breach will be given to the Privacy Officer of the health agency, and the Clinical Coordinator and/or Program Director of the Chapman PA Program. After investigation, the incident will be presented to the appropriate departmental committee for appropriate disciplinary action. |
| Level IV | Releasing or using data for personal gain  
|         | Compiling a mailing list to be sold for personal gain or for some personal use  
|         | Accessing or allowing access to PHI without having a legitimate reason, and disclosure or abuse of the PHI  
|         | Tampering with or unauthorized destruction of information  
|         | Repeated Level III violations  

- Giving an individual access to your electronic signature  
- Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or “public” person, etc.  
- Repeated violations of previous levels to the appropriate departmental committee for appropriate disciplinary action, which may include dismissal.

Written warning will be placed in the student’s file.

Notification of breach will be given to the Privacy Officer of the health agency, and the Clinical Coordinator and/or Program Director of the Chapman PA Program.

After investigation, the incident will be presented to the appropriate departmental committee for appropriate disciplinary action, which may include dismissal.

Written documentation will be included in the student’s file.
A9  ACGME Requirements/Duty Hour Regulations

Duty Hour Federal Regulations
2012 ACGME Requirements

By Federal law, here are the regulations regarding duty hours of any/all students in the hospital setting (residents, interns, medical students, and PA students):

- **Maximum 80 hours/week** (this may be averaged over a 4-week period. i.e. 100 hours one week, 60 hours the next week, etc., for an average of 80 hours/week).
- **Not more than every 3rd day on-call.**
- **Continuous duty not to exceed 30 consecutive hours.** 24 hours on-call, and an additional 6 hours for didactic activities, transfer care of patients, or work in the out-patient clinics. No new patient may be accepted for admission after 24 hours of continuous duty. This does not count pre-round time.
- **24 hours off per 7 day period.** Can be averaged over 4 weeks. For example, students may work 14 days straight but then have two days off. Post-call days do NOT count as a day off. A day off is free of any clinical activities.
- **Post-call: minimum of 12 hours off-duty before starting next shift.**

If your clinical schedule does not follow these rules, advise the attending physician or chief resident with whom you are working and the Chapman University PA Studies Program immediately.
A10  Receipt & Acknowledgement of Clinical Year Handbook

Master of Medical Science PA Studies Program Receipt & Acknowledgement of Clinical Year Handbook

This Clinical Curriculum Handbook is an important document intended to help the student become acquainted with and guide them through the clinical year of the Chapman University Master of Medical Science PA Studies Program. Because educational systems at Chapman University may evolve and change according to institutional and/or accreditation requirements, the contents of this material may be changed at any time, at the discretion of the PA Studies Program. In the event of a change, the student will be notified in writing.

Please read the following statements and sign below to indicate receipt and acknowledgment of this material:

1. I have received a copy of the Clinical Curriculum Handbook. I understand that the policies, rules, and information described in it are subject to change at the sole discretion of the Chapman University PA Studies Program at any time.

2. I understand that my matriculation is terminable by myself at any time, regardless of the length of my matriculation. My matriculation may also be terminable secondary to infraction/violation of any PA Program policy, guideline, or procedure, in accordance with the established policy for such matters.

3. I understand that, should the contents of the Clinical Curriculum Handbook be changed in any way for any reason, the PA Studies Program or Chapman University will provide me with the current version and may require an additional signature from me to indicate that I am aware of and understand such changes.

4. I understand that, for the duration of my time as a student at Chapman University, any medical costs incurred incidental or coincidental to my enrollment in the PA Studies Program are my own responsibility. Neither Chapman University nor the clinical rotation sites themselves are responsible for covering any costs for medical treatment required or provided during the clinical year. I further understand that I must maintain a valid health insurance policy throughout the entire clinical year, and be able to provide proof of such insurance upon request. Failure to comply with this policy may result in suspension of clinical rotations until compliance can be documented, which may result in delays of course completion, graduation, and eligibility to sit for the PANCE.

5. I further understand that my signature below indicates that:
   a. I have received a copy of the Clinical Curriculum Handbook;
   b. I have read and understand the above statements;
   c. I have read and understand the material in its entirety contained within the Clinical Curriculum Handbook;
   d. I agree to abide by the rules, guidelines, and policies contained therein.

____________________________________  ________________________________
Student’s Printed Name  Student’s Signature & Date

____________________________________  ________________________________
Witness Name  Date