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

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

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

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

-- The Program Faculty

New policies approved after publication of this handbook may add to or supersede those contained herein.
Policies are derived from the
“Accreditation Standards for Physician Assistant Education”
Accreditation Review Commission on Education for the Physician Assistant, Inc.
(ARC-PA)

Accreditation Status

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

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

_Congratulations_ on your promotion to the Clinical Clerkships, which represents the clinical year of your Physician Assistant education. The clinical year is the critical link between the student and graduate physician assistant. Your preceptors, as well as other instructors, will provide a number of opportunities for you to apply your newly acquired knowledge and skills to actual patient activities.

This manual will be helpful to you because it contains most of the information necessary to keep you on track in completing your requirement for the clerkship assignments. Please keep this information where it will be easily accessible.

We wish you the very best as you begin the most important component of your clinical education. Please know that the faculty and staff are available to support and to help guide you through this most exciting period.
MISSION STATEMENT

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

PROGRAM VISION

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

PROGRAM GOALS

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

- Developing within each student a strong foundation in the basic and clinical sciences to enable them to meet the challenges inherent in the practice of medicine.

- Preparing students to function as primary care providers in the health care setting while providing enhanced training for those who wish to specialize.

- Teaching students to have a holistic view of the patient including treatment, education, prevention and health care management.

- Intensify the program’s commitment to service in the community to augment their ability to provide culturally sensitive care.

- Equipping students to meet the changing needs of the health care system and to work as collaborative members of the health care team.
SPONSORSHIP

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

PROGRAM ADMINISTRATION

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

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

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

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<tr>
<th><strong>Program Director</strong></th>
<th><strong>Medical Director</strong></th>
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<tbody>
<tr>
<td>Kathleen Roche, MPA, RPA-C</td>
<td>Sheila Cain, MD</td>
</tr>
<tr>
<td>Pace University</td>
<td>Lenox Hill Hospital</td>
</tr>
<tr>
<td>1 Pace Plaza</td>
<td>100 E 77th Street</td>
</tr>
<tr>
<td>Room Y-31</td>
<td>Black Hall Bldg.</td>
</tr>
<tr>
<td>New York, NY 10038</td>
<td>6th Floor</td>
</tr>
<tr>
<td>(212) 346-1241</td>
<td>New York, NY 10021</td>
</tr>
<tr>
<td><a href="mailto:kroche@pace.edu">kroche@pace.edu</a></td>
<td>(212) 434-4848</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:scain@lenoxhill.net">scain@lenoxhill.net</a></td>
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<th><strong>Senior Clinical Coordinator/Admissions Coordinator</strong></th>
<th><strong>Associate Director</strong></th>
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<tr>
<td>Carina Loscalzo, RPA-C</td>
<td>Susan O. Cappelmann, MT (ASCP), RPA-C</td>
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<td>Pace University</td>
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<tr>
<td>(212) 346-1516</td>
<td>(212) 346-1533</td>
</tr>
<tr>
<td><a href="mailto:closcalzo@pace.edu">closcalzo@pace.edu</a></td>
<td><a href="mailto:scappelmann@pace.edu">scappelmann@pace.edu</a></td>
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<tr>
<td>Clinical Coordinator</td>
<td>Academic Coordinator</td>
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<tr>
<td>Gina Monteleone, RPA-C</td>
<td>Jennifer Hofmann, MS, RPA-C</td>
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<td>Pace University</td>
<td>Pace University</td>
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<tr>
<td>(212) 346-1536</td>
<td>(212) 346-1534</td>
</tr>
<tr>
<td><a href="mailto:gmonteleone@pace.edu">gmonteleone@pace.edu</a></td>
<td><a href="mailto:jhofmann@pace.edu">jhofmann@pace.edu</a></td>
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<tr>
<th>Academic Faculty</th>
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<td>JoAnn Deasy, MPH, RPA-C</td>
<td>Jeff Chianfagna, RPA-C</td>
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<tr>
<td>(212) 346-1357</td>
<td>(212) 346-1532</td>
</tr>
<tr>
<td><a href="mailto:jadeasy@sbcglobal.net">jadeasy@sbcglobal.net</a></td>
<td><a href="mailto:jchianfagna@pace.edu">jchianfagna@pace.edu</a></td>
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<tr>
<th>Admissions Administrative Coordinator</th>
<th>Administrative Assistant</th>
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<td>Ingrid Garcia</td>
<td>Norma Valerio</td>
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<td>New York, NY  10038</td>
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</tr>
<tr>
<td>(212) 346-1291</td>
<td>(212) 346-1736</td>
</tr>
<tr>
<td><a href="mailto:igarcia2@pace.edu">igarcia2@pace.edu</a></td>
<td><a href="mailto:nvalerio@pace.edu">nvalerio@pace.edu</a></td>
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<th>Administrative Assistant</th>
<th>Statistical Analyst</th>
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<td>Omar Pinto</td>
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<td>(212) 346-1357</td>
<td>(212) 346-1690</td>
</tr>
<tr>
<td><a href="mailto:paprogram@pace.edu">paprogram@pace.edu</a></td>
<td><a href="mailto:paprogram@pace.edu">paprogram@pace.edu</a></td>
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In case of an emergency after normal office hours, please contact the Program Director at the following telephone number (212) 410-0581

Program Fax: (212) 346-1503
Program Website: http://www.pace.edu/dyson/PAprogram
PROGRAM TECHNICAL STANDARDS

OBSERVATION

Candidates must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient’s bedside. Candidates must be able to accurately observe a patient near and at a distance, noting nonverbal as well as verbal signs. Candidates must be able to observe changes in body movement, observe anatomic structures, discriminate among numbers and patterns associated with diagnostic tests such as electrocardiograms and electroencephalograms and competently use diagnostic instruments such as an otoscope, an ophthalmoscope, and a microscope. Specific vision related criteria include, but are not limited to: detecting and identifying changes in color of fluids, skin, culture media, visualizing and discriminating findings on x-rays and other imaging tests, and reading written and illustrated materials. Sensory skills adequate to perform a physical examination are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient’s condition and to elicit information through procedures regularly required in a physical examination, such as inspection, auscultation and palpation.

COMMUNICATION

Candidates must be able to clearly communicate with patients in order to elicit information, accurately describe changes in mood, activity and posture of patients, and understand verbal as well as nonverbal communication. Candidates must show evidence of effective written and verbal communication skills. Specific requirements include, but are not limited to the following: rapidly and clearly communicating with the medical team on rounds or elsewhere, eliciting an accurate medical history from patients, and communicating complex findings in appropriate terms to patients and to various members of the health care team. Candidates must learn to recognize and promptly respond to emotional communications such as sadness and agitation.

SENSORY AND MOTOR

Candidates must possess sufficient sensory and motor function to perform physical examinations using palpation, auscultation, percussion and other diagnostic maneuvers.

Candidates must have sufficient motor function to execute movements reasonably required to provide care to patients. Candidates must be able to negotiate patient care environments and must be able to move between settings, such as clinic, classroom building, and hospital.

Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in classroom, laboratory and clinical experiences. Candidates should be able to execute motor movements to provide general care and emergency treatments to patients. The candidate, therefore, must be able to respond promptly to urgencies within the hospital or practice setting, and must not hinder the ability of their co-workers to provide prompt care. Examples of emergency treatment reasonably required of a physician assistant include arriving quickly when called and assisting in cardiopulmonary
resuscitation (CPR), administering intravenous medications, applying pressure to arrest bleeding, maintaining an airway, suturing uncomplicated wounds, and assisting with obstetrical maneuvers. As further illustration, CPR may require moving an adult patient, applying considerable chest pressure over a prolonged period of time, forcefully delivering artificial respiration and calling for help.

INTELLECTUAL

Problem solving, a critical skill demanded of physician assistants, requires intellectual abilities that must be performed quickly, especially in emergency situations. These intellectual abilities include numerical recognition, measurement, calculations, reasoning, analysis, judgment and synthesis. Candidates must be able to identify significant findings from the patient’s history, the physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, and choose appropriate medications and therapy. The ability to incorporate new information from many sources in formulating diagnoses and plans is essential. Good judgment in patient assessment, diagnostic and therapeutic planning is primary. When appropriate, candidates must be able to identify and communicate the limits of their knowledge to others.

BEHAVIORAL AND SOCIAL ATTRIBUTES

Candidates must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities associated with the diagnosis and care of patients and the development of mature, sensitive and effective relationship with patients. Candidates must possess the ability to monitor and react appropriately to one’s own emotional needs and responses. For example, candidates need to maintain emotional demeanor and organization in the face of long hours, fatigued colleagues and dissatisfied patients. The ability to function in the face of uncertainties in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills, and concern for others are required.
TERMINAL TRAINING OBJECTIVES

The program’s training objectives is to prepare the students to adequately perform the following functions:

a) Evaluation
Elicit a detailed and accurate history, perform an appropriate physical examination, order, perform, and interpret appropriate diagnostic studies, delineate problems, develop management plans, and record and present data.

b) Monitoring
Implement patient management plans, record progress notes, and participate in the provision of continuity of care.

c) Therapeutic
Perform therapeutic procedures and manage or assist in the management of medical and surgical conditions, which may include assisting surgeons in the conduct of operations and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations.

d) Patient Education
Counsel patients regarding issues of health care management to include compliance with prescribed therapeutic regimens, normal growth and development, family planning, and emotional problems of daily living.

e) Referral
Facilitate the referral of patients to other health care providers or agencies as appropriate.”
STANDARDS OF PROFESSIONAL CONDUCT
FOR THE PHYSICIAN ASSISTANT STUDENT

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

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

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

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

**Respect**

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

- Physician assistant students must recognize and embrace their role as a member of a team and interact with others on the team in a cooperative and considerate manner.
• Physician assistant students train closely with other students, including in physical examinations of fellow students and discussion groups that may reveal personal information. Students must maintain and exhibit respect for the privacy and confidentiality of fellow students.

• Students should offer criticism or suggestions in a thoughtful and reasoned manner that fosters respect and trust.

• When confronted with conduct by another member of the team that may be inappropriate, students are not to respond angrily; rather, they must remain calm and respectful and respond in accordance with the standards of professional conduct required of physician assistant students.

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

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

• Students are not permitted to use notes or other materials during examinations unless expressly authorized in advance to do so by the instructor.

• Students are required to do their own work and, without prior approval of the instructor, may not submit work created by others (including such things as term papers purchased from commercial enterprises) as their own work.

• Students are required to sit for examinations that are submitted to fulfill their own academic obligations; students may not have another student or person take an examination for them.

• The same academic work may not be submitted more than once for credit, honors or to fulfill the requirements of an academic exercise.

• Obtaining a copy of an examination or graded assignment (*e.g.*, case presentation, patient education project) used in a previous year or completed by another person is prohibited.
• Prior to taking an examination or completing an assignment, students are not permitted to review prior related examination questions or answers and/or graded assignments completed by another person.

• A student may not knowingly allow another student to copy or use his or her work.

• A student must give proper attribution when using the words or ideas of another person, whether in a written or oral academic exercise. This includes, among other things, proper citation of quoted and paraphrased material.

• Knowingly presenting false information to Program faculty and staff, supervisors, patients and clinical preceptors is prohibited.

• Falsifying any information including, but not limited to, laboratory data and patient information, is prohibited.

• Falsifying any document is prohibited.

• Forging another’s name or signature is prohibited.

• Misrepresenting oneself as a graduate of the Program or one’s physician assistant student status as, for example, a physician assistant, nurse practitioner, medical resident, and the like, is prohibited.

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

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

• Students shall perform only those procedures authorized by the Program, clinical site, supervisor and/or preceptor.

• Physician assistant students at clinical sites must always work under the supervision of a preceptor, and are prohibited from assuming primary responsibility for a patient’s care. For example, students shall not treat or discharge a patient without prior consultation with and approval of a clinical preceptor or supervisor.

• Students are responsible for timely completing all assignments and duties effectively and to the best of their ability.

• Students are responsible for identifying and reporting unprofessional, unethical and/or illegal behavior by health care professionals and students, faculty and staff of the Physician Assistant Program. If a physician assistant student has a
reasonable belief that such conduct has occurred, he or she should report it to the Program Director, preceptor, supervisor or clinical coordinator, as may be appropriate under the circumstances.

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

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

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

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

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

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

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

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

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

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

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

http://www.arc-pa.org

AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS (AAPA)

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

As an AAPA member, you also receive multiple publications, free record keeping and reporting of CME requirements, and are entitled to a membership discount for the annual spring conference. Student Physician Assistant Societies are an integral part of the AAPA and make up a body referred to as the Student Academy of the American Academy of Physician Assistants (SAAPA). The Student Academy meets yearly at the national spring conference to elect officers and representatives. The Pace University-Lenox Hill Hospital Physician Assistant Program encourages each of you to take an active interest in this process.

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

http://www.aapa.org
NEW YORK STATE SOCIETY OF PHYSICIAN ASSISTANTS (NYSSPA)

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

NYSSPA provides continual representation of PA interests in both Washington, DC and Albany with both federal and state health profession’s organizations as well as the State Department of Health (DOH) and the State Education Department (SED). The Student Affairs Committee of the NYSSPA promotes student issues and interests within the Society. Any student enrolled in a New York PA Program approved by the Board of Directors is eligible for student membership. Student members may hold a place on the Board of Directors and are also eligible for scholarship monies.

http://www.nysspa.org/

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA)

All graduates of Physician Assistant Programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are eligible to sit for the national certifying exam offered by the NCCPA. The exam is offered annually, in four examination periods. Applications are completed during the senior year of the Physician Assistant Program. Most states require graduates to take and successfully pass the national certifying exam to continue employment.

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

http://www.nccpa.net

STATE REGISTRATION

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

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

nyprof@mail.nysed.gov
PROFESSIONAL PUBLICATIONS

Physician Assistant
PO Box 908
Springhouse, PA  19477

The Clinical Advisor
114 West 26th Street, 3rd Floor
New York, NY 10001
subscriptions@clinicaladvisor.com

Journal of the American Academy of Physician Assistants
Advanstar Medical Economics
5 Paragon Drive
Montvale, NJ  07645-1742
www.jaapa.com

Clinician Reviews
Clinicians Group
Jobson Publishing, LLC
100 Avenue of the Americas
New York, NY  10013-1678
www.clingroup.com

Advance for Physician Assistants
Merion Publications Inc.
65 Park Avenue
Box 61556
King of Prussia, PA  19406-0956
advance@merion.com
www.advanceforPA.com

Clinician News
Clinicians Group
Jobson Publishing, LLC
100 Avenue of the Americas
New York, NY  10013-1678
www.clingroup.com

AAPA News
American Academy of Physician Assistants
950 North Washington Street
Alexandria, VA  22314-1552
aapa@aapa.org
www.aapa.org

NEWS-Line for Physician Assistants
215 West Church Road
Suite 102
King of Prussia, PA  19406
www.news-line.com

Consultant
CMP Healthcare Media
330 Boston Post Road, Box 4027
Darien, CT  06820-4027
www.ConsultantLive.com
USEFUL WEBSITES

General Medical Information

www.fpnotebook.com/index.htm
www.emedicine.com
www.medscape.com
www.aafp.org
www.nejm.org/content/index.asp
www.infopoems.com
www.mdchoice.com

Research and Practice Guidelines

www.guideline.gov
www.cdc.gov
www.cdc.gov/mmwr
www.aidsinfo.nih.gov

Pharmacology

http://www.kumc.edu/instruction/alliedHealth/NurseAnesthesia/Medical_Pharmacology/index.htm
www.centerwatch.com
www.rxlist.com

Miscellaneous

Pathology: medlib.med.utah.edu/WebPath/webpath.html
Dermatology: dermatlas.med.jhmi.edu/derm
Ob/Gyn: www.obgyn.net
Oncology: www.nci.nih.gov/cancerinfo.pdq
Radiology: indv.radiology.uiowa.edu/Providers/ClinRef/FPHandbook/FPContents.html
Suturing: www.bumc.bu.edu/Departments/PageMain/asp?Department ID=69&Page=5262
Infectious Diseases: http://www.hopkins-abxguide.org/
STUDENT POLICIES
STUDENT RIGHTS

Basic Rights

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

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

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

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

Rights to Privacy

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

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

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

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

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

**ADVISING**

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

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

A. **Faculty Advisor**

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

1. Provide communication between the student and faculty;

2. Assist the student in meeting the educational objectives of the Program;

3. Discuss summative academic, clinical skills and behavioral evaluations;

4. Identify additional faculty member(s) who will be easily accessible if a student wishes to discuss a problem of a personal or professional nature;

5. Enable the student to identify the materials necessary to achieve the educational objectives of the Program.

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

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

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

C. **Advisor responsibilities**

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

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

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

THE ADVISOR WILL NOT:

1. **SOLVE YOUR PROBLEMS.** They will discuss your problems, help you clarify options and help you devise a plan of action.

2. **ACT AS YOUR MEDICAL PROVIDER.** It is inappropriate for any of the Program faculty to try and provide you health care. If you have a medical problem, see the University Health Care Unit or the outside provider of your choice.

3. **ACT AS A COUNSELOR.** If you have problems that require counseling, you need the help of a professional counselor. Your advisor will be happy to make a referral to the established system at the University to assist you in accessing mental health services.

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

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

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

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

All students entering the clinical phase of the Program must return a completed Health Clearance Packet to the Occupational Health Office at Lenox Hill Hospital by August 17, 2006. All students are required to have adequate health insurance. Students are responsible for their own health care while in school. Selected clinical agencies may require evidence of health insurance. If you are placed at such an agency, it will be necessary for you to provide this evidence. If a health condition arises during the course of study that would in any way alter a student’s ability to perform in the clinical setting, it is the student’s responsibility to notify the Director of the Physician Assistant Program immediately.

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

Health Clearance and Consent for Release of Confidential Health Information
- Must be completed by the student and will be signed by a faculty member after the forms are submitted and approved by occupational health.

Student Health Clearance Form to be completed by a health care provider
- Immunizations
  The following immunizations/titers are required.

  1. **Measles** vaccine (2nd dose given after 1980) or titers: All students must provide proof of immunity to measles. The requirement is for TWO doses or a positive antibody titer. The dose must be after 12 months of age and, at least one month apart. They must be given after 1/1/68 and not given with immune globulin. Person born before 1/1/57 must have proof of one dose or a positive antibody titer.

  2. **Mumps** vaccine or titer

  3. **Rubella** vaccine or titer: One immunization, a positive antibody titer, or documented history of the disease (positive rubella titer by lab report).

  4. **Varicella** (chicken pox) titer or vaccine: Proof of positive Varicella antibody or two doses of vaccine given at least one month apart (if immunized after 13 years of age) meet the requirement.

  5. **Diphtheria/Tetanus** vaccine: Primary series with DtaP or DTP and booster with Td within the past ten years.

  6. **Hepatitis B** vaccine, documentation of positive titer or completed refusal form. Vaccine is required, consisting of the series of three immunizations and post-vaccination positive Hepatitis B surface antibody titer. Students who have not completed the 3 series vaccine must sign a declination form. **Hepatitis B vaccines are strongly recommended.**

- **Tuberculin Skin Test**
  A current PPD within the past year otherwise a two-step PPD test should be done. **History of BCG is NOT a contraindication to PPD testing.** Persons with a history of a...
positive PPD (TB skin test) **must provide documentation of the test**, your chest X-ray report, and details of prophylaxis medication if applicable.

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

In order to ensure the safety of students, staff, clinical agency personnel, and patients, and to comply with clinical agency contract mandates, no students will be permitted to participate in Physician Assistant clinical courses or rotations **unless they have been medically cleared**.
CLINICAL POLICIES
## SENIOR YEAR CLERKSHIP SCHEDULE 2006-2007

<table>
<thead>
<tr>
<th>Clerkship 1</th>
<th>Fall Semester</th>
<th>September 5&lt;sup&gt;th&lt;/sup&gt; – October 4&lt;sup&gt;th&lt;/sup&gt;</th>
<th>Call Back: Oct. 5&lt;sup&gt;th&lt;/sup&gt; &amp; 6&lt;sup&gt;th&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship 2</td>
<td>Fall Semester</td>
<td>October 9&lt;sup&gt;th&lt;/sup&gt; – November 8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Call Back: Nov. 9&lt;sup&gt;th&lt;/sup&gt; &amp; 10th</td>
</tr>
<tr>
<td>Clerkship 3</td>
<td>Fall Semester</td>
<td>November 13&lt;sup&gt;th&lt;/sup&gt; – December 13&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Call Back: Dec. 14&lt;sup&gt;th&lt;/sup&gt; &amp; 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Vacation: December 16&lt;sup&gt;th&lt;/sup&gt; – January 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Clerkship 4</td>
<td>Spring Semester</td>
<td>January 2&lt;sup&gt;nd&lt;/sup&gt; - January 31&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Call Back: Feb. 1&lt;sup&gt;st&lt;/sup&gt; &amp; 2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>Clerkship 5</td>
<td>Spring Semester</td>
<td>February 5&lt;sup&gt;th&lt;/sup&gt; – March 7&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Call Back: March 8&lt;sup&gt;th&lt;/sup&gt; &amp; 9&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Clerkship 6</td>
<td>Spring Semester</td>
<td>March 12&lt;sup&gt;th&lt;/sup&gt; – April 11&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Call Back: Apr. 12&lt;sup&gt;th&lt;/sup&gt; &amp; 13&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Clerkship 7</td>
<td>Spring Semester</td>
<td>April 16&lt;sup&gt;th&lt;/sup&gt; – May 16&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Call Back: May 17&lt;sup&gt;th&lt;/sup&gt; &amp; 18&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Vacation: May 19&lt;sup&gt;th&lt;/sup&gt; – June 3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerkship 8</td>
<td>Summer 1</td>
<td>June 4&lt;sup&gt;th&lt;/sup&gt; – July 4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Call Back: July 5&lt;sup&gt;th&lt;/sup&gt; &amp; 6&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Clerkship 9</td>
<td>Summer 2</td>
<td>July 9&lt;sup&gt;th&lt;/sup&gt; – August 8&lt;sup&gt;th&lt;/sup&gt; (Register for Dyson Course)</td>
<td>Call Back: August 9&lt;sup&gt;th&lt;/sup&gt; &amp; 10&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Vacation time is scheduled only as noted above.**
DESCRIPTION OF CLINICAL CLERKSHIPS

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

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

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

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

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

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

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

CLERKSHIP IN ELECTIVE AREAS (I & II)
I- This supervised clinical course, chosen by the PA student, is restricted to primary care settings. The diagnosis, treatment, and management of diseases seen by the primary care health practitioner
is reinforced in this clerkship.

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

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

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

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

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

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

LIST OF REQUIRED TEXTS

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


PAS 401 CLERKSHIP IN INTERNAL MEDICINE


PAS 402 CLERKSHIP IN PEDIATRICS


PAS 403 CLERKSHIP IN OBSTETRICS/GYNECOLOGY


PAS 404 CLERKSHIP OF PSYCHIATRY

PAS 405  **CLERKSHIP OF PRIMARY CARE**


PAS 406  **CLERKSHIP OF EMERGENCY MEDICINE**


PAS 407  **CLERKSHIP OF SURGERY**


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

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

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

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

After students have successfully completed all program course requirements, they will be recommended for a limited registration permit or permanent registration with the New York State Education Department (NYSED). The limited permit is for the term of one year and may be renewed for an additional year. Permanent registration in New York State requires obtaining
a passing score on a certifying examination acceptable to the NYSED. The Physician Assistant National Certification Examination (PANCE) is the current examination utilized by the NYSED.

Contact Information:  www.op.nysed.gov/rpa.htm

PANCE
Advance registration is required, but you can choose from over 300 testing sites during four examination periods. Please refer to www.nccpa.net for further information such as testing windows, fees and deadlines.

Only those students who graduate in good standing from a program approved by the Accreditation Review Committee for Physician Assistants (ARC-PA) may sit for the PANCE exam. Three months prior to the beginning of the testing window for which you would like to take the exam, you will need to complete an application for the PANCE exam from the National Commission on Certification of Physician Assistants (NCCPA). After a completed application is received from a candidate and confirmation of graduation is received from the Program, a scheduling permit is created and mailed directly to the candidate. The available testing dates for each candidate will begin seven days after the expected program completion date and end on the last day of the testing window. Please contact NCCPA at the above web address for more detailed information.

Graduation from the Pace University-Lenox Hill Hospital PA Program does not ensure that one can practice as a physician assistant. Graduates must successfully pass the PANCE examination and meet state registration requirements in order to practice as a physician assistant.
DISEASE LIST AND CONTENT OUTLINE FOR NCCPA EXAM

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

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

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

<table>
<thead>
<tr>
<th>Organ System</th>
<th>% of Exam Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>16</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>12</td>
</tr>
<tr>
<td>Endocrine</td>
<td>6</td>
</tr>
<tr>
<td>EENT (Eyes, Ears, Nose and Throat)</td>
<td>9</td>
</tr>
<tr>
<td>Gastrointestinal /Nutritional</td>
<td>10</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>6</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>10</td>
</tr>
<tr>
<td>Reproductive</td>
<td>8</td>
</tr>
<tr>
<td>Neurologic System</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatry/Behavioral</td>
<td>6</td>
</tr>
<tr>
<td>Dermatologic</td>
<td>5</td>
</tr>
<tr>
<td>Hematologic</td>
<td>3</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total: 100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Cardiovascular System

<table>
<thead>
<tr>
<th>Cardiomyopathy</th>
<th>Congestive Heart Failure</th>
<th>Vascular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilated</td>
<td>Hypertension</td>
<td>Acute rheumatic fever</td>
</tr>
<tr>
<td>Hypertrophic</td>
<td>Essential</td>
<td>Aortic aneurysm/dissection</td>
</tr>
<tr>
<td>Restrictive</td>
<td>Secondary</td>
<td>Arterial embolism/thrombosis</td>
</tr>
<tr>
<td>Conduction Disorders</td>
<td>Malignant</td>
<td>Chronic/acute arterial occlusion</td>
</tr>
<tr>
<td>Atrial fibrillation/flutter</td>
<td>Hypotension</td>
<td>Giant cell arteritis</td>
</tr>
<tr>
<td>Atrioventricular block</td>
<td>Cardiogenic shock</td>
<td>Peripheral vascular disease</td>
</tr>
<tr>
<td>Bundle branch block</td>
<td>Orthostasis/postural</td>
<td>Phlebitis/thrombophlebitis</td>
</tr>
<tr>
<td>Paroxysmal supraventricular tachycardia</td>
<td>Ischemic Heart Disease</td>
<td>Venous thrombosis</td>
</tr>
<tr>
<td>Premature beats</td>
<td>Acute myocardial infarction</td>
<td>Varicose veins</td>
</tr>
<tr>
<td>Ventricular tachycardia</td>
<td>Angina pectoris</td>
<td><strong>Valvular Disease</strong></td>
</tr>
<tr>
<td>Ventricular fibrillation/flutter</td>
<td>• Stable</td>
<td>Aortic stenosis/insufficiency</td>
</tr>
<tr>
<td></td>
<td>• Unstable</td>
<td></td>
</tr>
<tr>
<td>Congenital Heart Disease</td>
<td>Prinzmetal’s/variant</td>
<td>Mitral stenosis/insufficiency</td>
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<td>Atrial septal defect</td>
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<td>Acute and subacute bacterial endocarditis</td>
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<td>Acute pericarditis</td>
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<td>Cardiac tamponade</td>
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<tr>
<th>Pulmonary System</th>
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<table>
<thead>
<tr>
<th>Infectious Disorders</th>
<th>Neoplastic Disease</th>
<th>Pulmonary Circulation</th>
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<tbody>
<tr>
<td>Acute bronchitis</td>
<td>Bronchogenic carcinoma</td>
<td>Pulmonary embolism</td>
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<tr>
<td>Acute bronchiolitis</td>
<td>Bronchial carcinoma</td>
<td>Pulmonary hypertension</td>
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<td>Acute epiglottitis</td>
<td>Carcinoid tumors</td>
<td>Cor pulmonale</td>
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<td>Group</td>
<td>Metastatic tumors</td>
<td>Restrictive Pulmonary Disease</td>
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<td>Influenza</td>
<td>Pulmonary nodules</td>
<td>Idiopathic pulmonary fibrosis</td>
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<td>Obstructive Pulmonary Disease</td>
<td>Pneumoconiosis</td>
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<td>Asthma</td>
<td>Sarcoïdosis</td>
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<td>Bacterial</td>
<td>Bronchiectasis</td>
<td>Other Pulmonary Disease</td>
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<td>Viral</td>
<td>Chronic bronchitis</td>
<td>Acute respiratory distress syndrome</td>
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<td>Fungal</td>
<td>Cystic fibrosis</td>
<td>Hyaline membrane disease</td>
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<td>HIV-related</td>
<td>Empysema</td>
<td>Foreign body aspiration</td>
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<td>Respiratory syncytial virus infection</td>
<td>Pleural Diseases</td>
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<td>Tuberculosis</td>
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| Endocrine System          |

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<tr>
<th>Diseases of the Thyroid Gland</th>
<th>Diseases of the Adrenal Glands</th>
<th>Diabetes Mellitus</th>
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<tr>
<td>Hyperparathyroidism</td>
<td>Cushing's syndrome</td>
<td>Type 1</td>
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<tr>
<td>Hypoparathyroidism</td>
<td>Corticoadrenal insufficiency</td>
<td>Type 2</td>
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<tr>
<td>Hyperthyroidism</td>
<td>Diseases of the Pituitary Gland</td>
<td>Hypoglycemia</td>
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<tr>
<td>Graves’ disease</td>
<td>Acromegaly/gigantism</td>
<td>Lipid Disorders</td>
</tr>
<tr>
<td>Hashimoto’s thyroiditis</td>
<td>Dwarfism</td>
<td>Hypercholesterolemia</td>
</tr>
<tr>
<td>Thyroid storm</td>
<td>Diabetes insipidus</td>
<td>Hypertriglyceridemia</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td></td>
<td></td>
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<tr>
<td>Thyroiditis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neoplastic disease</td>
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| EENT (Eyes, Ears, Nose and Throat) |

<table>
<thead>
<tr>
<th>Eye Disorders</th>
<th>Ear Disorders</th>
<th>Mouth/Throat Disorders</th>
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<tbody>
<tr>
<td>Blepharitis</td>
<td>Acute/chronic otitis media</td>
<td>Acute pharyngitis</td>
</tr>
<tr>
<td>Blowout fracture</td>
<td>Barotrauma</td>
<td>Acute tonsillitis</td>
</tr>
<tr>
<td>Cataract</td>
<td>Cerumen impaction</td>
<td>Aphthous ulcers</td>
</tr>
<tr>
<td>Chalazion</td>
<td>Hearing impairment</td>
<td>Dental abscess</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Mastoiditis</td>
<td>Epiglottitis</td>
</tr>
<tr>
<td>------------------------------------</td>
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</tr>
<tr>
<td>Corneal abrasion</td>
<td>Meniere's disease</td>
<td>Laryngitis</td>
</tr>
<tr>
<td>Dacryoadenitis</td>
<td>Labyrinthitis</td>
<td>Oral candidiasis</td>
</tr>
<tr>
<td>Ectropion</td>
<td>Otitis externa</td>
<td>Oral herpes simplex</td>
</tr>
<tr>
<td>Entropion</td>
<td>Tympanic membrane perforation</td>
<td>Oral leukoplakia</td>
</tr>
<tr>
<td>Foreign body</td>
<td>Vertigo</td>
<td>Peritonsillar abscess</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Acute/chronic sinusitis</td>
<td>Parotitis</td>
</tr>
<tr>
<td>Hordeolum</td>
<td>Allergic rhinitis</td>
<td>Sialadenitis</td>
</tr>
<tr>
<td>Hyphema</td>
<td>Epistaxis</td>
<td></td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>Nasal polyps</td>
<td></td>
</tr>
<tr>
<td>Orbital cellulitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pterygium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retinal detachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retinal vascular occlusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retinopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diabetic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hypertensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strabismus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Nose/Sinus Disorders               |                                  |                                  |
| Acute/chronic sinusitis            |                                  |                                  |
| Allergic rhinitis                  |                                  |                                  |
| Epistaxis                          |                                  |                                  |
| Nasal polyps                       |                                  |                                  |

| Mastoiditis                        |                                  |                                  |
| Meniere's disease                  |                                  |                                  |
| Labyrinthitis                      |                                  |                                  |
| Otitis externa                     |                                  |                                  |
| Tympanic membrane perforation      |                                  |                                  |
| Vertigo                            |                                  |                                  |
| Acute/chronic sinusitis            |                                  |                                  |
| Allergic rhinitis                  |                                  |                                  |
| Epistaxis                          |                                  |                                  |
| Nasal polyps                       |                                  |                                  |

| Mastoiditis                        |                                  |                                  |
| Meniere's disease                  |                                  |                                  |
| Labyrinthitis                      |                                  |                                  |
| Otitis externa                     |                                  |                                  |
| Tympanic membrane perforation      |                                  |                                  |
| Vertigo                            |                                  |                                  |
| Acute/chronic sinusitis            |                                  |                                  |
| Allergic rhinitis                  |                                  |                                  |
| Epistaxis                          |                                  |                                  |
| Nasal polyps                       |                                  |                                  |

<table>
<thead>
<tr>
<th>Gastrointestinal System/Nutrition</th>
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<tbody>
<tr>
<td>Esophagus</td>
<td>Pancreas</td>
<td>Hernia</td>
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<tr>
<td>Esophagitis</td>
<td>Acute/chronic pancreatitis</td>
<td>Hiatal</td>
</tr>
<tr>
<td>Motor disorders</td>
<td>Neoplasms</td>
<td>Incisional</td>
</tr>
<tr>
<td>Mallory-Weiss tear</td>
<td>Small Intestine/Colon</td>
<td>Umbilical</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>Appendicitis</td>
<td>Ventral</td>
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<tr>
<td>Strictures</td>
<td>Constipation</td>
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<td>Varices</td>
<td>Diverticular disease</td>
<td>Infectious Diarrhea</td>
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<td>Inflammatory bowel disease</td>
<td>Nutritional Deficiencies</td>
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<tr>
<td>Gastroesophageal reflux disease</td>
<td>Intussusception</td>
<td>Niacin</td>
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<tr>
<td>Gastritis</td>
<td>Irritable bowel syndrome</td>
<td>Thiamine</td>
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<tr>
<td>Neoplasms</td>
<td>Ischemic bowel disease</td>
<td>Vitamin A</td>
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<td>Peptic ulcer disease</td>
<td>Neoplasms</td>
<td>Riboflavin</td>
</tr>
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<td>Pyloric stenosis</td>
<td>Obstruction</td>
<td>Vitamin C</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>Toxic megacolon</td>
<td>Vitamin D</td>
</tr>
<tr>
<td>Acute/chronic cholecystitis</td>
<td>Rectum</td>
<td>Vitamin K</td>
</tr>
<tr>
<td>Cholelthiasis</td>
<td>Anal fissure</td>
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<tr>
<td>Liver</td>
<td>Anorectal abscess/fistula</td>
<td>Metabolic Disorders</td>
</tr>
<tr>
<td>Acute/chronic hepatitis</td>
<td>Fecal impaction</td>
<td>Lactose intolerance</td>
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<tr>
<td>Cirrhosis</td>
<td>Hemorrhoids</td>
<td>Phenylketonuria</td>
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<td>Gallbladder</td>
<td>Pilonidal disease</td>
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<td>Acute/chronic cholecystitis</td>
<td>Polyps</td>
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<tr>
<td>Cholelthiasis</td>
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<td></td>
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<td>Liver</td>
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<tr>
<td>Acute/chronic hepatitis</td>
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<td>Cirrhosis</td>
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<table>
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<th>Genitourinary System</th>
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<tbody>
<tr>
<td>Benign Conditions of the GU Tract</td>
<td>Infectious/Inflammatory Conditions</td>
<td>Renal Diseases</td>
</tr>
<tr>
<td>Benign prostatic hyperplasia</td>
<td>Cystitis</td>
<td>Acute/chronic renal failure</td>
</tr>
<tr>
<td>Cryptorchidism</td>
<td>Epididymitis</td>
<td>Glomerulonephritis</td>
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<tr>
<td>Erectile dysfunction</td>
<td>Orchitis</td>
<td>Nephrotic syndrome</td>
</tr>
<tr>
<td>Hydrocele/varicocele</td>
<td>Prostatitis</td>
<td>Polycystic kidney disease</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Pyelonephritis</td>
<td>Electrolyte and Acid/Base</td>
</tr>
<tr>
<td>Nephro/urothlithias</td>
<td>Urethritis</td>
<td>Disorders</td>
</tr>
<tr>
<td>Paraphimosis/Phimosis</td>
<td>Neoplastic Diseases</td>
<td>Hypo/hypernatremia</td>
</tr>
<tr>
<td>Testicular torsion</td>
<td>Bladder carcinoma</td>
<td>Hypo/hyperkalemia</td>
</tr>
<tr>
<td></td>
<td>Prostate carcinoma</td>
<td>Hypo/hypercalcemia</td>
</tr>
<tr>
<td></td>
<td>Renal cell carcinoma</td>
<td>Hypomagnesemia</td>
</tr>
<tr>
<td></td>
<td>Testicular carcinoma</td>
<td>Metabolic alkalosis/acidosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respiratory alkalosis/acidosis</td>
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</table>

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

| Benign Conditions of the GU Tract  | Infectious/Inflammatory Conditions| Renal Diseases                   |
| Benign prostatic hyperplasia       | Cystitis                         | Acute/chronic renal failure      |
| Cryptorchidism                     | Epididymitis                     | Glomerulonephritis               |
| Erectile dysfunction               | Orchitis                         | Nephrotic syndrome               |
| Hydrocele/varicocele               | Prostatitis                      | Polycystic kidney disease        |
| Incontinence                       | Pyelonephritis                   | Electrolyte and Acid/Base        |
| Nephro/urothlithias                | Urethritis                       | Disorders                        |
| Paraphimosis/Phimosis              | Neoplastic Diseases              | Hypo/hypernatremia               |
| Testicular torsion                 | Bladder carcinoma                | Hypo/hyperkalemia                |
|                                  | Prostate carcinoma               | Hypo/hypercalcemia               |
|                                  | Renal cell carcinoma             | Hypomagnesemia                   |
|                                  | Testicular carcinoma             | Metabolic alkalosis/acidosis     |
|                                  |                                  | Respiratory alkalosis/acidosis   |
### Reproductive System

<table>
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<tr>
<th>Uterus</th>
<th>Menstrual Disorders</th>
<th>Complicated Pregnancy</th>
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<tbody>
<tr>
<td>Dysfunctional uterine bleeding</td>
<td>Amenorrhea</td>
<td>Abortion</td>
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<tr>
<td>Endometrial cancer</td>
<td>Dysmenorrhea</td>
<td>Abruptio placenta</td>
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<td>Endometriosis/adenomyosis</td>
<td>Premenstrual syndrome</td>
<td>Dystocia</td>
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<td>Gestational trophoblastic disease</td>
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<td>Cysts</td>
<td>Fibroadenoma</td>
<td>Molar pregnancy</td>
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<td>Fibrocystic disease</td>
<td>Multiple gestation</td>
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<td>Mastitis</td>
<td>Placenta previa</td>
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<td>Contraceptive Methods</td>
<td>Pregnancy-induced hypertension</td>
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<td>Premature rupture of membranes</td>
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<td>Uncomplicated Pregnancy</td>
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<td>Vagina/ Vulva</td>
<td>Normal labor/delivery</td>
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<tr>
<td>Cystocele</td>
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<tr>
<td>Neoplasm</td>
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</tr>
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<td>Prolapse</td>
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<td>Rectocele</td>
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<td>Vaginitis</td>
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### Musculoskeletal System

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

### Neurologic System
### Alzheimer's Disease
- Cerebral Palsy
- Diseases of Peripheral Nerves
  - Bell's palsy
  - Diabetic peripheral neuropathy
  - Guillain-Barre syndrome
  - Myasthenia gravis
- Headaches
  - Cluster headache
  - Migraine
  - Tension headache

### Infectious Disorders
- Encephalitis
- Meningitis

### Movement Disorders
- Essential tremor
- Huntington's disease
- Parkinson's disease

### Psychiatric/Behavioral Science
#### Anxiety Disorders
- Panic disorder
- Generalized anxiety disorder
- Posttraumatic stress disorder
- Phobias
- Attention-Deficit Disorder
- Autistic Disorder

#### Eating Disorders
- Anorexia nervosa
- Bulimia nervosa
- Obesity

#### Mood Disorders
- Adjustment
- Depressive
- Dysthmic
- Bipolar
- Personality Disorders
  - Antisocial
  - Avoidant
  - Borderline
  - Histrionic
  - Narcissistic
  - Obsessive-compulsive
  - Paranoid
  - Schizoid
  - Schizotypal

#### Psychoses
- Delusional disorder
- Schizophrenia
- Schizoaffective disorder

#### Somatoform Disorders
- Substance Use Disorders
  - Alcohol abuse/dependence
  - Drug abuse/dependence
  - Tobacco use/dependence
- Other Behavior/Emotional Disorders
  - Acute reaction to stress
  - Child/elder abuse
  - Domestic violence
  - Uncomplicated bereavement

### Dermatologic System
- Eczematous Eruptions
  - Dermatitis
    - Atopic
    - Contact
    - Diaper
    - Nummular eczematous
    - Perioral
    - Seborrheic
    - Stasis
    - Dyshidrosis
    - Lichen simplex chronicus
- Papulosquamous Diseases
  - Dermatophyte infections
    - Tinea versicolor
    - Tinea corporis/pedis
  - Drug eruptions
  - Lichen planus
  - Pityriasis rosea
  - Psoiasis
- Desquamation
  - Stevens-Johnson syndrome
  - Toxic epidermal necrolysis
  - Erythema multiforme
- Vesicular Bullae
  - Bullous pemphigoid
- Acneiform Lesions
  - Acne vulgaris
  - Rosacea
  - Folliculitis
- Verrucous Lesions
  - Seborrheic keratosis
  - Actinic keratosis
- Insects/Parasites
  - Lice
  - Scabies
  - Spider bites
- Neoplasms
  - Basal cell carcinoma
  - Melanoma
  - Squamous cell carcinoma
- Hair and Nails
  - Alopecia areata
  - Androgenetic alopecia
  - Onycomycosis
  - Paronychia
- Viral Diseases
  - Condyloma acuminatum
  - Exanthems
  - Herpes simplex
  - Molluscum contagiosum
  - Verrucae
  - Varicella-zoster virus infections
- Bacterial Infections
  - Cellulitis/vasculitis
  - Erysipelias
  - Impetigo
- Other
  - Acanthosis nigricans
  - Burns
  - Decubitus ulcers/leg ulcers
  - Hidradenitis suppurativa
  - Lipomas/epithelial inclusion cysts
  - Melasma
  - Urticaria
  - Vitiligo
## Hematologic System

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

### Coagulation Disorders
- Factor VIII disorders
- Factor IX disorders
- Factor XI disorders
- Thrombocytopenia
  - Idiopathic thrombocytopenic purpura
  - Thrombotic thrombocytopenic purpura
  - Von Willebrand's disease

### Malignancies
- Acute/chronic lymphocytic leukemia
- Acute/chronic myelogenous leukemia
- Lymphoma
- Multiple myeloma

## Infectious Diseases

### Fungal Disease
- Candidiasis
- Cryptococcosis
- Histoplasmosis
- Pneumocystis

### Bacterial Disease
- Botulism
- Chlamydia
- Cholera
- Diphtheria
- Gonococcal infections
- Salmonellosis
- Shigellosis
- Tetanus

### Mycobacterial Disease
- Tuberculosis
- Atypical mycobacterial disease

### Parasitic Disease
- Amebiasis
- Hookworms
- Malaria
- Pinworms
- Toxoplasmosis

### Spirochetal Disease
- Lyme borreliosis
  - Lyme disease
- Rocky Mountain spotted fever
- Syphilis

### Viral Disease
- Cytomegalovirus infections
- Epstein-Barr virus infections
- Erythema infectiosum
- Herpes simplex
- HIV infection
- Human papillomavirus infections
- Influenza
- Mumps
- Rabies
- Roseola
- Rubella
- Measles
- Varicella-zoster virus infections
GENERAL GUIDELINES FOR HOSPITAL PRACTICE

1. General tenets of learning in hospital sites:

1.1 Students are not employees of the hospital and, therefore, work entirely under the preceptor’s supervision.

1.2 Learning is best achieved by student participation under guidance.

1.3 Learning by “trial and error” without supervision is unacceptable as it jeopardizes patient care and threatens all professional persons (Physicians, nurses, administrators, and other technical workers).

2. Learning “under supervision” is defined in the following manner:

2.1 Eliciting a meaningful history – in this situation, the preceptor is in the institution or a nearby office.

2.2 Doing the physical examination – the preceptor is nearby, the nurse is on hand to give assistance if necessary.

2.3 Progress notes – dependent on policies of individual clinical sites.

2.4 Chart orders of any kind – written by the student after discussion with the preceptor– dependent upon policies of individual clinical sites.

2.5 Technical procedures – the appropriate professional support person will be at the student’s side or within immediate reach.

3. Supervising preceptor responsibilities:

3.1 Indicate clearly to the medical staff, the administration, and the nursing staff which doctor, PA or NP will be responsible for the activities of the student.

3.2 Respond to any and all questions as to the scope of the activities of the student.

4. Student responsibilities:

4.1 Learn unobtrusively from all hospital persons and hospital activities.

4.2 Make the patient the beneficiary of all the above activities.

4.3 Do not pose as a primary medical provider or advisor/counselor to the patient—except to relay information as directed by authorized professionals. Students may not misrepresent themselves as a MD, PA, RN or other health care provider other than a physician assistant student.
4.4 Fulfill all academic and behavioral obligations to the PA Program.

5. **PA Program responsibilities:**

5.1 Provide the preceptor with a set of learning objectives.

5.2 Provide the preceptor with a student fact sheet.

5.3 Maintain the official affiliation agreement.

5.4 Provide the preceptor with the health requirements required for the students in the clinical year.

5.5 Provide the preceptor with a copy of the malpractice insurance policy of the PA Program.

5.6 Continuous monitoring of students throughout their clinical year.

5.7 Evaluation and recruitment of new clinical sites.

**ATTENDANCE**

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

**Excused Absences**

Although attendance and punctuality are required, on occasion it may not be possible for a student to attend his or her clerkship on a particular day. In such cases, if the absence may qualify as an excused absence, students should follow the procedure for excused absences described below. A student who qualifies for an excused absence and follows the applicable procedure, will be permitted to make up without any penalty the assignments, examinations or other activities that were missed as a result of the student’s absence. Nevertheless, a student with excessive excused absences will be required to meet with the Academic Affairs Committee and may be subject to disciplinary action. Additionally, students who are absent, whether the
absence is excused or unexcused, are required to arrange with the preceptor when the time will be rescheduled, and notify the clinical coordinators via email of the arrangements to makeup the missed time as soon as practical. Excused absences may be foreseen or they may result from unexpected circumstances. In order for either an anticipated or an unforeseen absence to qualify as an excused absence, the procedures described below must be followed.

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

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

**Unexcused Absences**
A student who is absent for a reason that does not qualify as a basis for an excused absence, or who otherwise would be eligible for an excused absence but did not follow the applicable procedure, will incur an unexcused absence. Any student who does not notify both a clinical coordinator and the clinical preceptor, will incur an unexcused absence. Any student who incurs an unexcused absence is required to makeup the missed assignment, examination or other activity, and his or her grade for the make-up will be lowered by ten percent. Any student who incurs two or more unexcused absences during the course of the clinical year will be required to meet with the Academic Affairs Committee and may be subject to disciplinary action.

**ATTIRE/IDENTIFICATION**

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

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

1. All Physician Assistant students are to wear clean, pressed, short white jackets with the Pace University-Lenox Hill Hospital PA Program patch attached to the left upper sleeve.

2. Proper identification badges bearing the student’s name identifying him/her as a “Physician Assistant Student” must be worn at all times.

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

3. Men should wear conservative slacks and shirts; ties are required.

4. Women should wear slacks/skirts with shirts/blouses. (skirts should be of a conservative length and shirts and blouses should also be conservative).

5. No sneakers permitted. Shoes must be worn with socks or hose; heel height should be conservative. Open toed shoes and sandals are not permitted.

6. Jewelry and make-up should be conservative and subtle. Wearing cologne or perfume is strongly discouraged. Nails should be neatly trimmed and with clear or no nail polish. Nail polish and jewelry are not permitted during surgical rotations.

7. Hair for both men and women should be worn in a neat and conservative style.

8. No jeans or athletic wear are permitted on clinical sites.

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

Clinical supervisors, preceptors or PA Program faculty reserve the right to remove any student from a clinical site/experience who is not appropriately dressed. If a student is sent home due to inappropriate attire, the student is required to make-up any clinical work, assignments or experiences for the missed day. Any such episodes will be documented in the student’s record.
1. All data gathered about the patient and his/her illness, including all items within a patient’s history, is CONFIDENTIAL information.

2. Students should not discuss a patient’s record in a manner or a situation which would reveal any information about that patient or his/her records to persons not involved in his/her healthcare.

3. Charts or contents, e.g., lab reports, etc., are not to be removed from the hospital or clinical setting. If photocopies of work are to be submitted to the program for evaluation, all specific references to the patient (i.e., name, address, and identification number) must be deleted. Anything handed into the Program with any type of identifying information with result in a “0” (zero) grade for that assignment.

4. The American Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that took effect on April 14, 2003. It established standards for privacy and security of patient information. Anyone involved in patient care must protect the confidentiality and privacy of patient information. Students are required to receive HIPPA training in order to be compliant with the regulations prior to beginning their rotations. A mandatory training class will be scheduled during the summer of the junior year prior to rotations. Certificates documenting compliance with this requirement must be in the student file prior to beginning the clerkships.

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

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

On each clerkship, it is the student’s responsibility to ensure that the supervising physician or preceptor also evaluates all his/her patients. The supervising physician or preceptor should also review all student notes written in medical records and countersign these documents. If there is any doubt as to the correct format, students must consult with their preceptor.

**CHARTING**

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

- JOHN/JANE DOE, P.A. – S
- JOHN/JANE DOE, P.A. – STUDENT
PRESCRIPTIONS and HOSPITAL ORDERS

PA students may not prescribe medications. Students are not permitted to write hospital orders. You may not sign a prescription for the physician and then write your initials after the physician’s name.

INCIDENTS/ACCIDENTS IN THE CLINICAL SETTING

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

UNIVERSAL PRECAUTIONS

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

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

Universal Precautions Guidelines:

1. Avoid direct contact with: Blood, Body Fluids, Secretions, Excretions, Mucous Membranes, Non-intact skin, Lesions.

2. Avoid injuries from all “sharps”.

3. Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
4. Dispose of all “sharps” promptly in special puncture resistant containers.

5. Dispose of all contaminated articles and materials in a safe manner prescribed by law.

In practice, using Universal Precautions also requires:

1. Wash hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.

2. Depending on job duties and risk of exposure, use appropriate barriers, which can include: Gloves, Gowns, Aprons, Caps, Shoe covers, Leggings, Masks, Goggles, Face shields, Equipment such as resuscitation devices.

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

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

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

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

LIVING ARRANGEMENTS

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

EMPLOYMENT OPPORTUNITIES/OPERATIONAL POLICY REGARDING STUDENTS PERFORMING SERVICE WORK

Participation in any clerkship is not to be construed as gainful employment. Accepting payment or gifts could result in the loss of malpractice liability coverage for the student. Once the clinical phase of the PA program has been accomplished and the student has graduated from the PA Program, s/he may then pursue a salaried position at the institution.
Please see the complete “Work Policy” in the Personal Policy section of this handbook for further information regarding outside employment and volunteer activities.

CLINICAL PROCEDURES EXPECTED OF STUDENTS

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

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

Please contact the clinical coordinator regarding appropriateness of any clinical procedures, if unsure.

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

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

SURVIVAL TIPS

ASSESS THE CLINICAL SITE:

• You must contact the preceptor one week prior to starting a new clerkship/nursing home experience. Find out about parking, id’s, etc.
• Find out what available conferences you might attend (grand rounds, daily/weekly conferences, CME presentations, etc.)
• Locate the library and determine the hours of operation.

THINGS TO DISCUSS INITIALLY WITH YOUR PRECEPTOR:

• Confirm your time schedule and specific duties (when to report to your clerkship, on-call schedule, rounds, weekend hours, etc.)
• Identify special interests, whether it is procedures or particular cases relevant to the clerkship.

THINGS TO BE AWARE OF:

• Develop and maintain a professional attitude.
• Be helpful to the preceptor and staff.
• Read about the disease processes you encounter each day.
• Take initiative.
• Be courteous to preceptor, patients and other professionals
• You may encounter harsh criticism at times. Try to learn from the feedback.
• Be prepared to discuss and answer questions about any disease or procedure encountered during your clerkship.
• Be prepared to study and read at least two hours per day.

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

The components of the clinical clerkship grade for both the required and elective clerkships include:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage of Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Evaluation (Must be greater than 73% to pass clerkship)</td>
<td>30%</td>
</tr>
<tr>
<td>Comprehensive Examination</td>
<td>30%</td>
</tr>
<tr>
<td>Rotation Project or Site Visit</td>
<td>20%</td>
</tr>
<tr>
<td>Clinical Note (1 H&amp;P or SOAP note as designated for specific rotation)</td>
<td>10%</td>
</tr>
<tr>
<td>Call Back Day Lecture Exam</td>
<td>10%</td>
</tr>
</tbody>
</table>

***Please see the section titled “International Rotations” for clerkship computations if you are participating in this clerkship.

ASSIGNMENTS

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

WEEKLY PATIENT LOGS:

Every Monday at 9 am, patient logs in the PAST system will be reviewed for the previous week encounters. If you do not have patients logged and hours submitted for each day you were scheduled, 1 point will be deducted from your final grade. The logs will also be reviewed for lab/diagnostic procedures performed, lectures, ground rounds, readings, and other clinical year activities. These logs provide valuable information necessary for assessing student performance, clinical opportunities available, diversity of patient encounters, and procedures performed.

SITE VISIT FORMAT

The clinical coordinators and other faculty members will be performing on-site visits to assess the progress of each student and observe the student/patient/preceptor interaction during the following clerkships:

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

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

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

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

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

MID CLERKSHIP EVALUATIONS

Mid clerkship evaluations are designed to give the preceptor an opportunity to provide feedback to students on their performance during each clinical rotation. Students should take this information and opportunity to strengthen their skills. One mid clerkship evaluation must be handed into the program for each rotation. If any academic or clinically related problems arise from this interaction that is of concern it is in the students’ best interest to discuss this with a clinical coordinator.

PRECEPTOR EVALUATION

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

Student evaluation should be returned directly to the Pace University - Lenox Hill Hospital PA Program office in a sealed envelope with preceptor signature and stamp across the seal. A faxed copy can only be sent if the preceptor talks directly to one of the staff and then faxes the evaluation. All evaluations must be turned in upon completion of the clerkship.

Keep in mind that preceptors may request information from other clinicians with whom you have
interacted, in order to complete a composite evaluation. Students must obtain a 73% or better to successfully complete the clerkship. Anyone who is unsuccessful at meeting the minimum score requirement on the preceptor evaluation, automatically fails the clerkship.

STUDENT EVALUATION OF CLINICAL SITE

The student evaluation is designed to provide the program with student feedback regarding each clinical site. It is used to evaluate and improve on the site and in turn the student’s clinical experience. A student evaluation of the clinical site must be submitted for each clerkship.

EXAMINATIONS

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

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

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

- Students are required to place all personal belongings in a designated area in the examination room prior to beginning of the examination.
- A student who arrives after the examination has begun should enter the room quietly, sit down in the closest available chair, and wait for the examination materials to be given to him or her. Students who arrive late and therefore begin taking the examination after the other students began, will not be permitted additional time within which to complete the examination.
- Unless authorized by the course coordinator prior to the examination, students are not permitted to talk for any reason during an examination.
- When the proctor or faculty member announces that the time for the examination has ended, every student must stop writing immediately and put all writing utensils away. If a student continues to write after the announcement that the examination has ended, he or she will be subject to disciplinary action.
• Unless authorized by the course coordinator prior to the examination, students are not permitted to use electronic devices (including calculators, PDAs, cell phones, and the like) during an examination. If a proctor or faculty member has a reasonable belief that a student impermissibly used an electronic device during an examination, the device will be confiscated and the student will be subject to disciplinary action.

• No food or beverages are permitted in the examination room.

• Students must include their names and other required information on all examinations and answer sheets.

• Answer sheets are used during examinations and only answers on the answer sheets will be graded.

• Students may not use the lavatory or leave the examination for any reason unless escorted by a faculty or staff member.

• Students who complete the examination early, may leave the examination room but will not be permitted to re-enter until the examination period has ended.

• All examinations and answer sheets must be returned to the proctor or faculty member at the end of the examination. Students are prohibited from removing examinations and answer sheets from the examination room.

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

**REVIEW OF EXAMINATIONS**

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

Students may review an examination individually with a clinical coordinator. An individual review of an examination is permitted only within the seven days following issuance of the examination. Students are permitted to review individually an examination of any kind only once.

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

**COMPREHENSIVE EXAMS**

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

In order to pass the examination, a student must receive a grade of no less than 73 percent. Anyone who is unsuccessful at meeting the minimum score requirement on the first attempt, will be allowed to take a remediation exam only once. A student who fails no more than two of the nine clerkships comprehensive examination will be required to remediate the examination (s) by taking another comprehensive examination in order to demonstrate the requisite knowledge and skills required to successfully remediate the exam. If a student successfully remediates the exam by receiving a score of 73% or higher on the comprehensive examination, his or her grade for the exam will be changed to 73% and the original failing grade removed. If however, the student does not successfully remediates the exam, the original failing grade remains and, in order to progress in the Physician Assistant Program, the student will be required to successfully repeat the clerkship.

If the retake is failed, you automatically fail the clerkship and must repeat the clerkship. The third time a student fails a comprehensive exam, they will automatically fail the clerkship and must repeat the entire clerkship. A fourth failure on a comprehensive exam will result in automatic dismissal from the program. Please note that repeating any of the clerkships will delay graduation and board eligibility.

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

**CALL BACK DAY LECTURE EXAMS**

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

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

Each student is to hand in one complete H&P or SOAP note for each 5-week clerkship. The table below outlines the requirements for each clerkship.
Primary Care | 1 Complete H&P  
Primary Care Elective | 1 SOAP Note  
Non-Primary Care Elective | 1 SOAP Note  
Surgery | 1 Complete H&P  
Obstetrics and Gynecology | 1 Complete H&P  
Psychiatry | 1 SOAP Note  
Internal Medicine | 1 Complete H&P  
Pediatrics | 1 Complete H&P  
Emergency Medicine | 1 SOAP Note

- All notes must be handed in along with a photocopy of the first page of the original note written by you or someone else.
- Notes should NOT have ANY identifying information on it. If a note is submitted with any identifying information on it, you will receive a grade of zero for that particular note. (Violation of HIPPA regulations see above).
- All notes must be turned in to the clinical coordinators before 9:00 am on the first day of call back day (see submitting call back day materials). Failure to do this will result in a 10 point deduction from the note grade for each day it is not turned in.
- Notes should not exceed 5 handwritten pages.

If a grade of 73% is not achieved, the student must repeat the assignment. If this remediation assignment is acceptable, a grade of 73% will be documented in the grade book. If the remediation assignment is not adequate, the original grade will remain in the grade book.

**CLINICAL PROCEDURE LOG BOOK**

Clinical procedures will be tracked through the PAST system and reviewed every Monday before 9 am. A certain number of each procedure must be completed to meet graduation requirements. In addition to logging procedures into the PAST system, print the patient encounters for each procedure completed, and have the supervising health care provider sign off on it. Insert all signed procedure logs into the manila envelope on Call Back Day. It is the student’s responsibility to keep track of the number of procedures completed.

**SUBMITTING CALL BACK DAY MATERIALS**

Before 9:00 am on the first day of each Call Back Day the following materials must be submitted to program staff in a **manila mailing envelope labeled with your name on the outside**:
- Clinical Note
- Completed Student Evaluation of Clinical Site
- Health Literacy Project (if applicable)
- Primary Care Elective CME Project (if applicable)
- Preceptor End of Rotation Evaluation (in sealed envelope with preceptor name and stamp across the seal)
- Signed Procedure Logs
CASE PRESENTATION PROJECT

Each student is required to complete one case presentation project for each of the following clerkships: surgery, ob/gyn and non-primary care elective. The case presentation project will utilize the student’s skills of article review, data collection, patient interview, formulation of differential diagnosis, reasoning for each differential diagnosis, use of resources such as texts, library and internet, presentation skills and overall organization of information. On Call Back Day (or another designated date and time) students will be expected to present a patient that they encountered during their rotation following the guidelines listed below. Case presentation projects will be graded and included in the final grade for that particular clerkship (see grading form in appendix). Each presentation should be no more than 20 minutes in length.

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

If a grade of 73% is not achieved, the student must repeat the assignment. If this remediation assignment is acceptable, a grade of 73% will be documented in the grade book. If the remediation assignment is not adequate, the original grade will remain in the grade book.

Guidelines for the Case Presentation Project:

The patient history and physical examination should:

- Be complete and focused
- Be Succinct
- **Be Pertinent:** provide pertinent negatives *and* pertinent positives
- Separate subjective information from objective information
- Be a thorough, logical and appropriate assessment of the patient with attention to both acute and chronic diseases
- Provide an appropriate management plan

Differential Diagnosis:

- Include 3 of the most likely diagnoses with the first listed as the most likely.
- Give a brief overview of the etiology, signs and symptoms, epidemiology, risk factors, treatment options and complications of each differential diagnosis.
- Give reasoning for and against each differential diagnosis which includes historical, physical exam findings, results of lab and diagnostic studies.

Patient Education:

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

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

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

Please remember:
1. Choose a patient that you found to be interesting or possibly one that had a rare or unexpected outcome
2. Write up and hand in an appropriate H & P along with the research article on the day that you are scheduled to present. Any other information or handouts must also be submitted.
3. The H & P submitted as part of this project is in addition to the other note required for each rotation.
4. All H & P’s must be neatly handwritten and stapled. All other informative materials may be neatly typed and professionally submitted.
5. Review the program’s policy on plagiarism before beginning this project.

PATIENT EDUCATION PROJECT

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

The patient education project requires the student to create a unique plan to educate patients on their assigned topic. This may include but is not limited to: poster, pamphlet, creating a lesson plan or small group discussion. The student is then required to present to the class their education plan and educate their classmates on how to teach patients about their topic. Presentations should be no longer than 10 minutes in length.
Review and understand the program’s policy on plagiarism before beginning this project. Your project must be properly referenced therefore be sure that you understand how to properly footnote, quote and reference all materials.

If a grade of 73% is not achieved, the student must repeat the assignment. If this remediation assignment is acceptable, a grade of 73% will be documented in the grade book. If the remediation assignment is not adequate, the original grade will remain in the grade book.

Guidelines for Patient Education Project:

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

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

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

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

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

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

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

**Project:**

1. Involves interviewing patients at discharge – five consecutive patients who you were involved in their care as part of the team. Patients who do not speak a language you are fluent in and patients who are not oriented to person, place and/or time are excluded. Ask the questions and record patients’ responses on form. Questions should be asked in the order in which they appear on the questionnaire. If the patient does not know the answer or only part of the answer, record as such.

2. Fill out the second form from information in the patient’s chart. Be sure to include the medical record number on both questionnaires.

3. Write a paper (maximum 2 pages) on your analysis of the results of your survey. In the paper state why the results are what you expected or were you surprised by the results. Why do you think the results turned out as they did? If the results indicate that patients were not knowledgeable of their medical condition and/or medications, write what changes you would recommend to improve outcomes. Both actions on the part of health care professionals and recommended system changes should be included.

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

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

If a grade of 73% is not achieved, the student must repeat the assignment. If this remediation assignment is acceptable, a grade of 73% will be documented in the grade book. If the remediation assignment is not adequate, the original grade will remain in the grade book.

PRIMARY CARE ELECTIVE CONTINUING MEDICAL EDUCATION PROJECT

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

PROJECT AND SITE VISIT BREAKDOWN

<table>
<thead>
<tr>
<th>Emergency Medicine</th>
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<td>Primary Care</td>
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<tr>
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<tr>
<td>Non Primary Care Elective (Elective 2)</td>
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<td>Psychiatry</td>
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<tr>
<td>Internal Medicine</td>
<td>Health Literacy Project</td>
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<tr>
<td>Primary Care Elective (Elective 1)</td>
<td>CME Project</td>
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INTERNATIONAL CLERKSHIP

The international clerkship is an exceptional clinical experience allowing the PA student the opportunity to study medicine and healthcare abroad under the guidance of clinicians in other countries. The student will select the international rotation site based on their interests. International clerkships are provided through other organizations and some organizations require the student to apply for the clerkship. All information will be provided to the student in time for all arrangements to be made. Please keep in mind that the cost of food, housing and travel are in addition to Pace’s tuition. The student will pay these additional fees directly to the organization hosting the clerkship. The student must have a valid passport/visa in order to travel.

The grading components of the international elective clerkship include:

<table>
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<th>Percentage of Final Grade</th>
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<tr>
<td>Preceptor Evaluation (Must be greater than 73% to pass clerkship)</td>
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<tr>
<td>International Experience Presentation</td>
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<td>Case Presentation</td>
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<tr>
<td>Clinical Note (SOAP)</td>
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<tr>
<td>Call Back Day Lecture Exam</td>
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</table>

Please note that the student does not take a comprehensive exam for the international rotation, but still must take the Call Back Day lecture exam. In lieu of a comprehensive exam, students are to present their international experience according to the guidelines listed below. The student must submit a mid-clerkship evaluation, preceptor evaluation, patient encounter logs, student site evaluation forms, procedure logs current and SOAP notes. However, all materials can be submitted on Call Back Day as access to fax machines and computers may differ depending on location. Students must also complete a case presentation as explained in the section above titled “Case Presentation Project”.

**International Experience Presentation**

Students participating in international rotations must present their experience on call back day. This presentation should include but is not limited to the following:

- How local culture affected healthcare
- How healthcare delivery system is similar/different from that of the US
- Briefly discuss interesting/unusual cases
- Discuss particular illnesses that are more prevalent in society
- Role of mid level providers in country (if any)
- Local medical community awareness of PA profession
- Discuss positive and negative aspects of international experience
- Discuss different locations and settings exposed to
- Discuss living situation, host families
- Discuss overall cultural experience

If a grade of 73% is not achieved, the student must repeat the assignment. If this remediation assignment is acceptable, a grade of 73% will be documented in the grade book. If the remediation assignment is not adequate, the original grade will remain in the grade book.

**PACKRAT EXAMINATION**

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

**POLICY FOR FAILURE OF CLINICAL CLERKSHIP**

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

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

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

**CLERKSHIP ASSIGNMENT POLICY**

Clerkships are assigned according to their availability. Due to situations beyond the Program’s control, it is not unusual for changes in the clinical assignment to occur during the clinical year. When placing students in a clinical clerkship, the clinical coordinators take into account student interest, transportation, and geographical location. However, the student is required to attend clerkships where they are assigned. The cost of possible temporary housing, meals and transportation, remains the responsibility of the student. All clerkship schedule decisions rest with the Clinical Coordinators.

Once the final clerkship schedule is compiled, student requests for changes will not be entertained.
ACADEMIC POLICY
INSTITUTIONAL POLICIES ON ACADEMIC & BEHAVIORAL INTEGRITY

PACE UNIVERSITY

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

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

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

LENOX HILL HOSPITAL

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

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

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

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

ACADEMIC STANDARDS

1. Students are required to maintain a cumulative QPA of 2.3 or higher to continue and/or graduate from the PA Program.

2. Students must obtain a minimum grade of “C” in all PAS-level courses and must successfully complete all other requirements for each specific course.

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF SENIOR YEAR

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

1. Follow all rules and regulations published by the Pace University-Lenox Hill Hospital Physician Assistant Program.

2. Fulfill all tenets of policy set forth in the Clinical Handbook regarding Progression;

3. Maintain a professional demeanor as a physician assistant student, as evidenced by attendance and active participation in clerkships, call back days, lectures and clinical experiences.


5. Satisfactorily participate in Program Clinical Competency exams (summative evaluations), either written, practical or a combination of both.

6. Participate in the PACKRAT exam at the end of the fourth year.

7. Undergo and submit documentation of a complete physical examination and labs to establish a health database prior to the start of the senior year.

8. Satisfactorily complete all 9 clinical clerkships, including end of clerkship examination,
and end of clerkship evaluations with passing grades, and submitting all necessary clerkship forms.

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

GRADUATION REQUIREMENTS

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

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

THE ACADEMIC AFFAIRS COMMITTEE

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

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

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

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

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

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

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

**PROBATION**

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

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

- During the didactic and clinical years the student:
  - Violated certain standards of professional conduct. Examples of conduct that will result in probation include, but are not limited to: being late without approval an unacceptable number of times from a Program lecture, class, case study, lab or other Program-related activity; being absent without approval an unacceptable number of times from a Program lecture, class, case study, lab or other Program-related activity; submitting incomplete or late assignments an unacceptable number of times without approval. (See the section entitled Standards of Professional Conduct for the Physician Assistant Student in the Pace University-Lenox Hill Hospital Physician Assistant Program Clinical Handbook and Student Handbook for a discussion of the standards of professional conduct applicable to physician assistant students.)

- During the didactic year, the student:
  - Received a grade below “C” in any PAS-level course; or
  - Did not maintain a cumulative grade point average (QPA) of at least 2.3 in each semester; or

- During the clinical year, the student:
  - Received a grade below “C” in any PAS-level course; or
  - Did not maintain a cumulative grade point average (QPA) of at least 2.3 in each semester; or
  - Three times failed an end-of-clerkship examination: whether once in three different clerkships an therefore automatically failed a clerkship, or failed to successfully remediate a failed end-of-clerkship exam and therefore automatically failed a clerkship; or
  - Failed any end-of-clerkship preceptor evaluation and therefore automatically failed the clerkship.
The Program Director will notify a student as soon as practicable that he or she has been placed on probation. The Academic Affairs Committee will meet with the student to discuss the student’s probationary status, the circumstances that may have resulted in his or her probationary status as well as possible conditions of probation. The Academic Affairs Committee will, after considering the relevant portions of the student’s record and the information provided during the meeting, recommend to the Program Director the conditions of probation and the time within which the conditions must be satisfied. The Program Director will accept the recommendation of the Academic Affairs Committee unless there is no reasonable basis for the recommendation. In addition, the Program Director may, in consultation with the Academic Affairs Committee, modify the conditions of probation as may be appropriate under the circumstances. The Program Director will notify the student in writing (usually by e-mail and/or mail) of the conditions of probation and the time within which the conditions must be satisfied. If the student has any questions about the conditions of probation, he or she should contact the Chair of the Academic Affairs Committee or the Program Director.

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

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

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

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

DISMISSAL

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

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

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

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

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

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

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

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

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

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

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

**APPEAL PROCEDURE**

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

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

The appeal must include the following:

- The name, telephone number, address and e-mail address of the student appealing the decision of dismissal; and

- The reason the student was dismissed, e.g., academic standing, violation of the Standards of Professional Conduct for the Physician Assistant Student; and

- The grounds for appealing the decision of dismissal; and
• An explanation of the reasons the decision to dismiss should not be affirmed; and

• Identification of any extenuating circumstances that may have caused or contributed to the student’s conduct that resulted in his or her dismissal from the Program; and

• Actions the student will undertake immediately and long term to improve his or her academic performance and/or professional conduct; and

• A copy of the letter informing the student that he or she was automatically dismissed from the Program and a copy of the decision of the Program Director denying reinstatement.

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

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

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

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

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

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

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

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

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

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

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

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

EVALUATION OF STUDENTS IN THE DIDACTIC AND CLINICAL YEAR

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

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

PA PROGRAM GRADING AND QUALITY POINT SYSTEM

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>94 - 100 %</td>
</tr>
<tr>
<td>A-</td>
<td>90 - &lt; 94 %</td>
</tr>
<tr>
<td>B+</td>
<td>86 - &lt; 90 %</td>
</tr>
<tr>
<td>B</td>
<td>83 - &lt; 86 %</td>
</tr>
<tr>
<td>B-</td>
<td>80 - &lt; 83 %</td>
</tr>
<tr>
<td>C+</td>
<td>76 - &lt; 80 %</td>
</tr>
<tr>
<td>C</td>
<td>73 - &lt; 76 %</td>
</tr>
<tr>
<td>C-</td>
<td>70 - &lt; 73 %</td>
</tr>
<tr>
<td>D+</td>
<td>67 - &lt; 70 %</td>
</tr>
<tr>
<td>D</td>
<td>60 - &lt; 67 %</td>
</tr>
<tr>
<td>F</td>
<td>&lt; 60 %</td>
</tr>
</tbody>
</table>

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

INCOMPLETE GRADERS

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

PHYSICIAN ASSISTANT PROGRAM EVALUATION

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

Methods of Program evaluation that employ student input:

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

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

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

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

Additional methods of Program evaluation include:

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

All Pace University-Lenox Hill Hospital Physician Assistant Program students are obligated to participate in ALL ongoing Program evaluation efforts.
PERSONAL POLICIES
E-MAIL
E-mail is the preferred mode of communication between the Program Faculty/Staff and students. ALL STUDENTS MUST notify the Program of their current e-mail address, whether it is a personal account or a Pace University account. Students must check their e-mail accounts daily for posts from Program Faculty or Staff. Additionally, student should empty mailboxes to allow for regular email from Program staff and faculty. “Not checking an account” is not an allowable excuse for missing a Program event or notification.

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

LIABILITY INSURANCE
The Physician Assistant Program has assumed the cost of providing you with blanket malpractice liability insurance coverage through the St. Paul Fire and Marine Insurance Co. (Certificate of Insurance-Copy available in Physician Assistant Program Office).

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

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

Disabilities and Accommodations

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

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

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

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

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

**Request for an Accommodation**

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

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

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

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

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

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

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

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

Confidentiality

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

Complaints of Disability Discrimination

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

Additional Services Offered by the Counseling Center

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

ILL/IMPAIRED STUDENT

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

Identification and Prevention

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

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

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

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

SEXUAL HARASSMENT POLICY

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

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

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

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

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

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

LEAVE OF ABSENCE, WITHDRAWALS, AND RESUMPTION OF STUDIES

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

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

DEMONSTRATION OF CURRENT COMPETENCY

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

The courses in which current competency must be demonstrated prior to the resumption of studies or progression in the professional phase of the PA Program are: Clinical Medicine (PAS 301, 302 and 303), Basic Sciences and Clinical Laboratory Medicine (PAS 304, 305), Clinical Applications (PAS 306-307), and Pharmacology (BIO 347-348).

**TUITION CANCELLATION POLICY**

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

**READMISSION**

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

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

Approximate Cost of Attending Pace University – Lenox Hill Hospital Physician Assistant Program 2006-2007
(All costs subject to change at any time)

<table>
<thead>
<tr>
<th>Didactic Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition, per semester (12 – 18 credits)</td>
<td>$12,375.00</td>
</tr>
<tr>
<td>Fees</td>
<td>$230.00</td>
</tr>
<tr>
<td>Books</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Lab coat</td>
<td>$30.00</td>
</tr>
<tr>
<td>Infection Control Certification</td>
<td>$40.00</td>
</tr>
<tr>
<td>BLS/ACLS Certification</td>
<td>$250.00</td>
</tr>
<tr>
<td>Medical Diagnostic Instruments</td>
<td>$650.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition, per semester</td>
<td>$12,375.00</td>
</tr>
<tr>
<td>Fees</td>
<td>$230.00</td>
</tr>
<tr>
<td>Books</td>
<td>$300.00</td>
</tr>
<tr>
<td>PDA with Palm OS</td>
<td>$150.00</td>
</tr>
<tr>
<td>Patient tracking software</td>
<td>$100.00</td>
</tr>
<tr>
<td>PACKRAT</td>
<td>$50.00</td>
</tr>
<tr>
<td>NCCPA/PANCE Exam</td>
<td>$450.00</td>
</tr>
<tr>
<td>Transportation to clerkship</td>
<td>(varies on location)</td>
</tr>
</tbody>
</table>

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

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

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

Physician Assistant Program

ADVISEMENT FORM

Student Name: ___________________________________________ Date:___________

Junior  Senior  Fall  Spring  Summer

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

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My history/PE skills are appropriate to my level of training.</td>
<td></td>
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<tr>
<td>2. My clinical knowledge is appropriate to my level of training.</td>
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<td>3. My time management and study skills are adequate</td>
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<td>4. I am managing my class load well</td>
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<td>5. My professional performance is appropriate.</td>
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<td>6. I understand Program expectations.</td>
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<tr>
<td>7. I feel I am able to keep up with Program expectations.</td>
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<td>8. I am comfortable with my overall level of ability.</td>
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<tr>
<td>9. I am able to manage my stress well.</td>
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</tbody>
</table>

My concerns are:

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Current QPA (&gt;2.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Completed Health Care Experience (Documented) (By August 1st of 1st Yr)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Student Completed Health Clearance Forms (By September)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Student Completed PAS 300 Courses (No grade less than C)</td>
<td>Yes</td>
<td>No</td>
<td>In Progress</td>
</tr>
<tr>
<td>Student Completed PAS 400 Courses (No grade less than C)</td>
<td>Yes</td>
<td>No</td>
<td>In Progress</td>
</tr>
<tr>
<td>Transfer Students: Student has submitted appropriate documentation of transfer credits</td>
<td>Yes</td>
<td>No</td>
<td>In Progress</td>
</tr>
</tbody>
</table>

87
**Professional Performance Evaluation:**

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

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

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Plans and Recommendations:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Student Signature:** ___________________________ **Date:** ____________

**Advisor Signature:** ___________________________ **Date:** ____________
Pace University-Lenox Hill Hospital
Physician Assistant Program

BRAINSTORMS Form

Name: __________________________________
(optional)

Date: __________________________________

Comment/Criticism/Suggestion:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Pace University-Lenox Hill Hospital
Physician Assistant Program

Incident Report

Student Name (PRINT)    Year/Class    Date

Date Incident(s) Occurred    Time Incident Occurred

Institution/Office    Preceptor Name

Has an incident Report been filed at the Institution/Office?    Yes _____    No _____

If yes, who filed the report?

________________________________________________________________________________________

Describe incident in detail. Give times, names of other personnel present, etc.    Attach additional sheets as necessary

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Student Name (Signature)    Date

Supply 3 copies to the PA Program: Program faculty file, student file, Program Director
PACE UNIVERSITY-LENOX HILL HOSPITAL
PHYSICIAN ASSISTANT PROGRAM

SENIOR YEAR HEALTH CLEARANCE
CONSENT FOR RELEASE OF CONFIDENTIAL HEALTH INFORMATION

______________________________  _________________________
Student Name      Date
______________________________  ______________________________
Student ID      Date of Birth

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

______________________________  _________________________
Student Signature      Date
______________________________  _________________________
Faculty Signature      Date

Do not write below this line for OHS use only

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

Practitioner’s name (print): ____________________________________________

Practitioner’s signature:_________________________________________________
PACE UNIVERSITY-LENOX HILL HOSPITAL  
PHYSICIAN ASSISTANT PROGRAM

STUDENT HEALTH CLEARANCE FORM

Student Name ____________________________________________ Student ID ___________________________

This section is to be completed by a health care provider

**Tuberculosis skin test**  date of test ______ results _______ if positive results of Chest X-ray _______

date of chest x-ray _______ INH therapy __yes__ __no__ (attach all copies of TB test results and chest X-rays)

**Immunization and Titers**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Titer Results</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rubella</strong></td>
<td></td>
<td></td>
<td></td>
<td>(attach copy of blood test indicating immunity)</td>
</tr>
<tr>
<td><strong>Measles (Rubeola)</strong></td>
<td></td>
<td></td>
<td></td>
<td>(attach copy of blood test indicating immunity)</td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
<td></td>
<td></td>
<td></td>
<td>(attach copy of blood test indicating immunity)</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td></td>
<td></td>
<td></td>
<td>(attach copy of blood test indicating immunity)</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td></td>
<td></td>
<td></td>
<td>(attach copy of blood test indicating immunity and copy of signed waiver if non-reactive and no vaccine history available)</td>
</tr>
<tr>
<td><strong>Tetanus Vaccine</strong></td>
<td></td>
<td></td>
<td></td>
<td>(attach copy of vaccine record)</td>
</tr>
</tbody>
</table>

**Physical Exam**

A thorough exam was completed on the above named individual. I find him/her to be in good health. He/She is free of any health impairments which may pose potential risk to patients or personnel, or which may interfere with the performance of clinical responsibilities. Habituation to alcohol or other drugs which may alter the individual’s behavior has been considered in this evaluation. I have reviewed The Pace University-Lenox Hill Hospital Physician Assistant Program technical standards and find that the above named individual has clearly demonstrated his/her ability to meet those standards. *(Attach copy of physical to this form)*
Signature of examining Health Care Provider

Date

______________________________

Print Name

Telephone number

____________________________________________

Address

This form should not be signed unless the individual is able to fully participate in the clinical education of Pace University-Lenox Hill Hospital physician assistant students.
PACE UNIVERSITY-LENOX HILL HOSPITAL
PHYSICIAN ASSISTANT PROGRAM

HEPATITIS VACCINE REFUSAL FORM

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

Student Name  Student ID

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

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

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

Student  Date  Student Name (PRINT)
CLINICAL FORMS
CASE PRESENTATION GRADING SHEET

Student Name: _________________________________      Date:____________________
Rotation:    Ob/Gyn     Surgery     Non-Primary Care Elective     Rot#____________________

Patient History and Physical Examination
• Complete and focused, succinct
• Thorough, logical appropriate assessment
• Addresses both acute and chronic disease
• Appropriate Management Plan _______ ( 25 )

Differential Diagnosis: You must include all of the following for each differential diagnosis that you considered for the acute problem of the patient you are presenting:
• Gives brief overview of the etiology, signs and symptoms, epidemiology, risk factors, treatment options, and complications of each differential diagnosis.
• Gives reasoning for and against each differential diagnosis which includes historical, physical exam findings, results of lab and diagnostic studies.

Differential Diagnosis #1                                          ________ ( 10 )
Differential Diagnosis #2                                          ________ ( 10 )
Differential Diagnosis #3                                           ________ ( 10 )

Patient Education
• Addresses acute and chronic conditions
• Includes disease prevention based on risk assessment
• Addresses medications given and possible side effects
• Explains tests and procedures patient may be going for and why
• Gives instruction on symptoms to notify staff of
• Psychosocial issues                                                                 __________ ( 20 )

Podium Skills:
• Interactive, cohesive delivery, glances but DOESN’T READ from paper
• Rate, tone and pitch of speech
• Good movement, use of available space. .                                             _______( 15 )

Research Article
• Research article current (<5 years)
• Articles summarized in students own words                                          ________ ( 10 )

Final Score:          __________ ( 100%)
Faculty: ____________________________________________
PATIENT EDUCATION PROJECT GRADING FORM

Student Name____________________________ Date:____________________

Rotation Number____________________

Content

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

_________(40)

Written and Other Material

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

___________(30)

Podium Skills

• Interactive, cohesive delivery
• Glances at written material but DOESN’T READ from written material
• Rate, tone and pitch of speech
• Organized with good transition
• Good movement, use of available space

___________(30)

Final Score: _____________(100%)

Faculty: ________________________________
INTERNATIONAL ROTATION: CASE PRESENTATION GRADING FORM

Student Name: _________________________________      Date:____________________
Rot#____________________    Location:_______________________________________

Content
• Discuss how local culture affected healthcare
• Discuss how healthcare delivery system is similar/different from that of the US
• Briefly discuss interesting/unusual cases
• Discuss particular illnesses that are more prevalent in society
• Role of mid level providers in country (if any)
• Local medical community awareness of PA profession
• Discuss positive and negative aspects of international experience
• Discuss different locations and settings exposed to
• Discuss living situation, host families
• Discuss overall cultural experience
• Demonstrate good research base
• Answer questions appropriately

Podium Skills:
• Interactive, cohesive delivery, glances but DOESN’T READ from paper
• Rate, tone and pitch of speech
• Good movement, use of available space.

Final Score:          __________ ( 100%)

Faculty: ____________________________________________
DYS 499C – INTERNAL MEDICINE PROJECT

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

Date: _____________________ Medical Record Number: _________________

1. Why were you hospitalized?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

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

6. What are the purposes of these medicines?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

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

9. When will you see your doctor or a doctor or health care provider after you leave the hospital?
__________________________________________________________________________
__________________________________________________________________________
Date of discharge: ___________________________________________________

Medical record number: _____________________________________________

Per the Patient’s Chart:

1. Age of patient: __________________________________________________

2. □ Male    □ Female

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

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

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

4. Per the chart: What are the follow-up instructions for this patient?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
HEALTH LITERACY GRADING PROJECT GRADING FORM

Student Name: _________________________________      Date:____________________
Rotation:    Internal Medicine                                                   Rot#____________________

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

Final Score:          __________ ( 100%)

Faculty: ________________________________

101
SITE VISIT EVALUATION

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

1) Rate the student’s ability to perform histories:  
   Obtains all patient data  
   Interviewing technique  
   Obtains history in reasonable amount of time  
   Rating (out of 20) ______________

2) Rate the student’s ability to perform physicals:  
   Organized and directed to chief complaint  
   Respects feelings of comfort  
   Explains procedure to patient  
   Rating (out of 20) ______________

3) Rate the student’s ability to perform oral presentation:  
   Focused, concise and organized  
   Thorough  
   Logical Flow  
   Rating (out of 20) ______________

4) Rate the student’s ability to formulate a differential diagnosis and management plan:  
   Fund of knowledge of disease process  
   Can formulate DDx and management plan  
   Patient education  
   Rating (out of 20) ______________

5) Pharmacological fund of knowledge:  
   Was prepared and had adequate knowledge of pharmacology therapeutics  
   Rating (out of 20) ______________

   TOTAL:  ______________
**PROFESSIONAL AGENCIES AND REGULATORY BODIES**

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

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

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

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

http://www.nccpa.net

**STATE REGISTRATION**

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

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

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