

Department of Physician Assistant Studies

UAMS | College of
Health Professions



Clinical Phase Manual Class of 2025

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*Please refer to the Didactic Phase Manual for the General CHP and PA program Policies. This manual contains policies and procedures specific to the Clinical Phase of the program but is not all inclusive. Students are responsible for **both** the Didactic Phase Manual and the Clinical Phase Manual.

Acknowledgements: This document contains excerpts and adaptations from the Preceptor Orientation Handbook published by the Physician Assistant Education Association.

1. Physician Assistant Program Information:

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Student & Employee Health	501-686-6565
UAMS Shuttle Service Schedule	http://www.uams.edu/campusop/depts/po/ParkOptions.aspx?ListID=Shuttle

Mission of the UAMS Physician Assistant Program

The mission of the UAMS PA program is to produce PA graduates who will practice transformative patient-and family-centered care with the highest professional standards in any community by:

- Embracing cultural diversity
- Collaborating effectively with all members of the health care team
- Contributing to the PA profession through leadership, education, and service

Vision Statement of the UAMS Physician Assistant Program

The UAMS Physician Assistant program will lead the region in innovative physician assistant education, advancement of the profession, and transformative healthcare by embracing cultural humility and inclusivity, intentional patient and professional advocacy, and collaborative service.

Goals of the UAMS Physician Assistant Program

1. To provide a comprehensive, patient- and family-centered educational experience with emphasis on evidence-based medicine, clinical application of medical knowledge, effective communication skills, and life-long learning.

2. To promote an educational culture that values professionalism, diversity, inclusivity, and compassion.
3. To produce physician assistants who are prepared to practice in any discipline of medicine and in any health care environment.
4. To foster an atmosphere of interprofessional collaboration and engagement within the university, and communities across the state of AR.
5. To produce practicing physician assistants who will improve access to healthcare for the residents of Arkansas.

UAMS PA Program Competencies

Medical Knowledge

1. Recognize normal and abnormal health states across the lifespan (NG 1.1)
2. Discern among acute, chronic, and emerging disease states. (NG 1.2)
3. Determine differential diagnoses, order, and interpret diagnostic studies, perform necessary clinical procedures, diagnose, treat, and manage illnesses. (NG 1.5)

Interpersonal and Communication Skills

1. Understand the role of structural disparities in causing illness. (NG 2.4)
2. Provide effective, equitable, understandable, respectful, and quality care that displays cultural humility and is responsive to diverse health beliefs and practices, preferred languages, health literacy, and other communication needs. (NG 3.6)
3. Organize and communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible and checking to ensure understanding. (NG 3.7)

Patient-centered Care

1. Recognize the potential impacts of social determinants of health, biology, and genetics on patients and incorporate them into decisions of care. (NG 2.2)
2. Gather accurate and essential information about patients through history taking, physical examination, and diagnostic testing. (PAP 3.1)
3. Develop, implement, and monitor the effectiveness of patient-centered management plans. (PAP 3.4)

Professionalism

1. Articulate standard of care practice. (NG 5.1)
2. Reflect on personal and professional limitations in providing care. (NG 2.7)
3. Demonstrate respect for the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. (NG 5.5)
4. Demonstrate commitment to personal wellness and self-care that supports the provision of quality patient care. (PAP 5.8)

Systems-based Process

1. Recognize financial implications to the provision of healthcare. (NG 6.1)

2. Appreciate the value of team-based care and the collaborative physician/PA relationship. (NG 6.3)
3. Understand different types of health systems, funding streams, and insurance, including the role of Medicare and Medicaid as payors. (NG 6.4)

NG: Core Competencies for New Physician Assistant Graduates (2019) PAP: Competencies for the PA Profession (2021)

Roles of a UAMS Physician Assistant Graduate

1. Possess comprehensive medical knowledge and skills to practice medicine with a supervising physician in urban or rural areas in primary care or in any discipline of medicine.
2. Possess and utilize solid verbal and non-verbal communications skills to elicit information from patients and family to treat the entire patient and not just the disease process.
3. Perform a thorough complete and problem-oriented physical examination of a patient.
4. Order and interpret laboratory studies and diagnostic tests to better determine the appropriate management of a patient.
5. Formulate a differential diagnosis to accurately diagnose and manage a patient.
6. Manage acute illnesses and chronic medical diseases of a patient by writing prescriptions, writing inpatient orders, referring patients to medical specialists for consults or appropriate counseling.
7. Perform patient education of patients and family members to improve health outcomes of the patient.
8. Have ability to perform a wide array of clinical procedures to include but are not limited to venous and arterial puncture, IV access, lumbar puncture, suturing, skin biopsies, joint injections.
9. Practice evidence-based medicine with patient care to keep abreast of current medical practices.
10. Embrace diversity by being culturally aware of patient differences that influence health care and apply that cultural knowledge and skill to better care for diverse patient populations.
11. Appropriately document medical information to decrease the occurrence of medical errors in medicine.
12. Apply preventative strategies to patient care to improve the overall health of patients and prevent many chronic diseases from occurring.
13. Be involved in advocacy for the profession by educating patients and the community about the responsibilities and function of a physician assistant.
14. Maintain a level of professionalism, ethics, integrity, and excellence that represents UAMS and the medical community.

UAMS Physician Assistant Program Technical Standards

Technical Standards in physician assistant education establish the minimal physical, cognitive, emotional, behavioral, and social skills needed to reasonably assure that a student can successfully complete the entire didactic curriculum and can competently participate in and complete the Clinical Phase of the program. Students accepted

into the program must have a thorough understanding of the technical standards and acknowledge that they have the ability to complete the technical standards before matriculation into the UAMS Physician Assistant Program. After students have enrolled in the program, the Progress and Advancement Committee will continually monitor each student for the compliance with the technical standards. Students must develop the necessary knowledge and skills to effectively function as a medical provider in a wide variety of clinical situations and environments.

All students enrolled in the UAMS Physician Assistant Program must possess the following abilities and skills:

Observation

1. Observe demonstrations and participate in classroom, laboratory, and clinical instruction.
2. Accurately observe a patient for verbal, behavioral and physical signs at a distance and at close proximity utilizing vision, hearing, and other sensory abilities.

Communication

1. Effectively speak, hear, and observe patients to elicit a history from a patient and accurately relay the information to other health care providers in oral, written, and electronic communication.
2. Perceive non-verbal patient communication and describe changes in mood, posture, and activity.
3. Effectively, sensitively, and compassionately communicate with patients, family members and other health care providers both orally and through written communication.

Sensory and Motor Coordination

1. Sufficient motor and sensory function to elicit information from palpation, auscultation, percussion and performing specific diagnostic procedures.
2. Sufficient motor function to effectively provide basic medical care and emergency management for patients such as airway management, catheter placement, advanced cardiac life support, etc.
3. Utilize and manipulate instruments and medical equipment effectively to perform laboratory tests, clinical procedures, and surgical procedures required to successfully complete components of the didactic and clinical curriculum (ex. Stethoscope, suturing, surgical assisting, lumbar puncture, etc.). These skills require coordination of gross and fine motor skills, equilibrium, vision, hearing, and touch.
4. Possess physical stamina sufficient to complete intensive didactic and clinical training which may include prolonged periods of sitting, standing, holding instruments or rapid ambulation.

Intellectual

1. Obtain, interpret, analyze, integrate, summarize, and apply information from direct observation, oral and written communication, medical literature, and diagnostic information. Clinical reasoning and problem solving are essential skills for physician assistants.
2. Elicit and interpret information from medical histories, medical records, physical examinations, labs, and diagnostic tests and then formulate a differential diagnosis, diagnosis, and management plan for patients in an efficient and effective manner in potentially rapidly changing and unpredictable environments.
3. Demonstrate appropriate judgment and time management in patient care.

Behavioral and Social Attributes

1. Possess maturity, professionalism, integrity, responsibility, genuine concern for others, and be able to exercise sound judgment in all aspects of medical care to assure the highest quality of patient care and continuity.
2. Possess interpersonal skills to positively interact with patients, family members, health care providers and the community from all cultural backgrounds and beliefs including but not limited to race, ethnicity, socioeconomic status, gender, age, faith, sexual orientation, and disability.

3. Possess the emotional health to effectively develop compassionate relationships and diagnose disease and manage patient care. Students must be able to tolerate physical, mental, and emotional stress in training and continue to function effectively under stressful and/or emergent situations.
4. Adapt to changing environments, understand limitations, utilize supervision appropriately but can perform independently when indicated.
5. Accept constructive criticism and respond to the situation by appropriately modifying verbal and nonverbal behavior.

Students are required to attend all classes, laboratories, educational activities, and patient experiences. They are also required to master effective communication techniques, physical examination skills, technical clinical procedures, and advanced cardiac life support during the didactic phase of the program. During the Clinical Phase of the program, students must successfully complete the summative evaluation and all core and elective rotations which may include early mornings, evenings, nights, weekends, and extended hours. Students will observe holidays that are observed by the clinical site. It is the responsibility of the students to be able to transport themselves in a timely manner to all clinical training sites to participate in educational training and patient care responsibilities. This policy supersedes the CHP Policy.

Technology Requirements

A handheld device will be required for the Clinical Phase. Laptops with software as required during the Didactic Phase should continue to be maintained for use of internet connectivity as well as to utilize Microsoft Word, PowerPoint or other Office programs as needed for various assignments that may occur throughout the Clinical Phase.

The UAMS Academic Affairs Educational and Student Success Center provides assistance with students' laptops and mobile devices. A Library and ESSC Systems Support Technician is available to assist with various technology issues, from connecting to the wireless network to troubleshooting possible software issues. The specialist is located on the 3rd floor of the Library (ED II 3/110) from Monday through Friday from 7:30 to 4:30 PM. Assistance is also available remotely. You can email him at CDWebb2@uams.edu or book an appointment at <https://outlook.office365.com/owa/calendar/ITSupportCalvinWebb@uams.edu/bookings/>.

Tuition Discount Policy

Physician assistant education is a professional graduate education program and will not participate in the tuition discount for full-time employees. At UAMS dependent and spouses of faculty and staff are eligible for a tuition discount for undergraduate courses but not graduate level courses.

Refund of Tuition for Physician Assistant Program – [UAMS Academic Affairs Policy 3.1.4 and 3.1.5](#)

Students officially withdrawing may be eligible for a refund calculated as a percentage of tuition. Such refunds are determined according to the schedule below. Fees are not refundable. Refund of housing deposits and overpayment of rental fees are made after the occupant has checked out of University Housing and after all Housing Policy requirements have been met.

Students officially withdrawing from the Physician Assistant Program during any semester shall be entitled to a refund of tuition as follows:

Withdrawal From Semester Start Date	Refund of Tuition
Within 1 - 5 days	100%
Within 6 - 10 days	50%
After 10 days	0%

The date a student files a completed Application for Official Withdrawal at the Dean’s Office determines the amount of refund. An Application for Official Withdrawal is not considered complete without all necessary signatures. Failure to withdraw officially from a course will adversely affect grades on official transcripts.

If Student Financial Services receives an authorized refund request for payment of tuition and fees, the following schedule is used:

- If payment was made by check, the refund will not be processed until 30 days from the date the check was deposited.
- If payment was made by credit card, the refund will be processed within 24 hours provided the student furnishes credit card information.
- For all other forms of payment, the refund will be processed within 24 hours.

2. PA Program Policies and Procedures:

Employment While Enrolled in the PA Program

The PA Program is an intensive full-time program with heavy academic demands and should be viewed as a full-time job. Employment, even part-time, while enrolled as a PA student in the Didactic or Clinical Phase of the program is not feasible or permitted by the program. Concurrent enrollment in another educational program is also not permitted due to the academic demands placed on the students while enrolled in the program.

Substituting as Instructional Faculty

PA Students are not permitted to work as student workers for the Department of Physician Assistant Studies while enrolled in the PA Program. PA students are also not permitted to function as faculty members and provide instruction in the program. PA Students that have advanced training in specific areas may assist faculty members in the laboratory setting but are not permitted to grade proficiency tests in those areas.

Background Check and Drug Testing – [UAMS CHP Student Affairs Policy 02.12.02](#)

All accepted applicants must consent to a criminal background check and drug screen prior to matriculation. Background checks and drug screens are required by most clinical sites during the Didactic and Clinical Phase of the program. Matriculation into the PA Program is contingent upon acceptable background check and drug screen results. Adverse results of a background check will be considered on an individual basis and may result in an inability to matriculate into the program. Clinical sites may require additional or updated background checks.

In that event, the costs of those additional or updated background checks or drug screens are the sole responsibility of the student. The PA Program strives to provide a professional environment that is safe and drug-free for our students, faculty, staff, and patients. The PA Program prohibits the possession, use, solicitation or sale of illicit substances or prescription medications by students. The program also prohibits students from being impaired or intoxicated by alcohol or prescription medication while on university premises or at clinical sites. To ensure drug-free educational and clinical experiences, all accepted applicants must consent to a drug screen prior to matriculation that will be conducted through Certified Background. Enrolled students will also be randomly drug

tested throughout the enrollment in the program. In addition, clinical affiliates may require drug screening prior to accepting students for specific clinical rotations. Students who refuse random drug testing or drug testing required by clinical affiliates will be subject to disciplinary action which may lead to dismissal from the program. All costs associated with drug testing are the responsibility of the student.

Notice Regarding Drug Testing and Criminal Background Checks

A critical part of health professions education involves learning experiences in hospitals and other health care facilities. Use of these facilities for instruction is essential, and students must be able to complete their assigned rotations. Many hospitals and other health care facilities have policies requiring drug testing and/or criminal background checks for employees, students, and volunteers. Facilities that provide instruction to College of Health Professions' students may have, or may adopt in the future, drug testing and/or criminal background check policies. Some facilities stipulate that students who test positive for drugs, or who have certain types of information in their criminal background checks, are ineligible to work in that facility.

Because the use of these health care facilities is part of the curriculum and essential to health professions education, students should be prepared to comply with the policies and procedures at any facility where they engage in rotations or other learning experiences. Students may not request facility assignments to avoid criminal background checks or drug screening requirements. Students may not refuse to participate in educational activities at these facilities because they do not want to submit to drug testing and/or criminal background checks. Students who fail to attend assigned activities, or who are terminated from rotations in these facilities because they violate the drug testing or drug use policies of the facilities, or who are found to have objectionable information in their criminal background checks, will be unable to complete the college requirements for graduation and will be subject to dismissal from the College of Health Professions on academic grounds.

Departments in the CHP may require applicants offered admission and students to obtain criminal background checks and have the results reported to the college. Departments that require backgrounds checks must adhere to the policy below. Some departments may require drug tests of applicants offered admission and students. Policies and procedures for drug tests are available from the department.

Background Checks for Applicants and Students

Purpose: The purpose of this policy is to establish guidelines and procedures for conducting criminal background check(s) for applicants who have been offered admission or students enrolled in certificate or degree programs in the College of Health Professions.

Rationale: The policy is adopted because it is incumbent on the College of Health Professions to: (a) meet contractual obligations contained in affiliation agreements between the college and clinical education affiliates, (b) exercise due diligence and assess the qualifications of all individuals who may have contact with patients and/or research participants, (c) ensure compliance with clinical education affiliate standards and regulations pertaining to human resource management, and (d) meet public demands for greater diligence in light of the national reports on injury and deaths resulting from medical malpractice and medical errors.

Applicability: Departments in the College of Health Professions that require background checks for admission must adhere to this policy. This policy applies to (1) all applicants who have been offered admission to certificate and degree programs in departments that require background checks and (2) enrolled students who may be required to obtain additional background checks following matriculation.

Policy: When required, an applicant or student must obtain a criminal background check from a vendor approved by the College of Health Professions, the University of Arkansas for Medical Sciences, or the University of Arkansas

System. Results of the background check must be deemed satisfactory as a condition of the student's admission or continuation in the program.

An offer of admission will not be final until the completion of the background check with results deemed satisfactory. Admission may be denied based on the results of the background check. Only students with satisfactory results will be allowed to register for classes.

At times, a currently enrolled student may be required to obtain an additional background check for a variety of reasons, e.g., clinical affiliate requirements, contradictory findings from a clinical affiliate's background check, suspicion, or reports of violation of laws, etc. In those instances, currently enrolled students will be barred from participating in clinical education experiences at clinical affiliates until a background check clearance is obtained. Failure to obtain an additional background check may be cause for suspension or dismissal from the program.

Scope of Background Checks

Background checks typically include the following criteria and cover the past seven years:

- Social Security Number verification
- Criminal search, including felonies, Class A, Class B, and Class C misdemeanors (7 years)
- Violent Sexual Offender and Predator Registry search
- Office of the Inspector General (OIG) List of Excluded Individuals/Entities
- General Services Administration (GSA) List of Parties Excluded from Federal Programs
- U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN) ☒
Applicable State Exclusion List

(Note: The time period and the types of searches are subject to change without notice. Changes will be approved by the College of Health Professions Executive Committee.)

Timing of the Background Checks

An applicant offered admission must obtain a background check prior to enrollment into a certificate or degree program. Background checks must be completed within six months of matriculation. Some clinical rotation sites may require an updated background check, which should be added to the Exxat Compliance platform.

Cost of Background Checks

The applicant or student will pay the cost of required background checks.

Period of Validity

A background check is honored for the duration of enrollment if the student is continuously enrolled. A student who has a break in enrollment is required to complete a new background check. A break in enrollment is defined as

non-enrollment of at least one semester in the approved curriculum of the certificate or degree program. An officially approved leave of absence is not considered a break in enrollment.

Significant Findings in Background Checks

Re-verification – An applicant or student has the right to request that the vendor who performed the background check re-verify that the background check is correct. Any costs associated with the re-verification will be paid by the applicant or student. The college may require the applicant or student to produce additional documentation to verify or re-verify findings.

Evaluation of Significant Findings – If significant findings are reported in a background check, the applicant or student may be referred to the specific program or discipline’s professional licensing board to obtain clearance. The College of Health Professions will concur with the licensing board’s decision.

If the professional licensing board does not review significant findings, the dean or dean’s designee will review the findings in consultation with the department chair and make a recommendation to the program’s admission committee as to whether the applicant should be admitted, or the student should be allowed to participate in clinical education experiences.

False or misleading information supplied by the applicant or student, or omission of required information with regard to a background check, will result in (1) rescindment of an offer for admission or (2) dismissal from the certificate or degree program.

Adverse Actions Based on Background Checks – Consistent with the Fair Credit Reporting Act, if an applicant is denied admission or if an adverse action is taken against an enrolled student, based on findings of a background check (e.g., denial of participation in clinical education experiences, dismissal, or suspension), the applicant or student will be informed: (1) how to obtain a copy of the background check report, (2) how to contact the vendor to challenge the accuracy of the report, and (3) that the vendor was not involved in the decision that resulted in the adverse action.

Appeal Procedures for Enrolled Students – Ordinarily, a student who is unable to complete clinical education experiences will be unable to complete the certificate or degree program, and the student may withdraw or be dismissed from the program. Therefore, a student who is denied participation in clinical education experiences because of significant findings on a background check may request consideration following the College of Health Professions Grievance Procedures.

Deferred Matriculation or Participation – If a background check reveals matters that may be cleared by the applicant or student, matriculation or continuation in the certificate or degree program may be deferred up to one year while the matter is being resolved.

Approved Vendor(s)

Background checks must be conducted by a vendor approved by the College of Health Professions and Department of Physician Assistant Studies, the University of Arkansas for Medical Sciences, or the University of Arkansas System. Background check reports from other sources will not be accepted.

Confidentiality and Disposition of Background Check Reports

Background check reports are maintained securely, confidentially, and separately from other academic files in the office of the dean for a period of time established by guidelines or policy.

PA Program Drug Testing - [UAMS Academic Affairs Policy 1.4.4](#)

The PA Program strives to provide a professional environment that is safe and drug-free for our students, faculty, staff, and patients. The PA Program prohibits the possession, use, solicitation or sale of illicit substances or prescription medications by students. The program also prohibits students from being impaired or intoxicated by alcohol or prescription medication while on university premises or at clinical sites. To ensure drug-free educational and clinical experiences, all accepted applicants must consent to a drug screen prior to matriculation that will be conducted through a vendor designated by the program. Enrolled students may be subject to random drug testing throughout enrollment in the program, particularly if students are suspected of impairment due to substance abuse. In addition, clinical affiliates may require drug screening prior to accepting students for specific clinical rotations. Students who do not consent to pre-matriculation drug testing will not be permitted to enroll in the program. Students who refuse random drug testing or drug testing required by clinical affiliates will be subject to disciplinary action which may lead to dismissal from the program. All costs associated with drug testing are the responsibility of the student.

Physician Assistant Program Student Immunization Requirements

The UAMS Physician Assistant Program requires specific immunizations and tuberculosis (TB) screening to safeguard the health of PA students and protect patients and others from being infected with vaccine preventable diseases or TB. Immunizations and TB screening must be completed by the student prior to matriculation. The requirements have been established according to the CDC Healthcare Personnel Vaccination Requirements. The UAMS PA Program adheres to all campus protocols regarding COVID-19.

Hepatitis B	3 dose series (initial, 1 month, 5 months). Anti-HBs serologic testing should be completed 1-2 months after 3 rd dose or serologic proof of immunity
Measles, Mumps, Rubella (MMR)	2 dose series at 4 weeks apart or serologic proof of immunity
Varicella (Chickenpox)	2 doses of vaccine or serologic proof of immunity or documented history of varicella disease
Tetanus, Pertussis (Tdap)	1 dose of Tdap if greater than 10 years since last booster
Influenza	1 dose annually*
PPD (Tuberculosis) Screening	Documentation of placement with reading to be completed within 6 months before enrollment*
COVID-19	UAMS does not require COVID vaccination currently. However, some clinical sites may still require COVID-19 vaccination, and students will be required to be fully vaccinated to complete clinical rotations at the site. Lack of required vaccinations for clinical sites may result in a delay of graduation.

***The PA Program also requires that enrolled students obtain an annual influenza vaccine and PPD screening.** (Reference: [UAMS Academic Affairs Policy 1.4.2 Student Health Screening](#)) Some clinical sites require additional PPD testing and screening alone will not be accepted.

UAMS Employee, Student, and Volunteer Vaccinations and Tuberculosis (TB) Screening Policy

Purpose: Minimize potential exposure to vaccine-preventable diseases and Tuberculosis for all UAMS employees, students, volunteers, patients, and visitors.

Policy: UAMS Medical Center makes optimal use of immunizing agents and TB screening to safeguard the health of workers, students, and volunteers and protect patients from becoming infected with vaccine-preventable diseases or TB. Vaccines will be administered as indicated unless contraindicated or refused.

Procedure:

- A. The UAMS Student and Employee Health Services (SEHS) provides a medical screening for vaccine preventable diseases and TB screening for employees as described below. All UAMS students are required to complete a student physical exam. All UAMS students must obtain required vaccines prior to matriculation. Subsequent annual limited screenings for students will be performed by SEHS.
 1. All personnel are required to have a completed TB step one screening before starting employment. All personnel are required to complete the new hire medical screening and annual medical screening thereafter. Annual medical screening includes TB screening and updating of required vaccinations. Special populations may be required to have more frequent screenings.
 2. All personnel who do not have documentation of Rubella vaccine or do not have laboratory evidence of immunity must be vaccinated.
 3. All personnel are required to be vaccinated for Measles/Mumps if they do not have one of the following:
 - a. Proof of two doses of live measles vaccine no closer than one month apart or of one dose of live Measles vaccine after age 12.
 - b. Documentation of physician-diagnosed Measles.
 - c. Laboratory evidence of Measles immunity.
 4. All personnel including UAMS students whose job role, as defined by their supervisor, includes working in a patient care area or may routinely have exposure to patients are required to be vaccinated annually for both seasonal and, if recommended by the CDC, novel types of influenza.
 5. All personnel with the potential for occupational exposure to Hepatitis B on the average of one or more times per month, and who do not have documentation or history of completion of the vaccine series or laboratory evidence of prior disease, should obtain this vaccine. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment. Personnel who were offered the Hepatitis B vaccine and declined have documentation entered into their record indicating their choice.
 6. Hemodialysis workers and employees cleared to work with or around animals by DLAM are required to receive Hepatitis B vaccine.
 7. Personnel whose duties involve the risk of directly contracting and spreading the Hepatitis A Virus, specifically laboratory or other healthcare workers, who handle Hepatitis A Virus and Food Handlers, are offered the Hepatitis A Vaccine.
 8. All personnel are offered the Influenza vaccine according to CDC guidelines for that particular year.

9. All personnel are recommended to have a Tetanus Diphtheria and Pertussis (TDAP) booster every 10 years. A current booster is required for all employees who work with animals. A history of the vaccination is sufficient.
 10. All personnel working in high-risk areas with neonates (newborns), children, and oncology patients without a reliable history of Varicella disease or proof of vaccination must have a Varicella titer. Those who are Seronegative for Varicella must be vaccinated.
 11. Microbiologists routinely exposed to isolates of Neisseria Meningitides, will be offered the Meningococcal Vaccine.
- B. UAMS employee, student, volunteer refusal of required vaccines and testing (as listed above) will be subject to disciplinary measures up to suspension or termination. UAMS employees not completing required new hire screening or annual screening will be suspended without pay or terminated. Those unable to comply for specific reasons may be subject to special requirements such as wearing protective masks and/or covering during influenza season or other infectious outbreaks. Influenza season and other infectious outbreaks will be defined by the Infection Control Division of UAMS Medical Center. Those unwilling to comply with special requirements may be furloughed for medical reasons for the duration of the season or outbreak.
 - C. Volunteer noncompliance with required vaccines will subject the person to restrictions in activity and authorized locations depending on the status of current infectious outbreaks and medical conditions as defined by the UAMS Infectious Control Division.
 - D. The financing of necessary vaccinations will be in accordance with UAMS Medical Center Employee Testing/Services Policy.

Medical Malpractice Insurance

All students enrolled in the program are required to be covered for professional liability through the approved UAMS policy. This is currently covered free of charge via AAPA but may fluctuate annually. Students are responsible for maintaining this liability insurance and updating it annually. Students should always have access to proof of professional liability insurance, and a copy should be uploaded to Exxat Compliance.

Clinical Site Acquisition Policy

The program, not the student, is responsible for identifying, contacting, and evaluating all clinical sites and/or preceptors. A student may submit a request for a specific clinical site or clinical preceptor to the Director of Clinical Education. The Preceptor Request Form is available on Blackboard in the Clinical Rotation Organization and must be submitted to the Director of Clinical Education. All out of state preceptor requests must be submitted to the Director of Clinical Education by March 1 prior to the start of the clinical year and in-state preceptor requests must be submitted at least 3 months or 3 rotations prior to that rotation starting. There is no guarantee that the site or preceptor will be approved. The program assumes the responsibility to review and evaluate the requested clinical site and preceptor for educational suitability.

Students Serving as Clinical Staff Policy

It is the policy of the UAMS PA Program as well as ARC-PA that students must not substitute for clinical or administrative staff during any clinical experience. The clinical preceptor has been informed about this policy. If the student deems that this policy is not being followed, the student is encouraged to contact the Director of Clinical Education as soon as possible. Students who are certified or licensed in other areas outside of the scope of a PA student and/or the preceptor should not fulfill duties specific to other certifications or licensure such as performing radiologic diagnostic imaging examinations on patients.

PA Program Course Load

The PA Program academic course load will range from 18 to 20 credits during the didactic phase of the program and from 15 to 20 credits during the Clinical Phase of the program. This is an exemption from the CHP course load limit published in the college catalog.

Requirements for Graduation

In order to graduate from the program, every student must meet the following requirements:

1. Satisfactory completion of the Master of Physician Assistant Studies Curriculum (128 credit hours) with all required coursework with a passing grade of C or better in each course. One unsatisfactory course grade of grade D with documented remediation may be accepted with consent of the Progress and Advancement (P & A) Committee.
 - a. A student receiving a course grade of F or more than one course grade of D during enrollment during the PA program will not be eligible for graduation.
 - b. All courses in the PA Program are required and must be taken by every student. There is no advanced standing granted in the program.
 - c. No advanced credit for any previous course work will be accepted even though it may be similar or identical to course work in the program.
2. All clinical rotations are required courses and must be completed by every student.
3. Demonstration of a PA Program cumulative grade point average of 2.75 on the 4.0 scale at time of graduation.
4. Demonstration of an overall satisfactory rating on the Professionalism Evaluation throughout enrollment in the PA Program.
5. Demonstration of a grade of Satisfactory on any non-letter graded academic requirement for the program.
6. Demonstration of a grade of Satisfactory on the Summative Evaluation which assesses student medical knowledge and clinical skills.
7. Meet all required patient and procedural benchmarks, as identified at the beginning of the Clinical Phase.
8. Completion of all Interprofessional Education (IPE) Milestones, as required by the University.
9. Payment in full of all financial obligations to the University.
10. Required attendance at the CHP Hooding Ceremony, University Commencement Ceremony, and the PA Valediction Ceremony. In rare extenuating circumstances, exceptions may be considered and require approval from the P & A Committee.
11. Recommendation by the P & A Committee of the PA Program with final confirmation by the Program Director.

Standards of Academic Progress

Every PA student must satisfactorily complete all four categories of Academic Standards each semester and cumulatively in order to remain in good standing while enrolled in the PA Program.

1. PA Program Semester and cumulative grade point average (GPA) – Students must maintain a semester and cumulative GPA of 2.75 on a 4.0 scale throughout the Didactic and Clinical Phases of the PA Program. Grades falling below a 2.75 will be considered unsatisfactory.

2. Letter grade of C or better for all required coursework – Students must obtain a minimum letter grade of “C” in all didactic and clinical coursework in the PA Program. Any grade below “C” will be considered unsatisfactory.
3. Students must obtain a satisfactory evaluation on all required non-letter graded assignments, projects, practical examinations, and reflections.
4. Students must maintain a satisfactory rating in all categories of the Professionalism Evaluation at the end of every didactic semester and every clinical rotation.

The PA Program is a lock-step curriculum with sequenced courses which build upon the knowledge and skills mastered in previous courses. Students must successfully complete all required coursework and assignments in sequence in order to progress successfully throughout the didactic curriculum. In extenuating circumstances, a student may be given an incomplete for a specific didactic course and allowed to progress to the next didactic semester if the required material can be completed close to the start of the sequenced semester. Students will not be allowed to advance to the Clinical Phase of the program until all grades of incomplete in didactic courses are resolved. Students who receive a grade of incomplete in any course during the Clinical Phase of the program may not graduate until all deficiencies are resolved.

Evaluation of Student Performance by the Progress and Advancement Committee

The University of Arkansas for Medical Sciences Physician Assistant Program is responsible for educating students, evaluating performance, determining competency, and assessing professionalism. The PA Program Progress and Advancement (P & A) Committee meets after every semester and at additional times, if warranted, to evaluate the capacity of the students and recommend whether the student should continue in the program. The committee is made up of the Program Director, Medical Director, core faculty and adjunct course directors when appropriate. The committee reserves the right and has the responsibility to recommend a letter of warning, probation, dismissal, or voluntary withdrawal from the program for academic deficiencies including unsatisfactory academic progress, academic dishonesty, unsatisfactory clinical performance, unsatisfactory professionalism, impaired mental or physical health, failure to comply with university, college, clinical affiliate or department policies and requirements. If at any time during the Didactic or Clinical phase of the program, the student is recommended for Academic Warning, Probation, Dismissal, or Voluntary Withdrawal, the student shall be notified in writing as to the reason for such action by the Program Director.

Academic Warnings/Probation/Dismissal

Students may receive a written Academic Warning, Academic Probation or Academic Dismissal from the Progress and Advancement (P & A) Committee when warranted. The student will receive written notification from the Program Director within 1 week after the P & A Committee convenes at the end of each semester.

Academic Warning

A written warning signifies that a student’s course grades, semester/cumulative GPAs, or performance are nearing probationary status as outlined below:

- Borderline unsatisfactory required non-letter graded assignments or practical exams.
- An unsatisfactory evaluation on an end of semester or end of clinical rotation Professionalism Evaluation.
- Continued unprofessional behavior despite an initial verbal warning from faculty regarding a documented professionalism issue.
- Unprofessional behavior without prior warning in extenuating circumstances.

If a student receives a written warning for academic performance or professionalism concerns, it may be accompanied by a recommended plan for improvement that includes specific actions recommended by the program.

Academic Probation

Will automatically occur if:

- Semester GPA falls below 2.75 on a 4.0 scale
- PA Program cumulative GPA falls below 2.75 on a 4.0 scale
- Student receives a letter grade of “D” for a course.

May occur at the discretion of the P & A Committee in the following instances:

- Student receives an unsatisfactory on a required non-letter graded assignment/practical exam.
- One egregious unsatisfactory mark or multiple unsatisfactory marks on the end of semester or end of clinical rotation Professionalism Evaluation.
- Professionalism concern at any time during the semester if warranted.

A student will be allowed only one Academic Probation during enrollment in the PA Program. Any circumstance warranting a second Academic Probation may result in Academic Dismissal from the program at the discretion of the P & A Committee.

The period of Academic Probation will be determined by the P & A Committee. Academic Probation will include a minimum of one semester immediately following the inciting event; however, certain circumstances may warrant immediate probation with a total probationary period lasting longer than one semester as determined by the P & A Committee. During the probationary period, the student must be enrolled in the required sequenced course work in the PA Program. If the student on Academic Probation receives an additional unsatisfactory in any of the four categories of academic progress, the student may receive a dismissal from the program. If the student who is on Academic Probation receives a satisfactory in all four categories of academic progress, the student may be removed from academic probation by the P & A Committee for the following semester. Students on Academic Probation will also be required to complete a remediation process as determined by part of the committee.

Academic Dismissal

- Will automatically occur without probation if a student receives a letter grade of “F” for a course.
- Will automatically occur without probation if a student receives more than one course grade of “D” in the same semester during enrollment in the PA program.
- May occur if a student who has previously received an Academic probation, falls below the required semester or cumulative GPA, or receives a letter grade of “D” in a course.
- May occur if a professionalism circumstance, outside the scope of the CHP Student Code of Conduct policy, warrants Academic Probation for a student already on Probation.
- May occur for an egregious professionalism circumstance, outside the scope of the CHP Student Code of Conduct policy, if warranted by the P & A Committee at any time during the semester.

A student being recommended for Academic Dismissal by the P & A Committee will be notified and have the opportunity to meet with the P & A Committee before the final decision is rendered. The decision is rendered final when the Program submits final grades to Registrar by Program deadlines. A student that receives an Academic Dismissal will not be allowed to continue in the UAMS PA Program.

Notification of Academic Written Warning or Probation

A student receiving a written Academic Warning or placed on Academic Probation by the P & A Committee will be informed of this action in writing by the Program Director. The letter will clearly outline specified reasons for the warning/probation, requirements of the action, and timeline for student to meet the requirements. It is required that the student acknowledges receipt of this warning/probationary letter and express understanding of the reasons for the warning/probation, and requirements of the action and timeline for compliance. The student is required to sign and return the probationary letter to the Program Director within 5 business days.

Remediation for Academic Probation

If a student is placed on Academic Probation by the P & A Committee, the Committee will recommend required remediation for the student. Receiving a letter grade of "D" in a course will warrant remediation. Remediation may occur in conjunction with the ESSC Learning Specialist and an individual plan with a set number of remediation hours will be developed for each student on probation. Depending on the reason for Academic Probation, remediation recommendations will be at the discretion of the P & A Committee and may include repeating specific courses, repeating semesters, or repeating an entire year, reapplying for admission or permanent dismissal from the program. The P & A Committee will render the recommendation based upon overall quality of student performance and individual circumstance. Students will be provided a plan for remediation in writing after the P & A committee meets. Failure to successfully complete the remediation process may result in dismissal from the program at the discretion of the P & A committee.

Re-Application to the PA Program after Academic Dismissal

Students that receive a Dismissal from the PA Program for any academic circumstance may re-apply for admission into the program the following year. If the dismissed student is selected for re-admission, he/she must re-enter with the new matriculating cohort and enroll in all coursework despite previous adequate performance in those courses. The student re-entering the program will not be given grade forgiveness and will re-enter with the previously standing cumulative GPA at time of dismissal. The re-admitted student must maintain a semester GPA of 3.0 on a 4.0 scale and must continuously trend the cumulative GPA upward towards a 2.75 on a 4.0 scale. The student must achieve a cumulative GPA of 2.75 or greater to meet graduation requirements. If at any time the re-admitted student falls below a semester GPA of 3.0, receives a letter grade of a "D" or "F" in a course, or receives a verbal or written warning, the student may be dismissed from the program.

Suspension

If in the judgment of a core faculty member/clinical preceptor of the Physician Assistant Program, a situation has or may imminently occur that could seriously jeopardize the safety of the student, patients, other students, the PA Program or Clinical Affiliates, the Program Director may immediately suspend the student from further program related activities for a period no longer than 48 hours (excluding weekends). The Program Director may consult with the Associate Dean for Academic Affairs for the College of Health Professions and may extend the suspension until a complete investigation or resolution has been reached. If the Program Director, in consultation with a Clinical Affiliate determines that the student is unable to participate in the Clinical Phase of the program without potentially endangering the safety of patients, health care providers, or staff members, the student case will be immediately referred to the Progress and Advancement Committee for further recommendation which may include dismissal from the PA Program.

Academic Appeals Policy - [CHP Student Academic Appeals Policy Number: 01.15.01](#)

Purpose of Appeals Procedures — The purpose of the academic appeal process is to provide students with an opportunity for an objective hearing of issues related to the student's professional education. The appeal procedures below provide opportunities for students to request a review of recommendations and decisions made by the department faculty or the PA Program Progress and Advancement Committee depending on the nature of the appeal.

These procedures apply to circumstances and events related to the student's education program, including academic issues, professional conduct or judgment, or ethical behavior. Policies and procedures for academic integrity or other non-academic disciplinary matters differ from these procedures and are addressed in procedures and regulations governing Student Academic Integrity located in the CHP Student Handbook. Established college or program policies themselves cannot be appealed.

Please refer to the CHP Catalog for more information of the Academic Appeals Policy process.

PA Program Student Grievance Policy - [UAMS Academic Affairs Policy 2.2.1](#)

Grievance is not used to question a rule, policy, regulation, or protocol that has been developed by the PA Program, CHP, or the university. This policy is used if students believe they have been treated unfairly or improperly by faculty, staff, or other students. The first step is to speak with the faculty/ staff/ students who the student believes is treating him/ her unfairly to reach a resolution or understanding. The student may also seek advice from his/her advisor in how to approach the situation. The advisor is not there to take sides but to offer guidance regarding the situation. If the situation is not resolved by speaking with the faculty/staff/student member, that student may schedule an appointment with the Department Chair to discuss the situation. If the situation involves a faculty/ staff and is not resolved at the Department Chair level, a formal CHP Student Grievance Policy exists and is located in the CHP Policy section of this manual. Most grievances can be resolved with Step 1 and in the medical field, conflict resolution with patients, staff and other medical providers is an important skill to acquire. Unfair treatment by any individual, however, is not appropriate or professional and will not be tolerated in the PA Program.

Non-Discrimination Policy - [UAMS Academic Affairs Policy 2.1.3](#)

It is the policy of the University of Arkansas for Medical Sciences and all of its affiliated colleges and organizations not to engage in discrimination or harassment against any person because of race, color, religion or creed, sex, gender, gender identity, pregnancy, national or ethnic origin, non-disqualifying disability, age, ancestry, marital status, sexual orientation, veteran status, political beliefs or affiliations, and to comply with all federal and state non-discrimination, equal opportunity and affirmative action laws, orders and regulations, including remaining compliant and consistent with the Civil Rights Act; the Americans with Disabilities Act; the Rehabilitation Act of 1973; and Title IX of the Education Amendments of 1972.

Students with Disabilities Policy

Disability Support – UAMS is committed to providing equal access to learning opportunities to students with disabilities. To ensure access to any class or program, please contact the ADA Coordinator to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical settings.

Accommodations are not applied retroactively. Students are encouraged to register with the ADA Coordinator's office as soon as they begin their program or as soon as the student recognizes their need for an adjustment.

UAMS encourages students to access all resources available through the ADA Office for consistent support and access to their programs. More information can be found online at <http://students.uams.edu/ada-disability-services/> or by the contacting the disability services office at (501) 526-5641.

Faculty Offices

The PA Program faculty members and staff have an open-door policy regarding meeting with students. There will be times, however, when the faculty or staff members are unavailable. The students are expected to stop at the PA Program Front Desk to inquire if faculty members are available or to sign up for an appointment time if they are not. Students are not allowed in a faculty office without the presence of a faculty member. At no time should a student bypass the Front Desk and enter a faculty member's office. This is to protect confidentiality of student information and educational material. Faculty and staff may also be contacted directly by email to schedule an appointment.

Student File Room

The PA Program must maintain a secured file room for program documents. Students are not permitted to enter the file room at any time.

Faculty as Medical Providers for Students Policy

According to ARC-PA Accreditation Standards, PA Program faculty are not permitted to provide medical care to PA students while they are enrolled in the program. This includes asking for advice on medical conditions that arise while attending the program. This policy is to protect both students and faculty and will be strictly adhered to in the program.

FERPA – [UAMS Academic Affairs Policy 2.1.2 and 2.1.2a](#)

According to the Department of Education, the student has the right to have access to his or her education records, the right to seek to have the records amended, the right to have control over the disclosure of personally identifiable information from the records (except in certain circumstances specified in the FERPA regulations), and the right to file a complaint with the Department. The term "education records" is defined as those records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution. FERPA generally prohibits the improper disclosure of personally identifiable information derived from education records. Thus, information that an official obtained through personal knowledge or observation, or has heard orally from others, is not protected under FERPA. FERPA Student Guidelines can be found in the Additional Information section of this manual.

Student Consent for Information Release

Photo Release

PA students are requested to sign a form allowing photographs or videotaped material of students from class, lab, and other educational activities to be utilized by the PA Program for educational presentations, website, newsletters, brochures, and promotion of the program. Such media may be published, reproduced, exhibited, copyrighted, and used nationally or internationally.

Information Release

PA students are required to sign a release form allowing the PA Program to release information regarding the student to any sites/organizations related to clinical rotation courses, didactic mentoring/experiences, and Service Learning in which the student will be involved. This includes information regarding name and contact information (UAMS email address and/or other contact information as supplied by the student), information found on the Student Record of Immunizations, BLS/ACLS Certification, proof of compliance with criminal background check and drug screening, signed acknowledgement of Technical Standards, proof of Student Health Insurance, and proof of Medical Liability Insurance.

PA Honor Code Policy

Trust and honesty are important aspects of any educational program or medical profession. Students are expected to sincerely accept that accountability as future medical providers by accepting responsibility for their own work and establishing trust with fellow students, faculty, and clinical preceptors. The PA Program considers breach of this trust and responsibility as a serious offense, which includes plagiarism, cheating, lying, and academic theft on both written and experiential learning activities.

1. Plagiarism – The copying of words, facts, or ideas belonging to other individuals without acknowledgement or permission from those individuals.
2. Cheating - Deliberately submitting another individual's work as your own.
 - Using previous exams from past testing periods as study guides
 - Possession of written materials not authorized by the professor during an examination
 - Discussion of examination contents with other students
 - Providing or receiving any information on an exam that has not been taken yet
 - Students who provide exam information shall be considered as responsible as the student who receives it.
3. Lying - Making a statement that is knowingly false with the intent to deceive others.
4. Academic Theft – the physical or electronic removal of academic materials which prevents others from having the same learning opportunities.

At the start of each examination, each student will sign a written acknowledgement of this policy. Additionally Scholastic Dishonesty is defined in [UAMS CHP Scholastic Dishonesty Policy 01.00.02](#), and students are expected to maintain scholastic honesty in accordance with this policy.

Professionalism Policy and Evaluation

Professionalism is an essential component of being a good medical provider. In the book *Measuring Medical Professionalism*, it is stated that “Professionalism is demonstrated through a foundation of clinical competence, communication skills, and ethical understanding, upon which is built the aspiration to and wise application of the principles of professionalism: excellence, humanism, accountability, and altruism.” Professionalism is not knowledge or something that you have, it is a behavior that must be demonstrated. Professionalism is something that must be practiced daily and become a way of life. The journey has begun for you to transition into a medical provider and professionalism is one of the most principal elements. It encompasses appearance, attendance,

punctuality, preparedness, personal responsibility, integrity, accepting criticism, respecting authority, positive attitude, teamwork, altruism, rapport with others, initiative, self-confidence, confidentiality, compassion, knowing limitations, and respecting diversity.

The PA Program takes professionalism very seriously and students will be continuously assessed for modeling professional behavior. This policy is meant to be consistent with University and CHP Policies on Professionalism. Please refer to the UAMS Academic Affairs Student Code of Conduct, Policy 2.2.14.

Professionalism will be evaluated by the preceptor throughout the rotation but will be documented during the preceptor evaluation of the student. The Directors of Clinical Education will review the evaluation and any deficiencies will be promptly addressed and a plan of remediation incorporated. Clinical deficiencies will warrant a description of the deficiency, an action plan, required actions by the student to correct the deficiency, and a timeline for completion. If the preceptor gives an inadequate grade within the professionalism category on the end-rotation evaluation, the student will fail that rotation. A plan of remediation will be determined.

Communication is another aspect of professionalism that the PA Program takes seriously. The PA Program will continue to communicate with students via their email. It is expected that students check their emails daily and respond to emails within 24 hours from the email being sent. The Directors of Clinical Education also complete a Clinical Phase Professionalism Evaluation Rubric (see below) for all clinical students that documents professionalism during each clinical course. The Professionalism Evaluation Rubric is worth 10% of each clinical course grade.

Standard*	Meets ALL expectations. 2 points	Meets MOST expectations. 1 point	Does not meet expectations. 0 point
Communication	Effectively communicates in accordance with outlined procedures and a professional tone/style in written or verbal communication.	Communication may occasionally depart from outlined procedures. Occurs < 3 times during the clinical course. One instance of poor/missing professional tone/style in written or verbal communication.	Communication departs from outlined procedures. Occurs ≥ 3 times during the clinical course. More than one instance of poor/missing professional tone/style in written or verbal communication.
Attendance	Adheres to attendance policies for Clinical Phase activities, with no unexcused absences during the clinical course.	Mostly adheres to attendance policies for Clinical Phase activities, with 1 unexcused absence during the clinical course or did not notify the program prior to absence.	Often does not adhere to attendance policies for Clinical Phase activities, with ≥ 2 unexcused absences during the clinical course or did not notify the program prior to absence.
Punctuality	Is settled and ready to begin prior to the start of Clinical Phase activities. Has not been late during the clinical course.	Occasionally arrives just in time for Clinical Phase activities. May need time to get settled and ready to begin, causing minimal disruption or has been late 1 time during the clinical course.	Often arrives just in time for Clinical Phase activities, often causing significant disruption or has been late ≥ 2 times during the clinical course.
Engagement/ Participation	Is consistently engaged in all Clinical Phase activities and is careful not to distract others during class (i.e., socializing, web surfing). Contributes enthusiastically without dominating discussions.	Is mostly engaged in Clinical Phase activities but may occasionally distract others during class (i.e., socializing, web surfing). Is occasionally passive or dominating during discussions.	Is often disengaged in Clinical Phase activities or distracts others during class (i.e., socializing, web surfing). Tends to be a passive or distracted learner.
Accountability	Is consistently prepared for Clinical Phase activities and appropriately follows all instructions. Completes all course assignments, patient logging, and evaluations on time. Maintains HIPAA compliance.	Is mostly prepared for Clinical Phase activities with 1 instance of any of the following during the clinical course: lacking preparation, not following instructions, late assignment, or evaluation submission, or does not meet expectations for benchmarks/time logging. Has 1 minor HIPAA violation.	Is often unprepared for Clinical Phase activities with ≥ 2 instances of any of the following during the clinical course: lacking preparation, not following instructions, late assignment, or evaluation submissions, or does not meet expectations for benchmarks/time logging. Has ≥ 2 minor or ≥ 1 egregious HIPAA violations.

Personal Integrity	Demonstrates professional/academic integrity, showing a consistent and uncompromising adherence to program principles and values. Is honest, dependable, and forthcoming with errors or wrongdoing.	Is mostly honest, dependable, and forthcoming with errors or wrongdoing. Has 1 minor instance of demonstrating lack of integrity.	Demonstrates a lack of professional/academic integrity. Is dishonest, undependable, or is not forthcoming with errors or wrongdoing.
Personal and Professional Learning and Growth	Displays initiative and appropriate professional confidence. Recognizes own limitations and seeks guidance when needed. Integrates program feedback.	Usually displays initiative and appropriate professional confidence. Usually recognizes own limitations but does not fully integrate program feedback.	Displays inappropriate level of professional confidence. May not recognize own limitations or over-exaggerates them. Becomes argumentative when constructive feedback is given or demands exceptions to policies and recommendations. Does not seek guidance or integrate feedback.
Attitude and Teamwork	Consistently demonstrates a positive, cooperative attitude and is team oriented. Maintains composure in adverse or unpredictable situations and continues to make significant contributions to the team.	Usually has a cooperative attitude and is team oriented. May occasionally lose composure in adverse or unpredictable situations but is able to contribute to the team.	Struggles to be positive and cooperative. Often loses composure in adverse or unpredictable situations. Is often more concerned about personal performance and makes minimal contributions to the team.
Respect	Consistently treats all persons with respect, dignity, and compassion regarding (but not limited to) age, gender, cultural, racial, sexual orientation, religious, disability and socio-economic diversity during the clinical course.	Mostly treats all persons with respect, dignity, and compassion regarding (but not limited to) age, gender, cultural, racial, sexual orientation, religious, disability and socio-economic diversity during the clinical course. May struggle to use appropriate titles.	Has 1 egregious or ≥ 1 repeated instance of failure to treat all persons with respect, dignity, and compassion regarding (but not limited to) age, gender, cultural, racial, sexual orientation, religious, disability and socio-economic diversity during the clinical course.
Appearance	Consistently dresses appropriately in accordance with the Clinical Phase dress code and designated EOR attire. No observed occasions of inappropriate attire.	Mostly dresses appropriately in accordance with the Clinical Phase dress code and designated EOR attire. Has 1 occasion of observed inappropriate attire.	Often does not dress appropriately in accordance with the Clinical Phase dress code and designated EOR attire. Has ≥ 2 occasions of observed inappropriate attire.

**Criteria in each column are examples of expectations for each item but are not exhaustive. Professionalism points are at the discretion of the Directors of Clinical Education.*

Dress Code Policy for Clinical Phase

Personal appearance should be that of a medical professional. Students must always demonstrate a professional appearance to patients, family members, physicians, and other health care providers. The dress policy will change from the didactic phase to the Clinical Phase as the student transitions into the program's Clinical Phase. Violations of the dress policy may affect course grade and will be referred to the P & A Committee for potential disciplinary action.

The Clinic Phase dress policy is that of “business casual.” Reminder: Students are the ambassadors of the UAMS PA Program and should represent the university in a professional manner at all times.

The appearance of the student should include:

1. Clean, wrinkle-free, neat, and modest appearance is required at all times.
2. Attire must be well-fitting and not interfere with the responsibilities of clinical duties.
3. Open toe shoes are not acceptable.
4. PA Program short white lab coat with the department patch attached must be worn when on clinical experiences unless requested to not wear the coat by the clinical preceptor.
5. UAMS identification badge must be worn at all times when on clinical experiences.
6. Scrubs are not to be worn during clinical experiences unless it is the dress expected by the clinical preceptor.
7. Jeans, sweatshirts, sweatpants, t-shirts, shorts, mini-skirts, capri pants, tank tops, midriffs, plunging necklines are not acceptable.
8. Skirts and dresses must be at least knee-length or slightly above the knee.
9. Hair should be neat, clean, and of normal appearing color. Hair should be styled away from the face and out of the eyes. Longer hair should be pulled back and secured to avoid interference with patient care. Hair scarves or ribbons should be avoided unless culturally appropriate. Facial hair must be neatly trimmed.
10. Nails must be clean and well-trimmed. Nail length should not interfere with patient care or be of a length to potentially injure patients.
11. False fingernails are a source of contamination and are not permitted.
12. Jewelry must be at a minimum. Wedding rings, watches, non-dangling earrings, and necklaces which can be confined within a shirt are permitted.
13. Visible body piercings should be removed during clinical experiences.
14. Perfume and cologne should not be worn due to potential allergies and asthmatic triggers for some patients.
15. Make-up should be minimal and applied in a professional manner.
16. Visible tattoos or body modifications deemed offensive or disruptive by the program or any clinical faculty/staff must be covered during clinical experiences.
17. Dress policy for End of Rotation (EOR) Seminars is the following:
 - a On days that have simulation and procedural labs, students should wear ceil blue scrubs and their short white coat.
 - b On days that have lecture only, students should adhere to the attire guidelines from the Didactic Phase.
 - c For oral presentations, students are expected to wear business casual attire along with their short white coat.

NOTE: Clinical sites may have additional requirements for students that should be followed. It is up to the student to inquire about the dress code policy of all facilities.

Attendance Policy

Attendance is mandatory for all classes, seminars, labs, patient experiences, clinical learning experiences, the KRT Heroes Against Hunger 5K Run, the CHP Hooding Ceremony, the University Commencement Ceremony, and the PA Valediction Ceremony. Punctuality and attendance reflect professionalism and demonstrate a student's responsibility, maturity, and commitment to the PA Program, education, the profession, and patient care. The PA Program's intensive and fast-paced curriculum builds on previous learning experiences, making attendance crucial for success.

During the Clinical Phase, students may be required to participate in any shift including nights, weekends, and holidays at the discretion of the clinical preceptor. A minimum of a forty-hour work week is expected, but students may be required to work longer hours at the preceptor's request. Additionally, students may be required to be on call. In general, the student's schedule should mirror that of the clinical preceptor.

Excused Absence: Permission is required for any absence to be considered excused, and must be obtained in advance, barring extenuating circumstances. Students should submit an absence request to the Directors of Clinical Education and their preceptor in the Exxat platform at least two weeks prior to the absence. The following circumstances are generally considered excused:

- a. Religious holidays
- b. Weddings of immediate family members
- c. National, regional, or state professional meetings approved by the program
- d. Specialized medical appointments
- e. Mandatory court appearances
- f. Job Interviews (2 may be permitted)
- g. Other requests as deemed appropriate by the SLT of the program

Excused absences that do not require a two-week prior approval include:

- a. Funerals of immediate family members
- b. Acute illness/injury of self
- c. Acute illness/injury of children or spouse/partner that require medical care

The absence is not considered excused until the student receives an approval in Exxat or written notification that the absence has been approved. If approval is granted, it is up to the student to notify the preceptor. Lack of prior notification will result in an unexcused absence. Any absence that falls outside of the approved list should be requested by email correspondence to the Directors of Clinical Education. The Senior Leadership Team (SLT) will determine if absences outside of the above list are excused or unexcused.

Assignments, lab participation, activities, and exams missed during an excused absence may be made up at the earliest convenience of the student and faculty. Unexcused absences may result in the inability to make up graded work or missed activities.

Any absence resulting from the failure to complete credentialing appropriately by the student will be considered unexcused. Unexcused absences due to incomplete credentialing will require the student to make up missed clinical time to receive credit for the course. See full policy regarding clinical site credentialing under Clinical Site Credentialing/Onboarding.

Note: It is the student's responsibility to notify both the preceptor and the Directors of Clinical Education for the program as soon as possible concerning absences. Not doing so may lead to a professionalism deficiency as stated in clinical syllabi.

Acute Illness: Students must notify the Directors of Clinical Education, as well as the clinical preceptor, at least 30 minutes before the first scheduled educational activity of the day if they cannot attend due to illness. Absences due to illness that are greater than one day (24 hours) require a written excuse from a medical provider. It is up to the discretion of the program if the written excuse will be accepted.

Routine health appointments: Routine medical/dental appointments should be scheduled during the PA Program’s designated vacation time or during “off periods” whenever possible. These appointments should minimize disruption to the student’s clinical schedule.

Consequences for Unexcused Absences/Late Arrivals: Students should be settled and ready to begin prior to the start of all activities and patient care experiences in the Clinical Phase. Habitually arriving late for learning experiences will not be tolerated. Two late arrivals during any one clinical course will result in one unexcused absence. One clinical course includes all activities for the EOR Seminar as well as the clinical experience with the preceptor. Unexcused absences are cumulative in the Clinical Phase.

1st Unexcused Absence -	Meeting with Advisor/Directors of Clinical Education to discuss prevention of additional occurrences
2nd Unexcused Absence - (4 Late arrivals)	May result in Academic Warning for Professionalism Meeting with the Program Director to discuss prevention of additional occurrences
3rd Unexcused Absence -	May result in Academic Probation for Professionalism
4th Unexcused Absence -	Unexcused Absences after the 3rd occurrence may result in Academic Dismissal for Professionalism

Cumulative absences: During clinical rotations, each credit hour is equivalent to a 40-hour work week. Excessive absences, whether **excused or unexcused**, will prompt an evaluation by the P & A Committee to discuss the student's continuation in the program. **Cumulative absences equal to or greater than 40 hours or 5 days per rotation will require making up missed time at a later date, such as during regularly scheduled break times. Failure to do so may require the student to make up the missed time after all other required coursework is completed, which may result in a delay in graduation.** Multiple absences across rotations will still be reviewed to determine if credit hour allocation is appropriate.

Preceptor absences: If the preceptor is absent due to a vacation or appointment, students should first ask if another provider (physician, PA, APRN) in the practice can precept in their absence. If no alternative preceptor is available, students must immediately notify the Directors of Clinical Education via email correspondence. The Clinical Team will then arrange an in-person substitute or a telemedicine experience. If the supplementary experience lasts at least 5 days, the preceptor must submit an evaluation for the student, weighted proportionally to the time spent. If the student has already completed 40 clinical hours for the week, the Directors may allow the student to be "off" during the preceptor's absence.

Telemedicine Clinical Experience

Telemedicine offers a valuable opportunity to supplement in-person clinical rotations, especially when in-person experiences are unavailable. By utilizing telemedicine, students will gain helpful experience in providing healthcare services remotely, an increasingly important skill in modern healthcare practice. Each student participating in telemedicine clinical experience will be assigned a preceptor who specializes in the discipline corresponding to their current rotation placement. The preceptor will serve as a mentor and guide the student in delivering high-quality care through the telemedicine platform.

While engaging in telemedicine clinical experiences, students are expected to adhere to the same professional and ethical standards as they would in an in-person setting. Students must understand the limitations and capabilities of telemedicine and should only provide care within their level of competency and under the supervision of their assigned preceptor. Students should also comply with all applicable laws, regulations, and institutional policies governing telemedicine practice.

Further instructions regarding accessing the telemedicine platform will be provided to the student at the time of placement. Students are responsible for ensuring they have a stable internet connection and compatible devices such as a computer with a web camera. Telemedicine experience will not be utilized as the primary clinical experience or to supplement the entirety of a clinical rotation but rather a supplemental experience to the primary clinical placement.

Job Interviews

With prior notification and approval, students may be allotted two workdays during the Clinical Phase for job or residency interviews. A written request must be submitted in Exxat and approved by the Directors of Clinical Education. If approved, the student must notify the preceptor.

Inclement Weather Policy

For end of rotation activities, refer to the CHP policy for inclement weather. For clinical experiences, follow the policy of the clinical site. Students are expected to make every effort to plan ahead and ensure their presence at their rotation site when scheduled, even in adverse weather conditions. Monitoring weather forecasts and road conditions in advance is strongly encouraged to anticipate potential travel disruptions. The safety and well-being of students are paramount. If road conditions are deemed hazardous or if local authorities issue travel advisories or warnings, students should prioritize personal safety and avoid unnecessary travel. In the event of inclement weather impacting travel safety, students must promptly notify both their preceptor and the Directors of Clinical Education about any delays or inability to attend their rotation.

Extended Leave of Absence Policy

The PA Program has a very intensive, lock-step curriculum in which the knowledge and skills from one semester builds on the previous semester. Students must complete each didactic semester to progress to the next didactic semester and then to the Clinical Phase of the program. Because the curriculum is lockstep and courses are offered only once annually, students will have to wait until the course occurs again one year later. Due to this extended wait period, students would be required to repeat courses of the semester that were not completed initially.

A leave of absence requested during the Didactic Phase of the program may be granted only if the semester courses can be completed before the next semester begins. Academic progression in the PA Program can only occur with successful completion of all didactic semesters in sequenced order. Students receiving an incomplete for a course will not be allowed to progress to the next semester. A leave of absence requested during the Clinical Phase of the program may be granted, if warranted. If the student leaves during a clinical rotation with weeks uncompleted and an incomplete grade is received, the rotation must be repeated and completed in its entirety. If a student leaves at the completion of one rotation and before the start of a new rotation, the rotation cycle may be temporarily postponed and then re-entered if warranted. If a leave occurs during the Clinical Phase, all clinical rotations, the Summative Evaluation, and the Capstone Project must be completed according to the Graduation Requirements

and the Academic Progress Standards in order for a student to graduate from the program. If the rotation cycle is postponed and then completed, the student may graduate at the next UAMS conferment date providing all requirements are met. Students on leave of absence are also responsible for [Academic Affairs Student Leave of Absence Policy 2.2.10](#).

Academic Advising

All students enrolled in the PA Program are assigned a faculty advisor (core faculty member) for their entire enrollment in the program. Faculty advisors may be consulted for any reason by the student. Faculty advisers are present to assist the students and be advocates for the students to improve their success in the program.

Main Responsibilities of the Faculty Advisor:

1. Be an advocate for the student throughout enrollment in the PA Program.
2. Monitor student academic and professional progress throughout the didactic and clinical curriculum. Assist the student with academic and professional issues as they arise.
3. Be available for scheduled academic advising appointments with the students which occur once a semester during the clinical year unless more frequent sessions are deemed necessary. Also, be available for advising and consultation as needed by appointment.
4. Recommend available institutional resources and student services to the student for both academic and non-academic concerns. Refer the student to appropriate services as needed.
5. Advise the student regarding program requirements, policies, protocols, expectations, or concerns that may affect the academic and professional development of the student.
6. Be an active listener to student concerns with objectivity, empathy and understanding.

Main Responsibilities of the Student:

1. Possess a working knowledge of all PA Program, College of Health Professions, and University policies and procedures.
2. Complete the appropriate advising form posted on Blackboard within 24 hours before their advising appointment.
3. Arrive in a timely manner to all scheduled advising appointments.
4. Actively contribute to the advising appointment in a clear and concise manner to facilitate the advising process.
5. Actively follow up on any academic or professionalism recommendation provided by advisor or course director.
6. Actively follow up on referrals to any student services including but not limited to student health, student counseling, Office of Education Development for tutoring, College of Health Professions disability services or assistance with educational skills.

Academic Difficulty:

The student is encouraged to meet with the course director if experiencing academic difficulty as early as possible in the semester as opposed to waiting until examination time. If the student is identified as having academic difficulty, the student should meet with the student's faculty advisor as soon as possible. This includes addressing personal issues which may impact their academic progress in the program and in which referral to the Wellness Center or Student Health Services may be beneficial. In certain circumstances the Directors of Clinical Education and Program Director and/or Associate Program Director may be involved in these meetings.

Even though students have been academically prepared to enter the program, the intensive and fast paced curriculum and in-depth material can cause new students to feel overwhelmed initially and struggle academically. Many times, learning more efficient study skills, time management, and stress management like exercise or other

activities is the key component to success in the program. The PA faculty are available to assist the students in successfully navigating through this process.

Classroom Etiquette for End of Rotation Seminars

Academic freedom is a key component of professional graduate school. Students are transitioning from an educational environment to a professional environment and are expected to embrace the expectations placed on them. Individuals are expected to behave in a professional manner at all times and refrain from disruptive or unacceptable behavior which includes:

1. Addressing the instructor in a casual manner and not by their title. Instructors should be addressed as Professor or Doctor. Guest lecturers should be addressed by their title as well.
2. Repeatedly arriving late or just on time to or leaving early from any educational activity.
3. All cellular phones and pagers will be turned to 'silent mode' before entering any educational activity. Answering phones and texting or emailing is not permitted. Anyone not complying will be asked to leave the educational activity immediately. Being asked to leave the classroom would constitute an unexcused absence.
4. Social media will not be used during any educational activity. This includes emailing, instant messaging, use of social media, blogging, surfing the internet, online shopping and playing computer games.
5. Talking to fellow students during educational activities.
6. Dominating classroom discussion, asking excessive questions, or interrupting the instructor or fellow students. This behavior is disruptive to the class, the instructor, and the learning environment.
7. Raising your hand to ask a respectful clarifying question during the lecture is permitted. However, arguing with or openly confronting the course instructor is not allowed. Other questions should be reserved for breaks, and concerns should be addressed after class or by scheduling an appointment with the instructor.
8. Eating or drinking during educational activities except for bottled water, soft drinks, and covered coffee is not allowed. This policy may be modified as requested by the individual instructor.
9. Chewing gum in a loud manner or utilizing tobacco/snuff in class. UAMS is a tobacco free campus, and no form of tobacco is permitted.
10. Wearing hats, sunglasses, or visors in class.

Examination Policy

Written and practical examinations will begin promptly at the scheduled times. Students will have only the scheduled allotted time to complete the exam. Students will not be allowed extra time for exam completion.

Students arriving after the examination has started will be allowed to complete the examination but only during the scheduled time. No additional time for exam completion will be allowed.

If you are granted a planned excused absence for a written examination, arrangements must be made to take the exam prior to the scheduled examination time at the discretion of the course director and the Directors of Clinical Education.

Exam Remediation: See [End of Rotation Exam Remediation](#).

Classroom Written Examination Protocol:

1. Computers must be muted.
2. It is appropriate to write on the paper exam copy.
3. No talking is permitted once the examination has been distributed or opened.
4. Please maintain eye contact on your own examination or computer.
5. All bags, computers, and paper must be placed in the designated area.
 - All cell phones and smart devices such as smart watches must be turned OFF and placed with the bags in the designated area.
6. Approach the proctor's table at the front of the room if you have a question – only one person at a time is allowed at the proctor's table. Please note that the proctor will not answer any exam content questions; they are present solely to help troubleshoot and facilitate the taking of the exam.
7. Restroom breaks are permitted only if absolutely necessary. Please make sure that you utilize the restroom before the scheduled exam.
8. When the examination is completed, turn in the exam and answer key at the proctor's table or submit the examination electronically, complete the exam review, and depart the classroom quietly.
 - Students are not allowed to return to the classroom until every student has completed the exam.
 - Congregation outside of the classroom while the exam is in process is prohibited.

Social Media – [UAMS Academic Affairs Policy – 2.1.1](#)

The PA Program recognizes the interest that students have for using social networking sites such as Facebook, Instagram, YouTube, etc. Students are cautioned to utilize extreme care when using this form of media. Future employers, clinical preceptors, and faculty members can access your page and information. Certain information could jeopardize future opportunities in the physician assistant profession. Individuals whom you have allowed access to your page can not only post to your site but can take your pictures and information and post them elsewhere on the internet. Students should set high privacy settings, be cautious of what is on their site, and manage access to their sites carefully. Remember, once information is on the internet, it is impossible to recall.

Travel to Clinical Experiences and Housing

During the Clinical Phase, rotations will be located across Arkansas and nationwide. Students must have reliable transportation to rotation sites. Efforts will be made to secure free or low-cost housing for sites more than 75 minutes from the UAMS PA Program offices, **except for out-of-state sites or student-requested rotations, where students must provide their own housing.** However, such housing is not guaranteed, and housing, travel, and associated costs are the student's responsibility. Students must maintain housing in the central Arkansas area at all times, as rotation placements can change, potentially requiring a return to local sites.

HIPAA Compliance

PA students will be required to complete a HIPAA compliance-training program offered by UAMS annually. After completion of the online training, the students are to print a copy or electronically save and submit a copy of the completion page to the Compliance section of the Exxat platform. Proof of HIPAA compliance is required of all students and must be provided to clinical rotation sites during the Clinical Phase of the program. The initial training will occur prior to Didactic Orientation and then each fall with the UAMS campus-wide annual HIPAA training. HIPAA infractions are reported to the UAMS HIPAA office and are investigated and classified by this office. The program will work with the Office of Compliance regarding disciplinary actions for HIPAA infractions.

Infractions are also a breach in professionalism, which is an academic standard of the program, and may result in a loss of points on the Professionalism Rubric as well as be brought before the P & A Committee.

OSHA Compliance

PA students will be required to complete an OSHA compliance training program offered by UAMS annually. After completion of the online training, the students are to print a copy or electronically save and submit a copy of the completion page to the PA Program. Proof of OSHA Compliance is required of all students and must be provided to clinical rotation sites during the Clinical Phase of the program. The initial training will occur during Didactic Orientation.

PA Program Needle Stick, Sharps and Bodily Fluids Exposure Policy – [UAMS Academic Affairs Policy 1.4.1](#)

Purpose: This document outlines the policy and procedures to follow when a student experiences a needle stick/sharp injury, blood/body fluid exposure when fulfilling requirements of a University of Arkansas for Medical Sciences education program. Regardless of where an incident occurs, students should be evaluated IMMEDIATELY. If indicated, chemoprophylaxis should be started as soon as possible, ideally within 2 hours.

Scope: All students enrolled in University of Arkansas for Medical Sciences education programs.

Policy: All students who experience a blood/body fluid exposure while carrying out clinical/experiential requirements of their education program should be evaluated for the need for chemoprophylaxis and monitoring regardless of the type of exposure or risk status of the source patient. Procedures for students who suffer parenteral (e.g. needle stick or cut) or mucous membrane (e.g., splash to the eye, nose or mouth) exposure to blood or other body fluids, or who have a cutaneous exposure involving blood or prolonged contact with blood— especially when exposed skin is chapped, abraded, or afflicted with dermatitis -- are described according to the practice site location where the incident occurs.

- For incidents that occur at the UAMS Medical Center, the applicable policy, HR.4.01, may be found in Compliance 360.
- For incidents that occur at OFF-CAMPUS locations, the site-specific procedures for handling a needle stick or blood/body fluid exposure as established by that site/facility are in effect and may vary slightly from UAMS procedures. However, general requirements for notification, evaluation, and documentation are outlined.

Reporting: UAMS students will follow all procedures detailed in the UAMS policy HR.4.01 located in Compliance 360. The central points for students who experience a parenteral, mucous membrane, or cutaneous exposure to a blood/body fluid are:

1. All students, regardless of location, should report the incident IMMEDIATELY to their clinical supervisor or instructor, appropriate college administrator and the Preventive Occupational Environmental Medicine Clinic (POEM – open from 8 a.m. to 4:30 p.m.) at 501-686-6565. After hours, weekends and holidays, exposed individuals should contact the POEM Clinic on-call nurse at 501-398-8636 for evaluation.
2. The amount of risk incurred as a result of the exposure must be evaluated and prophylactic treatment should be started as soon as possible, ideally within 2 hours to be effective; therefore, students should seek evaluation and treatment IMMEDIATELY.
3. Students should familiarize themselves with local procedures for needle sticks, splash, and other injuries. Some sites may require site-specific training prior to the student entering the facility. However, if this information is not covered, students should educate themselves regarding local procedures.
4. Complete the UAMS Incident and Injury (I&I) Report form available at <http://www.uams.edu/campusop/depts/ohs/forms/accident.aspx>

- a. Information about the source patient shall be documented on the Incident and Injury (I&I) report form by the nursing supervisor or his/her designee from which the source patient is receiving care. The I&I form shall accompany or be forwarded to the student to SEHS or the ED at the time of the initial evaluation.
- b. It is the responsibility of the clinical supervisor or instructor to make sure that all information relevant to the incident has been completed on the I&I form and the student has called POEM Nurse for triage.
- c. It is the responsibility of the Nursing Supervisor or designee to record all information regarding the source patient on the I&I report form, notify either SEHS or the ED with the risk factors for HIV and ensure that orders are written for lab work on the source patient's chart.

Students who perform tasks that may involve exposure to blood and body fluids are required to complete annual blood borne pathogen training and have on file with Student and Employee Health a reactive Hepatitis B titer. The training compliance will be tracked through UAMS My Compass.

Post exposure Prophylaxis with Antiretroviral Agents: Under certain circumstances, it is recommended that individuals exposed to HIV through injury, etc., be offered combinations of anti-HIV medications for four weeks while surveillance laboratory monitoring is taking place. This process will be coordinated through Student/Employee Health (SEHS) and the POEM clinics, so it is important that any such exposure be reported to SEHS as quickly as possible.

Billing: Students who have a blood/body fluid exposure shall be evaluated by POEM Clinic/SEHS or the Emergency Department (ED) and are required to complete an I&I Report form. All UAMS students are required to maintain a health insurance policy, which will be billed for services related to evaluation, treatment, and monitoring. Deductible and co-pay costs not covered by the student's health insurance policy will be the responsibility of the student's primary college. Insured students will bear no out-of-pocket expenses.

In cases where a person is both a student and an employee, the role the person was fulfilling at the time of the incident will determine billing, so that if the person was carrying out student requirements, rules governing billing of care related to students will be in effect. If the person was carrying out employment related duties, the UAMS Medical Center employee policy will be applied.

Students who are fully vaccinated may be involved in clinical care for those who are diagnosed with or are suspected to have COVID-19. Students should be diligent in donning and doffing PPE and should wear appropriate PPE at all times.

UAMS Protection against Occupational Exposure to Hepatitis B Virus (HBV), Hepatitis C, and HIV Policy - HR.4.02

Purpose:

Protection against blood borne infections.

Policy:

Since medical history and examination cannot reliably identify all patients infected with HIV, Hepatitis B, or Hepatitis C, or other blood-borne infections, "Universal/Standard Precautions" when handling blood and body fluid shall be consistently used for all patients. Students, residents, and employees (hereafter known as health care worker) shall not be permitted by their supervisors to draw blood or perform invasive procedures until their skills have reached a satisfactory level of proficiency.

Procedure:

I. Routine Precautions

- A. Health care workers shall use appropriate barrier precautions according to Universal/Standard Precautions, see below.
- B. Hands and other skin surfaces shall be cleaned immediately if contaminated with blood or body fluid. Hands shall be cleaned after gloves are removed.
- C. Precautions to prevent "sharps" injury should be taken. Needles should not be recapped, bent, or broken by hand, or removed from disposable syringes. After use, "sharps" should be placed in puncture-resistant containers for disposal.
- D. Although saliva has not been implicated in HIV transmission, mouth-to-mouth resuscitation should be replaced by mouth pieces, resuscitation bags, or other ventilation devices.
- E. Health care workers with exudative lesions or weeping dermatitis should refrain from direct patient care and handling equipment until the condition resolves.
- F. Pregnant health care workers are not known to be at greater risk of contracting HIV, Hepatitis B, or Hepatitis C than non-pregnant workers. However, if infections did occur, prenatal transmission may result. Therefore, pregnant health care workers should be especially familiar with and strictly adhere to these precautions.
- G. Blood, saliva, and gingival fluid from all dental patients should be considered potentially infected. Blood and body fluids from all patients sent to clinical laboratories should be considered potentially infected.

II. Universal (Standard) Precautions

- A. **Hand Hygiene:** Frequent hand hygiene is an important safety precaution which should be practiced after contact with patients and specimens. Hands should always be cleaned with antimicrobial soap or waterless hand cleaner before and after contact with patients even when gloves have been used. If hands come in contact with blood, body fluids, or human tissue, they should be immediately cleaned with an antimicrobial agent. (Washing with an antimicrobial agent is recommended; however, soap and water may be used. Using an approved moisturizing hand cream may reduce skin irritation caused by frequent hand washing.)
Hands NEED to be cleaned:
 - 1. Before invasive procedures.
 - 2. After the completion of work.
 - 3. Before any contact with wounds.
 - 4. After removal of gloves and/or other protective clothing, immediately or as soon as possible after hand contact with blood or other potentially infectious materials and upon leaving the work area.
 - 5. Before eating, drinking, smoking, applying makeup, or changing contact lenses.
 - 6. Before all other activities which entail hand contact with mucous membranes or breaks in the skin.
 - 7. Immediately after accidental skin contact with blood, body fluids, or tissues, hands or other skin areas should be thoroughly washed. If the contact occurs through breaks in gloves, the gloves should immediately be removed, and the hand should be thoroughly cleaned.
 - 8. Between contacts with different patients.
 - 9. After contact with a source that is likely to be contaminated with virulent microorganisms or hospital pathogens (e.g., touching infected patient, after taking rectal temperatures, emptying Foley bags, blowing nose).
- B. **Gloves:** Gloves shall be worn when the employee/student has the potential for direct skin contact with blood, other potentially infectious materials, mucous membranes, non-intact skin of patients, and when handling items or surfaces soiled with blood or other potentially infectious materials. Gloves shall be disposable and changed in between patients, or between different open body sites. Gloves should be changed if they become visibly contaminated with blood or body fluids or if physical damage occurs. Latex, vinyl, nitrile, or polyethylene gloves all provide adequate barrier protection. Wearing two pairs of gloves (double gloving) is recommended in situations where large amounts of blood may be present in the field of work, such as in the Emergency Department.

- C. **Facial Protection:** Masks and eye protection or face shields shall be worn whenever splashes, spray, splatter, droplets or aerosols of blood or other potentially infectious material may be generated and there is a potential for eye, nose, or mouth contamination. Full-face shields made of lightweight plastic (similar to chemical splash shields) are the preferred means of facial protection. They offer excellent protection of the entire face and neck region. A surgical mask offers protection of the nose and mouth. Either soft or preformed masks are effective. Ordinary prescription glasses are not adequate eye protection. Better protection is afforded by plastic wrap-around safety glasses that fit over regular glasses. If there is substantial hazard of spattering, goggles with a plastic cushion seal are preferred. Surgical caps may be worn if extreme spattering is anticipated.
- D. **Occlusive Bandages:** All open skin defects (e.g., exudative lesions, dermatitis, cuts, abrasions, etc.) on health care workers shall be covered with a water-impermeable occlusive bandage. This includes defects on the arms, face, and neck.
- E. **Gowns, Aprons and Other Protective Body Clothing:** Appropriate protective clothing shall be worn when the employee/student has a potential for exposure to blood and other potentially infectious materials. Gowns and laboratory coats shall be changed immediately if grossly contaminated with blood or body fluids to prevent blood seeping through and contaminating street clothes or skin. They should be changed at appropriate intervals to ensure cleanliness. Contaminated gowns shall be placed into the isolation linen bag and sent to the hospital laundry. Disposable plastic aprons are recommended if there is a significant probability that blood or body fluids may be splashed on the worker. At the completion of the task being performed, the apron shall be discarded into a biohazard container.

Students may be involved in clinical care for those who are diagnosed with or are suspected to have Hepatitis B Virus, Hepatitis C Virus, or HIV. Students should be diligent in wearing appropriate PPE at all times.

UAMS Policy of Non-Discrimination in Admission and Retention of Students Known to be infected with a Blood Borne Pathogen (with or without symptoms) - [UAMS AA Policy 2.2.6](#)

This policy provides guidance regarding management of students at UAMS who are infected with a blood borne pathogen, including, but not limited to, Human Immunodeficiency Virus (HIV), Hepatitis C (HCV) and Hepatitis B (HBV). Each of these viruses is treatable with antiviral agents, and suppression of the viral load is the goal of therapy.

In compliance with Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, students with blood borne diseases are to be treated like anyone else having a “disability” for purposes of admission and retention by the University of Arkansas for Medical Sciences. UAMS is committed to non-discrimination of disabled individuals and makes reasonable accommodations to enable them to complete their education. It has been determined that students with suppressed viral load for HBV, HCV, and/or HIV may participate (as described in policy) in all activities other than EIPs. For students without suppression, the colleges will make reasonable accommodations for infected students so that they will be able to complete requirements for their degree. All students must meet the technical standards for admissions detailed by the colleges of UAMS.

Complete policy information and requirements are available in the full policy, and students may contact the associate dean for their college for additional information.

UAMS Testing Patients for HIV - Consent Requirement Policy

Purpose: To set consistent guidelines governing consent for Human Immunodeficiency Virus (HIV) testing.

Policy: No student, employee, or member of the medical or affiliate staff shall test a UAMS Medical Center patient for HIV except in accordance with this Policy.

Procedure: Documentation in the medical chart of patient consent (verbal or written) of the patient to testing shall be obtained in advance of testing, unless the patient's attending physician orders testing without consent in one of the two following circumstances:

1. A student, employee, staff member, or other person providing health care at UAMS Medical Center has been exposed to a patient's bodily fluids, in which case testing shall be done in compliance with UAMS Medical Center Policies and Procedures.
2. In the judgment of the patient's attending physician, such testing is medically indicated to provide appropriate diagnosis and treatment to the patient, provided that the patient has otherwise provided his or her consent to such physician for medical treatment, if able to do so.

Code Active Shooter - [UAMS Academic Affairs Policy 1.5.1](#)

In the event of an emergency situation requiring a secured campus, a Code Active Shooter/Campus Lockdown Alert will be issued. Code Active Shooter may be called for an active shooter, hostage situation, terroristic threatening, and other scenarios that include violent events or the threat of such events.

Any threat or act of violence witnessed or experienced by a member of the campus community (including students) must be promptly reported to UAMS Police. Those reporting a threat or act of violence should call **686-7777** immediately. Information the caller should provide the dispatcher includes:

- a. Caller's name and location
- b. Description of assailants and location of the incident
- c. Number of assailants (if known)

A Code Active Shooter Lockdown Alert is issued over the public-address system in all buildings and through the external sirens. The announcement will as follow or similar to:

The UAMS campus is now in a Code Active Shooter status. Everyone should immediately move out of any hallway or other open areas into the nearest office, patient room, or classroom. Close and lock the door. Do not leave the building. Do not enter stairwells or hallways until further notice. If you are currently off campus, do not come to campus.

Upon determination by the UNIFIED COMMAND the campus no longer needs to operate within Code Active Shooter status, the public-address system will broadcast the following announcement three times. **Code Active Shooter all clear, Code Active Shooter all clear, please return to normal operations.**

Code Active Shooter training is provided during the PA Program Didactic Phase Orientation.

Safe Room Locations:

- IDW Classroom -Block the door, turn off lights, and move away from all windows.
- PA Lab Building -Go to Locker rooms, block doors, and turn off lights.
- PA Office Building -Go to conference room or restrooms, block doors, and turn off lights.

3. Clinical Phase Information

Goals of the Clinical Phase

With the supervision and direction of physicians, physician assistants, and other members of the health care team, students will participate in patient-centered care. Students will assist in managing patients across the life span needing preventative, acute, chronic, and emergent care, thus providing sufficient breadth and depth to enter the clinical practice of medicine following graduation. The fundamental principles and as they relate to the clinical care of patients will be taught by the preceptors in the following ten core rotations: Behavioral Medicine, Emergency Medicine, Family Medicine, Geriatric Medicine, Inpatient Medicine, Internal Medicine Outpatient, Orthopedic Medicine, Pediatric Medicine, Surgical Medicine, and Women's Health. Following the successful completion of these ten rotations, the students have two elective rotations which are three weeks in length.

During the clinical year, students will have the opportunity to:

1. Apply didactic knowledge to supervised clinical practice
2. Develop and sharpen clinical problem-solving skills
3. Expand and develop their medical fund of knowledge
4. Perfect the art of history taking and physical examination skills
5. Sharpen and refine oral presentation and written documentation skills
6. Develop an understanding of the PA role in health care delivery
7. Develop interpersonal skills and professionalism necessary to function as part of a medical team
8. Prepare for the PANCE

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations under the supervision of their preceptor:

1. Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
2. Practice procedural skills.
3. Interpret common lab results and diagnostics.
4. Educate and counsel patients across the lifespan regarding health-related issues.
5. Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences such as Morbidity and Mortality conference, if available.
6. Demonstrate emotional resilience and stability, adaptability, and flexibility.

Tips for Success

1. Be an enthusiastic and self-directed learner.
2. Set goals for the rotation with your preceptor, and let your preceptor know what rotation you are on (i.e., very 1st rotation vs 10th rotation and nearing graduation).
3. Seek out and accept feedback from your preceptor and clinic staff periodically throughout the rotation.
4. During rotations, there may be instances when your preceptor is occupied with patient care responsibilities and unable to provide direct attention. To maintain engagement, actively seek involvement in patient care activities. Explore opportunities to contribute and participate as much as possible.
5. Demonstrate initiative by actively seeking opportunities to contribute and assist. Be assertive and show you are a team player.

6. Use down-time during the day to practice writing patient notes/prescriptions, input patient logs to patient tracking software, prepare for upcoming patient experiences/surgeries, study and/or do practice questions.

Definition of Preceptor Role

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help the student perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Roles and Responsibilities

Specific roles and responsibilities of the Clinical Preceptor include, but are not limited to:

1. Completing and signing the Clinical Preceptor Letter of Intent.
2. Maintaining board certification and state licensure.
3. Becoming familiar with the Clinical Preceptor Handbook provided by the UAMS Physician Assistant (PA) Program.
4. Acquiring a working knowledge of the student's assigned learning outcomes for the medical discipline.
5. Attending clinical preceptor meetings and training events the PA program may sponsor to benefit the Preceptor/Physician Assistant Student relationship.
6. Providing an orientation to the clinical setting for newly assigned students.
7. Supervising the daily schedule to ensure the student has sufficient patient encounters to meet learning outcomes and goals while promoting patient and student safety.
8. Engaging in direct instruction and observation of student learning experiences and providing frequent and timely verbal feedback.
9. Communicating with students about performance or behavior promptly. If the preceptor's concerns persist, he/she should contact the Director of Clinical Education as soon as possible.
10. Completing the End Rotation Evaluation, provided online by the program, by the last day of the clinical rotation.
11. Reading and understanding the Clinical Affiliation Agreement which protects the preceptor, facility, program, and student by specifically addressing responsibilities of all parties. A signed clinical affiliation agreement by the clinical facility and /or the corresponding hospital and the university is required for precepting a PA student.

Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student and adhere to appropriate professional boundaries at all times. Social activities and personal relationships outside of the professional learning environment are not permitted because it places the student and the preceptor in compromising situations. Contact through web-based social networking sites (e.g., Facebook) should be avoided until the student fully

matriculates through the education program. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Immediate family members may not serve as preceptors for a student.

On the first day of the rotation, the student should address any outstanding administrative needs, including obtaining a name badge and computer password and completing any necessary paperwork, EMR training and additional site-specific HIPAA training, if needed. It is recommended that the preceptor and student formulate mutual goals early in the clinical rotation. The preceptor should communicate his or her expectations of the students during the rotation which should include work schedule.

During the student's time at the clinic or the hospital, the preceptor should be available for supervision, consultation, and teaching. When the preceptor is not able to fulfill this role, the preceptor should designate an alternate preceptor. Occasionally, time may be spent with ancillary staff to enhance clinical learning. The preceptor should be aware of the student's activities at all times.

The student is not an employee of the hospital or clinic and therefore should not substitute for paid clinicians, clerical staff, or other workers at the clinical sites. The student works entirely under the preceptor's supervision.

It is the student's responsibility to ensure that the supervising preceptor also sees all the student's patients. The preceptor should provide direct supervision of technical skills with gradual increased autonomy in accordance with the PA student's demonstrated level of expertise. **However, every patient must be seen, and every procedure evaluated prior to patient discharge.** The preceptor must document the PA student involvement. **The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor. A PA student should never access an EMR system using a provider's login credentials, order diagnostic testing, prescribe medications, or complete documentation as the preceptor. Any documentation completed by PA students in the EMR system must be done using a student designated account. In the event that student access to the EMR is not available, students should practice secure documentation in another application to provide to the preceptor for feedback. HIPAA compliance must be maintained.**

Interprofessional Collaboration

Working collaboratively in interprofessional patient-centered teams is a key component to providing the best medical care in a cost-effective manner. Clinical education will be greatly enhanced as the contribution to patient care by each individual of the health care team is recognized. The educational benefit to work with physicians as well as qualified office personnel, medical residents, physician assistants, nurse practitioners, nurse anesthetists, midwives, nurses, medical assistants, respiratory therapists, physical and occupational therapists, counselors, social work, dieticians, medical students, and a host of others will afford the opportunity to work collaboratively with other members of the health care team.

Beginning a Clinical Rotation

Students must contact the clinical site coordinator for the preceptor the week prior to the beginning of a rotation to introduce themselves and coordinate location, schedule, attire for the rotation. This contact information is electronically available. Students should arrive at least 15 minutes prior to all clinical rotation experience start times. If a student finds that they will be late to or absent from a rotation experience, the student should contact the preceptor as early as possible to communicate the tardy or absence. See the attendance policy for more details.

Prior to Every Patient Encounter

Before any patient is seen, the patient must be informed that a physician assistant student will participate in their care and the patient's consent must be obtained. This may be done through standardized forms or on a person-by-person basis. The student should be clearly identified as a PA student and must also verbally identify themselves as such. Patient requests should always be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation of Patient Encounters

Writing a succinct note that communicates effectively is a critical skill that PA students should develop. If permitted by the preceptor and/or facility, PA students may enter information in the medical record which is a legal document. All entries must be identified as 'student' and must include the PA student's signature with the designation "PA-S". It is important to recognize that student entries contribute to the medical record. **Students should never use another individual's login credentials to access an EMR system, order diagnostic testing, prescribe medications, or complete documentation as the preceptor. Any documentation completed by PA students in the EMR system must be done using a student assigned account.** If a designated account is not provided, handwritten notes are necessary and should be reviewed by the clinical preceptor. HIPAA compliance is paramount, and students are responsible for discussing documentation procedures for each clinical experience and adhering to all policies.

Prescription Writing

Students may transcribe prescriptive information for the Clinical Preceptor onto the prescription pad; however, they must not individually prescribe any medications under any circumstances. All prescriptions must be signed by the Clinical Preceptor and not the student. Students should **never** sign their name on a prescription pad. Students may not carry or use a pre-signed prescription pad.

Patient Logging

To ensure that program expectations have been met, students will be required to log **all** patient encounters and clinical procedures in the electronic tracking system. **Students are expected to complete their patient/procedural logging daily.** Rotation benchmarks are listed below and can be found on Exxat in the Resources section as well as Blackboard in the Clinical Rotations Organization. The patient tracking software will be evaluated by the program regularly and a plan of deficit correction will be incorporated if needed to ensure program requirements are met. Choice of elective rotations may be forfeited by the student to reach clinical benchmarks if warranted. Keeping a log of all procedures performed and the level of student involvement may also prove to be beneficial if preceptors or future prospective employers request this information.

Clinical Benchmarks

Must be met within the Clinical Phase –

Patient Populations:

Infant	5
Child	20
Teenager	30
Adult	500

Visit Types:

Pre-op, Intra-Op, Post-Op	5 (ea)
GYN	20
Prenatal	20
Prevention	25
Emergent	75
Acute	75
Chronic	20

Clinical Procedures

Injections (<i>IM/SubQ</i>)	5
Joint Injection (<i>Elbow, hip, knee, shoulder, etc.</i>)	5
DRE (Digital Rectal Exam)	1
Pelvic Exam	5
Wound/suture/staples (<i>Simple interrupted, Continuous, horizontal mattress, vertical mattress, subcuticular, staples, suture/staple removal</i>)	10

Must be met within each clinical rotation –

Patient Encounters

Behavioral Medicine	92
Emergency Medicine	92
Family Practice	92
Geriatric Medicine	69
Inpatient Medicine	92
Internal Medicine	92
Orthopedic Medicine	92
Pediatric Medicine	92
Surgical Medicine	69
Women's Health	69

Safety of Students during the Clinical Phase

The Directors of Clinical Education or affiliated program site coordinators have completed a site evaluation prior to placing every student at a site. One of the most essential elements of the evaluation is to assure that a site provides a safe learning environment for the student. If a student believes that a site poses a threat to his or her safety, the program is to be notified immediately for evaluation and further instruction.

Harassment

The education experience should be free from harassment of any type which includes bullying. If a student has concerns about harassment from other students, faculty, staff, mentors, instructors, or clinical preceptors, the student should contact the Program Chair/Director of the program immediately. If the student is on a clinical rotation off campus and a harassment concern arises, the student should contact the Directors of Clinical Education and/or Program Chair/Director immediately. The UAMS Title IX policy is as follows:

Title IX - The University of Arkansas for Medical Sciences (UAMS) does not discriminate on the basis of sex, gender, or sexual orientation in its education programs or activities. Title IX of the Education Amendments of 1972, and certain other federal and state laws, prohibit discrimination on the basis of sex in all education programs and

activities operated by UAMS (both on and off campus). Title IX protects all people regardless of their gender or gender identity from sex discrimination, which includes sexual harassment and sexual violence.

The UAMS Title IX Coordinator can be contacted at (501) 526-5641. He/She is available to explain and discuss: your right to file a criminal complaint (sexual assault and violence); the university's complaint process, including the investigation process; how confidentiality is handled; available resources (both on and off campus); and other related matters. You may also contact the UAMS Police Department, **501-686-7777 (non-emergency) or 911 (emergency)**. **If you are in the midst of an emergency, please call the police immediately by dialing 9-1-1.**

The United States Department of Education's Office of Civil Rights ("OCR") is responsible for enforcing Title IX, as well as other federal civil rights laws that prohibit discrimination in programs or activities that receive federal financial aid. Inquiries and complaints may also be directed to OCR at ocr@ed.gov 1-800-421-3481.

Regional Site Coordinators

The regional site coordinators collaborate with the PA Program Director and the Directors of Clinical Education, assisting with and identifying clinical sites for student rotations and evaluating students while on rotations during the Clinical Phase of the Physician Assistant Program. Regional site coordinators will be given a schedule of students who are rotating in the region and will be available for region-specific questions/resources. Students will be given contact information for the regional site coordinators.

Student Site Visit

At least once during the Clinical Phase of the program, the Directors of Clinical Education, faculty member, or regional site coordinator will visit the student at the site of a clinical experience. Documentation will be completed related to the student's performance and interaction with patients, office staff and clinical preceptor. This encounter will be designated as satisfactory or unsatisfactory. Unsatisfactory encounters will be communicated to the student and may warrant a remediation plan.

Preceptor Evaluation of the Student

The preceptor evaluation of the student aims to foster communication between preceptor and student. Preceptors are encouraged to discuss both strengths and weaknesses while providing opportunities for improvement. Evaluations should reflect on students' knowledge, skills, and progress throughout the rotation, comparing with students at the same level. A passing evaluation from the preceptor is mandatory for all clinical rotations.

At mid-rotation, students should prompt the preceptor for feedback regarding their strengths and weaknesses thus far on the rotation. Students will complete a self-evaluation using the same evaluation that the preceptor will utilize at the end of the rotation. The student will give their self-evaluation to the preceptor and discuss strengths and weaknesses of their performance thus far. The student will be given an opportunity to improve upon any deficiencies in the remainder of the rotation. Completion of this evaluation with preceptor's signature attesting that they have reviewed it with the student is 5% of the course grade. At the end of the rotation, the preceptor will complete an electronic final evaluation, which accounts for 40% of the course grade. A passing grade is mandatory to progress in the program. If a student participates in a supplementary experience of at least 5 days or a standard workweek, the associated preceptor will also submit an evaluation. This supplementary evaluation will be weighted proportionally based on the time spent compared to the primary placement for a final Clinical Preceptor Evaluation grade.

Students may not bring a paper evaluation to the program for their official preceptor evaluation. The preceptor must either complete their evaluation through our electronic tracking system, fax, or email their evaluation of the student to the program directly.

Explanation of Grading Criteria

Written examinations will occur at the End of Rotation Seminars on the scheduled exam dates. No make-up exams will be given without prior approval by the Directors of Clinical Education. The examination questions will correspond to the learning objectives established for each core clinical rotation. The discipline test topics can be found in the Clinical Syllabus. The grades for the core rotations will consist of 40% preceptor evaluation, 40% written examination score, 10% professionalism (see associated [Professionalism Rubric](#)), 5% for mid-rotation quiz score, and 5% mid-rotation self-evaluation completion. For Elective Rotation 1, the grade will consist of 50% preceptor evaluation, 40% Graded OSCE, and 10% professionalism (see associated [Professionalism Rubric](#)). Graded OSCE examination guidelines will be explained prior to the experience. For Elective Rotation 2, the grade will consist of 50% preceptor evaluation, 40% Grand Rounds Case Presentation, and 10% professionalism. The Grand Rounds Case Presentation will occur at the End of Rotation Seminar following the student's Internal Medicine Outpatient Rotation. Details for student presentations as well as evaluation criteria can be found on Blackboard in the Clinical Rotations Organization. Other activities will be required during the End of Rotation Seminars and a grade of Satisfactory or Unsatisfactory will be assigned. Satisfactory grades must be received on all end of rotation activities.

Examination Grading/Return

All written examinations are graded using an online exam platform grading system. Scores of the exams will be posted in the Clinical Phase management program within a week of the test date. No question appeals will be accepted for End of Rotation exams as exam questions are nationally peer reviewed.

Written Examination Review Protocol

Written examinations may be reviewed at set designated time during the corresponding end of rotation seminar. Note taking is not permitted during the exam review and staff cannot answer any questions regarding the exam. Students may request additional exam review time via email to the Directors of Clinical Education and this will be scheduled at their discretion.

Clinical Phase Remediation

The progress of each student will be monitored during the Clinical Phase of their education with the student mid-rotation 100 question quiz and self-evaluation of rotation performance. These items will be completed at mid-rotation by the student. The mid-rotation quiz will be reviewed by the Directors of Clinical Education, and the student's faculty advisor will review each student's mid-rotation self-evaluation. Any deficiencies identified will be promptly addressed and a plan of remediation incorporated by the Clinical Team. Clinical deficiencies will warrant a description of the deficiency, an action plan, required actions by the student to correct the deficiency, and a timeline for completion. The Clinical Preceptor Evaluation is 40% of the final rotation grade. If warranted, remediation may occur based on a preceptor's evaluation and may include repeating certain skills during elective time periods.

The End of Rotation examination is also 40% of the final rotation grade. Passing scores for End of Rotation exams were calculated based on one standard deviation below previous cohort averages. These data will be updated to

include the class of 2024's averages after completion of the final End of Rotation exams. The passing values may change based on the averages for the class of 2024, and an addendum will be made to the class of 2025 Clinical Manual prior to the first End of Rotation exam. Any changes will be communicated to the class via email. Current End of Rotation exam passing scores are outlined below (**see addendum on page 52 for updated values as of 7/12/2024**):

Behavioral Medicine	67%
Emergency Medicine	52%
Family Medicine	58%
Geriatric Medicine	65%
Inpatient Medicine	55%
Internal Medicine	60%
Orthopedic Medicine	68%
Pediatric Medicine	62%
Surgical Medicine	55%
Women's Health	64%

End of Rotation (EOR) Exam Remediation

If a student receives a score below passing for an End of Rotation (EOR) exam, a remediation plan will be implemented. The student's remediation plan will include mandatory attendance at exam review and completion of the Error Analysis Worksheet, completion of the Exam Remediation form within 48 hours of taking the exam, and reassessment of exam material. A meeting with the Educational and Student Success Center (ESSC) Learning Specialist is required for the first exam that is remediated. The necessity of subsequent meetings with the ESSC Learning Specialist will be at the discretion of the Clinical Team. Students will be given a list of exam deficiency content topics which they did not pass to help direct their study. Exam reassessment will consist of a new comprehensive 120 question exam. Students should refer to the exam remediation process outline in the Clinical Rotations Organization on Blackboard for further steps.

Students will be allowed one remediation with no disciplinary action. Failure to pass an EOR exam for two clinical rotations will automatically result in an Academic Warning. Failure to pass an EOR exam for three clinical rotations may result in an Academic Probation as determined by the P & A Committee. Further failed exams may result in disciplinary action to include dismissal.

Curriculum Outline Clinical Phase

Core Clinical Rotations 1 - 10 (PHAS 59045, 59055, 59065, 59075, 59085, 59095, 59105, 19135, 19145, 19155)

Behavioral Medicine Experience	5 weeks	5 credits
Emergency Medicine Experience	5 weeks	5 credits
Family Medicine Experience	5 weeks	5 credits
Geriatric Medicine Experience	5 weeks	5 credits
Inpatient Medicine	5 weeks	5 credits
Internal Medicine Outpatient Experience	5 weeks	5 credits
Orthopedic Medicine Experience	5 weeks	5 credits
Pediatric Medicine Experience	5 weeks	5 credits
Surgical Medicine Experience	5 weeks	5 credits
Women's Health Experience	5 weeks	5 credits

PHAS 58101 Summative Evaluation	1 week	1 credit
PHAS 59003 Elective Rotation I	3 weeks	3 credits
PHAS 59033 Elective Rotation II	3 weeks	3 credits
PHAS 58202 Capstone Project	2 weeks	2 credits
		TOTAL 59

Course Descriptions

Behavioral Medicine Experience

Clinical experience that introduces students to a variety of behavioral medicine and psychological conditions in an outpatient and/or inpatient setting. Students will participate in psychiatric interviews and physical examinations, individual and group psychological counseling, development of management strategies for the psychiatric patient, and interpretation of diagnostic and psychological testing. Focus of experience will be in recognizing psychiatric medical conditions through clinical presentation and the psychiatric interview.

Emergency Medicine Experience

Clinical evaluation, diagnosis and management of acute medical and trauma conditions that present to the emergency department. Students will participate in triaging patients, performing problem-focused history and physical examinations, developing differential diagnoses, formulating diagnoses, and designing management plans for patients presenting to an emergency setting. Focus will also be on performing emergency procedures, recognizing life-threatening medical conditions, assisting with resuscitation efforts, and interpreting diagnostic tests specific to the emergency medicine setting.

Family Medicine Experience

Clinical experience focuses on the clinical aspects of family practice/ primary care. Students will participate in history taking, performing physical exams, developing differential diagnoses, formulating diagnoses, designing prevention and management plans, and documenting common medical conditions observed in the family practice setting. Students will have exposure to a variety of primary care procedures. Emphasis will be placed on caring for patients across the lifespan.

Geriatric Medicine Experience

Clinical experience that focuses on all aspects of geriatric medicine including outpatient, inpatient, and nursing home settings. Students will participate in diagnosing and managing acute and chronic medical conditions specific to the geriatric population, recognizing polypharmacy, and performing functional assessments.

Inpatient Experience

Clinical experience focuses on the evaluation, diagnosis, and management of acute and chronic inpatient medical conditions. Students will perform complete inpatient history and physical exams, assist with consultations, and evaluate and manage hospitalized patients from admission to discharge. Students will be taught how to perform and interpret diagnostic tests commonly utilized in inpatient medicine and to perform common clinical hospital procedures. Students will also be involved with inpatient hospital documentation to include the admission summary, history and physical examination, daily progress note, consultation note, and discharge summary.

Internal Medicine Outpatient Experience

Clinical experience that focuses on outpatient adult care medicine. Students will participate in performing complete outpatient history and physical exams and problem-focused history and physical exams, developing problem lists, identifying the clinical presentation of chronic and acute medical disorders, developing differential diagnoses, formulating diagnoses, ordering, and interpreting diagnostic tests, and designing management plans for chronic and complex medical problems.

Orthopedic Medicine Experience

Clinical experience that focuses on chronic, acute, and emergent musculoskeletal conditions that present to the orthopedic setting. Students will participate in clinical outpatient, surgical outpatient, surgical inpatient, consultation, and operating room orthopedics. Focus of experience is to enable student to recognize the clinical presentation of common general orthopedic conditions, order and interpret orthopedic diagnostic tests, and perform specific orthopedic procedures.

Pediatric Medicine Experience

Clinical experience in an outpatient and inpatient (if available) pediatric setting. Students will participate in the care of patients ranging from neonates to adolescents through well-child and sick-child office visits. Focus of experience is recognizing the clinical presentation of common pediatric medical problems, developing differential diagnoses, formulating diagnoses, and designing management plans for these patients. Other areas of focus include clinical application of drug dosing, immunizations, growth and developmental milestones, common diagnostic procedures, nutritional assessment, and documentation and communication with parents and pediatric patients.

Surgical Medicine Experience

Emphasis on the clinical evaluation, diagnosis, and surgical management of patients in the general surgery setting. Students will participate in pre-operative and post-operative patient care, outpatient evaluation of surgical candidates, surgical inpatient management, assisting with surgical techniques and cases, and documentation specific to surgical patients. Students will be exposed to common surgical procedures and the description, indications, contraindications, and complications of each. Students will also participate in interpreting diagnostic tests utilized in the general surgical environment and in understanding operating room protocol.

Women's Health Experience

Clinical experience in outpatient women's healthcare. Emphasis will be on eliciting and performing the gynecological history and physical examination, screening techniques, diagnostic procedures, management plans, and contraceptive counseling and management. Focus will also be on pre-natal and post-natal care, menstrual abnormalities, infertility, sexuality issues, menopause, and sexually transmitted diseases.

PHAS 58101–Summative Evaluation

PA Students will complete a one-week comprehensive review and evaluation of expected physician assistant knowledge and skills. A combination of written examinations, clinical procedural skills testing, objective structured clinical examinations (OSCEs) and diagnostic interpretation will be utilized. Grading system will be satisfactory/unsatisfactory.

PHAS 59003—Elective Rotation I

PA Student will be permitted to select an area/ discipline of medicine in which he/she desires to gain additional clinical experience. A list of elective clinical rotation settings will be provided to the student including the general core rotations and then subspecialty areas of medicine and surgery.

PHAS 59033—Elective Rotation II

PA Student will be permitted to select a second area/discipline of medicine in which he/she desires to gain additional clinical experience. A list of elective clinical rotation settings will be provided to the student including the general core rotations and then subspecialty areas of medicine and surgery.

PHAS 58202–Capstone Project

Course focuses on applying evidence-based medicine principles to a patient case study or original research. The emphasis of the project will be on formulating a clinical question, summarizing background information about the medical topic, conducting an extensive literature search about the topic, and critiquing journal articles on the topic. The goal of the project is to answer the clinical question utilizing current research and guidelines, and then apply it to the patient case or research. This is partially an independent study course with required written assignments due at scheduled intervals throughout the clinical curriculum phase of the program. The course will conclude with

a classroom portion in which an oral presentation of the project utilizing Power Point, a written EBM paper, and a written journal article for potential submission will be required for course completion.

Note: At the end of the core rotations, students will take an exam covering the discipline test topics listed in the Clinical Syllabus. Students should not expect to be clinically exposed to every topic firsthand but are responsible for knowing the information pertaining to the topic through self-directed study. Core rotation examinations will correlate to the test topics and not the rotation experience itself. The End of Rotation Exam will be 40% of the grade for that course.

Summative Evaluation

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has established specific Standards that each program must ascribe to ensure that students are prepared to enter clinical practice upon graduation. One of the Standards requires that the program document a summative evaluation of each student within four months prior to graduation-. The summative evaluation is defined as “an assessment of the learner conducted by the program to assure that the learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession.”

Following the ninth (9th) core rotation, the Clinical Phase students will return to campus for a 5-day summative evaluation. This evaluation will include a cumulative multiple-choice examination, an Objective Structured Clinical Examination (OSCE), and medical/surgical procedural testing (suturing, biopsy, female exam, etc.).

Every student will be required to receive a grade of “Passing” on each component of the summative evaluation. If a student does not display proficiency in each area of testing, additional opportunities have been established for the student to retest and/or acquire the required skills prior to graduation.

Capstone Project

The Capstone Course encapsulates the entire didactic and clinical curriculum and focuses on applying evidence-based medicine principles to a patient case study, novel clinical problem, or original research question. The course culminates with the generation of the Capstone Project and is complete by graduation. The emphasis of the Capstone project will be on formulating a clinical question, which may arise from a specific patient experience that was encountered on clinical rotations. The goal of the project is to answer the clinical question utilizing current research and guidelines, and then apply it to the patient case or research.

The Capstone Project is composed of three main products: a formal written paper, formal PowerPoint presentation, and poster presentation. The project demonstrates, not summarizes, mastery of evidence-based medicine skills. It requires an extensive search of the literature to collect the highest levels of evidence with which to answer the clinical question. The structure of the written paper follows that of a formal scientific paper. The classic elements of an evidence-based review paper include the introduction, methods, results, and discussion. A presentation on the topic will be delivered to students and faculty, and project poster will be presented at UAMS Student Research Day. There are additional graded assignments throughout the course that represent progress toward completion of the overall project.

In certain circumstances, students may choose to complete an original research project or full systematic review in lieu of the Capstone Project described here. This requires prior approval of the Course Coordinator and Faculty Advisor. For these projects, assignments and deadlines will be established on an individual basis.

4. Other Information

American Academy of Physician Assistants Guidelines for Ethical Conduct for the Physician Assistant Profession

The American Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible health care services. The following Statement of Values delineates the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals and the general public. Realizing that no code can encompass all ethical responsibilities of the physician assistant, this Statement of Values is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned. Further, it is a small excerpt of the larger document, "Guidelines for Ethical conduct for the Physician Assistant Profession," which may be viewed at

<https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf>

Statement of Values of the Physician Assistant Profession

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.



The Physician Assistant Oath

I pledge to perform the following duties with honesty, integrity, and dedication, remembering always that my primary responsibility is to the health, safety, welfare, and dignity of all human beings:

I recognize and promote the value of diversity, and I will treat equally all persons who seek my care.

I will uphold the tenets of patient autonomy, beneficence, non-maleficence, justice, and the principle of informed consent.

I will hold in confidence the information shared with me in the course of practicing medicine, except where I am authorized to impart such knowledge.

I will be diligent in understanding both my personal capabilities and my limitations, striving always to improve my practice of medicine.

I will actively seek to expand my knowledge and skills, keeping abreast of advances in medical art and science.

I will work with other members of the healthcare team to assure compassionate and effective care of patients.

I will uphold and enhance community values and use the knowledge and experience acquired as a PA to contribute to an improved community.

I will respect my professional relationship with physicians and other members of the healthcare team.

I recognize my duty to perpetuate knowledge within the profession.

These duties are pledged with sincerity and on my honor.

Physician Assistant Student Clinical Agreement

As a UAMS Physician Assistant Student you will be an ambassador of the University and the Program. It is imperative the student's actions and interactions consistently reflect the Program in a positive manner. This Clinical Phase Manual serves to identify and outline many of the actions, policies and procedures which should serve to guide the student in their Clinical Phase of study.

The student **will**:

- Abide by the rules and regulations of the UAMS Physician Assistant Program
- Abide by the clinical rules and regulations of the Clinical Preceptor and the associated Clinical Site.
- Accomplish the prescribed objectives.
- Abide by the Guidelines for Ethical Conduct for the Physician Assistant Profession.

The student will **not**:

- See, treat, or dismiss a patient without the guidance and review of the Clinical Preceptor.
- Discuss or draw conclusions about the patient's medical condition prior to receiving permission of and direction by, the Clinical Preceptor.
- Prescribe any medications, sign the student's name on the prescription, sign the physician's name then write the student's initials after the physician's name, or carry a pre-signed prescription pad.

Specific particularly egregious actions that could result in penalty, outlined in this manual include:

- Facilitating a situation that could seriously jeopardize the safety of the student, patients, other coworkers
- Engaging in conduct construed as unethical
- Receiving a grade of "Insufficient Performance" noted on the Clinical Preceptor Evaluation
- Failure to accept a clinical rotation assignment
- Excessive absences or tardiness
- Repeat violations of the dress code

My signature below attests that:

I have read, understand, and will abide by, the rules, policies and procedures in the Clinical Phase Manual and as set forth by the UAMS Physician Assistant Program.

Student Name (please print)

Student's Signature

Date

 

Directors of Clinical Education Signature

7/30/2024

Date

UAMS • College of Health Professions • Department of Physician Assistant Studies
4301 W. Markham St., Slot 772, Little Rock, AR 72205
501-686-7211

Addendum A
Updated 07/12/2024

Updated exam passing scores after evaluation of previous cohort data:

Behavioral Medicine – 68%
Emergency Medicine – 53%
Family Medicine – 59%
Geriatric Medicine – 66%
Inpatient Medicine – 56%
Internal Medicine – 61%
Orthopedic Medicine – 68%
Pediatric Medicine – 63%
Surgical Medicine – 56%
Women’s Health – 65%

Addendum B
Updated 07/30/2024

Clinical Site Credentialing/Onboarding

Receiving a medical education and the opportunity to participate in clinical rotations is a privilege. As guests at the clinical sites, UAMS PA students are expected to comply with all credentialing and onboarding requirements set forth by the affiliated institutions. This process must be completed prior to the start of the rotation to ensure students are approved to begin on their scheduled start date. Finalizing the receipt of a badge or signing any remaining documents on the first day, as designated by the clinical site credentialing point of contact, is permitted.

To facilitate this, the Directors of Clinical Education work diligently to keep requirements current in Exxat. However, there is no guarantee that these requirements have not had changes or are all-inclusive. Therefore, it is crucial that students are proactive and begin the credentialing process 6-8 weeks in advance of their rotation start date. They should work closely with the credentialing point of contact to ensure that they have completed the most current credentialing process for their rotation.

Students may not present to any site for a clinical experience without having completed these requirements. Any absence resulting from the failure to complete credentialing appropriately by the student may be considered unexcused. Unexcused absences due to incomplete credentialing will require the student to make up missed clinical time to receive credit for the course.

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