

Department of Physician Assistant Studies

UAMS | College of
Health Professions



Clinical Phase Manual Class of 2027

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Students are expected to comply with all applicable policies established by UAMS, the College of Health Professions, and the PA Program as outlined in the Didactic Phase Manual. While this Clinical Phase Manual provides policies and procedures specific to the clinical phase, it is not all-inclusive. Students are responsible for adhering to both the Didactic Phase Manual and the Clinical Phase Manual; however, in the event of any conflicting policies, the Clinical Phase Manual will take precedence.

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

1. Physician Assistant Program Information:

Clinical Phase Contact Information

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Emergency Contact Information

Campus Police	501-686-7777
Fire	501-686-5333
Medical Emergency	501-686-7333
UAMS Emergency Department	501-526-2000
Campus Police Escort Service	501-686-7777
Student & Employee Health	501-686-6565
UAMS Shuttle Service Schedule	https://uamsbus.com/routes

Mission of the UAMS Physician Assistant Program

The mission of the UAMS Master of Science in Physician Assistant Studies Program is to produce graduates who will practice transformative patient-and family-centered care with the highest professional standards in any community by doing the following:

- Embracing individuality
- 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 Master of Physician Assistant Studies 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

The UAMS Master of Physician Assistant Studies Program has established three goals that guide program development and student learning. We continuously assess our effectiveness in meeting these goals through systematic data collection and analysis.

1. Prepare graduates to practice evidence-based, patient-centered clinical medicine in diverse healthcare settings.
2. Prepare graduates to demonstrate professionalism, commitment to ethical practice, and readiness for entry-level PA practice.
3. Prepare graduates to collaborate effectively within interprofessional teams and support access to care for diverse populations.

UAMS PA Program Competencies

The UAMS Physician Assistant Program Competencies define the knowledge, skills and professional behaviors that graduates are expected to demonstrate upon completion of the program. These competencies are aligned with ARC-PA Standards (6th Edition), the 2021 Competencies for the PA Profession, and the 2019 Core Competencies for New Physician Assistant Graduates. They guide curriculum design, student assessment and continuous program improvement.

Medical Knowledge

Graduates will demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.

1. Apply knowledge of anatomy, physiology, pathophysiology, pharmacology, microbiology, and clinical medicine to patient assessment and management.
2. Integrate clinical guidelines, scientific evidence, and best practices into diagnostic and therapeutic decision-making.
3. Recognize the influence of genetic, environmental, developmental, and social factors on health and disease.

Interpersonal and Communication Skills

Graduates will demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, families, and healthcare teams.

1. Communicate effectively, respectfully, and empathetically with patients and families from different backgrounds.
2. Collaborate with interprofessional team members to provide coordinated care.
3. Document and present clinical information clearly, accurately, and professionally.

Patient-Centered Clinical Care

Graduates will provide safe, effective, and equitable patient care across the lifespan in different clinical settings.

1. Elicit accurate patient histories and perform appropriate physical examinations.
2. Perform diagnostic and therapeutic procedures appropriate to the clinical setting and level of training.
3. Formulate differential diagnoses and develop evidence-based management plans.
4. Provide preventive care and health education tailored to individual needs and health literacy levels.
5. Demonstrate patient engagement and shared decision-making.

Professionalism and Ethical Practice

Graduates will demonstrate a commitment to ethical principles, integrity, compassion, and professional accountability.

1. Adhere to legal and ethical standards of practice.
2. Apply ethical principles by respecting patient autonomy, privacy, and confidentiality during all aspects of patient care.
3. Demonstrate cultural humility and sensitivity in all professional interactions.

Systems-based and Reflective Practice

Graduates will apply clinical reasoning and problem-solving skills to develop and implement evidence-based care. They will engage in reflective practice, use health information technology, and participate in quality improvement within healthcare systems to optimize patient outcomes.

1. Apply clinical reasoning and problem-solving skills to analyze clinical data and prioritize patient care decisions.
2. Utilize evidence-based resources to guide clinical decision-making.
3. Reflect on personal performance to identify strengths and areas for improvement.
4. Participate in quality improvement, patient safety, and system-level initiatives.

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 patient autonomy and individuality by being culturally aware of patient differences that influence health care and apply that cultural knowledge and skill to better care for varied 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. Therefore, there are certain minimum technical standards for physician assistants and physician assistant students that must be met by applicants and students, with or without reasonable accommodation.

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 pass 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. Additionally, students will need to access the Exxat platform online to log patient information, Microsoft Outlook for email access, and electronic medical record (EMR) systems as needed.

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, dependents and spouses of faculty and staff are eligible for a tuition discount for undergraduate courses but not graduate level courses.

More information about the tuition and fees associated with attending the UAMS PA Program can be found at this link: <https://healthprofessions.uams.edu/physician-assistant/master-of-physician-assistant-studies/about/cost/>

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

Students Withdrawing from UAMS – Non-Financial Aid Recipients:

The refund amount for students withdrawing from UAMS shall be based on the following schedule. The schedule applies to both tuition and University/College fees paid. PA Program fees are non-refundable.

Refund for Tuition and Fees Only:

1-5 Class Days: 100% 6 – 10 Class Days: 50% 11th Class Day and after: 0%

Students Withdrawing from UAMS – Financial Aid Recipients:

According to Federal Regulations, a Title IV Return of Funds calculation will be processed for those students who withdraw after receiving federal financial aid (Pell Grant, SEOG, subsidized Stafford Loan, unsubsidized Stafford Loan, parent PLUS loan or Perkins). The calculation is based on the number of days the student attended divided by the number of days in the term. The results of the calculation determine how much financial aid the student has earned. After 60% of the term has passed, the student is considered to have earned 100% of his/her aid. If the student has not earned 100% of his/her aid, the portion of the “unearned” aid is returned to the Title IV programs stated above. After the Return of Title IV financial aid calculation is processed, a student may owe a balance to UAMS. It is the student’s responsibility to arrange for payment of the balance with the Bursar’s Office.

The following dates are needed to perform the federal return of funds calculation:

- Date of Determination – The student’s withdrawal date or the date of notification, whichever is later.
- Date of Withdrawal – The date the student begins the school’s withdrawal process or the date the student provides notification of his/her intent to withdraw. If both circumstances occur, use the earlier withdrawal date.
- Last Date of Attendance (optional) - a school that is not required to take attendance may always use a last date of attendance at an academically related activity as a student’s withdrawal date. Therefore, a school could use a later last documented date of attendance at an academically related activity if this date more accurately reflects the student’s withdrawal date than the date the student begins the school’s withdrawal process or notifies the school of his or her intent to withdraw.

A student receiving financial aid that has been granted an approved financial aid leave of absence is considered withdrawn, for loan repayment purposes, if he/she fails to return within 180 days (6 months) in any 12-month period. Furthermore, any student receiving financial aid that has been granted an unapproved financial aid leave of absence is considered withdrawn, for loan repayment purposes, as of the start date of the leave of absence. Refer to the calculation explanation reference in the above paragraph.

Housing refunds for students who withdraw shall be subject to the rules established by Campus Life and Student Support Services.

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, defined as any position requiring the filing of taxes on the income received for services rendered, even part-time, while enrolled as a PA student in the didactic or clinical phase of the program creates undue stress and is not permitted by the program. Similarly, concurrent enrollment in another educational program is also not permitted due to the academic demands placed on the students while enrolled in the program. PA students are not permitted to work as student workers for the Department of Physician Assistant Studies while enrolled in the PA Program; however, employment as a peer tutor through the UAMS Educational and Student Success Center may be permitted. In rare circumstances, exceptions to these policies may be considered and require prior approval by the P & A Committee.

Substituting as Instructional Faculty

PA students are 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

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

[UAMS CHP Student Affairs Policy 02.12.02](#)

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 the PA Program.

Rationale: The policy is adopted because it is incumbent on the College of Health Professions and PA Program 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: This policy applies to all applicants who have been offered admission to the Program and enrolled students who may be required to obtain additional background checks following matriculation.

Policy: Applicants or students must obtain a criminal background check from a vendor approved by the PA Program, 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 45 days prior to 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.

If a clinical site requires that a background check be completed within a certain timeframe before starting the clinical rotation, students must comply with those site-specific requirements.

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

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 ([UAMS Academic Affairs Policy 1.4.4](#)). 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*
Tuberculosis	Either negative IRGA (T-spot or QuantiFERON Gold) OR Negative two-step PPD (TB skin test) within 12 months of the anticipated matriculation*
COVID-19	While COVID-19 vaccination is not required by UAMS, it is strongly encouraged for all students. However, some clinical sites may mandate COVID-19 vaccination. In such cases, students must be fully vaccinated to complete their clinical rotations at those sites. Failure to obtain the required vaccinations may result in a delay of graduation.

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

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.

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. Completion of all clinical rotations, as they 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 final grade of Pass on the Summative Evaluation which assesses student medical knowledge and clinical skills.
7. Meet all patient and technical skill requirements, as identified in the [Patient and Technical Skills Requirements section](#) of the clinical manual.
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 Commencement Ceremony and the PA Program Valediction Ceremony. In rare extenuating circumstances, exceptions may be considered and require approval from the P & A Committee.
11. Recommendation for graduation by the P & A Committee, with final confirmation by the Program Director.

Standards of Academic Progress

Every PA student must satisfactorily complete all five categories of Academic Standards each semester and cumulatively in order to remain in good standing while enrolled in the PA Program. Students who do not meet the below criteria will be discussed at the P & A Committee meeting for decision regarding disciplinary action and/or continuation in the 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. GPAs 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 comply with the End of Rotation remediation limits as noted in the [End of Rotation Examination Remediation](#) section. Failure of three or more EOR exams will be considered unsatisfactory.
4. Students must obtain a satisfactory evaluation on all required non-letter graded assignments, projects, practical examinations, and reflections.
5. 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 each student should continue in the program. The committee consists of the Program Director, Associate Program Director, Medical Director, and principal faculty. The committee reserves the right and has the responsibility to recommend a warning, probation, or dismissal 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, or Dismissal, the student shall be notified in writing as to the reason for such action by the Program Director. The program reserves the right to impose more stringent requirements beyond the minimal provisions for the College as a whole.

Academic Warnings/Probation/Dismissal

Students may be issued an Academic Warning, Probation or Dismissal due to insufficient academic or professionalism performance. These policies are designed to promote student success while ensuring accountability. These criteria guide recommendations determined by the Progress and Advancement (P & A) Committee.

Academic Warning

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

- Borderline unsatisfactory required non-letter graded assignments or practical exams.
- Two failed End of Rotation (EOR) exams of different clinical rotations.
- 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.
- Four deductions within the same criteria of the Professionalism rubric during the clinical phase.

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 evaluation on a required non-letter graded assignment/practical exam.
- Three failed End of Rotation (EOR) exams of different clinical rotations.
- One egregious unsatisfactory mark or multiple unsatisfactory marks on the end of semester or end of clinical rotation Professionalism Evaluation.
- For any professionalism concern at any time during the semester.
- Five deductions within the same criteria of the Professionalism rubric during the clinical phase.

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 evaluation in any of the five categories of academic progress, the student may receive a dismissal from the program. If the student who

is on Academic Probation receives a satisfactory evaluation in all five 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 plan as determined by the P & A 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 student fails four End of Rotation (EOR) exams of different clinical rotations.
- 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 the 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 warning or 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 automatically warrant remediation. Remediation may occur in conjunction with the ESSC Learning Specialist. 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. 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 or clinical preceptor of the Physician Assistant Program, a situation has occurred or is imminently likely to occur that could seriously jeopardize the safety of the student, patients, other students, the PA Program, or its clinical affiliates, the Program Director may immediately suspend the student from further program-related activities for up to 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 Program Director to discuss the situation. If the situation involves a faculty/ staff and is not resolved at the Program Director 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 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, 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 applicable federal and state law, including 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 secure 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.

Family Educational Rights and Privacy Act (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 HIPAA training, 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.
 - Examples include but are not limited to:
 - Using previous exams from past testing periods as study guides
 - Possessing written materials not authorized by the professor during an examination
 - Discussing examination contents with other students, current or future
 - Providing or receiving any information on an exam or other assessment that has not been taken yet
 - Students who provide assessment 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.
5. Generative Artificial Intelligence – The use of generative artificial intelligence during the didactic or clinical phase of the PA Program on any assessment, assignment, or other graded activity is prohibited unless otherwise communicated.

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 an effective medical provider. Professionalism is a behavior that must be demonstrated, 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. 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 and will be assessed with the Clinical Preceptor Evaluation of the Student form. The Directors of Clinical Education will review the evaluation and promptly address any deficiencies or concerns. 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. Any professionalism items rated “below expectations” or “needs significant improvement,” will prompt discussion between the DCEs, preceptor, and student to determine the specific deficiencies. A remediation plan will be implemented in line with the specific professionalism concern.

The Directors of Clinical Education also assess professionalism during each clinical course, including behaviors that occur outside of the clinical rotation site. Student professionalism is evaluated during each clinical rotation using the Clinical Phase Professionalism Rubric (see below), which constitutes 10% of the overall course grade. The rubric assesses behaviors in the following professionalism domains:

- Communication
- Attendance
- Punctuality
- Engagement/Participation
- Accountability
- Personal Integrity
- Personal and Professional Learning and Growth

- Attitude and Teamwork
- Respect
- Appearance

A deduction in any domain (i.e., receiving less than full points for a criterion) indicates that the student did not fully meet professionalism expectations in that area for the given rotation. Students are expected to demonstrate consistent professional behavior in all aspects of the program and must maintain a **minimum score of 16 out of 20 on the professionalism rubric to be considered satisfactory.**

Cumulative Professionalism Expectations

Professionalism concerns are tracked longitudinally across clinical rotations. Recurrent deficiencies in the same professionalism domain indicate a pattern requiring formal intervention.

- A student who receives a professionalism deduction in the same rubric domain across **three (3) separate clinical rotations** will receive a **verbal warning** from the Directors of Clinical Education.
- A student who receives a professionalism deduction in the same rubric domain across **four (4) separate clinical rotations** will receive an **automatic Academic Warning for Professionalism** by the Progress and Advancement (P & A) Committee.
- A student who receives a professionalism deduction in the same rubric domain across **five (5) separate clinical rotations** may be issued an **Academic Probation for Professionalism** by the Progress and Advancement (P & A) Committee.

Additional Considerations

Professionalism determinations and point assignments remain at the discretion of the Directors of Clinical Education, as outlined in the professionalism rubric. Patterns of concern may be addressed earlier if behaviors are deemed severe, egregious, or in violation of institutional or professional standards (e.g., HIPAA violations, integrity concerns). Academic Warning or Probation related to professionalism may include required remediation, increased monitoring, or other corrective actions as determined by the program.

Standard*	Meets ALL expectations. 2 points	Meets MOST expectations. 1 point	Does not meet expectations. 0 points
Communication	Effectively and proactively communicates in accordance with outlined procedures and in a professional tone/style in written or verbal communication.	Communication may occasionally depart from outlined procedures - verbal or written communication that is delayed, delivered outside of pre-determined protocols, or conveyed in an inappropriate tone. Occurs < 3 times during the clinical course. One instance of poor/missing professional tone/style in written or verbal communication.	Communication often departs from outlined procedures - verbal or written communication that is delayed, delivered outside of pre-determined protocols, or conveyed in an inappropriate tone. 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 (e.g., socializing, web surfing). Contributes enthusiastically without dominating discussions.	Is mostly engaged in clinical phase activities but may occasionally distract others during class (e.g., socializing, web surfing). Is occasionally passive or dominating during discussions.	Is often disengaged in clinical phase activities or distracts others during class (e.g., 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 and time logs, and evaluations on time. Prepared for clinical rotation start by completing all site credentialing/onboarding in advance. 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, delayed rotation start due to failure to complete site credentialing/onboarding requirements in advance, or does not meet expectations for patient and technical skills requirements/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, delayed rotation start due to failure to complete site credentialing/onboarding requirements in advance, or does not meet expectations for patient and technical skills requirements /time logging. Has ≥ 2 minor or ≥ 1 egregious HIPAA violation.

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, culture, race, sexual orientation, religion, disability and socio-economic status during the clinical course.	Mostly treats all persons with respect, dignity, and compassion regarding (but not limited to) age, gender, culture, race, sexual orientation, religious, disability and socio-economic status 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, culture, race, sexual orientation, religious, disability and socio-economic status 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.*

Score: _____ **Total possible: 20 points Satisfactory: 16 points (80%)**

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, clinical preceptors, and other members of the health care team. 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. When wearing scrubs, **they should be ceil blue in color** unless wearing surgical scrubs dictated by the hospital.
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 - artificial nails, acrylic nails, gel overlays, dip powder nails, nail wraps, nail jewelry, and other nail enhancements - are a source of contamination and are prohibited in all clinical and patient care settings.
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 facial and body piercings should be removed during clinical experiences. A single, discreet nose stud piercing is acceptable.
14. Perfume/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 unless otherwise noted:
 - 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 the student's responsibility to inquire about the dress code policy of all facilities. If more stringent, the clinical site policy will supersede this policy.

Attendance Policy

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. Attendance is mandatory for all classes, seminars, labs, patient experiences, clinical learning experiences, the KRT Heroes Against Hunger 5K Run, the CHP Commencement Ceremony, and the PA Program Valediction Ceremony.

Clinical Rotation Attendance Requirements

During the clinical phase, students may be required to participate in any assigned shift, including nights, weekends, holidays, and call responsibilities, at the discretion of the clinical preceptor. In general, the student's schedule should mirror that of the clinical preceptor. Students should submit the schedule with their designated shifts to EXXAT for record-keeping purposes.

A minimum of forty (40) hours per week is expected across each clinical rotation, and students should log approximately 175–180 on-site clinical hours per rotation. However, students may be required to work additional hours based on clinical learning opportunities and preceptor expectations. Common scheduling exceptions include:

- Rotations utilizing 12-hour shifts (e.g., Emergency Medicine), where a 36-hour week and approximately 160 on-site clinical hours for the rotation may be considered full-time.
- Inpatient schedules utilizing models such as 7-on/7-off scheduling, where weekly hours may fluctuate, but the average across the rotation should approximate 40 hours per week.

Students are expected to proactively communicate with their preceptor if they anticipate not meeting minimum on-site clinical experience requirements and must notify the Directors of Clinical Education (DCEs) in a timely manner.

In order to receive course credit, no more than five (5) days, or the equivalent of a standard full-time work week for the rotation discipline, may be missed during a core rotation, or three (3) days during an elective rotation. This includes medical or health-related absences, pre-scheduled healthcare appointments, and other excused absences (see absence policy).

If a student experiences an acute illness or injury involving themselves or an immediate family member that results in absences exceeding the maximum allotted time, all additional missed time must be made up as determined by the Directors of Clinical Education. Students with absences requiring extensive time to be made up should consider a Leave of Absence.

Attendance patterns across the clinical phase are monitored by the DCEs. Students who repeatedly approach or exceed maximum absence limits may be subject to additional monitoring, remediation, or disciplinary action, including an Academic Warning, Academic Probation, or Dismissal, as determined by the Progression and Awards (P&A) Committee.

Absence Policy

An absence is defined as any time a student is not present for a previously scheduled clinical phase activity.

Excused Absences

Students are permitted up to five (5) days total of excused absences during the clinical phase for legitimate personal, professional, or required obligations. These days may not be used for vacations, leisure travel, or elective time off – requests submitted for these purposes will not be approved.

Students are limited to no more than two (2) excused absence days during a single clinical course to minimize disruption to clinical learning and continuity with preceptors and patients. A clinical course includes all activities for the EOR Seminar as well as clinical experience with the preceptor. Any absence of a half day or less will be counted as a minimum of one-half (0.5) day.

To be considered excused, approval must be obtained in advance. Students must submit an absence request through the Exxat platform to both the Directors of Clinical Education (DCEs) and the assigned preceptor at least two (2) weeks prior to the requested absence.

Absences that are generally considered excused include:

- a. Religious holidays
- b. Significant personal events (e.g., weddings, graduations, ceremonies)
- c. Funerals
- d. National, regional, or state professional meetings approved by the program
- e. Mandatory court appearances
- f. Job interviews
- g. Required military drill time
- h. Other circumstances deemed appropriate by the program's Senior Leadership Team (SLT)

Pre-Scheduled 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. If an appointment must be scheduled during a clinical shift or End of Rotation Seminar, students must submit an absence request through the Exxat system at the time of scheduling. Students should update their Exxat time off request with a submitted note from their provider or clinic for any absence due to a medical appointment within 48 hours of the appointment. These absences are not accounted for in the five (5) allowed excused absences in the clinical phase. Medical appointment-related time away from course activities that impacts a student's ability to meet the minimum required hours will be evaluated on a case-by-case basis.

EOR Seminar Absences

Attendance at EOR activities is imperative, as any time missed cannot be made up. Any absence unrelated to acute medical/health-related events that occur on an **End-of-Rotation (EOR) examination or seminar day** will be counted as **double the amount of time missed**. For example, missing a half day of an EOR seminar will be recorded as one (1) full day of absence.

Acute Medical/Health-Related Absences

Acute Medical/Health-Related Absences are defined as the following:

- a. Acute illness or injury of the student
- b. Acute illness or injury of a child or spouse/partner requiring medical care

Medical or health-related absences do not require a two-week prior approval, however, **students must notify their preceptor and the DCEs at least 30 minutes prior to the scheduled shift or activity.** Absences due to illness that are greater than one day (24 hours) require a written excuse from a medical provider. Acceptance of documentation is at the discretion of the program.

Unexcused Absences

An absence may be designated as unexcused at the discretion of the Directors of Clinical Education if any of the following occur:

- a. **Failure to follow the above required notification or approval procedures**
- b. Exceeding the allowable number of excused absence days
- c. Absences for reasons not included in, or approved under, the excused absence categories above
- d. Failure to complete credentialing/onboarding appropriately. See full policy regarding clinical site credentialing under the [Clinical Site Credentialing/Onboarding section](#).

All unexcused absences will require the student to make up the missed time for that clinical rotation.

Consequences for Unexcused Absences/Late Arrivals

Unexcused absences are cumulative in the clinical phase. Habitually arriving late for learning experiences will not be tolerated and may also be considered unexcused absences. Two (2) late arrivals during any one (1) clinical course will result in one (1) unexcused absence.

1st Unexcused Absence - (2 Late arrivals)	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

Failure to meet the required attendance and absence policies above may result in the need to make up missed time during scheduled breaks, weekends, holidays, or result in a delay in graduation.

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 a clinical rotation substituted 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 DCEs may allow the student to be "off" during the preceptor's absence.

Inclement Weather

Monitoring weather forecasts and road conditions in advance is strongly encouraged to anticipate potential travel disruptions due to weather. The safety and well-being of students is 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.

Clinical Rotation Days

For clinical experiences, students should follow the policy of the clinical site. Students are expected to make every effort to plan ahead and safely ensure their presence at their rotation site when scheduled, even in adverse weather conditions.

End of Rotation Seminar Days

If UAMS implements its inclement weather policy, detailed announcements will be emailed to employees and students, communicated through local media and posted on uamshealth.com, www.uams.edu and the [UAMS intranet](#). The Directors of Clinical Education will send email correspondence with any schedule revisions or adjustment to virtual learning as needed. More UAMS inclement weather updates can be found at the [UAMS Inclement Weather website](#).

In the event of inclement weather impacting travel safety, students must promptly notify both the Directors of Clinical Education via a time off request in Exxat and preceptor (if applicable) about any delays or inability to attend their scheduled activities.

Extended Leave of Absences

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 advisors 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 and notify advisor as soon as possible with any scheduling changes.
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. In addition, the transition from the didactic to the clinical phase presents a new set of challenges, as students must apply foundational knowledge in real-time patient care settings while adapting to new expectations, environments, and professional responsibilities. It is common for students to experience a period of adjustment during this transition.

Many times, developing more efficient study strategies, strengthening time management, and prioritizing stress management—such as regular exercise or other restorative activities—are key components of success in the program. The faculty advisor and Directors of Clinical Education are available to support students and assist them in successfully navigating both the academic demands of the didactic phase and the transition into clinical training.

Social Media

[UAMS Academic Affairs Policy – 2.1.1](#)

In addition to compliance with the UAMS Academic Affairs Policy 2.1.1, students are strongly advised to have careful use of social networking sites such as Facebook, Instagram, YouTube, etc. 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.

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 must 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 may be required during credentialing/onboarding 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.

If a student believes that they may have committed a HIPAA infraction, they should report the incident to the PA program and HIPAA office within 24 hours. If a HIPAA infraction is discovered by the UAMS HIPAA office, the incident will be reported to the PA Program. All infractions are investigated by the UAMS HIPAA office, who will work with the PA Program regarding recommended disciplinary actions. 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.

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.

Treating COVID-19 patients

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.

Protection against Occupational Exposure to Hepatitis B Virus (HBV), Hepatitis C, and HIV Policy

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 EPIPs. 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.

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

Student Responsibilities and 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 preventive, 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 foundational didactic knowledge to supervised clinical practice.
2. Elicit comprehensive and focused patient histories.
3. Perform thorough and efficient physical examinations.
4. Select, interpret, and apply diagnostic studies, including laboratory and imaging results, in clinical decision-making.
5. Formulate accurate assessments and evidence-based management plans using clinical reasoning skills.
6. Educate and counsel patients across the lifespan regarding health-related issues.
7. Refine technical (procedural) skills to ensure entry-level practice readiness.
8. Deliver clear, organized, and concise oral presentations and written documentation.
9. Demonstrate professionalism, effective interpersonal skills, and the ability to collaborate as a member of the healthcare team.
10. Function effectively within the PA role in healthcare delivery.
11. Demonstrate emotional resilience and stability, adaptability, and flexibility.
12. Attend additional on-site learning opportunities to include lectures and conferences (e.g., Grand Rounds, Morbidity and Mortality) when available.
13. Prepare for successful completion of the PANCE

Tips for Success

1. Be an engaged, enthusiastic, and self-directed learner.
2. Proactively communicate with your preceptor to establish rotation goals that align with your level of training (e.g., early versus advanced rotations), while incorporating your strengths and targeted areas for improvement.
3. Seek out and accept feedback from your preceptor and clinic staff periodically throughout the rotation.
4. During rotations, preceptors may be occupied with patient care and unable to provide continuous direction. Remain engaged by actively seeking opportunities to participate in patient care and contribute whenever possible.
5. Demonstrate initiative by actively seeking opportunities to contribute and assist. Be assertive and show you are a team player.
6. Use downtime to practice writing patient notes/prescriptions, input patient logs to Exxat, prepare for upcoming patient experiences/surgeries, study and complete practice questions.

Definition of Clinical Preceptor Role

Clinical Preceptors are an integral part of the UAMS PA 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.

Clinical 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 and Clinical Site Assessment forms
2. Maintaining board certification and state licensure.
3. Becoming familiar with the Clinical Preceptor Roles and Responsibilities 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 and rotation hours 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 Directors of Clinical Education as soon as possible.
10. Meeting with the student half-way through the rotation experience to review the student's Mid-Rotation Self Evaluation and providing candid feedback regarding student strengths and areas needing improvement.
11. Completing the End of Rotation Clinical Preceptor Evaluation of Student, provided online by the program, by the last day of the clinical rotation.
12. 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.

Clinical Preceptor-Student Relationship

The Clinical 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 Clinical 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 Clinical 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 Clinical 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 Clinical Preceptor and student formulate mutual goals early in the clinical rotation. The Clinical 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 Clinical Preceptor should be available for supervision, consultation, and teaching. When the Clinical Preceptor is not able to fulfill this role, the Clinical 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 Clinical 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 Clinical 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 Clinical 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, dietitians, medical students, and a host of others will afford the opportunity to work collaboratively with other members of the health care team.

Clinical Site Acquisition

The Program, not the student, is responsible for identifying, contacting, and evaluating all clinical sites and/or preceptors. However, students may submit a request for a specific clinical site or preceptor using the Preceptor Request Form, which is available on Blackboard in the Clinical Rotation Organization. The completed form must be submitted to the Directors of Clinical Education for consideration.

Clinical Preceptor Requests

Students may submit requests for specific clinical preceptors or sites; however, all clinical placements are arranged at the discretion of the PA Program, and approval of requested sites is not guaranteed. The Program retains sole responsibility for reviewing and evaluating all requested clinical sites and preceptors to ensure educational quality, appropriate supervision, and compliance with accreditation standards.

Submission Deadlines

- **Out-of-State Requests:** Must be submitted no later than **December 31** prior to the start of the clinical year.
- **In-State Requests:** Must be submitted no later than **January 31** prior to the start of the clinical year.

Requests submitted after these deadlines will not be considered.

Limitations on Out-of-State Requests

- Students may request up to **three (3)** out-of-state clinical rotations.
- No more than **two (2)** new affiliation agreements will be pursued per student for out-of-state requests.
 - Requests are most feasible within larger hospital systems or healthcare organizations where a single affiliation agreement may support multiple disciplines.

Required Information

Students must provide complete and accurate information at the time of submission, including:

- Preceptor name, credentials, and contact information
- Office manager or administrative contact information
- Clinical practice name, address, and specialty
- Hospital affiliation (if applicable)
- Human Resources or contracting contact information for affiliation processing

Incomplete requests will delay review and may result in denial.

Additional Responsibilities

- Students are responsible for securing and maintaining their own housing and transportation for all approved requested rotations. The Program does not provide housing accommodations for requested rotations.
- Submission of a request does not imply approval, and students must not independently confirm placements or commit the Program to an affiliation.
- The Program reserves the right to deny or discontinue a requested placement if educational standards, contractual requirements, or accreditation criteria cannot be met.

Clinical Rotation Changes

Clinical rotation schedules are subject to change due to a variety of circumstances, including but not limited to preceptor emergencies, illness, changes in site availability, fluctuations in patient volume, institutional policy changes, weather-related events, or other unforeseen circumstances beyond the control of the Program.

Once clinical rotation schedules are published, assignments are considered final and will not be changed at the request of the student. Changes will only be made in the event of preceptor unavailability, site-related issues, or other program-initiated circumstances that necessitate reassignment.

The PA Program reserves the right to modify, reassign, reschedule, or cancel clinical rotation placements at any time to ensure appropriate supervision, educational quality, and student safety. Students are expected to remain flexible and responsive to schedule adjustments and must maintain readiness to begin a reassigned rotation as directed.

While the Program makes every effort to minimize disruptions, changes may occur with limited notice. Students are responsible for promptly reviewing program communications and complying with updated instructions. Failure to adhere to revised rotation assignments or timelines may result in referral to the Progress and Advancement Committee.

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.

Students Serving as Clinical Staff

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 feels that this policy is not being followed, the student is encouraged to contact the Directors of Clinical Education as soon as possible. Additionally, students who hold certifications or licenses in other areas outside of the scope of a PA student or the preceptor (e.g., radiologic technologist) should not perform tasks specific to those other certifications or licenses.

Travel to Clinical Experiences and Housing

During the clinical phase, rotations will be located across Arkansas. 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 campus or closest UAMS Regional Program site, **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.

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, a 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.

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 in Exxat under the rotation placement. 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 Exxat. **Students are expected to complete their patient/procedural logging daily.** Rotation and clinical phase patient and technical skills requirements are listed below and can be found on Exxat in the Resources section as well as Blackboard in the Clinical Rotations Organization. Patient logs 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 all patient and technical skills requirements 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.

Patient Logging Requirements

Patient Encounters

Behavioral Medicine	92
Emergency Medicine	92
Family Medicine	92
Geriatric Medicine	69
Inpatient Medicine	92
Internal Medicine	92
Orthopedic Medicine	92
Pediatric Medicine	92
<i>Infant (<1 year)*</i>	20
<i>Child (1-12 years)*</i>	20
<i>Adolescent (13-17 years)*</i>	20
Surgical Medicine	69
<i>Intraoperative Care*</i>	20
Women's Health	69
<i>Gynecologic*</i>	20
<i>Prenatal*</i>	20

**Must be met within the corresponding clinical rotation experience*

Preceptor Evaluation of the Student

The preceptor evaluation of the student aims to foster communication between the preceptor and student. Preceptors are encouraged to candidly discuss both strengths and weaknesses while providing opportunities for

improvement. Evaluations should appropriately reflect students' knowledge, skills, and progress throughout the rotation, compared with students at the same level.

Mid-Rotation Self Evaluation

At mid-rotation (week 3), students will complete a self-evaluation, reflecting on their performance including strengths and weakness thus far on the rotation, using the same evaluation that the preceptor will utilize at the end of the clinical rotation. Students should schedule a time to review the evaluation with the preceptor for feedback, seeking feedback regarding their strengths and weaknesses thus far on the rotation. The student will be given an opportunity to improve upon any deficiencies in the remainder of the rotation. The student will be required to obtain the preceptor's signature, attesting that they have reviewed the self-evaluation and provided feedback. This assignment is for completion credit and counts for 5% of the course grade. The score will not be applied to the assignment grade.

End of Rotation Evaluation

At the end of the rotation, the preceptor will complete an electronic final evaluation, which accounts for 40% of the course grade. 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 EXXAT, fax, or email their evaluation of the student to the program directly.

A minimum score of 80% is required to be considered a passing grade and allow the student to progress in the program. Any criteria that is rated "Below Expectations" or "Needs Significant Improvement" will be reviewed by the Directors of Clinical Education to better understand the rating and work with the student to develop a plan for improvement to potentially include the need for a repeat rotation experience.

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 End of Rotation exam 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.

Course Assessments, Description, and Grading Breakdown			
Assessment Item	Description	Percentage of Overall Grade	Satisfactory Passing Criteria

EOR Exam	<p>120-question multiple choice exam covering topics in Appendix 2 of each specific syllabus.</p> <p>Any score below passing value will require remediation. See below for remediation details.</p>	40%	See *Section* or discipline specific syllabus
Clinical Preceptor Evaluation of Student	<p>The Clinical Preceptor Evaluation Form assesses PA student performance and growth on a 5-point Likert scale across three domains: Clinical Skills/Patient Care, Interpersonal Skills, and Professionalism as well as dedicated Technical Skills. It also includes brief qualitative sections for preceptors to comment on the student's strengths and areas for improvement.</p> <p>The evaluation form can be reviewed on the EXXAT platform.</p>	40%	80%
Professionalism Score	<p>Evaluation of student's professionalism demeanor outside of clinical rotation. The clinical team will monitor the student's professionalism in all domains of the Professionalism Rubric. The final professionalism score is determined by the Directors of Clinical Education.</p>	10%	16/20 (80%)
Mid-Rotation Quiz	<p>100-question multiple choice quiz that will reflect topics in Appendix 2 of each course syllabus.</p> <p>The quiz will be assigned to the student through the Blueprint Prep platform. It will open at 8am on the third Monday of the rotation and close at 11:59pm the following Sunday. It will be administered in test-timed mode, with additional time if the student has extended-time testing accommodations.</p> <p>The student will be allowed one attempt and it should be taken in a "closed-book" fashion. A quiz may be reopened at the discretion of the clinical team for extenuating circumstances, but a delay in completion of the quiz may result in deduction of professionalism points.</p> <p>Screenshot proof of quiz completion and score should be submitted to the Blackboard organization by the deadline.</p> <p>This assessment serves as an early indicator of a student's academic performance. Students who score below 60% may be required to meet with the student's advisor or Directors of Clinical Education (DCEs) to develop and implement a structured plan for improvement.</p>	5%	60%
Mid-Rotation Self-Evaluation	<p>The student is to rate themselves using the Clinical Preceptor Evaluation of the Student during the third week of the rotation. After the student completes this portion, the evaluation should be reviewed with the clinical preceptor to discuss the student's performance and progress and signed by the clinical preceptor.</p>	5%	80%

	<p>The signed evaluation should be submitted to the Blackboard Organization between 8am on the third Monday of the rotation and 11:59pm on the following Sunday.</p> <p>The student will receive full credit for completion of this assignment if completed and submitted within the designated time frame. If there is a delay in completion or submission, the student should proactively notify the clinical team of the delay, and the student will still receive full credit for the assignment and professionalism. Should there be a delay in completion without communication to the clinical team, the student will receive credit for the assignment but a deduction in the professionalism points. Should the student not complete the self-evaluation in its entirety, the student will receive a zero (0) for the assignment and a deduction in professionalism points.</p> <p>This assessment serves as an early indicator of a student's performance from the preceptor's perspective. If any items are rated "Below Expectations" or "Needs Significant Improvement", the Directors of Clinical Education (DCEs) will work with the student to develop a plan for improvement.</p>		
<p>Other Clinical Rotation Assignments</p>	<p>Non-graded Weekly Questions:</p> <ul style="list-style-type: none"> - Students should complete practice questions for weeks 1, 2, 4, and 5 on the Blueprint Prep platform or other approved question banks each week. See Appendix 3 in the course syllabus for further details on the assignment requirements. - Questions may be completed in an open-book fashion in un-timed/study mode. - Screenshot proof of this should be turned in to the Blackboard Organization by 11:59pm on the last day of each week. <p>Patient Logs:</p> <ul style="list-style-type: none"> - Students should log their patient encounters daily in the EXXAT platform to include record of all patients encountered while working with the healthcare team. <p><u>Patient Encounter Logging Requirements:</u></p> <ul style="list-style-type: none"> - See corresponding requirements for each rotation <p>Time logs:</p> <ul style="list-style-type: none"> - Students should log their time spent on clinical site daily in the EXXAT platform <p>Clinical Rotation Needs:</p> <ul style="list-style-type: none"> - 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 	<p>N/A – factored into Professionalism grade</p>	<p>16/20 (80%)</p>

	<p>begin on their scheduled start date. See the Clinical Phase Manual for further details and instructions.</p> <p><i>**All of these assignments are for completion, <u>BUT</u> lack of timely completion may result in deduction of professionalism points.**</i></p>		
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Elective Rotations

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.

Elective 1	Elective 2	Percentage of Overall Grade	Satisfactory Passing Criteria
Preceptor Evaluation	Preceptor Evaluation	50%	80%
Graded OSCE	Grand Rounds	40%	80%
Professionalism Rubric	Professionalism Rubric	10%	16/20 (80%)

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 be expected to log in and start their exams prior to writing notes on their scratch paper. Students will have only the scheduled allotted time to complete the exam. Students will not be allowed extra time for exam completion. Time lost due to technical difficulties may be added to the test-taking window at the course director's discretion.

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.

Classroom Written Examination Protocol

BEFORE THE EXAM

1. Computers must be muted.
2. Students will be provided a clean dry erase board or one sheet of blank scratch paper as well as the Error Analysis Worksheet at the beginning of each exam. The Error Analysis Worksheet is utilized to help supplement the examination review that occurs immediately following each exam.
3. All items not permitted during the exam should be placed at the back of the room, except the computer on which the examination will be taken. Items not permitted during the exam may not remain with the examinee for any reason, regardless of testing location.
4. All cell phones and smart devices (including but not limited to watches and glasses) must be turned OFF and remain with student belongings outside of the testing environment.
5. Students are to approach the proctor's table if they have a problem with their computer – only one student at a time is allowed at the proctor's table.
6. Students are to be in their seats, with the computer on, and signed into the examination platform prior to the start of the examination.

DURING THE EXAM

1. Students are permitted to write on the individual dry erase boards or scratch paper supplied by the program only after starting the exam. Students are not permitted to use additional time outside the allotted exam time to work on their scratch paper.
2. No talking is permitted once students enter the exam environment.
3. Students are to maintain their eyes on their own examination at all times.
4. Restroom breaks are not permitted once the exam has started, except in the case of emergency and must be communicated to the proctor. Students are expected to utilize the restroom before or after an exam.

AFTER THE EXAM

1. When the examination is completed, students are to submit their exam and close the examination platform. Students are to turn in any paper material at the proctor's table (including scratch paper and Error Analysis Form) and depart the classroom quietly. If using a dry erase board, the board must be clean and returned to the proctor prior to departure.
2. Students are not permitted to return to the classroom until every student has completed the exam and exited the room.
3. Congregation outside of the classroom, including outside the building, while the exam is in process is prohibited.

Written 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.

End of Rotation Exam Passing Values

The End of Rotation (EOR) examination is 40% of the final rotation grade. Passing scores for EOR exams were calculated based on one standard deviation below previous cohort averages. These data will be updated to include the class of 2026's averages after completion of the final EOR exams at the beginning of July. The passing values may change based on the averages for the class of 2026, and an addendum will be made to the class of 2027 Clinical Manual prior to the first EOR exam. Any changes will be communicated to the class via email. Current EOR exam passing scores are outlined below:

Behavioral Medicine - 83/120
Emergency Medicine - 65/120
Family Medicine - 72/120
Geriatric Medicine - 80/120
Inpatient Medicine - 68/120
Internal Medicine - 73/120
Orthopedic Medicine - 83/120
Pediatric Medicine - 77/120
Surgical Medicine - 70/120
Women's Health - 79/120

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 and self-evaluation will be reviewed by the Directors of Clinical Education. 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.

End of Rotation Examination 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 Reflection 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. A meeting can be requested at <https://students.uams.edu/success/request-help/>. The necessity of subsequent meetings with the ESSC Learning Specialist will be at the discretion of the Clinical Team. Students will utilize their exam performance report to identify areas of deficiency and 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 (2) clinical rotations will automatically result in an Academic Warning. Failure to pass an EOR exam for three (3) 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. See [Academic Warnings/Probation/Dismissal section](#) for more information.**

A student is permitted two (2) attempts at the End-of-Rotation (EOR) remediation examination for each discipline. Failure to achieve a passing score after the second attempt will result in required intervention by the Directors of Clinical Education (DCEs). The student will be placed on a focused structured remediation plan to address identified content deficiencies, which may include mandatory completion of an elective rotation in the discipline of concern prior to their next remediation exam attempt.

Curriculum Outline Clinical Phase

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

Behavioral Medicine Experience	5 weeks	5 credit hours
Emergency Medicine Experience	5 weeks	5 credit hours
Family Medicine Experience	5 weeks	5 credit hours
Geriatric Medicine Experience	5 weeks	5 credit hours
Inpatient Medicine Experience	5 weeks	5 credit hours
Internal Medicine (Outpatient) Experience	5 weeks	5 credit hours
Orthopedic Medicine Experience	5 weeks	5 credit hours
Pediatric Medicine Experience	5 weeks	5 credit hours
Surgical Medicine Experience	5 weeks	5 credit hours
Women’s Health Experience	5 weeks	5 credit hours

Other Clinical Phase Courses

PHAS 59003 Elective Rotation I	3 weeks	3 credit hours
PHAS 59033 Elective Rotation II	3 weeks	3 credit hours
PHAS 58101 Summative Evaluation	1 week	1 credit hour
PHAS 58202 Capstone Project	2 weeks	<u>2 credit hours</u>

TOTAL 59 credit hours

Clinical Rotation Experience 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, encompassing both gynecological and obstetric care. Emphasis will be on eliciting and performing the gynecological history and physical examination, screening techniques, diagnostic procedures, management plans. Key areas of focus include contraceptive counseling and management, menstrual abnormalities, pre-natal and post-natal care, labor and delivery, infertility, sexuality issues, menopause, and sexually transmitted diseases. This experience provides exposure to acute, chronic, and follow-up care across the lifespan in women's health.

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 PowerPoint, 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 clinical rotation experiences, students will take an End of Rotation (EOR) exam covering the EOR exam 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. EOR examinations will correlate to the EOR exam topics list and not the rotation experience itself. The EOR 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), medical/surgical procedural testing (suturing, biopsy, female exam, etc.), and student reflection of performance.

Every student will be required to receive a grade of “Pass” 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.

The Summative Course has a separate manual and syllabus that will be distributed to the students via Blackboard course.

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.

Capstone has a separate manual and syllabus that will be distributed to students via the Blackboard Capstone Organization.

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 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
- Achieve the learning outcomes for each clinical rotation experience
- 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 members of the PA Program or healthcare team
- Engaging in conduct construed as unethical
- Receiving a grade of "Needs Significant Improvement" 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 Signature


Director(s) of Clinical Education Signature(s)

Date

06/08/2026

Date

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