



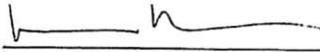
MISSISSIPPI STATE UNIVERSITY™
MERIDIAN
Physician Assistant Studies

CLINICAL HANDBOOK

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Physician Assistant Studies Program Clinical Handbook Class of 2026

Administrative Signatures of Approval



Date 10/14/24

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Date 12/9/24

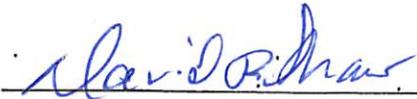
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Welcome to the Clinical Phase

Congratulations on completing the didactic portion of the Graduate Program in Physician Assistant (PA) Studies at Mississippi State University-Meridian and welcome to the clinical year! The PA program faculty is very pleased with your accomplishments as you enter this new phase of your training. By working together, I am confident you will have a rewarding and successful clinical year.

During the clinical year, you are responsible for keeping close contact with the program. Please contact the Clinical Coordinator immediately regarding any concerns that arise during your clinical rotations.

The purpose of this manual is to guide you through the transition from the classroom to the clinical setting and it contains specific policies and procedures pertinent to the clinical year. We hope it will help you maximize your clinical learning experiences and make effective decisions during the coming year. Please review and read the contents of this manual thoroughly.

Disclaimer

The information contained in this handbook is an overview of current policies, procedures, and requirements specific to supervised clinical practice experience (SCPEs) Callback Days, other training/evaluation days during the clinical phase of the MSU-Meridian Master of Physician Assistant Studies Program. It is designed to highlight and outline additional policies, procedures, and requirements specific to these student activities. In no way is it intended to replace the policies and procedures outlined by the Program regarding non-rotation related activities during the clinical year. This handbook is reviewed and updated annually for each cohort. While every effort is made to provide accurate and correct information at the time of publication, the Program and clinical team reserve the right to make changes as necessary to ensure accuracy and alignment with Program and University standards. If changes are made, all students, faculty, and staff will be informed, and an updated handbook will be provided as a PDF file available for download. Please be aware the program does not intend for this handbook to represent an exhaustive list of possibilities that can arise during rotations. Be assured that should unique situations present themselves; they will be handled in a manner that ensures fairness and mutual respect in all cases. All policies apply to all students regardless of location. All final decisions are at the discretion of the Program Director and Associate Vice Provost.

The Program is responsible for clinical site recruitment for supervised clinical practice experiences. Students are not required to provide or solicit clinical sites or preceptors. **(A3.03)**

Student Preparation

Get into a “clinical” mindset. Consider yourself a representative of the MSU Master of Physician Assistant Studies and the entire PA profession. Consider preparing yourself with the following:

- *Adequate Fund of Knowledge:* Throughout each clinical rotation and medical career, one will need to continually identify knowledge gaps and determine how to meet these deficits. This will require a frequent, honest self-assessment and the discipline to schedule study time when the student is not in the hospital or clinic. The student should review the syllabi, PAEA End of Rotation Blueprint and Topic List and assess your knowledge of each topic. The student can use these tools to survey progress and get input from the preceptor. **Do not depend solely on clinical experience and preceptor to supply all the knowledge needed to succeed on the end-of-rotation exams or the PANCE. The student will need to supplement during the clinical experience with reviewing textbooks, journals, and other resources.**
- *Involvement in Clinical Training:* The greater the effort, the greater the return. Read about each of the conditions encountered daily. Spend as much time as possible at the site, seeking active engagement and volunteering to contribute in any way possible. Many find that the best teaching is "after hours." Step out of your comfort zones. Find ways to learn in difficult situations.
- *Personal Preparation:* Some rotations require you to take call, to stay at the site late into the evening or overnight, while others may require early morning or late evening hours. Also, all rotations may not be in the local Meridian area of the campus and may require additional lodging and/or transportation planning. The student should anticipate the need for babysitters, dog-walkers, or other care needs.
- *Interpersonal Communication:* One key to a successful rotation is developing a professional and therapeutic relationships with patients, preceptors, and other employees at the site. Mastering “people skills” is a valuable and necessary part of the learning experience and future success as a PA. Be calm,

respectful, and courteous to all staff and patients. Be aware of the **tone** of voice, body language, and attitude. It is also important to stand up for yourself when necessary. Learning to balance these two needs is a necessary skill. The clinical rotations provide an excellent opportunity to begin the development of this necessary trait.

- *Oral Presentations:* As part of the rotation requirements, the student will be required to present cases to preceptors, fellow students, and physicians. If the student is uncomfortable with public speaking, practice at home, in front of a mirror, friends, and classmates. Develop a systematic approach. Try to practice your presentation beforehand. Adequate preparation and practice will help the student appear confident and well informed. Another tip is to clarify with the preceptor if they prefer an “academic presentation” versus an “abbreviated presentation,” and identify the specialty-specific details which make for a thorough report. It is the responsibility of the student to adjust to the preceptor’s preferences. Be organized and develop a system, and these presentations will become more natural to the student.
- *Seeking Help:* The clinical coordinator and program staff are here to support you in times of need. The student should contact as soon as any problem or potential problem arises which could impact your performance. Avoid waiting until the timeline or possibilities are too narrow, and/or your grade is beyond a point to recover. The entire manual is available for download to your personal computer. In addition, each preceptor will be given a manual, which will clarify expectations for the clerkships.
- *Transportation:* Reliable transportation is a program requirement. Many rotations will require the student to drive some distance during off-hours. It is not acceptable to miss time from a rotation due to car trouble. Have a backup plan should care trouble present itself.

CLINICAL DUTIES

The role of the student should of an active, engaged learner. The student has completed the preclinical training where they learn techniques for history taking, performance of physical examination, various technical skills, and proper documentation. Active participation and repetition are the best reinforcement of learning.

- ***The student should***
 - actively participate in the role of the provider.
 - obtain detailed history and physical examinations.
 - formulate a reasoned differential diagnosis.
 - recommend diagnostic studies and labs.
 - perform and/or interpret diagnostic studies and labs with appropriate supervision.
 - develop a patient-centered assessment and plan.
 - educate and counsel patients across the lifespan regarding health-related issues.
 - provide oral presentations.
 - complete written documentation.
 - engage in multi-disciplinary care coordination.
 - participate in disposition planning.

- practice technical skills.
- seek interprofessional learning experiences.
- follow the patient through evaluation processes to better understand continuity of care and procedures.
- seek opportunities to participate in patient follow-up and longitudinal disease management.
- explore in specialty-specific billing and coding.
- seek feedback from the preceptor and other clinical professionals on progress and skills.
- complete daily assignments and review with the preceptor and/or other clinical professionals
- participate in clinical activities provided by the clinical site, including but not limited to grand rounds, tumor board, committee meetings, and CME courses.
- maintain the preceptor's schedule, including night shifts, weekend shifts and/or call duty.
- demonstrate emotional resilience and stability, adaptability, and flexibility.
- maintain high ethical and professional standards.
- ***The student is not permitted to***
 - function in any role other than that of a student, even if he or she carries an active license or certification for the duty.
 - function as an instructional faculty member. **[A3.05]**
 - substitute for clinical or administrative staff. **[A3.06]**
 - complete personal tasks for preceptors or clinical staff.
 - receive any form of compensation for any duties.

Supplies

Arrive to the rotation with the appropriate tools, resources, and equipment to be successful. All student property should be labeled with your name and phone number. The university or hosting facility is not responsible to replace lost or stolen equipment. Consider the following supplies to be readily available, dependent upon the specialty of the rotation.

- 2 or more pens
- Notebook (pocket-sized)
- Templates for patient evaluation
- Stethoscope
- Tape measure
- Bandage scissors
- Reflex hammer
- Tuning fork
- Otoscope/ophthalmoscope
- Pocket vision screener
- Pocket references
- Specialty-specific text and/or digital access

Informed Patient Consent

The patients are essential partners in this educational endeavor of the PA student. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient's consent must be obtained.

Consent should be confirmed verbally with each patient encounter. The student should be clearly identified as a PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored.

Patients must be informed they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Student Supervision [A2.14, A2.15, A2.16]

Preceptors must hold a current, unrestricted state license in the state in which they are providing care and board certification in the area of instruction. During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an appropriate alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to an alternate, appropriate preceptor.

The student may have additional preceptors in addition to the listed preceptor, providing valuable, broader exposure for the student. Attention should be directed toward ensuring continuity of the learning process. Students are also encouraged to engage in interprofessional activities and may follow patient care through various stages of a multi-disciplinary plan of care (radiology, laboratory, physical therapy, billing and coding, etc.). The program cannot rely primarily on resident physicians for clinical instruction.

[A2.15]

In the case where supervision is not available for any period of time, students should be given an assignment.

A preceptor must interview and examine all patients seen by the student. A preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of competence. Every procedure performed by the student must be evaluated by a preceptor prior to patient discharge.

The PA student is not permitted to order laboratory or diagnostic studies without prior consultation with the preceptor. The PA student is not permitted to evaluate, treat, or discharge a patient without evaluation by a preceptor.

Additionally, a PA student **should not** perform any patient activity without appropriate instruction and supervision. This includes but is not limited to situations in which:

- A preceptor is not present on the immediate premises.
- The student has not received adequate instruction and/or demonstrated proficiency to complete the assignment.
- Appropriate supervision is not available at the time the student is expected to complete the assignment.
- There is concern the assigned task may be harmful to the patient.
- The task is beyond the scope of the role of a physician assistant student.

PA students are expected to exercise good judgement in determining whether the requisite supervision and instruction have been provided and should never allow a momentary lapse in judgement to adversely affect patient care.

Student Documentation

Documentation is a critical part of patient care, and students should be provided opportunities to practice this skill and receive feedback. The student should invest time in the first week of the rotation to identify documentation preferences of each preceptor and/or group and take notes to adapt formatting documentation as needed. The student should note that documentation is part of the permanent patient record.

In 2019, the Centers for Medicare and Medicaid Services (CMS) amended the agency's previous restrictions on the use of student medical record documentation during the provision of evaluation and management (E/M) services for billing purposes. Effective January 1, 2020, all preceptors of PA students, including PAs, physicians, and nurse practitioners will be allowed to verify, rather than reperform, documentation provided by students. The link to the final rule is below for reference if needed.

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-24086.pdf>

REMINDERS

- The medical record is a legal document.
- All documented information should be pertinent, concise, and accurate.
- Avoid copy and paste.
- Confirm all patient history and information obtained in the intake process.
- Utilize proper format.
- Only use facility – approved abbreviations
- Handwriting documentation is an excellent learning tool.
- The student must indicate authorship by the Physician Assistant Student
 - First Last, PA-S
 - First Last, PA-Student
- All documentation completed by the student must be countersigned by the supervising preceptor.

Appropriate Use of Passwords

A student is not permitted to access electronic patient medical records using another person's username and/or password. There are no circumstances that make accessing the electronic patient medical record under another person's username and/or password acceptable. In the event a student is asked to review or annotate a patient's electronic medical record using another person's credentials, the clinical coordinator should be immediately notified.

Prescription Writing

- Preceptors must review and sign all prescriptions.
- The student's name is not to appear on the prescription.
- It is prohibited to provide the student with pre-signed prescription forms.
- For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription.

PATIENT EXPOSURE

To achieve the established learning outcomes, the student should have exposure to a variety of patient populations and visit types.

- a. Throughout the clinical phase, the student should engage in the following rotations **[B3.07]**:
 1. Family Medicine (10 weeks)
 2. Internal Medicine (5 weeks)
 3. Pediatrics (5 weeks)
 4. General Surgery (5 weeks)
 5. Women's Health (5 weeks)
 6. Behavioral Health (5 weeks)
 7. Emergency Medicine (5 weeks)
 8. Elective (5 weeks)
 9. Preceptorship (5 weeks)
- b. Where possible, the student should participate in the care of patients seeking medical care for **[B3.03]**
 1. Patient populations across the lifespan, including pediatric (infant, child, adolescent), adult, geriatric patients.
 2. Prenatal and gynecologic care and complications
 3. Behavioral and mental health conditions
 4. Conditions requiring surgical management, including pre-operative, intra-operative, and post-operative care.
- c. Where possible, the student should participate in the care of patients in various
 1. Patient Care Settings **[B3.04]**
 - i. Inpatient
 - ii. Outpatient
 - iii. Operating Room (care)
 - iv. Emergency Department
 2. Patient Encounter Types **[B3.02]**
 - i. Acute
 - ii. Chronic
 - iii. Preventive
 - iv. Emergent
- d. Where possible, the student should participate in the care of diverse patient populations, including aspects of **[B1.06]**
 1. Disability status or special health care needs
 2. Ethnicity/race
 3. Gender identity
 4. Religion/spirituality
 5. Sexual orientation
 6. Social determinants of health (i.e. socioeconomic status, marriage status, education level, discrimination, healthcare access, etc.)

PROFESSIONALISM [B1.05, C3.02]

As future medical providers, Physician Assistants students are expected to achieve and maintain high standards of conduct and behavior. As the student practices and prepares to become a healthcare professional, these

standards of conduct and behavior are an integral part of student assessment, promotion, and completion of the curriculum. In the academic, clinical, and associated settings, the MSU PA Program student is expected to exhibit the following behaviors and/or characteristics.

A. Ethical Responsibility to Self and Others [B1.05]

1. Acts with integrity in all situations.
2. Displays academic honesty.
 - i. Avoids plagiarism.
 - ii. Submits true and accurate reports.
 - iii. Completes evaluations objectively and honestly.
3. Follows rules and procedures of all associated organizations.
4. Encourages others to behave honestly and ethically.
5. Assumes responsibility for personal performance.
6. Exercises prudent judgement in decision-making.

B. Personal Improvement and Achievement

1. Demonstrates initiative to engage in and improve learning.
2. Demonstrates initiative to improve competence.
3. Participates in classroom and self-directed learning.
4. Solicits feedback and guidance with poise.
5. Performs self-reflection for personal improvement.

C. Respect to Self and Others

1. Actively engages, listens, and participates in activities.
2. Speaks respectfully to and about peers, faculty, staff, and patients.
3. Avoids and disparages vulgar, abusive, or threatening comments or behavior.
4. Present and punctual for all activities and events
5. Works in collaboration with others
6. Maintains strict confidentiality of patient records or patient encounters.
7. Displays cultural sensitivity.
8. Respects the privacy and property of others.

D. Specific Clinical Rotation Considerations

1. A physician assistant walks a fine line when practicing directly under the license of a physician and being an advocate for patients and for the physician assistant profession. It is a PA's duty and responsibility to foster both personal and professional respect. Respect must be earned through hard work, integrity, resilience, dedication, and clinical competence.
2. Students should behave as if they are always in a job interview. Never voice disagreements in front of patients unless a critical situation is at hand. Be slow to form opinions and/or pass judgement; ask for more information before jumping to conclusions. Students will observe clinicians practicing in a variety of styles and making decisions different from that they considered. The student should investigate to understand the rationale for these decisions.
3. During rotations, students may encounter a wide range of opinions among medical personnel regarding physician assistants and the role of PAs in the health care system. Be prepared to discuss the PA profession, the history, and role within the health care system. Be conscientious to remain calm and professional; avoid taking comments personally and do not speak negatively of other healthcare provider classification. Having a negative

interaction with someone who does not support the role is generally not a productive interaction.

4. Patients who are unfamiliar with physician assistants may be curious and/or skeptical about the idea of being cared for by a physician assistant student. Anticipate these responses and develop a way to reassure the patient. Also remember patients have the right to request a different provider or refuse care by any provider. By providing compassionate, high quality care patients will be convinced of the valuable role physician assistants play in the health care system.
5. Students must wear an identification badge which will clearly identify you as a "Student". **You must always clearly introduce yourself as a physician assistant student to each patient you encounter. [A3.06]**
6. Never discuss findings or diagnoses with a patient prior to conferring with your preceptor.
7. Always respect patients' rights and confidentiality. Do not discuss a patient by name with anyone except other members of the health care team, without the patient's consent. Do not discuss a patient's condition with family members without the patient's consent. Never publicly discuss a patient (e.g. in the elevator or hallways).
8. Students must have a chaperone, regardless of gender, for all genitourinary, rectal, anal, and breast exams.
9. Each student is personally responsible for the provision of high-quality care to every patient you encounter. You must have personal knowledge of evidence-based medicine treatment plan and personal knowledge of the appropriateness of any therapeutic intervention you deliver or discuss with a patient.

E. Professionalism grade

1. 15% of the final course grade for each clinical rotation will be assessed by the Clinical Team using the professionalism rubric. This grade will be comprised of the following:

- Timeliness of the following:
 - Rotation calendar submission
 - Written assignments submission.
 - EXXAT patient log & timesheet submission/accuracy
 - EXXAT log verification form submission
 - Completion of Student Evaluation of Site/Preceptor
 - Any other assignment given.
- Communication with preceptor/clinical site and the Program
- Overall Professionalism (see rubric) during the clinical rotation as reported by the preceptor/clinical site and Program faculty/staff.

During rotation #1, grace will be given to all students. Thereafter, professionalism grade will be calculated based on the Clinical Year Professionalism Rubric. (see Appendix E).

EMPLOYMENT

- a. Students are strongly cautioned against accepting any outside employment while enrolled in the MSU PA Program. The intensity and continuity of the Program is such that employment may detract from course responsibilities and impair academic and/or clinical performance. Each student should also realize that during the clinical year she/he may have requirements for evening, night, weekend, or emergency duty/call, and that some rotations involve changing shifts frequently.
- b. Employment responsibilities are not considered an acceptable excuse for violation of the Attendance policy.
- c. A potential conflict of interest may occur when a clinical training site is also the student's place of employment. In such cases, the student must notify the PA Program prior to beginning the clinical rotation. At the Program's discretion, the student may be reassigned to an alternate clinical experience. In no cases may a student's training overlap with employment.
- d. It is not permissible for students to be paid by their preceptor for the tasks they perform while on clinical rotations. While on clinical rotation, students may not provide services within the clinical supervisor's practice apart from those rendered for their educational value and as part of the clinical instruction experience. [A3.04]

USE OF PRECEPTORS AS HEALTH CARE PROVIDERS

At no time during the clinical rotation may a student use a preceptor as a healthcare provider.

Student Requirements

REQUIRED DOCUMENTATION

- a. Successful completion of all components of the didactic phase with GPA ≥ 3.0
- b. Successful and satisfactory completion of Clinical Transitions Course with Clinical Orientation
 1. OSCE: The student performance on the OSCE will be graded by rubric; a final score $\geq 80\%$ is required to pass the course to proceed on clinical rotations.
 2. Clinical handbook examination is a summative assessment which will be graded for accuracy; a final score $\geq 80\%$ is required to pass the course to proceed on clinical rotations.

***Should a student fail to accomplish a or b above, regardless of whether or not a grade appeal is filed, the student shall not be allowed to begin the clinical phase until the above referenced standards are met. This may result in a delay in the student's graduation. All expenses are the responsibility of the student.**

***If a student has ANY academic standard process pending (grade appeal or dismissal), the student shall not be allowed to begin the clinical phase. This may result in a delay in the student's graduation. All expenses are the responsibility of the student.**

- c. Meets Technical Standards
- d. Provided documentation of the following:
 1. Background Check without findings
 2. Child Abuse Clearance
 3. Negative Drug Screen
 4. Medical Clearance
 5. Copy of current government issued identification.

6. Health insurance coverage
 - i. The physician assistant program requires all students to be covered by major medical insurance. The student should check with his/her insurance company as to the coverage provided for accidental exposure. It is important for students to realize that medical expenses for care provided by student health services or other health care providers, including laboratory procedures and emergency care are the responsibility of the student and not the physician assistant program or Mississippi State University. Any injury or accidental exposure IS NOT considered workmen's compensation since the student is not an employee of the site. **[A3.08]**
7. BLS, ACLS and PALS certification
8. Successful and satisfactory completion of required safety training.
9. [Immunization record](#) based on current CDC guidelines for healthcare workers **[A3.07]** is required. <https://www.cdc.gov/vaccines-adults/recommended-vaccines/index.html>
10. Tuberculosis screening and testing based on current CDC guidelines for healthcare workers https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w
- e. The student is required to survey the requirements for each clinical site at least one month (30 days) prior to beginning the rotation as listed in EXXAT and complete all requirements prior to the start date of the rotation.
 - o Submit necessary documentation and information for security clearance.
 - o Submit necessary documentation and information for credentialing.
 - o Complete necessary computer-based training and/or orientation
 - o Complete additional security background checks or urine drug screens
 - o The student will be responsible for additional costs associated with any required documentation.
- f. Consequences for failure to notify each clinical site within a timely manner may result in a delayed program completion or graduation due to remediation requirements to fulfill any missed SCPE time and/or competencies.
- g. Students are required to comply with clinical site requirements to provide services within the organization. There are wide variations of requirements regarding testing, screening, and vaccinations. The inability of the student to meet those requirements, and the inability of the PA program to place the student at another approved location within a narrow timeframe, may result in the student having to complete another rotation after their clinical rotation assigned sequence, resulting in a delay in their graduation. All expenses are the responsibility of the student.
- h. Many clinical sites have COVID-19 vaccination requirements. The mandate may apply to all full-time and part-time workers, vendors, medical and allied health students, contract employees, agency nurses and volunteers.
- i. Students may be required to demonstrate proof of vaccination before rounding or working at one of the facilities.

LIABILITY INSURANCE

The University will purchase liability insurance on behalf of each student after receiving payment from the student for such coverage. This coverage will extend to claims made against the students during their supervised clinical practice experiences. This policy does not cover a student for clinical or other activities that are not directly associated with the PA Program or assigned supervised clinical practice experiences. The student should request further information from the University's Risk Management Officer if they have any questions related to liability insurance. MSU is a self-insured entity.

SCHEDULE AND ATTENDANCE

*The program is responsible for the coordination of clinical sites and preceptors for clinical rotations. Students may not solicit clinical sites. **[A2.14, A3.03]***

a. **Clinical Phase Schedule (Calendar [Appendix C](#) ***dates are subject to change***)**

- All students will complete seven (7) required rotations, (1) elective and (1) preceptorship rotation. Required rotations include **[B3.07]**
 - Family Medicine
 - Internal Medicine
 - Emergency Medicine
 - General Surgery
 - Pediatrics
 - Women's Health
 - Behavioral Medicine
- Each rotation is five (5) weeks duration, except family medicine is ten (10) weeks in duration.
- The program determines a student's elective or preceptorship rotation. A student may submit their top three choices for these placements; however, final placement decisions are at the discretion of the program with the following under consideration: end of rotation exam performance, preceptor evaluations, professionalism, and program resources.
- Students are not allowed to participate in a rotation with a preceptor associated with a family member, friend or any other person who may be influenced by factors other than clinical performance of the student.
- The clinical rotation schedule has been planned with special consideration and concentration on the needs of the students, faculty, and clinical sites; however, it is **subject to change**.
- No international rotations will be scheduled.

b. **Clinical Rotation Schedule**

- Students are required to send an email to the clinical site contact, preceptor (if an email address is listed) and hospital system contact (if credentials are needed) for each rotation **TWO WEEKS** prior to the start date of the rotation.
 - If a student has not received a return email by Monday prior to starting the rotation, the student should call the site and ask to speak to the site contact person listed.
 - If a student is still having difficulty reaching the site contact person by the Wednesday prior to starting the rotation, the student should contact the Clinical Team. Note: do not wait until the weekend.
- **Students will NOT be sent a reminder email from the program each month, so it is recommended that students make a note of this on their calendar for each rotation.**
- Upon starting each clinical rotation, the student should engage the preceptor to establish a schedule for the duration of the clinical rotation, which must be uploaded to EXXAT by **Thursday at 11:59pm of the first week of the rotation.**
- If the student's rotation schedule is not available at that time, the student should inform the Clinical Coordinator of this prior to the deadline.
- Calendars **MUST INCLUDE**:
 - Student name/cell phone number
 - Rotation number
 - Site name & address(es)
 - Site contact person & email
 - Primary preceptor name & email
 - For each shift: scheduled hours (standard time), location, preceptor (if multiple)
 - TOTAL HOURS scheduled for the rotation.

- During the clinical year, students are expected to keep the **same schedule** as their primary clinical preceptor.
 - If the preceptor is working on a scheduled university holiday, the student is expected to work also.
 - If a clinic/preceptor is observing a holiday that is also recognized by the university as a holiday, the student may observe the holiday as well.
 - The student is expected to participate in a minimum of 36 hours of clinical instruction each week, not to exceed 80 hours per week.
 - If a preceptor cannot supervise or must be away from the site, the student should contact the clinical coordinator.
 - Students do not accrue “vacation time” and should not abuse the privilege of “excused absences.”
 - The clinical coordinator must approve all absences; the preceptor may not approve absences, late arrival, or early departure.
- c. **End of Rotation Activities (Callback Days)**
- Attendance and participation in end of rotation activities, assessments and administrative tasks is mandatory.
 - It is the responsibility of the student to check email messages for exact dates, times, and locations.
- d. **End of Curriculum Activities**
- The Summative Experience and Capstone presentations will occur following the 10th block of rotations.
 - The students will be required to pass the Summative Experience which will consist of topics such as patient care skills, diagnostic interpretation, medical decision-making, interpersonal skills, and professionalism.
- e. **Attendance**
- Unexcused absences are Professionalism Violations, and the procedures set forth in the Student and Clinical Handbooks will be followed.
 1. More than one (1) unexcused absence in the Clinical Phase is considered a severe/egregious Professionalism Violation and will result in referral to the Promotions Committee for review and consideration of Probation, Remediation, and/or Dismissal.
 2. Arriving more than 15 minutes late on two (2) occasions will be considered an unexcused absence.
 3. Based on the professional judgement of the preceptor, Clinical Coordinator and Promotions Committee, the student may be required to make-up days of unexcused absence and/or repeat the clinical rotation.
 - Excused and unexcused absences will be determined in accordance with University policy <https://www.policies.msstate.edu/policy/1209> policies set forth in the Student and Clinical handbooks.
 - Excusable absences will require submission of DOCUMENTATION and be consistent with **MSU OP 12.09:**
 1. Illness
 2. Death or serious illness in immediate family
 - i. Leave for grievance is granted for up to three (3) days.
 - ii. Immediate family is defined as student's partner, the student's spouse, the student's children, stepchildren, parents, brothers, sisters, grandparents, and grandchildren.
 3. Jury duty

4. Military service
 5. Subpoena
 6. Natural disaster and weather emergencies
 7. Religious observances
 8. Documentation of the above excusable absences requires signed documentation from the appropriate source (e.g. medical provider, court agent, military supervisor, religious calendar etc.) verifying the student's absence. All documentation must be submitted to each course instructor(s) upon returning to class.
- Absence \geq 1 hour of clinical instruction with appropriate documentation will result in one-half day deduction of allowable excused absences.
 - Absence \geq 4 hours of clinical instruction with appropriate documentation will result in one day deduction of allowable excused absences.
 - The student will have up to four (4) total days of allowable excused absence for the 10 blocks of clinicals.
 - The student will have up to four (4) total days of allowable excused absence for the 10 blocks for professional development.
 - More than three (3) absences in a single rotation will require remediation and possibly repeating the rotation.
 - A student with more than 4 absences in the clinical year will be referred to the Promotions Committee for review to determine if clinical exposure has been compromised to a degree which would impede ability to attain competence. Remediation and/or repeating the rotation may be required which may impact the graduation date of the student. All expenses are the responsibility of the student.
 - Requesting Absence
 1. A student may submit the Absence Request Form (with appropriate documentation) to the Clinical Coordinator for approval.
 2. Where possible, requests should be submitted > 1 week in advance to be considered.
 3. Request for absence to attend professional conferences must be requested 1-month in advance. These absences will not be deducted from the allotted four (4) excused absences.
 - Reporting Absences and Tardiness
 1. All absences and/or tardiness must be reported to the Clinical Coordinator and the Clinical Preceptor via phone one hour prior to shift start.
 2. The Absence/Tardiness Report Form must be submitted to the clinical coordinator electronically on the day of the absence/tardy.
 3. More than two (2) late arrivals will result in an unexcused absence, and professionalism remediation will be required.
 4. Failure to accurately report absences/tardy incidents will be considered an unexcused absence, which is Professionalism violation and a form of academic dishonesty. The student will require professionalism remediation and referral to the Promotions Committee for review for dismissal.
 5. Abuse or fraudulent documentation of the Attendance and/or Reporting Absences policies will result in dismissal from the Program.
 - The Clinical Coordinator will have the authority to approve any schedule modifications to ensure the student has sufficient patient exposure to attain established learning outcomes.
 - Any extenuating/unusual circumstances not clearly defined will be reviewed by the Clinical Coordinator

IDENTIFICATION [A3.06]

- a. Students must always introduce themselves and be introduced with name and position of “Physician Assistant Student.”
- b. Students must wear the Mississippi State University student identification badge when participating in any clinical activity.
- c. Student must display program approved patch on white coat worn during clinical training
- d. Student must wear an identification badge accepted by the affiliated entity hosting the student, which may be in addition to the required MSU student identification badge.

DRESS CODE

- a. **Professional attire is mandatory for students and includes the following:**
 - Conservative fashion, clean and pressed short white lab coat, and nametag as noted in the “Identification” section above.
 - The length of skirts, dresses, etc. must not be shorter than three (3) inches above the superior edge of the patella.
 - Clothing should not be tight fitting.
 - All shirts/tops must either overlap the bottom garment or be tucked inside the bottom garment.
 - Closed toe and heel shoes; shoes must be clean and in good condition.
 - Heels no higher than two inches.
 - Hospital Scrubs are not to be worn in clinical areas except for the operating room unless approved by the clinical preceptor.
 - All body art, piercings must be concealed.
 - Jewelry should be minimal and conservative.
 - Limit of 2 earrings per ear; No earring > 1 inch in any direction.
 - No facial or visible body jewelry.
 - No bracelets, or long necklaces, dangling earrings or large rings.
- b. **Hair and Nails**
 - Hair should be clean and arranged not to interfere with patient care activities.
 - Hair should be pulled back and contained in a suitable manner if longer than shoulder length.
 - Facial hair must be neatly groomed.
 - Fingernails should be kept clean and trimmed, not to exceed ¼ inch beyond the fingertip.
 - Nail polish, artificial nails/wraps or acrylic overlays are not permitted for reasons of infection control.
- c. **Hygiene and Fragrance**
 - Students should have excellent daily hygiene that includes clean teeth, hair, clothes, and body, including use of deodorant.
 - All students must be fragrance-free, including abstaining from wearing cologne/perfume.

TRAVEL

Every effort will be made to arrange clinical rotations that are within 95 miles from campus. Students are responsible for arranging lodging and all expenses associated with travel including room and board, transportation, parking, and meals. **Our goal is that distant rotations will account for no more than three (3) of any student’s total rotations unless the student requests otherwise.**

COMMUNICATION

- a. Email is the main tool for contacting preceptors and associated staff for clinical rotations. It is imperative to be purposeful and prudent in all communication.
 - Always address an email with an appropriate salutation, even if the recipient is less formal (Dear Professor Jones, Dear Ms. Wiles).
 - Always conclude message with a complimentary closing and signature.
 - All message content should be concise, topical professional. If you are questioning the appropriateness of a detail or comment, it is likely prudent to simply exclude.
 - Always respond. Ignoring an email is often perceived as ignoring a phone call.
 - Demonstrate discretion when carbon copying (CC) an email.
- b. Limit texting.
- c. Email will serve as the official form of communication with students during clinical rotations.
 - It is the responsibility of the student to **check email daily including weekend/holidays** on all rotations and to respond to email requests by the PA program within **24 hours**.
 - Students are asked to acknowledge any email from the Clinical Team with simple reply to ensure the email was received.
 - Failure to reply to Clinical Team emails with 24 hours may result in a professionalism violation.
 - It is the responsibility of the student to check CANVAS for announcements or other updated information daily.

ELECTRONIC DEVICES

- Students are permitted to use electronic devices to aid in patient care and/or medical education.
- Ringtones and ring volume should be appropriate for the learning environment.
- Do NOT take pictures or videos while at a clinical site for any reason.
- Electronic devices are not permitted during lectures, conferences, grand rounds, and/or attending rounds.
- Any student observed utilizing electronic device(s) for purposes other than patient care or medical education during clinical hours is subject to a professionalism Violation.
- Preceptor/Clinical Staff Communication
 - Students are not permitted to engage in social activities and/or personal relationships outside the professional learning environment.
 - Communication should be restricted to patient care and/or medical education matters.
 - Students are not permitted to communicate with preceptors or clinical staff through social media accounts.
- Each student must not share any identifiable information about patients, other MSU students, faculty, employees, preceptors, or clinical affiliates via electronic means without expressed permission from the source to be identified.
- Each student is expected to know how to protect their own privacy and limit how, when, where and with whom information is shared.
- All electronic communication with the MSU MPAS Program must be conducted via the free, University-supplied email account.
- Students are expected to adhere to the standards of conduct listed below in the clinical setting. Laws and policies respecting conflict of interest as well as applicable policies and guidelines for interacting with patients, preceptors, etc., apply online and in the social media context just as they do in personal

interactions. Students are fully responsible for what they post to social media sites. Please read the following guidelines and policies and adhere to them throughout the clinical year.

- Use good judgment about content and respect privacy laws; do not include confidential information about the University, its staff or its students.
- Post only content that is not threatening, obscene, a violation of intellectual property rights or privacy laws or otherwise injurious or illegal.
- Representation of your personal opinions as being endorsed by the University or any of its organizations is strictly prohibited. MSU's name or marks may not be used to endorse any opinion, product, private business, cause or political candidate.
- By posting content to any social media site, the poster represents that the poster owns or otherwise has all of the rights necessary to lawfully use that content or that the use of the content is permitted by fair use. Posters also agree that they will not knowingly provide misleading or false information, and they will indemnify and hold the University harmless for any claims resulting from the content.
- Refrain from using information and conducting activities that may violate local, state or federal laws and regulations. If you are unsure whether certain content is protected by privacy or intellectual property laws, contact the Clinical Coordinator for clarification.
- Participation in Social Networking during clinical rotation hours is strictly prohibited.
- Posting material that is unlawful, obscene, defamatory, threatening, harassing, abusive, hateful, slanderous to any other person or entity is strictly forbidden.
- Personally identifiable information that can be used to locate someone offline, including but not limited to photographs, location, patient identifier, job setting or ID badges, phone numbers, home or local addresses, birth date, and email addresses should not be posted.
- The program strictly forbids "friending," "following," or otherwise establishing a connection with patients or caregivers on social media websites unless the friendship pre-dates the treatment relationship.
- Keep in mind that you should not disclose confidential information about any clinical rotation site, its professionals, or patients. It is also unprofessional to discuss personal opinions about a clinical site and/or its patients and staff.
- Under current law, it is forbidden to disclose any personal health information, including imaging of patients or discuss patient cases in any social network or digital media. Such conduct would be a direct violation of HIPAA guidelines.
- While we are mindful of rights to free expression, students should note that the program has a legitimate expectation that students will uphold standards of professionalism and trust. Publicly sharing derogatory or disrespectful remarks about patients, preceptors, clinical sites, fellow students, or faculty via social media or other means may in certain circumstances violate these expectations and be grounds for disciplinary action. Be respectful and professional in the relationship with clinical site employees, customers, suppliers, other health centers and patient and families in general. Remember whatever you post will be the basis of your professionalism. Employers and hospitals use social media to research new candidates during the hiring and credentialing process.

REQUIRED TRAINING

Students are required to complete training for the following. Failure to complete training may result in a hold on clinical rotations and/or program activities.

1. HIPAA

2. Basic Workplace Safety (OSHA)
3. Bloodborne Pathogens
4. Biosafety

STUDENT HEALTH, SAFETY AND SECURITY [A3.08, A1.03]

For the safety and security of students, patients, and staff, it is essential each student is provided proper orientation to each clinical site regarding safety and security protocols and procedures. General Guidelines below should be considered; however, the established guidelines of each clinical site take precedence.

Standard Precautions

Standard precautions are the minimum practices for injury and infection prevention which should be applied to every patient encounter in every setting. These precautions are exercises to protect patients, families and healthcare professionals from injury and communicable disease spread. Report of failure to properly follow Standard Precautions is a professionalism violation and will warrant appropriate remediation.

1. Hand Hygiene: before and after each encounter, even when gloves are used, is required. An alcohol-based rub should be used except when hands are visibly soiled or after encountering a patient with suspected infectious diarrhea, which warrants soap and water.
2. Personal protective equipment (PPE):
 - a. Examination gloves should be worn when there is potential for contact with mucous membranes, wound, blood, body fluids, contaminated body site or equipment.
 - b. Facial masks, protective eyewear and/or gowns should be worn when participating in procedures with risk of splashing or spraying of body fluid, specimen, or hazardous material.
3. Sharps safety:
 - a. Do not recap needles.
 - b. Place all needles and disposable sharps in designated sharps containers as soon as possible; do not leave sharps at bedside.
4. Decontamination of surfaces and equipment
 - a. All areas where patient care activities are performed should be routinely cleaned and disinfected after each patient encounter with the appropriate cleaning supplies to decontaminate any known pathogen.
 - b. Reusable medical equipment must be cleaned and disinfected consistent with the manufacturer's manual.
5. Respiratory hygiene
 - a. Cover mouth and nose when coughing or sneezing with a tissue. Cough into the crook of the elbow.
 - b. Immediately dispose tissue and perform hand hygiene.
 - c. Consider using a mask to prevent spread of communicable disease.

Body Fluid Exposure or Needle Stick Injury [A3.08]

<https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

1. Wash with soap and water as appropriate; mucous membranes should be flushed with water.
2. Immediately notify the preceptor.
3. The office to contact will vary by clinical site, but is usually Infection Control, Employee/Occupational Health, or the Emergency Department.
4. Complete an Incident Report at the site and take to evaluation.
5. Complete a Risk Exposure Evaluation at the site and take to evaluation.
6. Seek immediate medical care because treatment decisions must be made within 2 hours.
7. Medical evaluation facility:
 - If the incident occurs in the Starkville, MS area during regular business hours, report to Longest Student Health (662-325-4539).
 - If the incident occurs in the Meridian, MS area during regular business hours, report to Work Force Wellness in Meridian, Mississippi (601-703-4415).
 - If the incident occurs any other time, report to the nearest emergency department for the initial evaluation.
 - Follow-up will occur in the above listed facilities.
8. Notify the Clinical Coordinator or Program Director as soon as possible.
9. Notify Longest University Health Services (662-325-7539) to have the student's medical record updated accordingly. (if appropriate)
10. Understand that the effects of infectious or environmental hazard injury or exposure may significantly affect student learning activities. This may include, but is not limited to, taking a leave of absence or withdrawing from the PA Program.
11. It is important for students to realize that medical expenses for care provided by student health services or other health care providers, including laboratory procedures and emergency care are the responsibility of the student and not the physician assistant program or Mississippi State University. Any injury or accidental exposure is not considered workmen's compensation since the student is not an employee of the site.
12. For additional assistance, contact the Center for Disease Control at 1-888-232-6348 or <https://www.cdc.gov/niosh/topics/bbp/guidelines.html>

Safety and Security

Quick Safety Tips

- Be aware of your surroundings at all times including exit locations.
- Always keep your doors locked.
- Store valuables out of sight in your vehicle.
- Obey all traffic signs.
- Watch out for pedestrians.
- Mark/identify belongings such as computers, thumb drives, umbrellas, etc.
- Do not prop the door open for anyone.

<https://www.meridian.msstate.edu/campus-services/campus-police/safety-tips/>

Threats of violence or dangerous situations

- Leave the area and get to safety.
- Call 911 and describe the incident and those involved.
- Do not put yourself in harm's way to break up an argument.

Hostage Situations

- Press a "Panic Button" if available or call 911.
- Avoid actions that could escalate the situation or result in further harm of you or others.
- Remain quiet unless directly addressed.

- Position yourself away from windows & doors.
- Remain calm and make mental notes of the suspect(s).

An Active Threat may be someone with a gun, knife, car, or other weapon. The person is indiscriminately attacking targets or has the opportunity to do so. Mississippi State University recommends remembering Avoid, Deny, and Defend to help your response.

- Avoid – Get away from the threat.
- Deny – If you cannot escape, lock or block yourself into a room. Turn off lights and your cellphone ringer.
- Defend – If you are unable to Avoid or Deny, you may need to defend yourself from an attacker. Coordinate with others and use any objects around you as weapons.

Harassment and Discrimination [A3.11, A3.12]

- In addition to being a violation of state and federal law, behavior involving unwanted sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature is incompatible with faculty, staff, and student status at MSU-MERIDIAN. Please refer to MSU OP 3.02 and MSU OP 3.04.

<https://www.policies.msstate.edu/sites/www.policies.msstate.edu/files/0302.pdf>

<https://www.policies.msstate.edu/sites/www.policies.msstate.edu/files/0304.pdf>

Examples of prohibited harassment may include, but are not limited to:

- sexual harassment, such as repeated and unwanted sexual or romantic solicitations, displaying sexual images in the workplace, or conditioning favorable treatment in connection with a university program upon sexual favors.
- physical harassment, such as touching, pinching, grabbing, or brushing against another person without their consent.
- severe, pervasive, or persistent insults, jokes, or derisive comments about a person's sex, race, religion, sexual orientation, or other protected characteristic.
- Reporting
 - If you experience discrimination, harassment, or retaliation, remove yourself from the situation as quickly as possible and report the incident to the Clinical Coordinator. This may require changing clinical sites, and every effort will be made to avoid disruption in the clinical year education process.
 - You should also contact the Office of Civil Rights Compliance.
 - The Office of Civil Rights Compliance be reached at 662-325-5839 or at titleix@msstate.edu.
- Engaging in romantic or sexual relations or relationships with individuals at clinical rotation sites (i.e. physicians, residents and other students, support staff, etc.) will be considered an egregious professional conduct transgression and be handled as established in the Student Handbook.

Incident or Injury (Other than Body Fluid Exposure or Needle Stick Injury)

- In the event of an incident that may place a PA Student in harm's way, but no injury has occurred, the PA student must notify the Program as soon as possible.

- Contacting the PA Program can be accomplished by:
 - Program during office hours ([601-696-2320](tel:601-696-2320))
 - Program Director ([601-484-0196](tel:601-484-0196))
- In the event of an incident resulting in an injury to a PA Student occurring during a PA Program activity, the appropriate PA Faculty member must complete the Incident Report Form found in the Student Handbook and submit to the Program Director.
- Once the student has received proper medical care as sought by the student, the PA Program is to be notified within 24 hours.
- In case of emergency, call 911 immediately.

Weather, Emergency, and Disaster-related incidents

- For clinical rotations in the local Meridian area. MSU administration has the capability to transmit pertinent information through the mediums of websites, phone trees, e-mail, and text messaging to the entire spectrum of students, faculty, and staff for emergency, or disaster-related alerts.
 - Important information regarding this emergency notification system may be found at:
 - <https://www.emergency.msstate.edu/guidelines/>
 - <https://www.emergency.msstate.edu/maroon-alert>
- For clinical rotations outside the local Meridian are, students should closely monitor local television and radio stations and follow the recommendations of the facility, local authorities, and/or National Weather Service. Once the student is in the recommended safe environment, the student should notify the Clinical Coordinator.

Building Evacuations

1. Try to remain in a group as you evacuate.
2. Avoid using elevators.
3. Proceed to an outside meeting area, at least 500 feet from the building(s).
4. Once at the meeting area:
 - Report any important details to local or facility authorities.
 - Stay clear of emergency vehicles.
5. Everyone should stay in the meeting area until instructed by authorities.
6. Do not activate a fire alarm unless there is a fire.

General Evacuation Guidelines

1. Plan for an evacuation before an emergency occurs. You should avoid:
 - Congested areas and intersections
 - Construction zones
 - Emergency or dangerous areas
2. Remain calm as you evacuate and encourage others to do the same.
3. Use caution when walking & driving. Increased pedestrian traffic should be expected.
4. Depending on the emergency, Contra-flow of traffic may be used.
5. Use caution at intersections. Law enforcement may be involved in emergency response and may not be available to direct traffic.
6. Discuss an off-campus reunification location with family & friends.
7. Be patient. You should expect delays during an emergency evacuation.

Earthquake

If indoors, Drop, Cover, and Hold On:

- Drop – Get low to the ground.
- Cover – Get under a table or desk and cover your head & neck.
- Hold on – Hold on until the shaking stops.
- Do not evacuate until the shaking stops and it is safe to move.

If outdoors:

- Stay away from buildings, trees, poles, and other structures.
- Continue to keep clear of buildings and other structures. There could still be a risk of collapse.

If in a vehicle:

- Stop the vehicle away from buildings, poles, overpasses or other structures.
- Remain in the vehicle and avoid driving over bridges or other roadways that may have been damaged.

After an earthquake:

- Anticipate aftershocks.
- Be aware of other hazards (gas leaks, electrical wires, unstable structures, etc.)
- Assist others to safety.
- Do not attempt to enter a building that has been damaged.
- Report injuries and problems to 911.

Severe Weather / Tornado

Stay informed about current weather conditions:

- **Tornado Watch** – Conditions are favorable for a tornado to develop.
- **Tornado Warning** – A tornado has been sighted or indicated by radar.
 - Follow the clinical site's severe weather / tornado response plan.
 - Move to a room with few or small windows and on the lowest level.
 - Assist others, as needed.
 - Laboratories should be secured. Turn off gas burners, properly dispose of sharp material and other equipment that could cause additional hazards.
 - Do not attempt to drive during dangerous conditions. Move to a safe building and follow the instructions above.
- **Severe Thunderstorm Warning** – A strong thunderstorm capable of producing high winds, tornados, and/or hail has been sighted or indicated by radar.
 - Follow the clinical site's severe weather / tornado response plan.
 - Monitor the weather and alert systems closely.
 - Do not attempt to drive during dangerous conditions.
- **Flash Flood Warning** – Weather or other events may cause a rapid flooding of roadways, low-lying areas or areas of poor drainage.
 - Follow the clinical site's severe weather plan.
 - Monitor the weather for alert systems and road closings closely.
 - Do not attempt to drive during dangerous conditions.

Sheltering in Place

Sheltering from severe weather

- Move to the lowest floor and into an interior room.
- If possible, avoid sheltering in rooms with windows.
- Stay completely in the room and cover your head & neck.

Smoke or Fire

When a fire or potential fire is discovered, take the following steps immediately.

1. Warn others. Activate the nearest fire alarm pull box.
2. Notify the facility operator of the proper code per clinical site procedures or call 911.
3. Evacuate the building using the Emergency Evacuation Plan.
DO NOT USE ELEVATORS!
4. Keep all roads clear for emergency response vehicles.
5. No one will be allowed into the building until fire officials deem the building safe and secure.

The mnemonic RACE may help you remember what to do during a fire:

- **R – Rescue & Remove** anyone from immediate danger from a fire. Try to keep groups/classes together.
- **A – Alarm** Activate the nearest fire alarm and/or call 911 with important information.
- **C – Contain** Help contain the spread of the fire by closing doors in the area. Always feel of a door for heat before opening.
- **E – Extinguish** You may be able to extinguish small fires (about the size of an office trashcan). Do not waste evacuation time or put yourself in danger by trying to extinguish a fire. Evacuate for all fires & fire alarms.

Once you are a safe distance from the building, reunite with your group to make sure everyone is safe. Do not attempt to reenter a building.

To operate a fire extinguisher, remember PASS:

- **P – Pull** the pin
- **A – Aim** the extinguisher at the base of the fire
- **S – Squeeze** the handle
- **S – Sweep** from side to side at the base of the fire

Suspicious Devices or substances (gas leaks, bomb threats, drones)

If you find a suspicious device or substance

- Clear the area and call 911 from a safe distance.
- Do not use a phone or radio near the area.
- Follow instructions from police for possible evacuations.
- If you see a drone / UAS flying over campus, please notify the appropriate authorities. If it lands, do not approach or try to capture it.

If a bomb threat is phoned in

- Obtain as much information as possible from the caller. Use the Bomb Threat Information Checklist to help you.
- Try to signal someone to call 911 while you continue taking notes.
- Relay important information to University Police. This may include background noises, voice tone, specific wording, etc.
- Be sure to familiarize yourself with building evacuation plans through each orientation process of each clinical site.

<https://www.emergency.msstate.edu/guidelines/suspicious-devices-substances/>

CLINICAL ROTATION REASSIGNMENTS

The Clinical Coordinator and program faculty carefully screen all clinical preceptors utilized by the program. Despite clinical site evaluation and preceptor orientation, certain challenges may not be predicted. Occasionally there are circumstances beyond the Program's control that require changes in a student's clinical rotation schedule. The PA Program reserves the right to schedule students based on rotation availability, location, student experience and performance. Student flexibility is expected and appreciated.

ASSESSMENTS [c3.01]

Developing an effective and productive medical care provider is multi-faceted; therefore, the assessment of each rotation will reflect this with multiple components. Each rotation is an individual course. All required rotations will be graded in the same fashion. The students return at the completion of each rotation, to complete an end of rotation exam. The only exception being the Family Medicine rotation for which the student will be required to return at the end of the fifth week without taking an End of Rotation examination. Successful completion of all graded components is required for graduation eligibility.

Required Rotations

1. **End of Rotation Examination**

The student will take the End of Rotation (EOR) Exam with content based on the PAEA Topic List and Blueprint specific to each specialty. EOR exams will consist of 120 multiple choice questions. The program will convert the scale score to a raw score for grading purposes.

- The student should obtain a calculated score ≥ 70 on each EOR exam to successfully pass.
- If a student scores between 70-74% (low pass) on the EOR exam, the student must complete a remediation assignment, assigned by the Clinical Coordinator, by the Wednesday after the callback date.
 - More than one low pass performance may require an additional program chosen elective rotation and may result in a delay in graduation. All expenses are the responsibility of the student.
- If the student fails to obtain a passing score ($< 70\%$), remediation will be required.
 - A remediation assignment will be assigned by the Clinical Coordinator and must be completed by the Wednesday after the failed examination.
- One retake examination will be permitted after completion of deficiency-specific remediation assignments.
- Failure to obtain a calculated score ≥ 70 on the second attempt of the End of Rotation examination will result in failure of the overall course, regardless of total calculated grade for the course, which will require repeat of the clinical rotation which will include additional time in the program. The student will receive an incomplete, or "I" on their transcript until the course has been successfully completed.
- Students may reassess up to two EOR exams throughout the clinical curriculum for a grade change. Failure of a third EOR exam will find the student ineligible for grade change and will result in failure of the course.

2. **Student Clinical Performance Evaluation**

At the conclusion of each clinical rotation, the Student Clinical Performance Evaluation will be completed by the listed preceptor and the final grade determination is made by the Clinical

Coordinator. The evaluation is based on the course learning outcomes and objectives which support the Program Learning Outcomes.

- The student should obtain a calculated score ≥ 80 on the Student Clinical Performance Evaluation.
- Any individual section of the evaluation with calculated score < 80 may require remediation at the discretion of the Clinical Coordinator.
- Student Clinical Performance evaluations are subject to review and/or learning outcome re-evaluation based on the professional judgment of the Clinical Coordinator.
- A remediation plan may be required. Following remediation, the Clinical Coordinator may reassess the score on the individual section which required remediation. An adjusted overall calculated score < 80 will result in failure of the rotation, regardless of overall calculated course score for the course.
- Students are required to achieve competency for each individual learning outcome in every rotation course to successfully complete the program.
- Failure to attain a score ≥ 80 will result in failure of the overall course regardless of total calculated grade for the course, which will require repeat of the clinical rotation which will include additional time in the program. The student will receive an incomplete, or "I" on their transcript until the course has been successfully completed.

3. Writing Assignments

Specialty-specific writing assignments will be required to critically review the current medical literature on a chosen topic to evaluate the care provided to a specific patient.

- Any written assignment with a score of $< 80\%$ must be rewritten and resubmitted using feedback given by the faculty grader. Students will be notified, and a due date will be given. The max recoverable score will 80%.
 - Papers will be graded based on the SCPE Patient discussion rubric utilizing a scaled score and an increasing pass point over rotations one through three.
 - Students who receive a raw score of $< 70\%$ may be required to consult the writing center prior to any future submission. After receiving two consecutive grades of 80%, students will no longer be required to use the writing center.
- Students must not copy and paste any information (i.e., medication list) directly from an electronic health record into written assignments submitted to the PA program. This will result in a zero on the assignment and deductions on the professionalism rubric. The assignment must be resubmitted in order to complete the rotation.
- Plagiarism is a violation of Mississippi State's Student Honor Code. Suspicious submissions will result in referral to the Dean of Students for evaluation. Ignorance is NOT an excuse.

4. Board Preparation Assignments

Students will be assigned board preparation assignments for each rotation. Assignment deadlines should be acknowledged per each course syllabus.

5. Patient Logging

Exxat will build a portfolio for you to help market yourself for potential employment. To open as many opportunities as possible, it is in your best interest to log the specifics of all patient

encounters and all procedures. Logging for each week is due by Sunday no later than 11:59 pm and will be reviewed weekly by a faculty member.

- Student logging is an integral part to proving sufficient exposure to achieve competencies for each clinical rotation.
- Patient encounters will include the following data points.
 - Rotation type
 - Rotation site
 - Preceptor
 - Date of encounter
 - Patient Age, gender, ethnicity
 - ICD10 codes
 - CPT procedure codes
- Students should log patients they directly assess as well as patients in which they actively engage in a learning experience, including observation and/or discussion i.e. grand rounds.
- Logging incorrect information represents academic dishonesty.
- At the end of each rotation, show the relevant case log report summary for that rotation to the preceptor and have the preceptor sign the printed EXXAT Log Verification Form. The student should also sign the log. Signature by both parties serves as verification of the activities.
- Upload the signed verification form to EXXAT by callback day.

Patient encounter logs are REQUIRED for all rotations, including electives. All encounters for each rotation must be completed no later than the last day of that rotations callback day (Friday).

*Failure to log patient encounters and timesheet in a timely manner will result in a warning email and deduction from the professionalism rubric for that rotation. If missing encounters are not entered within 48 hours of the warning email, the student may fail the rotation.

6. Formative Assessments

- The Mid-rotation Student Clinical Performance Evaluation is a formative assessment to be completed by the preceptor of record and submitted electronically through Exxat.

7. **Additional Assessments:** Preceptor Evaluation by the Student and Clinical Site Evaluation by the Student should be completed by the student and submitted electronically. These evaluations will be due on the last day of the rotation at 11:59 pm. Rotation specific assessments will be completed on callback days. See syllabi for specific details. Self-assessments will be intermittently completed by the student to evaluate growth.

8. Callback Days

- i. Students are required to return to Campus on the last two days of each clinical rotation. During these sessions, end of rotation exams will be taken, presentations will be given, and additional clinical assignments and assessments completed.
- ii. Full attendance and participation in the entire day is MANDATORY. These sessions run from 8am-5pm; therefore, students should NOT make any travel plans prior to 5pm on Callback Days. Personal urgencies/emergencies will be evaluated on a case-by-case basis,

in accordance with the Clinical Student Handbook. Failure to abide by this policy may result in failure of the rotation.

Elective Rotation Assessment

1. Oral Case Presentation

The student will develop a presentation and orally present a patient case based on the NCCPA blueprint topic. Presentations should be no longer than 15 minutes duration, and the student will be graded on the presentation as well as presentation skills. The rubric can be found in the course syllabus.

2. Student Clinical Performance Evaluation

At the conclusion of the clinical rotation, the Student Clinical Performance Evaluation will be completed by the listed preceptor. The evaluation is based on the course learning outcomes and objectives which support the Program Learning Outcomes. The final grade calculated for the Student Clinical Performance Evaluation is to the professional discretion of the Clinical Coordinator.

- The student should obtain a calculated score ≥ 80 on the Student Clinical Performance Evaluation completed by the listed preceptor.
- Any individual section of the evaluation with calculated score < 80 may require remediation at the discretion of the Clinical Coordinator.
- Student Clinical Performance Evaluation evaluations are subject to review and/or learning outcome re-evaluation based on the professional judgment of the Clinical Coordinator.
- A remediation plan may be required. An adjusted overall calculated score < 80 will result in failure of the rotation, regardless of overall calculated course score.
- Failure to attain a score ≥ 80 will result in failure of the overall course regardless of total calculated grade for the course, which will require repeat of the clinical rotation which will include additional time in the program. The student will receive an incomplete, or "I" on their transcript until the course has been successfully completed.

3. Reflective Journaling

The student will submit two (2) reflective journaling pieces for the elective. See end of document for rubric and assignment instructions. Each piece will be graded independently. Journaling is due by the last Thursday of the rotation no later than 11:59pm. Identify a positive or negative clinical incident in relation to patient interaction, clinical decision making, navigating the healthcare system, or stigma issues. Instructions and rubric for this assignment are in the course syllabus for review.

4. Board Preparation Assignments

Students will be assigned a quiz for each 5-week rotation. Assignment deadlines should be acknowledged per each course syllabus.

5. Exxat Patient Logging

Exxat will build a portfolio for you to help market yourself for potential employment. To open as many opportunities as possible, it is in your best interest to log the specifics all patient encounters

and all procedures. Logging for each week is due by Friday no later than 11:59 pm and will be reviewed weekly by a faculty member.

- Student logging is an integral part to proving sufficient exposure to achieve competencies for each clinical rotation.
- Patient encounters will include the following data points
 - Rotation type
 - Rotation site
 - Preceptor
 - Date of encounter
 - Patient Age, gender, ethnicity
 - ICD10 codes
 - CPT procedure codes
- Patients should log patients they directly assess as well as patients in which they actively engage in a learning experience, including observation and/or discussion i.e. grand rounds.
- Logging incorrect information represents academic dishonesty.

6. Formative Assessments

- The Mid-rotation Student Clinical Performance Evaluation is a formative assessment to be completed by the preceptor of record and submitted electronically through Exxat.

7. **Additional Assessments:** The End of Rotation Self-evaluation, Preceptor Evaluation by the Student and Clinical Site Evaluation by the Student should be completed by the student and submitted electronically. Rotation specific assessments will be completed on callback days. See syllabi for specific details. These evaluations will be due on the last day of the rotation at 11:59 pm.

CLINICAL REMEDIATION

2. End of Rotation Exams

- i. The student should obtain a calculated score ≥ 70 on the End of Rotation Examination. If the student fails to obtain a passing score, the student may engage in a Remediation Plan consisting of a written exam and a remediation assignment.
- ii. One (1) retake examination will be permitted after completion of deficiency-specific remediation assignments within one (1) week.
- iii. Maximum grade adjustment for successful remediation is 70%
- iv. Failure to obtain a calculated score ≥ 70 on the second attempt of the End of Rotation examination will result in failure of the overall course, regardless of total calculated grade.
- v. Repeat of the clinical rotation will be required.
- vi. Will include additional time in the program and a delayed graduation date. The student will be responsible for additional tuition fees.

3. Student Clinical Performance Evaluation

- i. The student should obtain a calculated score ≥ 80 on the Student Clinical Performance Evaluation completed by the listed preceptor.
- ii. Any individual section of the evaluation with calculated score < 80 may require remediation at the discretion of the Clinical Coordinator.

- iii. The Clinical Coordinator, the Preceptor, and the Faculty Advisor may collaborate to design an appropriate method(s) to assess evidence of compliance of mastery of remediated knowledge deficit.
 - iv. Student Clinical Performance Evaluations are subject to review and/or learning outcome re-evaluation based on the professional judgment of the Clinical Coordinator.
 - v. Maximum grade adjustment for remediation with demonstration of competency is 80%.
 - vi. An adjusted overall calculated score < 80 will result in failure of the rotation, regardless of overall calculated course score. The student will receive an incomplete, or "I" on their transcript until the course has been successfully completed.
 - vii. Repeat of the clinical rotation will be required.
 - viii. Will include additional time in the program. The student will be responsible for additional tuition fees.
4. Student logging is an integral part to proving sufficient exposure to achieve competencies for each clinical rotation; failure to maintain calculated score $\geq 80\%$ will result in failure of the rotation requiring repeat rotation for remediation.
 5. Students failing a rotation will have thirteen months (13) to remediate the failure.
 6. Students may only remediate (1) clinical rotation throughout the curriculum.
 7. Callback Days
 - i. Students are required to return to Campus on the last two days of each clinical rotation. During these sessions, end of rotation exams will be taken, presentations will be given, and additional clinical assignments and assessments completed.
 - ii. Full attendance and participation in the entire day is MANDATORY. These sessions run from 8am-5pm; therefore, students should NOT make any travel plans prior to 5pm on Callback Days. Personal urgencies/emergencies will be evaluated on a case-by-case basis, in accordance with the Clinical Student Handbook. Failure to abide by this policy may result in failure of the rotation.

APPENDICES

| Appendix | Document Title | Individual to Complete |
|-----------------|--|-------------------------------|
| Appendix A | Clinical Phase Calendar Class of 2026 <i>**dates are subject to change**</i> | N/A |
| Appendix B | Mission and Vision | N/A |
| Appendix C | Program Learning Outcomes | N/A |
| Appendix D | Grade Scale | N/A |
| Appendix E | Professionalism Rubric | Faculty Member |

Appendix A: Clinical Phase Calendar Class of 2026

2025

| January | | | | | | | April | | | | | | | July | | | | | | | October | | | | | | | |
|---------|----|----|----|----|----|----|-------|----|----|----|----|----|----|------|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|
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| 1 | | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | 4 | 5 | | | 1 | 2 | 3 | 4 | 5 | | | | 1 | 2 | 3 | 4 | |
| 2 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 3 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 4 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 5 | 26 | 27 | 28 | 29 | 30 | 31 | 27 | 28 | 29 | 30 | | | | 27 | 28 | 29 | 30 | 31 | | | 26 | 27 | 28 | 29 | 30 | 31 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| February | | | | | | | May | | | | | | | August | | | | | | | November | | | | | | | |
|----------|----|----|----|----|----|----|-----|----|----|----|----|----|----|--------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----|
| Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | |
| | | | | | | 1 | | | | | 1 | 2 | 3 | | | | | | 1 | 2 | | | | | | | 1 | |
| 6 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 7 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 8 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 9 | 23 | 24 | 25 | 26 | 27 | 28 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | |
| | | | | | | | | | | | | | | 31 | | | | | | | 30 | | | | | | | |

| March | | | | | | | June | | | | | | | September | | | | | | | December | | | | | | | |
|-------|----|----|----|----|----|----|------|----|----|----|----|----|----|-----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----|
| Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | Su | Mo | Tu | We | Th | Fr | Sa | |
| | | | | | | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 11 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| R1 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 29 | 30 | | | | | 28 | 29 | 30 | | | | | 28 | 29 | 30 | 31 | | | | |
| | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Dates subject to change

| |
|---------------|
| Spring Term |
| Break |
| Seminar |
| Rotations |
| Rotations |
| Callback Days |

**subject to change

2026

R9

| January | | | | | | |
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| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| April | | | | | | |
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| July | | | | | | |
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| October | | | | | | |
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| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

**Dates subject to change

| |
|--------------|
| Break |
| Summative |
| Callback Day |

R10

| February | | | | | | |
|----------|----|----|----|----|----|----|
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| 22 | 23 | 24 | 25 | 26 | 27 | 28 |

| May | | | | | | |
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| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
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| August | | | | | | |
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| November | | | | | | |
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| March | | | | | | |
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| June | | | | | | |
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| September | | | | | | |
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| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

| December | | | | | | |
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| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
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| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

**subject to change

Appendix B: Mississippi State University-Meridian Master of Physician Assistant Studies Program Mission and Vision

Mission and Vision

Mission

The Mississippi State University-Meridian Master of Physician Assistant Studies Program will educate highly qualified, competent, healthcare providers who will increase access to care and provide primary care services to the diverse citizens of Mississippi.

Vision

The Mississippi State University-Meridian Master of Physician Assistant Studies Program will graduate healthcare professionals who will be leaders in the Mississippi healthcare community, dedicated to increasing access to care and to actively addressing healthcare disparities in the state.

Appendix C: Mississippi State University-Meridian Master of Physician Assistant Studies Program Learning Outcomes

MSU has adopted nationally recognized PA Professional Competencies as the basis for the Program Student Learning Outcomes. They articulate what the student will be able to do after he/she completes the Program.

Program Learning Outcome 1 (PLO 1): Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. PA students must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. Graduate PAs are expected to:

PLO 1.1: Apply the medical, behavioral, and social science knowledge necessary to effectively evaluate, treat, and manage patients across the lifespan taking into consideration the patient's personal, social and cultural values as well as social determinants of health.

PLO 1.2: Recognize, assess, diagnose, and longitudinally manage medical conditions in patients across the lifespan with various types of presentations evaluated in various practice settings.

PLO 1.3: Provide counseling, patient education, interventions, and appropriate referral for optimal health with health promotion, maintenance, and restoration.

Program Learning Outcome 2 (PLO 2): Interpersonal and Communication Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. PA students must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system. Graduate PAs are expected to:

PLO 2.1: Demonstrate communication and skills which facilitates the effective exchange of information and collaboration with patients, their families, and other health professionals through a sensitive and respectful manner.

PLO 2.2: Utilize verbal and nonverbal communication skills in a compassionate and culturally responsive manner to accurately assess patient presentation and effectively deliver the management plan through oral and written methods.

PLO 2.3: Exhibit professional and ethical behaviors and attitudes becoming of a medical care provider.

Program Learning Outcome 3 (PLO 3): Patient care

Patient care includes patient- and setting-specific assessment, evaluation, and management. PA students must demonstrate effective, safe, high quality, equitable health care practice. PA students must obtain a relevant medical history, adequately perform physical examinations, and implement treatment plans on patients of all age groups, appropriate to the patient's condition. In addition, PA students must demonstrate proficiency in technical procedures and health care that are effective, patient-centered, safe, compassionate, and culturally appropriate for the treatment of medical problems and the promotion of health. Graduate PAs are expected to:

PLO 3.1: Collaborate effectively within interprofessional teams to provide high quality, multi-disciplinary, patient-centered health care for all patients.

PLO 3.2: Develop patient-centered diagnostic and therapeutic intervention plans based on patient care preferences, current scientific evidence, social determinants of health and informed clinical judgment.

PLO 3.3: Perform procedural and technical skills required for entry-level PA practice.

Program Learning Outcome 4 (PLO 4): Professionalism

Professionalism is the expression of positive values and ideals in the delivery of health care. Professionalism involves prioritizing the interests of others above one's own. PA students must acknowledge their professional and personal limitations. Professionalism requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. PA students must demonstrate a high level of responsibility, ethical practice, sensitivity to diverse patient populations, and strict adherence to legal and regulatory requirements. Graduate PAs are expected to demonstrate:

PLO 4.1: Foster ethical relationships with all members of an interdisciplinary healthcare team, while acknowledging professional and personal limitations.

PLO 4.2: Describe the role of a physician assistant including ethical and profession standards, as well as, legal and regulatory requirements governing PA practice.

PLO 4.3: Demonstrate sensitivity and responsiveness to patients' disability status, healthcare needs, ethnicity, race, gender identity, religion, spirituality, sexual orientation, and social determinants of health in all interactions.

Program Learning Outcome 5: Practice-Based Learning and Improvement

Practice-based learning and improvement includes the processes through which PAs engage in critical analysis of their own practice experience, the medical literature, and other information resources for

the purposes of self- and practice-improvement. PA students must be able to assess, evaluate, and improve their patient care practices. Graduate PAs are expected to:

PLO 5.1: Critically evaluate published practice guidelines and research literature to advance medical knowledge and improve patient outcomes.

PLO 5.2: Engage in self-assessment of medical knowledge, professionalism, behaviors, inherent population bias, and physical limitations to guide on-going professional development and improve patient care.

Program Learning Outcome 6: Systems-Based Practice

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

PLO 6.1: Identify components and utilize resources of the healthcare system to support evidence-based patient care and the application of public health and preventative care practices.

PLO 6.2: Demonstrate knowledge of Mississippi healthcare disparities and social determinants of health to develop evidence-based healthcare strategies to reduce these disparities for individuals, communities, and the state.

Appendix D: Grading Criteria

| Calculated Course Grade | Letter Grade |
|--------------------------------|---------------------|
| 90-100 | A |
| 80-89 | B |
| 70-79 | Incomplete |
| <70 | F |

Appendix E: Clinical Year Professionalism Rubric for each Rotation

| Professionalism Components | Meets Expectations for Professional Behavior | Partially Meets Expectations for Professional Behavior | Demonstrates Unprofessional Behavior |
|--|--|--|---|
| | 2 | 1 | 0 |
| Communication | Effectively communicates in a timely manner (within 24hrs), with a professional tone through in-person, email, and phone interactions. OR Maintains professional tone on social media. OR Responds openly to constructive feedback. <input type="checkbox"/> | Isolated incident of inappropriate or delayed, in-person, correspondence via email and/or phone interactions. OR Does not accept constructive feedback <input type="checkbox"/> | Failure to communicate or more than one inappropriate correspondence via in-person, email and/or phone interactions. OR Inappropriate social media posts or posts which reflect negatively on Campbell University/PA Program. OR Becomes argumentative when constructive feedback is given. Demands exceptions to class/ program/ university policies. <input type="checkbox"/> |
| Attendance, Schedule, and Patient Logging | Attends all scheduled shifts and Clinical Seminar Day or has received approved excused absences. OR Logging accurately completed on a daily basis <input type="checkbox"/> | Discrepancy noted on schedule or log not completed on a daily basis <input type="checkbox"/> | One unexcused absence from rotation for any length of time. OR More than 1 discrepancy noted on log. <input type="checkbox"/> |
| Punctuality | Always arrives at least 15 minutes early for scheduled shifts and Clinical Seminar Day <input type="checkbox"/> | | Faculty/Staff or Preceptor reports concerns to clinical team or via Preceptor Evaluation with student tardiness for shifts or CSD. <input type="checkbox"/> |
| Completion of Course Assignments and Evaluations | Completes all rotation requirements (board prep assignments, i.e. ROSH) and evaluations on time & follows directions for each. <input type="checkbox"/> | Turns in 1 rotation requirement late or does not follow given directions from clinical team (i.e. rubric not included in written assignment). <input type="checkbox"/> | Two or more rotation requirements submitted late. <input type="checkbox"/> |
| Demeanor | Demonstrates a positive attitude and is always respectful of others, practices cultural humility towards faculty, staff and students in behavior and/or attitude. <input type="checkbox"/> | | Demonstrates a negative attitude, lack of cultural humility or is disrespectful to faculty, staff and/or students in behavior and/or attitude. <input type="checkbox"/> |
| Personal Integrity | Exemplifies dependability, honesty and trustworthiness. <input type="checkbox"/> | Mostly demonstrates a positive attitude and is usually respectful of others, including faculty, staff and students in behavior and/or attitude. <input type="checkbox"/> | Does not demonstrate honesty, trustworthiness, and/or dependability. <input type="checkbox"/> |

Total Points Possible _____ / 12

*For any overall professionalism rubric less than 70%, see professionalism remediation policy

Statement of Understanding [A3.02, A3.17]

Student Name: _____

A. Working with Diverse Groups

I understand that as part of the educational experience in the MSU MPAS Program, I will work with individuals representing a variety of cultural, religious, ethnic, racial, sexual orientation and socio-economic backgrounds. I agree to participate in such educational experiences with individuals regardless of their background.

B. Health Status

I have reviewed the MSU MPAS Program Technical Standards, and, to the best of my knowledge, I do not have any condition (physical or mental) which will compromise my ability to perform the duties expected of me as a student in this program.

C. BLS & ACLS Certification

I understand that current BLS and ACLS - American Heart Association certifications are required prior to beginning the clinical phase of the program and that it is my responsibility to maintain certification during the entire clinical curriculum and will provide the appropriate documentation.

D. Clinical Rotations Agreement

I understand that the MSU MPAS Program assigns all clinical rotations and that there is no guarantee I will be assigned to a specific location or preceptor. I also understand that clinical rotation sites are subject to change, sometimes without advanced warning. During the clinical curriculum, PA students may have to relocate for periods of time due to availability of clinical sites. Students are expected to provide their own transportation and housing.

E. Communications

I understand that email is the primary means of communication for the MSU MPAS Program outside of program activities. I will check my MSU email account on a daily basis and respond in a timely manner. Furthermore, I understand that I may be subject to disciplinary action for failure to respond to faculty or staff communications in a timely manner.

F. PA Program Student Handbook

I know how to access the online version (pdf) of the MSU MPAS Program Student Handbook, have reviewed it in its entirety and have had all my questions satisfactorily answered. Furthermore, I attest that I understand and agree to comply with all provisions outlined in the Student Handbook

As a Physician Assistant Student at Mississippi State University, I have read, understand, and accept all terms of this statement:

Signature

Date