Meharry Medical College
Physician Assistant Sciences Program
Clinical Year Handbook

Clinical Year 2026 – 2027

Destinee Fowler, MPAS, PA-C, Clinical Education Director

Devised: 03/2021 Revised: 04/2026

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INTRODUCTION

Congratulations on completing the didactic portion of the Meharry Medical College Physician Assistant Sciences Program. As you embark on the clinical phase of your training, please take a moment to reflect not only on what a privilege it is, but also on the responsibility that comes with this opportunity.

This clinical year handbook has been developed by the faculty and administration of the Meharry Medical College Physician Assistant Sciences Program to provide the student with specific guidelines, rights, and responsibilities regarding the PA Program. This handbook is designed to supplement rather than supplant existing Institutional policies and procedures, including those set forth in the Institution's Student Handbook. We encourage every student to become familiar with and refer to that handbook, as well as the School of Graduate Studies' handbook.

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

When the handbook does not cover a specific circumstance or the interpretation is ambiguous, the Program Director will make the necessary decision and/or interpretation. Written policies that are not in the handbook should not be interpreted as an absence of a policy or regulation. If the student has questions regarding a situation, they should discuss them with the Program Director.

If any conflict between the specific policies and procedures set forth in this handbook and general institutional policies and procedures exists, the institutional policies and procedures shall be the standard. We hope you find this handbook helpful and wish you much success in your clinical rotations.

-The PA Program Faculty

FACULTY DIRECTORY

Faculty Title	Name	Office Location	Office Number
Program Director	Michelle Drumgold, MPHS, MSPAS, PA-C	Suite 620	615-327-6351
Associate Program Director	Kara Caruthers, MSPAS, PA-C	Suite 620	615-327-6341
Medical Director	Dr. Eric Jackson	Suite 620	615-327-6341
Clinical Education Director	Destinee Fowler, MPAS, PA-C	Suite 620	615-327-6797
Assistant Professor	Will Wyatt, Ed.D, MPH, MA	Suite 620	615-327-6751
Principal Faculty	Rachael Luciano, PA-C	Suite 620	615-327-6634
Principal Faculty	Dr. Andria Humprey-Johnson	Suite 620	615-327-6196
Principal Faculty	Adrienne Hicks, NP-C	Suite 600	615-963-2804

STAFF DIRECTORY

Staff Title	Name	Office Location	Office Number
Program Manager	Antwan Parker	Suite 620	615-327-6341
Clinical Coordinator	Devin Graham	Suite 600	615-327-6341
Sr. Administrative Assistant	Vacant	Suite 620	615-327-6341

GENERAL INFORMATION

Mission

The mission of the Meharry Medical College Physician Assistant Sciences Program is to increase the number of students from underrepresented groups in medicine (URiM) in the PA profession. Students will be equipped with the ability to demonstrate cultural humility, provide evidence-based and compassionate care to all patients they encounter, and foster a commitment to community service in underserved populations, through equity, justice, and lifelong learning.

Goals

The MMC PA Sciences program's goals are aligned with Meharry Medical College and the School of Graduate Studies strategic goals, which specifically address educational excellence to include the following.

Goals	Metrics	Benchmarks
To increase the number of students from underrepresented groups in medicine (URiM) into the PA profession.	Admissions data	≥88% of matriculated students are from URiM groups.
To achieve high graduation rates.	Student Progress and Promotion data	≥88% annual graduation rate.
To maintain a competitive first-time PANCE pass rate.	NCCPA Program data	Program annual first-time PANCE pass rate ≥85%
To promote faculty development and demonstrate teaching innovation, scholarship, and service	School of Graduate Studies Faculty Performance Data APT Doc, PAEA Data	Annually, faculty will participate in at least: one professional development opportunity, one external service opportunity, and submit at least one conference presentation or journal article proposal.

Program Outcomes

Our student learning outcomes are considered entry-level competencies. MMC program outcomes are adapted from the updated PA Professional Competencies (2020 PAEA/NCCPA/ARC-PA;2021 AAPA).

Program Outcomes: our graduate physician assistant students will demonstrate:

Medical Knowledge (MK)
1. Discern among acute chronic, and emergent disease states
2. Utilize current medical information to make informed decisions about patient care
3. Demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care
Clinical and Technical Skills (CTS)
1. Conduct effective, patient-centered history-taking and physical examination for comprehensive and proble-focused patient visits
2. Perform procedural and clinical skills considered essential for entry into the PA profession
Interpersonal Skills (IS)
1. Communicate effectively to elicit and provide information
2. Counsel, educated, and empower patients and their families to participate in their care and enable shared decision-making
3. Demonstrate the ability to engage with a variety of other health care professionals in a manner that optimizes safe effective patient and population centered care.
Clinical Reasoning and Problem Solving (CRPS)
1. Formulate a most likely diagnosis based on an appropriate history, physical exam, and diagnostic work up for a variety of settings for patients across a lifespan
2. Provide health care that is evidence-based, supports patient safety, and advances health equity
3. Collect, order, and interpret laboratory and diagnostic studies
Professional Behaviors (PB)
1. Demonstrate a commitment to practicing medicine in ethically and legally appropriate ways.
2. Recognize when to refer patients to other disciplines to ensure that patients receive optimal care at the right time and appropriate level.
3. Exercise good judgement and fiscal responsibility when utilizing resources

Clinical Year Calendar

Activity	Dates
Semester 1 (Summer)	May 11th – July 17th
SCPE 1	May 11th – June 12th
Return to Campus- OSCE	June 11th – 12th
SCPE 2	June 15th – July 17th
Return to Campus	July 16th – July 17th
Term Break	July 20th – July 25th st
Semester 2 (Fall)	August 3rd– November 13th
SCPE 3	August 3rd – September 4th
Return to Campus - OSCE	September 3rd – September 4th
SCPE 4	September 7th – October 9th
Return to Campus	October 8th – October 9th
SCPE 5	October 13th – November 14th
Return to Campus - OSCE	November 12th – November 13th
Rotation 6 will begin in fall semester but be a Spring semester course **	November 17th-December 18th
SCPE 6	November 17th- December 18th
Return to Campus	December 17th – December 18h
Term Break	December 21st – January 1st
Semester 3 (Spring)	January 5th – April 24th
Rotation 7	January 4th – February 5th
Return to Campus - Summative	February 4th – February 5th
Rotation 8	February 8th – March 12th
Return to campus	March 11th to March 12th
Summative	Will occur during Rotation 7 return to campus session
ALE 4	March 16th – April 15th
Summative Remediation	TBD
Poster Session	TBD
Board Prep	TBD
SCPE Remediation	TBD
Graduation	May 15, 2027

Accreditation
The ARC-PA has granted Accreditation-Provisional status to the Meharry Medical College Physician Assistant Program sponsored by Meharry Medical College. Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA Standards or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

The program's accreditation history can be viewed on the ARC-PA website at http://www.arc-pa.org/accreditation-history-meharry-medical-college/.

The Executive Vice President (EVP) is the institution's designee for interacting with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) on the President's behalf. The EVP serves as the SACSCOC Liaison, communicates updates on accreditation policies and standards to the President and Executive Management Team, coordinates the preparation of reports and requests for information to SACSCOC, and provides leadership in preparing documents for the reaffirmation of accreditation.

Meharry Medical College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award: Doctor of Dental Surgery, Doctor of Medicine, Doctor of Philosophy, Master of Physician Assistant Sciences, Master of Public Health, Master of Health Sciences, Master of Science in Clinical Investigation, Master of Science in Biomedical Data Science, and Master of Science in Data Science.

Questions about the accreditation of Meharry Medical College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

Prerequisites for Clinical Rotations
Students must fulfill the following criteria prior to engaging in Supervised Clinical Practice Experiences:

- Successful completion of all didactic coursework.
- Maintain a personal health insurance policy
- Successful completion of a background check and drug test.
- Completion of all required immunizations and testing. Immunizations are based on the Centers for Disease Control guidelines for health professionals and state-specific mandates (A3.07).

Clinical Activity

- Meharry Medical College Physician Assistant Sciences students on clinical rotations will work under the direct supervision of physicians who hold or have held board certification, PAs who hold or have held NCCPA certification, advanced practice nurses who hold or have held board certification, or other licensed health care providers qualified in their area of instruction who have been vetted by the program. (A2.16 a-d)

- The Supervised Clinical Practice portion of the program will consist primarily of practicing physicians and PAs.
- Meharry Medical College Physician Assistant Sciences students on clinical rotations must wear the program's patch on their white coat and display their Meharry Medical College issued ID designating their student status. (A3.04)
- Meharry Medical College Physician Assistant Sciences students must not substitute or function as instructional faculty, and/or clinical or administrative staff (A3.03).
- Meharry Medical College Physician Assistant Sciences students shall only perform those procedures authorized by the PA program, clinical site, and preceptor. Students must adhere to all rules and regulations of the PA program and the clinical site.
- Meharry Medical College Physician Assistant Sciences students must not be under the influence of drugs or alcohol at a clinical site.
- Meharry Medical College Physician Assistant Sciences students must not exhibit any behavior that may jeopardize the health and safety of patients, staff, faculty, or fellow students.
- Meharry Medical College Physician Assistant Sciences students will deliver health care services to patients without regard to race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, gender identity or expression, disability, veteran status, medical condition, socioeconomic status, religious or political beliefs, or any status protected by law or executive order.
- Meharry Medical College Physician Assistant Sciences students must recognize their limits while on SCPEs. Students must not consent to assess any patient or perform any procedure that is beyond their ability or scope of practice.

Parking / Travel / Housing (A3.14J)

The clinical team will attempt to place all students at clinical sites within a 50-mile radius of the institution. However, all students admitted to the Meharry Medical College Physician Assistant Sciences Program should expect to engage in SCPEs beyond the institution's local area (a radius of more than 50 miles). For all clinical year rotations, students will be responsible for planning their own living and transportation arrangements and should plan for these additional expenses during the clinical year. Expenses that may be incurred will include, but are not limited to, the following:

- Rental of apartment, home, hotel, or extended stay accommodations.
- Airplane, train, bus, or car (including gas) travel expenses.
- Food
- Parking

Institutional Policies

Institutional policies are available on the Meharry Medical College website. Please refer to the following link:

https://meharry.edu/meet-meharry/policies/

School of Graduate Studies Policies

School of Graduate Studies Policies are available on the Meharry Medical College website. Please refer to

the following link:
https://meharry.edu/meet-meharry/policies/

Program Policies

SCPE Policy

The MMC PA Program coordinates all clinical rotation sites and preceptors for all required clinical rotations. Prospective or enrolled students are not required to provide or solicit clinical sites or preceptors (A3.08). Clinical rotation sites and/or preceptors may be suggested by students. For the student-recommended clinical rotation site or preceptor rotation to be approved, the preceptor must agree to take a minimum number of students, as determined by the MMC PA Program. The student may make the initial contact with the prospective preceptor or clinical site. The program will evaluate the request and make a final determination. Students who recruit new SCPE sites are not guaranteed placement at that site. All SCPE placements are determined by the clinical team under the direction of the Clinical Education Director. All Supervised Clinical Practice Experiences (SCPEs) must undergo a thorough vetting and affiliation agreement process to be designated as a new site or retained as a site.

PROCEDURE:

- Preceptor application is reviewed and evaluated in regard to the MMC PA Program's current SCPE needs. The preceptor's credentials are verified through the preceptor's State Medical Board, State Board of Osteopathic Examiners, the National Commission on Certification of Physician Assistants (NCCPA),the State Board of Nursing, or other applicable sources. (A2.16a-d).
- All SCPEs must occur with (A2.16a-d):
    - PAs who hold or have held NCCPA certification
    - Physicians who hold or have held board certification
    - Advanced practice nurses who hold or have held board certification
    - No more than 10% other clinicians who are vetted by the program as qualified
- SCPEs must occur in the following settings (B3.04a-d):
    - Emergency department
    - Inpatient
    - Outpatient, and
    - Operating room

- The preceptor will be given an account in CORE ELMS where they will have access to the preceptor orientation materials which will include the preceptor handbook and syllabi for the clinical course in their area of instruction.
- MMC PA Program Affiliation Agreement template will be sent to the site/facility for signature through the MMC PA tracking system.

- The site and preceptor will have separate affiliation agreements unless they are the same legal entity. The site and preceptor must return the signed MMC affiliation agreement template or forward their affiliation agreement template for the MMC Office of Legal Counsel to review. The affiliation agreement must be fully executed and in current standing in advance of student placement.
- A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. (A3.01)

Criminal Background Check and Drug Screen Policy

Increasing numbers of hospitals and clinical partners of Meharry Medical College require criminal background checks (CBCs) for students assigned to complete clinical rotations at their facilities.
To meet these additional requirements, standardize the criminal background check process, and minimize the need for students to do multiple criminal background checks, Meharry Medical College will facilitate a criminal background check process for students as outlined below. A registration hold will be placed on the student accounts who do not authorize the background check by the deadline communicated. Criminal background checks and drug screenings will be the financial responsibility of the student.

Safe and competent delivery of patient care requires all providers to be free of impairment from drugs and alcohol. Prior to matriculation and prior to beginning SCPEs, students must submit the results of a urine drug screen to the Program. At times, students may also be required to submit additional drug and/or alcohol screens. Students are responsible for the cost of drug and alcohol screens.

For the complete policy, please refer to the following link:
https://meharrymc.navexone.com/content/dotNet/documents/?docid=185&app=pt&source=browse
&public=true

MMC PA Faculty Serving as Healthcare Providers Policy

All MMC PA Program faculty, the Program Director and the Medical Director are prohibited from serving as health care providers or offer medical advice for students in the program in any capacity, except in emergency situations (A3.06). The student health fee provides all current Meharry students access to the services provided at the Student Health Center. The clinical staff of Student Health Services is comprised of a certified family nurse practitioner and clinical faculty from the department of Internal Medicine. The services provided include:

- Acute illness and injury management
- Physical examinations
- Laboratory services
- Immunizations
- Tuberculosis screening
- N95 respirator fit testing

Services for physical examinations, laboratory services and immunizations are billed to the student's health insurance and are subject to co-pays and deductibles.

PROCEDURE:

Student Health Services are not intended to be used in the place of a primary care physician or a specialist. For life or limb-threatening conditions, students should go directly to the nearest emergency department.

After normal operating hours, if students require emergency treatment, they are encouraged to go to the Metropolitan Nashville General Hospital Emergency Department, an area emergency department or call 911. https://meharrymc.navexone.com/content/dotNet/documents/?docid=190&app=pt&source=browse&public=true

PA Student Employment and Serving as Instructional Faculty Policy (A3.14i)

Students are highly discouraged from participating in extra-curricular employment. History demonstrates that these students are at high risk of dismissal due to poor academic performance attributed to the time conflicts that outside employment brings.

Due to the intensity and high standards of the program, it is advisable that students be prepared and focused as they progress through the curriculum. Students are strongly discouraged from seeking or maintaining outside employment while enrolled in the MMC PA Program.

If a PA student chooses to work during the program, it is his/her responsibility to ensure that employment does not interfere with or hinder academic progress. Program expectations, assignments, deadlines, examinations, and other student responsibilities will not be altered or adjusted to accommodate a student's working schedule, and it is expected that the student's employment will not interfere with the student's learning experience. Coursework or days missed as a result of outside employment will not be excused.

Student Service as Instructional Faculty or on Clinical Rotation

- PA students are not required to work for the PA program in any capacity (A3.03).
- PA students must not substitute for or function as instructional faculty (A3.03). Students with specific prior knowledge, experiences, and skills may assist faculty and share their knowledge and skills, however, they are not to be the primary instructor or instructor of record for any component of the curriculum.
- Students must not accept payment or stipends for services rendered in connection with their performance on clinical rotations. Accepting payment or gifts could result in the loss of malpractice liability coverage for the student.
- PA students must not substitute for or function as clinical or administrative staff during clinical rotations (A3.03).

PROCEDURE:

Students must notify the Clinical Education Director immediately if they are put in such a position where they are substituting for or functioning as instructional faculty or clinicaladministrative staff, or if they have any questions or other concerns regarding this policy.

https://meharrymc.navexone.com/content/dotNet/documents/?docid=192&app=pt&source=browse&public=true

Dress Code & Identification Policy (A3.04)

The Dress Code and Identification Policy are implemented to promote professionalism and ensure student and patient safety. Be aware that your appearance is reflective of the College, Meharry Medical College

(MMC) Physician Assistant (PA) Sciences Program, and the PA profession. Violations of the dress code may result in dismissal from class or clinical activity and may adversely affect the student's grade in courses.

DEFINITIONS:

Professionalism - The conduct, aims, or qualities that characterize or mark a profession or a professional person. The characteristic emphasized in this policy is appearance.

PROCEDURE: The following procedures apply to all students in all phases of the program, regardless of geographic location. Business casual attire is required for all classroom experiences or any representation of the MMC PA Sciences program or the College. Personal attire should be reflective of professionalism. Students in the School of Graduate Studies' PA Sciences Program, at all levels of education and training, are expected to maintain a proper professional image in their behavior and personal appearance at all times inside any Meharry or affiliate facility. Professional appearance includes the following:

- Pants must be worn at the natural waistline
- Shirts, tops, and dresses must have sleeves and a collar (or a modest collar-line)
- Hair is to be neatly groomed and clean
- Nails are to be short, neatly trimmed, and clean.
- Students are not to wear hats or bandanas inside any Meharry or affiliate facility.
- Students are expected to wear clean, appropriate apparel (shirts, pants, dresses, skirts, etc.) and shoes to all academic activities, and when visiting any of our affiliate institutions.

Unacceptable attire for MMC PAS students include:

- Short (mini) skirts,
- Tee-shirts with inappropriate inscriptions,
- Halter tops,
- Exposed midriffs,
- Excessively low-cut necklines,
- Tank tops,
- Spaghetti straps,
- Sweat bands,
- Over-sized sagging pants/jeans/shorts
- Caps or hats,
- Rubber thongs/Flip flops
- Leggings
- Jeans

Professionally dressed while in the Clinic Setting should include:

- Strictly adhering to Personal Protective Equipment (PPE) guidelines as established by the Centers for Disease Control (CDC): https://www.cdc.gov/HAI/pdfs/ppe/PPEslides6-2904.pdf

Strictly adhering to universal precautions and the use of PPE as established by the Occupational Safety and Health Administration (OSHA) https://www.osha.gov/SLTC/etools/hospita1/hazards/u nivprec/univ.html

- Business professional is the accepted dress for all affiliates/clinical rotations unless specified otherwise by a preceptor or the Clinical Education Director regarding a particular rotation or rotation activity.

- A short, white consultation jacket will be worn during clinical situations and patient contact. Expectations should be discussed with the preceptor in advance of the first day in the clinical setting. Short white consultation coats have the following:
    - The MMC PA Sciences Program Patch
    - The Student's first and last name
    - PA-S (PA-Student) after the student's name

If the consultation jacket is not required by a preceptor or site, the student must wear and have visible at all times their Meharry Medical College institutional nametag.

- MMC issued scrubs may be worn during patient contact with the white consultation jacket and closed toe shoes.

- Students must wear and have visible at all times, the Meharry Medical College institutional nametag with the following information:
    - The student's picture
    - The student's name
    - The institution’s name
    - The school the student is enrolled in

The following are not accepted in the Clinic Setting:

- Open-toed shoes
- Jewelry that is dangling/hanging,
- Piercings and other accessories that pose a safety concern for the student or patient are prohibited.

At no time should a student, either by virtue of his/her skills or knowledge attained while progressing through the MMC PA Sciences Program, misrepresent him-/her-self as being any medical professional other than a PA student. Students may not use previously earned titles and credentials in any correspondence regarding or related to the MMC PA Sciences Program, (i.e., EMT, RN, PT, PhD, RD, etc.).

These statements are general in nature and apply to all patient care settings. The student shall also follow the affiliate dress code policies established by the preceptor or facility.

Inclement Weather Policy

MMC PA Program follows the MMC Inclement Weather and Emergency Closing Policy. Please refer to the link below for the policy: https://home.mmc.edu/wp-content/uploads/2017/06/inclementweatherpolicy.pdf

Additional Policy:

Clinical rotations outside of the MMC campus will abide by the preceptor's decision at the clinic/hospital site regarding rotation attendance, including remaining at the clinical site if road conditions are hazardous. The student is to notify the MMC PA Program if not attending an off-campus rotation.

A campus closed alert means that regularly scheduled classes are canceled for all students on the closed campus. Course Directors will do their best to adjust subsequent class schedules to minimize the ultimate impact of lost class time.

PROCEDURE:

The following apply:

- If an exam has started once a campus closure has been issued, students should be aware that the examination will be completed while the campus is closed.
- Campus is closed before an exam begins: Course or EOR exam must be rescheduled. All courses should have an alternate exam day and time scheduled; the rescheduled exam will occur on this backup day. If campus is closed on the backup day, then the exam will be rescheduled for a subsequent time. Students should be aware this means an examination may be delivered on a separate day and time when the class does not usually meet. Students will be notified of the decision by the Course Director.
- There are lectures and no required activity: Course Director will reschedule activity. Another possibility is the MMC campus will not be closed for the entire day but may open late such as at 10:00 am. In this case all activities that were originally scheduled to occur after the opening time will still occur, including exams. Activities that were scheduled for earlier than the opening time (e.g., from 8-10 if the campus opens at 10:00), then the numbered policies above will be followed.

When adverse weather conditions are likely or there are other situations that could affect a student's expected participation, discussing options in advance is recommended. There may be emergency situations that warrant exclusions to this policy. In these situations, the Course Director or other persons in authority may alter this policy to appropriately deal with the emergency.

Students should have access to contact numbers of the persons with whom they work, and similarly,

should share their own contact information. Good communication will go far to minimize misinterpretation of unexpected absences.
https://meharrymc.navexone.com/content/dotNet/documents/?docid=191&app=pt&source=browse&public=true

Sick Leave, Bereavement and Absenteeism Policy

In the event that a student needs time away from the program due to illness, personal loss, or other life events, students are allowed to miss a total of five (5) days. Students are required to notify the PA Program whenever they are absent from any class or clinical learning rotation.

Absence from a didactic course and/or clinical learning rotation in excess of five (5) days seriously jeopardizes the educational experience and academic requirements of the program. For a clinical rotations, the student may be required to make up that missed time.

PROCEDURE:

- If a student needs to be absent from class or didactic learning activity for illness or other reasons he/she must contact the Program's Administration Office prior to the schedule class/activity, notify the Didactic Education Director and the Course Director via email and phone.
- If a student needs to be absent from a clinical rotation for illness or other reasons he/she must contact the Preceptor prior to his/her regular reporting time, notify the Program's Administration Office and notify the Clinical Education Director via email or phone.
- For absences during the didactic phase students are required to present a written note from their health care provider on the second day of their absence to the Didactic Education Director or

Course Director noting the reason for absence and date(s) of treatment for absences from class/activity.

- For absences during the clinical phase students are required to present a note from their health care provider on the second day of their absence the Clinical Education Director and Preceptor noting the reason for absence and date(s) of treatment for absences from the clinical rotation
- Failure to advise the PA Program of absences may result in the lowering of the rotation grade
- Absence from a didactic course and/or clinical learning rotation in excess of five (5) days seriously jeopardizes the educational experience and academic requirements of the program. For a clinical rotation, the student may be required to make up that missed time.
- Students will be required to make up time missed due to sickness or to repeat the entire clinical learning rotation, if such absence(s) is/are felt by the program and/or preceptor to jeopardize the student's clinical competence or to compromise his/her professional responsibility.
- During the didactic phase students wishing to take an absence to attend a health care conference or for personal reasons must request advance written permission from the program via the Didactic Education Director. If the request is approved, the student must then notify the Course Directors of all classes that will be missed and arrange for make-up.
- During the clinical phase students wishing to take an absence to attend a health care conference or for personal reasons must request advance written permission from the Clinical Education Director. If the request is approved, the student must then notify their preceptor.
- If a student suffers the loss of a close relative at any time during the program, he/she will be allowed 3 days of excused absence. If more time is needed the student is to contact the Program Director by phone and/or email to formally make this request. Faculty and Course Directors will be notified and arrangements for make-up will be made. https://meharrymc.navexone.com/content/dotNet/documents/?docid=515&app=pt&source=browse&publi c=true

Student Immunization Requirements (A3.09a)

Meharry Medical College is committed to providing a safe environment for the education of its students in the health professions and sciences, particularly those students who work in the hospital or with patients. Students, faculty, and staff in the health sciences setting are vulnerable to communicable diseases such as tuberculosis, measles, mumps, rubella, diphtheria, and polio. Those students who may come in contact with blood or blood products also have the potential of being infected with hepatitis, HIV, or other viruses. These diseases are susceptible to control by appropriate immunizations.

Required Immunizations:

- Influenza: Required annually Hepatitis B vaccinations: documented series of 3 vaccines and Hepatitis B surface antibody quantitative serologic titer
- Measles, Mumps & Rubella (MMR): documented series of two doses and quantitative serologic titers
- Varicella: documented series of two doses and quantitative serologic titer or documented dates or disease and quantitative serologic titer
- Tetanus/Diphtheria/Pertussis: documentation of TDAP vaccine within the last 10 years
- Meningococcal vaccination: documented proof of vaccination against meningococcal disease. Must provide proof of MCV4 vaccination.
- Polio: documentation of last immunization
- Tuberculosis Screening (within last 12 months): PPD results or IGRA result or documentation of

previous positive PPD, subsequent treatment and most recent chest x-ray report.

- Tuberculin skin testing and influenza (flu) vaccination is required annually.
- Two doses of an mRNA vaccine (Pfizer or Moderna), a single shot of the Johnson and Johnson, or recovery from Covid-19 followed by a single shot of any of the available vaccines is mandatory (with exceptions only for medical reasons) prior to matriculation with documentation provided to student health.

Physical Examination:

Prior to registration, all students entering Meharry Medical College are required to have the Health Surveillance/Physical Examination forms completed by a health care provider. The physical exam should be performed within the last 12 months. If the health care provider has questions, please ask the health care provider to call Student Health Services at (615) 327-5757 for assistance.

PROCEDURE:

- Prior to registration, all students entering Meharry Medical College must provide proof of prior immunization for influenza, measles, mumps, rubella, varicella (chicken pox), tetanus, diphtheria, pertussis, meningococcal, polio, and hepatitis B consistent with the most current Centers for Disease Control and Prevention recommendations for healthcare professionals. Documentation of the results of tuberculosis screening (PPD) within 6 months of matriculation is also required. Student Health Services will review all documentation submitted to determine adequacy.
- Students who cannot provide adequate documentation of prior immunization or physician-diagnosed diseases (as indicated by serologic evidence) by the start of the MMC PA program must initiate immunization to these diseases prior to matriculation and complete all immunization prior to the start of clinical rotations.
- Tuberculin skin testing and influenza (flu) vaccination is required annually for all students enrolled in the MMC PA Program. Any student who has not been appropriately immunized or who fails to receive annual screening will not be allowed to continue enrollment in the MMC PA Program. Any student who becomes tuberculin skin test positive during the course of their medical training will be evaluated and followed routinely in the Student Health Service without charge. The student must notify the Office of Student and Academic Affairs and the Student Health Services in order for the student to be cleared to return to clinical rotations. The college will assume responsibility for the cost of the initial chest x-ray(s) and such medication as deemed appropriate by Meharry Student Health Service.
  https://meharrymc.navexone.com/content/dotNet/documents/?docid=514&app=pt&source=browse&publi c=true

Evaluation of Occupational Exposure, Illness, and injury

Students who are accidentally exposed to blood and body fluids via needle stick, mucus membranes, or exposure of non-intact skin; or become ill or injured, as the result of a clinical assignment, will be evaluated at the Student Health Center during the Center's normal operating hours. Students must also notify the Office of Student and Academic Affairs of such injury. A reportable event form must be completed in addition to individual affiliate hospital or clinical forms. If the Student Health Center is closed, the student will be referred to Nashville General Hospital Emergency Room or the appropriate medical facility in the community where they are assigned

PROCEDURE:

Preceding the initial clinical exposure of all students, educational sessions are given which deal with the

occupational exposures to infectious and environmental hazards anticipated in the day to day practice of medicine. These sessions are mandatory and cover instruction in the prevention of occupational exposures; procedures for evaluation after exposure; and the effects of infectious and/or environmental disease or disability on student educational activities. The sessions will be given during orientation and are mandatory for any student who rotates to any affiliate hospital or clinical site. Any student who has not completed these sessions will not be allowed to begin or participate in any clinically related activities (A3.05a).

In the event of an exposure, students must notify the Clinical Education Director (by phone, texting or calling), of such injury. A reportable event form must be completed in addition to individual affiliate hospital or clinic forms.

The Student Health Center staff will triage the student and record the following information

- Student's current immunization status with regard to Hepatitis B and tetanus vaccines and anyother pertinent laboratory information;
- Type of injury, when and how the injury occurred, and any pertinent information regarding the patient involved and/or incident.

If the student is located at a distant site, or in cases of dire emergency, the student should first contact the designated administrator at the work site. Any necessary emergency medical and/or nursing care should be made available to the student through the regular procedures in effect at the facility to which the student is assigned. The morning following discharge, the student must report to the Meharry Student Health Center for evaluation and clearance to return to duty. The student is to bring copies of the discharge instructions and any other information describing the treatment that was rendered. The student will be referred for further follow-up/management if indicated (A3.05b).

Mandatory Bloodborne Pathogen / Needle Stick Plan / Airborne Exposure and Procedure:
As members of our medical community, Meharry provides needle stick coverage to all clinical students. You are enrolled in the mandatory pathogen exposure/accident coverage, which provides a benefit in case you are exposed to blood or other body fluids through a needle stick or body fluid splash/spill event.

For students who elected the Meharry Medical Insurance Plan, you are covered 100%. In the event of a needle stick (A3.05c):

- Seek treatment from a MMC or participating provider.
- Use your UHC medical plan ID card
- There will be no charge for medical services at point of service.
- If Prescriptions are needed, you will pay applicable copayment and receive reimbursement from UHC.
- Must use UHC participating pharmacy.

For students who declined the Meharry Medical Insurance Plan, you are covered 100% through Star Underwriter. You will be sent an ID card just for this coverage (A3.05c).

- Seek treatment from a MMC or a provider of your choice.
- Use your medical plan ID card received from Star Underwriter.
- Notify MMC of incident.
- Complete Reimbursement form for STARR
- $12 annual fee.

For a student who becomes tuberculin skin test positive during the course of their medical training due to airborne exposure, they will be evaluated and followed routinely in the Student Health Service without charge. The student must notify the Office of Student and Academic Affairs and the Student Health Services in order for the student to be cleared to return to clinical rotations. The college will assume responsibility for the cost of the initial chest x-ray(s) and such medication as deemed appropriate by Meharry Student Health Service. (A3.05c)https://word-view.officeapps.live.com/wv/WordViewer/request.pdf?WOPIsrc=https%3A%2F%2Fmeharrymc%2Ewopi%2Epolicytech%2Ecom%2Fwopi%2Ffiles%2F189%5F2%5Fmeharrymc&&&z=421e11f908734f6\2b037430e25f16cfa&type=printpdf&useNamedAction=1&usid=c7527beb-e1fd-4bd7-9c6a-410e5cdb733e&build=20260420.6&waccluster=PUS14

Academic Promotion, Probation and Dismissal Policy

Academic Progression (A3.14a):
Progression into the clinical phase of the MMC PAS Program requires that students have met all of the following requirements:

- Cumulative GPA (Grade Point Average) of 3.0 or greater
- Completion of the end of didactic phase PACKRAT exam
- Passing performance on assessing history, physical and clinical skills via a practical exam (OSCE)
- Compliance with student code of conduct, including professionalism
- Maintain a current health insurance policy (Any student who does not maintain a current health insurance policy during the Clinical Phase will be removed from clinical rotations until compliance has been established.)
- Provide proof of up-to-date status of all required immunizations and a negative PPD (or chest radiograph for conversions)
- Maintain a clear criminal background check
- Test negative on drug screening as required by clinical rotation site(s)
- Provide the Program and Clinical Education team with up-to-date personal and emergency contact information
- Completion of any additional clinical rotation site requirements (credentialing process)

Any student who does not complete the didactic phase of the program in good academic standing will be required to remediate before progressing to the clinical phase (Please see remediation policy below).

To qualify for graduation from the MMMC PAS Program and be eligible to confer a Master of Science in Physician Assistant Studies degree, students must complete the entire PA curriculum and fulfill the following requirements: (A3.14b)

- Completion of all MMC PAS courses with a minimum of a letter grade of “C” or above
- Satisfactory completion of all PAS program courses with a minimum GPA of 3.0 or greater
- Successful completion of all clinical phase courses
- Successfully pass all summative assessments
- Compliance with all institutional and program policies and procedures
- Settlement of all financial obligations to the institution
- Completion of all graduation clearance requirements as instructed by the Registrar

Only students who have completed all the above requirements by April 30th will receive a diploma with the published commencement date. Those completing all requirements after April 30th will receive a diploma with the date of June 30th, October 31st, or December 31st.

Probation Policy:
To remain in good academic standing in the Physician Assistant Sciences Program, the student must maintain a cumulative GPA of 3.00 out of 4.00 each semester and maintain professional performance throughout the didactic and clinical courses. A student will be placed on Academic Probation if:

- His /Her cumulative GPA falls below 3.0 on a 4.0 scale, or
- His/Her term GPA falls below a 3.0 on a 4.0 scale
- Failure of two first attempt PAEA End of Rotation remediation examination
- Failure of two (2) first attempt PA Education Association (PAEA) End of Rotation Examinations and two (2) remediation examinations
- Failure of a Supervised Clinical Practice Experience (SCPE) Course
- He/She fails to exhibit appropriate professional behavior (see Professionalism policy)

DEFINITIONS:
Academic Standing – Current status in terms of academic performance and progress within the MMC PAS Sciences Program

PROCEDURE:

- A student with a cumulative GPA below 3.0 at the end of any didactic semester will receive notification from the Associate Dean for Academic Affairs in the School of Graduate Studies that they are on academic probation.
- To be removed from academic probation during the didactic phase, the student must attain a cumulative GPA of 3.0 or above within two didactic semesters.
- If the student fails to raise his or her cumulative GPA to 3.0 or higher within two didactic semesters, the student will be referred to the Student Evaluation and Promotion Committee for recommendation of dismissal from the Program.
- If a student is placed on academic probation at the culmination of the last didactic semester, the student must have no less than a 3.0 term GPA for two consecutive terms to be removed from academic probation
- A student who fails two (2) first attempt PAEA End of Rotation examinations during the clinical phase of the Program will receive a notification from the Associate Dean for Academic Affairs in the School of Graduate Studies that they are on probation for the remainder of the clinical phase of the Program.
- A student with two (2) PAEA End of Rotation remediation failures will receive a notification from the Associate Dean for Academic Affairs in the School of Graduate Studies that they are on probation for the remainder of the clinical phase of the Program.
- A student who fails a SCPE course will receive notification from the Associate Dean for Academic Affairs in the School of Graduate Studies that they are on probation for the remainder of the clinical phase of the Program.

- At any point while on academic probation during the clinical phase of the program the may be referred to the Student Evaluation and Promotion Committee for unsatisfactory progress.
- The Student Progression and Promotion Committee makes the recommendation of probation or dismissal to the Program Director.
- The Program Director may accept or deny the recommendation.

Students Cited for Professionalism:

- Any violation of published Institutional or program policies pertaining to misconduct unbecoming of any MMC PA Sciences student, regardless of the student's calculated grade for a particular course or GPA will be referred to the Student Evaluation and Promotion Committee.
- Based on the incident(s) and associated documentation, the Student Evaluation and Promotion Committee may recommend disciplinary action, including but not limited to counseling, oral reprimand, written reprimand, probation, restitution, suspension, referral to the Institutional Student Disciplinary Committee, and probation.
- All students referred to the Student Progress and Promotion Committee for inappropriate professional behavior will be required to complete a remediation plan defined by the Student Progression and Promotion Committee.
- If a student is placed on probation, the length of probation will be determined by the Student Progression and Promotion Committee.
- If the student fulfills the outcomes described in the remediation plan within the specified timeframe, he or she will be removed from probation.
- If the student fails to fulfill the outcomes described in the remediation plan within the specified timeframe the student will be referred to the Student Progression and Promotion Committee for recommendation of dismissal

Dismissal Policy (A3.14f)

Student Learners will be referred for dismissal for failure to comply with academic, clinical or professional standards.

DEFINITIONS:

Dismissal – Refers to a student being expelled or removed from an academic program or an institution due to poor academic performance or misconduct.

PROCEDURE:

Students will be recommended for dismissal by the Student Evaluation and Promotion Committee to the Program Director if:

- A student earns an "F" in any course
- A student does not earn a cumulative GPA of 3.0 or above at the end of the didactic or clinical phases of the curriculum.
- A student's GPA falls below 3.0 for a second time
- A student on academic probation does not show sufficient progress, as deemed by the Student Evaluation and Promotion Committee.
- Failure of three PAEA End of Rotation Exams
- Failure of two SCPE courses

- A student's professional conduct violates MMC Student Code of Conduct, the MMC PAS Program's professionalism policy, state or federal law, or for moral turpitude, unprofessional behavior, criminal activity, or other reasons as defined by the College

Meharry Medical College Physician Assistant Sciences Program reserves the right to dismiss at any time a student who, in its judgment, is undesirable and whose continued enrollment is detrimental to him/herself or his/her fellow students or whose presence is disruptive to the learning environment or the orderly operation of the Program

Professionalism Policy

PURPOSE: To inform the MMC PA Sciences student learners of the Program's policy on professional behavior and conduct.

POLICY: At the MMC PA Sciences Program, all student learners are expected to always uphold the highest standards of professionalism. The American Academy of Physician Associates has developed Guidelines for Ethical Conduct for the PA Profession which all students are expected to comply. Professionalism is the cornerstone of the Physician Assistant profession and student learners are expected to conduct themselves in a professional manner and abide by the highest standards of academic honesty, ethics, and professional conduct, including when they are representing themselves as a Meharry Medical College Physician Assistant Sciences Student in any activity.

The following are considered essential requirements for PA students. Expectations include, but are not limited to:

- Ethical Behavior & Integrity
    - Sets appropriate boundaries and makes appropriate value judgments as it relates to interpersonal relationships with peers, faculty, staff, preceptors, and other healthcare professionals.
    - Maintains and exhibits respect for the privacy and confidentiality of fellow students.
    - Conducts self in an ethical, moral and legally sound manner at all times.
    - Respect patient's modesty, religious & cultural preferences, and protect patient privacy.
    - Maintain confidentiality of patient information
    - Students will be expected to uphold the highest standards of academic honesty as per the School of Graduate Studies Honor Code
- Accountability
    - Take responsibility for one's own actions, and recognize and act to correct deficiencies in behaviors, knowledge, and skills.
    - Completes all assignments and duties in a timely manner, effectively and to the best of your ability.
    - Be attentive and participate during learning activities, sharing your knowledge and skills with others.
    - Complete administrative requirements in a timely manner (e.g., evaluations, remediations)
    - Be punctual to all activities
- Teamwork & Collaboration
    - Allows others to express their opinions
    - Communicate in polite tone and manner in all exchanges and encounters
    - Remain respectful and open-minded to other perspectives
    - Use appropriate verbal and non-verbal communication to convey concern, pleasantness,

compassion and professionalism to others
    - Maintain a professional and calm demeanor at all times, including highly stressful situations
    - Demonstrates respect for knowledge, skills and expertise of other team members
    - Fulfill assigned roles and request assistance and/or education when needed
    - Recognize and embrace the role as a member of a team and contribute equally to the work of the team in a cooperative and considerate manner
    - Self-regulate your behavior to positively impact the team environment
- Communication & Interpersonal Skills
    - Displays a positive attitude towards others
    - Maintains awareness of own verbal and non-verbal body language in interactions with patients, students and faculty and staff
    - Communicate in a polite tone and manner in all exchanges and encounters
    - Remains respectful and open-minded to other perspectives
    - Uses appropriate verbal and non-verbal communication to convey concern, pleasantness, compass and professionalism to others
    - Offers constructive feedback or suggestions in a thoughtful and reasoned manner that fosters respect and trust
- Professional Appearance & Demeanor
    - Dress in professional and neat attire and practice good personal hygiene, demonstrating respect for patients and others. Follow dress code expectations.
    - Maintains a professional and calm demeanor at all times, including highly stressful situations Self-Reflection & Continuous Learning
    - Recognizes own limitations as a student
    - Demonstrates ability to ask for help or express discomfort with performing tasks
    - Accepts feedback in a positive manner and makes changes appropriately
- Patient-Centered Care
    - Makes decisions based on factual information and be able to explain the rationale for decisions made.
    - Deliver information in a thorough, organized, and concise manner at all times.
    - Document accurately in the patient's medical record and healthcare team materials at all times
    - Establish appropriate rapport with the patient, family members, or caregivers
    - Respond to patient needs in a timely, safe, and effective manner
    - Demonstrate openness/responsiveness to the patient's ethnic and cultural background
    - Recognize signs of impairment in yourself and others and take appropriate action
    - Strive to develop personal habits that promote social, physical, and mental health
    - Recognize the importance of self-care and personal wellness and its impact on others as a leader in the community
    - Communicate in a manner that is respectful of and sensitive to the patient's and family's age, orientation, culture and beliefs

PROCEDURE: Any breach of professionalism, as described above, but not limited to, which may occur during a student learner's didactic or clinical phases within the Program will result in the following:

- Any egregious violation of the professionalism policy must be reported to the MMC PAS ProgramDepartment Chair / Program Director and will result in a meeting with the Student Progress and Promotion Committee to determine the need for immediate intervention. If the SPP is not immediately available, the Program Director may remove the student from the classroom or clinical rotation pending a meeting with the Student Progress and Promotion Committee.

- A student learner's professional conduct violates MMC Student Code of Conduct, the MMC PAS Program's professionalism policy, state or federal law, or for moral turpitude, unprofessional behavior, criminal activity, or other reasons as defined by the College. will be recommended for dismissal by the Student Progress and Promotion Committee to the Program Director.
- In the event that a student receives three documented professionalism violations, the student will be referred to the Student Progress and Promotion Committee.
- During the clinical year, SCPE preceptors will complete final student evaluation at the conclusion of each rotation which addresses professionalism behaviors. If any professionalism issues are identified the student must meet with the CED and remediation will be at the discretion of the course director.
- If a student has professionalism issues at the conclusion of more than 2 SCPEs the student will be referred to the Student Progress and Promotion Committee.

Professionalism Assessment tool:

- Student's Professionalism will be evaluated at the end of each semester. Student who have not demonstrated any professionalism concerns will meet expectations.
- Student's who have failed to meet the professionalism standards of the Institution and Program will be referred to the Student Progress and Promotion Committee for remediation and placed on academic probation for the next semester.
- Students who fail to successfully complete the remediation plan or continue to engage in unprofessional behaviors will be referred to the Student Progress and Promotion Committee for dismissal for the MMC PAS Program

Withdrawal Policy (A3.14e)

If a student withdraws, he or she must reapply to Meharry as a new student and be considered for admission by the Meharry Medical College Physician Assistant Sciences Program's Admissions Committee.

If a student receives a medical withdrawal, he or she will be required to present medical clearance before being readmitted.

A student withdrawing without presenting to the director of Admissions and Records written permission from the dean forfeits all claims for credit or refund.

PROCEDURE:

- A student may withdraw from Meharry Medical College after completing the official withdrawal form with properly executed with the appropriate signatures
- The form must be submitted to the Office of the Registrar.

- Grades for completed courses will be recorded on the official record.
- If the student desires to return to Meharry Medical College, the formal readmissions application process must be completed.

https://meharrymc.navexone.com/content/dotNet/documents/?docid=516&app=pt&source=browse&publi
c=true

Counseling Services (A1.04)

Meharry Medical College provides counseling services from professional providers at a conveniently located campus Counseling Center. The center is committed to a highly effective counseling support system that compliments the educational and human enrichment endeavors of the institution. Counseling services include individual, family and group therapies, crisis intervention, coaching, case management as well as academic counseling. Workshops related to stress reduction, time management and a variety of clinical presentations are regular features of the center.

The services of the Counseling Center are broad-based and encompass services to students' partners and dependents, as well as to faculty and staff. Below is a listing of some of the services offered:

- Self-esteem problems
- Interpersonal relationships
- Adjustment problems
- Conflict resolution
- Time & stress management
- Short-term psychotherapy
- Marital counseling
- Lifestyle counseling
- Wellness counseling
- Examination anxiety therapy
- Disability counseling
- Medication referral services
- Gay, lesbian, bisexual and transgender counseling and referral services
- Psychological testing
- Alcohol and substance dependence recovery counseling and referral services

All counseling services for students and their immediate family are provided at no cost to the student. When referrals are made to mental health providers, these services are normally covered under the provisions of the student's health insurance policy.

Referrals:

Referrals to other agencies or to other health care providers are made as appropriate. Should students need to seek services from a psychiatrist for medication evaluation or other issues, we provide a referral to local community psychiatrists.

Confidentiality:

Please be assured that all counseling services are strictly confidential. No faculty member, staff, peer,

friend or family member will be permitted access to a student's counseling records without written permission from the counselee. Counseling session's records are NOT a part of the student's academic records.

PROCEDURE:

Appointments:

- To make an appointment or to obtain further information about the Counseling Services, please contact us at 615.327.6915.
- Counseling Services is open Monday– Friday, 8 a.m.–4:30 p.m. Hours are quite flexible, however and appointments may be scheduled until early evening, when necessary.
- Although appointments are encouraged, walk-ins are welcome.

Counseling and Psychological Emergency:

- For psychological emergencies, counselors are available for crisis assistance and consultation 24/7.
- During business hours, call or come into the Counseling Services office and request to be seen immediately.
- After hours and on weekends, on-call counselors can be reached by calling at 615.327.6915.

In case of an emergency that requires police or emergency medical services, please call 911.

General Guidelines for the Clinical Year

The Clinical Site

Two to four weeks prior to the start of each SCPE:

- Contact the Clinical Education Director to collect any necessary credentialing packet, information
- Complete any needed administrative paperwork associated with the SCPE
- Contact your preceptor to determine:
    - Start Date
    - Start time
    - Location

The First Day

The first day of each SCPE, the Meharry Medical College Physician Assistant Sciences student should arrive 30 minutes early to meet with their clinical preceptor to:

- Review the SCPE syllabus
- Discuss SCPE outcomes
- Set personal goals
- Discuss SCPE schedule

Responsibilities of Supervising Preceptor

Preceptors who have agreed to supervise Meharry Medical College Physician Assistant Sciences students should:

- Treat students fairly, respectfully, and without bias related to age, race, gender, sexual orientation, religion, disability, or country of origin.
- Maintain high professional standards in all interactions with patients, students, colleagues, and staff.
- Be prepared and on time.
- Provide relevant and timely information.
- Provide explicit learning and behavioral expectations.
- Provide timely, focused, accurate, and constructive feedback on a regular basis.

- Display honesty, integrity, and compassion.
- Practice insightful questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading, or punitive.
- Be familiar with the Student Professional Code of Conduct.
- Provide thoughtful and timely evaluations at the end of a course.
- Solicit feedback from students regarding their perception of their educational experiences and personal interactions.
- Encourage students who experience mistreatment or who witness unprofessional behavior to report it immediately to the PA Program designee and to treat all such reports as confidential.

Clinical Responsibility of PA Program (A3.08, A3.02, A3.03)

The Meharry Medical College Physician Assistant Sciences Program will:

- Adequately prepare the student for the SCPE
- Assign students to clinical sites that will provide a quality learning environment (students are not required to provide or solicit clinical sites or preceptors)
- Provide the preceptor with a set of learning objectives
- Provide the preceptor with the student's information prior to the student's arrival
- Ensure that the clinical affiliation is in place and current
- Continuously monitor students throughout their SCPEs and the clinical year by:
- Conducting site visits with each student during the clinical year and providing feedback
- Providing student feedback at the midpoint of rotations
- Assign a final grade to each student for all SCPEs
- Interact with preceptors on a regular basis and be available to handle any issues as they arrive
- Ensure that the PA student is not working for the PA program, and not substituting for or functioning as instructional faculty and/or clinical or administrative staff.
- Conduct annual site visits of all affiliated sites (Via telephone, video conferencing or in person).

Responsibility of PA Students

Meharry Medical College Physician Assistant Sciences Students should:

- Be courteous of teachers and fellow students.
- Be prepared and on time.
- Be active, enthusiastic, curious learners who work to enhance a positive learning environment.
- Demonstrate professional behavior in all settings.
- Recognize that not all learning stems from formal and structured activities.
- Recognize their responsibility to establish learning objectives and to participate as an active learner.
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine.
- Recognize personal limitations and seek help as needed.
- Display honesty, integrity, and compassion; these attributes include the responsibility for reporting dishonest behavior.
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings.
- Recognize the duty to place patient welfare above their own.
- Recognize and respect patients' rights to privacy.
- Provide clinical teachers and the MMC PA Sciences Clinical Education Director with constructive feedback that can be used to improve the educational experience.

- Timely evaluation of the clinical preceptor and clinical site should be provided no later than the last day of the SCPE.
- Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse."

SCPE Site Assignment (A3.08, A2.16,A2.14)

Assignment of Meharry Medical College Physician Assistant Sciences program students to Supervised Clinical Practice Experiences (SCPE) is the sole responsibility and authority of the PA program and will be scheduled by the Clinical Education Director. SCPE will occur with physicians who hold or have once held board certification, PAs who hold or have once held board certification, advanced practice nurses who hold or have held board certification or other licensed health care providers qualified in their area of instruction and have been vetted by the program.

Students are not required to solicit or provide clinical sites or preceptors; however, the PA program will allow students to assist the program in identifying new clinical sites where the student is interested in participating in a SCPE. Any recommended site must undergo the same approval process, as outlines below, as program-identified sites and approved by the Clinical Education Director.

In an effort to ensure the Meharry Medical College Physician Assistant Sciences Program is in compliance with ARC-PA accreditation standards, all preceptors and clinical sites are evaluated carefully. The process of establishing a SCPE site is as follows:

- PA program identifies a potential site and/or preceptor and makes contact
- A preceptor information packet is given to the potential site/preceptor
- State licensure, board certifications, and curriculum vitae are collected from preceptors
- A clinical affiliation agreement is executed by both parties
- An initial site visit is conducted
- SCPE site if approved or denied for use by the Clinical Education Director
- Availability of student placement and scheduling at any given clinical site is determined by the Clinical Education Director
- The Clinical Education Director makes the final decision on all SCPE site assignments

Travel accommodation

The Program will make efforts to place students at SCPE sites within a 50 miles radius of the Meharry Medical College Campus; however, travel beyond this radius is typically required. The Program recognizes some students may have extenuating circumstances which necessitate fulfillment of their clinical rotations within 50 miles of Campus. These students may submit a Request for travel accommodation form and supporting documents to the Clinical Education Curriculum (CEC) Committee for travel exemption if they meet the following criteria:

- Parent of a child(ren) under the age of 18 at the time of the SCPE
- The student has illness that require treatment from a local physician
- Student is a direct caregiver for a family member(s) with chronic illness or disability.

The CEC Committee will hand down a final decision for travel accommodation for each student who applies. Students must submit the form no later than the last day of the fall semester preceding their clinical year. Approval of travel accommodation does not guarantee all rotations will be within 50 miles of campus but will ensure the student gets priority placement for local clinical rotation sites. (See Appendices for request form).

Site Visits

Site visits provide the Meharry Medical College Physician Assistant Sciences Program with the opportunity to conduct and document frequent and objective observations of the student and the preceptor on site. Site visits also provide faculty with the opportunity to address any questions or feedback from students and/or preceptors while allowing the program to identify and address any student deficiencies in a timely manner. Student site visits will be conducted at least once during the clinical year by the Clinical Education Director or any program faculty member for each individual student (B4.01 a-b)

Initial Site Visit

Initial site visits of a SCPE site will be conducted prior to sending students to a clinical site. Initial site visits are conducted to ensure students are able to fulfill the program learning outcomes with access to physical facilities, patient population, and supervision, as well as the student's safety. Site visits can be conducted in-person, via Skype, Zoom, FaceTime, or any other video conference type software or application, and site visitors will complete the Initial Clinical Site Evaluation form.

Ongoing Site Monitoring

Ongoing site visits are to be completed at least once every three years or sooner if deemed necessary by the Clinical Education Director. The Ongoing Clinical Site Evaluation form will be used to document these visits that may occur in-person, via Skype, Zoom, FaceTime, or any other video conference type software or application.

Student Clinical Site Monitoring

Student clinical site visits are to be completed at least once during the clinical phase of the program to ensure alignment with what is expected and what is being taught, as well as to allow the program to identify and address any student deficiencies in a timely manner. The Clinical Site Visit Student Evaluation form will be used to document these visits, which may occur in-person, via Skype, Zoom, FaceTime, or any other video conference type software or application.

Clinical Rotation Descriptions

Family Medicine (GSPA 711-01)

This five-week Family Medicine clinical rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills, and abilities to provide care in the ambulatory outpatient family medicine setting. PA students will be responsible for patients of all ages, from initial visit, through possible hospitalization and follow-up. This SCPE will deliver education on providing comprehensive, evidence-based, gender/age specific individualized care, while addressing acute and chronic diseases, health promotion and disease prevention.

Internal Medicine (GSPA 709-01)

This five-week Internal Medicine clinical rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills, and abilities to provide acute and chronic medical conditions encountered in the internal medicine setting. This SCPE will provide students with direct experience in the evaluation, treatment and management of complex cases, which may occur in the inpatient or out-patient setting.

Pediatrics (GSPA 707-01)

This five-week Pediatric clinical rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate

knowledge, skills, and abilities to provide care in the ambulatory outpatient pediatric medicine setting. In this rotation, the student will learn the aspects of caring for the pediatric patient from birth through adolescence. The focus will be on recognizing and managing common childhood illnesses, assessment of growth and development, immunizations, nutrition, psycho-social issues and preventative health care.

Emergency Medicine (GSPA 713-01)
This five-week Emergency Medicine rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills, and abilities to provide care in the emergency medicine setting. The student will be able to develop skills in emergency treatment and actions to sustain life and manage a variety of acute, life threatening medical, surgical and behavioral health clinical problems, specific to the emergency department.

Surgery (GSPA 705-01)
This five-week Surgical SCPE provides the physician assistant students the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills and abilities to provide care in the surgical setting. The experiences in this SCPE will include pre-operative, intra-operative (assisting), and post-operative surgical care. The students will perform minimal surgical procedures and become educated in the management and overall care of the surgical patient.

Women's Health (SGPA 708-01)
This five-week Women's Health clinical rotation provides the physician assistant student with experience learning and practicing the principles of Women's Health (OB/GYN). The PA student will be provided opportunities to acquire and develop skills to evaluate and appropriately manage women's health patients.}

Behavioral Health (GSPA 706-01)
This five-week behavioral Medicine clinical rotation is designed to provide the physician assistant student with the opportunity to participate in the medical decision-making process while developing the appropriate knowledge, skills, and abilities to provide care in the behavioral/mental health setting. The student will be exposed to common psychological and substance abuse conditions. Focus will be on recognizing and understanding the development and presentation of these behaviors and how to provide intervention and treatment.}

Clinical Elective (GSPA 742-01)
This five-week clinical elective rotation is designed to provide the physician assistant student with the opportunity to delve further into areas of particular interest or specialization. Elective rotation selections must be reviewed and approved by the Clinical Education Director.

Applied Learning Experience IV (GSPA 750-01)
Applied Learning Experience IV, the final course of the ALE course series, is designed to develop student leaner skills related to integrating patient assessment and clinical medicine concepts learned during the didactic and clinical phase of the program. During ALE IV, PA student learner groups will complete their Capstone Project, which includes conducting a literature review and writing a thesis paper under the guidance of a faculty research advisor. The specific skills developed through this process include:

- Critically evaluating relevant medical literature
- Comprehending the research process
- Enhancing the awareness of potential research questions related to clinical practice in underserved

areas
- Utilize evidence from clinical and epidemiological research as a basis for clinical decision-making
- Write in a clear, concise, and logical manner

Student learners will meet regularly with their Capstone research advisor to discuss preliminary drafts of their scholarly work and associated assignments. Each research group is required to present their approved Capstone Research Project to a panel that includes at least one of the course directors and one clinical faculty member.

NCCPA Blueprint
Content Blueprint for PANCE

Beginning in 2025, NCCPA released a new blueprint for the Physician Assistant National Certifying Examination (PANCE). The content blueprint provides guidance on the information assessed on the PANCE. The examination is categorized in two dimensions:

- Knowledge of the diseases and disorders physician assistants encounter; and
- Knowledge and skills related to tasks physician assistants perform when treating patients.

The detailed listings provided under each of these two categories represent examples of the material that may be covered on PANCE. It is not possible to include all topics on a single exam, and it may be possible that some questions on the exam cover content that is not listed in the examples.

The content blueprint for PANCE is based on information from certified physician assistants who participate in profession-wide practice analysis studies. Certified PAs are involved throughout the exam development process, including: reviewing results of the practice analysis, writing questions that appear on PANCE, reviewing exams before they are administered, reviewing performance data for exam questions, and developing recommendations for the passing standard. Certified PAs work with NCPPA to continuously review the content included on PANCE to ensure it is relevant and current, as the practice of medicine changes and treatment guidelines are revised or newly introduced.

Medical Content Categories	Percent Allocation*
Cardiovascular	11%
Dermatologic System	4%
Endocrine System	6%
Eyes, Ears, Nose, and Throat	6%
Gastrointestinal System / Nutrition	8%
Genitourinary System (Male and Female)	4%
Hematologic System	5%
Infectious Disease	7%
Musculoskeletal System	8%
Neurologic System	7%
Psychiatry/Behavioral Science	7%
Pulmonary System	9%
Renal System	5%
Reproductive System (Male and Female)	7%

Professional Practice	6%
Task Categories	**Percent Allocation***
History Taking and Performing Physical Examination	16%
Using Diagnostic and Laboratory Studies	10%
Formulating Most Likely Diagnosis	18%
Managing Patients	
Health Maintenance, Patient Education and Preventive Measures	11%
Clinical Intervention	16%
Pharmaceutical Therapeutics	15%
Applying Basic Scientific Concepts	8%
Professional Practice	6%

*Medical Content comprises 94% of the exam. All medical content questions are also coded to one of the task areas, with the exception of the professional practice task category. Questions related to professional practice issues comprise 6% of the exam. Up to 8% to 10% of the exam will cover general surgical topics, and 12% to 15% of questions will focus on conditions in pediatric patients. The specific percentage allocations may vary slightly on exams. For a complete listing of the PANCE Blueprint, please refer to the link below:

https://www.nccpa.net/pance-content-blueprint

End of Rotation Call Back Days & Assessment

End of Rotation Call Back Day Format

All Meharry Medical College Physician Assistant Sciences Program students are required to attend all SCPE call back days. All SCPE call back activities are mandatory. There may be a combination of virtual and on campus call back days as determined by the Clinical Education Director. Call back days will typically occur Thursdays and Fridays, 8 a.m. – 5:00 p.m, though may occur Wednesdays as needed.

The PA students should expect the following activities to occur:

- *Please note the following schedule is subject to change and students are expected to be available 8:am – 5:00pm each day

Day 1	Day 2:
OSCE or oral presentations 8:00 am- 12:00pm	End of Rotation Exam – 8:00a.m. (Arrive to campus by 7:30)
Various lectures and presentations will occur during the remaining time	Break – 10:00 – 10:30
Skill check offs	Didactic Presentation – 11:30 a.m. – 12:30 p.m.
	Lunch – 12:30 p.m. – 1:30 p.m.

	Advisor Meetings – 1:30 – 3:00 p.m.

Clinical Rotation Grading Format

Activity	Percentage of Grade
End of Rotation (EOR) Exam (Core Rotation) / End of Rotation Paper (Elective Rotation)	40%
Preceptor Evaluation	20%
Mid-Rotation Evaluation	3%
Rosh Review/Blueprint	4%
OSCE or Oral Presentation	20%
Required SOAP Note Submission	10%
Student Self-Reflection of Clinical Experience	3%
Skill Check offs	P/F
Final Grade	**100%**

Percentage	Letter Grade
100 -89.5	A
89.4-84.5	B+
84.4-79.5	B
79.4-74.5	C+
74.4 - ≤ 69.5	C
Below 69.5	F

Preceptor Evaluation

The preceptor evaluation of the students is formal feedback of the student from the clinical preceptor that covers the medical knowledge, skills and attitudes. Each evaluation will provide feedback on the learning outcomes for family medicine, internal medicine, pediatrics, women's health, emergency medicine, surgery, and behavioral health courses. The preceptor is sent an electronic link from CORE ELMS, but may also complete a paper evaluation if they prefer. The preceptor evaluation accounts for 20 % of the final SCPE grade. A copy of the preceptor evaluation can be found at the end of each clinical year syllabus, in CORE ELMS, and on Blackboard.

Blueprint Exam

On the third Friday of each rotation students will be required to complete a Blueprint End of Rotation Examination. Students will have from Friday at 4:00 p.m. CST to Sunday at midnight to complete the examination. Students will be required to complete a study guide based on the Blueprint Examination and the NCCPA Blueprint to help in studying for the PANCE during the remainder of their clinical year. The Blueprint Examination is worth 4% of the final SCPE grade.

Mid-term Evaluation

Students are required to complete a mid-rotation evaluation during week three of the SCPE and submit it into CORE ELMS by the third Friday of the rotation. The student should complete the self-reflection portion of the evaluation prior to meeting with the preceptor. The preceptor portion of the evaluation should be completed with the student to provide the student with formal feedback and address areas/ways to improve their clinical performance. The mid-rotation evaluation is worth 3 % of the final SCPE grade A copy of the mid-term evaluation can be found at the end of each clinical year syllabus, in CORE ELMS, and on Blackboard.

Student Evaluation of Clinical Site/Preceptor

Students are required to complete an evaluation of the clinical site/Preceptor. The Student Evaluation of Clinical Site/Preceptor is due on the last day of the SCPE and is worth 3% of the final SCPE grade. A copy of the Evaluation of Clinical Site/Preceptor can be found at the end of each clinical year syllabus, in CORE ELMS, and on Blackboard. Students will be required to complete the assignment in CORE ELMS.

End of Rotation Examination (Core Rotations)

There will be a multiple-choice EOR exam given to assess medical knowledge. The exam will be comprised of best answer multiple choice questions based on the Physician Assistant Educational Association (PAEA) EOR topic list and core tasks and objectives for the rotation just completed. Questions

will include clinical vignettes and will be computer based. The EOR exam accounts for 40 % of the final SCPE grade. Students must achieve a minimum score of 69.5% or higher to be considered passing. The EOR examination will occur during the end of rotation call back days.

End of Rotation Paper (Elective Rotations)

There will be an End of Rotation paper due at the end of the clinical elective SCPE. The paper should be a comprehensive of a clinical condition that is either:

- From the associated EOR blueprint topic list
- A case the student has seen on the rotation
- Suggested topic from faculty member pertinent to the rotation type.

The review should encompass:

- Epidemiology
- Pathophysiology
- Risk Factors
- Signs and Symptoms
- Physical Examination Findings
- Diagnostic Studies for Work-up
- Management
    - Pharmacologic
    - Non-Pharmacologic
    - Surgical
    - Referral Criteria

The paper should be a minimum of (4) four pages (not counting works cited), double-spaced, 12pt font, Times New Roman, with a minimum of (5) references (APA style). The grading rubric for the end-of-rotation paper can be found at the end of this handbook.

OSCE

Students will demonstrate competence in the application of medical knowledge, patient care skills, and professionalism as presented in this course through the successful completion of Objective Structured Clinical Experiences (OSCEs) or simulated experiences. Students will be presented with brief case descriptions and will need to perform the appropriate history and physical exam, develop a differential diagnosis, and provide an assessment and treatment plan. Students will be required to write a SOAP note for each patient/case. There will be a total of three OSCEs during the clinical year. During return to campus activities where students will have an OSCE, they will not be required to complete an oral presentation. The OSCE will replace the oral presentation grade and is worth 20% of the final SCPE grade. The rubric can be found at the end of the syllabus.

Oral Presentation

At the completion of SCPEs, with the exception of SCPEs where students will have a scheduled OSCE, students will be required to complete an oral presentation. On virtual return to campus days, students will be required to record and upload to CORE ELMS an oral presentation on a patient of their choice. During on campus call back days, the students will be required to present a patient of their choice for evaluation. The oral presentation will assess the student's medical knowledge and will account for 20% of the final SCPE grade. The rubric for the oral presentation can be found at the end of this handbook.

Required SOAP Note Submission

The student is to submit a completed SOAP note for each clinical rotation to the Clinical Education Director or designated faculty. The SOAP note rubric can be found at the end of this syllabus. The SOAP note accounts for a total of 10% of the final SCPE grade. Each SOAP note must be handwritten and uploaded into CORE ELMS on the last day of the SCPE. The rubric for the SOAP note as well as the SOAP note template can be found at the end of this handbook.

Skills Check-offs

During each Clinical Rotation, students will have the opportunity to observe and assist with various procedural skills commonly encountered in the assigned clinical setting. However, there is no predefined list of required procedures for the Supervised Clinical Practice Experience (SCPE), as proficiency in these skills will not be directly evaluated during the clinical rotation itself.
Instead, the program will assess procedural proficiency during designated Return to Campus Days, where students will be required to demonstrate their competence in a variety of procedures that are frequently performed in their assigned clinical rotation.

Professionalism

Professional behavior is expected from all students during all clinical rotations. Students are expected to attend all scheduled rotation days and actively engage with peers, preceptors, other healthcare professionals and patients in a respectful manner. Any lapses in professional behavior will result in 5% deduction from the total SCPE grade. Please refer to the professionalism policy in the MMC PA Sciences Student Handbook.

Clinical Year Summative (B4.03 a-e)

Each student will take a summative evaluation during the course of the clinical year that will verify that they meet the program competencies required to enter clinical practice, including

- Clinical and technical skills
- Clinical reasoning and problem-solving abilities,
- Interpersonal skills,
- Medical knowledge, and
- Professional behaviors

The summative evaluation will include the following components:

- **OSCE** - Students will demonstrate competence in application of medical knowledge, patient care skills, clinical reasoning and problem-solving abilities, and professionalism through the successful completion of an objective structured clinical experience or simulated experience. Students will be presented with brief case descriptions and will need to perform the appropriate history and physical exam, develop a differential diagnosis, and provide an assessment and treatment plan. The OSCE will occur within the final four months of the program and is Pass / Fail.
- **Skill Check-offs**- Students Clinical and technical skills will be assessed through various skills check-offs that will occur within the final four months of the program and is pass/fail.
- **OSCE Write-up** - Students will be required to complete an OSCE write-up for the summative OSCE. The write-up will be graded based on a program-developed rubric and are Pass / Fail.
- **End of Curriculum Examination** – The PAEA End of Curriculum Examination is a 300-question, objective, standardized evaluation of a PA student's medical knowledge as one component of their readiness for graduation. The exam will be given within the final four months of the program and is Pass/Fail.
- **Professionalism** – Professionalism is an ongoing assessment during both the didactic and clinical

phases of the MMC PA Sciences Program. Students will demonstrate professionalism during the clinical summative through maintaining a professional attitude, prioritizing the interests of those being served above one's own, acknowledging professional and personal limitations in providing care, and demonstrating a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Professionalism during the clinical summative is P/F.

Remediation will be provided for any graded event that is not passed, as consistent with program-determined benchmarks. Remediation must result in a passing score.

Didactic/Clinical Phase Remediation Policy (A3.14c)

PURPOSE: To inform students of the program's policy and procedures for remediating deficiencies within the curriculum.

POLICY: Didactic Phase Remediation:
Students who earn <69.5% on any major assessment will be given the option for remediation. Only two (2) major assessments per semester, per course, will be subject to remediation with subsequent eligibility for grade improvement. The maximum score for grade improvement on a failed assessment is 70%. Remediation will be at the discretion of the instructor of record and must occur within seven (7) calendar days of the date the exam was taken.

Clinical Phase Remediation:
Remediation in the clinical phase of the program will occur when an MMC PAS student fails to pass a major graded assignment with a 69.5% or higher score. Major assessments include End-of-Rotation Exams, End-of-Rotation Papers, and OSCEs.

DEFINITIONS:
Remediation – The program-defined and applied process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.

Didactic Phase Remediation Procedure:

- Students who earn <69.5% on any major assessments in a didactic phase course have the option to remediate. Only two major assessments per course and per semester will be subject to remediation, with subsequent eligibility for grade improvement.
- For major assessments subject to grade improvement, the student must meet with the course director, complete a module/unit assignment, and then be reassessed within seven (7) calendar days. Only one remediation attempt will be allowed.
- Failure to achieve ≥69.5% or higher on a remediation attempt, the originally earned grade will be used to calculate the final course grade.
- Failure to achieve ≥69.5% in the course after remediating any necessary major assessment(s) will result in an "F" grade for the course, and it is not subject to additional remediation. The student will be referred to the Student Evaluation and Promotion Committee for recommendation for dismissal.
- Students must maintain a cumulative GPA of 3.0 or higher on a 4.0 scale to progress through the program in good academic standing. If at any point in the completion of a course, a student's GPA falls below 3.0, the student will be placed on academic probation and meet with the Student Evaluation and Promotion Committee and their academic advisor to discuss strategies and a plan

for success.

- Once on academic probation, the student will have two didactic semesters to bring their cumulative GPA to 3.0 or above. The Student Evaluation and Promotion Committee will meet to track the progress of the student on academic probation.
- The student will be recommended for dismissal by the Student Evaluation and Promotion Committee if:
    - A student earns an “F” in any course
    - A student fails to earn a cumulative GPA of 3.0 or above at the end of the didactic curriculum.
    - A student on academic probation does not show sufficient progress, as deemed by the Student Evaluation and Promotion Committee.
    - Students can appeal to the Dean, School of Graduate Studies, regarding decisions by the Student Evaluation and Promotion Committee.

Clinical Phase Remediation Procedure:
Failure of Graded Assignments: In the event that a student scores below 69.5% on a major graded assessment during the clinical phase of the program, the following will occur:

- The student must contact the Clinical Education Director (CED) within 24 hours of notification of a failed assignment and arrange a meeting with the CED to discuss the assignment and complete a Clinical Remediation Form.
    - The meeting must occur within 48 hours of the notification of a failed assignment, at which time, the student will be given a written remediation form, and a list of topics that were missed on the graded assignment.
- The remediation assignment must be completed within one week of the initial failed assessment.
- After the remediation plan has been completed, the student will be re-assessed based upon the nature of his/her deficiency.
- For failed OSCEs / Oral Presentations, the re-assessment must be completed by the conclusion of the following call-back session.
- On re-assessment, the student is expected to earn a minimum grade of 69.5% or higher.
- If the student earns a minimum grade of 69.5% or higher, the student has successfully completed the remediation. However, the highest grade the student can receive is a 70%.
- Failure to adhere to deadlines and/or failure to achieve a minimum grade of 69.5% will result in referral to the Student Progression and Promotion Committee.
- Copies of the Clinical Remediation Form and any correspondence will be made available to the Chair of the Student Progression and Promotion Committee, the Course Director, the Clinical Education Director, the Didactic Education Director, the student’s faculty advisor, and placed in the student’s file.

Failure of One PAEA End-of-Rotation Exam
A student is required to remediate, which consists of a written explanation of the “keyword feedback” provided on the student’s individual PA Education Association (PAEA) End of Rotation (EOR) Exam Performance Report. The student will:

- Select 25 bullet points (if there are less than 25 bullets, the student must answer all bullet points)
    - For each bullet point, the student must expand on the topic listed, focusing on the TASK identified (i.e., clinical intervention, clinical therapeutics, diagnosis, diagnostic studies, etc.) References must be provided for each bullet point. 3
- After the remediation plan is accurately completed, the student will be required to take another

version of the PAEA EOR exam in timed mode within one week of failing the original EOR exam.

- Students must pass with a score of 69.5% or higher within one week of the original examination.
- If the student passes the remediation exam, a maximum grade of 70% will be recorded as the final grade.
- If the student does not earn a grade of 69.5% or higher on the remediation PAEA End of Rotation Examination, the original score will stand and the student will be required to complete another remediation plan as directed by the Clinical Education Director

Failure of Two PAEA End-of-Rotation Exams

In the event of a second End of Rotation exam failure, the student will:

- Perform the remediation process as outlined above
- If the student passes the remediation exam, a grade of 70% will be recorded as the final grade.
- If the student does not earn a grade of 69.5% or higher on the remediation PAEA End of Rotation Examination, the original score will stand and the student will be required to complete another remediation plan as directed by the Clinical Education Director, and the student will be placed on academic probation for the remainder of the clinical phase.

Failure of Three PAEA End-of-Rotation Exams

In the event of a third End of Rotation exam failure, the student will:

- Perform the remediation process as outlined above
- If the student passes the remediation exam, a grade of 70% will be recorded as the final grade, and the student will be placed on academic probation for the remainder of the clinical year.
- If the student does not earn a grade of 69.5% or higher on the remediation PAEA End of Rotation Examination, the original score will stand, and the student will be referred to the Meharry Medical College Physician Assistant Sciences Program Student Evaluation and Promotion Committee for recommendation for dismissal from the program.

Failure of a SCPE Course:

- In the event that a student fails a SCPE course due to the overall score of the course falling below 69.5%, the student will be required to repeat the SCPE course and be placed on Academic Probation for the remainder of the clinical phase. This failure will result in delayed graduation.
- If a student fails a second SCPE course, the student will be referred to the Meharry Medical College Physician Assistant Sciences Program Student Evaluation and Promotion Committee with a recommendation for dismissal from the program.

**If a student violates patient safety during a competency, SCPE, OSCE, or any other clinical assessment, he/she will be required to remediate as determined by the course instructor and CED, regardless of the grade earned for the assignment.

Deceleration (A3.14d)

Deceleration occurs when a student leaves their current cohort to join a cohort following behind with the goal of satisfactorily completing the program with the new cohort.

The Meharry Medical College Physician Assistant Sciences Program recognizes that circumstances beyond academics may require a student to alter his or her course of study and will take such factors into consideration when reviewing a request for deceleration. Deceleration will only be offered in rare instances.

Deceleration Procedure:

- A student who experiences a significant interruption in the full-time plan of study may submit a written request to the Program Director to decelerate. The letter must have sufficient information to explain the request. Deceleration may also be recommended by the Student Evaluation and Progress Committee.
- In either instance, if deceleration is approved, the Program Director will convey the recommendations and expectations to the student in writing.
- The student will return to the program as a full-time student at the beginning of the semester in which he/she decelerated during the following year unless otherwise stated. For example, a student leaving the didactic portion of the program in the middle of the spring semester will return to the program at the beginning of the following spring semester. Due to didactic courses only being offered once per year, there is no option for a shorter absence in the didactic year.

Graduation Requirements (A3.14b)

To qualify for graduation from the MMC PAS Program and be eligible to confer a Master of Science in Physician Assistant Sciences Degree, students must complete the entire MMC PAS program curriculum and fulfill the following requirements:

- Completion of all MMC PAS courses with a minimum of a letter grade of “C” or above
- Satisfactory completion of all PAS program courses with a minimum GPA of 3.0 or greater
- Successful completion of all clinical phase courses
- Successfully pass all summative assessments
- Compliance with all Institutional and program policies and procedures
- Settlement of all financial obligations to the Institution
- Completion of all graduation clearance requirements as instructed by the Registrar

Only students who have completed all the above requirements by April 30th will receive a diploma with the published commencement date. Those completing all requirements after April 30th will receive a diploma with the date of June 30th, October 31st, or December 31st.

Learning Outcomes (B1.03e)

Family Medicine

Learning Outcomes	Program Competencies	Assessments
Medical Knowledge		
Apply evidence-based medicine to guide diagnosis and treatment for adult and elderly patients in the family medicine setting.	MK 2	Final preceptor evaluation End or rotation exam Blueprint exam

Apply evidence-based medicine to guide diagnosis and treatment for adult and elderly patients in the family medicine setting.	MK 2	Final preceptor evaluation End or rotation exam Blueprint exam
Differentiate between acute, chronic, and emergent disease states	MK 1	Final preceptor evaluation
Formulate management plans for common chronic diseases seen in the family medicine setting for adults and elderly patients.	MK 2	Final preceptor evaluation
Identify and recommend preventive recommendations for adult and elderly patients in the family medicine setting	MK 2	Final preceptor evaluation
Identify and recommend preventive recommendations for adult and elderly patients in the family medicine setting	MK 2	Final preceptor evaluation
Formulate management plans for acute and chronic patient encounters for adults and elderly patients	MK 3	Final preceptor evaluation End or rotation exam Blueprint exam SOAP note

Interpersonal Skills		
Communicate with patients and their families in a culturally competent manner.	IS 1,2	Preceptor Evaluation
Function effectively and efficiently as a member of the healthcare team	IS 3	Preceptor Evaluation
Function effectively and efficiently as a member of the healthcare team	IS 2	Preceptor Evaluation
Clinical Skills		
Obtain and document a comprehensive patient history that reflects sensitivity to the patient's age, culture, and health for adult and elderly patients.	CTS 1	Final preceptor evaluation OSCE SOAP Note
Obtain and document a comprehensive patient history that reflects sensitivity to the patient's age, culture, and health for adult and elderly patients.	CTS 1	Final preceptor evaluation OSCE SOAP Note
Perform a comprehensive physical examination based on the patient's chief complaint for adult and elderly patients	CTS 1	Final preceptor evaluation
Technical Skills		

Demonstrate proficiency in performing the following technical skills commonly encountered in the outpatient family medicine clinic: Venipuncture Splinting Interpret 12-lead electrocardiogram (ECG) and rhythm Identify the following heart sounds, S1 and S2, and murmurs *Student competency on these technical skills will be assessed and documented during on-campus instruction	CTS 2	Skills check off
Clinical Reasoning & Problem Solving		
Formulate a differential diagnosis that is consistent with the findings of the history and physical.	CRPS 1,2	Final preceptor evaluation OSCE SOAP Note
Select and interpret appropriate laboratory and diagnostic studies based on clinical presentation	CRPS 3	Final preceptor evaluation OSCE SOAP Note

Professional Behaviors		
Demonstrate ethical decision-making and professional integrity in all aspects of patient care.	PB 1	Preceptor Evaluation
Demonstrate ethical decision-making and professional integrity in all aspects of patient care.	PB 1	Preceptor Evaluation
Identify appropriate patient referrals to promote safe, effective, and patient-centered care.	PB 2	Preceptor Evaluation
Select cost-effective diagnostic and therapeutic interventions that optimize patient outcomes.	PB 3	Preceptor Evaluation

Internal Medicine

Learning Outcomes	Program Competencies	Assessments
Medical Knowledge		
Apply evidence-based medicine to guide diagnosis and treatment for adult and elderly patients in the internal medicine setting.	MK 2	Preceptor Evaluation End of rotation exam Blueprint Exam
Differentiate between acute and chronic disease states seen in adult and elderly patients	MK 1	Preceptor Evaluation End of rotation exam Blueprint Exam

Identify and explain appropriate follow-up care for chronic medical conditions seen in adult and elderly patients	MK 2,3	Preceptor Evaluation
Communicate with patients and their families in a culturally competent manner.	IS 1,2	Preceptor Evaluation
Function effectively and efficiently as a member of the healthcare team	IS 3	Preceptor Evaluation
Clinical & Technical Skills		
Obtain and document comprehensive patient histories that reflect sensitivity to the patient's age, culture, and health for adult and elderly patients.	CTS 1	Preceptor Evaluation SOAP note
Obtain and document comprehensive patient histories that reflect sensitivity to the patient's age, culture, and health for adult and elderly patients.	CTS 1	Preceptor Evaluation SOAP note
Perform comprehensive physical examinations based on the patient's chief complaint for adult and elderly patients	CTS 1	Preceptor Evaluation
Technical Skills		
Demonstrate proficiency in performing the following internal medicine technical skills: • Intramuscular, subcutaneous, and intradermal injections • Interpret complete blood count with differential • Interpret dipstick urinalysis • Digital rectal and prostate exam • Obtain and interpret fecal occult blood testing • Interpret blood glucose testing ***Student competency on these technical skills will be assessed and documented during on-campus instruction***	CTS 2	Skills check off

Clinical Reasoning & Problem Solving		
Formulate a differential diagnosis that is consistent with the findings of the history and physical.	CRPS 1	Preceptor Evaluation SOAP note Oral presentation OSCE
Select, and interpret appropriate laboratory and diagnostic studies based on clinical presentation	CRPS 2,3	Preceptor Evaluation SOAP note Oral presentation OSCE
Professional Behaviors		
Demonstrate ethical decision-making and professional integrity in all aspects of patient care	PB 1	Preceptor Evaluation
Demonstrate ethical decision-making and professional integrity in all aspects of patient care.	PB 1	Preceptor Evaluation
Identify appropriate patient referrals to promote safe, effective, and patient-centered care.	PB 2	Preceptor Evaluation

Select cost-effective diagnostic and therapeutic interventions that optimize patient outcomes.	PB 3	Preceptor Evaluation

Women's Health

Course Learning Outcomes	Program Competencies	Assessments
Apply evidence-based medicine to guide the diagnosis and treatment of patients seen in the women's health setting	MK, 3	End of Rotation (EOR) Exams Blueprint Exams Preceptor Evaluations
Apply evidence-based medicine to guide the diagnosis and treatment of patients seen in the women's health setting	MK, 3	End of Rotation (EOR) Exams Preceptor Evaluations Blueprint exam
Apply evidence-based medicine to guide the diagnosis and treatment of patients seen in the women's health setting	MK, 3	End of Rotation (EOR) Exams Preceptor Evaluations Blueprint exam
Differentiate between acute, chronic, and emergent disease states	MK, 1	Preceptor Evaluation
Communicate with patients and their families in a culturally competent manner	IS, 1	Preceptor Evaluations
Function effectively and efficiently as a member of the healthcare team	IS, 3	Preceptor Evaluations
Perform and document a comprehensive prenatal physical examination appropriate to the state of pregnancy	CS, 1	OSCEs SOAP Note Submission Preceptor Evaluations
Obtain and document a complete obstetric history	CS, 1	Preceptor Evaluations
Obtain and document a focused gynecologic history	CS, 1	Preceptor Evaluations
Perform a focused gynecologic physical examination	CS, 1	Preceptor Evaluations
Provide appropriate prenatal care for patients seen in the women's health setting	CS, 1	Preceptor evaluation
Provide appropriate prenatal care for patients seen in the women's health setting	CS, 1	Preceptor evaluation
Discuss preventive recommendations for breast cancer, cervical cancer, and sexually transmitted diseases	CS, 1	Preceptor Evaluations
Identify the most likely cause of vaginal discharge	CS, 1	Preceptor Evaluations
Recommend appropriate birth control options for adolescent and adult patients	CS, 1	Preceptor Evaluations
Demonstrate proficiency in performing the following technical skills: Gynecologic Pelvic Exam Specimen Collection Pap	TS, 2	Skills check off

Smears Prenatal Fundal Height Measurements *Student competency on these technical skills will be assessed & documented during on-campus instruction		
Formulate a differential diagnosis that is consistent with the findings of the history and physical	CRPS, 1	OSCEs SOAP Note Submission Preceptor Evaluations
Formulate a differential diagnosis that is consistent with the findings of the history and physical	CRPS, 1	OSCEs SOAP Note Submission Preceptor Evaluations
Select and interpret appropriate laboratory & diagnostic studies based on clinical presentation	CRPS, 3	OSCEs Preceptor Evaluations
Demonstrate ethical decision-making and professional integrity in all aspects of patient care	PB, 1	Preceptor Evaluations

Surgery

Course Learning Outcomes	Program Competencies	Assessments
Apply evidence-based medicine to guide diagnosis and treatment for adult and elderly patients in the surgical setting	MK, 3	End of Rotation (EOR) Exams Rosh Review/Blueprint Exams Preceptor Evaluations
Apply evidence-based medicine to guide diagnosis and treatment for adult and elderly patients in the surgical setting	MK, 3	End of Rotation (EOR) Exams Rosh Review/Blueprint Exams Preceptor Evaluations
Apply evidence-based medicine to guide diagnosis and treatment for adult and elderly patients in the surgical setting	MK, 3	End of Rotation (EOR) Exams Rosh Review/Blueprint Exams Preceptor Evaluations
Differentiate between acute, chronic, and emergent surgical conditions seen in adult and elderly patients	MK, 1	End of Rotation (EOR) Exams
Communicate with patients and their families in a culturally competent manner	IS, 1	Preceptor Evaluations
Demonstrate the ability to educate and counsel surgical patients on procedures, post-operative care, recovery expectations, and rehabilitation	IS, 2	Preceptor Evaluations
Function effectively and efficiently as a member of the healthcare team	IS, 3	Preceptor Evaluations
Obtain and document a focused pre-operative history for adult and elderly patients	CS, 1	Preceptor Evaluation

Obtain and document a focused pre-operative history for adult and elderly patients	CS,1	Preceptor Evaluation
Perform a focused pre-operative physical examination for adult and elderly patients	CS,1	Preceptor Evaluations
Provide appropriate pre-operative care for the patient	CS,1	Preceptor Evaluations
Provide appropriate post-operative care for the patient	CS,1	Preceptor Evaluations
Create an appropriate management plan for post-operative complications	CS,1	Preceptor Evaluation SOAP Note Submission
Identify & discuss the steps in the intraoperative surgical safety checklist	CS,1	Preceptor Evaluations
Perform appropriate components of the pre-operative patient preparation (e.g.,skin preparation, patient positioning, patient draping)	CS,1	Preceptor Evaluations
Determine appropriate perioperative fluid, blood, and antibiotic management for surgical patients	CS,1	Preceptor Evaluations
Demonstrate aseptic technique and adherence to sterile field protocols during all intra-operative procedures	CS,1	Preceptor Evaluations Skills Checkoffs
Demonstrate aseptic technique and adherence to sterile field protocols during all intra-operative procedures	CS,1	Preceptor Evaluations Skills Checkoffs
Demonstrate proficiency in performing the following technical skills commonly encountered in the surgical settings: • Preoperative • Surgical scrub • Sterile technique (glove & gown) Urethral catheterization Intraoperative • Wound closure Postoperative Suture removal *Student competency on these technical skills will be assessed & documented during on-campus instruction	TS, 1	Skills Checkoffs
Formulate a differential diagnosis that is consistent with the findings of the history and physical	CRPS, 1	OSCEs SOAP Note Submission Preceptor Evaluations
Select and interpret appropriate laboratory & diagnostic studies based on clinical presentation	CRPS, 3	OSCEs Preceptor Evaluations
Demonstrate ethical decision-making and professional integrity in all aspects of patient care	PB, 1	Preceptor Evaluations
Identify appropriate patient referrals to promote safe, effective, and patient-centered care	PB, 2	Preceptor Evaluations
Select cost-effective diagnostic & therapeutic interventions that optimize patient outcomes	PB, 3	Preceptor Evaluations

Pediatrics

Learning Outcomes	Program competencies	Assessments
Apply evidence-based medicine to guide diagnosis and treatment for infants, children, and adolescents	MK 2	Final preceptor evaluation End or rotation exam Blueprint exam
Apply evidence-based medicine to guide diagnosis and treatment for infants, children, and adolescents	MK 2	Final preceptor evaluation End or rotation exam Blueprint exam
Apply evidence-based medicine to guide diagnosis and treatment for infants, children, and adolescents	MK 2.3	Final preceptor evaluation End or rotation exam Blueprint exam
Differentiate between acute, chronic, and emergent disease states seen in infants, children, and adolescent patients.	MK 1	Final Preceptor Evaluation
Differentiate normal developmental variations from pathological findings in infants, children, and adolescent patients across all stages of growth and development	MK 3	Final Preceptor Evaluation
Communicate with patients and their families in a culturally competent manner.	IS 1,2	Final Preceptor Evaluation
Function effectively and efficiently as a member of the healthcare team	IS 3	Final Preceptor Evaluation
Obtain and document focused patient histories that reflect sensitivity to the patient's age, culture, and health for infants, children, and adolescent patients.	CTS 1	Final preceptor evaluation OSCE SOAP Note
Perform focused physical examinations based on the patient's chief complaint for infants, children, and adolescent patients	CTS 1	Final preceptor evaluation
Demonstrate the ability to perform age-appropriate wellness visits on infants, children, and adolescent patients	CTS 1	Final Preceptor Evaluation
Demonstrate proficiency in performing the following technical skills commonly encountered in the pediatric setting: • Visual screening • Cleansing of external ear canal • Obtaining a throat culture ***Student competency on these technical skills will be assessed and documented during on-campus instruction***	CTS 2	Skills check off

Formulate a differential diagnosis that is consistent with the findings of the history and physical.	CRPS 1	Final preceptor evaluation OSCE SOAP Note
Select and interpret appropriate laboratory and diagnostic studies based on clinical presentation	CRPS 3	Final preceptor evaluation OSCE SOAP Note
Identify and recommend age-appropriate immunizations based on current preventive care guidelines	CRPS 2	Final preceptor evaluation
Apply pediatric dosing principles to safely prescribe, calculate, and adjust medications for pediatric patients	CRPS 2	Final preceptor evaluation
Demonstrate ethical decision-making and professional integrity in all aspects of patient care	PB 1	Final preceptor evaluation
Demonstrate ethical decision-making and professional integrity in all aspects of patient care	PB 1	Final preceptor evaluation

Identify appropriate referrals to promote safe, effective, and patient-centered care	PB 2	Final preceptor evaluation

Behavioral Health

Learning Outcomes	Program Competencies	Assessments
Apply evidence-based medicine to guide diagnosis and treatment for patients seen in the behavioral health setting	MK 2	Preceptor Evaluation Preceptor Evaluation Blueprint Exam
Apply evidence-based medicine to guide diagnosis and treatment for patients seen in the behavioral health setting	MK 3	End of rotation exam Preceptor Evaluation Blueprint Exam
Differentiate between acute, chronic, and emergent disease states	MK 1	Preceptor Evaluation
Communicate with patients and their families in a culturally competent manner.	IS 1,2	Preceptor Evaluation
Demonstrate the ability to function as an effective member of the behavioral and mental health care team to ensure safe and integrated patient care	IS 3	Preceptor Evaluation
Obtain and document a focused patient histories that reflect sensitivity to the patient's age, culture, and health for adolescent, adult, and elderly patients	CTS 1	Preceptor Evaluation OSCE SOAP Note
Perform and accurately document a mental health examination	CTS 1	Preceptor Evaluation
Develop individualized treatment plans, including non-pharmacologic approaches for behavioral and mental health conditions	CTS 1	Preceptor Evaluation SOAP note
Develop individualized treatment plans, including non-pharmacologic approaches for behavioral and mental health conditions	CTS 1	Preceptor Evaluation SOAP note
Develop individualized treatment plans, including non-pharmacologic approaches for behavioral and mental health conditions	CTS 1	Preceptor Evaluation SOAP note

Develop individualized treatment plans, including non-pharmacologic approaches for behavioral and mental health conditions	CTS 1	Preceptor Evaluation SOAP note
Formulate a differential diagnosis that is consistent with the findings of the history and physical.	CRPS 1	Preceptor Evaluation SOAP note OSCE
Select and interpret appropriate laboratory and diagnostic studies based on clinical presentation	CRPS 3	Preceptor Evaluation SOAP note OSCE
Demonstrate ethical decision-making and professional integrity in all aspects of patient care	PB 1	Preceptor Evaluation
Identify appropriate patient referrals to promote safe, effective, and patient-centered care.	PB 2	Preceptor Evaluation
Select cost-effective diagnostic and therapeutic interventions that optimize patient outcomes.	PB 3	Preceptor Evaluation
Identify legal and ethical regulations related to psychiatric care, including involuntary hospitalization	PB 1	Preceptor Evaluation

Emergency Medicine

Learning Outcomes	Program Competencies	Assessments
Apply evidence-based medicine to guide diagnosis and treatment for patients seen in the emergency medicine setting	MK 2	Final preceptor evaluation End or rotation exam
Apply evidence-based medicine to guide diagnosis and treatment for patients seen in the emergency medicine setting.	MK 2,3	Final preceptor evaluation Blueprint exam End or rotation exam
Apply evidence-based medicine to guide diagnosis and treatment for patients seen in the emergency medicine setting.	MK 2	Final preceptor evaluation Blueprint exam
Differentiate between acute, chronic, and emergent disease states for patients in the emergency department	MK 1	Final preceptor evaluation

Identify and discuss criteria for inpatient admission versus outpatient follow-up for patients seen in the emergency department	MK 2	Final preceptor evaluation
Communicate with patients and their families in a culturally competent manner.	IS 1,2	Final preceptor evaluation
Function effectively and efficiently as a member of the emergency medicine healthcare team	IS 2	Final preceptor evaluation
Function effectively and efficiently as a member of the emergency medicine healthcare team	IS 2	Final preceptor evaluation
Obtain and document a history appropriate for the setting that reflects sensitivity to the patient's age, culture, and health	CTS 1	Final preceptor evaluation OSCE SOAP Note
Obtain and document a history appropriate for the setting that reflects sensitivity to the patient's age, culture, and health	CTS 1	Final preceptor evaluation OSCE SOAP Note
Perform a physical examination appropriate for the emergency department, based on the patient's chief complaint	CTS 1	Final Preceptor Evaluation
Demonstrate proficiency in performing the following technical skills commonly encountered in the emergency medicine setting: • Closure of simple laceration • Local anesthesia • Digital nerve block • Incision and drainage *Student competency on these technical skills will be assessed and documented during on-campus instruction	CTS 2	Skills check off
Formulate a differential diagnosis that is consistent with the findings of the history and physical.	CRPS 1	Final preceptor evaluation OSCE SOAP Note
Select and interpret appropriate laboratory and diagnostic studies based on clinical presentation	CRPS 3	Final preceptor evaluation OSCE SOAP Note
Develop and communicate discharge and transfer plans for patients with acute and emergent conditions seen in the emergency department	CRPS 1, 3	Final preceptor evaluation OSCE SOAP Note
Demonstrate ethical decision-making and professional integrity in all aspects of patient care.	PB 1	Preceptor Evaluation

Clinical Elective

Course Learning Outcomes	Program Competencies	Assessments
Differentiate between preventive, acute, emergent, and chronic medical presentations using appropriate medical knowledge.	MK 1	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Describe the pathophysiology of common diseases and conditions encountered in the elective setting.	MK 1,2 CTS 1,2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final E SOAP Note OSCE/Presentation Final Evaluation by Preceptor Student Self-Reflection
Apply evidence-based medicine to guide diagnosis and treatment in the elective clinical setting.	CTS 1 IS 1	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Perform a focused history and physical exam tailored to the patient's chief complaint and context.	MK 3	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection

Formulate a differential diagnosis based on presenting signs and symptoms.	MK 2 CRPS 3	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Order and interpret diagnostic tests and laboratory studies to support clinical decision-making.	MK 1,2 CRPS 1	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Develop individualized treatment plans, including pharmacologic and surgical interventions as appropriate.	MK 1,2 CRPS 1	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Provide patient education and counseling on preventive care and disease management.	IS 1,2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Recommend appropriate follow-up plans for acute and chronic conditions.	MK 2 PB 2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor

		Student Self-Reflection
Competently perform clinical procedures common to the elective setting (when opportunities arise).	IS 1	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Communicate professionally and effectively with patients, families, and healthcare professionals, in a culturally competent manner	IS 1	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Deliver clear, concise oral presentations to preceptors and specialists.	IS 3 CRPS 2 PB 2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Accurately document patient encounters using appropriate clinical formats.	IS 1,2,3	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection

Collaborate as an effective member of the healthcare team in the elective clinical setting.	MK 2 CRPS 2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Demonstrate professionalism and ethical conduct in all patient care activities.	MK 2 CTS 2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Recognize limitations in knowledge or skills and seek appropriate supervision or consultation.	IS 1 PB 1 MK 2 CRPS 2 PB 2 IS 3	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Deliver clear, concise oral presentations to preceptors and specialists.	IS 3 CRPS 2 PB 2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection

Accurately document patient encounters using appropriate clinical formats.	IS 1,2,3	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Collaborate as an effective member of the healthcare team in the elective clinical setting.	MK 2 CRPS 2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Demonstrate professionalism and ethical conduct in all patient care activities.	MK 2 CTS 2	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection
Recognize limitations in knowledge or skills and seek appropriate supervision or consultation.	IS 1 PB 1 MK 2 CRPS 2 PB 2 IS 3	SOAP Note OSCE/Presentation Rosh Review EOR Exam/Paper Mid-Rotation Evaluation Final Evaluation by Preceptor Student Self-Reflection

Appendices

Request for consideration for travel accommodation

Students are expected to travel to areas outside of the local area of Meharry Medical College (MMC) to perform clinical rotations. Due to conditions limiting the student's ability to travel to clerkships greater than a 50-mile radius from MMC, a student may qualify for a consideration for travel accommodation. Students with qualifying circumstances will be required to complete the Request for consideration for travel accommodation form.

Consideration of travel accommodation requests will be reviewed by the Clinical Education Committee. Committee decisions will be final. Students may request for consideration for travel accommodation for the reasons below.

Please check the exemption for which you are applying.

☐ Parent of a child(ren) under 18 years of age at the time of the SCPE.
(Proof of attendance in an educational or childcare facility)

☐ Student has a chronic illness that requires treatment from a local physician.
(Signed letter from personal physician required)

☐ Student is a direct caregiver for family member(s) with chronic illness or disability.
(Notarized letter signed by student learning and person requiring care)

Requests for hardship exceptions for students expecting to begin clerkships within the next academic year must be submitted no later than the last day of the current year's summer term.

Approval of this form does not guarantee 100% local placements for clinical rotations.

_____ _____
Student Name (Please Print) Year of Expected Graduation

_____ _____
Signature Date

Attach required documentation and submit to the Clinical Coordinator
Email: degraham@mmc.edu | Fax: 615-327-5871 | Office: LRC Suite 620

Patient Identifying Data:

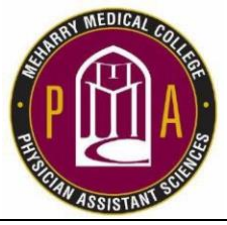
SOAP Note Template

S	Chief Complaint: History of Present Illness: Past Medical History: Social History: Family History: Medications:

o	Vital Signs: Pertinent Physical Exam Findings Diagnostic Studies:

A	Assessment:

P	Plan: Differential Diagnosis: Therapeutic Plan (with goals):



	Patient Education: Follow-up Plan:

SOAP Note Grading Rubric

Clinical Site:_____ Student:_____

Preceptor:_____ Rotation Dates:_____

Points:		Unsatisfactory (1)	Needs Improvement (2)	Meets Expectations (3)	Exceeds Expectations (4)	Exceptional (5)
S	Patient Data & Chief Complaint	No Identifying Data; No Chief Complaint	Missing major Elements of Data; Incomplete Chief Complaint	Missing various Elements of Data; Incomplete Chief Complaint	Missing minor Elements of Data; Complete Chief Complaint, but Included Extraneous Information	Complete Chief Complaint
	Subjective Information	Not Addressed; Grossly Incomplete; and/or inaccurate	Poorly organized with Limited Summary of Patient Information	Organized, but Partial or Inaccurate Information Provided	Well organized with Accurate, but Incomplete and/or In-concise Pertinent Information	Well Organized with complete and Concise Pertinent Information
O	Objective Information	Not Addressed; Grossly Incomplete; and/or inaccurate	Poorly organized with Limited Summary of Patient Information	Organized, but Partial or Inaccurate Information Provided	Wellorganized with Accurate, but Incomplete and/or In-concise Pertinent Information	Well Organized with complete and Concise Pertinent Information
A	Assessment Statement	Absent	Incomplete/Inadequate, or superfluous with Extraneous Information	Appropriate, but lacking detail, or includes extraneous information	Concise, but missing minor details	Concise with Appropriate detail
	Problem Identification & Prioritization	Minor problem excluded; not prioritized; identified nonexistent problems	Few problems identified; some prioritization; extraneous information included	Most problems identified; inaccurate prioritization	Most problems identified with accurate prioritization	Complete problem list and accurate prioritization

P	Treatment Plan	Not Assessed	Inappropriate Plan for some of the medical problems listed	Incomplete plan for some of the medical problems listed	Mostly complete for all medical conditions listed	Specific, appropriate, and justified recommendations
	Treatment Goal	Not Assessed	Inappropriate or inaccurate goals	Appropriate goals for some of the problems listed	Appropriate goals for most of the problems listed	Appropriate goals for all of the problems listed
	Diagnostic Plan (If Indicated)	Not Assessed	Inappropriate, inadequate, or not indicated	Minimum studies ordered to make diagnosis	Appropriate work-up, but missing minor details	Complete and thorough work-up without extraneous studies
	Counseling / Consent, Referral, Monitoring, & Follow-up	Not Assessed	Inappropriate assessment for some of the medical conditions listed	Incomplete assessment for some of the medical conditions listed	Mostly complete assessment for all medical conditions listed	Specific, patient education addressed; monitoring parameters addressed; Follow-up plan documented.
Overall Impression						
Grader Comments:				Total Score: / 45		

History and Physical Grading Rubric

Clinical Site:_____ Student:_____

Preceptor:_____ Rotation Dates:_____

Identifying Data / Chief Complaint				
All elements of data; Complete chief complaint (5 points)	Missing up to 2 elements of data; Complete chief complaint, but included extraneous information (4 points)	Missing 3-5 elements of data; Incomplete chief complaint (3 points)	Missing 6-11 elements of data; Incomplete chief complaint (2 points)	No identifying data; No chief complaint (1 point)
History of Present Illness				
Complete history with pertinent elements; Good flow; Descriptive; Concise(5 points)	Required elements complete, but poor flow, disjointed, and/or extraneous information (4 points)	History provided, but with either extraneous information, or incomplete information (3 points)	Incomplete information; Missing major elements; Poor organization (2 points)	False information or completely absent(1 point)
Medications and Allergies				
Both sections complete; Med (dose/route/start); Allergies substance/reaction) (5 points)	Missing one section; All elements complete; Extraneous information provided (4 points)	Incomplete section; Poor formatting; Extraneous information(3 points)	Incomplete information Poor organization; No clarity; (2 points)	False information or completely absent (1 point)
PMH / PSH / OBGYN / Psychiatric				
Complete history with all pertinent elements; Good flow; Descriptive; Concise (5 points)	Required elements present; Poor flow; Disjointed; Extraneous information (4 points)	Incomplete section formatting; Incomplete information; Poor organization; Extraneous information (3 points)	Incomplete information; Poor organization; Missing major elements(2 points)	False information or completely absent (1 point)
Family and Social History				

Complete FM and SH with all pertinent elements; Good flow; Descriptive; Concise (5 points)	Required elements provided; Poor flow; Disjointed; Extraneous information present (4 points)	Incomplete information; Incomplete sections; Poor organization; Extraneous information (3 points)	Incomplete section; Incomplete information; Missing major elements (4 points)	False information or completely absent (1 point)
Review of Systems				
Complete review of systems, including all required elements; Good flow; Descriptive; Concise (5 points)	Required elements provided; Poor flow; Disjointed; Extraneous information present. (4 points)	Incomplete information; Incomplete sections; Poor organization; Extraneous information (3 points)	Incomplete section; Incomplete information; Missing major elements (2 points)	False information or completely absent (1 point)
Physical Examination				
Complete and correct formatting, including all required elements; Descriptive; Good flow; Concise(5 points)	Required elements provided; Poor flow; Disjointed; Extraneous information present. (4 points)	Incomplete information; Incomplete sections; Poor organization; Extraneous information (3 points)	Incomplete section; Incomplete information; Missing major elements (2 points)	False information or completely absent (1 point)
Assessment and Plan				
Complete and correct formatting;	All sections present, but missing medical	Incomplete information; ROS and medical	Missing medical issues form ROS and/or	False information or completely absent;

Descriptive; Good Flow; Clear and concise; Every active medical issue addressed (5 points)	issues; Disjointed; Extraneous information (4 points)	issues do not match; Poor organization (3 points)	PE; Plan not appropriate (2 points)	Erroneous or contraindicated plan (1 point)
Comments:		Total Points :		/ 40

END OF ROTATION ORAL CASE PRESENTATION GRADING RUBRIC			
Student Name:		**Rotation**	
	Sections	Rubric	Points Earned
SUBJECTIVE DATA	Identifying Data Identifying data of patient (Name, Age, Gender, MRN) Clerkship and Setting	0: None 1: Present	/1
	Chief Complaint - In patient's own words (includes problem and length of time)	0: None 1: Present	/1
	History of Present Illness		
	- Introductory sentence should include patient's identifying data, including age, and pertinent past medical history	0: None 1: Present	/1
	- Description of progression of condition (incorporate elements of PMHx, PSHx, FamHx, SocHx, and screening tests that are relevant to the story)	0: None 1: Present	/1
	- Completeness (OPQRST and ADLs)	0: None 1: Present	/1
	- ROS questions pertinent to chief complaint are included in HPI (pertinent positives and negatives)	0: None 1: Present	/1
	Past Medical History / Surgical History / Family History / Social History		
	- Incorporate elements of PMHx, PSHx, FamHx, SocHx, and screening tests that are relevant to the story and not shared in HPI	0: None 1: Present	/1
	Medications		
	- Medication and dosages (All Rx, OTC, herbal, and home remedies)	0: None 1: Present	/1
	Allergies		
	- Drug allergy and non-drug allergies. Must include reactions.	0: None 1: Present	/1
	Focused Review of Systems		
	- All applicable/pertinent (negatives and positives) review of systems listed	0: None 1: Present	/1
	Physical Examination		

	Head to toe approach Vitals: Weight, BMI, Temp, Pulse, BP, RR, Pulse Ox if applicable General Survey: No acute distress, appropriate dress for weather. Completeness of focused physical exam only	0: None 2: Present but limited 4: Exceptional (includes all pertinent +/-)	/4
	Diagnostic Work-Up/Lab Studies		

	- Description of findings and/or special tests; abnormal values indicated	0: None 1: Present but lacks some data or understanding of findings 3: Includes all appropriate test and results	/3

Assessment & Plan	Summary / Discussion - Includes sentence summarizing key history, PE and laboratory data	0: None 1: Present	/1
	Assessment / Plan - Final Diagnosis with appropriate patient education/medical treatment/referrals/follow-ups	0: None 1:Present	/1
O	**Overall Format/Style**		
	Non-Verbal Skills Eye contact: holds attention with the use of eye contact and may occasionally use notes; Body language: is engaging and movements seem controlled; Posture/Poise: Student is relaxed, self-confident and makes minimal mistakes	0: Errors in format; information disorganized 2: Good format – information generally organized in a logical sequence with only a few grammatical errors 4: Exceptional format: All information organized in	/4

		logical sequence with no grammatical errors	
	Verbal Skills Eloquent speech: uses a clear voice and correct, precise pronunciation of terms; Vocalizes pauses: ah, uh, um, well, etc. with no excessive pauses	0: Errors in format; information disorganized 2: Good format – information generally organized in a logical sequence with only a few grammatical errors 4: Exceptional format: All information organized in logical sequence with no grammatical errors	/4

	Content Knowledge; student demonstrates knowledge by answering questions by the audience; Organization: student presents information in a logical, interesting manner	0: Errors in format; information disorganized 2: Good format – information generally organized in a logical sequence with only a few grammatical errors 4: Exceptional format: All information organized in logical sequence with no	/4

		grammatical errors	

	Timeliness Finishes the entire focused oral presentation within time frame allowed	0: Errors in format; information disorganized 2: Good format – information generally organized in a logical sequence with only a few grammatical errors 4: Exceptional format: All information organized in logical sequence with no grammatical errors	/4
Total Points:			/35
Faculty Signature:		Date:	

Clinical Elective End-of-Rotation Paper Rubric

Clinical Site:_____ Student:_____

Preceptor:_____ Rotation Dates:_____

	Absent (0)	Does Not Meet Expectations (1)	Needs Improvement (2)	Meets Expectations (3)	Exceeds Expectation (4)	Exceptional (5)
Reasonable topic for Elective Rotation						
Comprehensive Review						
Epidemiology						
Pathophysiology						
Risk Factors						
Signs and Symptoms						
Physical Examination Findings						
Diagnostic Studies and Work-Up						
Management						
Appropriate Format						

Minimum of 4 Pages						
Double Spaced						
12 Point Font						
Times New Roman						
Citations						
Minimum of 5 References						
AMA Style						
Comments:						

Receipt and Acknowledgement of Clinical Year Handbook

The Clinical Year Handbook is an important document intended to help the Meharry Medical College Physician Assistant Sciences Program student become acquainted with and guided through the clinical year. The content of this handbook may be changed at any time at the discretion of the PA Program. In the event of a change, the student will be notified in writing. Please read the following statements and sign below to indicate receipt, acknowledgement, and understanding of this material:

- I have received a copy of the Clinical Year Handbook. I acknowledge that I understand the policies, rules and information described in it.
- I understand the policies, rules and information contained in the Clinical Year Handbook are subject to change at the sole discretion of the Meharry Medical College Physician Assistant Sciences Program at any time.
- I understand that should the contents of the Clinical Year Handbook can be changed in any way, for any reason that the program will provide me with the current version and may require an additional signature from me to indicated that I am aware of and understand such changes.
- I further understand that my signature below indicates that:
    - I have received a copy of the Clinical Year Handbook
    - I have read and understand the above statements;
    - I have read and understand the material in its entirety contained within the Clinical Year Handbook;
    - I agree to abide by the rules, guidelines, and polices contained therein.
    - I understand that when circumstances occur that the handbook does not cover, the Program Director will make the necessary decision and/or interpretation.
    - I understand written policies that are not in the handbook should not be interpreted as an absence of a policy or regulation

Students Printed name:_____ Date:_____

Student's Signature:_____

Submit a signed copy of this form to the clinical team.

The Physician Assistant Professional Oath

I pledge to perform the following duties with honesty and dedication:

I will hold as my primary responsibility the health, safety, welfare, and dignity of all human beings. I will uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.

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

I will hold in confidence the information shared in the course of practicing medicine.

I will assess my personal capabilities and limitations, striving always to improve their medical practice. I will actively seek to expand my knowledge and skills, keeping abreast of advances in medicine.

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

I will use my knowledge and experience to contribute to an improved community.

I will respect my professional relationship with the physician.

I will share and expand knowledge within the profession. These duties are pledged with sincerity and upon my honor.