



Physician Assistant Program
Clinical Handbook

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Program Accreditation (A3.12a)

The ARC-PA has granted Accreditation-Provisional status to the Ursuline College Physician Assistant Program sponsored by Ursuline 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: [Accreditation-History-Ursuline-College.pdf](https://www.arc-pa.org/arc-pa/arc-pa-history-ursuline-college.pdf) (arc-pa.org)

Overview of Clinical Education

Ursuline College is dedicated to fostering student-centered learning, focusing on high-quality education that will prepare graduates to apply clinical reasoning, critical thinking, problem-solving, and evidence-based medicine in delivering comprehensive, compassionate, and cost-effective care to a diverse patient population. The transition from didactic to clinical year takes students from the theoretical classroom setting to a hands-on and fast-paced learning environment to prepare them as lifelong learners who continue to refine their skills and expand their knowledge as a practicing Physician Assistant. Clinical year students will actively participate in delivering medical care to patients of all ages in the ambulatory, primary care, and hospital settings while functioning as advocates for patients, their families, and the PA profession. In addition to clinical education, PA students will strengthen their community involvement with purposeful work by completing their capstone project.

The general goals of clinical year education include:

- Application of didactic knowledge to supervised clinical practice
- Enhancement of clinical problem-solving skills
- Expansion of medical fund of knowledge
- Excellence in concise history taking
- Excellence in physical examination skills
- Refinement of oral presentation
- Precision in written documentation skills
- Expression of understanding physician assistant's role in the delivery of healthcare

- Preparation for the Physician Assistant National Certifying Exam (PANCE)
- Development of interpersonal and professional skills

Clinical Year Administration

Program Title	Name	Email	Phone
Clinical Coordinator	Jacquelyn D'Amico	jacquelyn.damico@ursuline.edu	440-684-6038
Program Director	Erin Basilius	erin.basilius@ursuline.edu	440-684-6109
Administrative Clinical Coordinator	Medina Muhammad	medina.muhammad@ursuline.edu	440-646-8157

Clinical Year Administration Contact Information General Contact Guidelines

Contact the **Clinical Coordinator** for:

- Clinical rotation scheduling and assignments
- Site-specific requirements or issues
- Clinical performance concerns
- Preceptor communications

Contact the **Program Director** for:

- Academic progress concerns
- Policy exceptions or appeals
- Professional conduct matters
- Leave of absence requests

Contact the **Administrative Clinical Coordinator** for:

- Clinical rotation logistics
- Documentation submission
- Health and immunization records
- Site onboarding paperwork/preparation

Emergency Protocols

- For immediate clinical site concerns during business hours: Contact Clinical Coordinator first by email and phone, with the Program Director and Administrative Clinical Coordinator copied
- For after-hours emergencies: Follow rotation site protocols and notify Clinical Coordinator by email, with the Program Director and Administrative Clinical Coordinator copied

Clinical Year Schedule

The clinical year schedule, including rotation assignments and dates, is maintained and accessible through:

- The cohort course shell in the learning management system
- The Typhon student tracking system

Students are required to regularly monitor both platforms for schedule updates and modifications. The program reserves the right to adjust clinical schedules as needed to ensure educational objectives are met.

Clinical Year Student Expectations

Professional Responsibility

- Students bear primary responsibility for maximizing their clinical learning experience through active participation and engagement
- Progress from observation to direct patient care based on preceptor assessment and student readiness
- Maintain punctuality (arrive 15 minutes before scheduled start time)
- Complete required hours and participate in all assigned on-call duties
- Follow clinical site holiday schedule and preceptor work patterns
- Return all borrowed educational materials promptly and in good condition

Clinical Requirements

- Perform duties within PA student scope of practice
- Conduct all procedures under direct preceptor supervision
- Access only assigned patient records
- Maintain HIPAA compliance and patient confidentiality
- Direct all patient/family questions to preceptor
- Address clinical concerns privately with preceptor
- Follow facility-specific policies and procedures
- Participate in mandatory Post-Experience Call Back Days

Documentation and Communication

- Submit required documentation by established deadlines:
 - Patient logs in Typhon
 - Attendance records

- Evaluations
- Clinical assignments
- Communicate promptly with Clinical Coordinator regarding:
 - Schedule conflicts
 - Preceptor concerns
 - Rotation-specific challenges
 - Personal wellness issues affecting performance

Professional Boundaries

- Maintain strict separation between clinical duties and personal medical needs
- Students are not permitted to seek medical advice for themselves, family, or friends during clinical rotations
- Prohibit visitors at clinical sites
- Avoid criticism of healthcare team members or program staff
- Direct all concerns to Clinical Coordinator

Electronic Device and Social Media Policy

- Restrict cell phone use to preceptor-approved breaks
- Store devices in designated areas (locker, car)
- Prohibit clinical site photography or patient documentation on personal devices
- Follow Ursuline College social media guidelines:
 - Maintain professional online presence
 - Avoid posting program-related content without approval
 - Understand that inappropriate online conduct may result in disciplinary action

Administrative Requirements

- Adhere to assigned rotation schedules (no changes permitted)
- Review and comply with Ursuline College Student Handbook
- Complete supplemental reading and learning activities

Clinical Rotation Timeline and Checklist

Pre-Rotation Preparation

- Contact preceptor one week prior to confirm start date/time
- Review specialty-specific literature, learning management resources, and preceptor assignments
- Download PAEA EOR specific blueprint and topic list
- Verify current background checks and immunizations
- Confirm travel/lodging arrangements
- Confirm pre-rotation requirements
- Complete practice commute to facility
- Ensure all required equipment is ready:
 - Clean lab coat

- ID badge
- Stethoscope
- Reference materials

Day One Essentials

Professional Appearance

- Professional attire appropriate for specialty
- Clean, pressed clothing and lab coat
- Appropriate grooming (hair, nails, jewelry)

Orientation Tasks

- Meet preceptor
- Complete facility tour
- Review patient care workflow
- Establish:
 - Learning objectives
 - Clinical hours
 - Break schedule
- Submit rotation schedule to Clinical Coordinator

Weekly Requirements

Week 1

- Submit rotation schedule to Clinical Coordinator and in Typhon
- Begin daily patient/skills logging in program management system

Week 2-3

- Discuss and request midpoint evaluation from preceptor
- Continue daily patient/skills logging

Week 3-4

- Verify midpoint evaluation submission
- Obtain performance feedback
- Remind preceptor of final evaluation deadline
- Maintain daily patient/skills logging

Week 5-6

- Complete daily patient/skills logging
- Ensure final evaluation submission
- Complete required call back day assessments

Clinical Year Policies (A3.01)

Clinical Year Academic Policies

Academic Progress and Standing Policy

[A3.15b]

Graduate students must maintain a 3.0 grade point average during the clinical phase to:

1. Remain in good academic standing (semester metric)
 - Students with less than a 3.0 GPA at the completion of a semester will be placed on Progress Observation
 - Students placed on Progress Observation will meet with the Student Evaluation and Progress Committee to initiate an Early Academic Intervention Plan
2. Fulfill graduation requirements (end of clinical year metric)
 - Students with less than a 3.0 cumulative GPA at the end of the clinical year will be dismissed from the program

Clinical Rotation Failure Policy

[A3.15c]

A clinical rotation failure is defined as any of the following:

1. Final total rotation grade <70%
2. Failure to meet minimum patient logging requirements
3. Failure to complete required clinical hours (180-360 hours per rotation)

Management of First Rotation Failure Instance (first here refers to initial and not rotation #1)

1. Student will be placed on an Early Academic Intervention Plan
2. Rotation must be repeated at the end of clinical phase
3. Delayed graduation will occur
4. Version B of EOR examination will be administered if applicable (Z score <-1.5)
5. Maximum of one rotation repetition allowed during clinical phase

Management of Second Rotation Failure Instance

1. Any second rotation failure will result in referral to Student Evaluation and Progress Committee for dismissal review

Clinical Year Remediation Policy

[A3.15c]

End of Rotation (EOR) Examination Remediation

1. Z-score < -1.5: EOR failure
 - Three-week remediation period
 - Version B examination required
 - Maximum score post-remediation is 70%
 - Maximum of two EOR examination attempts per rotation
 - Failure of Version B, grade stands with original score

Preceptor Evaluation Remediation

1. Individual competency scores <3 require remediation
2. Remediation plan developed by Clinical Coordinator
3. Must demonstrate competency improvement before progression

Clinical Skills Assessment Remediation

1. Failed OSCEs or clinical skills assessments (<70%) require remediation
2. One remediation attempt allowed per skill assessment
3. Maximum score post-remediation is 70%

Clinical Evaluation Components:

2025 Grade Breakdown Example:

- Preceptor Evaluation: 40%
- EOR Exam: 30%
- Discipline Specific Clinical/Technical Skills: 20%
- Patient Logging: 5%
- Professionalism/Attendance: 5%

1. Preceptor Evaluation

- Individual outcomes assessed all on a scale 1-5
- Overall grade is average of all components
- Remediate deficit LOs/individual evaluation scores <3

2. End of Rotation (EOR) Exam

- PAEA standardized tests
- Passing score requirements

3. Discipline Specific Skills Assessment:

- FM, IM, ER OSCE (100)
- Peds WCC OSCE (100)
- Behavioral Med Case Review and Preceptor Presentation (100)
- Surgical closure skill (100)
- WH pelvic and pap with order (100)
- Grand Rounds and assignment*

4. Patient Logging

- Logging compliance and timeliness
- Total 60 patients, all or nothing by end of rotation

5. Attendance/Participation

- Fulfill mirroring preceptor clinical hours/schedule confirmed via logging and student calendar
 - Minimum 180 hours

- Maximum 360 hours
- Call back day and grand rounds attendance
- Timely completion of midpoint and final site/preceptor evaluation (participation)

Point Distribution (Total = 500 points):

- **Preceptor Evaluation (40%)**
 - 40% of 500 = 200 points
- **EOR Exam (30%)**
 - 30% of 500 = 150 points
- **Discipline Specific Skills Assessment (20%)**
 - 20% of 500 = 100 points
- **Patient Logging (5%)**
 - 5% of 500 = 25 points
- **Attendance (5%)**
 - 5% of 500 = 25 points

CORE ROTATION GRADING (500 POINTS MAX):

Component	Percentage	Points
Preceptor Evaluation	40%	200
EOR Exam*	30%	150
Clinical Skills	20%	100
Patient Logging	5%	25
Attendance	5%	25
Total	100%	500

ELECTIVE ROTATION GRADING (500 POINTS MAX):

Component	Percentage	Points
Preceptor Evaluation	40%	200
Grand Rounds Assignment*	50%	250
Patient Logging	5%	25
Attendance	5%	25
Total	100%	500

EOR EXAM GRADING SCALE (150 POINTS MAX)

Z-Score Range	Points Assigned	Percentage	Letter Grade
≥ 0.0	150	100%	A
-0.5 to 0.1	135	90%	A
-1.0 to -0.6	120	80%	B
-1.5 to -1.1	105	70%	C
-2.0 to -1.6	90	60%	F
< -2.1	75	50%	F

PRECEPTOR EVALUATION GRADING SCALE (200 POINTS MAX)

1. **Preceptor Evaluation (40%)**
 - o **Total Points Available**
 - o 40% of 500 points = 200 points maximum for preceptor evaluation

Score Conversion Table

Rating	Points	Percentage	Letter Grade
5	200	90-100%	A
4	180	80-89%	B
3	160	70-79%	C
2	140	60-69%	F
1	120	Below 60%	F

Minimum Requirements:

1. Pass EOR exam (≥ -1.5 Z score)
 - o If fail EOR but overall pass rotation, enter 3-week remediation phase, version B EOR
 - o If fail version B, progress clinical year, student on EAIP
2. Max remediations as defined below:
 - o 2 EOR failures requiring remediation as defined by initial attempt Z-score
 - o 2 Discipline Specific Skills Assessment as defined by $< 70\%$

- Any student exceeding remediation limitations will be referred to the Student Evaluation and Progress Committee for dismissal review
- 3. If first rotation failure, any circumstance:
 - Repeat rotation end of clinical phase with delayed graduation, version B EOR
 - If second rotation failure, any circumstance:
 1. Referral to SEPC for dismissal
- 4. Must remediate LOs/individual evaluation items <3 on preceptor evaluation
- 5. Must pass rotation with C or above
- 6. Must maintain semester 3.0 to remain in good academic standing
- 7. Must uphold 3.0 cumulative at the end of the clinical phase to pass the program

Professional Standards in Clinical Year

[Aligns with Program Professionalism Policy in Student Handbook]

Students must demonstrate:

1. Clinical Site Professionalism
 - Adherence to site policies and procedures
 - Professional appearance per site requirements
 - Punctuality and attendance reliability
 - Appropriate interprofessional communication
2. Program Professionalism
 - Timely submission of required documentation
 - Attendance at call back days and grand rounds
 - Professional communication with program faculty/staff
 - Completion of patient logging requirements
 - Ursuline student code of conduct compliance
3. Professional Evaluation
 - Ongoing preceptor assessment
 - Program faculty assessment during call back days
 - Self-reflection and improvement plans as needed

Early Academic Intervention Plans

[Aligns with Program EAIP Policy in Student Handbook]

Clinical year students will be placed on an Early Academic Intervention Plan for:

1. Semester GPA <3.0
2. EOR examination failure
3. Professional behavior concerns
4. Multiple remediation requirements

Plan components include:

1. Identified areas of concern
2. Specific improvement objectives
3. Required remediation activities
4. Timeline for completion
5. Success metrics
6. Consequences of non-compliance

Academic Integrity in Clinical Year

[Aligns with Program Academic Integrity Policy in Student Handbook]

Clinical year specific violations include:

1. Falsification of patient logs or clinical hours
2. Misrepresentation of student role or credentials
3. HIPAA violations
4. Unauthorized access to patient records
5. Dishonesty in clinical documentation

Appeals Process

[Aligns with Program Appeals Policy]

Students may appeal:

1. Clinical rotation grades
2. Rotation failure determinations
3. Remediation requirements
4. Program dismissal recommendations

Appeals follow the established Graduate Program Academic Appeals Policy as outlined in the Student Handbook.

Clinical Year Dismissal Criteria

[A3.15c]

Circumstances warranting dismissal:

1. Second rotation failure
2. Failure to maintain 3.0 cumulative GPA at end of clinical phase
3. Exceeding maximum remediation attempts
4. Failure to meet EAIP requirements
5. Serious professionalism violations
6. Academic integrity violations

All dismissal recommendations follow the Program Dismissal Policy process including SEPC review and appeal rights.

Student Documentation and Clinical Supervision Guidelines

Documentation Access and Requirements [A3.04]

Electronic Medical Record (EMR) Access

- Students will be granted EMR access according to clinical site policies
- Access credentials are site-specific and must not be shared
- Students must complete any required EMR training before accessing systems
- EMR access will be terminated at the end of each rotation

Documentation Requirements

1. Student Documentation in Medical Records
 - All student documentation must be reviewed and co-signed by the supervising preceptor
 - Students must clearly identify themselves as "PA Student" in all documentation
 - Documentation must comply with site-specific policies and procedures

- Students cannot independently cosign orders or prescriptions
- 2. Billing and Coding Limitations
 - Student documentation cannot be used as the sole basis for billing
 - Preceptors must personally document elements required for billing
 - Students cannot enter billing codes or submit claims
 - Students may document E/M services that are reviewed and verified by preceptors

Clinical Supervision Requirements [A2.15, B3.07]

Definition of Supervision

Direct supervision requires the physical presence of the supervising preceptor in the room during the performance of any invasive procedure. General supervision requires the preceptor to be readily available in the facility while the student performs patient care duties.

Student Supervision Requirements

1. Direct Supervision Required For:
 - All invasive procedures
 - First-time performance of any clinical skill
 - Complex patient cases
 - Emergency situations
 - Delivering bad news/sensitive information
2. General Supervision Permitted For:
 - Routine patient histories
 - Physical examinations
 - Patient education
 - Documentation
 - Follow-up visits for stable patients

Prohibited Activities

Students are not permitted to:

- Substitute for clinical or administrative staff
- Take call independently
- Write prescriptions
- See patients without preceptor oversight
- Perform procedures without direct supervision
- Document without preceptor review

Safety and Incident Reporting [A1.02g, A3.08]

Exposure Protocol

1. Immediate Response
 - Wash exposure site thoroughly
 - Report incident to preceptor immediately
 - Follow site-specific exposure protocols
 - Seek immediate medical attention if needed
2. Required Notifications
 - Contact Clinical Coordinator within 2 hours
 - Complete program incident report form

- Complete site-specific incident documentation
- Follow up with Student Health as directed

Emergency Procedures

- Clinical Coordinator cell provided
- Site security office: identify prior to rotation
- Local emergency services: 911

Liability and Insurance Coverage [A3.09]

Professional Liability Coverage

- Students are covered under college professional liability insurance
- Coverage limits apply
- Coverage only applies during approved program activities

Worker's Compensation

- Students are not employees and are not covered by worker's compensation
- Personal health insurance is required for injury/illness coverage
- Program insurance does not cover personal injury or illness

Student Status Clarification

- Students are learners, not employees of clinical sites
- Students cannot receive compensation for clinical rotation activities
- Sites cannot hire students as staff during rotations
- All patient care activities must be part of the educational program

Ursuline College Infectious Disease Policy

All Ursuline College physician assistant students should regularly practice universal precautions during their clinical experience. Ursuline College physician assistant students will conform to the infection control policy from the host facility. Students will be familiar with general best practices for infection control and universal precautions. All students will have OSHA blood-borne pathogen training.

Universal Precautions include the following:

- **Handwashing:** Hands MUST be washed before and after patient interactions. The use of gloves does not diminish this requirement.
- **Gloves:** Students should wear gloves when the threat of contact with any body fluids is present. Body Fluids include Blood, CSF, Sputum, Stool, Urine, Gastric contents, Semen, Vaginal fluids, and wound drainage, to name a few.
- **Gowns:** A clean gown should be worn to protect the students' clothing from encountering any body fluids. Gowns must be changed between patient contacts.
- **Goggles:** Goggles must be worn when the threat of body fluids entering the eye exists. Eyeglasses are not a substitute for eye protection.
- **Masks:** Masks must be worn to protect the student from exposure to secretions and or airborne particles that would otherwise cause adverse effects to the student.
- **Needles/Sharps:** Students will discard all sharps or potential sharps in the appropriate sharps' disposal containers available at the clinical site. Do not re-cap needles. Do not, under any circumstances, bring sharps back to campus for disposal.
- **Linens:** Any soiled linen will be handled per the host site policy. Do not, under any circumstances, bring soiled linen back to campus for disposal/cleaning.
- **Lab Specimens:** All laboratory specimens will be handled according to the facility's policy where you are attending your experience.
- **Pregnancy:** Because of the risk to the fetus, all pregnant students should be cognizant of precautions to prevent the acquisition and transmission of any infectious disease.
- **HIV/AIDS:** Physician Assistant students who have HIV/AIDS have an increased danger of infection due to diseases encountered in the day-to-day care of the sick and injured. Students who are immunocompromised are at risk of serious illness and/or death. Of particular concern is the

transmission of diseases controlled under normal circumstances, such as varicella or tuberculosis. Students with HIV/AIDS will be counseled regarding the potential exposure to infectious diseases and the risks of patient care. These students should be particularly prudent regarding universal precautions for themselves and the patients in their charge.

I have read and understand the Infectious Disease information provided in this document.

Additionally, I completed the Occupational Safety and Health Administration course via the Castlebranch app, which covered occupational safety and blood-borne pathogens. I attest that I have completed the HIPPA training module through Castlebranch. I attest that I have the completion certificates on file with the program and copies in my personal file.

In signing the Clinical Manual acknowledgement form, the student agrees to the above Infectious Disease information.

Preceptors

Clinical Year Preceptor Expectations

General Responsibilities

- Review course syllabi, learning outcomes, and objectives
- Assure ability to meet learning outcomes and objectives
- Provide day-one orientation including schedule, facility tour, and site-specific policies
- Establish clear student role and responsibilities
- Review patient flow, charting procedures, and available services
- Maintain interactive teaching with regular feedback
- Review completely the UCPA student handbook
- Review and be familiar with all statutes from the state of Ohio. Ohio revised code section 4730 deals with Physician Assistants

Clinical Supervision

- Oversee all student clinical activities
- Guide progression from observation to active participation
- Ensure appropriate student involvement in patient care
- Address any concerns promptly with Clinical Coordinator

Evaluation Requirements

1. Mid-rotation Evaluation (End of Week 3)
 - Complete evaluation in program administration system
 - Review with student and provide constructive feedback
2. Final Evaluation (End of Rotation)
 - Submit comprehensive performance assessment
 - Discuss evaluation with student
 - Verify attendance record accuracy

Clinical Year Evaluations

Clinical Year Evaluation Policy

The Ursuline College Physician Assistant Program requires completion of several evaluations during the clinical phase that are essential components of the educational process:

- Preceptor evaluations of student performance serve as key assessment tools that directly impact clinical rotation grades. These evaluations align with rotation-specific learning outcomes as detailed in course syllabi available in the learning management system.
- Student evaluations of clinical sites and preceptors provide valuable feedback for continuous quality improvement and ensure student perspectives are considered in maintaining and developing clinical partnerships.
- Program evaluation of clinical sites involves multiple components to assess the educational environment, patient care opportunities, and quality of supervision to ensure sites meet program standards and accreditation requirements.

All evaluation forms and related documentation can be found in the learning management system. Timely completion of required evaluations is considered a professional responsibility of both students and preceptors.

Preparation and Blueprints

Clinical Phase Learning Expectations and Resources

Ongoing Learning Requirements

The clinical phase requires continued dedication to learning through both hands-on patient care experiences and self-directed study. Students are expected to:

- Maintain consistent study habits throughout all rotations
- Review relevant medical content before and during each rotation
- Prepare for daily patient encounters and procedures
- Complete all assigned readings and learning activities
- Actively participate in continuing education opportunities

Available Learning Resources

Program-Provided Resources

- Osmosis learning platform for video-based education
- Rosh Review question bank for exam preparation
- AccessMedicine for clinical references and resources
- Required readings and materials in learning management system
- Rotation-specific study guides and objectives
- EOR examination topic lists and blueprints

Clinical Site Resources

- Preceptor teaching and mentorship
- Patient care experiences
- Site-specific educational materials
- Access to clinical references and protocols
- Team-based learning opportunities
- Case conferences and grand rounds when available

Program Support

- Faculty office hours and mentoring
- Clinical coordinator guidance
- Scheduled call-back day activities
- Peer study groups
- Supplemental workshops and review sessions

Study Expectations

Students should anticipate dedicating significant time outside of clinical hours to:

- Preview upcoming patient conditions and treatments
- Review unfamiliar diseases, medications, and procedures
- Complete assigned readings and learning modules
- Prepare for end of rotation examinations
- Study for PANCE throughout the clinical year
- Research responses to preceptor questions and assignments

The ability to balance clinical duties with ongoing academic preparation is essential for success in the clinical phase and preparation for practice. Students are encouraged to develop and maintain a structured study schedule throughout all rotations.

Examination Blueprints as Learning Guides

Purpose and Implementation

The Physician Assistant Education Association (PAEA) End of Rotation™ examinations and the Physician Assistant National Certifying Examination (PANCE) blueprints serve as comprehensive guides for clinical phase learning. These blueprints outline the essential knowledge and skills required for entry-level PA practice.

PAEA End of Rotation™ Examinations

- Blueprints available for core rotations:
 - Family Medicine
 - Internal Medicine
 - Emergency Medicine
 - General Surgery
 - Women's Health
 - Pediatrics
 - Behavioral Health
- Content areas align with:
 - Task Areas (history taking, diagnostics, etc.)
 - Knowledge Areas (diseases, disorders, medical care)
 - Documentation and Professional Practice

PANCE Blueprint

- Serves as the ultimate guide for clinical knowledge
- Organized by:
 - Organ Systems and Disease Processes
 - Task Areas
 - Professional Practice
- Updated regularly by NCCPA to reflect current medical practice
- Use most current published Blueprint

Student Responsibilities

- Review relevant blueprint before each rotation
- Use blueprints to:
 - Guide clinical encounter documentation
 - Focus reading and study efforts
 - Self-assess knowledge gaps
 - Prepare for End of Rotation examinations
 - Build foundation for PANCE preparation

Access and Resources

- Current blueprints available in learning management system

- Updated versions posted on PAEA and NCCPA websites
- Program faculty available to assist with blueprint interpretation and application

Integration with Clinical Learning

- Preceptors aware of blueprint content areas
- Clinical sites selected to provide exposure to blueprint topics
- Supplemental education aligned with blueprint requirements
- Formative assessments based on blueprint content

Clinical Phase Course Materials

Clinical Phase Syllabi

All course syllabi and related supplemental learning materials for the clinical phase can be accessed through the learning management system, including:

Core Clinical Rotations

- Family Medicine
- Internal Medicine
- Emergency Medicine
- General Surgery
- Women's Health
- Pediatrics
- Behavioral Health
- Elective Clinical Rotation

Additional Clinical Phase Courses

- UCPA Capstone
- Applied Clinical Medicine

Students are responsible for:

- Accessing and reviewing all course syllabi at the start of each rotation/course
- Following the requirements outlined in each syllabus
- Meeting all learning objectives and assignment deadlines
- Referring to the most current version within the learning management system

Course materials are updated regularly to reflect current educational standards and program requirements. Students should always reference the active version in the learning management system rather than downloaded copies.

Manual Revision Policy

The Ursuline College Physician Assistant Program reserves the right to make changes to this clinical manual, policies, procedures, and requirements. Changes may be made at any time in order to:

- Maintain compliance with ARC-PA Standards
- Address changes in clinical education requirements
- Respond to changes in healthcare delivery and practice
- Ensure student and patient safety
- Meet the evolving needs of the program and its clinical partners

Students will be notified of any substantive changes through:

- Official program email communication
- Learning management system announcements
- Clinical year meetings
- Updated manual versions with revision dates

Students are responsible for:

- Reviewing all manual updates
- Following the most current policies and procedures
- Acknowledging receipt of manual changes when requested
- Directing questions about updates to the Clinical Coordinator

The most current version of the clinical manual will be maintained in the program's learning management system. Previous versions are archived by the program but are not valid for current use.