



School of Health Sciences

Chan Family
Master of Science in
Physician Associate Studies
(MSPA) Program

Clinical Policy Manual

2025-2026

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Purpose (A3.01, A3.02)

The purpose of the *MSPA Program Clinical Policy Manual* is to provide clear and detailed information about the clinical phase of the MSPA Program, including expectations, policies, procedures, and important contact information.

This handbook is specific to the MSPA Program and should be used in conjunction with the *KGI Student Handbook*, *MSPA Program Student Handbook*, and other MSPA-related policies. These policies apply to all students, MSPA Program principal faculty, and the MSPA Program Director regardless of location. A signed clinical affiliation agreement may specify that certain program policies will be superseded by those at the clinical site. The information listed within the *MSPA Program Clinical Policy Manual* does not supersede policies in the *MSPA Program Student Handbook* or *KGI Student Handbook* except if specifically noted. For full policies, please refer to the *KGI Student Handbook*.

Each student is responsible for reviewing and acting in compliance with the policies and procedures within the *KGI Student Handbook*, *MSPA Program Student Handbook*, and the *MSPA Program Clinical Policy Manual*. The MSPA Program reserves the right to amend this handbook at any time, as it does not address every situation that may arise. Any revisions to the current policies will be clearly communicated to all students.

MSPA Program Clinical Faculty and Staff

Contact Information			
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Mission, Vision, and Goals of the MSPA Program

Mission

The mission of the Master of Science in Physician Associate Studies (MSPA) program at Keck Graduate Institute is to develop high quality physician associates (PAs) who are dedicated to advancing healthcare through leadership, commitment to their communities, and the compassionate care of all populations.

Vision

The Keck Graduate Institute MSPA program will redefine PA education through transformative teaching, rich clinical experiences, interprofessional collaboration, and leadership training. Our graduates will play an integral role in promoting health equity, shaping the future of healthcare in clinical, administrative, and academic roles.

Program Goals

1. Recruit and matriculate a class of uniquely qualified students with varied backgrounds.
2. Provide transformative, student-focused instruction to ensure the academic success of each of our students.
3. Create a team-based environment within Keck Graduate Institute through interprofessional collaboration.
4. Inculcate professional development through didactic instruction, engagement in advocacy efforts, and leadership opportunities.
5. Encourage a strong dedication to serving the needs of all communities with compassion and sensitivity.

Program Competencies and Learning Outcomes

Upon completion of the KGI MSPA Program, students will have acquired the following program competencies and learning outcomes, which are required for successful entry into PA professional practice. The development of these program competencies and learning outcomes were guided by the AAPA's *Competencies for the Physician Assistant Profession* (revised in 2012), Association of American Medical Colleges' *Core Entrustable Professional Activities for Entering Residency* (2014), PAEA's *Proposed Entrustable Activities for Physician Assistant Graduates* (2017), and PAEA's *Core Competencies for New PA Graduates* (2019). They were also organized to align with the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) definition of program competencies.

Medical Knowledge (MK)

- PLO1 – Integrate medical knowledge into the effective and equitable care of patients. (MK)

Interpersonal and Communication Skills (ICS)

- PLO2 – Elicit a patient history effectively. (ICS, PROF)
- PLO3 – Develop individualized patient education and care recommendations to support patients and caregivers in making informed health decisions. (ICS, MK)
- PLO4 – Demonstrate effective oral and written communication with other healthcare professionals. (ICS, PROF)

Clinical and Technical Skills (CTS)

- PLO5 – Perform an appropriate, patient-centered physical examination and advanced clinical procedures. (CTS, MK)

Clinical Reasoning and Problem-Solving Skills (CRPS)

- PLO6 – Apply an evidence-based medicine approach to the evaluation and management of patients. (CRPS, MK)
- PLO7 – Formulate a logical differential diagnosis. (CRPS, MK)
- PLO8 – Evaluate a patient effectively through the proper selection and accurate interpretation of laboratory and diagnostic studies. (CRPS, MK)
- PLO9 – Develop a comprehensive, patient-centered management plan. (CRPS, MK)

Professional Behaviors (PROF)

- PLO10 – Demonstrate professional behaviors consistent with the Keck Graduate Institute MSPA program professionalism expectations in all interactions with patients, caregivers, and other healthcare professionals. (PROF, ICS)

Clinical Phase Goals

In this phase of education, students have the opportunity to translate theory into practice. Clinical rotations provide the opportunity to have active, hands-on learning which will facilitate the student’s transition into clinical practice. Goals of the clinical phase include:

- Apply knowledge from the didactic phase of education to supervised clinical practice experiences (SCPEs).
- Advance clinical problem-solving skills within a clinical setting.
- Expand upon the fundamentals of medical knowledge.
- Refine the art of history taking and physical examination skills through patient encounters.
- Enhance oral presentation and written documentation skills.
- Develop a more in-depth understanding of the physician associate/assistant (PA) role in healthcare delivery systems.
- Develop the advanced interpersonal skills, communication skills, and professionalism necessary to provide patient care and function as part of an interprofessional healthcare team.
- Integrate cultural competency and culture humility training into each patient encounter in order to provide quality healthcare to a diverse patient population.
- Prepare for successful completion of the Physician Assistant National Certifying Exam (PANCE).

Clinical Phase Competencies

The MSPA Program has established course goals, course learning outcomes, and course learning objectives for all SCPEs as documented in each individual SCPE syllabus. Each SCPE is a unique learning experience with rotation-specific course objectives that are designed to complement and further explain the course learning outcomes. Students will have access to all SCPE syllabi in addition to this manual.

Clinical Phase Curriculum

The clinical phase is the final 12 months of the MSPA Program, which includes a capstone project and eight six-week SCPEs in a range of disciplines and healthcare settings.

Clinical Phase Year 2: Spring and Summer Year 3: Fall	
Didactic Courses	Units
Advanced PA Professional Practice I (Year 2: Spring)	1
Advanced PA Professional Practice II (Year 2: Summer)	1
Advanced PA Professional Practice III (Year 3: Fall)	2
Supervised Clinical Practice Experiences (SCPEs)	Units
Family Medicine	5

Emergency Medicine	5
Internal Medicine	5
Surgery	5
Pediatrics	5
Women's Health	5
Behavioral and Mental Health	5
Clinical Elective	5
Clinical Phase Total Units	44

Clinical Phase Calendar

January 5, 2026 – February 6, 2026	SCPE 1
February 9-12, 2026	SCPE 1 Callback
February 13-15, 2026	Clinical Phase Break 1
February 16, 2026 – March 20, 2026	SCPE 2
March 23-26, 2026	SCPE 2 Callback
March 27-29, 2026	Clinical Phase Break 2
March 30, 2026 – May 1, 2026	SCPE 3
May 4-7, 2026	SCPE 3 Callback
May 8-10, 2026	Clinical Phase Break 3
May 11, 2026 – June 12, 2026	SCPE 4
June 15-18, 2026	SCPE 4 Callback
June 19-21, 2026	Juneteenth and Clinical Phase Break 4
June 22, 2026 – July 24, 2026	SCPE 5
July 27-30, 2026	SCPE 5 Callback
July 31 – August 2, 2026	Clinical Phase Break 5
August 3, 2026 – September 4, 2026	SCPE 6
September 7, 2026	Labor Day Holiday
September 8-10, 2026	SCPE 6 Callback
September 11-13, 2026	Clinical Phase Break 6
September 14, 2026 – October 16, 2026	SCPE 7
October 19-22, 2026	SCPE 7 Callback
October 23-25, 2026	Clinical Phase Break 7
October 26-30, 2026	Summative Evaluation

November 2, 2026 – December 4, 2026

SCPE 8

December 7-10, 2026

SCPE 8 Callback

December 12, 2026

MSPA Program Completion Ceremony

December 14-18, 2026

PANCE Board Review

December 18, 2026

Program Completion

May 15, 2027

KGI Commencement (*optional*)

General Student Information

In conjunction with the Claremont Colleges, KGI is proud to offer a range of services to help support all students during their time with the MSPA Program. MSPA Program students are provided with direct and timely access and/or referral to services addressing personal issues, which may impact their progress in the MSPA Program. Access to academic support and student services remain available to students throughout the clinical phase as well. This section outlines key resources, policies, and procedures that support KGI students. A listing of additional available resources can be found in the *KGI Student Handbook* under KGI Student Wellness Resources and Services. **(A1.04, A3.10)**

Non-Discrimination and Title IX

At Keck Graduate Institute, we are committed to providing an educational and working environment free from discrimination, harassment, and retaliation. Our Title IX team offers support, resources, and information on your rights and responsibilities under Title IX and SB493.

Title IX Policy

KGI is committed to providing inclusive educational and working environments for all members of our community and visitors. Consistent with this and in accordance with applicable law, including Title IX, the Clery Act, and the Violence Against Women Reauthorization Act of 2013, KGI maintains a comprehensive program designed to protect members of the community from sexual harassment and sex-based misconduct. The Claremont Colleges, which includes KGI, maintains a policy on [Title IX Sexual Harassment, Other Sex-Based Misconduct, and Retaliation](#). Details for all policies can be found at [Title IX](#). Reporting options and an online reporting form can also be found at this link. For questions or more information, please contact:

Office of Title IX

Building 517, room 117 – by appointment

909.607.0584 | TitleIX@kgi.edu

Non-Discrimination Policy

In addition to Title IX, KGI maintains policies against discrimination and harassment that apply to all KGI students, administrators, faculty, trustees, teaching/research assistants, staff, and student organizations, as well as prospective students, employment applicants, visitors, and guests of the institute. Discrimination and harassment based on protected characteristics is prohibited and will not be tolerated. Detailed information about this policy can be found [here](#).

Allegations of Student Mistreatment and Harassment Policy (A3.15f, A1.02j)

Student Mistreatment Policy

The KGI MSPA Program is committed to educating and mentoring students by providing a positive learning environment that exemplifies KGI's core values. The MSPA Program Director, principal faculty, instructional faculty, staff, and students are expected to demonstrate respect and professionalism by holding each other to the highest standards in education without abuse, humiliation, or harassment of any kind; by not exploiting a relationship for personal gain or advantage; and by demonstrating the highest standards of ethical conduct in all learning environments.

Mistreatment may be defined as "treatment of a person that is either emotionally or physically damaging; is from someone with power over the recipient; is not required or not desirable for proper training; could be reasonably expected to cause damage; and may be ongoing."* This includes offensive behaviors, overgeneralizations, personalization, frustrations, complaints, ignoring learners, or relying too heavily on humor.

Reporting Student Mistreatment

If a student feels mistreated during any point of the KGI MSPA program and is uncomfortable addressing the situation directly with the parties involved, we urge the student to discuss their concerns as soon as possible through one of the options detailed below.

MSPA students during any phase of the MSPA Program may address their concerns of mistreatment through the following process:

1. Discuss the issue with the Faculty Advisor, Director of Didactic Education (didactic phase students), or Director of Clinical Education (clinical phase students), and faculty will document the meeting in the Student Encounter Form; if not resolved ▸
2. Discuss the issue with the MSPA Program Director; if not resolved ▸
3. Student makes written statement to the Dean of Students.
4. The Dean of Students meets with involved parties, and they will be given an opportunity to respond in writing no later than five (5) business days; if not resolved ▸
5. The MSPA Program Director will review materials, meet with student and involved parties, and respond in writing with a decision; if not resolved ▸
6. The Dean of Students meets with the student regarding the grievance and responds in writing with a decision; if not resolved ▸
7. The Provost will review materials, meet with student and involved parties, and respond in writing with a decision. The Provost's decision is final.

For more information, please refer to the processes outlined within the *KGI Student Handbook* in “Didactic Non-Grade-Related Grievances” and “Experiential Education Non-Grade-Related Grievances”.

* Ainsworth M, Szauter K. Is it mistreatment? Practices for productive teacher–learner interactions. *Academic Medicine*. 2020;95(12):1957. doi:10.1097/ACM.0000000000003709

Student Grievances and Appeals (A3.15g)

For procedural purposes grievances are classified as either Non-Grade-Related or Grade-Related. Student grievances may be associated with academic life (e.g., teaching, testing, advising, etc.) or they may be associated with some aspect of campus life (e.g., work experience, co-curricular programs, and activities). Students applying for admissions also have the right to appeal admissions decisions if they perceive that they have been treated unfairly.

The MSPA Program utilizes the policies and procedures outlined for student grievances and appeals in the *KGI Academic Catalog* under the “Student Grievances” section.

Additional General Student Information

Please refer to the “General Student Information” section of the *MSPA Program Student Handbook* for information pertaining to the following:

- Student Accessibility Services Resources
- Student Health Services and Medical Care During the Program
- Student Mental Health Services
- Parking

General Program Policies

Advisement Policy (A2.05e)

Faculty advisors help monitor student performance, as well as guide students on both academic matters and professional activities. Students are expected to maintain communication with a faculty advisor throughout the clinical phase of the curriculum. Students are required to meet with a faculty advisor at least twice in the clinical phase; of which the clinical faculty may supplement or replace their assigned faculty advisor from the didactic phase. Faculty advisors can personally assist the student when appropriate, as well as locate helpful resources and provide timely referrals if needed. (Please note: students may also directly access KGI resources as described in the “KGI Student Wellness Resources and Services” section of the *KGI Student Handbook*.)

To review the full advisement policy, please see the “Advisement Policy” section of the *MSPA Program Student Handbook*.

Liability Insurance Policies

Students are covered by the KGI institutional professional liability policy only when serving on an approved SCPE and conforming to the policies and procedures set forth in this manual, the accompanying course syllabi, and KGI institutional policies. Please contact the Director of Clinical Education with any specific questions about this policy, including coverage limits.

MSPA students are only covered in program-assigned activities. Coverage does not apply to students who participate in unassigned activities on their own accord (e.g., shadowing).

Student Health Policy (A3.07a-b, A3.09, A3.19)

Health Insurance

Personal health insurance is **mandatory** for all MSPA Program students throughout their time in the program. Proof of health insurance coverage must be provided prior to matriculation and remain active through program completion. Any changes to health insurance must be completed in a manner in which students do not have a lapse in coverage. Insurance changes must be uploaded to CORE ELMS to maintain an accurate record. Students are responsible for all personal healthcare costs incurred while enrolled in the program. Personal healthcare costs may include immunizations, tuberculosis screenings, laboratory or diagnostic studies, illness, health evaluation following exposure, or other accidental injuries sustained during the program.

Please refer to the “Student Health Policy” section of the *MSPA Program Student Handbook* for additional information.

Medical Care During the Program (A3.09)

The Principal Faculty, Program Director, and Medical Director of the MSPA Program cannot participate as health care providers for students in the program, except in an emergency situation.

Background Check and Urine Drug Screen Policy

Background Check and Urine Drug Screen Requirements

KGI MSPA Program students are required to undergo a background check and urine drug screen prior to the clinical phase. More frequent background checks and urine drug screens will be conducted at the discretion of the MSPA Program and as required by clinical sites.

All fees associated with background checks and urine drug screens are the responsibility of the student (matriculating and enrolled). All background checks and urine drug screens must be completed in the timeframe given by the program. Failure to complete background checks and/or urine drug screens within the provided timeframe will result in referral to the MSPA Progression and Professionalism Committee.

Background Check and Urine Drug Screen Results

Background check(s) and urine drug screen results that limit the MSPA Program’s ability to secure SCPE placements may prevent a student from progressing or graduating from the program. Any delay in progression or graduation due to background check and drug screen results will be at the sole expense of the student.

A student may be dismissed from the program if the student:

- Declines the background check;
- Declines the urine drug screen;
- Fails to complete the background check within a specified time frame;
- Fails to complete the urine drug screen within a specified time frame;
- Has a positive urine drug screen without supportive documentation;

- Has significant findings within the background check.

If a matriculating or current student is dismissed due to results of the above, the MSPA Progression and Professionalism Committee will forward the decision (in writing) to the student, MSPA Program Director, and the Dean of the School of Health Sciences. Students who are dismissed due to results of these requirement(s) can appeal the Committee's decision. The appeal must be made in writing and received by the Dean of the School of Health Sciences within seven calendar days. In turn, the Dean of the School of Health Sciences will render a decision within seven days of receipt of the appeal request.

The student and the MSPA Program Director will be informed of the Dean of the School of Health Sciences' decision. The Dean's decision is final and cannot be appealed.

Student Health Record (A3.19)

The KGI MSPA Program contracts a third-party tracking service to record and certify student health records required for the program. This agency will notify the program with the status of required health screening, compliance, and onboarding items. All forms and health records must be submitted by the student directly to the online portal and not to the KGI MSPA Program. Student health records are confidential and must not be accessible to or reviewed by the MSPA Program, principal or instructional faculty, or staff except for immunization and screening results, which may be maintained and released with written permission from the student.

MSPA students will sign forms that allow Student Health Services (Appendix D), CORE ELMS (Appendix E), and Certiphi (Appendix F) to release only the results of the health screening and immunization records to the MSPA Program. MSPA students will also sign a "Screening, Immunization, and Background Check Release Form (MSPA Program to Clinical Sites)" (Appendix G) to allow the MSPA Program to share the status or results of immunizations, tuberculosis screenings, drug screenings, and background checks via CORE ELMS and Certiphi with clinical sites. The Screening, Immunization, and Background Check Release Form, as well as the documentation that the student has met program health screening and immunization requirements, will be kept in the student's file.

Required Immunizations (A3.07a, A3.07b)

The policy for immunizations and tests for KGI MSPA students is to follow the [CDC guidelines for healthcare workers](#). It is the sole responsibility of the student to complete and submit all of the correct requirements/documentation before the due date(s) and to never let any of those requirements/documentation expire. Failure to be compliant at any time can result in failure of the course, delay in graduation, and financial implications for the student.

Proof of each of the following immunizations and tests must be dated and signed/stamped by a healthcare professional or office prior to submitting to Certiphi. Receipts for vaccines from pharmacies are not able to be used as proof of vaccination. Vaccines administered in California can be verified through the California Department of Public Health (<https://myvaccinerecord.cdph.ca.gov/>) or a similar entity if proof of vaccination administration is unavailable. Laboratory reports must be provided for required titers. No exemptions are allowed for any of the following, except for a documented medical allergy to one or more of the vaccine components.

- **Measles, Mumps, Rubella (MMR)** – The student must provide documentation of two MMR vaccines given at least 4 weeks apart and a positive titer showing immunity to each component of the MMR. If no vaccination record is available, the student can use the titer only to demonstrate immunity. If any of the titers are negative, the student will need to repeat the two-shot series at least 4 weeks apart. Note that some clinical sites may require additional boosters of MMR, regardless of immunization or titer status.
- **Tetanus/Diphtheria/Acellular Pertussis (Tdap)** – The student must provide documentation of a single Tdap vaccination. Students who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap before matriculation without regard to the interval since the previous dose. All students are required to receive Td boosters every 10 years after their Tdap injection. Note some clinical sites require a Tdap to have been administered within the last 10 years.
- **Varicella (Chicken Pox)** – The student must provide documentation of two doses of varicella vaccine given at least 28 days apart and laboratory evidence of immunity through a qualitative titer. If the student has a negative titer, the student will need to get two doses of varicella vaccine, four weeks apart.
- **Hepatitis B** – The student must provide documentation of a completed Hepatitis B vaccine series and a quantitative antibody titer proving immunity (>10 mIU/mL). If the titer provided is negative, the student must repeat the entire hepatitis B series and repeat quantitative antibody testing one month later.
 - Once a positive titer is provided one month after repeating the series, this requirement will be considered to be complete. Students who still show no immunity after two completed series is considered a “non-responder.”
- **Hepatitis C** – The student must provide documentation of a nonreactive (negative) antibody titer to hepatitis C. This is a one-time requirement for the duration of the program.
 - The student will need to complete additional testing if the titer is positive.
- **TB Screening** – All students must have a two-step PPD skin test (TST) or TB blood test (i.e., QuantiFERON Gold or T-SPOT). Additionally, students are required to complete a TB risk assessment and a TB symptom checklist annually. Clinical sites may require more frequent TB testing.

- All new positive TB tests (TST or TB blood test) who have never had a positive result in the past must have a chest x-ray and be evaluated by a healthcare provider.
 - If the chest x-ray is positive, the student will not be allowed to enter or continue training until treated and cleared of active TB by a healthcare provider.
- Students with a history of BCG vaccine and those born outside of the United States must have the IGRA test (QuantiFERON Gold or T-SPOT). For these students, a TST is not needed.
- Individuals with a prior history of positive TB test need to provide documentation of the previous positive test result. Once confirmed, these students will only complete a TB risk assessment and TB symptom screening forms annually. No repeat TB tests are required.
- **Influenza** – The student must provide documentation of an influenza vaccination administered during the current flu season. The renewal date will be set for 1 year from the administered date of the vaccine.
- **COVID-19** – The student must provide documentation of one dose of the 2024-2025 Moderna, Pfizer-BioNTech, or Novavax vaccine. If receiving a COVID-19 vaccine for the very first time and are choosing Novavax, you will need 2 doses of the 2024-2025 Novavax COVID-19 vaccine to be up-to-date. Further guidelines on frequency and other requirements will be communicated as requirements are updated by the CDC.
- **Meningococcal** – All healthcare workers are encouraged to ensure they are up-to-date on meningococcal vaccine if they have [specified risks](#) but it is not recommended for all healthcare workers at this time.

The program does not currently require proof of polio vaccine or a titer to evaluate immunity to polio based on CDC guidelines for healthcare workers. However, some clinical sites may require proof of vaccination or a polio titer. If a student is required to go to a specific clinical site with this requirement, they will be informed by the clinical team in advance.

Currently, the KGI MSPA Program does not currently offer any elective international curricular components, so no travel health policies are in place. Should any international opportunities arise, the program will communicate what additional requirements and recommendations exist based on then current World Health Organization (WHO) and CDC travel guidelines.

Please note that clinical sites and preceptors may require additional vaccinations and documentation of titers for certain infectious diseases. The program will communicate additional requirements to students in advance.

Note that all students will be required to repeat titers and obtain a new physical examination by a healthcare provider on an annual basis and as needed based on clinical site requirements. The program will provide reminders to students when their health requirements are going to

expire through Certiphi and CORE ELMS. The costs for all health screenings, laboratory tests, and immunizations are the responsibility of the student.

Student Exposure to Infectious and Environmental Hazards Policy (A1.02g, A3.08a-c, A3.09)

KGI MSPA Program utilizes guidelines from the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) to address student exposure to infectious and environmental hazards. The Program will provide appropriate training to students on infectious and environmental hazards prior to any educational activities that would place students at risk. This policy on infectious and environmental hazards will address methods of prevention; procedures for care and treatment after exposure; financial responsibility; and program participation following exposure.

Methods of Prevention (A1.02g, A3.08a)

Standard precaution practices are designed to protect healthcare professionals and reduce the risk of exposure to bloodborne pathogens and hazardous substances from both recognized and unrecognized sources. These precautions apply to all patient care, laboratory, and clinical training experiences. All faculty and students must utilize Standards Precautions in activities that present exposure to bloodborne pathogens and hazardous substances. Failure to do so may be grounds for disciplinary action.

Students must avoid direct contact with blood, bodily fluids, secretions, excretions, mucous membranes, non-intact skin, and possibly contaminated articles. Students should also avoid direct contact and injury from all sharps and dispose of them in designated puncture-resistant containers directly after use.

Methods of prevention include all of the following:

- **Hand Hygiene** – Hand hygiene is crucial in reducing the risk of transmitting infectious agents. Hand hygiene should occur after touching blood, bodily fluids, secretions, excretions, or contaminated articles; immediately after removing gloves or any personal protective equipment; before and after any patient contact; and prior to performing an aseptic task (e.g. placing an IV, preparing an injection).

Hand hygiene includes the use of soap and water, as well as approved alcohol-based products for hand disinfection. CDC guidelines recommend use of an alcohol-based hand rub for most hand hygiene. Soap and water should be used immediately if 1) hands are visibly soiled or 2) hands come in direct contact with blood, bodily fluids, secretions, excretions, contaminated articles or after caring for patients with known or suspected infectious diarrhea. Practice hand hygiene frequently and thoroughly.

- **Personal Protective Equipment** – Personal protective equipment (PPE) includes exam gloves, face masks, face shields, protective eyewear, and protective clothing (e.g., reusable

or disposable gown, jacket, laboratory coat, caps, shoe covers, aprons). PPE should be worn whenever risk of exposure is present. Protective apparel should not be worn from one patient or activity to another and should be properly removed and disposed of after each use. The use of this apparel and equipment are to protect skin and mucous membranes, especially the eyes, nose, and mouth.

Gloves are to be removed and disposed of after each use. Gloves should be worn when handling blood, bodily fluids, secretions, or excretions; when touching mucous membranes, non-intact skin, and body orifices; or when touching contaminated articles or equipment.

Facial gear and protective clothing should be worn for procedures and patient-care activities likely to generate splashes or sprays of bodily fluids or other hazardous material exposure. Facial gear and protective clothing should also be worn when anticipated procedures and activities will cause contact of clothing and exposed skin with blood, bodily fluids, secretions, or excretions.

- **Needles and Other Sharps** – All needles and sharps should be handled with extreme care to avoid exposure. Needles should not be recapped, bent, or hand-manipulated. If possible, self-sheathing needles and/or needleless systems should be utilized to minimize risk. Immediately after use, all needles and other sharps are to be safely placed in a puncture-resistant container.
- **Safe Handling of Possible Contaminated Articles or Surfaces** – All patient-care equipment, textiles, and laundry should be handled in a manner that prevents the transfer of microorganisms to others and the environment. All contaminated articles, equipment, and materials should be disposed or cleaned in a safe manner as prescribed by law. In all areas where patient care is performed, cleaning and disinfection should occur at the conclusion of every activity and between patients. Anyone handling possibly contaminated articles or surfaces must perform hand hygiene immediately.
- **Respiratory Hygiene/Cough Etiquette** – To prevent or minimize the spread of respiratory infections, a number of strategies can be employed. The mouth and nose should always be covered with a tissue or the crook of the elbow when coughing or sneezing. Tissues should be used and disposed of properly. Hand hygiene should be performed directly after hands have contact with respiratory secretions. Maintaining a considerable distance and wearing a face mask can also help minimize or prevent the spread of respiratory pathogens.

The Standard Precautions outlined above are based on CDC and OSHA guidelines:

- [Standard Precautions for All Patient Care | Infection Control | CDC](#)
- [Bloodborne Pathogens - Worker protections against occupational exposure to infectious diseases | Occupational Safety and Health Administration \(osha.gov\)](#)

Procedures for Care and Treatment After Exposure (A1.02g, A3.08b, A3.09)

If an exposure to blood and/or other bodily fluid or a needle stick injury occurs, the following protocol should be followed:

- **Immediately Following Exposure or Injury** – The student should remove any soiled clothing. Wash any needlestick or sharp punctures and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, saline, or sterile irrigants.
- **Faculty and Program Notification** – After the student has attended to immediate care as listed above, they should immediately notify the on-site Clinical Instructional Faculty (Preceptor) and Director of Clinical Education at clinicalmspa@kgi.edu. After medical care has been addressed, the Director of Clinical Education (or designated faculty) and student must complete an Incident Report Form (Appendix A) for the MSPA Program, as well as a similar form for the clinical site where the incident occurred (if applicable). The Incident Report Form will be placed in the student's record. The Principal Faculty, Program Director, and Medical Director of the MSPA Program cannot participate as health care providers for students in the program, except in an emergency situation (A3.09).
- **Medical Evaluation and Care** – Medical evaluation and care should occur immediately after exposure to determine risk associated with exposure.

Exposed individuals should immediately seek out their Clinical Instructional Faculty (Preceptor) for advisement as to whether or not the clinical site has a site-specific Infection Control Policy in place. If the exposure occurs at a clinical site which has an Infection Control Policy, the student should follow this policy (*which may include referral to the emergency room*). If no such policy exists at the clinical site, the student should go for immediate evaluation at the nearest emergency room. This includes consideration of initial prophylactic treatment as recommended by a healthcare provider.

The student should maintain follow-up visits as recommended by their healthcare provider. For additional resources, please refer to the CDC's most current guidelines at [Bloodborne Infectious Diseases | NIOSH | CDC](#).

Financial Responsibility (A3.08c)

For any exposure or injury that may occur during the MSPA Program, please note that the payment for medical evaluation, treatment, and care is the sole responsibility of the student and their insurance carrier.

Program Participation Following Exposure

Following an accidental exposure or needlestick injury, the Director of Clinical Education in collaboration with the MSPA Program Director will determine on an individual basis if and when the student can resume participation in the MSPA program. Any clinical and technical skill safety concern(s) (i.e., improper technique) identified from the incident will be outlined in the Corrective Action Recommendations section of the Incident Report Form (Appendix A) and will require student demonstration of corrected technique that addresses the safety concern. This demonstration must be completed before the student is able to progress to their subsequent supervised clinical practice experience (SCPE).

Student Roles and Responsibilities in Clinical Settings Policy (A3.05)

KGI MSPA students are unable to substitute for or function as instructional faculty, clinical, or administrative staff while at KGI or while placed at a designated clinical site. If a student is asked to substitute for or function as instructional faculty, clinical, or administrative staff with roles that are outside of the realm of practice for a Physician Assistant/Associate (i.e., secretarial or clerical duties), they should contact the Director of Clinical Education. Once information is collected and reviewed, the Director of Clinical Education in collaboration with the MSPA Program Director will determine if continued use of the preceptor and clinical site is appropriate. **(A3.05)**

Academic Policies and Procedures

The academic policies included in this section are specific to the clinical phase. For additional information regarding programmatic policies and procedures, please refer to the “Academic Policies and Procedures” section of the *MSPA Student Handbook*.

Graduation Requirements (A3.15b)

In order to graduate from the KGI Physician Associate Program and earn a Master of Science in Physician Associate Studies (MSPA), a student must:

1. Successfully complete all coursework according to program defined academic standards. The coursework is a total of 124 credit hours, which includes 84 credit hours of didactic curriculum and 40 credit hours of supervised clinical practice experiences.
2. Maintain a minimum cumulative GPA of 3.0 at program completion.
3. Successfully pass all components of the Summative Evaluation at the conclusion of the program to demonstrate achievement of all Program Learning Outcomes and Competencies.
4. Complete the board review preparation course for the Physician Assistant National Certification Examination (PANCE) provided by the MSPA program.
5. Be in good professional standing with the MSPA program.
6. Complete the KGI graduation application process prior to the established due date.

7. Meet all KGI financial requirements and obligations, which includes ensuring there are no outstanding tuition payments, program fees, graduation fees, library charges, or other institutional fees.
8. Complete the MSPA program within the maximum time-to-completion, which is defined as 150% of the program length (i.e., 3.375 years). Deceleration and remediation must also be completed within this timeframe. Delays due to approved personal or medical leaves of absence are excluded from the maximum time-to-completion requirement. Please refer to the “Leave of Absence” section in this handbook for further details.

Assessment Policy (A3.15a-b,g)

The MSPA Program has identified concrete methods to evaluate student learning through their mastery of stated outcomes. In order to maintain assessment integrity at all times, students will adhere to the policies outlined in the “Assessment Policy” section of the *MSPA Student Handbook*.

Missed Assessments (A3.15a-b,g)

Due to personal emergencies or other exceptional circumstances classified as an excused absence, a student may miss sitting for an assessment. If this occurs, it is the responsibility of the student to inform the Director of Clinical Education, Director of Didactic Education, and respective Course Director via email prior to the assessment or as soon as possible (maximum of 24 hours) after the assessment. The student must also complete, sign, and submit an Excused Absence Request Form (Appendix B) with an explanation and documentation supporting the absence to the Course Director within 72 hours of missing the assessment. The student should *not* include protected health information or confidential medical information in this form. Notifying the Course Director of an absence does not guarantee that the absence will be excused. An absence will automatically be considered unexcused if the Course Director is not notified via email within 24 hours.

Missed Didactic Assessments in the Clinical Phase (A3.15a-b,g)

The Directors of Clinical and Didactic Education, along with the respective Course Director will consider each request on its individual merits and may allow the student to take a make-up assessment within a given time frame from the original assessment date. Although makeup assessments will test the same knowledge content as the original, the style and type of assessment may differ as determined by the Course Director. The scheduling of the assessment will be at the discretion of the Course Director, but the student must be prepared to take the assessment on the day they are cleared to return. All decisions made by the Course Director are final and will be communicated to the student within two business days of receiving the request.

Unexcused absences will result in a grade of zero (0) on the assessment. If the student is allowed to take the didactic assessment at a later date, the highest attainable score is 70% in alignment with the remediation policy found in the *MSPA Student Handbook*.

Missed End of Rotation Examinations in the Clinical Phase (A3.15a-b,g)

As outlined in each respective SCPE Course Syllabus, students must successfully pass each PAEA End of Rotation (EOR) Exam as determined by Z-score for the specific discipline in order to progress to the subsequent SCPE. The passing percentage for all EOR examinations will be calculated utilizing a Z-score of -1.5. Any missed assessments related to unexcused absence will result in a grade of zero (0) on the assessment and subsequent failure of the SCPE course. No remediation is available for examination failure due to unexcused absence.

Grading Criteria for the MSPA Program

The grading and assessment of student performance is a critical part of the educational process and is taken very seriously at KGI. There is a wide range of course formats, project requirements, and presentation requirements that require different means of assessment. While the form may vary, the faculty are responsible for reporting on the performance of each student enrolled in a course. Only courses in which a minimum grade of C is earned may be counted in satisfaction of degree or certificate requirements. A course in which you receive an F grade does not count towards meeting the unit requirement for a degree or certificate, and an F grade may lead to dismissal from the MSPA Program (see “Progression Requirements and Maximum Time to Completion” section below). The GPA listed on a student’s transcript will include all courses taken from the from the KGI MSPA Program.

Grade	Numerical Score	Quality Points
A	93 to 100	4.0
A-	90 to 92	3.7
B+	87 to 89	3.3
B	83 to 86	3.0
B-	80 to 82	2.7
C+	77 to 79	2.3
C	70 to 76	2.0
F	< 70	0.0

Final percentages ending in the decimal 0.45 or higher will be rounded up. Numbers ending in 0.44 or lower will be rounded down. There will be no exceptions to this policy.

Progression Requirements and Maximum Time to Completion **(A3.15a, A3.15b, A3.15d)**

Due to the sequential nature of the curriculum, students must successfully complete all didactic courses within a semester before becoming eligible to enroll in courses in the subsequent semester. If any courses were not successfully completed, the student must have a remediation plan established and permission from the MSPA Progression and Professionalism Committee in order to permit their continued progression.

At the conclusion of each semester, the MSPA Progression and Professionalism Committee reviews each student's academic performance and professional conduct. Students must be recommended for progression by the MSPA Progression and Professionalism Committee to be eligible to continue to the subsequent semester. In order for a student to progress from the didactic phase into the clinical phase, they must also be recommended by the MSPA Progression and Professionalism Committee.

The following are circumstances that will affect a student's progression through the Program:

1. If a student is remediating a course or course component, they may progress to the subsequent semester at the discretion of the MSPA Progression and Professionalism Committee. *This does not apply to progression for SCPEs during the clinical phase of the MSPA program (see above).*
2. If a student earns a semester GPA below 3.0, they will be placed on academic probation and allowed to progress in the program at the discretion of the MSPA Progression and Professionalism Committee.
3. If a student earns a semester GPA below 3.0 for two consecutive semesters, they may be dismissed from the program.
4. Earning one final course grade of F during the didactic or clinical phase of the program will result in referral to the MSPA Progression and Professionalism Committee for consideration of academic dismissal from the program.
5. If a student receives an alleged violation of the Professionalism Policy, they will first be evaluated by the MSPA Progression and Professionalism Committee, and the Dean of Students and/or the Provost/Vice President of Academic Affairs will be notified. If the student's alleged actions are in violation of the KGI Honor Code, the Student Conduct Committee may also be convened to determine if the student should be placed on probation and allowed to progress in the program. For more information on the

Professionalism Policy, please review the “Professionalism” section of this handbook, as well as the “Student Conduct | Honor Code” section of the *KGI Student Handbook*.

6. If the student exceeds the maximum time-to-completion for the program, they may not be able to graduate from the MSPA Program. Students must still complete the MSPA program within the maximum time-to-completion, which is defined as 150% of the program length (i.e., 3.375 years). Deceleration and remediation must also be completed within this timeframe. Delays due to **approved** personal or medical leaves of absence are excluded from the maximum time-to-completion requirement. Please refer to the “Leave of Absence” section in this handbook and the *KGI Academic Policies and Procedures Handbook* for further details.

A student may appeal a progression decision through written documentation to the MSPA Progression and Professionalism Committee for program-level decisions or using the method described in the *KGI Academic Policies and Procedures Handbook* for institution-level decisions.

Remediation and Early Warning System (A3.15c, B4.01b)

Remediation is designed to meet the needs of the students who require additional assistance to demonstrate the achievement of learning outcomes. The remediation process is designed to improve the student’s knowledge, skills, and professional attributes needed to successfully meet or exceed the MSPA graduation requirements. The goal of remediation is to promptly identify and address areas of academic, clinical, or professional deficiencies in order to help students achieve their learning outcomes.

Formal remediation for supervised clinical practice experiences (SCPEs) will be initiated and coordinated by the Director of Clinical Education. Remediation for didactic courses embedded in the clinical phase will be initiated by the Course Director and coordinated through the Director of Didactic Education. The MSPA Program Director will work with both the Didactic and Clinical Directors for any remediation activities involving summative examination and evaluation processes in the final four months of the program.

This remediation process will be clearly documented to include the nature of the deficiency (e.g., medical knowledge, clinical and technical skills, clinical reasoning and problem solving, interpersonal skills and communication, professionalism), student time management, organization and study skills considerations, the remediation plan, and expected outcomes.

During the remediation process, faculty will document extra time, effort, and resources utilized to correct the identified deficiencies. A clear timeline will be established for formal remediation monitoring and completion. If a student fails to progress towards successfully meeting the learning objectives, course outcomes, or program standards, they will be reviewed by the MSPA Progression and Professionalism Committee and may be placed on academic or

professional probation, experience a delay in progression, or potentially be dismissed from the Program.

Glossary of Terms Regarding Remediation

- Remediation – The program-defined process for addressing deficiencies in a student’s knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
- Reassessment – a method defined by the faculty member to assess the failed learning outcome(s) as part of the remediation plan.
- Retest – students who fail an assessment may be required to take another test as part of the remediation plan. This may or may not include a change in grade (see below).
- Remediation Plan – the plan developed by the designated faculty member that outlines the required activities.
- Course Director – the faculty member who oversees the course.

Remediation During the Clinical Phase

A grade of less than 70 percent on any assessment is a cause for concern. Clinical students will receive an Early Warning System (EWS) Letter for each of the following:

- Earning less than 70 percent on didactic assessments in the clinical phase;
- Less than a 3.0 overall average on a Preceptor Evaluation of Student;
- A below passing score on a PAEA End of Rotation (EOR) examination (as determined by z-score).

The student will also be required to participate in and successfully complete a formal remediation plan to be considered for continuation in the program.

Formal remediation for didactic courses within the clinical phase falls under the “Remediation During the Didactic Phase” section of the *MSPA Program Student Handbook*.

Formal remediation for SCPEs during the clinical phase will include the following process:

1. The Director of Clinical Education will develop a remediation plan using the Clinical Remediation Plan Form (Appendix C).
 - a. The Director of Clinical Education will meet with the student to review and identify deficiencies from the assessment.
 - b. The remediation plan may include, but is not limited to, the following activities to improve the area of deficiency:
 - 1) Use of simulation or simulated trainers
 - 2) Reading assignments
 - 3) Written assignments
 - 4) Review of lecture material

- 5) Individual focused faculty-led tutoring
 - 6) KGI tutoring programs or services
 - c. The selected method(s) in which the proficiency is assessed for these remediated subjects is at the discretion of the Director of Clinical Education with the approval of the MSPA Program Director. For a given deficiency, remediation plans will be developed in a consistent manner.
2. Failure of a PAEA End-of-Rotation (EOR) Examination will require remediation and reassessment using another version of the discipline specific EOR examination. The student must pass the repeat assessment using the z-score published in the corresponding SCPE syllabus. The final grade on this remediated assessment may not exceed the minimum z-score grade for that respective SCPE discipline. More information regarding the EOR Examination remediation policies is found in the next section, "Attainment of SCPE Learning Outcomes".
3. Throughout the clinical phase, students are only allowed to undergo reassessment for a maximum of two failed PAEA End-of-Rotation (EOR) Exams. The EOR exams cannot occur within the same discipline.
4. Other required SCPE assessments that require remediation of defined deficiencies include:
 - a. Preceptor Evaluation of Student ratings of Not Observed (N/O), 1, 2
 - b. Professionalism
 - c. Administrative Course Requirements
 - d. Direct Observation of Procedural Skills (DOPS)
5. For deficiencies related to SCPE course learning outcomes (CLOs) from the Preceptor Evaluation of Student, see "Attainment of SCPE Learning Outcomes" in the next section of this manual for details regarding remediation processes.
6. The Director of Clinical Education will complete the Clinical Remediation Plan Form which outlines the remediation process and outcome(s) of the remediation effort. This form and any supporting documentation will become a part of the student's official record.
7. The Director of Clinical Education will notify the Program Director and the MSPA Progression and Professionalism Committee of the remediation efforts and outcomes.
8. All formal remediation must be completed by the established time as documented on the Clinical Remediation Plan Form.

Attainment of SCPE Course Learning Outcomes

The MSPA Program utilizes multiple, pre-defined assessments which allow the program to identify and address any student deficiencies in a *timely* manner. In some circumstances, students may earn a passing score on clinical phase assessments, but they may not demonstrate attainment of supervised clinical practice experience (SCPE) course learning outcomes (CLOs).

Students receiving single item scores which do not meet the minimum requirement of 3.0 on the Preceptor Evaluation of Student (e.g., 1, 2, Not Observed) will undergo a complete review of student performance for a given SCPE course learning outcome by the Director of Clinical Education. The review includes consideration of student performance on other assessments of the specific CLO within the given SCPE, as well as prior performance in previous SCPEs. If a deficiency is identified, a remediation plan is developed as outlined in the “Remediation During the Clinical Phase” section above.

The action associated with the deficiency will vary based on the learning outcome type and will be conveyed to the student using the Clinical Remediation Plan Form (Appendix C).

Course Learning Outcomes Related to Procedural Skills

- Upon receipt of the deficiency response in the Preceptor Evaluation of Student, the Director of Clinical Education will contact the preceptor to verify the accuracy of the response and identify any specific concerns with the student’s ability to meet the CLO.
- The student will be notified in a *timely* manner of a Procedural Skills deficiency response using the Clinical Remediation Plan Form (Appendix C), which includes a plan for how the program will address and facilitate remediation of any identified deficiencies. As part of this plan, the Program will complete a Directed Skill Completion Form (Appendix K) that will outline the specific timeline and methodology for skill acquisition as part of course learning outcome attainment.
- The Program may choose to remediate the deficiency in one of two ways, all of which must be completed within a time period that will not exceed sixteen (16) weeks.
 - (1) Through direct observation of the skill by MSPA faculty during a specified campus callback week.
 - (2) Through directed skill completion in a specific SCPE as outlined on the Clinical Remediation Plan Form and Directed Skill Completion Form. The Clinical Instructional Faculty who attests to completion of procedural skills will verify in the student’s DOPS.

Other Course Learning Outcomes

- Upon receipt of the deficiency response in the Preceptor Evaluation of Student, the Director of Clinical Education will contact the preceptor to verify the accuracy of the response and identify any specific concerns with the student’s ability to meet the CLO.
- The student will be notified in a timely manner of any other deficiency response(s) using the Clinical Remediation Plan Form (Appendix C), which includes a plan for how the program will address and facilitate remediation of an identified deficiency.
- The Program may choose to remediate the deficiency in one of two ways:
 - (1) Through participation and assessment by MSPA faculty during a specified campus callback week.

- (2) Through evaluation as to whether the outcome has been or can be met in another rotation or assessment type (e.g., through verification from a submitted clinical note, preceptor attestation, etc.).

PAEA End of Rotation Examination

- Students are required to demonstrate medical knowledge attainment for each core SCPE discipline through the written PAEA End of Rotation (EOR) Examination, which includes the medical conditions presented in their respective course syllabi.
- The student will be notified in a timely manner of any failure to meet the program identified passing score (as determined by z-score) using the Clinical Remediation Plan Form (Appendix C), which includes a timeline for reassessment.
- First attempt failure and need for reassessment of the PAEA EOR Examination may cause a delay in program progression to the next SCPE, delay in graduation, and additional tuition and expenses for the student.
- To successfully demonstrate remediation of this deficiency, students must undergo reassessment of the PAEA EOR Examination using an alternative version of the PAEA EOR Examination for that discipline, thereby meeting the program identified passing score (as determined by z-score).
- The final grade on the remediated assessment may not exceed the minimum z-score for that respective SCPE discipline.
- Should the student be unsuccessful in passing the second version of the PAEA EOR examination, they will be referred to the MSPA Progression and Professionalism Committee for consideration of dismissal from the program.

If a student fails to complete a remediation plan as outlined in the Clinical Remediation Plan Form (Appendix C), they will be referred to the MSPA Progression and Professionalism Committee for recommendation (as above).

The clinical team will monitor student progress to ensure exposure to key patient encounters and clinical procedures is occurring. If a student is not meeting SCPE course learning outcomes due to limited exposure to the appropriate patient encounters or clinical procedures, the student will be referred by the Director of Clinical Education to the MSPA Progression and Professionalism Committee. If the Committee determines that the student had limited exposure to key patient encounters and clinical procedures, the Committee will require the student to repeat a SCPE by reassigning the student's clinical elective as part of the remediation plan. If a student has already completed their clinical elective rotation, the Committee may determine that an additional rotation is required for the student to demonstrate attainment of SCPE course learning outcomes. Therefore, a delay in graduation and additional tuition may be required. The outcomes from the Committee's review will be communicated to the Program Director and Director of Clinical Education, as well as filed in the student's record.

Probation (A3.15d)

A student who exhibits unsatisfactory or deficient academic performance (see “Progression Requirements and Maximum Time to Completion” section above) or inappropriate professional conduct will be formally placed on probation. This status is meant to serve a number of purposes, including providing students with encouragement to work towards satisfactory performance, serving as official communication on the severity of the student’s academic or professional situation, and identifying students at risk of being dismissed from the program. Students may be placed on probation for reasons outlined in the “Progression Requirements” section of this Clinical Policy Manual.

Leave of Absence

Students may request a leave of absence for medical reasons, serious personal issues, pregnancy, or military deployment. The Leave of Absence policy for KGI outlines eligibility, documentation requirements, the approval process, conditions, and guidelines for returning to KGI. Please note that a leave of absence is not guaranteed. Documentation for the reason for a leave of absence must be submitted to the Dean of the School of Health Sciences, who will determine eligibility for a leave as well as return conditions should a leave be approved. Students must complete a Leave of Absence form and obtain approval from the MSPA Program Director, Financial Aid, Student Accounts, and the Dean prior to taking a leave of absence.

For specific information regarding eligibility, required documentation, duration of absence, conditions of leave, reinstatement, and procedures to request a leave of absence, please refer to “Leave of Absence” section in the *KGI Academic Catalog*.

Academic Grievances (A3.15g)

Didactic Grade-Related Grievances

Matters related to grading disputes for didactic courses within the clinical phase (MSPA 6101-6103) shall include issues regarding grades awarded or processes by which grades are determined. The following is a quick reference to the procedures for didactic grade-related grievances. Students may meet with their faculty advisor at any point in the process.

1. Discuss the issue with the Instructor(s)/Course Director(s) who assigned the grade; if not resolved ▸
2. Discuss the issue with the Director of Didactic Education; if not resolved ▸
3. Discuss the issue with the MSPA Program Director; if not resolved ▸
4. Initiate a formal grievance, in writing to the Instructor(s) who assigned the grade, after receiving a “Grade-Related Grievance” form from the Dean of the School of Health

Sciences. This form must be submitted within five (5) business days following the posting of the score being disputed. ▸

5. Instructor/Course Director will respond to the grievance and forward their response to the student and Director of Didactic Education (Program Director, if Instructor/Course Director is the same as the Director of Didactic Education) ▸
6. Response at each level (Director of Didactic Education, Program Director, Academic Dean, and Provost) will automatically be forwarded along with the form to the next level unless the grievance is resolved in favor of the student ▸
7. The student may choose to withdraw the grievance at any time by sending an email to the Instructor(s) who assigned the grade and the Dean ▸
8. If the grievance reaches the level of the Provost, the Provost will notify the student of the results in writing. The Provost's decision is final.

If a student has a pending grievance that affects whether they can continue to the next semester or can participate in remediation, they shall be allowed to continue in classes until the grievance is resolved. If the grievance is resolved in the favor of the student, and they are allowed to continue in the semester or remediation, then all grades/scores received by the student during this transition shall remain valid. However, if the student's grievance is denied, any scores/grades received by the student during the pending grievance shall be considered invalid.

SCPE Grade-Related Grievances

Matters related to clinical rotation grading disputes shall include issues regarding grades awarded or processes by which grades are determined. Once the preceptor has submitted the evaluation, the student must NOT contact the preceptor to negotiate a change in the evaluation.

The following is a quick reference to the procedures for SCPE grade-related grievances. Students may meet with their faculty advisor at any point in the process.

1. The student must formally submit the list of the competencies in which they are challenging the grade, along with examples of competency to the Director of Clinical Education; if not resolved ▸
2. Discuss the issue with the MSPA Program Director; if not resolved ▸
3. Email the Dean of the School of Health Sciences to formally request the "Grade-Related Grievance" form. This form must be submitted within five (5) business days following the posting of the score being disputed.
4. Initiate a formal grievance, in writing, to the Director of Clinical Education who assigned the grade.

5. Director of Clinical Education will respond to the grievance and forward their response to the student and MSPA Program Director within five (5) business days of receiving the “Grade-Related Grievance” form.
6. Response at each level (Director of Clinical Education, MSPA Program Director, Dean, and Provost) will automatically be forwarded along with the form to the next level unless the grievance is resolved in favor of the student.
7. The student may choose to withdraw the grievance at any time by sending an email to the Director of Clinical Education and the Dean.
8. If the grievance reaches the level of the Provost, the Provost will notify the student of the results in writing. The Provost’s decision is final.

Please note: The final authority rests with the Provost for all grade-related grievances. The individual receiving the grievance will adhere to the process above. Deviation from said process will disqualify the grievance.

For complete details on academic/grade-related grievances, please review the grade-related grievances sections for the School of Health Sciences in the *KGI Academic Policies and Procedures Handbook*.

Methods of Student Assessment/Evaluation

SCPE Callback– Overview

Callback day activities may include, but are not limited to, the following:

- End-of-Rotation (EOR) Exams
- Grand Rounds Presentations
- Faculty and Guest Lecturer Presentations
- Career Development Presentations/Sessions
- Journal Clubs
- Objective Structured Clinical Examinations (OSCEs)
- Clinical Skills Practical Exams
- Clinical and Academic Skills Sessions by Supervised Clinical Practice Experiences (SCPEs)

Clinical callback days occur during the last week of every SCPE according to the schedule at the beginning of this handbook. Student attendance at all callback days for all scheduled didactic and clinical activities is **mandatory**, and students should expect to be on campus from 8:00AM to 5:00PM on these days. Students are **unable** to utilize excused absences, wellness days, or professional development days during these callback weeks.

End-of-Rotation Exams

The End of Rotation Exam is administered for each of the seven core disciplines, and it accounts for 50% of the course grade during these rotations. These exams are provided by the Physician Assistant Education Association (PAEA) and are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences (SCPEs). While students expand their skills in the supervised clinical setting, they are expected to do additional reading and research on the topics listed within each SCPE syllabus in order to prepare for the End of Rotation (EOR) exam that will be given when the rotation ends in alignment with CLO1 a-b for each core discipline. The “*PAEA End of Rotation Exam Topic List*” is included at the end of the syllabus for each core discipline, and it provides specifics on what types of diseases or conditions will be covered on the test. Exam scores will be converted from the student’s earned PAEA EOR raw score using a z-score. For discipline specific grading policies, please see each course syllabus.

Students must successfully pass each PAEA End of Rotation Exam as determined by z-score for the specific discipline in order to progress to the subsequent SCPE. Failure to pass this assessment will result in a Clinical Remediation Plan, regardless of the student’s earned grade for the SCPE course. For more information on this process, please see the Attainment of SCPE Course Learning Outcomes section above.

Preceptor Evaluation of the Student (B4.01a)

At the end of each rotation, the preceptor will evaluate the student on performance and professionalism that directly aligns with the learning expectations delineated in the course syllabus. The Preceptor Evaluation of Student – End of Rotation accounts for 12% of the rotation grade.

The preceptor will provide a Likert scale rating for each course learning outcome (CLO) as detailed in the discipline specific course syllabus. Students in the clinical phase must pass each individual CLO and overall evaluation with a score of 3.0 or above. For more details, please see the section on “Attainment of SCPE Course Learning Outcomes” above.

Professionalism and Administrative Course Requirements

Professionalism and Administrative Course Requirements represent 20% of the SCPE course grade. The student will be graded based on their demonstration of professional behaviors expected of all PA students while on the SCPE, as well as the appropriate and timely fulfillment of all course administrative responsibilities. Please refer to each SCPE syllabus for further information.

Professionalism and Communication

Please reference the *KGI Student Handbook*, *MSPA Program Student Handbook*, this manual, and the course syllabi for all policies related to student professional and administrative expectations while participating in SCPEs. Of note, the major components of professionalism are listed in the rubric included within each SCPE syllabus.

Administrative Course Requirements: Patient Logging

During the clinical phase, students must have exposure to patients with preventive, emergent, acute, and chronic patient encounters (ARC-PA *Standard* B3.03a). They must also have exposure to patients across the lifespan, to include infants, children, adolescents, adults, and the elderly (ARC-PA *Standard* B3.03b); for women's health, to include prenatal and gynecologic care (ARC-PA *Standard* B3.03c); for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care (ARC-PA *Standard* B3.03d); and for behavioral and mental health conditions (ARC-PA *Standard* B3.03e). Finally, students must have opportunities to develop clinical and technical skills within the supervised clinical practice experience.

Patient case logging is a highly beneficial process to ensure students are having the required learning opportunities necessary to meet the clinical phase learning outcomes. Therefore, patient case logging is a requirement for each rotation. It is the student's responsibility to ensure all patients seen and clinical procedures performed are logged into the patient logging software platform. This includes every encounter, regardless of setting or level of participation. All patient information must be logged with no patient identifying information and in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, it is the student's responsibility to ensure all procedures performed under supervision of the preceptor are documented on the Formative DOPS form described in the section below.

The clinical team will monitor student entries of patient logging on a regular basis. All entries are due for the prior week on Sunday before 11:59pm. Falsification of entries is considered a Code of Conduct violation in alignment with the Academic Integrity Policy. To ensure student attainment of course learning outcomes, the clinical team will monitor student progress to ensure exposure to key patient encounters and setting types is occurring. If a student is not meeting SCPE Course Learning Outcomes due to limited exposure to the appropriate patient encounters or clinical procedures, the student will be referred by the Director of Clinical Education to the MSPA Progression and Professionalism Committee for further evaluation. For more details, please review the "Remediation During the Clinical Phase" section above.

Administrative Course Requirements: Formative DOPS Form

During each SCPE, the clinical phase PA student should begin each rotation by discussing their past performance of procedures pertinent to the SCPE with their preceptor to establish their

goals for the rotation. The student should then review their current performance of clinical and technical skills with their preceptor each time a clinical procedure is performed. Consistent, open communication with the preceptor is paramount to attaining proficiency.

When a preceptor observes a student proficiently demonstrate a skill as listed in the Direct Observation of Procedural Skills (DOPS) form, the student is then able to work in concert with their preceptor to complete the rotation specialty, date, preceptor name and title components of each DOPS line item, but the preceptor must ultimately sign in the final box verifying student proficiency in each skill. Clinical and technical skills may not be signed off by the student and may not be signed off by any other interprofessional team member unless they possess the credentials listed on the form (PA, MD, DO, NP). Incomplete items, such as those which do not have a preceptor signature, printed name, and date completed by the preceptor will not be considered as meeting the Clinical and Technical Skills CLO for each SCPE discipline. Electronic signatures, ditto marks (""), an arrow through multiple sections, and any other format not approved by the Director of Clinical Education will not be accepted for course credit and will not fulfill course and program completion requirements. The DOPS form should be reviewed weekly with the preceptor to reinforce maintenance of attested skills and set goals for developing additional skills related to each SCPE. At the end of each SCPE, the student must submit a copy of the entire DOPS form to the program as part of the Professionalism and Administrative Course Requirements. Students must complete all DOPS items for a given rotation in order to earn credit for this assignment. If a DOPS item cannot be signed off at a given rotation due to limitations at the site, it is the responsibility of the student to notify the Director of Clinical Education in advance of the assignment deadline. The site will then be evaluated for sufficiency in meeting the course learning objectives and future placements.

Please refer to the policy on "Attainment of SCPE Course Learning Outcomes" above for any incomplete course learning outcomes related to the DOPS Form.

Administrative Course Requirements: Student Evaluation of Clinical Site; Student Evaluation of Preceptor

At the completion of each SCPE, students are expected to provide thoughtful and constructive feedback on their clinical experiences through two separate evaluations. The first evaluation is focused on the student's assessment of the clinical site, and the second evaluation on the preceptor. The MSPA Program utilizes these evaluations as part of the self-study process in appraising the effectiveness of each clinical site, preceptor, and SCPE.

Administrative Course Requirements: Clinical and Academic Skills Sessions

Prior to the start of each Supervised Clinical Practice Experience (SCPE), students must attend a mandatory Clinical and Academic Skills Session. Led by the Director of Clinical Education and designated faculty, this session ensures preparedness for the specific demands of the upcoming rotation. The curriculum for this gathering encompasses a detailed review of the course syllabus and performance expectations, alongside clinical and technical skill preparation. This session provides a designated time for faculty to implement remediation strategies and address specific learning needs to ensure students demonstrate the required competency levels before entering their next clinical site placement.

PANCE Preparation – Spaced Learning

Spaced learning questions are due each week as part of the PANCE preparation grade for clinical rotations. The PANCE Preparation – Spaced Learning questions comprise 13% of the final SCPE grade. Please refer to the syllabus for further instruction.

SDOH Impact Analysis

Upon the completion of the SCPE, students are asked to submit a reflection paper on their experience with at least one social determinant of health during their SCPE. Students must carefully consider how these determinants may have affected the care of a single patient and patient population during their SCPE. Students are encouraged to build upon their knowledge of the social determinants of health from previous coursework and apply this knowledge in the clinical setting. The reflection paper represents 5% of the SCPE course grade. Please refer to the syllabus for further instruction.

Grand Rounds Presentation

Grand Rounds presentations are part of the course grade for the Clinical Elective SCPE. The student will prepare a history and physical style slide presentation with accompanying evidence-based research of a selected condition, including expected and common variations of the history and physical exam presentations, differential diagnosis, diagnostic evaluation, management, and relevant recent studies. The Grand Rounds Presentation represents 20% of the course grade. Please refer to the Clinical Elective SCPE syllabus for further information.

Capstone Project

The development of the Capstone Project will take place throughout the Advanced PA Professional Practice course series. Please refer to the Advanced PA Professional Practice I-III syllabi for further information.

Summative Evaluation (B4.03)

The MSPA Program will conduct and document a summative evaluation of each student within the final few months of the program to verify that each student meets the program *competencies* required to enter clinical practice, including:

- a) clinical and technical skills,
- b) clinical reasoning and problem-solving abilities,
- c) interpersonal skills,
- d) medical knowledge, and
- e) professional behaviors.

The Summative Evaluation is made up of two assessments: the Summative Written Exam and the Summative Practicum.

- **Summative Written Examination** – The student’s overall knowledge of material presented throughout the entire program is evaluated using a summative written exam. The exam consists of multiple-choice questions and covers information across all courses to evaluate if each student’s medical knowledge, clinical reasoning skills, and problem-solving abilities are appropriate for graduation and clinical practice.
- **Summative Practicum** – Students are evaluated for their preparedness for clinical practice with knowledge and skills assessments. These assessments evaluate the student’s medical knowledge; interpersonal and communication skills; clinical and technical skills; clinical reasoning and problem-solving skills; and professional behaviors. Students will complete technical skills stations, clinical reasoning stations, and objective structured clinical examinations (OSCEs). Through the use of simulated patients across multiple OSCEs, students are evaluated for their ability to communicate effectively and professionally; elicit a patient history; perform an appropriate physical examination; formulate a logical differential diagnosis; interpret diagnostic studies accurately; develop a comprehensive management plan; provide individualized patient education; and present the clinical encounter in written and oral formats. Students are also assessed for professional behaviors and interpersonal skills in the encounter. Clinical notes are graded using a rubric provided to students in advance.

Students must earn a passing grade on the Summative Written Examination as well as each component of the Summative Practicum (i.e., OSCE, Technical Skills, Clinical Reasoning) to pass the Summative Evaluation and progress to program completion.

Summative Written Examination Grading and Remediation

For the Summative Written Examination, the KGI MSPA Program uses the Physician Assistant Education Association (PAEA) End of Curriculum (EOC) Examination to fulfill this requirement. This standardized 300-question exam is built using a blueprint and content area list developed by PA educators and national exam experts. The KGI MSPA Program utilizes a calculated z-

score of -1.25 as the passing score. The numeric minimum passing score will be provided in writing in advance of the examination delivery date using current national examination statistics.

As the KGI MSPA program utilizes the PAEA EOC examination for the Summative Written Examination requirement, the program must abide by and attest to deliver this examination in accordance with published policies as determined by the PAEA. If a student fails and needs to retake the EOC exam, they may do so **only once** and no earlier than 60 days after the initial administration utilizing an alternate version of the examination. This ensures the student and program have adequate time to develop and implement an individualized remediation plan, which will likely delay the student's program completion date. No exceptions will be made to this policy. Students who did not pass the first attempt must pass on the second attempt with a z-score of -1.25 to meet the requirement for the Summative Evaluation. Unlike the Summative Practicum, there is no third attempt for this component of the Summative Evaluation.

Summative Practicum Grading and Remediation

Students must earn a grade of greater than or equal to 75 percent on each component of the Summative Practicum (i.e., OSCE, Technical Skills, Clinical Reasoning) to pass this aspect of the Summative Evaluation. Each component of the Summative Practicum is graded as an average of all scores earned across all activities completed for that domain. Students earning a grade of less than 75 percent on any individual Summative Practicum component (i.e., OSCE, Technical Skills, Clinical Reasoning) must remediate and successfully meet the student learning outcome reassessment for that component with a 75 percent or higher to graduate from the program. Students will have **two additional** attempts to earn a grade greater than or equal to 75 percent on each component of the Summative Practicum. It is important to note that the timing of remediation for this process may delay program completion.

Summative Evaluation Results

Final grades for the Summative Evaluation will be entered into Canvas as one singular numeric score for each assessment and component (i.e., each component of the Summative Practicum, Summative Written Examination). Failure to successfully complete the Summative Evaluation as described above will result in the student being disqualified from the KGI MSPA Program.

Clinical Phase Policies and Procedures

Student Responsibilities/Expectations

- Learn unobtrusively from all persons involved in the clinical rotation for the benefit of the patient.
- Do not pose as a primary medical provider or advisor-counselor to the patient except to relay information as directed by authorized professionals. Students must not misrepresent themselves as a physician, PA, or any health care provider other than a PA student.
- Demonstrate high ethical principles, sensitivity, and responsiveness to all patients, their care teams, and members of the healthcare team.
- Demonstrate excellent teamwork skills by working well with other clinicians, staff, and students.
- Demonstrate sound work ethic by showing integrity, responsibility, and initiative.
- Exhibit exceptional professionalism through appearance, attire, and attendance.
- Provide all necessary compliance and onboarding documents correctly and within the timeline provided by the MSPA Clinical Team.
- Report to clinical sites on time.
- Submit all required assignments and documents to the MSPA Program on or before their respective due date(s).
- Notify the Director of Clinical Education if the assigned preceptor will be off site (on vacation or absent) and a substitute preceptor is not assigned.
- Notify the Director of Clinical Education if the student will be away from their assigned clinical site for any reason (illness, reassignment, etc.).

Note that the above responsibilities and expectations are specific measures that fall under the program's policy for Professionalism. Failure to abide by these will result in referral to the MSPA Progression and Professionalism Committee for consideration of disciplinary action.

Clinical Sites for Supervised Clinical Practice Experiences (A3.03)

Prior to the clinical phase, students will have the opportunity to meet with the clinical team to discuss their goals for the upcoming clinical phase. Prospective and enrolled MSPA students are not required to provide or solicit clinical sites or preceptors for the MSPA Program. Students may voluntarily submit information about potential preceptors or clinical sites to the Director of Clinical Education if desired. The Director of Clinical Education (assisted by the clinical team) must identify, contact, and evaluate clinical sites and preceptors for educational suitability prior to creating an official affiliation.

There is no direct or implied guarantee that the student will be assigned a rotation with any requested clinical site or preceptor.

The *majority* of clinical sites will be located within an 80-mile radius of the KGI campus. All students should expect to travel over 50 miles for a minimum of four rotations. Students are responsible for all expenses related to travel and housing for SCPE assignments. Note that across Southern California, distance and time are not often correlated. A student traveling to a

distant site (e.g., Palm Springs) may have a similar commute time as a student traveling to a physically closer site within the Greater Los Angeles area. Students are encouraged to look at traffic patterns on a regular basis to support their attendance and punctuality regardless of their commute distance.

Core SCPEs (B3.07a-g)

Core SCPEs will consist of the following disciplines:

- Family Medicine
- Emergency Medicine
- Internal Medicine
- Surgery
- Pediatrics
- Women's Health
- Behavioral and Mental Health Care

Settings (B3.04a-d)

SCPEs will take place in the following settings:

- Emergency Department
- Inpatient Facilities
- Outpatient Facilities
- Operating Room

Scheduling of Rotations

1. All students will be scheduled to complete seven (7) mandatory "core" SCPEs and one (1) Clinical Elective. Each rotational period is six (6) weeks in length.
2. Students will participate in one (1) Clinical Elective SCPE as part of their required clinical phase curriculum. Prior to the clinical phase, students will meet with the Director of Clinical Education as part of the pre-clinical orientation process to discuss student specific areas of interest. However, if remediation is required, the clinical elective may be assigned by the program to remediate area(s) of limited exposure for required experiences. Please review the "Remediation and Early Warning System" section of this Policy Manual for more information.
3. The Director of Clinical Education, in consultation with the Clinical Team, MSPA Faculty, and MSPA Program Director will determine student placement for all SCPEs.
4. Students will be given the opportunity to provide student specific areas of interest for their Clinical Elective rotation. The Director of Clinical Education will determine the Clinical Elective SCPE site for each student. Decisions on Clinical Elective SCPE placement are multi-factorial, and there is no guarantee that students will be placed in their preferred area(s) of interest.
5. Students will receive electronic notification of their clinical site placements through CORE ELMS.
6. While it is the program's goal to be as accommodating as possible, students will not be

permitted to change rotation assignments due to finances, housing, transportation, or special personal events.

7. The program reserves the right to make changes to students' rotation placements and/or schedules on an as-needed basis. The student will be notified of any changes to their clinical site schedule in a timely manner.

Preparing for SCPEs

Prior to arriving at each clinical site, students are expected to do the following:

1. **Credentialing:** Students should review all credentialing requirements as directed by the clinical team prior to the scheduled SCPE start date. The clinical team will communicate any additional credentialing and onboarding requirements to ensure timely completion of this process. It is the responsibility of the student to complete all credentialing in accordance with the MSPA Program instructions and clinical site requirements. Failure to complete credentialing and onboarding in a timely manner may result in cancellation or delay of placement. Students must not communicate directly with site specific Medical Staffing and Credentialing Departments unless explicitly directed to do so by the Director of Clinical Education.
2. **Communicating in Advance:** Students should communicate with the SCPE site and preceptor one week prior to the scheduled start date (during campus callback) to confirm the date and time of arrival, as well as request additional directions and information necessary.
3. **Badges:** Students must always wear their KGI Student ID badge that clearly identifies them as a KGI PA student while participating in educational activities (clinical rotations, campus callback, etc.). Some facilities may provide additional required identification/badges to wear when on site. These should be worn together. Students may be sent home or removed from their site placement if found to be in violation of this policy and will subsequently be referred to the MSPA Progression and Professionalism Committee for disciplinary action.
4. **Syllabus and Evaluations:** On the first day of each SCPE, students should review the course syllabus with their preceptor(s) to ensure the preceptor and the student are aware of the expected course learning outcomes, assessment methods, and course objectives. Students should additionally use this meeting to review the Formative Demonstration of Procedural Skills (DOPS) with the preceptor and maintain regular check-ins throughout the rotation to discuss available opportunities for clinical and technical skill demonstrations. All course syllabi are available on Canvas.

Failure to abide by the above expectations will result in referral to the MSPA Progression and Professionalism Committee (PPC) for consideration of disciplinary action.

Student Safety and Security at Clinical Sites (A1.02g)

KGI-affiliated clinical sites and preceptors are required to orient MSPA students to applicable policies and procedures at all sites where students will participate in supervised clinical practice experiences and with which students are expected to comply (e.g., HIPAA and OSHA). These policies and procedures include, but are not limited to, those that promote personal safety and security measures and workplace security. The KGI-affiliated clinical site and preceptor must take reasonable steps to ensure the personal security and safety of MSPA students while they are engaged in the supervised clinical practice experience.

Medicare Policy

The Centers for Medicare & Medicaid Services (CMS) guidelines permit students to document a patient encounter in the health record. The updated policy on Evaluation and Management (E/M) documentation allows the teaching physician to verify in the medical record any student documentation of components of E/M services. Students may document services in the medical record if allowed to do so by the clinical site. The preceptor must personally perform (or re-perform) the physical examination and medical decision-making activities of the E/M service(s) billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work. If a particular preceptor does not allow students to officially document patient notes in a paper or electronic record, it is advisable for students to document the patient encounter on a separate piece of paper so they can continue practicing their documentation skills and obtain feedback from the preceptor.

For more information on CMS rules regarding student documentation:

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>

Prescription Writing

Beginning January 1, 2022, California law mandates all prescriptions issued by a licensed healthcare practitioner to a California pharmacy must be submitted electronically, except under certain circumstances as outlined by the California State Board of Pharmacy.

During the clinical phase, students may be placed on rotations in states which may not have a policy on paper or electronic prescriptions. For any clinical rotation, students may transmit prescribing information for the preceptor if directed to do so, but the licensed healthcare practitioner (preceptor) must sign and submit all prescriptions using their own login credentials and/or prescription pad. The student's name is **not** to appear on the prescription. The student must not transmit any prescription without the preceptor's specific direction and supervision. These guidelines must not be violated by the student or the preceptor.

Charting and Medical Records

If allowed by the preceptor and/or facility, MSPA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Students are reminded that the medical record is a legal document. Any documentation entered by the student must be clearly identified as a student entry and include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide, as well as review and edit all student documentation. Students must maintain the awareness that all documentation in a patient's chart is legally connected to their clinical preceptor as the licensed provider of record and must be approved by the preceptor prior to submission.

Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) present obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to write notes by hand for the student's own professional development, which should be reviewed by preceptors whenever possible for feedback.

Professionalism Expectations (A3.06)

Overview

Professional behavior is an important aspect of physician associate/assistant education. The KGI MSPA Program plans to prepare its graduates to be not only clinically competent providers, but also well-respected professionals within the medical community. The magnitude of responsibility held by healthcare professionals necessitates the establishment of the highest standards of professional conduct. Throughout the program, students are expected to exhibit professional behavior at all times and in all settings.

While in academic settings, students must remain professional and respectful to all faculty, staff, students, and guests of the institution. During clinical practice experiences, students are expected to utilize professionalism with patients, their caregivers, and interprofessional healthcare team members. Caregivers may include any person responsible for the care and safety of the patient, including a family member, significant other, friend, or paid/volunteer helper.

The MSPA Program considers breaches of professional conduct as important as academic deficiencies. Therefore, violations related to professionalism will be reviewed by the MSPA Progress and Professionalism Committee, which may result in disciplinary action.

Professionalism violations may be related to:

- Communication with the MSPA Program
- Collaboration with Preceptors and Clinical Site Staff
- Appearance and Attire
- Attendance and Punctuality
- Social Media and Electronic Device Use
- Confidentiality
- Attitude and Conduct
- Interpersonal Communication
- Teamwork
- Flexibility
- Initiative/Commitment to Learning
- Time Management
- Cultural Competence with Cultural Humility
- Entrepreneurial/Innovative Spirit
- Patient Safety
- Placing Self-Interest before Patient-Interest

For a detailed overview of the program’s policies on professionalism, please see the “Professionalism” section of the *MSPA Program Student Handbook*.

Violations are outlined in greater detail in the *MSPA Program Student Handbook*, as well as in the *KGI Student Handbook*.

Cultural Competence with Cultural Humility

The KGI MSPA Program strives to prepare its graduates to provide patient-centered care with cultural competence and cultural humility. The KGI MSPA Program utilizes the following definitions:

- **Cultural competence** – “comprises behaviors, attitudes, and policies that can come together on a continuum that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation, and respect of cultural differences and similarities within, among and between groups.”
- **Cultural humility** – “a lifelong commitment to self-evaluation and critique, to redressing power imbalances. . . and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.”

Therefore, KGI MSPA Program students must demonstrate sensitivity and ethical behavior towards all persons with respect to age, gender, gender identity, sexual orientation, ethnicity/race, religion/spirituality, socioeconomic status, educational level, disabilities, and any other characteristics with which a person may identify. To learn more about KGI processes, please refer to the “Bias-related Incidents – Protocol for Bias Related Incidents” section of the *KGI Student Handbook*.

*Greene-Moton E, Minkler M. Cultural competence or cultural humility? Moving beyond the debate. *Health Promot. Pract.* 2020;21(1):142-145. doi:10.1177/1524839919884912

Communication with the MSPA Program

Communication with the MSPA program Clinical Team should occur **immediately** if there are areas of concern at clinical sites. This includes any difficulties identifying the preceptor of record, clarification on expectations/policies, or any other site-specific matters.

Collaborating with Preceptors and Clinical Site Staff (B3.05, B3.06)

Definition of a Preceptor

A preceptor is defined as any *instructional faculty* member who provides student supervision during supervised clinical practice experiences. Each clinical instructional faculty member (preceptor) is considered an integral part of student professional growth. Preceptors guide student development of history taking, physical examination, development of treatment plans, effective communication, and appropriate oral presentation skills.

Clinical instructional faculty (preceptors) for each SCPE consist primarily of practicing physicians and PAs and will occur with physicians who are specialty board certified in their area of instruction, NCCPA certified PAs, or other licensed health care providers qualified in their area of instruction.

Supervision of the PA Student

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching. If unavailable for these tasks, they must designate an alternate preceptor. Although the preceptor of record may not be with a student during every shift, it is important that students have a clear understanding of which provider will serve as the student's primary preceptor for any given time interval. Students are encouraged to participate in active engagement in the learning process when multiple clinical preceptors are assigned to teach the student, as this can provide valuable variations in practice style, which can help the student develop the professional personality that best fits them. The student will maintain connection with the preceptor of record during an assigned SCPE.

Preceptor-Student Relationships

The MSPA student should maintain a professional relationship with the preceptor and, at all times, adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or the preceptor in a compromising situation.

Contact through social media sites (e.g., Facebook, Instagram, Twitter, TikTok) should be avoided until the student fully completes the MSPA Program. Social sites for professional use (e.g. LinkedIn) are considered acceptable means of networking for students and their preceptor(s) while enrolled.

Removal of a Student from a Clinical Site

A clinical site may recommend student removal from a given site or institution if it is determined that the student does not meet professional standards or other requirements consistent with the qualifications and standards of the practice of medicine and their particular facility. The facility will usually consult with the program prior to such removal, but this is not required. The removal of a student from a site may result in failure of the clinical rotation.

Appearance and Attire in Clinical Settings (A3.06)

Clinical Settings: MSPA Program Requirements

It is important for MSPA students to dress appropriately at all times in clinical and community settings. In addition to the requirements listed for all academic settings in the *KGI Student Handbook* and *the MSPA Program Student Handbook*, the following policies will be in effect:

- **OSHA Occupational Foot Protection Standard 29 CFR 1910.136(a)** – Requires the use of protective footwear when employees are working in areas (laboratory or clinical settings) where there is a danger of foot injuries due to falling or rolling objects, objects piercing the sole, and where there is a possibility of the employee's feet being exposed to an electrical hazard.
- **Artificial Nails** – The TJC National Patient Safety Goal 7, in addition to CDC Guidelines (2002) and WHO Guidelines (2009), requires organizations to “reduce the risk of healthcare-associated infections.” For this reason, artificial or augmented nails should not be worn in clinical environments. Nails should be well manicured and of a length which does not interfere with clinical activities.
- **Jewelry** – While jewelry (e.g., earrings, watches, necklaces, piercings, rings) may be worn in the clinical setting, it is important for the student to adhere to site specific policies. This ensures a safe, sterile, and professional clinical learning environment for all PA students and patients. Certain exceptions may exist for medical alert and/or religious/cultural jewelry. Students with these requirements should discuss with the Director of Clinical Education to explore appropriate accommodations that still comply with essential safety and infection control standards.
- **Laboratory Coat** – A student, clean, white, waist-length laboratory coat is to be worn at all times unless expressly prohibited by the clinical site or instructional faculty.
- **Scrubs** – Students may wear approved scrubs under their student white coat if approved by the Director of Clinical Education *and* the respective clinical instructional faculty (preceptor). These scrubs must be of solid color (hospital provided scrubs, blue, black, or gray *only*), regular fit (no joggers, leggings, jumpsuits), and of appropriate size (not excessively loose or tight). The color worn on site must not interfere with identification strategies/policies on position-associated scrub color.

Students must be clearly identified as Physician Assistant Students in clinical settings at all times. They are to be clearly distinguished from physicians, medical students, and other health profession students and graduates. Students will always introduce themselves to patients, patient family members, and clinical site staff by stating their full name and position title – “Physician Assistant Student.”

Students will wear their KGI MSPA Student white coat during all assigned rotation activities unless otherwise directed by the clinical preceptor. Students must wear their KGI Student ID badge and a site-issued badge for each rotation when provided, clearly identifying them as KGI PA Students. The ID badge must be worn so that it is easily readable by patients and hospital/clinic personnel and must be worn on the student's lapel (not the waist). ID badges must not be obscured or altered in any manner except as determined by clinical necessity (e.g., special stickers for newborn nursery access).

Attendance

Attendance during all components of the clinical phase is **mandatory**. A student's responsibilities while on clinical rotations include caring for patients as part of an interprofessional team and should take precedence over outside plans. Attendance is crucial for ensuring professionalism, accountability, and the achievement of program and course learning outcomes, particularly those related to patient care and teamwork. The below policies cover both classroom and didactic activities as well as those in the clinical setting.

The MSPA Program is committed to the student experience and strives to provide attendance policies which parallel their future professional environment(s), provided that the student is able to resume duties within a time frame that allows all course objectives and program learning outcomes to be satisfactorily achieved.

Attendance includes on-time arrival, full participation in all clinical settings and academic activities, and active engagement through demonstration of professionalism in any setting, including:

- Being prepared for all clinical and didactic sessions,
- Demonstrating shift commitment (e.g., arriving on time, completing the entirety of a scheduled shift, avoidance of early departure) in settings where active patient care and team responsibility are paramount,
- Active contribution to any activity as part of a didactic course or SCPE,
- Showing respect for patients, faculty, preceptors, staff, and peers, and
- Taking initiative in learning and patient care activities.

Clinical Schedules

The program will establish the appropriate minimum hours with each clinical site, resulting in the schedule provided to the student. Students are then required to work at the hours set by the clinical preceptor at each clinical rotation. This schedule will subsequently be submitted by the student to the MSPA Program by the end of week one of a given rotational period. This schedule is considered final and binding unless expressly discussed with the Director of Clinical Education prior to any changes or adjustments. Any changes in schedule by the

clinical site during each rotation must be reported to the Director of Clinical Education as soon as the change is known. Failure to report a change in schedule will result in referral to the MSPA Progression and Professionalism Committee for consideration of disciplinary action.

Total hours worked at the clinical site per week may not exceed 80 hours. The minimum hours necessary to achieve program and course learning outcomes are determined by the MSPA Program and clinical site in advance of any student placement. Students who do not complete the minimum hours or demonstrate participation in sufficient patient care encounters before the end of a SCPE will not have completed the requirements of the respective course. This may result in course failure, extension of the course, delay in progression, or other disciplinary action depending on the underlying reason. In these circumstances, the student will be referred to the MSPA Progression and Professionalism Committee.

Clinical Phase Absence Policy

Students are not allowed to miss more than six (6) days total during the clinical phase. All campus callback activities including clinical and didactic coursework are considered **mandatory** and may not be missed. No more than two (2) days can be missed in a single SCPE period, and students may not miss any days during the first or last week of the rotation, unless otherwise approved by the Director of Clinical Education due to extenuating circumstances or documented illness.

Students should not assume any absence request has been accepted until they have received formal approval from the Director of Clinical Education. Once a student has submitted a request for an absence for any reason and the absence has been approved by the Director of Clinical Education, the absence will be logged for that student. Requested days off that result in absence cannot be reversed or recovered by scheduling additional shifts. Make up shifts for illness may only occur at the direction of the Director of Clinical Education if students miss more than two (2) days in a given SCPE, as per policy.

Failure to notify the Director of Clinical Education, Clinical Education Manager, and Preceptor about an absence from a scheduled shift will result in being reported to the MSPA Progression and Professionalism Committee and the Dean of Students in writing through the Honor Code Intake Form. For complete details on student conduct and honor code procedures, please refer to the "Student Conduct | Honor Code" section of the *KGI Student Handbook*. Please also review the "Student Clinical Code of Conduct" section in the *KGI Student Handbook*, which applies to all clinical interactions throughout the MSPA Program.

For questions regarding this policy, please contact the Director of Clinical Education.

Timely Absence Notification and Reporting

If the student will be absent from the supervised clinical practice experience (SCPE) for any reason, the student must notify the Director of Clinical Education, Clinical Education Manager, and Preceptor immediately. Students must subsequently submit an Excused Absence Request Form for any absence, regardless of rationale. The Director of Clinical Education will review the request to determine whether it falls under the excused absence policy. If the absence is determined to be unexcused, or fall outside of the policies below, the student may be required to make up hours missed or complete additional projects before the end of the SCPE in which the student is participating. If additional hours are not able to be completed at the clinical site before the end of the SCPE, the student may be required to repeat the rotation at their expense or have their clinical elective reassigned in order to meet the core rotational outcomes.

Types of Absences

Personal Illness or Injury

Each student is able to use up to six (6) of their allotted six (6) absence days for personal illness or injury. For any absence due to illness, the student must submit a provider note from the same date of the absence which excuses any missed date(s) and additionally clears the student to return to their respective rotation or callback activity. Without including specifics regarding the nature of the student's illness or injury, the provider note must attest to the student's ability to adhere to the KGI MSPA Technical Standards before the student will be able to return to their clinical site or campus. Students are not permitted to return until the date indicated on the letter provided to the clinical team along with the Excused Absence Request Form. If a student has a communicable illness, the clinical site's specific return-to-work policies must be followed. The Director of Clinical Education will confirm these requirements with the site or preceptor and then collaborate with the student to establish a proper return plan.

Wellness Days

Each student is able to use up to two (2) of their allotted six (6) absence days as a Wellness Day. No more than one (1) Wellness Day may be used in a single SCPE period. Students are unable to use Wellness Days in weeks one or five of a given SCPE period, and no Wellness Days can be utilized during campus callback activities. The MSPA Program strives to foster an environment where all students feel safe and supported. Taking a wellness day encourages each student to rest – even if they do not have a physical ailment or family emergency. Students are required to notify the Director of Clinical Education and Clinical Education Manager seventy-two (72) hours prior to utilizing a Wellness Day and will be instructed to notify the Preceptor only after approval by the clinical team. Students are not required to provide specific details about their absence. If a student is experiencing any interpersonal difficulty or conflict at a clinical site, please contact the Director of Clinical Education

immediately. Students are reminded that Wellness Days should not be utilized for this purpose and fall under timely reporting standards for intervention by the Director of Clinical Education.

Professional Development Activities

Each student can use up to six (6) of their allotted six (6) absence days for Professional Development Activities in support of students' future careers. This may include attendance at PA conferences such as AAPA or CAPA; job interview(s); or other professional development activities that must be approved in advance by the Director of Clinical Education. Any absence due to professional development must be accompanied by proof of the activity in advance and evidence of participation in the activity upon completion. Students must request these absences from the Director of Clinical Education using the Excused Absence Request Form prior to the start of the rotation or as soon as an interview is scheduled. Once approved, the student should notify their preceptor as soon as possible. Absences for interviews should be minimized, and students should make every attempt to schedule interviews during open blocks or outside of provided shift schedules.

Policies for Unspecified Absences

The above policies on absence will not encompass all situations or scenarios that will arise throughout the clinical phase. While they address common situations, any other type of absence, whether planned or unplanned, that is not explicitly detailed in this document, will be subject to internal review. In all such cases, the specific circumstances of the absence will be reviewed collaboratively by the Director of Clinical Education, Program Director, and Program Faculty. This team will evaluate the impact of absence on the student's clinical performance and program and course learning outcomes, and determine the appropriate steps, including whether the time must be made up and under what conditions.

Holidays and Religious/Cultural Observances

If a student is scheduled to be at a site on any observed holiday (e.g., Lunar New Year, Labor Day, Thanksgiving, etc.) and the site is open, the student is expected to be on site. However, if the site is closed in observation of the holiday, it is at the preceptor's discretion whether the student will be required to make up the holiday (e.g., the preceptor may request the student to make up the time missed for Labor Day on Saturday of that week). Students are not able to use any of their six (6) absence requests within three (3) days before and after an observance to intentionally extend personal time off.

Personal absence for religious and cultural observances may be requested using the mechanisms defined above for an excused absence.

Inclement Weather Conditions

In the event of severe weather conditions, students should listen to local news for update(s) and closure(s). The KGI Emergency Notification System (Everbridge) is also used to notify all students, faculty, and staff of all TCCS community emergency and urgent situations. The MSPA Program abides by institutional closure decisions made by KGI administration, which are ultimately communicated in real time via the Everbridge notification system.

Campus closures for inclement weather do not apply to students on SCPEs. If the SCPE site is open and the preceptor is working during a KGI closure for inclement weather, the student is expected to be in attendance. If a clinical site is closed due to inclement weather, the student must notify the Director of Clinical Education and Clinical Education Manager immediately.

Social Media and Electronic Device Use

It is the policy of KGI that the use of social media will be done in conjunction with the principles of the KGI Honor Codes, the Clinical Code of Conduct, the faculty and employee handbooks, delineated prohibited uses and best practices, and compliance with all federal and state rules and regulations. For a detailed overview of these policies, please see the “Social Media and Electronic Device Use” section of the *MSPA Program Student Handbook*, and the *KGI Student Handbook*.

Confidentiality Policy and Statement

Medical ethics and federal laws forbid violation of patient confidentiality. Students and preceptors alike must be sensitive to this issue. Any discussion regarding a patient’s identity, diagnosis, care, condition, or other medical information should be conducted with discretion and preferably in a private setting. All current HIPAA Guidelines must be followed by every individual who works in a setting where exposure to protected patient information is present.

Confidentiality Policy

The KGI MSPA Program reinforces the federal regulations addressing patient healthcare confidentiality as described in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Students receive HIPAA training as part of the program, and records of the training are maintained in their student files. For more information on HIPAA, please review the “Health Insurance Portability and Accountability Act (HIPAA)” section of the *KGI Student Handbook*.

MSPA students must understand all of the following in regards to confidentiality:

1. MSPA students will hold in confidence all personal client information and agency information entrusted to them.

2. Confidential clinical information and research data (written or oral) given to a MSPA students is considered privileged within the content of the learning site and the enrolled course.
3. MSPA students will limit their discussion of client, family, and agency to structured learning situations, such as conferences and clinical learning experiences. Students should never discuss clients, families, or agencies at lunch tables, clinical or institutional dining facilities, elevators, dormitories, or any other public setting.

All MSPA students are required to sign a confidentiality statement at the time of enrollment in the program. Students are expected to comply with the terms of the statement throughout the program. Failure to comply represents unethical conduct. These actions may lead to failure of the course in which the incident occurs or even dismissal from the program. A copy of the signed statement is maintained in the student's file.

The Confidentiality Statement can be found in Appendix H of this handbook.

Violations

Failure to comply with the requirements of the Professionalism Policy and the Confidentiality Policy may result in sanctions ranging from counseling to dismissal from the MSPA Program.

Disciplinary action will be determined by the MSPA Progress and Professionalism Committee, Dean of Students, and the Student Conduct Committee (if applicable). Based on the severity of the violation, the disciplinary actions may proceed as follows:

1. Written Warning and Counseling from the Course Director/Instructor
2. Written Warning and Counseling from the Director of Didactic Education or Director of Clinical Education
3. Course Failure/Academic Probation; Counseling with the MSPA Program Director
4. Dismissal from the MSPA Program

Violations of federal and state laws may also result in criminal or civil action undertaken by the government.

Appendices

- Appendix A – Incident Report Form
- Appendix B – Excused Absence Request Form
- Appendix C – Clinical Remediation Plan Form
- Appendix D – Screening and Immunization Release Form (Student Health Services to MSPA Program)
- Appendix E – Screening, Immunization, and Background Check Release Form (CORE ELMS to MSPA Program)
- Appendix F – Screening, Immunization, and Background Check Release Form (Certiphi to MSPA Program)
- Appendix G – Screening, Immunization, and Background Check Release Form (MSPA Program to Clinical Sites)
- Appendix H – Emergency Contact Information
- Appendix I – Confidentiality Statement
- Appendix J – MSPA Program Clinical Policy Manual Acknowledgement
- Appendix K – Directed Skill Completion Form

Incident Report Form

In the event you are injured at KGI or a clinical site, your highest priority is prompt treatment. Do not delay seeking appropriate treatment to fill out paperwork or make notifications. Students should comply with all accident/injury protocols in place at the clinical site. In the absence of a protocol, the student must seek treatment in the nearest emergency department.

Form will be completed by the Director of Didactic Education/Director of Clinical Education with all supporting documentation in a timely manner following report of the incident.

Student Information	
Student Name:	Student ID Number:
Expected Graduation Year:	Date:
Nature of Incident	
Date and Time of Incident:	Class/Rotation/Activity Where Incident Occurred:
Location of Incident:	
Facility Name	
Address	
City/State/Zip Code:	
Phone	
Nature of Incident: (e.g. needlestick, laceration, exposure injury, fall)	
Possible Exposure to Bloodborne Pathogen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Incident:	

Student Information

Medical Treatment

Actions Taken Immediately Following Incident:

Was medical evaluation and treatment pursued by the student? Yes No

Date of Treatment Completion:

Name and Location of Facility Providing Evaluation and Treatment:

Notifications

Please identify when the following individuals were notified about the incident:

Course Instructor/Clinical Preceptor:

Date and Time Notified:

Onsite Health Services/Emergency Department:

Date and Time Notified:

Director of Didactic Education or Director of Clinical Education:

Date and Time Notified:

Medical Treatment

Corrective Action Recommendations

Please identify any corrective actions that should be pursued to avoid recurrence.

Acknowledgement and Signatures

Physician Associate Student

Signature

Name

Date

KGI MSPA Director of Didactic or Clinical Education

Signature

Name

Title

Date

For Program Use Only

Additional Follow Up Required? Yes No

Additional Comments:

Excused Absence Request Form

Excused Absence Policy Reminders

In all situations, students are responsible for completing an Excused Absence Request Form in a timely manner in accordance with the policies outlined in the *KGI MSPA Student Handbook*. No protected health information (PHI) or confidential medical information should be listed on this form.

Students assigned to clinical rotation sites should not seek approval from the clinical preceptor without prior approval from the Director of Clinical Education.

Completion of this form **does not** guarantee approval.

Student Information

Student Name:	Student ID Number:
Expected Graduation Year:	Date Form Submitted:

Excused Absence Request

Date(s) of Requested Absence:

Reason for Absence: <ul style="list-style-type: none"><input type="checkbox"/> Personal Illness or Injury<input type="checkbox"/> Personal Emergency or Immediate Family Emergency<input type="checkbox"/> Jury Duty (<i>Government Document Required</i>)<input type="checkbox"/> Immigration/Naturalization Interview (<i>Government Document Required</i>)<input type="checkbox"/> Military Drill/Duties (<i>Government Document Required</i>)<input type="checkbox"/> Religious or Cultural Observance<input type="checkbox"/> Wellness Day<input type="checkbox"/> Professional Development Day	Documentation/Explanation: <ul style="list-style-type: none"><input type="checkbox"/> Medical Provider Note Attached<input type="checkbox"/> Government Document Attached<input type="checkbox"/> Drill Schedule and Letter Attached<input type="checkbox"/> Professional Development Day<ul style="list-style-type: none"><input type="checkbox"/> Proof of Registration Provided<input type="checkbox"/> Proof of Attendance Provided<input type="checkbox"/> Proof of Interview Provided
Course Name/Clinical Rotation Type:	Clinical Preceptor:

Final decision regarding absence:

Approved Denied

Clinical Phase Absences Taken: _____ of 6 total

Remaining Absence Allotment: _____ of 6 total

Has student taken more than 2 days in the current

SCPE? Y N

**Does this fall within Weeks 1 or 5, or during Campus
Callback of the SCPE?**

Y N

Wellness Days Utilized: 1 2

Did the student provide 72 hours of advanced notice?

Y N

Notes:

Director of Clinical Education

Signature

Name

Date

Name

Date

Name

Title

Date

Outcome of Request

Clinical Remediation Plan

Student Information

Student Name:

Student ID Number:

Expected Graduation Year:

Date:

Student Information

Reason for Remediation

SCPE Discipline:

SCPE Site/Preceptor:

Deficiency Category (check all that apply):

- Medical Knowledge
- Clinical and Technical Skills
- Clinical Reasoning and Problem Solving
- Time Management and Organization
- Interpersonal Skills and Communication
- Professionalism

Deficiency(ies) to be Remediated:

- Direct Observation of Procedural Skills (DOPS) Procedure Not Completed
- Not Observed (N/O) Response by Preceptor
- Clinical Note
- End-of-Rotation (EOR) Examination
- Professionalism
- Spaced Learning Activities
- Other Course Requirements: _____

Remediation Plan

Tasks to Complete:

Date of Proficiency Evaluation:

Expected Remediation Plan Completion Date:

Acknowledgement of EOR Examination Failure Policy *(complete only if EOR Examination box checked on page 1)*

As per the *MSPA Clinical Policy Manual*, failure of a PAEA End-of-Rotation Examination requires remediation and reassessment using another version of the discipline specific EOR examination. The student must pass the repeat assessment using the z-score published in the corresponding SCPE syllabus.

Student to check each box and initial below:

- I understand that I must pass the repeat assessment using the z-score published in the corresponding SCPE syllabus _____
- I understand that the final grade on this remediated assessment may not exceed the minimum z-score grade for that respective SCPE discipline _____
- I understand that I am only allowed to undergo reassessment for a maximum of two failed PAEA End-of-Rotation (EOR) Exams and that the EOR exams cannot occur within the same discipline _____
- I understand that failure to successfully pass the repeat EOR examination will result in my referral to the MSPA Progression and Professionalism committee for consideration of dismissal

Acknowledgement of Remediation Plan

As detailed in the *MSPA Clinical Policy Manual*, the student is required to participate in and successfully complete a formal remediation plan to be considered for continuation in the program. By signing below, the student acknowledges the above remediation plan and agrees to complete the plan as outlined above to the best of the student's ability.

Signatures

Physician Associate Student

Signature

Name

Date

Director of Clinical Education

Signature

Name

Date

Outcome of Remediation

Did the student satisfactorily complete the remediation plan above? Yes No

Results of Remediation/Final Grade:

Date of Completion of the Remediation Plan:

Signatures

Screening and Immunization Release Form

Student Health Services to KGI MSPA Program

Student Information

Student Name:

Student ID Number:

Expected Graduation Year:

Date:

Student Contact Information

Address

Home Phone

Cell Phone

City/State/Zip Code

Email

Student Signature

By signing below, the student agrees to the terms listed above and confirms that the personal information listed is accurate.

Signature

Date

Printed Name

Student Signature

Screening, Immunization, and Background Check Release Form

CORE ELMS to KGI MSPA Program

Student Information

Student Name:

Student ID Number:

Expected Graduation Year:

Date:

Student Contact Information

Address

Home Phone

Cell Phone

City/State/Zip Code

Email

Permission to Release

I, _____, grant CORE ELMS permission to release my drug screening results, criminal background/sex offender check results, immunization status, tuberculosis screening status, and assurance of health screening to the KGI MSPA Program for the purpose of securing clinical rotations. I acknowledge that this permission will be in effect through the duration of my enrollment as a student at

Student Signature

By signing below, the student agrees to the terms listed above and confirms that the personal information listed is accurate.

Signature

Date

Printed Name

Student Signature

Screening, Immunization, and Background Check Release Form

Certiphi to KGI MSPA Program

Student Information

Student Name:

Student ID Number:

Expected Graduation Year:

Date:

Student Contact Information

Address

Home Phone

Cell Phone

City/State/Zip Code

Email

Permission to Release

I, _____, grant permission to release my drug screening results, criminal Certiphi background/sex offender check results, immunization status, tuberculosis screening status, and assurance of health screening to the KGI MSPA Program for the purpose of securing clinical rotations. I acknowledge that this permission will be in effect through the duration of my enrollment as a student at Keokuk Graduate Institute.

Student Signature

By signing below, the student agrees to the terms listed above and confirms that the personal information listed is accurate.

Signature

Date

Printed Name

Student Signature

Screening, Immunization, and Background Check Release Form

KGI MSPA Program to Clinical Sites

Student Information

Student Name:

Student ID Number:

Expected Graduation Year:

Date:

Student Contact Information

Address

Home Phone

Cell Phone

City/State/Zip Code

Email

Permission to Release

I, _____, grant the KGI MSPA Program permission to release my drug screening results, criminal background/sex offender check results, immunization status, tuberculosis screening status, and health screening results to KGI-affiliated clinical sites for the purpose of securing clinical rotations. I acknowledge that this permission will be in effect through the duration of my enrollment as a student at Keck Graduate Institute.

Student Signature

By signing below, the student agrees to the terms listed above and confirms that the personal information listed is accurate.

Signature

Date

Printed Name

Student Signature

Emergency Contact Information

Student Information

Student Name:

Student ID Number:

Expected Graduation Year:

Date:

Emergency Contact Information

Emergency Contact 1

Name

Home Phone

Relationship

Cell Phone

Address

Work Phone

City/State/Zip Code

Emergency Contact2

Name

Home Phone

Relationship

Cell Phone

Address

Work Phone

City/State/Zip Code

Medical Contact(s)

Acknowledgement and Signature

I have voluntarily provided the above contact information and authorize the KGI MSPA Program and its representatives to contact any of the above on my behalf in the event of an emergency.

Signature

Date

Printed Name

Confidentiality Statement

Student Information

Student Name:

Student ID Number:

Expected Graduation Year:

Date:

Confidentiality Statement Acknowledgement

I, _____, acknowledge my responsibility to abide by applicable federal laws and the MSPA Program Confidentiality Policy to keep any information regarding a patient, client, or agency confidential. By signing below, I agree not to reveal to any person or persons (except authorized agency staff and associated personnel) any specific information regarding any patient, client, or agency. I further agree not to reveal to any third party any confidential information of an agency, except as required by law or as properly authorized by an agency.

I further understand that any unauthorized disclosure of confidential information may result in failure of the course in which the incident occurs and may include dismissal from the MSPA Program.

Student Signature

Signature

Date

Printed Name

MSPA Program Clinical Policy Manual Acknowledgement

Student Information

Student Name:	Student ID Number:
Expected Graduation Year:	Date:

MSPA Program Clinical Policy Manual and Policy Background

The information in *the MSPA Program Clinical Policy Manual* is an overview of current policies and procedures for the clinical phase of the Master of Science in Physician Associate Studies (MSPA) Program at Keck Graduate Institute. This manual is not designed to replace Keck Graduate Institute (KGI) policies and procedures. Students are expected to follow both the MSPA Program and KGI's policies and procedures. The information listed within the *MSPA Program Clinical Policy Manual* does not supersede policies in the *MSPA Program Student Handbook* or the *KGI Student Handbook* except if specifically noted.

The *MSPA Program Clinical Policy Manual* is meant to provide guidance for students and faculty on the day-to-day conduct during the clinical phase of the MSPA Program. It does not represent an exhaustive list of all possibilities that might arise for students and faculty in the training and administration of the program. Unique situations may arise and will be handled in a manner that ensures fairness and mutual respect in all cases.

The *MSPA Program Clinical Policy Manual* is published annually. Every effort is made to provide accurate and correct information at the time of publication. The MSPA Program reserves the right to change policies, calendar dates, and any statements in the *MSPA Program Clinical Policy Manual*. In the event of changes to the manual, the program will provide details regarding the changes in writing along with student completion

Acknowledgement and Signature

I agree that I have read and understand the policies outlined in the *MSPA Program Clinical Policy Manual*. I further acknowledge that I am responsible for understanding and following all policies and procedures outlined in all MSPA handbooks and the *KGI Student Handbook*. I also acknowledge that these policies apply to me at all times while enrolled in the program regardless of location.

Signature

Date

Printed Name

Signatures

Physician Associate Student

Signature

Name

Date

Director of Clinical Education

Signature

Name

Title

Date

Program Director

Signature

Name

Date

Outcome of Directed Skills Completion

Did the student satisfactorily complete the plan above?

Yes

No

Does the student require referral to the MSPA Progression and Professionalism Committee:

Yes

No