Creighton
UNIVERSITY

School of Medicine

Physician Assistant Program

Omaha

Clinical Phase Student Handbook CO2027

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Creighton PA Program Clinical Phase Handbook

Table of Contents ……1
Faculty & Staff ……2
Clinical Immunization, Background, and Drug Screening Requirements ……3
HIPAA Compliance ……4
Student Safety ……4
Affiliation Agreements ……4
Student-Initiated Clinical Experiences ……5
Elective Clinical Experiences ……5
Preceptors and Supervision ……5
Prescriptive Activities ……6
Program Responsibilities for Clinical Experiences ……6
Clinical Site Visits …… 7
Student Responsibilities for Clinical Experiences ……7
Student Dress Code ……8
Student Housing ……9
Travel and Transportation ……9
Patient Logging ……9
Clinical Role of the Student ……10
Resolving Clinical Issues ……10
Clinical Attendance ……10
Travel Time for Campus Return Days ……11
Rotation Completion ……12
Academic Honesty ……12

Appendices

Appendix 1 – Program Outcomes and Entrustable Professional Activities (EPAs) ……13
Appendix 2 – Absence Request Form – Clinical Phase ……19
Appendix 3 - Clinical Handbook Attestation Form ……20

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Clinical Phase Policies and Procedures

All program procedures and policies herein and within the Creighton University PA Program (Omaha) Student Handbook apply to all students enrolled in the Creighton University PA Program - Omaha. All PA program personnel, including the Program Director, Medical Director, faculty and staff are expected to abide by and apply the policies contained herein equally to all students, regardless of the location where instruction occurs. **Creighton University has the right to modify, amend or terminate policies at any time.**

The following clinical policies apply to all students, faculty and staff and are to be adhered to in relation to the academic work required of the following courses with clinical and academic experiences:

PAS 721	Family Practice
PAS 723	Ambulatory Internal Medicine
PAS 725	Hospital Medicine
PAS 727	Pediatrics
PAS 729	Women's Health
PAS 731	Behavioral Health
PAS 733	Emergency Medicine
PAS 735	Surgery
PAS 741	Medically Underserved Selective
PAS 743	Surgical Specialty Selective
PAS 7XX	Elective Rotation I
PAS 7XX	Elective Rotation II
PAS 7XX	Elective Rotation III
PAS 726	Seminar Series I
PAS 736	Seminar Series II
PAS 746	Seminar Series III
PAS 756	Seminar Series IV

Policies specific to a clinical rotation will be denoted in the course syllabus, as necessary. **These policies may be modified by the program at any time**. Students will be made aware of any changes in policies as they are made. Students should also refer to the PA Program Student Handbook for additional Program policies.

CP 1: Clinical Health Screening, Immunization, Criminal Background, and Drug Screening Requirements

Students are required to comply with all Creighton University policies on immunization, physical health screening, criminal background checks, and drug screening throughout their program of study. Some clinical facilities may have additional requirements for students rotating at their facility, including, but not limited to additional paperwork, drug/alcohol/background screenings, fingerprinting, immunization requirements, etc. When applicable, these additional requirements, including any associated cost, are the responsibility of the student. More specific information on the program's criminal background and drug screening procedures can be found in the PA Program Student Handbook.

Per policy 8.2.9.3 in the PA Program Student Handbook, the program may require students to complete random, mandatory drug screening tests for the entire class at the students' expense. If the PA Program faculty has compelling evidence of, or reason to believe that an individual student is using illegal substances or is under the influence of drugs or alcohol while engaged in program-related activities or patient care, that student may be required to undergo individual random drug and/or alcohol screening at the student's expense.

CP 2: HIPAA Compliance
Prior to clinical experiences, all students will be trained in the Health Insurance Portability Accountability Act (HIPAA) medical privacy regulations. Students must demonstrate continuous compliance with all HIPAA regulations throughout their time in the program. Students should refer to the PA Program Student Handbook policy 8.2.7 for specific information and consequences regarding Confidentiality and HIPAA.

CP 3: Safety *(, A1.02e, A3.05, A3.08)*
Safety is an important objective for students and patients. Prior to starting clinical experiences, students receive training in accordance with the requirements of the Occupational Health & Safety Administration (OSHA) on Universal Precautions and are provided information regarding the appropriate methods of handling blood, tissues and bodily fluids, as well as dealing with the management of communicable diseases. Each student is responsible for incorporating these precautionary measures into their daily routine involving patient care. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliate's personnel. Students should refer to the PA Program Student Handbook policy 11.1.1 for specifics on Infectious/Communicable Disease Policy and Procedures.

Student safety while on clinical rotations is ultimately the student's responsibility. The Creighton PA Program, clinical preceptors and clinical sites share in this responsibility, however, students bear responsibility to protect themselves by being informed about policies and practices specific for the site at which they are working. The Creighton PA program entrusts the safety and security measures of PA students on SPCEs to the preceptor and clinical site. The facility at which the SCPE takes place shall provide students access to the facility's rules, regulations, policies and procedures with which the PA students are expected to comply, including the facility's OSHA standards, personal and workplace security and personal safety policies and procedures and shall address all appropriate safety measures for all PA students and any instructors on site. The clinical phase team evaluates clinical sites for student safety prior to allowing a student to be assigned to that location and reviews available safety/security documents for each clinical facility and/or talks with the clinical preceptor on student safety and security. The preceptor/clinical site is responsible for distributing all safety/security information. The PA Program will take reasonable steps to ensure personal safety and security of students during the rotation/experience. Affiliates will provide an orientation and a tour for students of its facilities, as well as an overview of its rules, regulations, and procedures.

To maintain safety on clinical rotations, common sense is the rule. Students should be aware of their surroundings at all times, especially when starting at a new location. At the start of each rotation, students should ask their preceptor to review who has access to the clinical area, whether chaperones are required for exams, information on emergency procedures, and site processes and procedures in case of illness, injury or blood/body fluid exposures. Students are provided a Creighton Bloodborne Pathogen Exposure Guideline card during orientation to the clinical phase and all students are encouraged to keep the card readily available while engaged in patient care. Students should ask the preceptor if they are unsure about how to handle a situation that may affect their safety. Any student who feels that their safety is in question should contact the PA Program immediately.

CP 4: Affiliation Agreements *(A1.01, A3.01)*
Affiliation agreements are established between all clinical sites/preceptors and Creighton University before students can enter the clinical site as a student. Affiliation agreements are legal documents that address liability, malpractice, safety, and issues pertinent to the site location and practice type. The Creighton University PA Program has affiliation agreements in place with healthcare institutions allowing for a

complete curriculum of clinical experiences for each student. Occasionally, program policies will be superseded by more stringent guidelines at a clinical site as outlined in the relevant affiliation agreement.

CP 5: Student-Initiated Clinical Experiences *(A3.08)*

Students may not arrange their own clinical experiences and must not provide or solicit clinical sites, but may suggest potential opportunities to the clinical team. The Creighton PA Program is committed to developing new relationships with preceptors and clinical sites, but must approve any and all requests to do so. Students interested in an opportunity for a supervised clinical practice activity outside of the Creighton PA Program clinical network should contact the Director of Clinical Education to obtain the Clinical Site Request Application and Alternate Rotation Site Profile Form. Students should be aware that it may take months to arrange such an experience and that the request might not be completed/approved. To suggest a clinical experience, students must observe the following:

1. The student should not contact the clinical site.
2. Using information from the Clinical Site Request Form completed by the student, the clinical team will evaluate the potential site/preceptor to determine the appropriateness of the request, including whether the site and/or preceptor meet program expectations and accreditation standards.
3. Students should allow at least four (4) months for the necessary paperwork to be completed.

CP 6: Elective Clinical Rotation Experiences

Elective clinical experiences are rotations beyond those core experiences specifically required by the program. Elective clinical experiences can be an opportunity for students to enhance an area of interest, address a deficiency, and/or to explore a location for future clinical practice. These experiences may be requested by the student, but the Program reserves the right to assign the student a specific elective to ensure that the student meets the program's learning outcomes. The experience is chosen from either a site in the program's database or with a new clinical partner and must be approved by the Director of Clinical Education.

CP 7: Preceptors and Supervision *(A2.15, A2.16, A2.17)*

The student will be assigned a primary preceptor for each clinical location. Students have access to contact information for the preceptor and rotation through the program management platform (E*Value). The preceptor will provide opportunities within their medical practice for the student to gain knowledge, skill and experience in the evaluation and management of a wide range of medical conditions. The preceptor, therefore, provides clinical instruction, insight, and experience. The preceptor:

- Determines the student's schedule, practice orientation, and work assignments
- Supervises the student and determines when the student is prepared for greater responsibility
- Assesses student competency and provides feedback on students' clinical knowledge, clinical skills and abilities.
- Assures that hospital regulations are adhered to, both by the hospital and the student
- Where appropriate, discusses student progress with Program faculty
- Evaluates the student's performance at the mid-point and end of the rotation

The preceptor is responsible for providing ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills, based on the student's level of training and the respective course's learning outcomes. During a student's time at the facility, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. The primary preceptor may not be with a student during every shift, but students will be assigned to another MD, DO, PA, or NP who will serve as the student's preceptor for any given time interval.

Although students may interact with and be supervised by resident physicians, the program does not rely primarily on resident physicians for didactic or clinical instruction. Having more than one clinical preceptor offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop their own professional personality and identity. If an instance occurs where supervision is not available by a physician, PA, or NP, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be valuable as well so long as they align with course instructional objectives and learning outcomes. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics where supervised clinical practice experiences occur and, therefore, work entirely under the preceptor's supervision. On each rotation, it is the student and preceptor's shared responsibility to ensure the supervising preceptor sees all of the patients the student interacts with. The preceptor can provide direct supervision of technical skills with gradually increasing autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen, and every procedure must be supervised and reviewed by the supervisor prior to patient discharge or disposition. The PA student will not be allowed to see, treat, or discharge a patient without evaluation of the patient personally by the preceptor. The PA student is also not allowed to be compensated for their services.

CP 7.1: Prescriptive Activities

Students are not licensed, certified medical providers and may not authorize or prescribe medications at any time. Students are allowed to initiate electronic or written prescriptions, but all prescriptions must be signed and/or electronically submitted by the licensed preceptor. Students may, if the clinical site's technology allows, assist in preparing an electronic prescription under the direction of a licensed preceptor, however, they may not order, complete, transmit, or phone in a prescription.

CP 8: Program Responsibilities for Clinical Experiences

The overall goal of the clinical phase of the program is to provide students with the appropriate clinical exposures to guide the student's development as a clinician. The Program-defined expectations and learning outcomes to be acquired during rotations reinforce didactic information, provide direction in developing clinical competence, and foster maturity as a budding professional.

Reasonable effort will be made to accommodate student preference on rotation scheduling and sites. However, in all cases the final determination for all rotation times, sites and activities will be at the discretion of the Director of Clinical Education.

The clinical education team is responsible for the Program-defined expectations and learning outcomes associated with the clinical phase, coordinating clinical rotations, monitoring the overall progress of students on rotations, and assuring the quality of the clinical sites. Preceptors and students are provided with the guidelines that define program goals and objectives for each rotation through appropriate handbooks and syllabi. The Director of Clinical Education and Clinical Coordinator are the Program's principle contact with the preceptor and the student on rotations. They will also act as intermediaries between student and preceptor if necessary to resolve conflicts. The clinical education team schedule all clinical rotations and communicate these schedules to the student, preceptor, and program personnel.

The Program maintains responsibility for the following:

- The program is responsible for coordinating (identifying, contacting, developing and evaluating) and assigning all student clinical experiences. Reasonable effort will be made to accommodate student preference on rotation scheduling and sites, however, in all cases the final determination

for all rotation times, sites, and activities will be at the discretion of the Director of Clinical Education.

- Student preferences for clinical assignments will be considered but cannot be guaranteed. *(A3.8)*
- Clinical assignments are provided to the student at least 30 days in advance when possible; however, *the program reserves the right to alter assignments during the course of study.*
- The program will provide specific learning objectives to preceptors and students.
- The program will take action if it is deemed the student is in danger or if their educational experience is limited due to an environment not conducive to learning.
- The program will withdraw any student from a clinical experience at the request of the preceptor when it is deemed that the student's work, conduct, or health is considered unsafe or detrimental to patients or the practice site.
- The program will withdraw any student from a rotation if there is a significant conflict between the student and preceptor that would deter from the learning experience.
- The program will evaluate the suitability of the clinical site and preceptor and will use these evaluations as an opportunity to assess student progress and address any preceptor and/or student issues.
- While the preceptor will evaluate the student, the Program will determine final grades for students.

CP 8.1: Clinical Site Visits

Periodic site visits to the various clinical locations will be made by the Program faculty during the Clinical Phase. The purpose of these visits is to evaluate sites as well as student performance at the site. The student will be contacted several days before the visit to arrange a time for a site visit. During the visit, the site visitor will meet briefly (10-15 minutes) with the preceptor and also with the student to discuss the rotation. The site visitor may also examine de-identified office notes, H & Ps, clinic schedules, patient logging information, etc., and may also observe student/patient clinical encounters. The visit may last up to three hours

CP 9: Student Responsibilities for Clinical Experiences

The following activities are required of every clinical phase student to progress and graduate:

1. Successful completion of all required (core) rotations, two selective rotations, and three elective rotations.
2. Satisfactory completion of all PAEA End of Rotation (EOR) exams at or above the program-determined passing point
3. Completion of all required immunizations, health testing/screening, background checks, drug tests, computer/EHR trainings and any other tasks or requirements of the Program or of clinical training sites. These requirements will be presented to the student prior to the clinical experience. Timely completion of these student responsibilities is important. Failure to complete clinical site onboarding in a timely manner may interfere with the student's ability to complete training at specific sites.
4. Maintenance of professionalism throughout the entirety of the clinical phase of the Program.
5. Timely completion of patient logging and preceptor/site evaluation requirements.
6. Successful completion of assessment activities, including summative and graduation testing.

Additionally, for the student to be best positioned for success, the student must remain responsible for the following:

- The student will adhere to the regulations and policies of the Creighton University School of Medicine and the CU PA Program.
- The student will conduct themselves in a courteous, respectful, and professional manner at all times.

- The student will identify themselves as a Creighton University Physician Assistant student and wear appropriate identification during all clinical experiences. *(A3.04)*
- The student will be conscientious and accountable, as well as responsible for taking an active role in their clinical education.
- The student will demonstrate awareness of legal and professional limitations and will only perform activities assigned by, and under the supervision of, their preceptor. Students should communicate with the preceptor if they do not feel comfortable completing a clinical activity based on their level of training and status as a student.
- The student must provide their current address, phone number, and emergency contact information to the CU PA Program. Any changes to this information must be reported to the program immediately. The student will give their preceptors and/or site/office direct and current contact number and get a direct number for both the preceptor and site/office.
- The student is responsible for the timely completion of necessary paperwork and/or actions required for clinical rotations prior to, during, and after the rotation. Delaying a rotation's start by failing to complete the necessary onboarding requirements may result in the student not being allowed to complete the rotation as scheduled. This may result in rescheduling the rotation at the end of the clinical year, leading to a possible delay in graduation. Any financial implication of such will be the responsibility of the student.
- The student MUST contact the site/preceptor 2-3 weeks prior to the start of their rotation to introduce themselves and make arrangements for the upcoming rotation. Contact information is listed on each site/preceptor profile in E*Value. *(A2.17)*
- On the first day at a new clinical site, the student will inform the preceptor of their educational goals; this includes sharing with the preceptor their level of competence and knowledge in specific clinical requirements and clinical skills, as well as the goals they would like to achieve during the rotation. They will review course objectives and the evaluation form with the preceptor.
- The student will request information and orientation on issues specific to safety and security at each assigned site.
- The student will follow the rules and regulations of the hospital or other institutions in which they work and agree to complete any additional training and/or testing required by the facilities.
- The student will make all reasonable efforts to maintain good relationships at all times with patients, staff, and preceptors.
- The student will complete all assignments and assessments in accordance with course requirements.
- Students in clinical rotations are required to keep a clinical log, as specified by Program instructions, of each patient encounter and the number of clinical training hours. These records are maintained by the student and monitored by the Program. These logs must be kept current.
- The student shall handle all confidential information in a professional and ethical manner and in accordance with all applicable federal and state, including HIPAA laws and regulations.
- Where not otherwise provided, students shall be responsible for all costs for transportation, housing and meals at all assigned rotation sites.
- If a student is removed from a clinical experience, either by the program or at the request of a preceptor, the student must appear in person to meet with the Director of Clinical Education, PA Program Director, and/or with appropriate School of Medicine or PA Program committee(s).

CP 9.1: Student Dress Code *(B3.05)*

Students will observe the following dress code when working in any clinical situation. A professional appearance is mandatory for all students unless otherwise specified by the clinical preceptor. In all clinics a white coat with your name tag and the Creighton University crest will be worn with appropriate dress to reflect a "professional" or "business" appearance (i.e. no blue jeans, shorts, tennis

shoes, etc.). Personal grooming and hygiene are expected. Tattoos and/or piercings should not be offensive or impede the ability of the student to effectively function in a clinical setting.

Dress should always be at or above the level of dress expected in the clinic/site. In certain rotations, the requirement for the white coat may be waived by the preceptor; however, the student MUST always be identified as a PA student by their Creighton University Identification badge.

CP 9.2: Student Housing *(A1.02e)*
For clinical training sites away from the local campus, housing may be provided by the clinical training site. The program may attempt to secure free or reduced cost housing for students, but this is not guaranteed. Students are expected to treat any housing provided to them respectfully and will be held financially responsible for any damages incurred to property while they reside there. Students are responsible for securing and paying for housing, if not otherwise provided. The student may refer to the site profile in the PA Clinical Rotation Blueline course for information regarding student housing, including contact information. If problems arise with housing, the student should first contact the individual responsible for housing at the site. In emergencies, or if the site is unresponsive, the student should contact the Director of Clinical Education or other PA Program personnel. The program is committed to providing for the safety of its students. If there are safety concerns at any site, the student should contact local police and, as soon as it is safe to do so, the Program.

CP 9.3: Travel and Transportation
Transportation to and from all clinical experiences, as well as return-to-campus visits, are the responsibility of the student. See the Clinical Attendance Policy (CP12) for information on travel time for campus return and other activities.

CP 9.4: Patient Logging
The eValue system is a PA Program monitoring system in which an electronic record is created about patients encountered by the student as they rotate through their assigned clinical rotations during the clinical phase of the program. It is the primary means by which the Director of Clinical Education monitors the types of patients and clinical problems students are seeing at each rotation site. The submission of a complete and accurate electronic patient log is a program requirement for successful completion of each clerkship and for graduation from the Program. Therefore, completion and submission of patient logs must be a priority activity for every student.

Students are required to log patient encounters as a method of documenting clinical experiences. The student logs provide the program with insight into the type of experiences all students are expected to obtain which will provide opportunities for students to develop competence in these areas, as assessed by preceptors and the program.

The requirements for every student are as follows:

1. For all rotations (required and elective), an electronic entry must be made in the eValue database for every patient encounter. This will include all clinic patients, inpatients, on-call and ER patients, nursing home and long-term care patients, surgical and OB patients and any other type of patients seen as part of the clinical experiences. In addition, every procedure in which the student has involvement must be logged.
2. Students are also required to ensure that all missing data is completed on all patients. Students have a one week grace period at the end of each rotation to complete their data entry.
3. Failure to enter patient logs in a timely manner as described in the patient log policy may result in consequences regarding student professionalism expectations, as outlined in the

student handbook. Habitual and long-term failure to enter patient logs will result in a referral to the Student Advancement Committee.

CP 10: Clinical Role of the Student *(A3.03, A3.05)*
Clinical experiences are expected to be educational for the PA student. At no time during Program clinical experiences should the student be called upon or used to substitute for regular clinical or administrative staff. The student should also not substitute for or function as instructional faculty. If a situation arises where an individual is asked to perform in a role other than that of student or to substitute for a staff member, the student should contact the Program's clinical team immediately for guidance.

The following are guidelines regarding what a PA student may be permitted to do by the preceptor. The judgment of the preceptor regarding the level of responsibility a student is ready to assume should determine which tasks are assigned to the student and the degree of preceptor supervision needed. All students should exhibit a baseline of medical knowledge and clinical skills. A course syllabus will be provided to the preceptor outlining the rotation learning outcomes the student must meet.

Typical tasks assigned to PA students include:
- Taking histories and performing physical examinations
- Assessing common medical problems and recommending appropriate management
- Discussing/recommending treatment approach, medication and follow-up care.
- Performing and assisting in diagnostic and therapeutic procedures
- Assisting the preceptor in hospital/nursing home rounds, recording progress notes, and/or transcribing specific orders of the preceptor (as allowed by the facility)
- Following protocols (verbal or standing orders) of the preceptor
- Presenting patient cases orally and in a written format
- Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation
- Completing assigned readings and preparing presentations as requested by clinical preceptor and/or
- Program faculty
- Attending all teaching rounds and conferences, and other learning opportunities outside of the clinical setting
- Following the assigned on-call schedule

CP 10.1: Resolving Clinical Issues
Any student who has concerns regarding their current clinical rotation should address them in a professional manner. Problems during rotations can occur, and may be academic, professional, or personal in nature. Students should use the following guidelines in dealing with problems:
- Attempt to resolve problems with the appropriate individual directly.
- If the preceding is not possible, discuss the situation with the clinical preceptor.
- If unable to resolve the problem, contact the PA Program's Director of Clinical Education.

Issues should be addressed immediately so they can be resolved quickly and effectively. As previously mentioned in this handbook, harassment and discrimination of any kind is not tolerated. Any student who feels they have been harassed or discriminated against should refer to the policies and procedures for reporting this type of behavior outlined in University, School of Medicine, and PA Program policies and procedures. Students should contact the Director of Clinical Education, Program Director, or another Program official, per the reporting procedures. Students should refer to the PA Program Student Handbook policy 4.3 for specifics regarding Student Grievances.

CP 11: Clinical Attendance
Students are expected to be in attendance daily, and as requested, to fulfill the preceptor's scheduled availability, which may include evenings, overnights, shift-type work and/or weekends. The Program may occasionally make unannounced phone calls or visits to clinical sites to verify student attendance. Time for arrival and departure will be determined by each site and preceptor. During clinical rotations students will follow the schedule of their specific clinical rotation site and/or preceptor and are expected to obtain a minimum of 40 contact hours per week, plus any additional clinical hours or on-call nights/weekends as scheduled by the preceptor. Completion of the minimum required time does not imply the student may stop participating in clinical experiences once the minimum expectation has been met.

If a preceptor instructs a student to be absent from an assigned site outside of the schedule, the student is encouraged to ask the preceptor if another clinician is available to precept to allow minimal time loss in the clinical environment.

The absence policy during the clinical phase – including absences for personal days, excused, unexcused and emergent absences – is outlined in the PA Student Handbook, Section 6.3

Regardless of the reason, an absence form must be completed for all days absent from clinical rotations. The steps of this process are outlined in the Orientation to the Clinical Phase lectures. The program tracks student absences and is responsible for all students while they are scheduled to be on rotation.

Students must meet the minimum hour requirement for each rotation. Should an absence prevent the student from meeting this requirement, make-up time and/or assignments may be required and will be determined by the preceptor and/or the Director of Clinical Education

CP 11.1: Travel Time for Campus Returns Days
Students will be required to return to campus for each End of Rotation (EOR) testing date, Summative week testing and for the graduation block. PACKRAT testing will be done virtually. Students will be expected to be present at the Creighton University campus in Omaha for their EOR and Paper OSCE testing when scheduled.

Students will be given a travel day for campus return activities if their clinical rotation site is greater than 300 miles from the Creighton campus. **Students in this situation should contact the Director of Clinical Education for approval of a travel day.** It is the student's responsibility to notify the preceptor at their clinical site that they will be leaving a day early for travel. Students must still meet the minimum required hours for the rotation. If this is not possible, the student should contact the Director of Clinical Education immediately to develop a plan to remediate lost time.

CP 12: Rotation Completion
Students must complete all rotations designated as required by the Program. If a student is unable to be present for the time required to complete a rotation, the rotation will be designated as an interrupted rotation. Absence from a rotation of four (4) days or more for any reason in any rotation month shall constitute an interrupted rotation. For interrupted rotations, students will be required to make up time. The PA Program clinical team will work with the student and preceptor to determine whether time can feasibly be made up either in the clinic or with equivalent work that allows the student to achieve learning outcomes during the scheduled rotation dates. If this is not possible, the student will be referred to the Student Advancement Committee. The Student Advancement Committee shall determine the remediation of missed time, which may include repeating the rotation or extending the time required to complete the program to make up missed experiences. Any extension of time required to complete the program may affect the student's graduation date and will have financial implications, for which the student will be

responsible. It is the student's duty to communicate with the Financial Aid Office to arrange any details around additional required tuition, financial aid or other financial implications of the extension.

The Program may have designated periods of excused time from rotations to conduct additional required and/or approved activities. These times will not count as absences from rotations requiring the make-up of time.

CP13: Academic Honesty & Student Conduct

All students are held to the standards of professionalism, ethical behavior and academic honesty set forth in the PA Program Student Handbook. Allegations of academic dishonesty and student misconduct will be investigated according to the policies and procedures described in the PA Program Student Handbook. Falsifying patient logs, written assignments or any other program assignment, activity or requirement (graded or nongraded) will be investigated as acts of misconduct.

Appendix 1 – Program Outcomes and Entrustable Professional Activities

The Creighton University Physician Assistant Program has adopted the following Program Outcomes which align with the NCCPA Core Competencies and the AAMC Domain Competencies. The PA Program's integrated curriculum is designed to integrate Entrustable Professional Activities (EPA) as the framework for assessment of the learning outcomes.

Upon completion of the PA program, the student will demonstrate competency in each of the Program Outcomes

Program Outcomes

1. Patient Care (PC)
2. Medical Knowledge (MK)
3. Practice-Based Learning and Improvement (PBLI)
4. Interpersonal and Communication Skills (ICS)
5. Professionalism (P)
6. Systems-Based Practice (SBP)

Entrustable Professional Activities

EPA 1: Gather a history and perform a physical examination

- Patient Care
  - PC 2: Gather essential and accurate information about patients and their condition through history-taking, physical examination, and use of laboratory data imaging, and other tests
- Medical Knowledge
  - MK 1: Demonstrate an investigatory and analytic approach to clinical situations
- Interpersonal and Communication Skills
  - ICS 1: Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - ICS 7: Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
- Professionalism

    - P 1: Demonstrate compassion, integrity, and respect for others
    - P 3: Demonstrate respect for patient privacy and autonomy
    - P 5: Demonstrate sensitivity and responsiveness to a diverse population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

EPA 2: Prioritize a differential diagnosis following a clinical encounter

- Patient Care
    - PC 2: Gather essential and accurate information about patients and their condition through history-taking, physical examination, and use of laboratory data imaging, and other tests
    - PC 4: Interpret laboratory data, imaging studies, and other tests required for the area of practice
- Medical Knowledge
    - MK 2: Apply established and emerging biophysical scientific principles fundamental to health care for patients and populations
    - MK 3: Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care
    - MK 4: Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- Interpersonal and Communication Skills
    - ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies
- Practice-based Learning and Improvement
    - PBLI 1: Identify strengths, deficiencies, and limits in one's knowledge and expertise

EPA 3: Recommend and interpret common diagnostic and screening tests

- Patient Care
    - PC 4: Interpret laboratory data, imaging studies, and other tests required for the area of practice
    - PC 5: Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgement
    - PC 7: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
    - PC 9: Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
- Medical Knowledge
    - MK 1: Demonstrate an investigatory and analytic approach to clinical situations
    - MK 4: Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- Practice-based Learning and Improvement
    - PBLI 9: Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
- Systems-Based Practice

- SBP 3: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care

EPA 4: Enter and discuss orders and prescriptions

- Patient Care
  - PC 2: Gather essential and accurate information about patients and their condition through history-taking, physical examination, and use of laboratory data imaging, and other tests
  - PC 5: Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, and up-to-date scientific evidence, and clinical judgement
  - PC 6: Develop and carry out patient management plans
- Practice-based Learning and Improvement
  - PBLI 1: Identify strengths, deficiencies, and limits in one's knowledge and expertise
  - PBLI 7: Use information technology to optimize learning
- Interpersonal and Communication Skills
  - ICS 1: Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Systems-based Practice
  - SBP 3: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care

EPA 5: Document a clinical encounter in the patient record

- Patient Care
  - PC 4: Interpret laboratory data, imaging studies, and other tests required for the area of practice
  - PC 6: Develop and carry out patient management plans
- Interpersonal and Communication Skills
  - ICS 1: Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies
  - ICS 5: Maintain comprehensive, timely, and legible medical records
- Systems-based Practice
  - SBP 1: Work effectively in various health care delivery settings and systems
- Professionalism
  - P 4: Demonstrate accountability to patients, society, and the profession

EPA 6: Provide an oral presentation of a clinical encounter

- Patient Care
  - PC 2: Gather essential and accurate information about patients and their condition through history-taking, physical examination, and use of laboratory data imaging, and other tests
- Interpersonal and Communication Skills
  - ICS 1: Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies

- Professionalism
    - P1: Demonstrate compassion, integrity, and respect for others
    - P3: Demonstrate respect for patient privacy and autonomy
- Practice-based Learning and Improvement
    - PBLI 1: Identify strengths, deficiencies, and limits in one's knowledge and expertise

EPA 7: Form clinical questions and retrieve evidence to advance care

- Medical Knowledge
    - MK 3: Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care
    - MK 4: Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- Interpersonal and Communication Skills
    - ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies
- Practice-based Learning and Improvement
    - PBLI 1: Identify strengths, deficiencies, and limits in one's knowledge and expertise
    - PBLI 3: Identify and perform learning activities that address one's gap in knowledge, skills, or attitudes
    - PBLI 6: Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
    - PBLI 7: Use information technology to optimize learning
    - PBLI 9: Obtain and utilize information about individual patients, populations of patients, or communities for which patients are drawn to improve care

EPA 8: Give or receive a patient handover to transition care responsibility

- Patient Care
    - PC 8: Provide appropriate referral of patients including ensure continuity of care throughout transitions between providers or settings and following up on patient progress and outcomes
- Interpersonal and Communication Skills
    - ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies
    - ICS 3: Work effectively with others as a member of the health care team
- Practice-based Learning and Improvement
    - PBLI 5: Incorporate feed back into daily practice
    - PBLI 7: Use information technology to optimize learning
- Professionalism
    - P 3: Demonstrate respect for patient privacy and autonomy

EPA 9: Collaborate as a member of an interprofessional team

- Interpersonal and Communication Skills
    - ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies

    - ICS 3: Work effectively with others as a member of the health care team
    - ICS 7: Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
- Professionalism
    - P1: Demonstrate compassion, integrity, and respect for others
- Systems-based Practice
    - SBP 2: Coordinate patient care within the health care system

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

- Patient Care
    - PC 1: Perform all medical, diagnostic, and procedures considered essential for the area of practice
    - PC 2: Gather essential and accurate information about patients and their condition through history-taking, physical examination, and use of laboratory data imaging, and other tests
    - PC 3: Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
    - PC 4: Interpret laboratory data, imaging studies, and other tests required for the area of practice
    - PC 5: Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, and up-to-date scientific evidence, and clinical judgement
    - PC 6: Develop and carry out patient management plans
- Interpersonal and Communication Skills
    - ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies
    - ICS 6: Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g., death, end-of-life care, adverse events, bad news, disclosure of errors)

EPA 11: Obtain informed consent for tests and/or procedures

- Patient Care
    - PC 3: Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
    - PC 6: Develop and carry out patient management plans
    - PC 7: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
- Interpersonal and Communication Skills
    - ICS 1: ICS 1: Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
    - ICS 5: Maintain comprehensive, timely, and legible medical records
    - ICS 7: Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
- Systems-based Practice
    - SBP 3: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care

EPA 12: Perform general procedures of a physician assistant

- Patient Care
    - PC 1: Perform all medical, diagnostic, and procedures considered essential for the area of practice
    - PC 7: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
- Interpersonal and Communication Skills
    - ICS 5: Maintain comprehensive, timely, and legible medical records
    - ICS 6: Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g., death, end-of-life care, adverse events, bad news, disclosure of errors)
- Professionalism
    - P 6: Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant practice laws

- Systems-based Practice
    - SBP 3: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care

EPA 13: Identify system failures and contribute to a culture of safety and improvement

- Medical Knowledge
    - MK 1: Demonstrate an investigatory and analytic approach to clinical situations
- Practice-based Learning and Improvement
    - PBLI 4: Systematically analyze and practice using quality-improvement methods and implement changes with the goal of practice improvement
    - PBLI 10: Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have demonstrated improvement of outcomes
- Interpersonal and Communication Skills
    - ICS 2: Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies
- Professionalism
    - P 4: Demonstrate accountability to patients, society, and the profession
- Systems-based Practice
    - SBP 4: Advocate for quality patient care and optimal patient care systems
    - SBP 5: Participate in identifying system errors and implementing potential systems solutions

This form will become a part of your permanent academic record.

Appendix 3 – Student Handbook Attestation Form
Compliance with the Creighton PA Program Student Handbooks

As a condition of continuation in the Program, the student agrees to abide by the Creighton Physician Assistant (PA) Program Student Handbook and Clinical Phase Handbook, a collective name for the policies, requirements, guidelines and expectations of the Program. In return, the Program agrees to provide instruction, experiences and guidance to enable the student to become a competent practitioner. This agreement is intended to emphasize the commitment to professional excellence on the part of both the student and the Program.

The Student Handbook and Clinical Phase Handbook are presented to each student accepted into the Creighton PA Program and the current handbooks are available online at the PA Program's website. They contain essential information regarding the policies, requirements, guidelines and expectations that govern academic performance and student conduct which is applicable to all students who are enrolled in any phase of the PA Program. Each student enrolled in the program is expected to read and understand the handbooks. Students are encouraged to obtain clarification from the PA Program Director regarding any content they do not understand. The handbooks provided to students herein are effective for the 2024-2025 academic year. Any student appeals that attempt to invoke, utilize or assume any past policies, requirements or practices as precedent will not be considered valid or legitimate.

Attestation (initial each item and sign below)

_____ I hereby affirm and declare that I wish to continue in and complete the Physician Assistant Program at Creighton University. As a condition of enrollment and continued progress in the Program, I freely and with full understanding and sincerity of purpose, agree to abide by the policies, requirements, guidelines and expectations collectively known as the Creighton PA Program Student Handbook and Clinical Phase Handbook.

_____ I received a copy of and have read the Student Handbook and the Clinical Phase Handbook. I understand the intent and meaning of the contents of this document.

_____ I understand that all policies, procedures, guidelines and requirements contained in the Student Handbook and Clinical Phase Handbook apply to all students in all phases of the PA Program, without exception.

_____ I agree that my academic progress, professional conduct and ability to meet technical standards will be evaluated by the PA Program according to the policies and procedures contained in the Student Handbook and Clinical Phase Handbook

_____ I understand and agree that if I fail to meet the obligations, responsibilities or requirements stated in the Student Handbook and Clinical Phase Handbook, my enrollment will be terminated via voluntary withdrawal or dismissal.

Signature **Date**

_____

Print Name