

# **PHYSICIAN ASSISTANT PROGRAM**

Master of Science in Health Sciences for Physician Assistants

## **CLINICAL YEAR GUIDELINES**

**Class of 2026**

## TABLE OF CONTENTS

General Guidelines for PA Students on Clinical Rotations .....	page 3
Clinical Rotation Guidelines.....	page 5
Required Core Rotation Specifics 2025 - 2026 .....	page 11
Student Holiday Schedule 2025 - 2026 .....	page 15
Clinical Schedule Class of 2026 .....	page 16
Career Development.....	page 17
Grading.....	page 18
Site Visits .....	page 24
Mid Rotation Feedback Meetings.....	page 25
Preceptor Evaluation Form.....	page 26
End of Rotation Meetings.....	page 29
Rotation Specific Exams.....	page 29
Clinical Topic Papers.....	page 29
History and Physical Case Write-ups.....	page 31
Longitudinal Patient/PBL.....	page 31
OASIS Patient Encounter and Procedure Logs.....	page 32
PAS 8000 Lectures and Activities.....	page 33
OSCE Practical Experiences .....	page 33
Student Evaluation of Rotation Form.....	page 34
General Goals & Objectives for Clinical Rotations .....	page 35
OASIS Patient Encounter & Procedure Logging Requirements .....	page 36
Attestation of Review of G & S for Program Files.....	page 38
Appendix A: Disability Services.....	page 39
Appendix B: Transportation Guidelines.....	page 41
Appendix C: Sample of Patient Encounter and Procedure Log Report.....	page 45
Appendix D: Grading Calculations for PAEA End-of-Rotation Examination .....	page 52
Appendix E: Clinical Topic Paper Guidelines and Grading Rubric.....	page 53
Appendix F: H&P and SOAP Note Guidelines and Grading Rubric.....	page 54
Appendix G: Professionalism Policy .....	page 56

## **POLICIES AND PRACTICES FOR PHYSICIAN ASSISTANT STUDENTS ON CLINICAL ROTATIONS**

The following represents the general guidelines for the Weill Cornell Medicine MSHS Physician Assistant students while functioning on the clinical rotations at New York Presbyterian Hospital-Cornell Campus and/or affiliates. **The material outlined in this document is subject to change by the Program, Weill Cornell Medical College, and/or Cornell University.** Students are advised to refer to the *WCM MSHS for Physician Assistants Student Handbook* for specific Policies and Practices regarding their responsibilities as students in the MSHS PA Program. The *WCM MSHS for Physician Assistants Student Handbook* outlines program-wide Policies and Practices all students must read and abide by.

[https://medicaleducation.weill.cornell.edu/sites/default/files/student\\_handbook\\_0824\\_0.pdf](https://medicaleducation.weill.cornell.edu/sites/default/files/student_handbook_0824_0.pdf)

While functioning on the clinical rotations, the Physician Assistant (PA) student will be under the general medical supervision of an attending physician and under the direct supervision of an attending physician, house staff physician or physician assistant assigned by an attending physician. The preceptor will see and examine every patient seen by the PA student. All invasive procedures will be performed under the direct supervision of the preceptor. All laboratory, radiological and medical record entries (i.e., notes, orders) will be co-signed by the preceptor prior to their implementation. PA students may not discharge inpatient, outpatient, or emergency department patients until the supervising preceptor has seen the patient and discussed plans, instructions and/or follow-up care with the student and patient.

The following identifies the activities that a PA student may in all cases initially observe, secondly assist with, and thirdly perform while under the direct supervision of the physician or physician assistant preceptor.

1. Provide medical care under the direct supervision and co-signature of a physician, physician assistant, or other licensed professional preceptor for the following:
  - Perform a detailed and accurate history and physical as patient appropriate.
  - Initiate laboratory, radiologic and special examination procedures as appropriate for the evaluation of illness.
  - Initiate appropriate treatment based upon the presenting diagnosis and escalate care and/or obtain as indicated.
  - Instruct patients regarding therapy in a comprehensive and thorough fashion.
  - Record appropriate information including admission notes, progress notes, intra-operative notes, post-operative notes, and discharge summaries in the medical record.
  - Obtain review and countersignature of the supervising physician on all medical records.
  - Write admission and/or other orders (including medications) while at New York Presbyterian Hospital-Cornell Campus and/or other affiliates where permitted. Obtain review and countersignature of the supervising physician.

2. Perform the following functions in the operating room under the direct supervision of the designated preceptor.
  - Prepare and drape the patient prior to surgery.
  - Serve as an assistant to the surgeon during surgical procedures.
  - Assist in closure of surgical wounds and post-closure sterile dressing of surgical wounds.
  -
3. Perform the following diagnostic and therapeutic procedures under the direct supervision of the designated preceptor:
  - Evaluate and participate in the treatment of non-life threatening, well-defined conditions. Initiate the evaluation of less well-defined or emergency conditions.
  - Evaluate and participate in ACLS therapies.
  - Endotracheal intubation, insertion of an oral airway, suctioning and use of bag- valve-mask ventilation devices and application of oxygen therapy.
  - Venipuncture, arterial puncture, intravenous catheterization with fluid therapy and venous cutdown.
  - Intradermal, subcutaneous, and intra-muscular injections and administration of medications in accordance with Hospital and/or Nursing guidelines.
  - Cardiopulmonary resuscitation including use of AED, defibrillation, and/or synchronized cardioversion.
  - Perform and interpret electrocardiograms.
  - Fracture immobilization including application and/or removal of casting or splinting material.
  - Gastrointestinal intubation (nasogastric tube insertion).
  - Urethral catheterization in males and females.
  - Thoracentesis and chest tube insertion for pleural effusion, pneumothorax or as appropriate during the emergency treatment of traumatic injuries.
  - Wound care and suturing techniques.
  - Lumbar puncture.
  - Paracentesis and peritoneal lavage procedure.
  - Central venous catheter insertion via subclavian, internal jugular and femoral vein approaches.
  - Assist in endoscopic procedures such as sigmoidoscopy.
4. Further permitted functions of physician assistant students while on clinical rotations as well as specific attitudinal and behavioral objectives may be found in the individual core and elective learning outcomes and instructional objectives.

## POLICIES AND PRACTICES FOR CLINICAL ROTATIONS

1. All clinical rotations are four weeks in length and begin on a Monday unless otherwise indicated. All decisions regarding the assignment of the core and elective clinical rotations are made by the WCM Office of the Registrar, Clinical Directors. **There will be no changes in the clinical rotation schedule unless approved by the Director of Clinical Education.**
2. Attendance on rotations is mandatory. Absences must be reported verbally to the supervising clinical preceptor, assigned preceptor and the Program office by 9:00 am (messages may be left on 646-962-7277). Students **must** also e-mail the Director and Assistant Director of Clinical Education by 9:00 am of the day of absence. Requests for planned absences must be made in writing (*Absence Request* forms are available on-line in Exxat/Prism) a minimum of 2 weeks prior and submitted to the Clinical Administrative Specialist, the Director of Clinical Education or Assistant Director of Clinical Education for approval. However, students are encouraged to submit absence requests as far in advance as possible. All requests must be submitted in writing in order to be considered.

**It may be required that any time (no matter the reason) missed on a clinical rotation be made up. All missed time is to be discussed with the Director or Assistant Director of Clinical Education.** Failure to notify the Program and/or preceptor of absences or failure to make up the missed time within 24 hours of occurrence may result in deduction of (5) points from the student overall grade for the rotation. Continuation of such behavior may result in disciplinary action. Time may be made up during vacations and weekends or at the end of the clinical year with Clinical Director approval. Missed time must be completed before a certificate of completion or a degree will be awarded. Students must provide written documentation of the time made up signed by the preceptor. The Director of Clinical Education must be made aware of when the time is being made up.

Students are expected to leave the rotation when released by the preceptor. Students are not permitted to leave the rotation based on a 'shuttle' or transportation schedule.

A preceptor must be present while a student is on a rotation, therefore in the event that a student misses a day from a rotation due to preceptor absence, the student must notify the Director of Clinical Education to discuss the situation and ensure the required contact hours are met.

Students must attend the rotation on the day prior to the End of Rotation meeting. Students who fail to do so will lose five (5) points from their overall grade for the rotation. If this subsequent loss of points results in a failure of the rotation, the rotation must be made up as outlined below.

**Holiday/Vacation Time off:** Students are not permitted to miss the first scheduled day of the rotation or the day prior to or after a scheduled holiday or vacation. Students are expected to be at their rotations until released by the preceptor. Many rotations require weekend and night call; therefore, students should not assume that a holiday will include a concurrent weekend and must discuss the expectations with the preceptor prior to making any travel arrangements. Students are not permitted to miss the first day back from a scheduled holiday or vacation. As such, students are expected to make all travel arrangements to ensure they comply with this requirement. Students are advised to leave themselves one extra travel day in case of travel delays and/or cancellations.

Students are expected to be present on the first day of all rotations unless directed by the preceptor.

**Time off limits:** Students may miss up to five (5) excused days due to illness or other emergencies throughout the entire clinical phase of the Program; students may also request up to three (3) excused personal days throughout the clinical phase. Students may take no more than two (2) sick\* or personal days during a single rotation. Students may not miss more than 8 excused days throughout the entire clinical year of 15 rotations.

In general, the time frame for an absence is expected to be no more than two consecutive days (including a Friday-Monday sequence). Emergent absences expected to last no more than two days require the student notify the Director of Preclinical Education or the Director of Clinical Education. Planned absences of more than two days require that the student obtain the permission of the Director of Preclinical Education or the Director of Clinical Education. When a student is uncertain about whether an absence will be considered potentially excusable, the student should consult their Academic Advisor.

\*Students who are out from classes or rotations more than two (2) consecutive days due to illness or injury must submit a medical provider's note to MSHS PA Program and SHS stating that they were seen and may return to rotation

Students who experience a serious illness or injury must notify the PA Program and Student Health Services. A medical clearance from their treating medical provider is necessary prior to returning to clinical rotations. Any restrictions will be evaluated according to the Disability Services Guidelines in Appendix A at the end of this document.

As a reminder, per the discretion of the Director of Clinical Education and/or the clinical preceptor, students may be required to make up any time missed during a rotation, no matter the cause.

In the event of an extended absence (more than five (5) days missed in any given clinical rotation. Students who anticipate an extended absence should discuss their situation with the Director of Clinical Education prior to the absence to make appropriate arrangements for making up time missed. **Excessive absenteeism and tardiness will be reviewed by the Committee on Promotion and Graduation and may be grounds for dismissal from the Program as per the *Standards of Conduct and Professionalism*.**

3. Physician Assistant students are required to wear and visibly display their ID at all times and identify themselves as PA students. Students are expected to present a neat, clean, professional appearance at all times. Appropriate dress as directed by clinical preceptors is required.
  - The NYP policy includes:
    - The wearing of surgical issued burgundy scrubs is prohibited in non-patient care areas, including the Medical College library, cafeteria, and laboratories.
    - The wearing of burgundy scrubs by all personnel in non-surgical patient care areas or special care areas is prohibited.
    - Wearing burgundy scrubs outside of the Medical Center or entering or exiting the Medical Center is strictly prohibited.
    - Inappropriately dressed students may be sent home from rotations and/or rotation meetings and will lose 5 points from the overall rotation grade for each infraction. Further, a Professionalism Report may be filed.
    - Students should refer to the formal NYP Scrub policy available on the NYP website.
  - If an accommodation is requested regarding this policy, contact faculty at the MSHS PA Program for direction.

4. Students are required to be available during a given rotation for a minimum of eight hours per day and at least forty hours per week. Students should not leave at the end of the day until released by the preceptor. Students are required to take call as specified by the clinical preceptor. Students may be required to participate in overnight and/or weekend call depending on the clinical site.
5. Students must attend Grand Rounds, patient rounds, and case conferences when applicable to maximize learning opportunities as directed by the clinical preceptor or rotation coordinator.
6. General Guidelines for Surgical rotations: The culture of surgical education has developed such that very long hours are put in each day by the very dedicated members of a surgical team. While the Program does not provide a strict limitation of hours for students when on rotations, it is suggested that a student work no more than 70 hours per week. However, it is up to the individual student to determine if he/she wishes to spend additional hours on the rotation. This guideline is meant to be beneficial to the student's education as it allows the student to work out his/her individual schedule with the team and allows a student to stay late by personal choice. The Program feels that by imposing a specific work limit, it may impede learning and impose a barrier between the student and the team.
7. Students are required to return to the Program for one day at the end of each clinical rotation for Rotation Meetings (see schedule). Additional required callback days may be scheduled throughout the clinical year. During this time, students will take a rotation specific examination, participate in case-based learning activities, presentations, perform practical examinations, attend lectures, etc. **Attendance at all rotation meetings is mandatory. Failure to comply with this requirement: If a student has an unexcused absence from an end of rotation meeting, it may be determined that the student has failed to complete all the required components of the rotation, and therefore failed the rotation and must repeat it at the end of the clinical year. An excused absence may result in a loss of 5 points from the overall grade for the rotation. All cases of a failure to attend end of rotation meetings will be evaluated by the Program Director and Director of Clinical Education to determine the outcome of the student's failure to meet this requirement.** If this subsequent loss of points results in a failure of the rotation, the rotation must be made up as outlined below. Students should expect to spend the full day at the Program for the meetings and no travel plans should be made prior to 7:00 pm on those days.
8. As part of the Master of Science in Health Sciences for Physician Assistant Degree, students will participate in PAS 8000 Research Methodology and Application. This course will take place throughout the clinical year. Students are required to complete all components of PAS 8000 as indicated by the Course Syllabus in order to be eligible for the certificate of completion and the MSHS degree.
9. To facilitate communication, students are required to carry their tagged mobile telephones and answer calls and texts in a timely manner. Written information and e-mail messages to students' Program issued WCMC e-mail accounts (@med.cornell.edu) will also be utilized. Therefore, students are advised to check both their Program e-mail accounts and the online learning management system daily. Failure to respond to email in a timely manner may result in a Professionalism Report.

A student who cannot be reached on a rotation despite repeated attempts to be contacted will be considered absent from the rotation and the attendance policy above will apply.

10. If a safety concern arises during a clinical rotation, the student should contact the Director or Assistant Director of Clinical Education immediately. Depending on the situation, all clinical activity at that site may be suspended pending investigation. An alternative clinical experience may be arranged so the student can meet the learning outcomes for the supervised clinical patient experience without significant disruption.
11. **Emergency On-Call Policy PA Program Faculty-on-Call:** On weekends and in the evenings, the Program office has voice mail. In case of an emergency *outside of normal PA Program office hours*. Clinical students should call the Interim Director of Clinical Education, Shari LeFauve at 646-962-7605. If the student is unable to reach either the Director or Assistant Director, the student should contact the Program Director, Kelly Porta at 646-962-7334 or 516-375-5055.
12. In the event that a student experiences any difficulty during a clinical rotation, he/she is advised to contact the Director or Assistant Director of Clinical Education immediately. The student may be given suggestions to manage the problem on their own or if necessary, a faculty member will intervene. It is the student's responsibility to notify the Program of the outcome whether or not resolution is achieved between the student and preceptor.
13. Students must obtain appropriate immunizations and follow CDC recommendations for international travel for programs related to elective curricular components. Students must submit additional paperwork and proof of separate travel insurance prior to the start of such rotations. Students are responsible for all costs incurred in the course of arranging and participating in international rotations. The PA Program reserves the right to mandate that a student return from an international site at any time during the rotation.

<https://medicaleducation.weill.cornell.edu/student-resources/student-health-services/policies>

[Weill Cornell Travel Medicine \(WCTM\) | Patient Care](#)

For country specific medical information: [www.cdc.gov/travel](http://www.cdc.gov/travel)

For general immunizations schedules for clinicians evaluating what vaccines are needed for the general public: [Immunization Schedules for Healthcare Professionals | CDC](#)

14. All students must complete infection control training during the orientation phase of the Program. Infection control training is provided by the Office of Environmental Health and Safety. Students are also required to take an online course in infection control. All students with patient contact will also undergo respirator training and fit testing, also through the Office of Environmental Health & Safety.

<https://medicaleducation.weill.cornell.edu/student-resources/student-health-services/policies>

15. All puncture wounds and other exposures to blood and body fluids should be managed as per the directions outlined in the following guidance resource:  
<https://medicaleducation.weill.cornell.edu/student-resources/student-health-services/emergencies>  
Students should report the incident immediately to the Student Health Service and the Program Office as per the *WCM MSHS for Physician Assistants Student Handbook in the section under Student Health Policies*.



16. All potential exposures to contagious infectious diseases, via respiratory or any other vector, should be reported immediately to the Student Health Service and the Program Office.
17. All program policies apply to all students, principal faculty, and the program director during any and all Weill Cornell Medicine MSHS PA Program activities regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain clinical sites have additional requirements in addition to program policies. Any policy changes will be reviewed by the program director and director of clinical education to be sure such policies are in compliance with WCM PA Program policies. Any additional rotation specific requirements will be posted to student site information on clinical course information platform.
18. Weill Cornell Medicine MSHS PA Program Policies can be located In the *WCM MSHS for Physician Assistants Student Handbook* and in the *WCM MSHS PA Program Clinical Guidelines*, both of which can be found on the program website and in student resources in the Exxat/Prism” learning platform.
19. To maximize the clinical learning experience, Students will not substitute for instructional faculty, clinical staff, or administrative staff at any point during their time in the program. Students are not permitted to accept payment for services rendered in connection with the performance of their clinical rotation duties. Students must notify the Program office immediately should they be put in such a position or have any questions or other concerns.
  - In addition, based on the academic rigor and time commitment of the program, it is strongly recommended that students abstain from any form of employment while enrolled in the program. Any student who is working or considering working during their time in the program must discuss with their academic advisor how this employment may or may not impact their academic performance.
20. The Professionalism Policy outlines Student Responsibilities & Honor Code (As outlined in the WCM MSHS for Physician Assistants Student Handbook): In order for students to be permitted to continue their studies at the MSHS PA Program, students must demonstrate a range of skills and abilities, such as, maturity, reliability, good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming safe and effective physician assistants. Students must also assume responsibility for the integrity of the content of the academic work performed and submitted, including papers, examinations, and reports.

The following are examples of conduct that is not suitable for students at the MSHS PA Program and is subject to disciplinary action (including but not limited to verbal warning, written warning, probation, suspension (required leave of absence) and dismissal):

- knowingly or carelessly representing the work of others as one’s own.
- lying, cheating, or falsification of records whether personal or patient-related.
- using or giving unauthorized assistance in any academic work.
- restricting the use of material used to study in a manner prejudicial to the interest of other students.
- purposely misleading or giving false information to another student.
- posting of confidential, inappropriate, unauthorized or copyrighted information (including but

not limited to, photos, images, text, audio, video, or lecture materials) on the internet (including but not limited to Facebook, blogs, LinkedIn, and others);

- otherwise committing a breach of academic and/or professional integrity.
- repetitively or egregiously failing to fulfill the professional requirements and responsibilities of a clinical rotation.
- committing an act of physical abuse or violence of any kind.
- disorderly and/or obscene conduct on campus or in the hospital facility or its affiliates.
- bullying (including but not limited to verbal, physical force or the use of electronic technology) which deliberately seeks to harm or humiliate another student, faculty, lecturer, administrative staff or patient.
- obstructing, harassing, or interfering with teaching, Program administration or patient care; including the use of information and communication technologies as a means of intimidation, harassment or unwarranted interruption.
- being repeatedly absent, unexcused, from a required course, rotation, or end of rotation activities.
- failing to respond in a timely way to communications (phone calls, emails, or other correspondence) from the administration, faculty, course leadership or their representatives.
- failing to comply with directive given by supervision authority.
- unauthorized entry to or use of Weill Cornell or hospital facilities or its affiliates; theft of or negligent damage to Weill Cornell or hospital property or its affiliates.
- use, possession or distribution of controlled substances on campus or in the hospital facilities or its affiliates.
- unauthorized use and/or possession of alcoholic beverages in the hospital or Weill Cornell facilities or its affiliates.
- inappropriate use of the Weill Cornell seal, logo, name, symbol, or facsimile.

A student or group of students, knowing of any situation in which a violation of any of the standards of conduct set forth above may have occurred is responsible for providing any such information in writing to the MSHS PA Program Director. Faculty is similarly required to report a violation to the MSHS PA Program Director. Each student matriculated at the MSHS PA Program shall be bound by standards of conduct described above and shall be presumed to be familiar with the above provisions.

When a student's conduct while matriculated at the MSHS PA Program is in violation of any of the broadly stated Professionalism Policy, Student Responsibilities & Honor Code items or raises a question about his or her suitability to practice medicine, the matter will be directed to the Committee on Promotion and Graduation for consideration and recommendation of corrective disciplinary action.

**Any student who fails to adhere to the Professionalism Policy, Student Responsibilities & Honor Code during the clinical phase of the Program may receive a Professionalism Report or be referred to the Committee on Promotions and Graduation for evaluation.**

Please refer to the *WCM MSHS for Physician Assistants Student Handbook* for details of the guidelines and policies of Professionalism and Ethics, Standards of Conduct and Academic Integrity and the Guidelines for Promotion and Graduation regarding professional expectations and terms of successful completion of the clinical year.

## REQUIRED (CORE) ROTATION SPECIFICS FOR –2025 - 2026

1. The rotation schedule for the 2025-2026 clinical year includes 15 four-week clinical rotations and students are required to do ten (10) Required core supervised clinical practice experiences (SCPE):

MEDC6001	four-week Internal Medicine 1 Rotation
MEDC6002	four-week Internal Medicine 2 Rotation
SURG6001	four-week Surgery 1 Rotation
SURG6002	four-week Surgery 2 Rotation
PRCM6001	four-week Family Medicine/Primary Care Rotation
PEDS6001	four-week Pediatric Rotation
OBGY6001	four-week Women’s Health Rotation
EMER6001	four-week Emergency Medicine Rotation
MEDC6003	four-week Internal Medicine 3
PSYC6001	four-week Behavioral & Mental Health Rotation

The Course Directors for the above are the Director and Assistant Director of Clinical Education.

2. All required core rotations are to be done at established rotation sites -other locations will be at the discretion of and will be assigned by the Director of Clinical Education.
3. Placement of students for core rotations is coordinated by the WCM Office of the Registrar and the Program Director, Director of Clinical Education, and the Assistant Director of Clinical Education. Placements will not take into consideration student’s choice of residence location, and students will be required to travel to assigned clinical sites and locations regardless of distance; students should expect to participate in clinical sites dispersed throughout the 5 boroughs of New York City as well as Westchester, Nassau, and Suffolk Counties.
4. Students are *not* required to find or arrange *any* rotations or preceptors.
5. The sequence and scheduling of all rotations is coordinated by the Office of the Registrar, and the Director of Clinical Education and Assistant Director of Clinical Education. The majority of required core rotations should be completed prior to the completion of the majority of elective rotations.
6. The remaining five (5) clinical rotations (PASC8010 – PASC8050) are Elective supervised clinical practice rotations. Students may choose from the currently available elective rotations at New York Presbyterian Hospital and/or affiliated sites. Assignments will be made in conjunction with the preceptors and will be based upon availability as well as student academic performance in the pre-clinical phase and professional behavior.
7. Rotation sites may require additional documentation including but not limited to background checks, drug testing, supplemental applications, and interviews for any student desiring to participate in rotations at that institution/practice. Students must complete all paperwork and provide all documentation as requested by the deadlines indicated. Failure to do so may result in a denial of the requested rotation. Elective rotation preceptors have the right to make decisions about accepting students based upon the results of the application and/or interview.

8. External rotations encompass both sites and preceptors not currently regularly utilized by the MSHS PA program for supervised clinical practice. Students may routinely do a maximum of **(1)** external clinical rotation placement throughout the clinical phase. The opportunity to do external clinical rotations is a privilege and is contingent upon approval from the Director of Clinical Education, Program Director, and the University Counsel's office. Students are advised that most external sites and some core sites will require a background check, immunization titers and drug screening. Students are responsible for this cost as well as all costs incurred in the course of arranging and participating in external rotations.
- The opportunity to do International elective rotations is contingent upon approval from the Director of Clinical Education, Program Director, and the University Counsel's office. Any and all clinical rotations occurring with clinical sites and preceptors outside of the United States will **only be used for elective rotations**.
  - Students may be required to obtain appropriate immunizations (and must adhere to CDC immunization recommendations for international travel), submit additional paperwork and proof of separate travel insurance prior to the start of such rotations. Students are responsible for all costs incurred in the course of arranging and participating in international rotations. The MSHS PA Program reserves the right to mandate that a student return from an international site at any time during the rotation.
  - The opportunity to do external or international rotations is a privilege and as such warrant's exemplary professionalism, attitude, and academic performance. Therefore, only students who are in good academic standing and have demonstrated exemplary professionalism, attitude and academic performance will be permitted to do external or international rotations. Prior to pursuing an external elective rotation, a student must complete the *Student Request to Pursue an External Elective Rotation* form, which will be reviewed by the Program Director for appropriateness, and to determine if the student is in good academic standing and exhibits the characteristics outlined above. Once approved, the student may proceed with the process.
  - Students wishing to do an external elective clinical rotation, or an international elective rotation must obtain the application package online in the learning management system. Students are responsible for following all directions and ensuring all documents are completed and returned to the Director of Clinical Education by the indicated deadlines.
  - Applications for external rotations will be reviewed for approval once all components of the application are submitted. All requests and necessary paperwork for external rotations must be submitted to the Director of Clinical Education **no less than six months prior to the start of the requested rotation date**.
  - All external elective rotations must be completely established and confirmed **no less than 30 business days** prior to the start of the rotation. In the event confirmation cannot be obtained, the student may be re-assigned to another clinical rotation and site.
  - The Program Director or the Director of Clinical Education have the right to re-assign students to another clinical rotation site or location if necessary.
9. Physician Assistant students are responsible for their own transportation costs to and from all

international rotation sites. For local clinical rotation sites including core, elective, external see Appendix B for specific transportation reimbursement request guidelines and procedure. The final determination of eligibility for reimbursement for transportation costs is at the sole discretion of the Director of Clinical Education and the Program Director.

10. Students must comply with all health requirements of each clinical site including drug screening where required. Students must be prepared to provide evidence of such compliance directly to the clinical site if requested. Students are advised to work with the Office of Student Health as the PA Program does not have access to student medical records. Students are required to update all health information with Student Health Services prior to the start of the clinical year.
11. Students must participate in all HIPAA training required by both Weill Cornell Medical College and each clinical site. Students are expected to comply with all HIPAA guidelines. Failure to comply with HIPAA guidelines may result in dismissal from the Program.
12. All students must complete infection control training during the orientation phase of the Program. Infection control training is provided by the Office of Environmental Health and Safety. Students are also required to take an online course in infection control. All students with patient contact will also undergo respirator training and fit testing, also through the Office of Environmental Health & Safety.

<https://medicaleducation.weill.cornell.edu/student-resources/student-health-services/policies>

13. Students are **not** permitted to take photos/videos of patients. Students may not use their personal cell phones or cameras for this purpose. In the event that a student has taken a photo as directed by the attending physician, these photos may only be shared with the members of the team. No photo may ever be posted or disseminated via a social network, website, e-mail or used in a publication. See *social media policy* in the student handbook for further details.
14. Students are reminded that all patient information is protected under HIPAA. Violation of this policy may result in the imposition of fines and sanctions and/or dismissal from the Program.
15. Students are advised to minimize the use of cell phones on rotations. Students should not use their cell phones in patient care areas (including nurses' stations).
16. Prior to starting clinical rotations, students must successfully complete American Heart Association BLS, American Heart Association ACLS, Infection Control, Child Abuse Reporting, WCM and NYP-required patient safety classes, on-line learning modules and discussion groups and other in-service training or course specific activities as directed by the Program.
17. Students must participate in additional training classes as required by Weill Cornell Medical College and each clinical site. Students must comply with these requests. Failure to do so will result in removal from the rotation and necessitate the student repeat the rotation at the conclusion of the clinical year.
18. Cornell University provides general liability insurance for all students while they are acting within the scope of their duties in an academic program of approved medical instruction. Coverage afforded by the University's professional liability policy covers students for

approved on-site and off-site locations. Off-site (external) locations must be approved by the Director of Clinical Education in conjunction with the University Counsel's office prior to the commencement of the rotation. Any incident, either actual or alleged should be reported immediately to the PA Program office.

## **STUDENT HOLIDAY CALENDAR 2025-2026**

President's Day Holiday	Feb 17, 2025
Memorial Day Holiday/ Summer Recess	May 26-30, 2025
Juneteenth Observed	June 19, 2025
Independence Day Holiday	July 4, 2025
Labor Day Holiday	Sept 1, 2025
Fall Recess	Sept 22 – 26, 2025
Thanksgiving Holiday	Nov 27 & 28, 2025
Winter Recess	Dec 22, 2025 – Jan 2, 2026
Martin Luther King, Day	Jan 19, 2026
President's Day Holiday	Feb 16, 2026

**Students are not permitted to miss the day prior to a scheduled holiday or vacation or the day following a holiday or vacation.** Students are expected to be at their rotations until released by the preceptor. Students should not assume that a Holiday will include a concurrent weekend and must discuss the expectations with the preceptor prior to making any travel arrangements.

# CLINICAL SCHEDULE CLASS OF 2026

- \*\*The last day of each rotation is routinely a mandatory "Call-back" day for the students.
- \*\*\*Additional call-back days may be scheduled as needed throughout the Clinical Year

**Weill Cornell  
Medicine**  
MSHS Physician Assistant Program

CLINICAL SCHEDULE  
CLASS OF 2026\*

**\*\*The last day of each rotation is routinely a mandatory "Call-back" day for the students.  
\*\*\*Additional call-back days may be scheduled as needed throughout the Clinical Year**

**Clinical Orientation:** Jan 6 - 29, 2025

Rotation #1	February 3, 2025 – February 28, 2025
Rotation #2	March 3, 2025 – March 28, 2025
Rotation #3	March 31, 2025 – April 25, 2025
Rotation #4	April 28, 2025 – May 23, 2025

**Summer Break:** May 26 - 30, 2025

Rotation #5	June 2, 2025 – June 27, 2025
Rotation #6	June 30, 2025 – July 25, 2025
Rotation #7	July 28, 2025 – August 22, 2025
Rotation #8	August 25, 2025 – September 19, 2025

**Fall Break:** September 22 - 26, 2025

Rotation #9	September 29, 2025 – October 24, 2025
Rotation #10	October 27, 2025 – November 21, 2025
Rotation #11	November 24, 2025 – December 19, 2025

**Winter Break:** December 22, 2025 – January 2, 2026

Rotation #12	January 5, 2026 – January 30, 2026
Rotation #13	February 2, 2026 – February 27, 2026
Rotation #14	March 2, 2026 – March 27, 2026
Rotation #15	March 30, 2026 – April 24, 2026

**Board Review & Final Clinical Activities:** April 27 – May 8, 2026

**GRADUATION: THURSDAY MAY 14, 2026**

\*Subject to change at any time.

Updated 5/22/24 DSR



## CAREER DEVELOPMENT

\*As part of the preparation to begin a new career as a Physician Assistant, workshops will be provided regarding (but not limited to):

- Professional development
- Licensure
- Resources of the WCM Office of Career and Professional Development
- Interviewing
- Credentialling

\*\*Workshop dates December 2025-January 2026 by scheduled session

## GRADING

Please refer to the *WCM MSHS for Physician Assistants Student Handbook* under “Academics” and “Student Progress” for detailed information regarding academic and student progression policies.

The grading for all clinical rotations will be as follows:

- During the clinical phase of the MSHS PA Program, a student must pass all components of each rotation and all additional clinical-year coursework and requirements.
- Successful completion of ALL rotations is necessary for graduation from the MSHS Physician Assistant Program. A failing grade in a rotation will require that the student successfully repeat ALL components of that rotation. A student may not fail and repeat more than a total of two rotations during the clinical phase. A failure of a repeated rotation will be considered unsatisfactory performance, and the student will be dismissed from the MSHS PA Program. Failure of a third rotation will be considered unsatisfactory overall performance, and the student will be dismissed from the MSHS PA Program. A student who has been dismissed from the Program is not permitted to participate in any clinical year activities.
- Successful completion of EACH clinical rotation is contingent upon achieving an overall passing grade of 70 and successful completion of each of the individual components of the rotation as outlined below. Should a student receive a failing grade for a given rotation, he/she must successfully repeat ALL components of that rotation after the completion of the clinical year. Students receiving a failing grade will be notified in writing and be asked to speak with the Director of Clinical Education. All cases of rotation failure will be brought before the Program Director and the Committee on Promotion and Graduation per the *WCM MSHS for Physician Assistants Student Handbook*.
- If a student fails a clinical course (rotation) the student must repeat the entire course (rotation) at the conclusion of the clinical phase (unless this failure is the third failure whereby the above Guidelines for Promotion and Graduation will apply). Successful completion of the repeated (remediated) rotation as defined in the Clinical Year Syllabus must be achieved before the student will receive a certificate of completion or degree. The student is responsible for the completion of all assignments related to the repeated rotation.
- The **preceptor evaluation will account for 40% of the overall grade** for the clinical rotation.
  - The Preceptor of Record will be provided with OASIS evaluations to complete for each student.
  - At the discretion of the Preceptor of Record, students may ask that an evaluation also be sent to the preceptor with whom they spent the most time. The assigned preceptor must then be indicated on the Evaluation Form. If an evaluation is submitted by another preceptor, this evaluation will be accepted however, the final grade will remain incomplete until the original evaluation is received from the Preceptor of Record (unless the Preceptor of Record has

reviewed the second submission and agrees with the evaluation, and this is communicated to the Director or Assistant Director of Clinical Education).

- Completed evaluations may either be submitted electronically or printed and given to the students and returned to the Director of Clinical Education. Printed evaluations must be in a sealed and signed (by the preceptor) envelope at the end of the rotation meeting. Evaluations that are not submitted by the student in this manner will not be accepted.
- Preceptor Evaluations must be received by the PA Program office no later than 30 days after the completion of a given rotation (with the exceptions of the evaluations for Rotations #14 and #15, which must be received at least 2 days prior to the Commencement Ceremony).
- It is the students' responsibility to follow up with a preceptor who has not submitted the evaluation in a timely manner. In addition, students may request help from the Program office in obtaining the evaluation if their initial efforts are unsuccessful.
- Students are not to request copies of their completed evaluations from their preceptor.
- If more than one preceptor evaluation is submitted per a given rotation, the scores will be averaged together.
- Students must obtain a passing score on the preceptor evaluation or average of evaluations in order to pass the rotation:
  - The Preceptor Evaluation is a rating based on performance of rotation specific learning outcomes:
    - Excellent (5 pts)
    - Very Good (4 pts)
    - Satisfactory (3 pts)
    - Below Average (2 pts)
    - Poor (1 pts)
  - The student is expected to demonstrate competency of each learning outcome and is required to achieve a rating of Satisfactory (3) or better on each learning outcome to successfully demonstrate achievement of that learning outcome. Any student receiving Below Average or Poor (2 or less) on a learning outcome will be required to remediate that learning outcome with the program. Students receiving (2) or more ratings below Satisfactory will fail the rotation. Additionally, students must have an average minimum rating of Satisfactory overall to pass the rotation.
- The grade for rotation is calculated from the numeric rating received. If a student receives all Satisfactory ratings, the numeric score will be 60% for the preceptor evaluation and a component of the final course grade weighted at 40% of the overall grade for rotation.
- Failure to achieve a passing score on the preceptor evaluation will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.
- The student can contact the Director of Clinical Education for final evaluation concerns. Under no circumstances should a student approach the preceptor directly
- A student who is permanently dismissed from a rotation will receive a grade of zero (0) for the preceptor evaluation.

- **Rotation specific exams / clinical topic papers will account for 40% of the overall grade** for the clinical rotation.
  - All exams are competency-based and follow the provided objectives.
  - Passing is defined as 70% correct or greater for examinations and papers.
  - Failure to achieve a passing score will necessitate that the student remediates the failed exam material and achieve a passing score in order to pass the rotation.
  - After the completion of the End-of-Rotation Examination, the student will be notified of their initial examination grade. If a grade below 70% is recorded, the student will be followed up via email by the Director or Assistant Director of Clinical Education with the next steps as outlined below:
    - Remediation of a failed exam or paper must be completed within 10 days of the failed exam. Instructions for remediation will be given at the time a student is notified of the failing grade.
    - Within 72 hours of the failed EOR examination, a student will be provided with topic areas where they performed poorly on the failed examination to allow for review to improve knowledge and demonstrate application of such knowledge.
    - The student will then be required to take and pass (with a grade of 70% or greater) a Remediation Examination.
      - Successful remediation of a failed examination will result in a grade of 70% for the examination component of the rotation, and an overall grade of PASS for that given clinical rotation (This is provided that the student has successfully completed the other remaining requirements for the rotation).
      - Failure to successfully remediate the examination with a score of 70% or greater will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year and performance review.
  - More than (1) failure (<70%) of end-of-rotation examinations will be tracked by the Director and Assistant Director of Clinical Education and students will be advised to begin an academic improvement plan which may include additional test item practice, references, or academic support to improve their clinical performance. Students who continue to demonstrate poor performance will be required to participate in a broader academic support plan as determined by the Program.
  - Students who fail two (2) rotation examinations will be required to begin tutoring as determined by the Program.
  - The MSHS PA Program provides academic counseling and/or tutoring or supplemental support to students who have academic difficulty. Advisors may refer the student to the Learning Specialist for additional support and to assist in developing an individualized plan for the student. Alternatively, students may access resources through any program faculty member.
- If a student fails an End of Rotation examination, they must take and pass a remediation exam to pass the rotation. If the student fails the remediation exam, they fail the rotation and must repeat the rotation. If a student fails (3) end of rotation

exams, it is grounds for academic probation and referral to the Committee on Promotion and Graduation. A student may **not** remediate more than (3) EOR exams. Failure of the fourth EOR exam is grounds for dismissal and the student is referred to the Committee on Promotion and Graduation.

- The grade generation for PAEA End-of-Rotation Examinations is outlined in Appendix E of this document.
- A Clinical Topic Paper is required in place of the end of rotation examination for **All Elective Rotations**; it will account for 40% of the overall clinical rotation grade.
  - The specific guidelines and grading rubric for the clinical topic papers are outlined in Appendix F of this document.
  - Papers are to be submitted via the TurnItIn website portal by 9:00 am the day the EOR examinations are given.
  - Late papers will result in a loss of 5 points from the final grade of the paper for each day late.
  - Any student who fails to achieve a score of 70% or above on the clinical topic paper will be required to submit a revised paper. Failure to achieve a score of 70% or above on the revised clinical topic paper will result in a failing grade for the rotation, will necessitate that the student repeats the entire rotation after the completion of the clinical year, and performance review.
    - Successful revision of a failing paper will result in a grade of 70% for the paper and an overall grade of PASS for that given clinical rotation provided the student has successfully completed the remaining requirements for the rotation.
- **Submission of one H & P and one SOAP note will account for 10% of the overall course grade.** All notes must be submitted prior to the start of the EOR meeting. The specific guidelines for the H & Ps are outlined in Appendix F of this document.
  - No H & Ps with the patient ID or identifying data intact will be accepted.
  - Failure to turn in the H & P and 1 SOAP NOTE by 9:00 am of the day of the end of rotation meeting will result in a grade of zero.
  - A grade of 0% will be given for late H & Ps and SOAP notes or H & Ps or SOAP notes with patient information.
  - The grade for that rotation will be an “Incomplete” until the H & P and SOAP notes are submitted.
  - H&P and SOAP notes are graded to a rubric with passing grade 70% or greater.
- At the discretion of the Director of Clinical Education, the submission of a case presentation will account for 10% of the overall grade for the elective clinical rotations and must be submitted prior to the start of the EOR meeting in lieu of H&P and SOAP note for specific Elective Rotations only.
  - Failure to submit the case presentation prior to the end of rotation meeting will result in a grade of zero (0).
  - Case presentations with patient identifying information will not be accepted.

- No credit will be given for late case presentation submission; the grade for that rotation will remain as “Incomplete” until the case presentation is properly posted.
- **Rosh Review will account for 10% of the overall course grade.**
  - Each rotation students will be assigned a Rosh Review assignment.
  - This assignment must be completed prior to the start of the EOR meeting.
- **Other rotation requirements** include completion of:
  - **Mid-Rotation Feedback Form** by the 1<sup>st</sup> Day of the 3<sup>rd</sup> week of the rotation.
    - Forms are available on Exxat™/Prism.
    - This form must be reviewed with the clinical preceptor as part of the performance appraisal process.
    - Accepting feedback and making self-correction is a component of professionalism.
    - Meetings should be logged in OASIS to complete this rotation requirement.
    - Completed forms should be sent to the Interim Director of Clinical Education.
    - Failure to complete this component of rotation on OASIS will result in an “Incomplete” until the information is properly submitted.
- Other rotation requirements include **documentation of patient encounters and procedures** via OASIS which must be completed prior to the start of the EOR meeting.
  - A total of (45) patient /procedure encounters must be logged for each core rotation and a total of (20) for elective rotation must be logged to satisfy all rotation requirements. The specific encounters /guidelines for each rotation are found in the Exxat™/Prism Resources page.
  - Failure to complete logging requirements will not satisfy the components of rotation.
  - Failure to complete this component of rotation on OASIS will result in an “Incomplete” until the information is properly submitted.
- Other rotation requirements include **completion of student feedback** for every rotation. This is a required component of each rotation.
  - Failure to complete this component of rotation on OASIS will result in an “Incomplete” until the information is properly submitted.
- All “Incomplete” grades in a given rotation must be satisfied before a student will be given an overall final grade for that rotation. Satisfactory completion of all “Incomplete” grades is necessary for graduation from the MSHS Physician Assistant Program.
- Site visits will take place throughout the clinical year.
  - The specific guidelines for the site visits are outlined below.
  - The Director of Clinical Education or designated faculty may make site visits during each rotation.

- Students on rotations at remote or elective sites may receive a phone call from the Director of Clinical Education during the rotation in lieu of an on-site meeting.
  - In the event that no site visit takes place, the student may be asked to present the required information to the Director of Clinical Education at the end of rotation meeting.
  - Failure to be prepared for the site visit per the guidelines below or to participate at the site visit when assigned will result in the loss of five (5) points from the overall grade of the clinical rotation.
- Any student who loses points during a clinical rotation or rotation meeting due to unexcused absences, missed or incomplete assignments, or Professional Policy or dress code violations, which results in a subsequent preceptor evaluation grade of less than seventy (70), will fail the rotation. This failure to achieve a passing score will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year. Please see the *WCM MSHS for Physician Assistants Student Handbook* section titled “Guidelines/Policies for Promotion and Graduation” for more information.
  - Students of the clinical phase who successfully repeat (remediate) a rotation will be given a grade of Pass. Students who do not successfully repeat (remediate) a rotation will receive a failing grade for the course (rotation). A failing grade for a repeated (remediated) rotation is considered unsatisfactory performance and grounds for dismissal, and the policy above will apply.
  - Please refer to the *WCM MSHS for Physician Assistants Student Handbook* for information regarding the Summative Evaluation process.
  - Please refer to the *WCM MSHS for Physician Assistants Student Handbook*, section under *Guidelines/Policies for Promotion and Graduation* for details regarding remediation, deceleration, leave of absence, withdrawal, or dismissals.

## SITE VISITS

The Director & Assistant Director of Clinical Education will be in communication throughout the clinical year with students via e-mail and/or telephone and/or text messages to monitor their progress and clinical experiences. The Directors of Clinical Education will also use these methods of communication to identify and address any issues that may arise.

In addition to the above methods of communication, the Directors of Clinical Education or designated faculty will make site visits as needed throughout the clinical year. **Physical site visits may be scheduled or unannounced.** In the event that the student cannot be located, he/she will be considered absent and in violation of the Attendance Policy (see above). At the site visit the student must be prepared to:

1. Present a full patient case of an actual patient seen during the rotation including history, physical, assessment, work-up, plan and hospital course to date. All aspects of the history must be included: cc, HPI, PMH, allergies, FH, SOC HX, and ROS.
  - A complete physical exam should also be included. Pertinent positive and negative findings are expected. Physical signs relating to the illness should be included.
  - A complete differential diagnosis is expected. There should be least three different possibilities discussed. The student must be able to explain how each relates to the particular case.
  - Discuss what lab tests were ordered on the patient. Each student must be able to explain why each test was ordered and be able to interpret all test results.
  - The student must explain the final diagnosis that was given to the patient and why.
  - What is the treatment? Students must give alternative treatments when applicable. Students must be prepared to discuss the pros and cons of the treatments and possible side effects.
  - What is the patient's prognosis?
  - The student is expected to discuss the patient and entertain questions from the site visitor and the other students present at the meeting.
  - Follow all HIPPA guidelines during the discussion.
2. Discuss the procedures he or she has done in detail.
3. Demonstrate a working knowledge of all the patients on the service as well as an in-depth knowledge of the patients assigned directly to them.
4. If requested, provide the site visitor with a copy of the completed mid-rotation evaluation.
5. Additional topics may be assigned at the beginning of each rotation for discussion.
6. Site visitors may elect to do a chart review with the student.

In the event that no physical site visit takes place, students may be asked to present this information to the Director of Clinical Education at the end of rotation meeting.



## MID ROTATION FEEDBACK MEETINGS

Mid-rotation Feedback Meeting forms are available on-line in the OASIS platform for all students. Students **must** meet with their designated preceptor mid-way through the rotation to discuss their performance so that if any problems exist, they may be identified and rectified. **These completed forms must be forwarded to the Interim Director of Clinical Education by the 1<sup>st</sup> day of the 3<sup>rd</sup> week of the rotation for review.** In the event that a student is noted to have difficulty during the clinical year, the Interim Director of Clinical Education may REQUIRE submission of *weekly* mid-rotation evaluations to the Program.

Using the scale below, please evaluate the student in each category specifically in regard to the setting of internal medicine. Please feel free to discuss this form with the student and make suggestions for improvement.

CATEGORY	SATISFACTORY	MARGINAL, needs improvement	UNSATISFACTORY	CATEGORY FEEDBACK
<b>APPLIED KNOWLEDGE</b>				
<b>PATIENT HISTORY</b>				
Comprehensive is detailed				
Problem-focused is specific				
<b>PHYSICAL EXAM</b>				
Appropriate to complete or problem-focused exam				
Proper use of equipment				
<b>WRITTEN RECORD</b>				
Accurate H&P				
Focused, detailed SOAP				
<b>PRESENTATION SKILLS</b>				
Focused & concise				
<b>CLINICAL REASONING</b>				
Appropriate selection of labs & diagnostic testing				
Accurate interpretation of results				
<b>TECHNICAL SKILLS</b>				
Proper management of wounds and infections				
Identifies and responds to urgencies & emergencies				
Demonstrates proper procedural technique				
Provides understandable patient education				
Provides appropriate disposition instructions				
PAGE 1 of 2				
<b>FUND OF KNOWLEDGE</b>				
Explains pathophysiology of disease states				
Identifies most likely diagnosis				
Forms list of differentials				
Demonstrates knowledge of pharmacotherapeutics & goals of treatment				
Recognizes when to escalate concerns				
Shows evidence of independent study				
<b>INTERPERSONAL SKILLS</b>				
Demonstrates dynamic healthcare team interactions				
Shows patient interactions both emotionally intelligent & culturally minded				
<b>PROFESSIONALISM</b>				
Attitude towards learning				
Acceptance of criticism				
Adaptability to needs of patient & healthcare team				
<b>ATTENDANCE</b>				
# of Days Late as of above date:				
# of Days Absent as of above date:				

## **PRECEPTOR EVALUATION OF CLINICAL PA STUDENT FORMS**

Preceptors must complete a core rotation - specific or elective rotation evaluation form for each student in OASIS. All forms are on Exxat<sup>TM</sup>/Prism. This form provides an appraisal of the learning outcomes specific to rotation. Students must achieve a Satisfactory or higher rating to pass rotation. A numeric value derived from the items evaluated provide a score that comprises 40% of the total grade for the clinical rotation. This form also provides formative feedback to the student regarding performance on rotation.

**MSHS PA PROGRAM  
Preceptor Evaluation of Clinical PA Students – Internal Medicine 1 & 2**

Student: \_\_\_\_\_ Class of: \_\_\_\_\_ Rotation #: \_\_\_\_\_ Dates: \_\_\_\_\_  
 MEDC: 6001 Rotation Site: \_\_\_\_\_  
 Administrative Preceptor: \_\_\_\_\_ Assigned Preceptor: \_\_\_\_\_

**PRECEPTOR:** Rate the student achievement of accomplishing the learning outcomes and instructional objectives using the following scale:

- Excellent (E): Consistently exceeds expectations (5 points)
- Very Good (VG): Above achievement/Exceeds in many areas (4 points)
- Satisfactory (S): Achievement is adequate (3 points)
- Below Average (BA): Below achievement/Deficiencies in several areas (2 points)
- Poor (P): Inadequate and requires remediation (1 point)
- \*\*\*Learning Outcome is NOT able to be evaluated (X): Evaluators must alert the clinical team if a learning outcome is unable to be assessed and why\*\*\*

*The student is expected to demonstrate competency of each learning outcome and is required to achieve a score of Satisfactory (3) or better on each learning outcome to successfully demonstrate achievement of that learning outcome. Any student receiving Below Average or Poor (2 or less) on a learning outcome will be required to remediate that learning outcome with the program. Students receiving (2) or more ratings below Satisfactory will fail the rotation. Additionally, students must have an average minimum rating of Satisfactory overall to pass the rotation.*

Refer to the WCM PA Program Preceptor Resources to review the Course Learning Outcomes and Instructional Objectives. <https://wcm.box.com/s/etxssqsurlp3dtyaf29u40buwy4no8s>

	1.	Rate the student's ability to demonstrate medical knowledge of acute and chronic conditions occurring in the practice of internal medicine.	E	VG	S	BA	P	X
<b>Comments:</b>								
	2.	Rate the ability to obtain and document an organized and accurate history for an adult internal medicine patient.	E	VG	S	BA	P	X
<b>Comments:</b>								
	3.	Rate the ability to perform a complete physical examination as indicated on an adult internal medicine patient.	E	VG	S	BA	P	X
<b>Comments:</b>								
	4.	Rate the ability to successfully perform a diagnostic or therapeutic procedure in an internal medicine patient such as Foley catheter	E	VG	S	BA	P	X

	placement, arterial blood gas procurement, nasogastric tube placement, venipuncture, IV catheter placement.							
--	---	--	--	--	--	--	--	--

Comments:

5.	Rate the ability to select the appropriate blood work in a hospitalized patient and accurately interpret those findings.	<i>E</i>	<i>VG</i>	<i>S</i>	<i>BA</i>	<i>P</i>	<i>X</i>	

Comments:

6.	Rate the ability to complete a case-based presentation of an internal medicine patient to the clinical preceptor or inpatient team.	<i>E</i>	<i>VG</i>	<i>S</i>	<i>BA</i>	<i>P</i>	<i>X</i>	

Comments:

7.	Rate the ability of the student to apply sound clinical reasoning and evidence-based decision making in an adult patient presenting on an internal medicine service.	<i>E</i>	<i>VG</i>	<i>S</i>	<i>BA</i>	<i>P</i>	<i>X</i>	

Comments:

8.	Rate the ability to demonstrate the professional attributes required to participate as a member of an interprofessional healthcare team when caring for an internal medicine patient with multiple chronic health conditions.	<i>E</i>	<i>VG</i>	<i>S</i>	<i>BA</i>	<i>P</i>	<i>X</i>	

Comments:

Days absent: \_\_\_\_ Days late: \_\_\_\_

Please provide additional comments regarding the student's performance and professionalism while on rotation in the setting of Internal Medicine 1 or 2 including:

---



---



---



---



---

Evaluator's Signature: I, \_\_\_\_\_ attest that the above represents my evaluation of the PA student's performance while on this clinical rotation.

Please return this completed evaluation form to:

Revised 10.01.2024/sal

## END OF ROTATION MEETINGS

Students will return to the Program Office for rotation meetings on the last day of every clinical rotation unless otherwise specified in the Clinical Schedule or by the Director of Clinical Education. Additional required callback days may be scheduled throughout the clinical year. **Students are expected to remain at the Program or available for the entire day and no travel plans should be made prior to 7:00 pm on those days.**

### 1. Rotation Specific Exams

- End of rotation examinations will be administered on-line via ExamSoft or the PAEA Surpass SecureClient delivery platform. Students are required to bring an ITS-tagged computer or I-pad to all end-of-rotation meetings.
- Students will take a rotation specific exam with 100-120 multiple choice questions at the end of rotation meeting that accounts for 40% of the overall rotation grade.
- Examinations are based on the clinical rotation objectives provided. While it is assumed that most material in the learning objectives will be seen by the student during the rotation, this cannot be guaranteed, and students are responsible for all learning objectives.
- All core rotations will culminate in a multiple-choice examination. Doing a second rotation in an elective area or a third rotation in Internal Medicine or General Surgery will culminate in a clinical topic paper, which will be due upon completion of the rotation.
- Any student who fails to achieve a score of 70% or above on the end of rotation exam will be required to remediate the exam per the grading guidelines under the Grading Section outlined above.
- Students are expected to adhere to the Examination Policy per the MSHS PA Program Handbook; the examination policy is available on the learning management system.
- During the Clinical phase of the curriculum, if the Director of Clinical Education determines the student to be “at academic risk”, by meeting any of the criteria listed below, the Director of Clinical Education will notify the student, the Academic Advisor and the Program Director in writing (a copy of such correspondence will be placed in the student's file). The Director of Clinical Education will then meet with the student and outline a plan to address the deficiencies in the student’s performance as well as to help them improve. A student who continues to have academic difficulty may be referred to the Program Director for the following:
  - Any 2 EOR Exams score 70-75%
  - Course/SCPE Grade less than 80%
  - Preceptor evaluation with less than Satisfactory ratings
  - 1 (or more) courses/SCPEs failed and successfully remediated
  - 1 (or more) courses/SCPEs failed and remediation failed requiring repeat
  - 2 or more EOR exam failures

### 2. Clinical Topic Papers

- Students participating in elective rotations per the above guidelines will submit to the Director of Clinical Education a clinical topic paper based on a topic pertinent to the elective clinical rotation at the end of rotation meeting. Submission of the paper will be made through [www.turnitin.com](http://www.turnitin.com).
- Topics must be discussed with and approved by the Director of Clinical Education

- midway through the rotation and should include a case or patient discussion as part of the paper.
- The requirements are as follows (See Appendix F for the Guidelines and Rubric):
    - a. Papers must be typed, double-spaced with references and citations per the AMA format.
    - b. The minimum length is five, double spaced pages (not counting cover page, references, tables, diagrams, or images) with one-inch margins and a 12-point font. The bibliography must include a minimum of six current reference sources.
    - c. Papers will be graded on the basis of content, clarity and the proper use of basic grammar, syntax and spelling skills. Equal emphasis will be placed on the utilization of appropriate research sources as well as the incorporation of the topic's relevance to the elective rotation experience.
    - d. Clinical topic paper letter grades will be determined by letter grading system as per student handbook.
  - Clinical topic papers will account for 40% of the overall grade for the rotation.
  - Clinical Topic Papers must be submitted via TurnItIn by 9:00 am on the EOR day. Late papers will result in a loss of 5 points from the final grade of the paper for each day late.

- Any student who fails to achieve a score of 70% or above on the clinical topic paper will be required submit a revised paper per the grading guidelines outlined in the Grading Section above.
- Clinical Topic Papers flagged by the TurnItIn may need to be revised and resubmitted. Continued issues may result in a Professionalism Report.

### 3. History & Physical Case Write ups

- The student must submit a copy of a complete History and Physical including Assessment and Plan done by the student during each clinical rotations to the Director of Clinical Education at the end of rotation meeting.
- No pre-printed forms or check-off sheets will be accepted. DO NOT copy and paste from EMR systems (lab results are fine to be copy and pasted).
- Outpatient and Emergency Medicine settings will require an appropriate chart note.
- Brief operative notes are not acceptable.
- **All patient names must be removed from the note prior to submission to ensure confidentiality.** No credit will be given for any H & P that contains confidential patient information.
- The notes must reflect clinical competencies including the ability to:
  - Obtain and organize a comprehensive or problem-focused H&P
  - Demonstrate clinical reasoning skills to arrive at a most likely diagnosis
  - Determine a full differential list
  - Establish a comprehensive plan
  - Assemble a comprehensive or problem-focused H&P/SOAP that establishes YOUR understanding of Knowledge of Practice, Interpersonal and Communication Skills, and the use of Clinical and Technical Skills
  - Determine a differential list that demonstrates YOUR Clinical Reasoning & Problem-solving abilities
  - Establish a comprehensive care plan highlighting YOUR Interprofessional Collaboration with members of the medical team
  - Record YOUR patient encounters that reflect the highest level of Professionalism and Ethics, Practice-based Learning and Quality Improvement taking into consideration the social determinants of health
- The H & P /SOAP write ups will constitute **10% of the overall grade** for the core clinical rotations.
- At the discretion of the Clinical Coordinators, the H&P write ups may be adjusted to address deficiencies noted in student performance.

### 4. Case Presentations (Assigned at the discretion of the Director of Clinical Education in lieu of H&P/SOAP note submissions for Elective Rotations). **If not specifically directed to do**

**a case presentation, 1 H&P and 1 SOAP note are expected to be turned in for every rotation.**

- During elective rotations students may be required to submit to the Director of Clinical Education one patient case encountered during the rotation by the end of the rotation.
  - The chief complaint, HPI, pertinent PMH, ROS, and physical examination findings are to be included as well as the initial assessment and plan. However, all patient identifying information must be removed.
  - Students are to include the hospital course when applicable as well as describe the management of the patient.
  - Students are to include a minimum of two (2) teaching points.
  - Students are to include a minimum of one (1) evidence-based medicine (EBM) source that corroborates the workup, diagnosis, or management of the patient along with a brief summary of how EBM was utilized in the care of the patient.
  - Case presentations will constitute 10% of the overall grade for the elective clinical rotations.
5. Tracking of Patient Encounters and Procedures in OASIS are requirements of rotation completion.
- Documentation of patient encounters and procedures is mandatory and must be submitted via OASIS by the end of each clinical rotation.
  - Students will be instructed on the proper logging of information prior to the start of the clinical rotations during orientation to clinical year.
  - Submissions must be completed by the end of each rotation meeting.
6. Other End of Rotation activities may include:
- The Longitudinal Patient: Care and Management
  - Small group problem-based learning
  - Case-based learning activities
7. PAS 8000 Research Methodology and Application Course
- Successful completion of all the requirements for the master's thesis research, including a successful oral defense and submission of a final thesis document in an acceptable format, is necessary for graduation from the MSHS PA Program.
  - Mandatory course lectures will take place during the end of rotation meetings.
  - A failed remediation is considered unsatisfactory performance in the *PAS 8000* Research Methodology and Application course and grounds for dismissal.
8. OSCE Practical Experiences:
- Each student will be required to participate in a minimum of 1 formative OSCE practical experience during the clinical year. The OSCE will take place at the Clinical Skills Center of the Weill Cornell Medical College or other designated facility and utilize standardized patients. Additional information regarding the OSCEs will be made available prior to the scheduled event.



9. Rosh Review
- Throughout the clinical year, students are expected to be preparing the PANCE. The program provides access to practice PANCE questions on Rosh Review. Students must complete 50 questions on Rosh Review prior to each EOR meeting. This will constitute 10% the total grade. If a student completes all 50 questions they will receive full credit. If all 50 questions are not complete, the student will receive 0% for that section.
10. At the completion of each rotation, students are given the opportunity to evaluate the rotation, site and preceptors. All comments and suggestions are reviewed throughout the clinical year. Students are expected to submit evaluations on-line via OASIS
- All feedback is kept strictly confidential.
  - Completion of student feedback for every rotation is now a required component of each rotation or “course” and will need to be completed before a final grade for each rotation will be entered.

## STUDENT EVALUATION OF ROTATION FORM

Please rate your experiences during this rotation in the following areas:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
<b>EDUCATIONAL VALUE</b>					
Overall level of teaching					
Correlation of objectives					
Variety of patient conditions					
Case presentations					
Access to conferences					
Access to medical literature					
<b>CLINICAL VALUE</b>					
Hands-on patient care					
Availability of procedures					
Ability to write notes/orders					
Level of responsibility					
<b>PRECEPTOR/STAFF</b>					
Acceptance as member of the "team"					
Relationships with preceptors/supervisors					
Relationships with team members					
Relationships with support staff					
Professional identity as a PA student					
Preceptor supervision					
<b>OTHER</b>					
Orientation Procedure					
Met your expected needs					
Overall Rating for the Rotation					

Please use this space for additional **comments about this rotation:**

---



---



---

Excellent = 5 points  
 Above Average = 4 points  
 Average = 3 points  
 Below Average = 2 points  
 Poor = 1 point

## GENERAL GOALS AND OBJECTIVES FOR CLINICAL ROTATIONS

Each student is expected to participate in ten required core clinical rotations and five elective rotations as outlined in this document. The general purpose of the clinical rotations is to provide the physician assistant student with practical clinical exposure to patients and the healthcare environment. These rotations allow the PA student to augment, strengthen and refine the knowledge and skills acquired during the pre-clinical phase of the MSHS PA Program. The student will participate as a member of the healthcare team and function under the direct supervision of attending physicians, house staff and physician assistants.

The specific learning outcomes and instructional objectives set forth for each required core clinical rotation b in the learning management system under **Clinical Course Syllabi class 2026=>Student Resources**. While it is assumed that most, if not all material in the objectives will be seen by the student during the rotation, this cannot be guaranteed, and students are responsible for **all** material in the learning objectives. Students should refer to the *Clinical Year Guidelines and the specific course syllabus* for guidelines regarding the specific clinical rotation requirements and grading policies.

The ten required core rotations are as follows: 2 clinical rotations in Surgery, 3 clinical rotations in Internal Medicine, 1 clinical rotation in Family Medicine/Primary Care, 1 clinical rotation in Pediatrics, 1 clinical rotation in Women's Health, 1 clinical rotation in Emergency Medicine, and one clinical rotation in Behavior and Mental Health.

Elective rotations may be done in a variety of surgical and medical subspecialties or in any of the core rotations. Objectives for elective rotations are available on-line in the learning management system. It is expected that the student's knowledge will increase critical knowledge while on elective. Students are advised to speak to the Clinical Directors if they have questions regarding the objectives. All elective rotations require the submission of a Clinical Topic Paper.

While on clinical rotations, students are expected to participate fully as members of the team, as such they will see patients and perform procedures. The Program utilizes the OASIS platform to ensure students are meeting the learning outcomes by logging patient encounters and procedures specific to rotation. PA students are expected to log (45) patient encounters and procedures during each core clinical rotation. Students are advised not to limit themselves to the minimum numbers shown on the next page.

The minimum required procedures must be documented prior to the completion of the clinical rotations. Failure to perform and document (log) the required procedures may result in the student not being able to complete the program and graduate as originally scheduled.

**The Program reserves the right to update the WCM Clinical Guidelines document as well as any additional documents of Learning Outcomes and Instructional Objectives as needed.** Students will be notified of all changes and will be given updated objectives when appropriate.

## PATIENT ENCOUNTER AND PROCEDURE LOGGING REQUIREMENTS

**For each and every rotation, all students must log the required components including the Mid-Rotation/Course Feedback Meeting. Failure to complete these encounters will result in the rotation being considered incomplete.**

Please see Appendix C for required Patient Encounter and Procedure Log Reports by Rotation/Course

MEDC-6001 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Gather a problem-focused history	Req'd
PAP_Perform a problem-focused physical	Req'd
PAP_Document Admission H&P	Req'd
PAP_Document Daily Progress (SOAP note)	Req'd
PAP_Document Consult or Interdisciplinary Interaction	Req'd
PAP_Document Discharge Summation	Req'd
PAP_Procedure: Arterial Blood Gas	Req'd
PAP_Procedure: EKG and interpretation	Req'd
PAP_Procedure: IV insertion	Req'd
PAP_Procedure: Phlebotomy	Req'd
PAP_Diagnosis: Diabetes (DKA, Hyperglycemia)	Req'd
PAP_Fluid and Electrolytes Imbalance	Req'd
PAP_Hypertension	Req'd
PAP_Management: Wound care	Opt'l
PAP_Procedure: Nasogastric Tube insertion	Opt'l
PAP_Procedure: Observe Cardiopulmonary Resuscitation (CPR)	Opt'l
PAP_Procedure: Perform Cardiopulmonary Resuscitation (CPR)	Opt'l
PAP_Procedure: Urethral catheterization	Opt'l
PAP_Provide care to a patient with a language barrier	Opt'l
PAP_Provide care to patient affected by limited access to care as a result of socioeconomic factors	Opt'l
PAP_Diagnosis: Anemia (Iron Deficiency, Sickle Cell Anemia)	Opt'l
PAP_Diagnosis: Cancer (Acute Diagnosis or Complication)	Opt'l
PAP_Diagnosis: Congestive Heart Failure	Opt'l
PAP_Diagnosis: Endocrine (Adrenal, Parathyroid, Pheochromocytoma, Thyroid)	Opt'l
PAP_Diagnosis: Gastrointestinal Bleeding	Opt'l
PAP_Diagnosis: Hepatic Disease (Hepatitis)	Opt'l
PAP_Diagnosis: Infectious Disease (HIV, Pneumonia)	Opt'l
PAP_Diagnosis: Neurologic Dysfunction (Altered Mental Status/Seizure/Stroke)	Opt'l
PAP_Diagnosis: Obstructive Pulmonary Disease (Asthma/ COPD)	Opt'l
PAP_Diagnosis: Renal Disease (Acute Kidney Injury/Renal Failure)	Opt'l
PAP_Diagnosis: Sepsis (Urosepsis)	Opt'l
PAP_Diagnosis: Venous Thromboembolism (DVT/Embolism Event)	Opt'l
PAP_Document Orders while under direct supervision	Opt'l



**I have received and take responsibility for reading the document entitled:**

**WEILL CORNELL MEDICINE**

**PHYSICIAN ASSISTANT PROGRAM**

Master of Science in Health Sciences for Physician Assistants

**CLINICAL YEAR GUIDELINES Class of 2026**

**Class of 2026**

**Updated 1/15/2025**

\_\_\_\_\_/\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

## **APPENDIX A: The Weill Cornell Medical College Disability Services**

*Disability is defined by the Americans with Disabilities Act of 1990 as "a physical or mental impairment that substantially limits one or more major life activities." An individual may also qualify as disabled if he/she has had an impairment in the past or is seen as disabled based on a personal or group standard or norm. Such impairments may include physical, sensory, and cognitive or intellectual impairments. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic disease may also be considered qualifying disabilities. A disability may occur during a person's lifetime or may be present from birth.*

The Weill Cornell Medical College's (which includes the Medical College and Graduate School of Medical Sciences) Disability Services are dedicated to providing equal educational opportunities for students with disabilities. Federal law states that no qualified student will be excluded, denied participation, or subjected to discrimination from any program or activity. The Associate Dean for Student Affairs, manages all curricular, academic and student affairs-related aspects of the student's needs by working with faculty and administrators to provide services to students with disabilities in addition to assisting the school in meeting its compliance obligations.

### **Accommodation Requests and Review Process Guidelines**

- A student must submit a written request describing the disability and/or condition and the type of accommodations being requested. The school's obligation to provide accommodations is not triggered until the disabled individual makes his or her needs known.
- A student must provide disability documentation supporting his/her need for accommodations that meets Cornell guidelines from a certified medical practitioner. Documentation must be sufficient to establish that the requested accommodation is appropriate for the student's condition. Documentation is not accepted from family members.
- A student must submit information from previously attended post-secondary institutions describing accommodations approved and used.
- A student must submit letters of approval of accommodations from testing agencies.
- The Associate Dean for Student Affairs, in conjunction with an advisory group from the school, has responsibility for determining the acceptability of documentation and reserves the right to require additional information. The school maintains the right to deny documentation that does not verify a student's disability or justify the need for reasonable accommodations. The school also maintains the option of seeking a second, professional opinion regarding documentation presented to verify disabilities. Students may appeal accommodations decisions.
- The school may request additional documentation from the student upon finding that the student's original documentation is insufficient and may choose to provide temporary accommodations while the student gathers the requested documentation.

- Once the requests have been reviewed and approved by the Associate Dean for Student Affairs and the Disability Services Advisory Committee, the Associate Dean for Student Affairs will then work with faculty and administrators to determine what accommodations are necessary.
- Documentation accepted by the Associate Dean for Student Affairs is valid as long as a student is continuously enrolled at the school. However, if there is a break in the student's enrollment, s/he may need to present updated documentation in order to receive disability services. If additional accommodations are requested, additional documentation may be needed.
- All documentation of disabilities is received and held solely by Associate Dean for Student Affairs is treated as confidential. Generally, no documentation is released to anyone outside of Associate Dean for Student Affairs's office without the student's informed and written consent. Documentation is destroyed six years after the last semester the student is enrolled.

## **STUDENT RESPONSIBILITIES**

1. A student is responsible for requesting disability special accommodations and providing supporting documentation to Associate Dean for Student Affairs at the beginning of the academic year.
2. A student is responsible for completing and submitting the Request for Accommodations form to the Associate Dean for Student Affairs with the supporting documentation.
3. The supporting documentation should
  - a. be current (within the past 3 years)
  - b. be in the form of a letter from a physician and/or school
  - c. meet guidelines for disability ([www.sds.cornell.edu/guidelines](http://www.sds.cornell.edu/guidelines))
  - d. includes medical information that describes the limitations of the disability
  - e. includes evaluation/diagnostic test results used to make the diagnosis
  - f. indicates the accommodation with an explanation of its relevance to the disability
4. A student is responsible for any costs or fees associated with obtaining the necessary documentation to support his/her claim.
5. Once a student has provided appropriate documentation and met with the Associate Dean for Student Affairs to discuss accommodations, he/she must schedule a time to meet with instructors to deliver an accommodation letter and discuss granted accommodations. These meetings also provide students the opportunity to introduce him/herself and discuss specific needs with the course/clerkship director and/or instructor. Meetings with instructors must take place two (2) weeks in advance of needed accommodations.
6. A student is responsible for notifying the Associate Dean for Student Affairs immediately if there are any problems receiving accommodations, or if a student feels he/she have been discriminated against or treated differently in any way.



## APPENDIX B: Transportation & Travel Reimbursement Guidelines and Policies

This document outlines transportation guidelines and policies for Weill Cornell Medicine PA students commuting to/from WCM Main Campus (1300 York Ave) or PA Program (570 Lexington Ave), Pennsylvania Station or Grand Central Station to required clinical sites. For commuting to/from off-campus housing and other transportation needs, please contact the Office of Financial Aid [finaid@med.cornell.edu](mailto:finaid@med.cornell.edu), and/or Student Affairs [studentaffairs@med.cornell.edu](mailto:studentaffairs@med.cornell.edu). **Any deviation from this policy requires special approval from the PA Program.**

### 1. Supported Methods of Transportation to Clinical Sites:

#### a. Public Transportation (Subway, buses, trains, etc.):

- i. Unless specifically directed otherwise, students are expected to utilize the vast network of public transportation options available through NYC MTA as their primary transportation method.
- ii. Students should exercise every precaution while commuting to ensure health and safety. Commuting as a group is recommended, and students are expected to proactively arrange this with their peers. Additional guidance for safe commuting can be found at [nyc.gov](http://nyc.gov).
- iii. Charges for public transportation will be reimbursed with appropriate documentation. **The Student Request for Transportation Reimbursement Form is in Exxatt/Prism -> Resources -> General Information class 2025.**
  1. Within 30 days of the end of the clinical rotation, submit a request for travel reimbursement form.
    - i. Reimbursement must be submitted BY ROTATION (one rotation per request form).
    - ii. The form MUST have on it the number of rides per method, for example: "18 days with 2 rides per day at \$2.90 per ride = \$104.40".
    - iii. The submitted request MUST include proof of payment (credit card receipt) unless paid by cash (which should be indicated on receipt).
    - iv. The submitted request MUST include a receipt with a date visible.
    - v. The form and required documentation should be consolidated to one PDF file.
    - vi. The complete file should be emailed to the clinical administrator.
    - vii. Reimbursements are processed and released directly to the student via WCM Student Accounting. Please do not ask about status of reimbursement; you will be notified when it has been disbursed.

#### b. Shuttles:

- i. Students are expected to use shuttles when available to ensure timely arrival to their clinical site, even when arrival times do not perfectly align with their clinical start time. This may require the student to arrive early.
- ii. WCM operates morning shuttles to NewYork-Presbyterian Hospitals at Queens (NYQ), Brooklyn Methodist (BMH) and Westchester. All WCM-run shuttles are labelled with the "Weill Cornell Medicine" logo on the front and/or side. Further details are organized by affiliate site below. **All shuttles depart from the NE corner of 68<sup>th</sup> and York Ave.**

#### c. LyftPass:

- i. Students will be granted the "WCM Clinical Rotation Travel" Lyft Pass benefit for use during their clinical year only.
- ii. LyftPass is the only allowable ride share option for students with approved car travel; no other method will be reimbursed for rides in the NYC metropolitan area without permission.
- iii. LyftPass covers the cost of rideshare travel between **the Weill Cornell Medicine main campus (1300 York Ave.), WCM PA Program (570 Lexington Ave.), Pennsylvania Station, Grand Central Station,** or the approved clinical site when shuttles are not available, or when public

transportation is not feasible. The hours extend from 7PM-5:30AM on weekdays and 24 hours on the weekend.

- iv. There are limited circumstances where the PA Program will reimburse students for the use of ridesharing apps for travel not covered by the LyftPass. These are outlined in the policy below. Refer to Lincoln Hospital comments below for an exception to this directive.
- v. Request for reimbursement for reasons not covered in the policy, are subject to review and approval is not guaranteed.
- vi. **Students are expected to carpool with colleagues** when using private car travel. Students are expected to arrange this with other students during their clinical rotations.
- vii. LyftPass may be used if students are required to be onsite at their rotation prior to 5:30AM or after 7:00PM only. Students must use the timecard feature in Exxatt/Prism.  
**\*\*\*Failure to adhere to these guidelines may result in student losing access to the LyftPass benefit. Egregious or repeated misuse will be considered a lapse in professionalism with consequences including but not limited to reimbursement of the inappropriate charges from the student and other disciplinary actions.\*\*\***

2. **Clinical Rotation Sites in the Greater NYC Area:** options available through NYC MTA.

a. *NewYork-Presbyterian/Queens:*

- i. WCM-run shuttle: A single, WCM provided shuttle leaves WCM at **6:30 AM**. This shuttle is for the use of all rotations/clerkships, sub-internship and/or elective students that start at 7:00AM or later.
- ii. NYP-run GME shuttle: The GME office at NYPQ provides a shuttle traveling between NYPH and NYPQ. While this shuttle is provided for specific residency programs, WCM medical and PA students may utilize the shuttle, but only if space permits (refer to the NYPQ GME Shuttle Schedule located on EXXAT in the Travel & Affiliate Site Information section of your clerkship's Policies, Processes, & Affiliate Sites page)
- iii. These shuttles leave from the NE corner of 70<sup>th</sup> and York, NYP-run shuttles are white vans clearly marked with "NewYork Presbyterian" on the side.
- iv. The LyftPass benefit will only apply **for students who are required to arrive at NYQ at or before 5:30AM. Students are expected to coordinate their travel with peers and carpool.** For start times between 5:30-7:00 AM, the GME shuttle or public transportation should be used.
- v. Return travel from NYPQ: All students are expected to utilize the NYPQ GME shuttle or public transportation for return travel back to WCM.

b. *NewYork-Presbyterian/Brooklyn Methodist Hospital:*

- i. WCM-run shuttle: A single, WCM provided shuttle leaves WCM at **6:15 am**. This shuttle is for the use of all clerkships, sub-internship and/or elective students that start at 6:45AM or later.
- ii. LyftPass benefit will only apply for students who are required to arrive at BMH at or before 6:00AM. Students are expected to coordinate their travel with peers and carpool.
- iii. Return travel from BMH: All students are expected to utilize public transportation for return travel back to WCM.

c. *NewYork-Presbyterian/Lower Manhattan Hospital*

- i. Students will be reimbursed for the cost of public transportation.
- ii. Students *will be reimbursed for rideshare services for a shift beginning on or before 7:00AM or ending at 7PM or later. Carpool with other students is expected, where possible. Students should use public transportation for all other shift times and will be reimbursed for public transportation.*

- d. *NewYork-Presbyterian/Weill Cornell Main Campus*
  - i. Students will be reimbursed for the cost of public transportation.
  - ii. The LyftPass benefit will only apply for students who are required to arrive at WCM Main Campus **at or before 5:30AM**. Students are expected to coordinate their travel with peers and carpool. Carpool with other students is expected, where possible. **Students should use public transportation for all other shift times.**
- e. *NewYork-Presbyterian/Columbia*
  - i. Students will be reimbursed for the cost of public transportation.
  - ii. The LyftPass benefit will only apply for students who are required to arrive at Columbia **at or before 5:30AM**. Students are expected to coordinate their travel with peers and carpool. Carpool with other students is expected, where possible. **Students should use public transportation for all other shift times.**
- f. *NewYork-Presbyterian – Westchester Division*
  - i. WCM-run shuttle: A WCM provided shuttle is provided leaving WCM at **7:30AM**. A return shuttle will depart Westchester at 5:00PM (refer to the Site Addresses & Shuttle Schedule located in Exxatt). All students are expected to take the shuttle to/from Westchester.
    - 1. In the event the shuttle is not available, students should travel in both directions with Metro North to White Plains station and, and can submit for reimbursement with the required receipt, proof of purchase, and proof of payment. Students will be reimbursed for rideshare or taxi services to travel between the NYP-Westchester and Metro North. Students should retain and submit their receipt (with date, time, origin, and destination) for reimbursement.

### 3. Other Clinical Rotation Activities:

- a. *Extended/Weekend Clerkship Hours at Affiliates in the Greater NYC Area:*
  - i. For important educational opportunities outside of normal rotation hours (i.e., call, special educational discussions, clinical opportunities), and/or outside the hours when shuttle service is available, the LyftPass benefit will cover travel after 7:00PM, or on weekend shifts between clinical sites and 1300 York, 570 Lexington Ave, Pennsylvania Station or Grand Central Station. Students will need to retain documentation from their preceptor that they participated in the activity. Where possible, students should always carpool with their colleagues.
    - 1. Students will need documentation from their supervising preceptor that they did participate in the activity.
    - 2. Students should use public transportation for all other travel times.
- b. *Lincoln Hospital*
  - i. Students must speak to Clinical Director and/or Assistant Clinical Director regarding transportation prior to the start of the rotation as carpool via LyftPass leaving from the PA Program (570 Lexington Ave.) or approved site (Grand Central, Penn Station, 1300 York Ave.) is an option at specific designated times.
    - 1. Alternatively, if students take public transportation, it will be reimbursed.

#### *c. Office or External Elective Clinical Rotation Sites:*

In general, the sites chosen for Ambulatory Care should be reachable by public transportation. Students may not use rideshare services to reach these locations without prior approval of Medical Education.

- i. Students are expected to utilize public transportation for travel to affiliate sites in the Greater NYC Area for required clinical activities including elective rotations. Reimbursement will be made for metro card charges – receipts are required and should be submitted with the appropriate information to the P.A. Program administration as per the above directions.
- ii. LyftPass may be used if students are required to be onsite at their rotation prior to 5:30AM or after 7:00PM only. Students must Use the timecard feature in Exxatt/Prism.
- iii. LyftPass benefit will cover travel to Whitestone for Family Medicine/Primary Care rotation from approved sites.
- iv. If travel to a clinical rotation site requires transportation utilizing other public transportation (for example the LIRR or NJ-Transit):
  1. The student must obtain prior approval by the Director or Assistant Director of Clinical Education *prior to the start of the rotation*.
  2. Request for reimbursement must be completed as per section 1a, above.
- v. Travel expenses to the elective and/or external sites outside of the Greater NYC Area are not regularly reimbursed; any exception to this must be approved by PA Program Administration *prior to the start of the rotation*. If approved, the reimbursement request must be completed as per section 1a, above.
- vi. Reimbursements for rental vehicles are *not* routinely approved and are not for rotations in New York. Any external rotations requiring the renting of a vehicle to facilitate transportation to and from a clinical rotation site will require pre-approval by PA Program Administration and will be considered on a case-by-case basis.

**(Revised 1/15/25)**

## APPENDIX C: Patient Encounter and Procedure Logs by Course

### MEDC – 6001 Medicine 1 / 6002 Medicine 2

MEDC-6001 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Gather a problem-focused history	Req'd
PAP_Perform a problem-focused physical	Req'd
PAP_Document Admission H&P	Req'd
PAP_Document Daily Progress (SOAP note)	Req'd
PAP_Document Consult or Interdisciplinary Interaction	Req'd
PAP_Document Discharge Summation	Req'd
PAP_Procedure: Arterial Blood Gas	Req'd
PAP_Procedure: EKG and interpretation	Req'd
PAP_Procedure: IV insertion	Req'd
PAP_Procedure: Phlebotomy	Req'd
PAP_Diagnosis: Diabetes (DKA, Hyperglycemia)	Req'd
PAP_Fluid and Electrolytes Imbalance	Req'd
PAP_Hypertension	Req'd
PAP_Management: Wound care	Opt'l
PAP_Procedure: Nasogastric Tube insertion	Opt'l
PAP_Procedure: Observe Cardiopulmonary Resuscitation (CPR)	Opt'l
PAP_Procedure: Perform Cardiopulmonary Resuscitation (CPR)	Opt'l
PAP_Procedure: Urethral catheterization	Opt'l
PAP_Provide care to a patient with a language barrier	Opt'l
PAP_Provide care to patient affected by limited access to care as a result of socioeconomic factors	Opt'l
PAP_Diagnosis: Anemia (Iron Deficiency, Sickle Cell Anemia)	Opt'l
PAP_Diagnosis: Cancer (Acute Diagnosis or Complication)	Opt'l
PAP_Diagnosis: Congestive Heart Failure	Opt'l
PAP_Diagnosis: Endocrine (Adrenal, Parathyroid, Pheochromocytoma, Thyroid)	Opt'l
PAP_Diagnosis: Gastrointestinal Bleeding	Opt'l
PAP_Diagnosis: Hepatic Disease (Hepatitis)	Opt'l
PAP_Diagnosis: Infectious Disease (HIV, Pneumonia)	Opt'l
PAP_Diagnosis: Neurologic Dysfunction (Altered Mental Status/Seizure/Stroke)	Opt'l
PAP_Diagnosis: Obstructive Pulmonary Disease (Asthma/ COPD)	Opt'l
PAP_Diagnosis: Renal Disease (Acute Kidney Injury/Renal Failure)	Opt'l
PAP_Diagnosis: Sepsis (Urosepsis)	Opt'l
PAP_Diagnosis: Venous Thromboembolism (DVT/Embolic Event)	Opt'l
PAP_Document Orders while under direct supervision	Opt'l

## MEDC – 6003 Medicine 3

MEDC-6003 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Document H&P including most likely diagnosis, differential and treatment plan	Req'd
PAP_Document Consult or Interdisciplinary Interaction	Req'd
PAP_Observe conversation regarding advanced directives (MOLST)	Req'd
PAP_Observe conversation regarding DNR/DNI	Req'd
PAP_Observe conversation regarding health care proxy	Req'd
PAP_Altered mental status	Req'd
PAP_Cardiovascular Disease	Req'd
PAP_Renal Disease	Req'd
PAP_Gather a history	Req'd
PAP_Perform a physical examination	Req'd
PAP_Anemia (chronic disease, hemorrhagic, iron deficiency)	Opt'l
PAP_Congestive Heart Failure	Opt'l
PAP_COPD Exacerbation	Opt'l
PAP_Delirium (acute)	Opt'l
PAP_Dementia (chronic)	Opt'l
PAP_Diabetes	Opt'l
PAP_Diagnosis: Gastrointestinal Bleeding	Opt'l
PAP_Oncology Diagnosis	Opt'l
PAP_Orthopedic Complaint (fracture, pain, osteoarthritis, osteoporosis)	Opt'l
PAP_Pneumonia	Opt'l
PAP_Sepsis	Opt'l
PAP_Stroke/TIA	Opt'l

## SURG – 6001 Surgery 1 / SURG-6002 Surgery 2

SURG-6001 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Gather a pre-op history	Req'd
PAP_Scrub, Gown, and Glove	Req'd
PAP_Assist (1st or 2nd)	Req'd
PAP_Document an operative note	Req'd
PAP_Imaging review (US, CXR, CT, MRI)	Req'd
PAP_Procedure: Knot tying	Req'd
PAP_Procedure: Staple placement	Req'd
PAP_Procedure: Suturing	Req'd
PAP_Procedure: Urethral catheterization	Req'd
PAP_Management: Wound care	Req'd
PAP_Assessment for Sources of Post-op fever	Req'd
PAP_Assessment for Post-op ileus	Req'd
PAP_Abdominal Case (Appendectomy/Cholecystitis/Colectomy)	Opt'l
PAP_Bariatric Case	Opt'l
PAP_Breast Case	Opt'l
PAP_Endocrinology Case	Opt'l
PAP_Hernia Repair (Abdominal, Inguinal)	Opt'l
PAP_Neurosurgical Case	Opt'l
PAP_Orthopedic Case	Opt'l
PAP_Trauma Case	Opt'l
PAP_Vascular Case	Opt'l

## EMER – 6001 Emergency Medicine

### Class2026: Clinical Case Log List

Students must log a minimum of 45 encounters per course.

EMER-6001 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Chest Pain Assessment	Req'd
PAP_Document Consult or Interdisciplinary Interaction	Req'd
PAP_Document H&P including most likely diagnosis, differential and treatment plan	Req'd
PAP_Formulate treatment plan including orders with preceptor supervision	Req'd
PAP_Imaging review (US, CXR, CT, MRI)	Req'd
PAP_Management: Wound care	Req'd
PAP_Observe Assessment for Stroke	Req'd
PAP_Provide patient counseling	Req'd
PAP_Gather a problem-focused history	Req'd
PAP_Perform a problem-focused physical	Req'd
PAP_Procedure: Culture (nasopharyngeal/throat/urine/wound)	Req'd
PAP_Procedure: EKG and interpretation	Req'd
PAP_Procedure: Give an injection (lidocaine, toradol, tetanus)	Req'd
PAP_Procedure: IV insertion	Req'd
PAP_Procedure: Phlebotomy	Req'd
PAP_Procedure: Laceration repair	Req'd
PAP_Procedure: Splint application including patient instruction	Req'd
PAP_Abdominal Pain	Opt'l
PAP_Altered mental status	Opt'l
PAP_Dyspnea	Opt'l
PAP_Genitourinary issue (flank pain, urinary retention, testicular pain)	Opt'l
PAP_Headache	Opt'l
PAP_Injury (Blunt Force, Fall, Laceration, Orthopedic)	Opt'l
PAP_Sepsis	Opt'l
PAP_Syncope/Near syncope	Opt'l
PAP_Procedure: Observe Cardiopulmonary Resuscitation (CPR)	Opt'l
PAP_Procedure: Observe central line insertion	Opt'l
PAP_Procedure: Observe chest tube insertion	Opt'l
PAP_Procedure: Observe lumbar puncture	Opt'l
PAP_Procedure: Observe paracentesis	Opt'l
PAP_Procedure: Observe Point of Care US (POCUS)	Opt'l
PAP_Procedure: Observe thoracentesis	Opt'l
PAP_Procedure: Perform Cardiopulmonary Resuscitation (CPR)	Opt'l
PAP_Procedure: Staple or Suture removal	Opt'l

## PRCM – 6001 Family Medicine/Primary Care

PRCM-6001 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Gather a comprehensive history	Req'd
PAP_Perform a comprehensive physical	Req'd
PAP_Gather a problem-focused history	Req'd
PAP_Perform a problem-focused physical	Req'd
PAP_Provide counseling for age appropriate screenings	Req'd
PAP_Provide counseling for behavioral modification (activity, alcohol, substance, tobacco)	Req'd
PAP_Provide care to a patient with an acute diagnosis	Req'd
PAP_Provide care to a patient with a chronic diagnosis	Req'd
PAP_Provide nutritional counseling	Req'd
PAP_Procedure: EKG and interpretation	Req'd
PAP_Diabetes	Req'd
PAP_Hyperlipidemia	Req'd
PAP_Hypertension	Req'd
PAP_Upper Respiratory Illness	Req'd
PAP_Procedure: Obtain culture (Nasopharyngeal, Throat, Urine, Wound)	Opt'l
PAP_Procedure: Give an Injection (Covid, Influenza, PPD, Tetanus)	Opt'l
PAP_Procedure: Phlebotomy	Opt'l
PAP_Provide care to a patient affected by limited access to care as a result of socioeconomic factors	Opt'l
PAP_Provide care to a patient affected by a physical disability	Opt'l
PAP_Backpain	Opt'l
PAP_Cough	Opt'l
PAP_Dermatology Issue (Cellulitis, Nevus, Rash)	Opt'l
PAP_Diagnosis: Diabetes (DKA, Hyperglycemia)	Opt'l
PAP_Dizziness	Opt'l
PAP_Dyspnea	Opt'l
PAP_Dysuria	Opt'l
PAP_Fatigue	Opt'l
PAP_Memory Impairment	Opt'l



## PEDS – 6001 Pediatrics

PEDS-6001 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Newborn encounter	Req'd
PAP_Infant encounter	Req'd
PAP_Child encounter	Req'd
PAP_Adolescent encounter	Req'd
PAP_Document an annual physical of a pediatric patient	Req'd
PAP_Provide care to a patient with an acute diagnosis	Req'd
PAP_Assessment for developmental delay	Req'd
PAP_Assessment for Failure to Thrive	Req'd
PAP_Fever	Req'd
PAP_Procedure: Culture (nasopharyngeal/throat/urine/wound)	Req'd
PAP_Procedure: Vaccination	Req'd
PAP_Conduct HEEADDS assessment	Req'd
PAP_Provide anticipatory guidance	Req'd
PAP_Provide behavioral modification counseling	Req'd
PAP_Asthma	Opt'l
PAP_Gastroenterology Issue	Opt'l
PAP_Injury	Opt'l
PAP_Neonatal Jaundice	Opt'l
PAP_Otitis (Externa, Media)	Opt'l
PAP_Rash (Contact or Irritant Dermatitis, Exanthem)	Opt'l
PAP_Upper Respiratory Illness	Opt'l

## PSYC – 6001 Mental and Behavioral Health

PSYC-6001 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Anxiety disorder	Req'd
PAP_Assess a patient with an urgent psychiatric complaint	Req'd
PAP_Depression	Req'd
PAP_Document MSE including most likely diagnosis, differential and treatment plan	Req'd
PAP_Obtain a psychiatric history	Req'd
PAP_Obtain a social history	Req'd
PAP_Perform a psychiatric assessment	Req'd
PAP_Procedure: Administer a mental status exam (MSE)	Req'd
PAP_Procedure: Perform a suicidal ideation risk assessment	Req'd
PAP_Provide care to a patient with an acute diagnosis	Req'd
PAP_Mania, Bipolar Disorder	Opt'l
PAP_Personality disorder	Opt'l
PAP_Psychotic disorder	Opt'l
PAP_Schizophrenia	Opt'l
PAP_Substance use disorder	Opt'l
PAP_Suicidal patient	Opt'l

## OBGY – 6001 Women’s Health

OBGY-6001 Clinical Log	Req'd/ Opt'l
PAP_Mid-Course Feedback Meeting	Req'd
PAP_Document a perinatal visit (note gravity, parity, weeks of gestation)	Req'd
PAP_Assess a fundal height measurement	Req'd
PAP_Assessment for fetal distress	Req'd
PAP_Assist in a normal vaginal delivery	Req'd
PAP_Assist in a cesarean section	Req'd
PAP_Document a gynecologic visit including H&P, most likely diagnosis, differential, and treatment plan	Req'd
PAP_Gather a sexual history	Req'd
PAP_Perform a pelvic exam	Req'd
PAP_Gather a pre-natal history	Req'd
PAP_Perform a problem-focused physical	Req'd
PAP_Procedure: Obtain a PAP smear	Req'd
PAP_Perform a pre-natal physical exam	Req'd
PAP_Procedure: Obtain culture (Nasopharyngeal, Throat, Urine, Wound)	Req'd
PAP_Procedure: Urethral catheterization	Req'd
PAP_Provide counseling (Breast Cancer, Osteoporosis)	Req'd
PAP_Provide counseling (Family Planning, Safe Sexual Practices)	Req'd
PAP_Breast mass	Opt'l
PAP_Care of a Patient with Gestational Diabetes	Opt'l
PAP_Care of a Patient with Gestational Hypertention (Pre-eclampsia, Eclampsia)	Opt'l
PAP_Dysmenorrhea or Metorrhagia	Opt'l
PAP_Menopausal complaint	Opt'l
PAP_Sexually transmitted infection (Cervicitis, PID)	Opt'l
PAP_Urinary Complaint	Opt'l
PAP_Vaginal Discharge	Opt'l



## APPENDIX D: Grading Calculations for PAEA End-of-Rotation Examinations

1. Student raw score obtained from PAEA, with a numerical score 300-500
2. Calculation is done to generate a Z-Score, which reflects standard deviations from mean:  

$$\frac{\text{(Student numerical score - national mean)}}{\text{national standard deviation}}$$
3. Z-Score is then converted to % score based on this table:

Z-Score	%	Z-Score	%	Z-Score	%
Minus 1.86 and less	64	Minus 0.09 - Positive 0.2	82	1.81 - 2.0	90
Minus 1.71 - 1.85	65	0.21 - 0.4	83	2.01 - 2.2	91
Minus 1.51 - 1.7	67	0.41 - 0.6	85	2.21 - 2.5	92
Minus 1.1 - 1.5	70	0.61 - 0.8	86	2.51 - 2.8	94
Minus 0.71 - 1.0	72	0.81 - 1.0	87	2.81 - 3	95
Minus 0.51 - 0.7	74	1.0 - 1.5	88	3.1 - 3.5	96
Minus 0.31 - 0.5	76	1.51 - 1.8	89	3.51 - or greater	100
Minus 0.10 - 0.30	79				

## APPENDIX E: Clinical Topic Paper Guidelines and Grading Rubric

Clinical topic papers must be done in lieu of an End-of-Rotation exam for all elective rotations.

### Expectations

1. Students are expected to pick a topic that is pertinent to the elective rotation and write an original research paper.
  - a. The paper should incorporate the topic's relevance to the rotation.
  - b. The paper should include a case synopsis of a relevant patient seen during that rotation.
2. The topic could be a disease process, medical or surgical condition, medication, or procedure.
  - a. The Director or Assistant Director of Clinical Education should be contacted if there is any question regarding a topic choice.
3. The information presented is expected to be current.
4. Accurate and basic grammar, syntax and spelling skills should be used.
5. Any student that receives a score of less than 70 (seventy) out of 100 points will be required to submit a revised paper.

### Format

1. The paper should be at minimum **5 double spaced pages in length** (not including cover pages, references, or tables/images) with one-inch margins and 12-point font.
2. References and in-text citations must be utilized using **AMA** style.
3. At least **six current references** (within the last 5 years) need to be cited from a **minimum of three different publications**.

### Grading Rubric

	Score	Point value
Include a relevant case synopsis		10
Relevance of topic to clinical rotation		10
Proper use of basic grammar, , and spelling		10
Brief overview of appropriate background information for topic		10
Accurate and current information on topic		30
Include conclusion with reflection on experience and topic		10
AMA style for references and citations		10
5 double spaced pages in length with one-inch margins and 12-point font		5
At least 6 current references, from at least 3 different publications		5

# APPENDIX F: H&P and SOAP Note Guidelines and Grading Rubric

## Clinical Year H&P Rubric

Student:	Rotation #:
<b>**NO Credit (0)</b>	<b>For HIPPA Violations (including names of patients, providers or family members, DOB, etc.)</b>
Chief Complaint 2 points	<input type="checkbox"/> Written in quotes in patient's words when applicable <input type="checkbox"/> Includes a duration when applicable
History of Present Illness 15 points	<input type="checkbox"/> Includes intro sentence with age, pertinent PMH/PSH and presenting <u>complaint</u> <input type="checkbox"/> Include a cohesive, organized narrative and timeline of presenting <u>symptoms</u> <input type="checkbox"/> Include PQRS of complaints when <u>applicable</u> <input type="checkbox"/> Includes details for all complaints (both chief complaint and any other issues discussed) <input type="checkbox"/> Includes pertinent positives and negatives for presenting <u>complaint</u> <input type="checkbox"/> Must use clear and accurate medical <u>terminology</u> <input type="checkbox"/> Free of unapproved abbreviations, contradictions, incorrect information <input type="checkbox"/> Uses <u>format specific to rotation</u> eg. medicine, surgery, psychiatry, <del>women's</del> health
Past Medical History 5 points	<input type="checkbox"/> Includes general health, childhood diseases, hospitalizations (diagnosis, date, institution), accidents/injuries, immunizations, transfusions, screening tests as applicable <input type="checkbox"/> Includes list and details of all medical diagnoses (year diagnosed and complications) <input type="checkbox"/> Uses correct medical terminology
Past Surgical History 5 points	<input type="checkbox"/> Include list and appropriate details of all surgeries and procedures (including date, <u>institution</u> , and any complications) <input type="checkbox"/> Use of correct medical terminology
Medications 3 points	<input type="checkbox"/> List all current medications (standing, as needed, prescription and over the counter) <input type="checkbox"/> Includes <u>dose, route, frequency</u> and indication (as applicable)
Allergies 3 points	<input type="checkbox"/> Include any medication, food, drug, latex or other <u>allergy</u> <input type="checkbox"/> Include reaction
Family History 2 points	<input type="checkbox"/> State of health of immediate family (parents, grandparents, siblings, children, extended) <input type="checkbox"/> Include age of diagnosis if known (especially if premature onset) <input type="checkbox"/> Include if alive or deceased
Social History 5 points	<input type="checkbox"/> Include occupation, marital status, living arrangements, sexual <u>history</u> <input type="checkbox"/> Includes habits (tobacco, alcohol, substance use), quantify frequency, amount, and last use
Review of systems 10 points	<input type="checkbox"/> At least 5 relevant systems are evaluated and documented <input type="checkbox"/> <b>Includes both positive and negative findings from review of systems different from HPI</b> <input type="checkbox"/> Avoided use of any physical exam findings in this subjective review
Physical exam 15 points	<input type="checkbox"/> Include complete set of vital signs and appropriate physical <u>exam</u> <input type="checkbox"/> Perform a complete & relevant physical exam including all pertinent <u>systems</u> <input type="checkbox"/> Avoids use of diagnosis in physical exam, instead describes <u>findings</u> <input type="checkbox"/> <b>Describes all wounds, surgical sites, drains, rashes, location, providing all visible details</b>
Results: Labs, EKGs, images 5 points	<input type="checkbox"/> Include all pertinent <u>results</u> <input type="checkbox"/> Include dates and times, note if <u>pending</u> <input type="checkbox"/> Do not use " <u>wt</u> " or "normal"
Assessment 15 points	<input type="checkbox"/> Include intro sentence with age, pertinent PMH/PSH and presenting <u>complaint</u> <input type="checkbox"/> Include information from history, vitals, exam, & test data <input type="checkbox"/> <b>Demonstrates clinical reasoning</b> including assessment of all active issues <u>discussed</u> <input type="checkbox"/> <b>Specify most likely diagnosis</b> , if unknown use "suspected" or " <u>possible</u> " <input type="checkbox"/> Include <b>other potential differential diagnosis(es)</b>
Plan 15 points	<input type="checkbox"/> Include problem-based or system-based plan using a bullet point <u>format</u> <input type="checkbox"/> <b>Identify each problem, include ICD-10 <u>code</u></b> <input type="checkbox"/> Include <u>plan</u> for all active issues (acute and chronic) <input type="checkbox"/> Include <u>consults, tests, medications</u> must specify med, dose, route, <u>frequency</u> <input type="checkbox"/> Include <u>disposition plan</u> (i.e. admission, follow-up, patient education)

All notes must be signed, PA-S

\*Insufficient clinical reasoning may require resubmission.

Total Score out of 100 = % Grade

Score \_\_\_\_\_

1/2025

Clinical Year SOAP Note Rubric

Student:

Rotation #:

<b>**NO Credit (0)</b>		<b>For HIPAA Violations (Including names of patients, providers or family members, DOB, etc.)</b>
Identifying Data 5 points	<input type="checkbox"/>	Includes 1-2 lines about what is going on with patient (Admitted for diagnosis, PMH) Information must be accurate and up to date
Subjective 20 points	<input type="checkbox"/>	Includes information that patient states, reports, or is directly said to the student (information that can be told over the phone) (i.e., <b>progress update</b> )
	<input type="checkbox"/>	Includes information that a nurse, family member, or other provider directly tells student as applicable (i.e., <b>overnight events</b> )
	<input type="checkbox"/>	Includes PQRST of complaints when <b>applicable</b>
	<input type="checkbox"/>	Includes pertinent positives/negatives specific to current issue(s)
	<input type="checkbox"/>	Does not include objective data (i.e., physical exam findings)
Objective 25 points	<input type="checkbox"/>	Uses <b>format specific to rotation</b> (e.g., medicine, surgery, psychiatry, <del>wc/pc/pc</del> health)
	<input type="checkbox"/>	Includes diet, fluids, medications, allergies, tubes/lines, I/Qx
	<input type="checkbox"/>	<b>Medications</b> include route, dose, frequency and PRN <b>indication</b>
	<input type="checkbox"/>	IV fluids must include type of fluid, rate and <b>volume</b>
	<input type="checkbox"/>	I/Qx include accurate and up to date data, notes type and location of <b>drain</b>
	<input type="checkbox"/>	<b>Allergies</b> to medication, food, drug, latex or other, specify <b>reaction</b>
	<input type="checkbox"/>	Physical exam includes complete set of vital signs and general physical <b>exam</b>
	<input type="checkbox"/>	Physical exam includes complete relevant physical <b>exam</b> for all pertinent systems
	<input type="checkbox"/>	Avoids use of diagnosis in physical exam, instead describes <b>findings</b>
	<input type="checkbox"/>	Describes all wounds, surgical sites, drains, rashes with appropriate visible <b>details</b>
	<input type="checkbox"/>	Results include all pertinent <b>findings</b>
Assessment 25 points	<input type="checkbox"/>	Results include dates and <b>times</b>
	<input type="checkbox"/>	Does not use "w/o" or "normal"
	<input type="checkbox"/>	Includes intro sentence with age, pertinent PMH/PSH and current <b>complaint</b>
	<input type="checkbox"/>	Includes review of pertinent information from the history, vitals, exam, and studies/data
Plan 25 points	<input type="checkbox"/>	Use of correct medical terminology
	<input type="checkbox"/>	Includes assessment of all active issues that have been discussed in the <b>note</b>
	<input type="checkbox"/>	<b>Demonstrates clinical reasoning</b> that identifies most likely diagnosis or " <b>suspected</b> "
	<input type="checkbox"/>	Includes other possible differential diagnosis(es)
Plan 25 points	<input type="checkbox"/>	Include problem-based or system-based plan using a bullet point <b>format</b>
	<input type="checkbox"/>	<b>Identify each problem, include ICD-10 <u>code</u></b>
	<input type="checkbox"/>	Include <b>plan</b> for all active issues (acute and chronic)
	<input type="checkbox"/>	Include <b>consults, tests, medications must specify med, dose, route, frequency</b>
	<input type="checkbox"/>	Include <b>disposition plan</b> (discharge plan, patient education)

All notes must be signed, PA-S

\*insufficient clinical reasoning may require resubmission.

Total Score out of 100 = % Grade

Score \_\_\_\_\_

1/2025

## APPENDIX G: PROFESSIONALISM POLICY

### Professionalism

#### Professionalism and Protocols for Handling Lapses

Professionalism in medicine is essential for all members of the healthcare team including physician assistant students. *Professionalism* is broader than just "ethical behavior" or "personal comportment." It includes a larger overarching "construct" that includes other elements.

However, central to any construct of professionalism are responsibility, , and respect for others. WCM expects that its students, faculty, staff and administrators will foster an environment characterized by professionalism at all times in all settings.

The Weill Cornell Medicine Masters of Science in Health Sciences for Physician Assistant Program has two core competencies with constituent learning objectives that comprise the construct of professionalism:

#### Professionalism and Ethics (P)

- Adhere to established standards of care in the role of the PA in the healthcare team.
- Demonstrate compassion, confidentiality, flexibility, civility, and respect when adapting to practice changes or during the delivery of team-based patient-centered care.
- Demonstrate respect and responsiveness to patients, the PA program, and the profession.
- Demonstrate cultural humility and responsiveness to a diverse professional and patient population, including, but not limited to, diversity in sex, gender identity, sexual orientation, age, culture, race, ethnicity, socioeconomic status, religion, and abilities
- Demonstrate individual accountability and the ability to recognize personal limitations, admit mistakes and errors, accept constructive feedback, and commit to a path of lifelong learning and improvement.
- Demonstrate commitment to personal wellness and self-care.

#### Interpersonal and Communication Skills (OCS)

- Establish trusted therapeutic relationships with patients and patient-identified family or proxies to ensure needs and goals are met through the delivery of person-centered care.
- Recognize the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants to optimize communication with clinicians, patients, and other stakeholders.
- Communicate effectively, equitably, and respectfully to elicit, share, and document accurate information necessary to the delivery of high-quality care and services that are responsive to the needs of diverse populations.
- Demonstrate emotional intelligence, resilience, adaptability, honesty, and compassion in all interactions and conversations, including discussions pertaining to sensitive topics

#### Interprofessional Collaboration

- Work effectively with other health professionals to provide collaborative, patient-centered care while maintaining a climate of mutual respect, dignity, diversity, ethical integrity, and trust
- Communicate effectively with other professionals to establish and enhance interprofessional team dynamics, striving to improve patient outcomes

For purposes of assessment, WCM defines professionalism as demonstrated competency in the following four domains.

- Responsibility, , and Ethics
- Self-improvement
- Relationships with patients
- Relationships with academic mentors, colleagues, the healthcare , and systems

These four domains can be further parsed into the attributes that students are expected to demonstrate as part of each domain in all settings.



*Responsibility, integrity and ethics* includes such attributes as attendance at required classes and clinical encounters; reliable and timely performance of educational and clinical responsibilities, including completion of required course evaluations and health screening surveys and requirements; accurate, honest reporting of information; adhering to all medical college policies and personal comportment that includes proper dress, grooming, hygiene and ethical, emotionally-modulated conduct.

*Self-Improvement* includes the ability to accept constructive criticism and modifying behavior appropriately.

*Relationships with patients* includes a sensitivity to patient needs and perspectives that is a cornerstone for building rapport, patient advocacy (including putting the patient's needs above one's own) and maintenance of confidentiality and decorum.

*Relationships with academic mentors, colleagues, the health care , and systems* include respect for and cooperation with faculty, staff, preceptors, and colleagues from different health care professions and the appropriate use of medical records and the internet.

### **Professional Codes Students Are Expected to Follow**

Students are also expected to follow a number of policies that set the standards for professionalism in various settings that students pass through during the Physician Assistant Program. . Students should familiarize themselves with these policies as described below.

#### **Classroom and Learning Environments** - see relevant sections of the WCM MSHS Student Handbook

Program Policies and Practices

Standards of Conduct and Academic Integrity Policies

Training and Learning Environment Policies

Sexual Harassment, Bias, and Substance Abuse Policies

Academic Related Policies and Practices

Student Progress Policies and Practices

Guidelines for Promotion and Graduation

Student Health Policies

Attendance Policies

#### **Patient Settings**

HIPAA regulations governing confidentiality of patient information (see relevant section of Clinical Guidelines)

The NewYork-Presbyterian Credo

\*Students are expected to adhere to any new policies of the medical college that are designed to address new situations or circumstances, e.g., public health emergencies such as COVID or safety concerns such as political unrest or criminal activity.

### **Assessing Professionalism**

WCM expects that all physician assistant students will demonstrate professional behavior in all four domains at all times. The faculty will evaluate student professionalism in each of the four domains at every course assessment, as pertinent to the course goals and objectives. The faculty who are typically in the best position to evaluate professionalism are those who work closely with students in small group or the classroom setting in the preclinical year, in health care teams during the clinical rotations and as mentors on research projects. There are specific sections on many rating forms in each required course where faculty are asked to assess a student's professionalism either by rating, narrative , or both. Faculty will be asked to consider the four 'screening' questions about a student's professionalism based on the four domains described above. These questions are designed to identify any lapses in professionalism as defined below and would be included in a narrative and decision-making

Revised 1/15/2025 sal

Subject to Revision at Any Time

Did the student demonstrate professional and ethical behavior, as defined below, at all times?  
Y=Yes N=No U = Unable to Assess (If unable to assess, further clarification may be requested)

- Responsibility: attendance, reliability, reporting, personal comportment
- Self-improvement: accepting constructive criticism
- Relationships with patients: rapport, sensitivity, advocacy, confidentiality
- Relationships with academic mentors, colleagues, the healthcare , and systems

### **Identifying Lapses in Professionalism**

A lapse in professionalism is defined as:

- A breach of professional conduct; OR
- Insufficient demonstration of professional attributes

*Breaches* typically refer to a student's failure to adhere to policies that govern professional standards as describes above (e.g., academic policies in the Student Handbook or the "Student Responsibilities/Honor Code", HIPAA etc.)

*Insufficient demonstration of professional attributes* is typically noted on faculty or preceptor rating forms and indicates that a student has not met a competency standard for medical education program learning objectives ("Professionalism" and "Interpersonal and Communication Skills")

A lapse in professionalism might be observed or suspected by anyone in the WCM community. This could include a faculty member, preceptor, , staff, administrator, other health professional, patient, or fellow student. Likewise, a lapse may occur in classroom, clinical, research or social settings, including the use of the internet.

While any single incident may have greater or lesser importance, WCM also identifies four levels of lapses in professionalism, with increasing degrees of significance:

- Isolated incident
- Pattern of incidents
- Continued pattern of incidents despite specific intervention
- Continued pattern of incidents; unable to correct behavior reliably

### **Protocols for Student with an Observed or Suspected Lapse in Professionalism**

**If a lapse is observed or suspected within a course:**

1. The course director, Pre-clinical Director, Clinical Director, and/or Program Director assesses the incident
2. If initial assessment suggests that a lapse may have occurred, the course director, Pre-clinical Director, Clinical Director, and/or Program Director meets with the student
3. If after meeting with a student it has been determined a lapse in professionalism has occurred, a "Professionalism Evaluation Report (PR)" is completed (see below)
4. The course director, Pre-clinical Director, Clinical Director, and/or Program Director plans remedial action. This could include:
  - a. Monitoring the student's future behavior more closely
  - b. Input into the student's course assessment and grade

\*Note that a single egregious instance of unprofessionalism or an un-remediated pattern of unprofessionalism are grounds for a non-passing ("Remediation" or "Fail".) grade, and, if severe may be grounds for dismissal from the PA Program. When remediation is required due to professionalism issues, additional professionalism issues are grounds for a non-passing ("Fail") grade.

- c. Direct observation of the student
- d. Standardized patient assessment
- e. Requiring a written reflection essay or literature review
- f. Assignment to a faculty coach or WCM Learning Specialist

Revised 1/15/2025 sal

Subject to Revision at Any Time

- g. Referring the student to medical or mental health services
- h. Referring the student to the Promotions and Graduation Committee
- i. The completed Professionalism Report is maintained in the student file.

See other sections for more description of the protocol for lapses in attendance, and for unexcused late submission of assignments.

**If a lapse is observed or suspected outside a course:**

The Program Director assesses the incident

1. If initial assessment suggests that a lapse may have occurred, the Program Director may meet with the student.
2. Not all lapses will result in student-Program Director meetings. For example, failure to complete routine compliance requirements in a timely manner (e.g., course evaluations, Student Health Screens) may result in automatic Professionalism Reports.
3. If a lapse has occurred, the Program Director completes a "Professionalism Evaluation Report" (see below)
4. The Program Director plans remedial action. This could include:
  - a. Monitoring the student's future behavior more closely
  - b. Direct observation of the student
  - c. Standardized patient assessment
  - d. Requiring a written reflection essay or literature review
  - e. Assignment to a faculty coach
  - f. Referring the student to the pertinent Student Evaluation Committee
  - g. Referring the student to medical or mental health services
  - h. Referring the student to the Promotions and Graduation Committee
  - i. The completed Professionalism Report is maintained in the student file.

Professionalism reports are based on observations made by faculty or staff and confirmed by the relevant course director, Pre-clinical, Clinical Director, and/or Program Director. As such, they are not subject to an appeal process. Once it has been determined that a Professionalism Report be filed during his or her meeting with the student, the student is permitted to write comments about the incident or describe what he or she believe to be mitigating circumstances. PRs become part of a student's official academic record and are reviewed by the and Promotions and Graduation (P&G) Committees. An accumulation of PRs for recurring lapses in professionalism or an egregious incident of unprofessional behavior may result in program dismissal.

**(Appendix G.A)**

Professionalism Evaluation Report (PR) *(Course)*

Student name

Course

Course Director, Pre-clinical Director, Clinical Director, and/or Program Director

Date

We have found that the student has not demonstrated competency in the element(s) of professionalism indicated below.

1. Responsibility, , and Ethics

Attendance at required classes and clinical encounters

Reliable, timely performance of educational and clinical responsibilities

Accurate, honest reporting of information

Personal comportment dress, grooming, hygiene, conduct

Revised 1/15/2025 sal

Subject to Revision at Any Time

2. Self-improvement

Accepting constructive criticism  
Modifying behaviors appropriately

3. Relationships with patients (i.e., clinical, and standardized)

Establishing rapport  
Sensitivity to patient needs and perspectives  
Advocacy  
Confidentiality and decorum

4. Relationships with academic mentors, colleagues, the healthcare team, and systems

Respect for, and cooperation with, all colleagues  
Appropriate use of medical records

Comments (required)

Remedial Action

Student Comments (optional)

I have read this evaluation and discussed it with the course director, Pre-clinical Director, Clinical Director, and/or Program Director

Student signature      Date

Course Director, Pre-Clinical Director, Clinical Director, and/or Program Director signature      Date

**(Appendix G.B)**

Professionalism Evaluation Report (Outside a Course)

Student name Date

We have found that the student has not demonstrated competency in the element(s) of professionalism indicated below.

1. Responsibility, Integrity, and Ethics

Attendance at required session(s)  
Revised 1/15/2025 sal  
Subject to Revision at Any Time

Reliable, timely performance of educational and clinical responsibilities D Accurate, honest reporting of information

Personal comportment: dress, grooming, hygiene, conduct

2. Self-improvement

Accepting constructive criticism

Modifying behaviors appropriately

3. Relationships with patients

Establishing rapport

Sensitivity to patient needs and perspectives

Advocacy

Confidentiality and decorum

4. Relationships with colleagues, the healthcare team, and systems

Respect for, and cooperation with, all colleagues

Appropriate use of medical records

Comments (required)

Remedial Action

Student Comments (optional)

I have read this evaluation and discussed it with the Program Director Student signature Date

Program Director signature Date

**THIS PAGE INTENTIONALLY LEFT BLANK**