



MASTER PHYSICIAN ASSISTANT STUDIES

Policy EVALUATION OF STUDENT CLINICAL COURSES (ROTATION) PERFORMANCE In-training Evaluation Reports (ITERS), Mini-Clinical Examinations, and Clinical Rotations	
Effective Date	January, 2016
Review Date	
Approving Body	MPAS Progress Committee
Implementation	MPAS Program Director (or designate)
Contact	MPAS Program Director
Applies to	Master Physician Assistant Studies, Clinical Year 2

1. Purpose – Evaluation of Student Clinical Course (Rotation) Performance

To outline the processes and responsibilities for providing accurate and timely feedback and evaluation of Physician Assistant Students in support of their clinical year courses (rotations) and the continued development of a high quality educational program.

2. Definitions:

- 2.1. Clinical Year (2) – the second year of the MPAS program following successful completion of the academic first year which provides clinical teaching experiences during a series of core courses.
- 2.2. Clinical Courses (Rotations) – a formal course of study occurring during the clinical year providing the student an educational experience per the MPAS curriculum occurring at a distributed learning site.
- 2.3. Comprehensive Assessment of Clinical Skills (CACs) – the formative and summative assessments held in the clinical year as a component of the final comprehensive assessment.
- 2.4. Clinical Encounter Log – a student record of patient encounters occurring during the Clinical Rotation using the MPAS approved system.
- 2.5. End-of-Rotation Exams - formative multiple-choice examinations provided as a student self-assessment tool quarterly during the clinical year.
- 2.6. ITER – In-Training Evaluation Report – (also referred to as a PA-ITER) - A comprehensive summary of the Physician Assistant Student's (PA-S) performance during a clinical rotation. There are both Mid-point ITERS (formative) and Final-ITERS (summative) that occur during a clinical year course.
- 2.7. Mini-Clinical Examinations (Mini-CEX) – an observed performance of a clinical assessment or procedure whose primary purpose is formative, and used to aid the Preceptor in evaluation and assessment of the student's clinical skills.

- 2.8. Typhon Group's Physician Assistant Student Tracker (PAST) used by the MPAS as an electronic platform for its clinical year's scheduling, evaluations, assessments and student clinical encounters.
- 2.9. Preceptor – Regulated Health Practitioner, such as a physician or physician assistant, who gives practical experience and training to a student, with a current Regulatory College Certificate of Practice (licence)
- 2.10. Progress Committee (MPAS) – Program Committee responsible to oversee the application of policies and procedures regarding PA-Students' academic progression and remediation,
- 2.11. Rotation Coordinator (Clinical Course Coordinator) – the medical practitioner, who may or not be a preceptor, with responsibility for the PA-Student's learning experience on a core clinical rotation, who submits the Mid-point and Final ITERs, which may be an aggregate of several Attendings' observations/evaluations.

3. Policy Statements

- 3.1. Each PA-Student (PA-S) involved in a clinical rotation is responsible for reviewing and obtaining the course objectives and required competencies; documentation of the clinical encounters and procedures performed during a rotation; participation in the meeting concerning their performance; and being receptive to feedback designed to improve learning.
- 3.2. Each Rotation Coordinator (Preceptor/Designate) is responsible for ensuring the PA-S is provided the opportunity to complete the core objectives of the rotation; completing the required ITERs; meeting with assigned students to discuss his/her evaluation prior to the completion of the rotation; and completing the required Mini-Clinical Examinations.
- 3.3. The MPAS Program administration is responsible for arranging and providing core clinical rotations that meet the curriculum requirements; ensuring that all required and related documentation is reviewed; and clinical sites and preceptors are provided the appropriate education material to support the PA-S.
- 3.4. In event of substandard performance the Program and Medical Director are responsible to ensure retesting or remediation in support of the student is provided in accordance to University of Manitoba policy.

4. Passing Performance

- 4.1. PA-S are evaluated by Preceptor or Course Coordinator using the Observer (F), Reporter (C), Interpreter (B), Manager (A), and Educator (A+) rubric and determination of the student's clinical performance is recorded on the end of rotation final ITER provided.
- 4.2. PA-S are considered to have passed the clinical rotation if the Preceptor indicates the student has completed their clinical rotation at a Reporter, Interpreter, Manager, or Educator level; have been determined to have meet the majority of learning objectives; and a "Pass" is indicated on the Final ITER.
- 4.3. ITERs indicating "Requires Formal Review" require the Program Director and Medical Director to meet with the PA-S and Preceptor to discuss concerns and develop a supportive educational plan.

- 4.4. ITERs indicating a “C” or Reporter level in 3-5 competencies are reviewed by the Medical Director and Program Director for determination of additional educational support or tutoring of the PA-S.
- 4.5. ITERs indicating more than 5 Observer level competencies are deemed as substandard performance and a formal review is required with the Program Director and Medical Director meeting with the PA-S and Preceptor to discuss concerns and develop a supportive educational plan.

5. **Substandard Performance**

Failure of a Clinical Rotation occurs:

- 5.1. When inadequate patient exposure occurs, as judged by the MPAS Medical Director. This decision is supported by a review of the student’s clinical encounter log and discussions with the clinical preceptor and student. This determination is subject to opportunity and nature of the rotation.
- 5.2. The clinical preceptor indicates the student is not “safe” or has been determined by the Preceptor as functioning at an Observer level.
- 5.3. The Clinical Rotation Course Learning Objectives are not met as determined by the Clinical Preceptor and a Fail is recorded.
- 5.4. In the event of failing and need for remediation of a student, the MPAS Program Director with the Medical Director will develop a remediation plan within 30 days of grade determination, including any necessary clinical experiences, examinations, or recommendations. The remediation plan is submitted to the Dean of Graduate Studies for formal approval.

6. **Program Expectations**

- 6.1. At the completion of each clinical rotation, all students are expected to attain a grade of “Pass” on the Physician Assistant In-Training Evaluation Report (Final-ITER) as determined by the rotation coordinator and submitted to the MPAS.
- 6.2. Students who obtain an unsatisfactory PA-ITER in up to 6 credit hours of clinical rotation time may be permitted, at the discretion of the MPAS Progress Committee, to complete a remedial rotation or rotations, in addition to all pre-existing clinical requirements. Students are advised that the scheduling of remedial rotations may result in delays in their completion of the clinical year.
- 6.3. Students may be required to take leave from the academic program until remedial rotations can be arranged.
- 6.4. Failure of any remedial rotation will result in the student being required to withdraw from the MPAS program. Should the MPAS Progress Committee determine that a student’s unsatisfactory performance in clinical work is not remediable (in cases of gross violations of professional ethics, for example) the student will be required to withdraw from the MPAS.
- 6.5. Students receiving unsatisfactory ITERs in more than 6 credit hours of clinical rotations will be required to withdraw from the MPAS.

6.6. Students missing more than 5 days per clinical rotation year will be reviewed by the Progress Committee and may result in repeated rotations, delayed graduation, or removal from the Program.

7. Mini Clinical Evaluation Exercises (Mini-CEXs)

7.1. As of August 2015 the MPAS requires students to complete 22 formative encounters using the Mini-CEX tool as part of the comprehensive assessment of clinical skills during the Clinical Year.

8. **End-of-Rotation Exams** are formative multiple-choice examinations provided as a student self-assessment tool quarterly during the Clinical year.

9. **Comprehensive Assessment of Clinical Skills (CACS)** the summative assessments and exercises held in the clinical year as a component of the final pre-graduation inclusive assessment of entry to practice readiness. The CACS will consist of a series of assessments of clinical performance during a simulated or actual patient encounters.

10. References

- 10.1. MPAS Policy Failure of Final OSCE and PAEP7300 (Retesting)
- 10.2. MPAS Supplemental Regulations

11. Policy Contact

MPAS Program Director

Developed from Existing Practice and Guidelines approved by Curriculum Committee 2010, 2015
Approval MPAS Progress Committee – January 18, 2016