



MASTER PHYSICIAN ASSISTANT STUDIES

Policy Name:	Evaluation of Student Clinical Courses (Rotation) Performance In-training Evaluation Reports (ITERS), Mini-Clinical Examinations
Effective Date	First Approved 2010, & Reviewed January 2016, and January 2020
Review Date	January 2020
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 curriculum, which provides clinical teaching experiences through a series of clinical course rotations, both elective and core.
- 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 is happening at a distributed learning site.
- 2.3. Clinical Course Coordinator: A University of Manitoba Max Rady College of Medicine Academic charged with supporting MPAS in the coordinating of clinical specialty experiences. For example, Emergency Medicine.
- 2.4. Comprehensive Assessment of Clinical Skills (CACS) the formative and summative assessments held in the clinical year as a component of the final comprehensive assessment.
- 2.5. Clinical Encounter Log is a student record of patient encounters occurring during the Clinical Rotation using the MPAS approved system.
- 2.6. End-of-Rotation Exams are the formative multiple-choice examinations provided as a student self- assessment tool quarterly during the clinical year.
- 2.7. ITER (In-Training Evaluation Report), 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.
- 2.8. Mini-Clinical Examinations (Mini-CEx) are observed the performance of a clinical assessment or procedure for the formative evaluation and used in the appraisal of the student's clinical skills.
- 2.9. A Preceptor is a Regulated Health Practitioner, such as a physician or physician assistant with a Certificate of Practice (license), who supervises the practical experience and training of a

student,

- 2.10. Progress Committee (MPAS) is the program's committee responsible for overseeing the application of policies and procedures regarding PA-Students' academic progression and remediation.
- 2.11. Rotation Coordinator (Preceptor/Designate) is a clinical site designate who supports the placement and assessment of Physician Assistant Students.

3. Policy Statements

- 3.1 The PA-Student (PA-S) on a clinical rotation is responsible for reviewing the course objectives and required competencies for that rotation.
- 3.2 The PA-Student is responsible for the documentation of the clinical encounters and procedures performed during a rotation. The participation in the meeting concerning their performance, and being receptive to feedback designed to improve learning is the student's responsibility.
- 3.1. The Rotation Coordinator is responsible for providing the PA-S with the opportunity to complete the core objectives of the rotation, the required Mini-Clinical Examinations, and the required ITERs.
 - a. The Preceptor or Coordinator meets with assigned students to discuss the evaluation before the completion of the rotation.
- 3.2. The MPAS Program administration is responsible for arranging and supporting core clinical rotations that meet the curriculum requirements and reviewing the required documentation.
- 3.3. In the event of substandard student performance, the Program and Medical Director must ensure retesting, or remediation to support the student following the University of Manitoba policy.

4. Passing Performance

- 4.1. PA-Students pass the clinical rotation when the Preceptor indicates a 'Safe' level having met the course objectives and completed all rotation assignments. If the student is determined to have met course learning objectives, a "Pass" will be indicated on their final ITER by the Program Director.
- 4.2. Each Entrusted Professional Activities (EPA-PA) integrates multiple CanMEDS-PA roles into the essential duties required of a PA, regardless of clinical specialty. These EPA-PAs are required competencies for graduating from the program.
- 4.3. Students marked as "(F) Unsafe and Not Trusted" are failing expectations and are considered unsafe. The failing student is demonstrating poor information gathering and organizational skills with the limited analytical ability to apply information to patient care. Or when confronted by a patient with diffuse or multiple symptoms, the student fixates on a single element missing crucial or 'obvious' clues. Afterwards, the student is sincerely unaware that the analysis was incomplete.
- 4.4. Those students with correctable concerns are functioning as Reporters (C) accurately gathering clinical information. However, they appear to lack understanding of the information implications.
- 4.5. Satisfactory student performance is an Interpreter (B), identifying problems independently

and assigns problems appropriate priorities as they arise.

- 4.6. Students are Managers (A) and Meeting Expectations when able to develop and defend diagnostic and therapeutic plans for their patients' clinical issues.
- 4.7. Those students Exceeding Expectations (A+) have mastered the fundamental skills required to practice medicine, demonstrate the insight needed to define the critical clinical questions, and display the necessary drive for exceptional clinical practice.
- 4.8. ITERs indicating "Requires Formal Review" will require the Program Director and Medical Director to meet 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, a review of the student's clinical encounter log and discussions with the clinical preceptor and student will occur.
- 5.2. ITERs indicating more than three grades of 'C' or lower are substandard performance and a formal review is required.
 - a. The Program Director and Medical Director will meet with the PA-Student and Preceptor to discuss concerns and develop a supportive educational plan.
- 5.3. When the clinical preceptor indicates the student is not "safe," or a formal review is required.
- 5.4. In the event of a failing grade, the MPAS Program Director and the Medical Director will develop a remediation plan within 30 days of grade determination.
- 5.5. Remediation plans require approval by the Dean of Graduate Studies.

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.
 - a. Scheduling of remedial rotations may result in delays in the completion of the clinical year.
 - b. Students may be required to take leave from the MPAS program, pending the arrangement of the remedial rotation.
- 6.3. Students are required to withdraw from the program if the MPAS's Progress Committee determines a student's performance is a gross violation of professional ethics,.
- 6.4. A student's failure in a remediation rotation results in a recommendation of a required to withdraw submission to the Dean of of the Faculty of Graduate Studies from the MPAS Program Director.
- 6.5. Students receiving unsatisfactory ITERs in more than six credit hours of clinical rotations will be required to withdraw from the MPAS.

- 6.6. If Students miss more than two days per clinical rotation, the rotation may be considered a failure.
- 6.7. More than five clinical year absences by a Student may result in repeated rotations, delayed graduation, or removal from the Program. Determination of remediation is by the Program and Medical Director with an appeal heard by the Progress Committee.

7. Mini Clinical Evaluation Exercises (Mini-CEXs)

- 7.1. MPAS requires students to complete 22 formative encounters using the Mini-CEX tool as part of the Comprehensive Assessment of Clinical Skills (CACS) during the Clinical Year.
- 7.2. Sixteen Mini-CEX must be rated as a pass.

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

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

10. References

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

11. Policy Contact

MPAS Program Director