THE CONSORTIUM OF PA EDUCATION
PHYSICIAN ASSISTANT PROFESSIONAL DEGREE PROGRAM

Physician Assistant Program Clinical Handbook



2026-2027

TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

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Important Links

1. CAPA's national standard of practice
   https://capa-acam.ca/_uploads/65010339c28b8.pdf
2. What to do if a student experiences an injury in a clinical setting - flowchart
   http://www.md.utoronto.ca/workplace-injury-and-health-care-access
3. Students on Unpaid Work Placement Accident Form[1]
   http://paconsortium.ca/forms
4. Office of Learner Affairs, Faculty of Medicine, University of Toronto
   https://meded.temertymedicine.utoronto.ca/office-learner-affairs
5. Learner Mistreatment Resources
   https://meded.temertymedicine.utoronto.ca/learner-mistreatment

[1] Email completed form to placements@utoronto.ca, paprogram.coordinator@utoronto.ca and the Clinical Course Director (bsprules@nosm.ca).

A Message to Our Preceptors

Dear Preceptor,

Thank you for being part of the education continuum as a Physician Assistant preceptor. There is no greater honour than having students enter into the healthcare workforce knowing that you were, in a large part, responsible for their clinical education and mentorship. With this comes added responsibility– not only for the medical education of the students and ensuring they meet the expected competencies– but that they also adopt the appropriate attitudes and professional demeanour expected of a Physician Assistant.

The EPAs, based on competencies and outcome-based goals expected of the PA learners as articulated in the Canadian Physician Assistant Competency Framework, are available as a separate document here and are also referenced in this handbook. Your familiarity with this document will enable you to appropriately assess the PA learners in the clinical environment.

Learners are assessed in a variety of ways, including your summative assessment in the clinical field as a preceptor. In addition, learners are expected to participate in formative assessments throughout their clinical placements, as well as knowledge-based assessments in standardized formats. The combination of multiple assessments in a variety of settings is an integral part of our program's philosophy in order to ensure the PA learners meet the competencies expected of them. Early and frequent formative assessments are integral to the early recognition of students in difficulty, and allow the opportunity for the BScPA program to assist the PA learners to address these difficulties and meet the expected standards. Your cooperation and ongoing communication with the BScPA program team is appreciated in advance, as we work collaboratively towards the education of our future PA healthcare providers.

As you go through the Clinical Handbook, you will see we have incorporated our overall educational strategies and other supporting information that will be useful for you and your PA learner during the clinical placement time you spend together. We welcome your input and feedback throughout the clinical year, as you assist us in fulfilling the mandate of the PA program for continual self-improvement and meeting the evolving needs of healthcare.

Thank you, preceptors, for your support and expertise in the education of our future Physician Assistants.

Sincerely,



Britton Sprules, CCPA
Clinical Course Director

A Message to Our Learners

Dear PA Learners,

This handbook will provide you and your preceptor with the information you require during your clinical placements, from the logistics to the required competencies. Use this handbook and the links provided to access the material that will assist you and your preceptor so that you can make the most of the educational experience before you. The practical training you will receive is a precious gift as patients, their families, and the entire healthcare team welcome you into their lives as a trainee. Respect this privilege and remember that even as a trainee, you represent the PA profession in your actions and successes. Strive to balance the obligations you carry - your academic responsibilities, your own families and friends, and yourselves.

It is your responsibility to become familiar with the procedures, processes, and expectations while in clinical placements. You are also expected to take an active role in ensuring the timely completion of your assessments and your clinical logs, all of which are required to complete the BScPA Program.

Thank you, learners, for your active role in assisting in the healthcare delivery for Ontarians, and for your dedication to the PA Profession.

Sincerely,



Britton Sprules, CCPA
Clinical Course Director

Contact Information – BScPA Program

Clinical Course Director: Britton Sprules CCPA
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Cell: 807.627.4812
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Clinical Placement Coordinator for the NORTH: Teena McLaren
Email: clinical.pa@nosm.ca
Phone: 705.662-7197
Fax: 705.662.6913
Address: Physician Assistant Program
c/o NOSM University, 935 Ramsey Lake Road, Sudbury, ON P3E 2C6

Clinical Placement Coordinator for the SOUTH: Charu Raveendran
Email: pa.clinical@utoronto.ca
Address: Physician Assistant Program
841 Military Trail, Scarborough, ON M1E 4P6

For additional information, please contact the Toronto PA Program Office:

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841 Military Trail, Scarborough, ON M1E 4P6
physician.assistant@utoronto.ca

Temerty Faculty of Medicine

The Physician Assistant Profession

Definition and Role

Physician Assistants (PAs) are academically prepared and highly skilled health care professionals who provide a broad range of medical services. PAs work across the spectrum of medical care, including surgical, medical, and primary care. PAs are trained as generalists and develop their clinical specialty expertise in their work environment under their supervising physician.

PAs are physician extenders, not independent practitioners; they work with a degree of autonomy negotiated and agreed on by the supervising physician and the PA. PAs can work in any clinical setting to extend physician services. PAs complement existing services and aid in improving patient access to health care. A relationship with a supervising physician is essential to the role of the PA.

The role of the PA is unique among healthcare providers in that PAs are not autonomous practitioners; the supervising physician determines what services and/or procedures the PA is permitted to carry out as delegated acts. Although there are established EPAs and competencies with a defined scope of practice for PAs in Canada (capa-acam.ca), the role of the PA is specifically determined by the scope of practice of the supervising physician and by the physician/PA relationship. The exact role and responsibilities of the practicing PA must be clearly defined and may change over time as the physician/PA relationship evolves.

Physician Assistant Education

BScPA Program Overview

The **Bachelor of Science Physician Assistant degree** (**BScPA**) is a full-time professional, second-entry undergraduate degree program based in the Department of Family and Community Medicine (DFCM) in the Temerty Faculty of Medicine at the University of Toronto (UofT).

The BScPA Program (PA Program) is delivered in collaboration with NOSM University (NOSMU), forming the Consortium of PA Education, collaboratively contributing to the development, administration, and delivery of the U of T degree.

The PA Program is a unique professional degree program that affords students the ability to study in their home community via a distance and distributed learning modality. Web-based learning is combined with face-to-face campus components throughout the 24-month program. The first 12 months are academically focused, with didactic courses and simulations. The second 12 months are the clinical year, comprised of clinical placements in various disciplines with an emphasis on a generalist approach to medicine. These clinical placements provide the PA learners with practical, real-world experiences that are aligned with the clinical objectives, as outlined in this manual. The clinical rotation objectives are based on the Canadian Association of Physician Assistants Scope of Practice and National Competency Profile.

The Consortium offers students a balance in academic and clinical orientation, extensive access to healthcare-relevant resources, and a curriculum delivery model that maximizes rural training and geographic accessibility throughout Ontario. The program's intention is to equip graduates with the competencies necessary to establish the foundation for a sustainable Canadian Physician Assistant profession.

For additional information about the BScPA Program, including our mission, vision, guiding principles, and academic overview, please visit our program website: https://paconsortium.ca/

Please note that it is mandatory for students to pass all Year 1 courses before they can progress to Year 2.

Attendance

Clinic Schedule and Mandatory Attendance:

Attendance during the Year 2 Clinical Rotations is mandatory. PA Learners are expected to participate in their clinical rotations according to the expectations set out by the local preceptor, who is responsible for the rotation. The day-to-day schedule for students on clinical placements is designated by the primary preceptor throughout the assigned clinical placement, which may include weekends, evenings, nights, and/or being on-call. Students are expected to participate in clinical activities **4.5 days a week** (or 9 "half-days"), not including on-call activities or academic half days. **Therefore, the required time in clinical activities within a 4-week rotation is 18 days, and within a 6-week rotation it is 26 days. Students are full-time, and this is required to meet the expected competencies.**

Academic Half Days

Students have protected time for academic coursework, mandatory synchronized academic classes, and examinations every Wednesday morning until 12:00 noon. The final Wednesday of each rotation (except Rotation 1 and electives) is allocated for their online End Rotation Exam (ERE). Students should not be expected to be on call past midnight the night before any examination.

Extenuating Circumstances

In the event a student believes they have extenuating circumstances that may require an adjustment to their typical clinical schedule, they are expected to take action in advance. This may be for ANY reason, i.e., requiring additional time for travel, adjusting the 4-day-a-week clinical attendance to more or less in a given rotation, etc. In this situation, the student is expected to contact the University of Toronto's Temerty Faculty of Medicine's Office of Learner Affairs. Any adjustments may only be possible upon further discussion with the Clinical Course Director (or designate) in advance.

Time for Travel between Clinical Placements

When PA Learners are required to travel from one clinical placement to another, students may be excused from scheduled clinical duties on the weekend days that fall between the conclusion of one clinical placement and the commencement of the next.

Absences

Student attendance and absence notification is outlined in the Student Handbook. All forms are available on the BScPA program website, in the Student Handbook, and in Quercus in the PA Program course shell. Students are responsible for ensuring they make up any missed time in the event of a short-term absence. **Any absence over 3 days requires a doctor's note.**

Absence during a Clinical Rotation

During the Clinical Phase (Year 2) of the Program, while at clinical sites, students are responsible for notifying BOTH their preceptor and the Clinical Course Director regarding any and all absences. A cumulative absence of **more than three days** due to illness requires a doctor's letter documenting the absence, submitted to the Clinical Course Director. An Absence Notification Form must be submitted to the PA program office within 7 days of the absence for tracking purposes. As attendance is mandatory, depending on the circumstances, absences or additional professional issues may be subject to a Professional warning. See 1.2.11 'Absences during Clinical Rotations in Year 2' in the Student Handbook for further information.

Absence during the Year 2 In-Person Campus Block

Attendance during the Year 2 In-Person Campus Block (March) is mandatory. See 1.1 'Regular attendance' in the Student Handbook and 1.2.10 'Absences during Clinical Rotations in Year 2' for further information.

Anticipated Non-medical Absences and Non-urgent Illnesses

Anticipated absences must be requested in writing to the Clinical Course Director ahead of time and approved by the CCD. Personal days cannot be taken on the first or last day of a rotation, or during any type of assessment/examination. Students can take a maximum of 3 personal days throughout the clinical year, and no more than 1 during a single rotation. Absences of greater **than two days** duration during the Year 2 Clinical year, whether during the Clinical Rotations or the Campus Block week, requires support from the Office of Learner Affairs. A Petition for Consideration Form should be submitted to the Director (via the PA Program office) prior to approval. It is the responsibility of the PA Learner to ensure sufficient time to coordinate the approval for the requested absence. Students should not assume the approval will be automatic and are expected not to make any plans prior to the granted approval. Students are responsible for any missed material while absent.

Absences due to Suspected Highly Infectious or Sudden Illness

Unexpected absences require courteous and professional notification as soon as possible in a manner appropriate to the individual circumstances. During the Clinical Year, students will be evaluated on their professional behaviours and responsibilities, and attendance will be considered at that time. Students are expected to use common sense and good judgment in determining whether they should attend clinical placement in the event of their own acute illness.

In the event of an acute illness, PA learners are expected to notify the following contacts by email as well as phone:

- The clinical preceptor
- The site Medical Affairs office (if relevant)
- The Clinical Course Director (via email)
- The BScPA Program Office (via email) and relevant faculty members (during Campus Block).

It is the responsibility of the PA learner to **directly** contact the appropriate individuals as instructed in the event of an absence, and not to rely on others to convey the message.

Leave of Absences

See 1.4 'Leaves of Absence' in the Student Handbook.

Requests for Changes in Clinical Placements

Clinical rotations are assigned based on an initial consultation with each student and any necessary follow-up discussions. Once set, the rotation schedule is not typically changed unless there are extenuating circumstances. Should this be the case, students are to reach out to the Clinical Course Director immediately. Students with accommodations who believe their personal circumstances are extenuating and warrant consideration to change a rotation, a training site, or a preceptor must discuss their concerns with the Office of Learner Affairs (OLA). Only with the support of the OLA will any changes be considered, in consultation with the student, the counsellor, and the Clinical Coordinator (or designate).

Housing

When not staying at home during their clinical rotations, PA Learners are responsible for keeping the PA Program office informed of their current housing and address.

If a student believes they have extenuating circumstances that can affect the housing that is offered for a particular placement, they must contact the Clinical Placement Coordinator immediately. Students with accommodations must reach out to the Office of Learner Affairs (OLA) to discuss their situation. Only with the support of the OLA will any changes be considered, in consultation with the student, the counsellor, and the Clinical Course Director.

Roles and Expectations of Clinical Preceptors

The clinical preceptor is a licensed physician or health care practitioner (i.e., PA) who provides daily supervision of the PA Learner during clinical placements. The role of the clinical preceptor is that of clinical supervisor as well as faculty preceptor/teacher.

The clinical preceptor, as a **clinical supervisor**, is required to:

1. review patient cases, including information gathered by the PA Learner (history and physical examinations, preliminary diagnosis, and treatment plans)
2. co-sign/confirm any written or verbal orders given by the PA Learner

The clinical preceptor, as a **faculty preceptor/teacher**, is required to:

1. Provide the PA Learner with adequate orientation to the clinical environment
2. Provide the PA Learner with adequate supervision throughout the clinical rotation
3. Within the first few days of the rotation, meet with the PA Learner to identify learning goals for the rotation
4. Be conversant with the clinical objectives
5. Provide an adequate work environment for the PA Learner, i.e., clinical examination room and access to patients as required to meet objectives
6. Identify learning resources/readings to support and facilitate the learning of the PA Learner, including suitable Interprofessional Education (IPE) activities
7. Involve PA Learners in various procedures, ensuring that the level of student involvement corresponds to the appropriate competence level of the student
8. Identify appropriate patient encounters and procedures suitable for PA Learners in accordance with the clinical objectives and CAPA CanMEDS-PA and EPAs
9. Communicate with PA Learners regarding the need to schedule academic protected time every week

10. Provide the PA Learner with regular, ongoing feedback related to their performance in the clinical environment and with respect to how the PA Learner is progressing in terms of the objectives for the rotation
11. Provide the PA Learner with structured feedback in the format of specific required student assessments:
    a. Weekly Clinical Encounter Form (completed each week except the final week)
    b. Final Clinical Rotation Evaluation Form (completed in the final week of the rotation)

Suggested Topics for Orienting PA Learners to the Clinical Rotation

- ✔ Introduction to clinical, clerical, and administrative staff
- ✔ Tour of the facility
- ✔ Location of student study space/library within hospital/clinic (including internet access, learning resources such as mannequins, simulators, etc.)
- ✔ Location of student lockers – to include use and location of lab coats
- ✔ Location of the lounge
- ✔ Location of on-call room(s) (if required)
- ✔ Contact information for on-call or assignment of a pager
- ✔ Review of clinic/hospital charting system and dictation system (if required)
- ✔ Review of hospital /clinic policies and procedures manual – to include codes, security codes, evacuation procedure, and Occupational Health and Safety Guidelines, hospital dress code
- ✔ Review of parking availability and parking permits

Parameters for Clinical Supervision of PA Learners

The supervision of the PA Learner is no different from that of any other medical learner. The ultimate responsibility for patient care lies with the most responsible practitioner. No patient is to be discharged without the most responsible practitioner establishing a practitioner-patient relationship.

The assessment of the Physician Assistant student must be based on the CAPA 2015 CanMEDS-PA, formally the Scope of Practice and National Competency Profile. These include competencies in the role of Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

The PA Program also adheres to the CAPA PA Entrustable Professional Activities (EPA) Competency Framework. The knowledge and skills required for the EPAs are integrated throughout the program's curriculum and learning objectives. Upon successful completion of the program, students will be able to demonstrate competency in all 12 EPAs.

The 12 EPAs are as follows:

EPA 1: Practices patient-focused, safe, ethical, professional, and culturally competent medical care across the healthcare continuum.
EPA 2: Obtains histories and performs physical examinations, demonstrating the clinical judgement appropriate to the clinical situation.
EPA 3: Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team.
EPA 4: Formulates and prioritizes comprehensive differential diagnoses.
EPA 5: Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team, and caregiver relationship.
EPA 6: Accurately documents the clinical encounter, incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record.
EPA 7: Collaborates as a member of an inter-professional team in all aspects of patient care, including transition of care responsibility.
EPA 8: Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed.
EPA 9: Plans and performs procedures and therapies for the assessment and the medical management appropriate for general practice.
EPA 10: Engages and educates patients on procedures, disease management, health promotion, wellness, and preventive medicine.
EPA 11: Recognizes and advocates for the patient concerning cultural, community, and social needs in support of positive mental and physical wellness.
EPA 12: Integrates continuing professional and patient quality improvement, lifelong learning, and scholarship.

Conditions used in the Assessment of PA Learners

Physician Assistant Students should be assessed under the following conditions:

- While being observed by a preceptor
- While working with a physician or health care provider
- In a real or simulated clinical environment
- With a real or standardized patient
- With access to reference material, clinical documents, clinical instruments, and supplies

Student Assessment

Types of Assessments for Clinical Rotations

PA Learners will be assessed by the following assessment tools during each clinical rotation:

1. Throughout Rotation:
    a. Ongoing Feedback
    - Formative feedback on a daily basis between preceptor and PA Learner
    - Case Logs are entered daily by the student

2. Weekly throughout Rotation:
    a. “Weekly Clinical Encounter Form”
        - To be completed and submitted through MEDSIS weekly during the rotation - Formative assessment

3. End of Rotation:
    a. "Final Clinical Rotation Evaluation Form"
        - To be completed and submitted through MEDSIS during the final week of the rotation
        - While a pass/fail recommendation is on the final evaluation, student performance is reviewed by the competency committee to determine student progress.
4. "End Rotation Exam"
    - The last Wednesday morning of each rotation will be scheduled for that rotation's online proctored exam (exception: Primary Care A and Electives)

Accessing the Assessment forms

The "Weekly Clinical Encounter Form" and the "Final Clinical Rotation Evaluation Form" with their corresponding instructions and rubrics are available on MEDSIS. The assigned preceptors will be sent an email with the direct link to the required assessment form. Preceptors are expected to complete the forms online. Using the direct link, the preceptor will be granted access to the assessment form. The email is not to be forwarded to another supervisor as it is specifically generated for the assigned preceptor. If a different supervisor wishes to complete the assessment instead of the assigned preceptor, the supervisor must contact clinical.pa@nosm.ca to have the assessment form reassigned. Preceptors may access the "Assessor's Rubric" for the "Assessment of Student Clinical Performance" on our website as follows: https://www.paconsortium.ca/information-preceptors

Notifications and Reminders to Complete Assessment Forms

Preceptors will be sent email notifications from MEDSIS as a reminder to complete the evaluations. Reminder emails are sent at weekly intervals up to a maximum of 4 weeks. It is the professional responsibility of preceptors to ensure completion of the student assessments in a timely way, including setting aside time to meet with students face to face in the middle and end of the rotation for formal feedback. Incomplete Evaluation forms will cause a delay in payment for the rotation.

Requirements if a PA Learner is Below Expectations

For PA Learners who may not have demonstrated competency at the expected entry-level, or who demonstrated inconsistent competence or performed an egregious error, it is expected that the corresponding documentation will be timely, clear, and comprehensive. The concern and/or performance should be described in detail to include the area(s) of weakness or event, immediate action taken, and any follow-up that has taken place. At any time when a PA learner's competence is below expectation or of concern, the clinical preceptor is expected to contact the Clinical Course Director and/or Program Director as soon as possible. Please also reach out if there are any professionalism concerns that arise.

Roles and Expectations of PA Learners

PA Learners on clinical placements are reminded of their responsibilities to adhere to the University of Toronto Governing Council's policy of the Standards of Professional Practice Behaviour and the CAPA CanMEDS-PA.

During clinical placements, students are expected to:

1. Attend the clinical placement as scheduled
2. Notify preceptors and Clinical Course Director of any absence by email AND phone
3. Maintain a professional level of responsibility towards patient care
4. Reflect daily on the clinical experiences
5. Continue self-directed learning to complete the objectives for each rotation, including the use of the weekly academic protected time to complete reading in textbooks, online resources, published articles, etc.
6. Participate in on-call duties as scheduled
7. seek out guidance, mentorship, advice, and help as required
8. Try to resolve any perceived problems at a local level first, and communicate any unresolved issues to the Clinical Course Director
9. Comply with local clinical placement policies as well as those of UofT concerning conduct, dress, and department (this may include the level of dress, wearing of jewellery, and scent policies)
10. Wear an identification badge at all times, clearly identifying themselves as a Physician Assistant student
11. Comply with local policies with respect to charting and documentation in patient records (some institutions do not authorize students to chart, while others specify a timeframe requiring the supervising preceptor to countersign all documentation and orders)
12. Advise preceptors on the requirement for the timely completion of mid-rotation assessment and end-rotation assessments
13. communicate with preceptors regarding the need to schedule academic protected time every week, as well as time for proctored tests, as required

Attitudes and Professionalism

The development of an appropriate set of attitudes toward patients, their illnesses, and teamwork is one of the most important goals of clinical training. For example, Surgery can be a high-intensity, high-stress specialty and, as such, requires a positive attitude and the ability to look at a problem as a challenge, not an impediment.
The major categories of attitudes that PA Learners should develop in their clinical training are listed and described below:

(i) Attitudes that facilitate *appropriate professional and ethical behaviour.*
PA Learners must behave:

- Conscientiously
- With honesty
- With respect for patients and co-workers

(ii) Attitudes that facilitate *reliability.*
These are implied when PA Learners:

- Complete tasks without prompting
- Provide comprehensive follow-up
- Are always up to date

(iii) Attitudes that foster *initiative and motivation*.
Evidence of these includes the following behaviours:

- Soliciting criticism and receiving it with equanimity
- Consistently trying to improve
- Sharing knowledge with others, volunteering to give talks
- Effecting change
- Being keenly interested in learning and consistently learning around cases

(iv) Attitudes that promote *interpersonal relationships* with patients, their families, and other members of the health care team.
Evidence of this is seen when students:
- Communicate appropriate information to patients and families in a clear and comprehensive way
- Demonstrate an understanding of patients' and families' needs and concerns
- Act with warmth, empathy, and compassion
- Show the ability to win confidence and cooperation of patients and family members
- Handle difficult situations well
- Are highly integrated into the team structure

Interprofessional Education (IPE)

The BScPA Program, as part of the Temerty Faculty of Medicine at the University of Toronto, includes the mandatory requirements of the Interprofessional Education Curriculum, offered by the Health Sciences faculties at our institution. The definition of an Interprofessional educational activity is when individuals from at least 2 different roles or professions learn about, from, and with each other as a collaborative team, working towards best outcomes. Many clinical sites in Ontario have embedded dedicated personnel within their Clinical or Medical Affairs departments, and provide opportunities for all students to participate in IPE lectures, briefings, and activities. Informal activities are also readily apparent, as healthcare delivery in Ontario is often delivered in a multidisciplinary way.

PA Learners are expected to continue fulfilling the IPE curriculum requirements in their second year in the BScPA Program. During this clinical year, PA Learners are expected to complete three specific clinical IPE learning activities at various intervals, as defined by the IPE curriculum. These activities need not occur in a single placement or at a single site, and it is recommended that a variety of IPE opportunities be sought out while in the clinical setting.

PA Learners are responsible for meeting the deadlines for submission of at least one clinical activity by each of the set deadlines throughout the Clinical year (information is posted in Google Calendar and Quercus).

Detailed requirements and deadlines throughout the year are posted in Google Calendar and are available in Quercus. Clinical preceptors can play an active role in assisting PA learners by seeking out suitable IPE activities to meet their requirements (information for preceptors regarding the IPE requirements is available upon request).

Logging of Clinical Encounters

PA Learners are expected to log patient encounters as a diagnosis, procedure, or both in the Case Logs tracking tool. Students are strongly encouraged to log on a daily basis in real time during the clinic hours, using mobile devices or easily accessible computers. The list of mandatory diagnoses and procedures has been taken from the previous CAPA National Competency Profile, and is available in Quercus.

Student Evaluation of the Preceptor and the Rotation

PA Learners will be sent the Preceptor Evaluation and Rotation Assessment in the final week of the rotation for timely completion.

Health and Safety

The University of Toronto is committed to the promotion of the health, safety, and well-being of all members of the University community, to the provision of a safe and healthy work and study environment, and to the prevention of occupational injuries and illnesses. For further information, please review the document found at: http://www.governingcouncil.utoronto.ca/policies/healthsa.htm

Clinical Placement Agreements

Many existing clinical placement sites in Ontario already have clinical placement Affiliation Agreements with the University of Toronto and NOSMU. If such an agreement is not in place, a clinical placement site will be asked to complete the Clinical Placement Agreement prior to a PA starting clinical training.

Comprehensive General Liability

Registered students of the U of T BScPA Program are covered under the UofT comprehensive general liability insurance policy against legal liability, including medical malpractice liability, arising out of the performance of their student clinical duties while in Canada.

Workplace Safety Insurance Board (WSIB)

Students of health sciences programs, as identified by their university or college, are eligible for Workplace Safety Insurance Board (WSIB) coverage of claims while on unpaid placements as required by their program of study. Private insurance will be provided should the unpaid placement required by their program of study take place with an employer who is not covered by WSIB.

The Ministry of Training, Colleges and Universities (MTCU) ensures that students on work placements receive WSIB for placement employers who have WSIB coverage and private insurance for employers who are not covered by WSIB for injuries or disease incurred while fulfilling the requirements of their placement.

The Ministry has now streamlined the WSIB claims process for all publicly assisted colleges and universities. This will end the use of paper forms altogether. The streamlined process is as follows:

a) Training Agencies are required to have in each student file a declaration signed by the student indicating that they understand that they have WSIB coverage while on unpaid work placements.

b) Training Agencies are required to provide a letter to Placement Employers indicating that:

- Placement Employers and Training Agencies are not required to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each student to secure WSIB coverage.

- All WSIB procedures must be followed in the event of an injury/disease; and
- Training Agencies will keep a signed original of the placement letter on file and ensure that Placement Employers have a copy.

c) The Training Agency will notify the Placement Employer whenever there are any changes to the work placement.

The Student Unpaid Work Placement Workplace Insurance Claim Form is available on the Program's website at http://paconsortium.ca/forms. This form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease. Please note that institutions will be required to enter their MTC- issued Firm Number to complete the online claim form.

Guidelines and Questions and Answers can be found on the Ministry's public website at: https://www.tcu.gov.on.ca/pepg/

In the event of injury while on a clinical placement

⇒ **notify the BScPA Program and Clinical Office as soon as possible**

Students in clinical rotations must seek medical assistance immediately at the clinical site. Depending on the severity of the incident at a non-hospital site, the student may be referred to an emergency department, a walk-in clinic, or their family physician. The student must report the incident at the earliest opportunity to the Preceptor or delegate and to the Occupational Health Nurse at the clinical site, where applicable. When an accident or injury occurs at a hospital site and is non-critical, report to the Occupational Health Unit or the site-specific equivalent during office hours or the site's off-hours substitute for the Occupational Health Unit at all other times.

Reporting Workplace-Related Accidents and Injuries to the University of Toronto

If an incident were to occur with any University of Toronto student placement, please complete an accident report form and send it to the University at placements@utoronto.ca, paprogram.coordinator@utoronto.ca, and the Clinical Course Director (bsprules@nosm.ca) **as soon as** the accident occurs, as the timelines to submit workplace insurance claims are very tight.

Follow this flowchart in case of workplace injury, which is applicable to most sites https://md.utoronto.ca/workplace-injury-and-health-care-access#Accessing%20health%20care

For NOSM-affiliated sites, please also follow these guidelines:

Injury

At all times, you should protect yourself from harm at work through proper use of personal protective equipment and safety practices. However, workplace incidents may occur despite your best efforts, and it is important to review and understand the safety protocols of the institution in which you are working. If any injury occurs, follow the steps below:

Step 1: If necessary, immediately obtain first aid and report to the nearest emergency department. Identify yourself as a PA student.

Step 2: At the first opportunity, report the injury to the **Occupational Health Department** at your clinic or hospital site. Each of the main teaching hospitals has its own injury protocol, which must be adhered to in addition to the University protocol.

Needle-stick Injuries

Prevention: Preventing needlestick and contamination injuries includes employing universal precautions, consistent use of PPE, appropriate handling and disposal of sharps, and managing fatigue-related risks. In addition, all healthcare workers should be vaccinated against HBV. Despite these measures, injuries sometimes occur. Do not panic. Review the information below.

Immediate Measures: Do not squeeze the wound. Allow it to bleed freely then wash the wound gently with soap and water. If a mucous membrane is involved, rinse with clean water for 10 minutes. If the injury is severe enough that medical attention is required, present to the nearest Emergency Department. Inform your clinical preceptor and the Clinical Year course director.

Occupational Health: Next, present promptly to the Occupational Health Department or after-hours service at your training site. Hospital-based Occupational Health Departments have considerable experience with these types of injuries and will walk you through the protocol, including risk assessment, testing, source testing, referral for prophylaxis if necessary, and reporting.

Risk Assessment: Transfer of bloodborne pathogens to healthcare workers is extremely rare. For example, the average risk of acquiring HIV infection following a percutaneous exposure involving an HIV-infected person is approximately 0.3%. Injuries are lower risk if there is a small volume of fluid, a solid point sharp, a known source that is negative or low risk for BBPs, or a known source with a suppressed viral load. If you are serologically proven to be immune to HBV, there is sufficiently low risk of transfer that, in most cases, further testing or treatment is not required for HBV.

Source Testing: Testing of the source patient can only occur if the source is known and if consent is obtained. Occupational Health is responsible for notifying the patient's most responsible physician and arranging for consent. The panel for testing generally includes HBsAg, HCV serology, and HIV virology and serology.

Your Testing: HBV testing is not indicated if you have documented immunity to HBV or a history of HBV infection. Under most protocols, HBsAg and HBsAb are obtained if your vaccines are incomplete, you are a rare vaccine non-responder, or immunity has not been documented. Tests are repeated at 3 and 6 months.

HCV and HIV serology are usually obtained at the time of exposure, and again at 3 and 6 months, along with a hepatic panel. Seroconversion beyond 6 months is highly unlikely.

If at any point the source patient's results are returned negative, further testing can be discontinued unless there is sufficient reason to believe the patient was in the seroconversion window at the time of injury.

Post-Exposure Prophylaxis: Occupational Health will conduct a risk assessment to determine whether PEP for HBV or HIV is indicated, usually in the setting of a known positive or high-risk source. PEP should be obtained promptly in the Emergency Department.

HBV prophylaxis is a dose of HBIG after exposure and again in 1 month. The first dose is known to be effective 72 hours after exposure, but should be obtained as soon as possible.

HIV prophylaxis involves several weeks of anti-retroviral medications, which should be initiated as soon as possible after exposure. Serial labs are required, and some individuals experience adverse effects that interfere with job duties. If the source is proven to be HIV negative, the PEP can be discontinued.

There is no PEP for HCV.

Health surveillance is guided by Occupational Health and may involve your primary care provider.

Reporting: Any exposure or injury that results in a positive test, time away from work, or requires healthcare access (including a visit to the Emergency Department for treatment or PEP) requires a report to Occupational Health.

Clinical Placements - Overview

The following section of the Clinical Handbook outlines the Clinical Placements by specialty. The provided information includes the Rotation Overview, Clinical Environment, and Call Schedule.

After the individual Clinical Placement descriptions, there are the overall lists of requirements for every PA Learner to meet in order to successfully complete the program. It is expected that there will be overlap in exposure and that only a portion of the requirements will be met in one individual rotation, hence the utility of the Case Logs patient encounter logging tool.

Please note:

- All clinical core rotations **must be completed in the province of Ontario**. International and/or out-of-province rotations **are not permitted**. No exceptions will be made.

- No student shall complete a clinical rotation under the supervision of their own family physician or any physician who is a family member, to maintain professional boundaries, ensure objective evaluation, and avoid any real or perceived conflict of interest.

Primary Care/Family Medicine

Overview

The Primary Care/Family Medicine clinical placement provides PA learners with opportunities to apply the medical theory learned during their didactic year to clinical practice by continuing to develop competence in clinical and procedural skills. The Primary Care/Family Medicine clinical practicum is arranged into two 6-week training experiences, Primary Care A and Primary Care B. These have been scheduled for learners during Rotations 1 and 7; one placement is in Southern Ontario and one in Northern Ontario, corresponding to the PA learner's Preferred Hub/ Swap Training Locations.

The overall goal of the experience is for the learner to develop fundamental skills in evaluating and managing patients in the generalist family medicine setting with exposure to patients of all age ranges and a variety of medical disorders and conditions. The emphasis is on the accurate collection of patient information (histories, physical assessment, and presentation of patient data for the preceptor's review), on various investigative studies and therapeutic regimens, along with the education of patients regarding health risk behaviours.

Clinical Environment

The preferred setting for this placement is a primary health care centre in which the PA learner is paired with a family medicine practitioner. Opportunities for clinical learning in Family Medicine clinics, ERs, Long-term Care institutions, and outreach clinics for special populations are encouraged.

Work and Call Schedule

The PA Learner is expected to work the same shift schedule as their preceptor; this may include day, evenings and weekends. The call schedule is in accordance with the clinical supervisor's own call schedule but should be no more than 1 in 4. If the call duty goes past midnight, the PA Learner should be allowed to leave by noon the following day. If the call duty ends before midnight, the PA Learner is expected to work a normal shift the following day.

End Rotation Exam

At the completion of the rotation, a proctored End Rotation Exam is to be completed by each learner at the end of the Primary Care B rotation.

Case Logs – Complete the Rotation relevant section

Emergency Medicine

Overview

The Emergency Medicine clinical placement provides PA learners with opportunities to apply the medical theory learned during their didactic year to clinical practice by continuing to develop competence in clinical and procedural skills. The overall goal of the Emergency Medicine clinical practicum experience is for the PA Learner to develop the fundamental competencies required for the evaluation and management of patients with emergent conditions in the ER setting. The intended experience is to provide in-depth exposure to conditions, illnesses and injuries sustained by children and adults that necessitate emergency care. The educational experiences should emphasize the continued development of competencies in patient assessment, diagnostic techniques and procedures essential to patient care in the emergency setting.

Clinical Environment

The preferred setting for this placement is a primary or secondary level health care centre in which the PA learner is paired with an ER physician. Opportunities for clinical learning with allied health providers and alongside other healthcare learners are encouraged.

Work and Call Schedule

PA Learners are expected to complete day, evening and at least one weekend shift during this placement.

End Rotation Exam

At the completion of the rotation, a proctored End Rotation Exam is to be completed by each learner.

Case Logs – Complete Rotation relevant section

General Surgery

Overview

The General Surgery placement provides PA learners with opportunities to apply the medical theory learned during their didactic year to clinical practice by continuing to develop competence in clinical and procedural skills. This clinical placement provides an orientation to patients of various ages with surgically manageable diseases and conditions. The emphasis of the learning experience is on the evaluation of the surgical patient, determination for surgical referral, preparation of patients for surgery, assistance during the pre/intra/post-operative periods, and management of common, serious and life-threatening complications and conditions.

Clinical Environment

The preferred setting for this placement is a primary or secondary level health care centre in which the PA learner is paired with a general surgeon and where the primary duties of the PA Learner are in assessment of new clinic patients and cases referred from the emergency department. Opportunities for clinical learning with allied health providers and alongside other healthcare learners are encouraged. A **minimum** of **one half-day** training with a wound care team is required.

Work and Call Schedule

The PA Learner is expected to work the same shift schedule as their preceptor; this may include day, evenings and weekends. The call schedule is in accordance with the clinical supervisor's own call schedule but should be no more than 1 in 4. If the call duty goes past midnight, the PA Learner should be allowed to leave by noon the following day. If the call duty ends before midnight, the PA Learner is expected to work a normal shift the following day.

End Rotation Exam

At the completion of the rotation, a proctored End Rotation Exam is to be completed by each learner.

Case Logs – Complete Rotation relevant section

Internal Medicine/Hospitalist

Overview

The Internal Medicine/Hospitalist placement provides PA learners with opportunities to apply the medical theory learned during their didactic year to clinical practice by continuing to develop competence in clinical and procedural skills. The intended experience is to provide in-depth exposure to conditions and illnesses that necessitate in-patient care as well as exposure to the processes of ambulatory care in the discipline of the internal medicine (non-surgical) adult patient. The educational experiences should emphasize the continued development of competencies in patient assessment and management essential to in-patient care in both acute and long-term care facilities.

Clinical Environment

The preferred setting for this clinical placement is a community hospital in which the PA learner is paired with a general internist and/or a hospitalist. Opportunities for clinical learning with allied health providers and alongside other healthcare learners are encouraged.

Work and Call Schedule

The PA Learner is expected to work the same shift schedule as their preceptor; this may include day, evenings and weekends. The call schedule is in accordance with the clinical supervisor's own call schedule but should be no more than 1 in 4. If the call duty goes past midnight, the PA Learner should be allowed to leave by noon the following day. If the call duty ends before midnight, the PA Learner is expected to work a normal shift the following day.

End Rotation Exam

At the completion of the rotation, a proctored End Rotation Exam is to be completed by each learner.

Case Logs – Complete Rotation relevant section

Paediatrics

Overview

The Paediatrics clinical placement provides PA learners with opportunities to apply the medical theory learned during their didactic year to clinical practice by continuing to develop competence in clinical and procedural skills. The intended experience is to provide in-depth exposure to the spectrum of conditions and issues associated with the paediatric population as well as routine newborn and well-child care. Experiences should include paediatric patients of all ages, including adolescents. The educational experiences should emphasize the continued development of competencies in patient assessment and management essential to the care of babies and children at a generalist level, in both in and outpatient settings.

Clinical Environment

The preferred setting for this placement is primarily in a primary care paediatric practice in which the PA Learner is paired with a generalist paediatrician. At least fifty percent of the placement should be spent in the ambulatory care setting. Opportunities for clinical learning in Paediatric ER, walk-in clinics, acute care hospitals and outreach clinics for special populations are encouraged.

Work and Call Schedule

The PA Learner is expected to work the same shift schedule as their preceptor; this may include day, evenings and weekends. The call schedule is in accordance with the clinical supervisor's own call schedule but should be no more than 1 in 4. If the call duty goes past midnight, the PA Learner should be allowed to leave by noon the following day. If the call duty ends before midnight, the PA Learner is expected to work a normal shift the following day.

End Rotation Exam

At the completion of the rotation, a proctored End Rotation Exam is to be completed by each learner.

Case Logs – Complete Rotation relevant section

Mental Health/Psychiatry

Overview

The Mental Health/Psychiatric placement provides PA learners with opportunities to apply the medical theory learned during their didactic year to clinical practice by continuing to develop competence in clinical skills. The intended experience is to provide in-depth exposure to the spectrum of patients with common psychiatric conditions and to the behavioural components of health, disease and disability. Social, economic, cultural and environmental variables that may act as predisposing, precipitating and perpetuating factors to mental illness are to be highlighted.

The educational experiences should emphasize the consolidation of the achievement of excellence in communication skills development, the utilization of a patient-centered approach in establishing a therapeutic relationship, and the promotion of mental health wellness. PA Learners are expected to perform patient assessments (history taking and mental status examination) and develop competencies in recognizing and categorizing psychiatric disturbances, developing techniques for early intervention, and understanding of the role of psychiatric referral.

Clinical Environment

The preferred setting for this placement is a primary or secondary level health care center in which the PA is paired with a generalist psychiatrist. The preferred environment is an outpatient setting with opportunity for consultation to other services. Observation of psychotherapy sessions and group therapy sessions is recommended. Opportunities for clinical learning with allied health providers (nurses, social workers, psychologists, family physicians, etc.) and alongside other healthcare learners are encouraged.

Work and Call Schedule

The PA Learner is expected to work the same shift schedule as their preceptor; this may include day, evenings, and weekends. The call schedule is in accordance with the clinical supervisor's own call schedule but should be no more than 1 in 4. If the call duty goes past midnight, the PA Learner should be allowed to leave by noon the following day. If the call duty ends before midnight, the PA Learner is expected to work a normal shift the following day.

End Rotation Exam

At the completion of the rotation, a proctored End Rotation Exam is to be completed by each learner.

Case Logs – Complete Rotation relevant section

Electives

Overview

The elective placements are intended to provide an opportunity for PA Learners to explore additional potential professional options as Physician Assistants. PA Learners are encouraged to seek out clinical experiences in particular areas of interest or to supplement clinical experiences from their core rotations. Elective clinical placements are dependent on availability and recruitment of appropriate clinical preceptors.

Clinical Environment

Elective experiences may include clinical experiences in any medical or surgical subspecialty, subject to approval by the BScPA program.

Clinical Objectives

The Elective clinical placement objectives are expected to be based on the Canadian Association of Physician Assistant Scope of Practice and Competency Profile.

Work and Call Schedule

The PA Learner is expected to work the same shift schedule as their preceptor; this may include day, evenings and weekends. The call schedule is in accordance with the clinical supervisor's own call schedule but should be no more than 1 in 4. If the call duty goes past midnight, the PA Learner should be allowed to leave by noon the following day. If the call duty ends before midnight, the PA Learner is expected to work a normal shift the following day.

Please note that PA students from the Canadian Armed Forces have fixed electives as per their program requirements. They are as follows:

- OBGYN (4 weeks)
- Trauma (4 weeks)
- Urology (2 weeks)
- Anaesthesia (2 weeks)
- ENT (2 weeks)
- Sports Medicine (2 weeks)
- Orthopedics (2 weeks)

Should you have any questions/concerns, please do not hesitate to reach out to the PA Office.

