



PHYSICIAN ASSISTANT PROGRAM

# **Supervised Clinical Practice Experience (SCPE) Handbook**

**2023-2024 Clinical Year**

(updated 9.15.2023)

**Misty Arrington, DMSc, PA-C**

**Director of Clinical Education**

## Table of Contents

INTRODUCTION.....	1
DISCLAIMER.....	1
MESSAGE FROM THE DIRECTOR OF CLINICAL EDUCATION .....	2
CONTACT INFORMATION: PA PROGRAM FACULTY AND STAFF .....	3
SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPE) CALENDAR .....	4
HOLIDAYS AND VACATION .....	4
<b>Summer 2023 – Spring 2024.....</b>	<b>4</b>
THE CLINICAL PHASE AND CURRICULA .....	5
ESTABLISHING AND MAINTAINING SUPERVISED CLINICAL PRACTICE EXPERIENCES AFFILIATIONS	5
PREREQUISITES FOR CLINICAL ROTATIONS.....	6
REQUIREMENTS FOR PARTICIPATION IN CLINICAL ACTIVITIES .....	7
STUDENT ROLES AND RESPONSIBILITIES .....	8
STUDENT DOCUMENTATION GUIDELINES FOR PATIENT RECORDS.....	9
MALPRACTICE INSURANCE COVERAGE .....	9
ATTIRE .....	10
HEALTH INSURANCE AND IMMUNIZATIONS .....	10
IMMUNIZATION POLICY .....	11
HEALTH CARE PROVIDER POLICY .....	11
PREVENTION OF EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS .....	11
<b>I. DEFINITIONS.....</b>	<b>13</b>
<b>II. SCOPE OF IMPLEMENTATION .....</b>	<b>14</b>
POLICY FOR EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS .....	15
<b>III. PROCEDURE .....</b>	<b>15</b>
<b>STEP 1: Immediate Treatment.....</b>	<b>15</b>
Non-intact Skin Exposure .....	15
Mucous Membrane Exposure .....	15
Intact Skin Exposure.....	15
<b>STEP 2: Exposure Protocol.....</b>	<b>16</b>
<b>STEP 3: SOURCE PATIENT .....</b>	<b>17</b>
<b>IV. DOCUMENTATION.....</b>	<b>18</b>

V. ADDITIONAL INFORMATION.....	18
FOR PHYSICIAN ASSISTANT STUDENTS: FINANCIAL CONCERNS ASSOCIATED WITH AN EXPOSURE .....	18
STUDENT SAFETY DURING SUPERVISED CLINICAL PRACTICE EXPERIENCES (SCPES) .....	19
Universal Precautions .....	19
Safety Procedures .....	19
Accident Reporting and Medical Care .....	19
ATTENDANCE DURING SUPERVISED CLINICAL PRACTICE EXPERIENCES .....	20
Absenteeism Policies: General .....	20
Absenteeism Policies: Excused Absences .....	21
Absenteeism Policies: Absences and Tardiness .....	21
STUDENT LOGGING .....	22
USE OF MEDHUB.....	22
EVALUATION PROCESSES FOR SUPERVISED CLINICAL PRACTICE EXPERIENCES.....	23
Monitoring Student Progress during SCPES .....	23
Site, Student and Preceptor Evaluations during SCPES .....	23
Student Evaluation of Preceptor and Student Evaluation of Site.....	25
PRECEPTOR EVALUATION OF STUDENT.....	25
PROGRAM EVALUATION OF CLINICAL ROTATION SITES.....	25
END-OF-ROTATION EXAMINATIONS (EOR EXAMS).....	26
MUPA PROGRAM POLICY NO. 26 – DEGREE COMPLETION .....	26
<b>MUPA PROGRAM POLICY NO. 17 - REMEDIATION POLICY .....</b>	<b>27</b>
RECEIPT AND ACKNOWLEDGEMENT OF THE SUPERVISED CLINICAL PRACTICE EXPERIENCE (SCPE) HANDBOOK.....	<b>A</b>
ABSENCE FROM SCPE .....	<b>B</b>
STUDENT’S EVALUATION OF PRECEPTOR AND CLINICAL SITE .....	<b>C</b>

## Introduction

The Marshall University Joan C. Edwards School of Medicine Physician Assistant (MUPA) Supervised Clinical Practice Experience (SCPE) Handbook is designed to familiarize students with the policies and processes specific to the clinical phase of training. Many of the policies and protocols are the same as in the didactic phase of training and, given this, students should re-review the MUPA Program Student Handbook. Policies that differ in the clinical year are emphasized in this handbook.

This handbook reviews the following: the post-didactic curriculum; prerequisites and requirements for participation in the clinical phase of training; placement at clinical rotations; the responsibilities of the director of clinical education, clinical preceptors and students; use of the online web-based logging and monitoring system; evaluation processes; attendance; attire; patient confidentiality; HIPAA; and student safety. The attached forms offer detailed information on specific topics.

Prior to the start of the clinical year, the director of clinical education will review this handbook with all students to ensure that all questions are answered and any confusion is clarified. If at any time, following that review, you have questions, concerns, or recommendations, please do not hesitate to contact the director of clinical education.

## Disclaimer

The information contained in this MUPA Program SCPE Handbook is an overview of current policies and procedures specific to the MUPA Program SCPEs. It is not designed to replace the MUPA Student Handbook: A Policy and Procedure Manual or the University's (University) policies and procedures. Students are required and expected to follow both policies and the policies and procedures as noted in this handbook.

The MUPA Program SCPE Handbook is published annually. While every effort is made to provide accurate and correct information at the time of publication, the program reserves the right to change policies, calendar dates and any statements in the handbook. If changes occur, students will be notified in writing.

This handbook is meant to provide guidance for students and faculty concerning the usual procedures for day-to-day conduct in the MUPA Program SCPE. Accordingly, this publication is not intended to be a legally binding contract. Neither does it represent an exhaustive list of all possibilities that might arise for students and faculty in the training and administration of the program. Unique situations may arise and will be handled with fairness and mutual respect in all cases. Therefore, Marshall University reserves the right to amend, supplement, interpret, rescind, or deviate from any policies or portions of the MUPA Program SCPE Handbook from time to time as it deems appropriate based on the facts and circumstances surrounding each situation, in its sole and absolute discretion.

## Message from the Director of Clinical Education

Congratulations on completing the first component of your training in route to becoming a Physician Assistant. The second component, the clinical rotation year, is full of excitement yet uncertainty about what the next rotation may hold. The feelings you have right now are completely normal and expected as you transition into this next phase. It signifies an important milestone in the lives and academic training of Physician Assistant students. You are commencing on one of the most exciting and rewarding experiences in your PA education. Over the next 11 months, you will be trained and mentored by various medical professionals in multiple disciplines in medicine to help you become proficient in patient care. The opportunity to practice the knowledge gained throughout the didactic phase to direct patient care will be applied full time while gaining experience with patients of all ages, backgrounds, and cultures.

As with your didactic training, the clinical phase is best accessed with a deep desire to learn and motivation to increase your skills to care for and protect your future patients. The level of experience and knowledge you attain is partially based on your enthusiastic participation and drive to grasp each experience you encounter. You have the choice to be a passive or active participant with each clinical interaction. The more you are willing to solicit, the more you will gain.

As director of clinical education, my role is to secure and monitor excellent clinical rotation sites with knowledgeable, professional, and motivated preceptors who are dedicated to helping our students develop into cognizant and compassionate clinicians. I am here to assist preceptors and students in the navigation of the clinical phase of training and to ensure each student's competency in clinical practice. I challenge you to take the initiative and read this handbook while becoming familiar with the policies and procedures throughout the clinical year. I will be here to help you in any way I can.

Remember to always keep in mind what an honor it is to care for your patient. It is the ultimate privilege that you have been given.

Sincerely,

Misty Arrington, DMSc, PA-C

## Contact Information: PA Program Faculty and Staff

Misty Arrington, DMSc, PA-C  
Director of Clinical Education  
Principal Faculty | Clinical Skills Director | Assistant Professor  
[arringtonm@marshall.edu](mailto:arringtonm@marshall.edu) | 304-691-6966

Ginger Boles, MS, PA-C  
Program Director  
[bolesg@marshall.edu](mailto:bolesg@marshall.edu) | 304-691-1979

Kimberly Brooks  
Administrative Assistant  
[HUDSON2@marshall.edu](mailto:HUDSON2@marshall.edu) | 304-696-6035

KV Chin, PhD  
Principal Faculty | Professor  
[chinkhew@marshall.edu](mailto:chinkhew@marshall.edu) | 304-696-6750

Jessica Dearman, MS, PA-C  
Principal Faculty | Assistant Professor  
[dearmanj@marshall.edu](mailto:dearmanj@marshall.edu) | 304-733-7798

Katharine Lee, MS, PA-C  
Principal Faculty | Assistant Professor  
[lawrence46@marshall.edu](mailto:lawrence46@marshall.edu) | 304-696-7031

Diana R. Maue  
Program Manager  
[maue1@marshall.edu](mailto:maue1@marshall.edu) | 304-691-6434

Benjamin Spurlock, MS, PA-C  
Director of Didactic Education  
Principal Faculty | Assistant Professor  
[spurlock30@marshall.edu](mailto:spurlock30@marshall.edu) | 304-696-5128

Stephen L. Wilson, MD, DABS, MBA, FACS  
Medical Director  
[wilsonl@marshall.edu](mailto:wilsonl@marshall.edu) | 304-691-1200

Lorie Yakubik Wallace  
Administrative Assistant  
[yakubikwalla@marshall.edu](mailto:yakubikwalla@marshall.edu) | 304-733-7856



PHYSICIAN ASSISTANT PROGRAM

Supervised Clinical Practice Experiences (SCPE) Calendar  
Summer 2023 – Spring 2024

SCPE	SCPE Dates	Call Back Date
1	May 8, 2023 – June 1	June 2
2	June 5 – June 29	June 30
3	July 3 – July 27	July 28
4	July 31– August 24	August 25
5	August 28 – September 21	September 22
6	September 25 – October 19	October 20
7	October 23 – November 16	November 17
8	November 27 – December 20	December 21
9	January 8, 2024 – February 1	February 2
10	February 5 – February 29	March 1
11	March 4 – March 28	March 29
Senior Seminar	April 1 – April 19	

Holidays and Vacation

Summer 2023 – Spring 2024

May 29, 2023

July 4, 2023

September 4, 2023

November 18 – 26, 2023

December 22, 2023 – January 7, 2024

## The Clinical Phase and Curricula

The clinical phase of the MUPA program consists of 11 months of supervised clinical education and coursework. Clinical rotations are designed to provide medical experience and patient exposure and are referred to as Supervised Clinical Practice Experiences (SCPEs). These experiences form the basis of the clinical and socialization processes for adaptation to the roles and functions of a PA. The SCPEs (also referred to as clinical rotations or rotations) include 10 mandatory core four-week rotations encompassing the following: PA Primary Care I (outpatient) and II (rural health focus), PA Psychiatry, PA Internal Medicine I (inpatient), PA Internal Medicine Sub (subspecialty), PA Women's Health, PA Pediatrics, PA General Surgery, PA Emergency Medicine, and PA Orthopedics. Additionally, students will have one four-week elective rotation to pursue further training in key areas based on student interest. The specifics regarding these rotations are detailed in the individual SCPE syllabi. Rotation assignments are at the discretion of the DCE.

Although students are given the opportunity to choose an elective rotation, the director of clinical education reserves the right to authorize or choose an elective for the student. This will be based on rotation availability, student requests and rotation experiences that best meet the needs of individual students and the program. It is vital for all students to understand that they might not be able to complete an elective rotation in a requested field of study, and submitting an elective rotation request does not guarantee placement at a specific rotation site or in a specific specialty.

Reasons that a student may be required to repeat a rotation, include, but are not limited to:

1. Unsuccessful remediated EOR examination of less than 79.4%
2. Poor performance on preceptor evaluations
3. Poor professionalism evaluation from course director
4. Poor documentation of procedure logs
5. At the discretion of the director of clinical education
6. Unexcused absence of greater than five days during rotation

## Establishing and Maintaining Supervised Clinical Practice Experiences Affiliations

All programs are held to specific educational standards set forth by our accrediting body, the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA), to ensure that all students receive quality supervised clinical practice experiences appropriate for the PA student. Given this requirement, the program must follow specific and very detailed processes for recruiting, securing, and maintaining clinical experience sites and preceptors. It is the program's responsibility to develop these experiences. Students are not required to develop their own clinical practice experiences. A student, however, may recommend a site or preceptor that they believe would serve as an excellent clinical experience for the program to consider.



## Prerequisites for Clinical Rotations

1. Successful completion of all didactic coursework
2. Maintenance of a valid health insurance policy. Failure to maintain health insurance throughout the clinical year will result in removal from rotations until proof of compliance is submitted.
3. Successful completion and passing of the required criminal background check. An additional background check may be required by various institutions. Notification will be made to the student as soon as possible. Cost is the responsibility of the student.
4. Successful completion of drug testing when required by clinical rotation site or requested by the program. Cost is the responsibility of the student.
5. Completion of all required immunizations and testing including, but not limited to, yearly TB testing. You must have a PPD, a QuantIFERON-TB Gold test will not be accepted. It expires in six months.
  - a. It is important to understand that some clinical facilities may require immunizations that are more comprehensive than Marshall University or MUPA's program.
  - b. Students are responsible for maintaining their personal immunization record, and it is recommended that all students carry this record to their clinical site on the first day of each rotation.
  - c. Serum titers for immunization proof are acceptable in some, but not all, cases.
  - d. Failure to demonstrate an up-to-date immunization status upon request will result in removal from the rotation until proper proof of "current" immunization status is presented. This may also result in delay of graduation.
6. Maintenance of a functional cell phone and Marshall University email. MUPA students are required to keep the program informed of any phone number or address changes throughout the clinical year.
7. Completion of and sign the provided Release of Health Information form, which permits Marshall University and the MUPA program to maintain and release the following information to clinical rotation sites: immunization records and TB test results, drug screen, and background check report.
8. Students are required to check Marshall email accounts at least two times per day.
9. Communication is vital for a successful SCPE year. All communications with the DCE should be made via email. In the event of an emergency, please contact the program office at 304-696-6035 if during normal business hours, or call the program director on her cell phone at 304-629-1341.

## Requirements for Participation in Clinical Activities

1. Students must meet all prerequisites as detailed above.
2. Students at clinical sites must always work under the supervision of an assigned preceptor.
3. Students must not function in the place of an employee or assume primary responsibility for a patient's care.
4. Students must not treat and discharge a patient from care without the direct oversight of their clinical preceptor.
5. Students must always identify themselves as "Marshall University Physician Assistant students."
6. Students must wear the embroidered Marshall University PA Program identification on their short white lab coat.
7. Students must also always visibly display the provided program-approved nametag designating student status and association with the Marshall University PA Program.
8. Students shall perform only those procedures that are authorized by the clinical site and observed by the preceptor.
9. Students must adhere to all regulations of the MUPA program and the clinical sites.
10. Students shall not exhibit any behavior that may jeopardize the health or safety of patients, faculty, and/or fellow students.
11. Students will deliver health care service to patients without regard to a patient's race, ethnicity, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, and/or political beliefs.
12. In the event the assigned preceptor is absent, students must immediately notify the director of clinical education.
13. All documents completed by the student must be signed with the student's name clearly written, followed by the designation "PA-S". **At no time may PA students use other professional titles (e.g. RN, EMT, DPT, DC) while on clinical rotation.**
14. The preceptor must countersign all chart entries and written orders immediately.
15. The highest level of patient confidentiality will be observed at all times (HIPAA).
16. Students must adhere to standards related to universal precautions.
17. By Tuesday evening of all rotations students are required to email the DCE with their anticipated four week schedule.

## Student Roles and Responsibilities

By the time students progress into the clinical phase of training, they are expected to be able to competently and effectively perform a complete history and physical examination, in addition to the documentation and oral reporting of that examination. However, as with the didactic year, the clinical phase of training is designed to engage students in an active learning process involving direct patient encounters and further didactic learning. The program and preceptors understand that students enter into the clinical year with a wide variety of capabilities and depending on their past experience and stage of training, some students may require more upfront guidance. Students are expected to ask questions regarding any part of the clinical encounter. In fact, asking questions is a sign of student commitment and motivation to the learning process.

The PA student should never take the place of a licensed clinical provider or employee of a practice. Students will not be allowed to manage, treat, discharge, or evaluate patients without the direct personal involvement and oversight of their clinical preceptor. Students will not be used as a substitute for any member of the clinical team. Students participating in clinical experiences are, in effect, ambassadors of the Marshall University Joan C. Edwards School of Medicine Physician Assistant program, PAs in general, as well as invited guests of each clinical rotation site. Students should always strive to uphold the highest level of ethics, professionalism, competency and work to leave a positive impression. Students should always remember that it is both an honor and a privilege to participate in the evaluation of patients. At a minimum, discretion and professional behavior are required with every patient encounter, and interactions must be courteous and respectful at all times. Professionalism, including but not limited to ethical and respectful behaviors and compliance to all HIPAA regulations, is a required grading component of every rotation. It is important to recognize that students who fail to demonstrate an acceptable level of ethical and professional behavior will be referred to the Student Progress Committee.

All students are required to complete and submit the Student's Evaluation of Preceptor and Site evaluation by 8:00 am on call back day for each rotation. Completion of evaluations and all required grading components (e.g. required H&Ps, required papers, completion of preceptor/site evaluations) are requirements for each rotation.

## Student Documentation Guidelines for Patient Records

The Center for Medicare and Medicaid Services (CMS) guidelines only permit students to document the past medical history, family history, social history, and review of systems for any patient encounter. The preceptor must personally document all other key elements of the visit. The student is required to document hours and all logs on a daily basis.

The [Centers for Medicare and Medicaid Services \(CMS\) Evaluation and Management \(E/M\) Documentation Guidelines for documentation provided by students](#), states:

“Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or the physical presence of a resident in a service that meets the requirements in this section for teaching physician billing. Students may document services in the medical record; however, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed and may verify any student documentation of them in the medical record rather than re-documenting this work.”

When a PA student has been unable to document in a chart, it is advisable to document the patient encounter on a separate piece of paper so that the student can continue practicing their documentation skills and obtain feedback from the preceptor. After the preceptor has reviewed this document, it should be disposed of in a manner compliant with HIPPA Law regarding PHI.

## Malpractice Insurance Coverage

Marshall University PA program students, who are assigned to a health facility for supervised clinical practice experiences, are covered by the university’s blanket malpractice insurance policy as dictated by the policy stipulations while participating in the clinical practice experience. The malpractice coverage provided by Marshall University does not provide coverage for occurrences outside of the clinical practice experience. A copy of the insurance certificate will be provided to each clinical site upon establishment of the site and upon any changes in coverage.

This coverage is limited to the following:

1. Students currently registered and matriculated in the MUPA program
2. Clinical sites approved and scheduled through the MUPA program
3. Students participating within the guidelines outlined in the program course syllabi

It is expected that all incidents involving students and patients will be reported immediately by phone and in writing to the MUPA director of clinical education or program director.

**The malpractice coverage provided by Marshall University does not provide coverage for occurrences outside of the clinical practice experience. Therefore, the student will not be covered for any service or activity that is not approved and scheduled by the program.**

## Attire

MUPA students must visibly wear the nametag provided by the program at all times when on a SCPE. This identification badge will include a picture ID that students will have taken during orientation week and will clearly identify them as PA students and members of the MUPA program. The students will also wear a short, white lab coat that is embroidered with the MUPA program logo and the status as a PA-S (i.e. Physician Assistant Student). MUPA students must wear these coats in all clinical settings, as they will interact with patients and other health care professionals. This is a requirement unless the professionals as part of a particular SCPE do not normally wear white lab coats (e.g. pediatric setting) as part of their practice. Students will be verbally reminded of this prior to the beginning of any scheduled clinical experience. In addition, all MUPA students are instructed that they must introduce themselves to patients and others as a PA student.

## Health Insurance and Immunizations

Physician Assistant students must continue health insurance during their rotation year. For participation in SCPE activities, the MUPA program needs to inform clinical rotation sites/institutions of student immunization and TB testing results and status. Students must sign a release form to allow the program to release this information to clinical sites. All other student health records are confidential and will not be accessible to program and clinical rotation site faculty, staff or preceptors.

## Immunization Policy

To ensure compliance with the current recommendations of the Centers for Disease Control and Prevention (CDC), all matriculating and current students of the physician assistant program at Marshall University are required to present proof of immunity to the following:

- Rubella (German Measles) – titer required
- Rubeola (Measles) – titer required
- Mumps – titer required
- Varicella (Chicken Pox) – titer required
- Hepatitis B – documentation of three immunizations and quantitative titer required
- Tetanus; Diphtheria; Pertussis – Proof of immunization
- Tdap – recent Td > two years Tdap required
- TST (Tuberculin skin testing)
- Flu – One dose yearly
- COVID Vaccine 2 dose series if Pfizer or Moderna, or single dose Johnson and Johnson

A student physical examination form shall be provided to all students upon acceptance to the program. A physician or designated health care provider MUST complete and sign the form. The form must be returned (along with the proper titer and immunization documentation) to Georgetta Ellis, MU JCESOM Family Medicine, Division of Occupational Health and Wellness, 1600 Medical Center Drive, Suite 1500 Huntington, WV 25701. Any treatable conditions that the student is at increased risk for or health impairments that may interfere with the student performance of his/her duties must be reported. Documentation of immunity (i.e. titer results) must accompany the returned form. Should the titer indicate that the student is not appropriately immunized, additional vaccines may be required. In the case of a positive TB reading, documentation of follow-up (i.e. x-ray) and any needed treatment will also be required.

Noncompliant students will not be eligible for registration and, therefore, matriculation will be delayed. Extensions may be granted based upon late acceptance or other special circumstances as deemed necessary and appropriate by the program director for the PA program. Those granted an extension may have up to one semester to become complaint. In cases of allergy or religious objections, please contact Marshall Health at 304-691-1110.

## Health Care Provider Policy

Principal faculty, the Program Director and the Medical Director must not participate as health care providers for students in the MUPA program.

## Prevention of Exposure to Infectious and Environmental Hazards

Students receive ongoing education in the Marshall University PA Program on how to protect themselves and others from exposure to infectious and environmental hazards. Students will be required to attend/obtain blood-borne pathogen training during the first week of the first PA semester. This occurs prior to any exposures in Gross Anatomy for the PA or clinical experiences. In addition, Universal Precautions will be taught during orientation and again in Testing and Procedures I. Blood-borne pathogen training and Universal Precautions will be reviewed prior to beginning clinical rotations.

## Post-Exposure Policy for Management of Blood and Body Fluid Exposure

OCCUPATIONAL HEALTH & WELLNESS

304-691-1100

\*If at any time, an exposed PA student is unable to contact the MUPA director of clinical education or Program Director, any of the administrative safety officers listed below should be contacted.

### Safety Officers by Department

<b>Administration</b>	Lisa Maynard (304-691-1720) Nathan Ward (304-691-1705)
<b>Cardiology</b>	Evie Davis (304-691-8536) Cynthia Garrett (304-691-8522)
<b>Continuing Medical Education</b>	David Bailey (304-691-1770)
<b>Custodial Services</b>	Rusty Dobbins (304-691-1613)
<b>Dermatology</b>	Teresa Alexander (304-691-6829)
<b>Family Practice</b>	Judy Watters (304-691-1190) Erin Greenlee (304-691-1057)
<b>Graduate Medical Education</b>	Cindy Dailey (304-691-1817) Jo Ann Raines (304-691-1823)
<b>Internal Medicine</b>	Marla Nichols (304-691-1687) Amy Caldwell (304-691-1007)
<b>Information Technology</b>	Mike McCarthy (304-691-1765)
<b>Maintenance</b>	Marty Newman (304-691-1614)
<b>Marketing</b>	Sheanna Spence (304-691-1639)
<b>Neurosurgery</b>	David O'Dell (304-691-1157) Brandy Adkins (304-691-1988)
<b>Nursing</b>	Melissa Jeffrey (304-691-8724)
<b>Occupational Health</b>	Georgetta Ellis (304-691-1110)
<b>OB/Gyn</b>	Rachel Sargent (304-691-1464) Mindy Lloyd (304-691-1413)
<b>Office of Medical Education</b>	Amy Smith (304-691-8684)
<b>Orthopedics</b>	Melanie McSweeney (304-526-2607) Amber Porter (304-691-1348)
<b>Ophthalmology</b>	David Conley (304-691-8803) Tiffany Adkins (304-691-8766)
<b>Pathology</b>	Dolores Faulkner (304-691-8860)
<b>Pediatrics</b>	Jarrett Gerlach (304-691-1312) Bert Ellis (304-691-1324)
<b>Pharmacy</b>	Jeff Fenerty (304-691-8770) William Finley (304-691-6879)
<b>Psychiatry</b>	Ashley Cleek (304-691-1568)
<b>Safety Director</b>	Jamey Montgomery (304-691-1642)
<b>Student Affairs</b>	Laura Christopher (304-691-1730)
<b>Surgery</b>	Charles Shumaker (304-691-1298) Sarah Jones (304-691-6916)

**INTRODUCTION:** Post-exposure evaluation and initiation of prophylaxis therapy, if indicated, should be available to those who have sustained exposures to blood or body fluids that may be infected with blood-borne pathogens. Those covered under this policy include faculty, employees, residents, PA students, patients, visiting students, visitors and authorized guests or vendors.

**RATIONALE:** While avoiding occupational exposure to blood-borne pathogens is the best way to prevent transmission of HIV and viral hepatitis, exposures can and do happen in the workplace. There are regimens for post-exposure management and follow-up, approved and recommended by the U.S. Public Health Service and the [Centers for Disease Control and Prevention \(CDC\)](#) that can potentially minimize the morbidity and mortality from such exposures.

**PURPOSE:** To provide timely post-exposure evaluation and follow-up to those sustaining exposure to potentially infectious blood or body fluids.

**REVIEW:** This policy is subject to review and approval by the Administration of Joan C. Edwards School of Medicine at Marshall University and University Physicians & Surgeons, Inc. (SOM/UP&S) as required by changes in CDC guidelines, West Virginia statute or institutional need.

## I. DEFINITIONS

**A. Body fluids considered infectious:** substances that have been implicated in the transmission of HIV and viral hepatitis, i.e., blood, cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic fluids. Breast milk, semen and vaginal secretions are known as infectious agents but have not been implicated in occupational settings as a mechanism of transmission unless they are contaminated with VISIBLE blood.

**B. Body fluids considered non-infectious if no visible blood present:** sputum, nasal secretions, saliva, sweat, tears, urine, feces, emesis (gastric fluids).

**C. Blood-borne Pathogens:** for the purpose of this policy blood-borne pathogens refer to HIV, Hepatitis B and Hepatitis C.

**D. Collateral Safety Officer:** an employee within a department designated to handle safety issues outlined by SOM/UP&S.

**E. Emergency Department (ED):** a facility which is usually attached to a general medical hospital; sometimes referred to as an emergency room (ER), which is staffed and manned 24 hours a day by physicians and trained personnel who handle a wide range of medical emergencies.

**F. Exposed person:** a person exposed to blood or body fluids through needle stick, instruments, sharps, surgery or traumatic events; or

**G. HIV:** the human immunodeficiency virus that has been identified as the causative agent of AIDS

**H. Non-exposed person:** a person whose intact skin only has been in contact with a substance that potentially carries a blood-borne pathogen.

**I. Post-Exposure Prophylaxis (PEP):** a defined regimen, as formulated by the CDC, to aid in the prevention of the development of infection with HIV and prescribed by an evaluating institution or physician.

**J. Post-Exposure Management Team:** a team of individuals identified usually by the SOM/UP&S Safety Officer or other responsible personnel involved in an exposure that is responsible for follow-up with the exposed person. Members of the team may vary according to need and circumstance and will usually include the physician involved in source patient evaluation, a physician to continue



PEP treatment, and/or other persons knowledgeable in the process of care and evaluation of individuals exposed to blood-borne pathogens.

**K. Post-Exposure Management to Hepatitis B and Hepatitis C:** a defined regimen of serologic testing, follow-up and treatment may be recommended by an evaluating institution or physician.

1. a person whose mucous membranes are exposed to visible blood or body fluids or laboratory specimens considered occupationally infectious; or
2. a person whose of intact skin is exposed to similar substances when such skin is chapped, abraded or afflicted with dermatitis or the contact is prolonged or involving an extensive area.

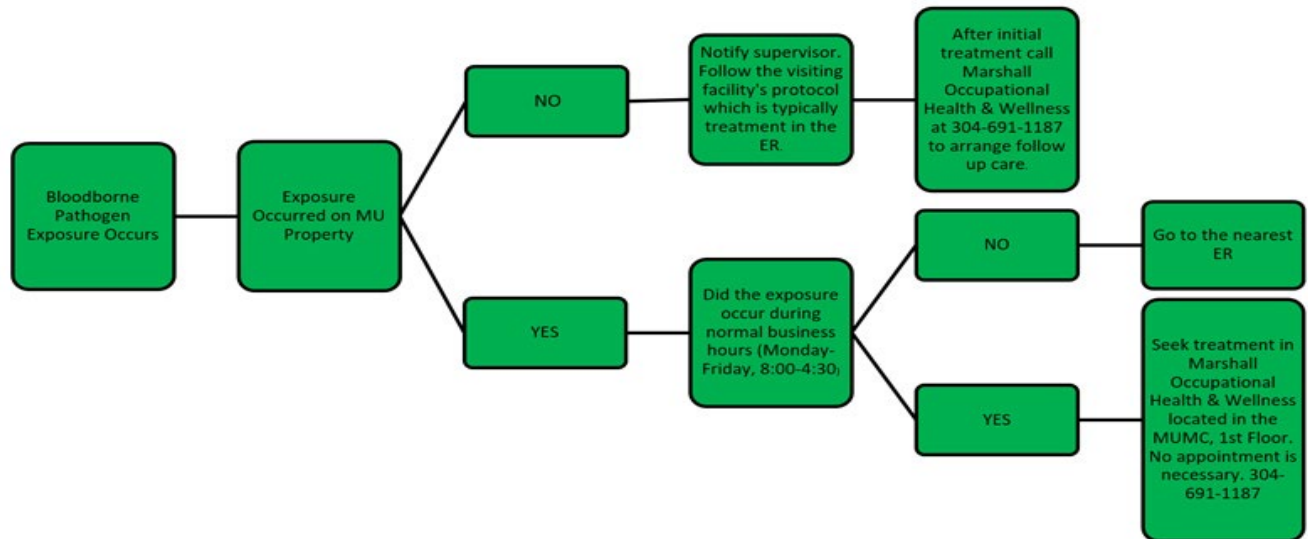
**L. Source Patient:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of exposure to an exposed person.

## II. SCOPE OF IMPLEMENTATION

- A. This policy is meant to cover anyone as defined in the introduction above who sustains an exposure to blood or body fluid that would define them as an **exposed person** in the previous section of Definitions.
- B. The method of dissemination and education regarding such policy shall be the responsibilities of the Department Chairs or their designee (Safety Collateral Officer), the Program Directors for each residency, the Associate Dean of Academic Affairs for medical students and the SOM/UP&S Safety Officer for those not directly under those areas. It is the intention that every person who may potentially be involved with an occupational exposure of this type be aware of the basic policy and steps for management.
- C. Physician assistant students and resident physicians must be vaccinated for Hepatitis B and present serologic results before beginning their programs. Those who are classified as having potential for blood-borne pathogen exposure are to have the prescribed OSHA education and training at the time of matriculation and yearly thereafter. Every person, considered at risk or not, however, is to report an exposure immediately.
- D. It is the intention that exposures as described within this policy be reported and handled appropriately. No impediment to this process is to be tolerated and problems associated with such are to be reported to the SOM/UP&S Safety Officer or other person of responsibility for this policy within the SOM/UP&S.

## Policy for Exposure to Infectious and Environmental Hazards

Policy for exposure to needle stick, blood or body fluid:



### III. PROCEDURE

#### STEP 1: Immediate Treatment

Percutaneous injury by needle sticks or other sharp objects, in which there is the slightest suggestion that the integrity of skin has been broken by a potentially contaminated item, requires immediate treatment.

1. Wash the wound thoroughly with a sudsy soap and running water; the soap directly reduces the virus's ability to infect. If water is not available, use alcohol.
2. Remove any foreign materials embedded in the wound.
3. If not allergic, disinfect with Betadine solution.

#### Non-intact Skin Exposure

1. Wash skin thoroughly as in #1 above.
2. If not allergic, disinfect with Betadine solution.
3. There is no evidence that squeezing the wound or applying topical antiseptics further reduces the risk of viral transmission.

#### Mucous Membrane Exposure

Irrigate copiously with tap water, sterile saline or sterile water.

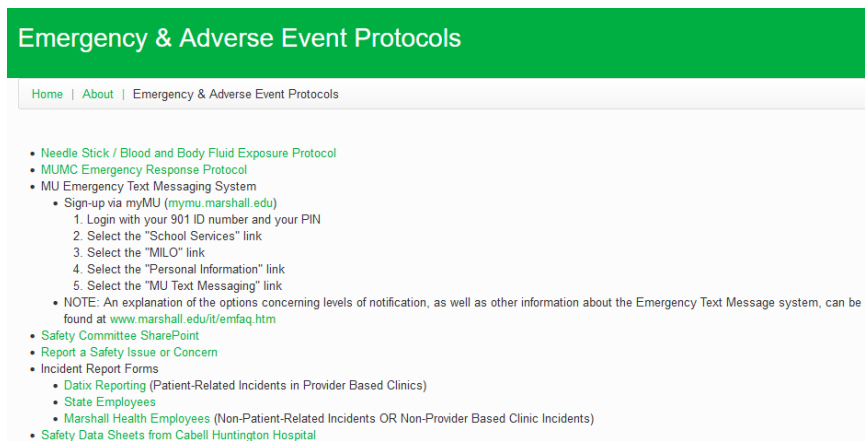
#### Intact Skin Exposure

Exposure of intact skin to potentially contaminated material is not considered an exposure at any significant risk and is neither considered an exposed person or in need of evaluation. Thoroughly clean and wash exposed intact skin.

## STEP 2: Exposure Protocol

### *Exposure within Marshall University Joan C. Edwards School of Medicine or University Physicians and Surgeons (SOM/UP&S):*

If the PA student is within the local geographic work areas of SOM or UP&S and during normal business hours, the exposure should be immediately communicated to the Collateral Safety Officer within that Department. If the exposed person cannot identify the Collateral Safety Officer immediately, that person should ask for immediate help or direction from other responsible personnel. The Collateral Safety Officer or other responsible person should immediately direct the exposed patient to Family Medicine Division of Occupational Health & Wellness. The exposed person should immediately identify themselves as having been exposed to a blood-borne pathogen and insist on urgent evaluation. If PEP is going to be recommended or initiated to an exposed person, this needs to be started within two hours of exposure per current CDC guidelines. If the exposed person is an employee of SOM/UP&S, it is important to make sure that the Family Medicine Division of Occupational Health & Wellness generate a Worker's Compensation Form and does not bill your insurance. Because PA students are not employees who are covered by Worker's Compensation, a Worker's Compensation Form need not be completed. In the case of a medical student, his or her health insurance will be billed. If the exposure occurs after work hours or a safety officer or other responsible personnel within the work area is not immediately available, the exposed person should proceed on their own to the ED for immediate and timely evaluation. The exposed person is to report back the incident and the outcome of that initial evaluation as soon as feasibly possible to the SOM/UP&S Safety Officer or the Collateral Safety Officer. It will be the responsibility of the exposed person to complete the appropriate [Incident Report Form](#). (<https://jcesom.marshall.edu/about/emergency-adverse-event-protocols/>). From this website, please select Marshall Health Employees (see screenshot below).



### *Exposure within an Affiliated Hospital:*

If the exposed PA student is functioning within an affiliated hospital, the incident is to be reported immediately to a nursing supervisor or other obvious hospital personnel. The exposed person will be handled according to the hospital's policies and procedures for such an exposure. This process should involve immediate referral to an ED. These hospitals will have their own mechanisms for tracking and Post-Exposure Management, if needed. However, the incident is to be reported as soon as possible to the Division of Occupational Health & Wellness. If the exposed person is unable to reach the Div. of Occupational Health & Wellness representative within 24 hours or the next business day, then another responsible person within administration must be contacted. The exposed person must complete the

appropriate [Incident Report Form](#). If appropriate, they will identify a Post-Exposure Management Team for the exposed person.

*Exposure at a Health Facility other than SOM/UP&S or an Affiliate Hospital:*

When a person is exposed at a health facility other than SOM/UP&S or an affiliated hospital, the exposed person should immediately report the incident to a person of responsibility at the location. Each office or facility dealing with healthcare or handling blood or body fluids pathogens should have its own procedures and policies for dealing with an exposure. If it is clear to the exposed person that the remote facility has no mechanism in place to deal with the exposure that includes evaluation by a trained medical professional, that person is to go to the nearest ED and ask for initial and emergent evaluation for exposure to a blood-borne pathogen. These instances would most frequently involve a medical student or resident assigned off-site. The Division of Occupational Health & Wellness should be contacted as soon as possible about the exposure. If the exposed person is unable to reach the Division of Occupational Health & Wellness within 24 hours or the next business day, then another responsible person within administration must be contacted. The exposed person must complete the appropriate [Incident Report Form](#). If appropriate, the Division of Occupational Health & Wellness will identify a Post-Exposure Management Team for the exposed person.

### STEP 3: SOURCE PATIENT

If the exposure occurs within the confines of SOM or UP&S areas of responsibility, it is the duty of the Division of Occupational Health & Wellness, the Collateral Safety Officer or other responsible person available at the time of exposure to begin the assessment and evaluation of the source patient or source specimen according to protocol, if such source is identifiable.

Under circumstances where a source patient or known source patient's specimen has been implicated in an exposure, that source patient will be asked to submit to HIV and acute Hepatitis B and C testing. Obtain a specific consent for HIV testing by linking to [MUMC HIV \(AIDS\) Laboratory Consent](#). If this source is under SOM or UP&S jurisdiction, it will be done at no cost to the individual. The cost is to be covered by the individual department or independent site where the exposure occurred. No source patient or source patient's specimen may be tested for HIV without their specific consent under West Virginia Code. It is the responsibility of the SOM/UP&S Safety Officer, Collateral Safety Officer or other responsible personnel to appoint a healthcare provider within our system to handle the issues surrounding a source patient when an exposure occurs. Blood may be tested in lieu of full consent in bonafide medical emergencies, when in the estimation of the physician treating the exposed person that the exposure was significant and substantial and the HIV status of the source absolutely must be known. However, blood cannot be obtained on a patient actively refusing a blood draw, so this procedure can only be followed when there is already appropriate blood available for the patient, the patient cannot be contacted within a reasonable time, or the patient is unable to express open refusal. If the source patient refuses testing or cannot give consent, then it should be documented on the [MUMC HIV \(AIDS\) Laboratory Consent Form](#) in section 4 labeled "UNCONSENT".

The source patient is to be notified of all results, if possible, having been given the required pre- and post-exposure counseling. The source patient's health care provider may also be notified if appropriately approved for release by the patient. The only other persons made aware of such results are the exposed person and the post-exposure management team. These records will be maintained in a confidential manner within the SOM/UP&S Safety Officer's files. An identifying number will be assigned to the source patient file for tracking purposes.

Treatments involving PEP for the exposed person and any possible future exposure-related diseases or disabilities for the exposed person shall not be the responsibility of SOM or UP&S. These costs are to be covered under appropriate entities such as Worker's Compensation, Health Insurance, Disability Insurance or the responsibility of the exposed person. Any diseases or disabilities discovered during testing of the source patient are not the responsibility of SOM or UP&S and are the responsibility of the source patient.

#### IV. DOCUMENTATION

The details of an exposure and all associated testing, treatment and follow-up for exposed person are not to be placed in a medical record unless appropriately approved for release. Documentation of the incident is to be kept in the SOM/UP&S Safety Officer's files. The results of the source patient's testing shall be anonymously placed in the exposed person's record using only a traceable identifying number.

All forms required and necessary to document and report the totality of the circumstances surrounding each incident and exposed person shall be the responsibility of the UP&S/SOM Safety Officer. The format and content of all forms required in this policy are to meet any state or regulatory requirements.

#### V. ADDITIONAL INFORMATION

The CDC maintains a 24-hour, seven days a week hotline called PEP line, which offers health care providers around-the-clock advice on managing occupational exposures to HIV and hepatitis B and C. Exposed persons are encouraged to seek advice and direction from this source at any time, but may find it particularly helpful if there are questions in the immediate exposure period that are not being immediately handled or answered clearly. This number is 888-448-4911 to seek additional counsel or advice.

### For Physician Assistant Students:

#### Financial Concerns Associated with an Exposure

The PA program encourages students to become aware of the Blood and Body Fluids Exposure Protocol so that an appropriate course of action can be followed in the event of an exposure. Please do not let a concern over expenses result in the lack of health care. With appropriate documentation, Marshall University Joan C. Edwards School of Medicine will reimburse any enrolled student up to \$10,000 for costs related to an exposure. Students must provide a copy of their Explanation of Benefits (EOB) from the health insurance AND a copy of the bill from the site at which you received services, such as lab work, to Ms. Laura Christopher in the Office of Student Affairs at the Byrd Clinical Center. Submit this documentation for payment or reimbursement as soon as possible after the event. Direct any question to Amy Smith at 304-691-8684 or by email at [smith305@marshall.edu](mailto:smith305@marshall.edu).

## Student Safety during Supervised Clinical Practice Experiences (SCPEs)

The MUPA program will provide appropriate training to students regarding Occupational Safety and Health Administration (OSHA) guidelines prior to SCPEs. The facility at which the SCPE takes place shall provide MUPA students with access to the facility's rules, regulations, policies and procedures with which the PA students are expected to comply. These include the facility's OSHA guidelines, personal and workplace security, and personal safety policies and procedures and shall address all appropriate safety measures for all MUPA students and program faculty on site.

It will be the clinical preceptor's responsibility to take reasonable steps to ensure personal safety and security of students during the SCPE. This is clearly communicated to preceptors and agreed upon in a signed preceptor agreement that is obtained prior to the SCPEs.

Students are required to review the material on Personal Safety in the MUPA Student Handbook: A Policy and Procedure Manual. For all incidents or injuries, students are required to complete the Student Incident/Injury Report Form.

### Universal Precautions

Students are responsible for following OSHA guidelines for universal precautions at the clinical rotation site, including the use of gloves, care of sharp objects, use of eyewear, protective clothing and other precautionary measures.

### Safety Procedures

Students are required to review the material on personal safety and security in the MUPA program's student handbook in addition to the material posted on the Marshall University's Campus Safety website at <http://www.marshall.edu/mupd/>.

Each clinical site will have their own policies and procedures for safety and security. It is important that students review these policies and procedures before attending a clinical rotation at that site. This information, or how to acquire this information, will be made available to students by the director of clinical education. Any documented allergies to latex products should be reported to the preceptor and the director of clinical education. Students are responsible to supply the latex-free products they may need, if not readily available. While on clinical rotations, it is the responsibility of students to inform the director of clinical education, or representative, of any safety concerns.

### Accident Reporting and Medical Care

If a student believes they have been exposed to an infectious disease, they should consult their medical provider or the Marshall Health Student Clinic as soon as possible. Ultimately, the student is responsible for initiating care after exposure to possible pathogens. Students may consult their private medical provider or the Marshall Health Student Clinic for guidance and assistance. The director of clinical education must also be notified of any exposure/possible exposure. All costs related to medical care are the student's sole responsibility. Please refer to the absence policy for any and all time missed. **All injuries must be reported to the director of clinical education.**

## Attendance during Supervised Clinical Practice Experiences

During the clinical year, students must be adaptable, as duty hours and schedules will vary from one SCPE to the next, depending on the nature of the service. The preceptor, or his/her agent, sets the schedule for any given SCPE. Students should expect to work some nights and weekends on all SCPEs. Preceptors are not obligated to give days off on holidays or weekends. University holidays and breaks do not apply in the clinical year. After receiving the schedule from the preceptor at the beginning of the SCPE, the student must email the director of clinical education their schedule of expected hours prior to the second Tuesday of the rotation. The director of clinical education will review all schedules and address any concerns regarding appropriate work hours with the preceptor. Although there are no mandatory limitations on PA student clinical hours, the MUPA program will address any concerns using Accreditation Council for Graduate Medical Education (ACGME) guidelines for the student's well-being.

Remember, every patient encounter is extremely valuable to your education; the more time spent at the site, the more opportunity there is for learning.

### Absenteeism Policies: General

1. Adherence to scheduled rotation hours and attendance at all end-of-rotation activities are mandatory.
2. The student may not alter or refuse to work clinical hours or on-call schedules as assigned by preceptor.
3. End-of-rotation activities (e.g. call back days) are mandatory and are considered part of the preceding SCPE.
4. If a student must be absent from a SCPE for illness or emergency, both the preceptor and the director of clinical education must be notified (e.g. via email, text, Doc Halo) at least one hour prior to the beginning of the scheduled shift. It is vital to inform preceptors as soon as possible of your absence as this may change their schedules to accommodate students. If the appropriate party cannot be reached, then students must leave a message regarding the absence and a number where they can be reached.
5. For all absences, students must complete and submit the Absence from Supervised Clinical Practice Experience form to the director of clinical education within **24 hours** of the date of the absence (forms may be scanned and emailed to the director of clinical education or faxed directly to the program office). Failure to follow this procedure may result in an unexcused absence.
6. Be advised that the program may make unplanned calls and/or visits to SCPE sites to verify student attendance and performance.
7. A student should not be absent for more than 10 days (including personal days) during the clinical year. If this occurs, the director of clinical education will refer the student to the Student Progress Committee for further recommendations.

For absences determined not to create a significant obstacle to SCPE completion, make-up SCPE hours may be arranged at the discretion of the preceptor and the director of clinical education. However, if the preceptor and the director of clinical education feel that the length of absence reduces the learning opportunities to an extent that the student cannot meet the SCPE goals and objectives, the student will be referred to Student Progress Committee with the suggestion that the student repeat the rotation.

### Absenteeism Policies: Excused Absences

1. Incapacitating illness or injury, such as those requiring bed rest, and unexpected personal or family emergencies are considered valid reasons for absenteeism; however, the procedure for absenteeism is outlined above and must be followed.
2. Absences for scholarly and service activities, such as attendance at WVAPA or AAPA conferences or committee work, may be granted on a case-by-case basis, at the discretion of the director of clinical education. Students who wish to attend such activities must submit their intentions via email to the director of clinical education one month in advance.
3. Students will be allowed three personal days per year to use as needed. In order to use a personal day, the student must notify the director of clinical education via email at least two weeks in advance of the requested day. Once this request is approved, the student must notify their preceptor via email and copy the director of clinical education. The personal day cannot be the first day or last day of the SCPE, a call back day, or during any other mandatory activity.

### Absenteeism Policies: Absences and Tardiness

1. Absenteeism not reported as outlined above will be considered unexcused, regardless of cause.
2. As arriving on time is considered a part of professionalism, tardiness to rotations and/or end-of-rotation events is not acceptable and may be counted as an unexcused absence at the discretion of the director of clinical education.
3. Each unexcused absence in a given SCPE will result in a reduction in the final rotation grade. Consequences for unexcused absences will be as follows:
  - a. First event will result in a 50 point reduction in the final SCPE grade
  - b. Second event will result in an additional 100 point reduction on the final SCPE grade
  - c. Third event reported by preceptor will result in referral to the Student Progress Committee for further action.



## Student Logging

Students are expected to log patients seen during each rotation. Instruction on the logging system will be done prior to clinical rotation year.

Students will be expected to log at least 10 patients per week. In addition, benchmark totals across the lifespan have been developed for the clinical year.

At a minimum, each student should see 30 infant, 30 child, 40 adolescent, 250 adult, and 90 elderly patients; for operative status, a minimum of 25 each of preoperative, intraoperative, and postoperative; for encounter types, a minimum of 50 preventive, 40 acute, 50 chronic, and 20 emergent; for women's health, a minimum of 40 (including prenatal and women's health); and for behavioral and mental health conditions, a minimum of 40.

## Use of MedHub

All students are required to use the designated web-based database, evaluation, and tracking system (i.e. MedHub) throughout their SCPEs. This system will ensure students are meeting program expectations and are able to acquire the competencies needed for clinical practice. Clinical patient encounter data will be collected via this system and will include, but not be limited to, preceptor and site demographics, student logging of patient encounters, and graded and ungraded student and preceptor evaluations. Student logging of all patient encounters via this system will allow for prompt review and evaluation of student progress toward meeting the SCPE objectives. The monitoring of this system will allow the director of clinical education and other faculty/staff members to review, analyze, and document student and preceptor experiences and concerns.

## Evaluation Processes for Supervised Clinical Practice Experiences

Given the nature and complexity of educational activities, the MUPA program has devised a comprehensive method for monitoring and evaluating the quality of SCPEs and student progress toward achieving program expectations.

### Monitoring Student Progress during SCPEs

Monitoring of the student's logging will be completed by the director of clinical education or an appointed principal faculty member. If it is determined that the rotation objectives are not going to be met or that the student may not be able to meet the rotation objectives by the end of that rotation, then the director of clinical education will schedule a meeting with the student. If that fails to resolve concerns, then a mandatory site visit meeting will take place. The mandatory site visit meeting will involve the director of clinical education, and/or appointed faculty member, the clinical preceptor, and the student. The goal of the meeting will be to determine what obstacles are preventing the student from achieving the rotation objectives, to develop and implement a plan to remedy those obstacles and to ensure the rotation objectives can be met within the timeline of the specific SCPE. Remedies will be tailored to the specific student and SCPE objectives and may include, but not be limited to, focusing patient encounters to specific patient demographics (e.g. age, sex) or specific patient conditions, increasing number of patient encounters per day, or focusing on increasing exposure to specific patient encounters and/or procedures (e.g. prenatal examinations, well-child visits). If appropriate, every attempt will be made to keep the student at the assigned rotation site; however, if it is decided that the obstacles cannot be overcome at that particular clinical rotation site, the student will be placed immediately in another rotation site to ensure the SCPE objectives can be met within that rotation timeline. At the end of the rotation, if the reviewer (e.g. director of clinical education) determines that a student has not met the objectives of the rotation (e.g. insufficient experience with a particular patient population), the student may be placed in another clinical site at a future SCPE that provides that needed experience. Placements to address clinical deficits could be taken from the elective or added as a required additional rotation to the clinical phase.

Throughout the clinical year, student progress will be reviewed to confirm exposure to key patient encounters and experiences for the rotation, and ensure the student is on track to meet the SCPE objectives by completion of that particular rotation. Student progress will again be reviewed at the end of the SCPE.

### Site, Student and Preceptor Evaluations during SCPEs

Site visits during the Marshall University Physician Assistant Program clinical year assure that the physician assistant students on rotations are receiving a beneficial and educational experience. It is also a valuable way for the PA program to communicate to the preceptors their appreciation for the preceptors' invaluable contribution to PA education.

It is the responsibility of the director of clinical education to monitor these experiences as well as to ensure that the students are meeting expected instructional objectives and learning outcomes. The director of clinical education has the discretion to utilize other principal faculty, the Program Director, or Medical Director to perform these visits.

Site visits may be announced or unannounced. In the event the student is not present, he/she will be considered absent and in violation of the attendance policy (referral will be made to Student Progress Committee).

### **Site Visits with Students and Preceptors**

The director of clinical education will make site visits at a minimum of five times per year for each student.

The director of clinical education will make site visits with preceptors prior to the preceptor taking any students, as needed, and when visiting a student. The director of clinical education realizes that preceptors may not always be available during in-person visits with students so these visits may occur in person, or via emails, phone calls or text messages.

On each visit, the director of clinical education may:

- Recognize Safety concerns
- Identify student/preceptor concerns or
- Review midpoint evaluations, as appropriate

Additional site visits may be warranted for the deficiencies listed below. Others may occur as considered necessary by the director of clinical education, Program Director, or Medical Director.

- Performance
- Professionalism
- Concerns by instructional or principal faculty
- Deficient mid-point evaluations
- Absenteeism

Evaluation tools used in the clinical phase of the program include:

- Student Logging
- End-of-Rotation Examination – All required SCPEs except the elective will include a graded written, multiple-choice question End-of-Rotation Examination (EOR Exam) as noted in the course syllabi. Elective rotations will have another form of assessment, as noted in course syllabi.
- Assignments
- Online web-based (MedHub) evaluations for each rotation:
  - Formative Mid-Point Assessment of the PA Student on SCPE
  - Preceptor's Final Evaluation of the PA Student
  - Student's Evaluation of Preceptor and Clinical Site
- Objective Structured Clinical Examinations (OSCEs)
- Professionalism
- Program summative evaluation – This is embedded in PAS 690, Senior Seminar.

## Student Evaluation of Preceptor and Student Evaluation of Site

The Student's Evaluation of Preceptor and Site is an important tool that allows PA students to provide constructive feedback for the preceptor and the future use of the clinical site.

Guidelines for giving feedback include:

1. Feedback, whether it be positive or negative, should be provided for each rotation.
2. Feedback should be informative, not judgmental.
3. Feedback should be based only on first-hand information.
4. Feedback should be delivered in a professional manner.
5. Feedback should be specific and not generalized.
6. Feedback including constructive criticism should include suggestions for improvement.
7. Feedback should include comments that are beneficial to future students at the same rotation site.

The Student Evaluation of Preceptor and Clinical Site form is to be completed in MedHub for each rotation.

## Preceptor Evaluation of Student

The SCPE clinical performance evaluations, including formative mid-point and final, are tools utilized for preceptors to evaluate students on their performance during each clinical rotation. The evaluation topics include medical knowledge, interpersonal skills, clinical skills, technical skills, clinical reasoning, problem-solving abilities, and professionalism, using a seven-point scale. A Preceptor's Final Evaluation of PA Student is specific to each SCPE and can be found at the end of this handbook; however, it is to be completed in MedHub. Ms. Lorie Wallace ensures that evaluations are sent, via MedHub, to preceptors in a timely manner and is available to answer questions as needed, [yakubikwalla@marshall.edu](mailto:yakubikwalla@marshall.edu).

## Program Evaluation of Clinical Rotation Sites

The MUPA program has an extensive process for selecting and maintaining SCPE sites. Part of this process involves performing an initial site visit and subsequent regular and routine rotation site visits. For all site visits where students will be present, the director of clinical education will contact the preceptor to arrange the visit. Site visits may be performed by all principal faculty in the program, with most initial site visits and evaluations conducted by the director of clinical education. Additionally, the director of clinical education or another designated faculty member may perform a clinical rotation site visit when concerns arise about students, preceptors, or clinical rotation sites.

## End-of-Rotation Examinations (EOR Exams)

In the clinical phase of training, all students will complete 11 four-week Supervised Clinical Practice Experiences (SCPEs; i.e. clinical rotations). They include 10 core SCPEs and one elective SCPE. These rotations are required and include those practices that are known to offer students the best overall training experience for general practice. The 10 required SCPEs encompass the following: PA Primary Care I (outpatient) and II (rural health focus), PA Psychiatry, PA Internal Medicine I (inpatient), PA Internal Med Sub (subspecialty), PA Women's Health, PA Pediatrics, PA General Surgery, PA Emergency Medicine, and PA Orthopedics. All required SCPEs will include a comprehensive, multiple-choice question, written examination as part of the grading process. The content of some of these examinations is created and owned by the Physician Assistant Education Association (PAEA). These examinations will be offered after the completion of each rotation. All policies related to examinations apply, as detailed in the MUPA Student Handbook: A Policy and Procedure Manual, and as requested by the PAEA. Elective rotations will have another form of assessment (not an examination).

## MUPA Program Policy No. 26 – Degree Completion

It is the policy of the Marshall University Physician Assistant Program that any student who enters the program must complete the program within six years of beginning the program. This accounts for a leave of absence if it is requested. It should be understood that most students will complete the program in the 28 month time period, but all Master of Medical Science graduates must complete this degree within six years from the date of matriculation.



## PHYSICIAN ASSISTANT PROGRAM

### MUPA Program Policy No. 17 - Remediation Policy

Remediation is the program's defined and applied process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and documented (as defined by the ARC-PA).

The goal of the Marshall University Physician Assistant Program remediation process is to foster the student in mastery of the knowledge, skills and behavior in the areas that are defined by instructors and/or principal faculty to be deficient. These areas may be in any of the competency areas for the Marshall University Physician Assistant Program.

Students are required to maintain a cumulative GPA of 3.0 or higher throughout the program. If the GPA falls below 3.0, with no failed courses, the student will be placed on academic probation for one semester only. At the end of that semester, if the cumulative GPA is 3.0 or above, academic probation will be removed.

- Student may be on probation only one time
- If GPA is below 3.0, the student will be referred to the Student Progress Committee

All remediation is student- or situation-specific and is determined by the faculty, instructor and/or course director.

1. Remediation is mandatory after each evaluation or skills assessment when the student scores below 70%. The student **must initiate** contact with their advisor within 24 hours. A remediation plan will be formulated by the faculty advisor, after discussion with the course instructor/director.
2. If a student scores  $\geq 69.5\%$  -  $\leq 79.4\%$ , this will prompt reinforced learning to be determined by the course director.
3. The remediation plan must be completed as soon as possible within seven calendar days after the failed skills assessment.
4. The faculty advisor will monitor and document the student's remediation.
5. The highest score possible, post-remediation, is 75%.
6. Examples of forms of remediation are the following:
  - a. Reading assignments
  - b. Question-based assessments (includes retesting)
  - c. Written assignments
  - d. Written responses to selected exam items with reference citations
  - e. Written self-reflection
  - f. Problem-based learning exercises focused on areas of weakness
  - g. Individualized faculty-led tutoring on skills related to deficiencies

7. A student may formulate a self-directed plan to identify and overcome deficiency; however, the faculty advisor and chair of the Remediation Committee must be included in the formulation of the discussion. After the remediation, the student will be required to take a second assessment to prove mastery of the subject. The retake assessment will be determined by the course director. If the student does not score  $\geq 80\%$  (raw score) on the retake assessment, the student will return to remediation. However, no more retakes will be offered.

The student's new score on the assessment, if above the original score, may replace the original score, if allowed per grade change allowances. The highest grade a student may obtain is 75% for a grade change.

8. If a student receives a failing grade on a final course exam, they will have the opportunity to meet with the class instructor or course director at the end of the semester. Weak areas will be identified, and the student will be able to repeat a comprehensive final exam within seven days.
  - a. Passing of the exam does not guarantee passing of the course. (Highest obtainable score, post-remediation, will be 75%.)
  - b. The remediated final exam score will replace the first attempt of the final exam. A course grade of *C* will be needed to progress to the next semester.
  - c. A student must have a cumulative GPA of 3.0 in order to progress to the next semester with absolutely no failed classes.
9. If a student fails a course during a semester, the student will fail to progress; however, the student may repeat the semester with the next cohort of students. The student will be responsible for all tuition and fees.
10. If at the conclusion of any semester a student's GPA falls below 3.0, then the student will progress to the next semester on academic probation; however, at the end of the following semester, the student's cumulative GPA must be 3.0 or higher.
  - a. Student may be on probation only one time
  - b. If student's cumulative program GPA is below 3.0, then the student will be referred to the Student Progress Committee
  - c. The student has the option to repeat the entire *same* semester with the next cohort of PA students. The student will be responsible for all tuition and fees.
11. A student may only remediate exams/skills assessments for a grade change to 75%
  - a. two times, total, in a course and
  - b. two times, total, in a semester.
  - c. Grade changes will not be permitted for quizzes.
12. If a student chooses to remediate to possibly improve score to 75%, he/she must declare it prior to taking the remediated assessment. The student will not be able to change scores retroactively.
13. If a student scores less than 70% on two exams/skills assessments in a semester, the student will be referred to the Student Progress Committee.

**ALL remediation plans will be written by the faculty advisor on the designated form and placed in the student's file.**

**Supervised Clinical Practice Experience (SCPE) (effective at the conclusion of 22-23 SCPEs)**

Failure of an End-of-Rotation (EOR) exam—a score below 74.5%—will result in remediation followed by a retake of the EOR in 14 days. The student must score  $\geq 79.5\%$  to pass remediation; failure to do so will result in repeating of the rotation thus delay of graduation. After repeating the rotation, the student must pass the EOR on the first attempt with a score of  $\geq 74.5\%$ . Failure to do so will result in dismissal from the program. The highest grade attainable will be a 75%. The student may fail a maximum of two (2) EOR exams. The elective rotation may not be used to repeat a rotation experience to pass an EOR exam.

Additionally, the student will meet with their advisor/advisor representative immediately on Call Back Day. The advisor will provide the student with a list of content missed on the EOR exam. The student will then be required to complete a remediation assignment of missed content, including the following:

1. Disease state
2. Significant detail
3. Clinical presentation
4. Diagnosis
5. Management

Components included in the total score calculation for the clinical rotation course is:

1. Preceptor Evaluation
2. EOR Exam
3. Patient Log
4. Assignment
5. OSCE
6. Professionalism

Failure of a clinical rotation course may occur related to a deficiency in any of the above components. Passage of an EOR exam does not promote passage of the course. A failed final preceptor evaluation or at discretion of director of clinical education will require repeat of the rotation. Other failed components (score below 74.5%) will require remediation.

**Summative Exam**

In the event a student scores less than a 69.5% on the summative examination in PAS 690—also referred to as the End-of-Curriculum (EOC) exam—the student will be required to remediate in person then retake the EOC exam 60 days later. This will result in a delay of graduation. The student must score  $\geq 69.5\%$  to pass this exam. Scores below 69.5% for remediation will result in dismissal from the program. Other components of the summative exam that should require remediation will occur within the scheduled course time.





PHYSICIAN ASSISTANT PROGRAM

## Receipt and Acknowledgement of the Supervised Clinical Practice Experience (SCPE) Handbook

The information contained in this handbook is an overview of current policies and procedures specific to Marshall University Physician Assistant Program. It is not designed to replace the MUPA Student Handbook or the university's policies and procedures. Students are required and expected to follow both university policies and the policies and procedures as noted in the [Marshall University Campus Resource Handbook](#), [Marshall University Graduate Catalog](#) and the Marshall University PA Student Handbook. The MUPA SCPE Handbook is published annually. While every effort is made to provide accurate and correct information at the time of publication, the university or MUPA program reserves the right to change policies, calendar dates and any statements in the handbook. Any changes will be provided in writing to the student.

**Please read the following statements and sign below to indicate your receipt and acknowledgment of this material:**

1. I have received a copy of and reviewed the MUPA SCPE Handbook and agree to abide by the rules and policies contained therein.
2. I understand that the policies, rules and benefits described in this handbook are subject to change.
3. I understand that, should the content be changed in any way, the Marshall University PA Program may require an additional signature from me to indicate that I am aware of and understand any new policies.
4. I understand that any issues of concern may be referred to the Student Progress Committee.
5. I further understand that my signature below indicates that I understand the above statements.

\_\_\_\_\_  
STUDENT'S NAME (print)

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE



## Supervised Clinical Practice Experience Absence from SCPE

**This form is required of all students missing a scheduled clinical rotation activity, regardless of rotation or circumstance. All requested information must be completed. Failure to complete this form may result in rotation failure and/or delay of graduation.**

Student Name: \_\_\_\_\_  
(LAST) (FIRST) DATE FORM IS COMPLETED

Date/s for which the student was or will be absent: \_\_\_\_\_

Course Number and Title: \_\_\_\_\_

Name of Clinical Rotation Site: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_  
(LAST) (FIRST) (TITLE – e.g. MD, DO, PA-C)

I, the student, have informed the preceptor of my absence/s:

The reason for my absence is: \_\_\_\_\_  
\_\_\_\_\_

I understand that this absence will count as an unexcused absence unless approved by the MUPA director of clinical education:

I understand that I may be responsible for making up this time at the discretion of the director of clinical education and will be held to the standards that have been set forth in the MUPA Student Handbook: A Policy and Procedure Manual and MUPA SCPE Handbook.

My signature below is an acknowledgment of my agreement with the above.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE



PHYSICIAN ASSISTANT PROGRAM

## Supervised Clinical Practice Experience Student's Evaluation of Preceptor and Clinical Site

PRECEPTOR NAME: \_\_\_\_\_  
(LAST) (FIRST) (TITLE – e.g. MD, DO, PA-C)

Dates of Supervised Clinical Practice Experience (SCPE): \_\_\_\_\_

Site Specialty: \_\_\_\_\_ Primary Location: \_\_\_\_\_

Please complete this evaluation of your PA student's performance in this rotation. If you select neutral, somewhat disagree, disagree or strongly disagree, you will be prompted to provide comments to support your choice. There is a section for overall comments at the end of this evaluation.

General Student Observations	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
I felt safe while entering, leaving, and on-site at the facility.							
I felt that there were no hazard or safety concerns on premises.							
I received an orientation to the practice.							
Practice staff was accepting of my participation.							
I felt comfortable approaching staff with questions.							
Learning Environment	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
Preceptor appeared to be enthusiastic/an advocate for student learning.							
Preceptor discussed learning objectives with me.							
I felt there was adequate workspace provided for me.							
I felt comfortable approaching the preceptor with questions.							
Preceptor appeared to have a clear understanding of the PA role							
Student Assignment	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
I was able to work as an active member of the health care team.							
I was permitted to document patients' medical records.							
I was assigned a diverse population of patients.							
I was assigned the minimum required number of patients daily.							

What was the best part of this rotation experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What concerns or problems did you have on this rotation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
I was never asked to substitute for clinical or administrative staff.							
I would recommend use of this clinical site in the future.							
I would recommend this preceptor for future SCPEs.							

Please address any Neutral, Somewhat Disagree, Disagree, or Strongly Disagree responses and make any other comments about your SCPE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STUDENT'S NAME (print)

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

Reviewed by: \_\_\_\_\_  
DIRECTOR of CLINICAL EDUCATION'S NAME (PRINT)

\_\_\_\_\_  
DIRECTOR of CLINICAL EDUCATION'S SIGNATURE      DATE