



PHYSICIAN ASSISTANT PROGRAM

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

**2024-2025 Clinical Year**

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

**Director of Clinical Education**

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RECEIPT AND ACKNOWLEDGEMENT OF THE SUPERVISED CLINICAL PRACTICE EXPERIENCE (SCPE)  
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## 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: A Policy and Procedure Manual. 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 (DCE), clinical preceptors and students; use of the online web-based logging and monitoring system; evaluation processes; attendance; attire; patient confidentiality; HIPAA; and student safety.

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

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## Supervised Clinical Practice Experiences (SCPE) Calendar Spring 2024 – Spring 2025

SCPE	SCPE Dates	Call Back Date
1	May 6-30, 2024	May 31
2	June 3-27	June 28
3	July 1-25	July 26
4	July 29-August 22	August 23
5	August 26-September 19	September 20
6	September 23-October 17	October 18
7	October 21-November 14	November 15
8	November 18-December 19 (with vacation 11/25-11/29)	December 20
9	January 6-30, 2025	January 31
10	February 3-27	February 28
11	March 2-27	March 28
Senior Seminar	April 7-25, 2025	

### Holidays and Vacation Spring 2024 – Spring 2025

November 25-29, 2024

December 23, 2024-January 3, 2025

March 31-April 4, 2025—May be used for make-up, study, etc.

#### Note:

Students should expect to work any time their preceptor is working. Many SCPE sites have different work hours, including shift work and call expectations. As such, different SCPE sites will require students to work evenings, weekends, and holidays during the rotation. Days will often exceed eight hours.

With the exception of Thanksgiving and Christmas, University holidays that fall on scheduled clinic days do not apply to the clinical year. Preceptors and the Director of Clinical Education are not obligated to give time off during holidays or weekends.



## 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. Each student will be permitted to submit a request of three clinical elective rotations with changes to those requests allowed until September 1. All requests must be submitted to the Director of Clinical Education via email.

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 79.5%
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

## 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. Students 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 communication 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.
10. Prior to beginning rotations, all requested documentation must be on file with the DCE or his/her designee. Examples include, but are not limited to, Lincoln Primary Care and Holzer Medical Center.

## 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 DCE.
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 8:00 pm on the first Tuesday of each rotation, students are required to email the DCE with their anticipated four-week schedule.
18. Student must notify the DCE of ANY changes to daily schedule within one hour of start time.
19. In compliance with HIPAA mentioned above, at no point is it ever acceptable to copy, take a picture of, or reproduce any part of a medical record during any SCPE activity. Doing any of these things will result in immediate referral to the Student Progress Committee.

## 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 as well as document and orally report 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.

## MUPA Program Policy No. 3 - 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.

## MUPA Program Policy No. 4 - 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.

## MUPA Program Policy No. 7 - 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 Committee Members

Adkins, Brandy	Neurosurgery	304.691.1988	<a href="mailto:adkinsbra@marshall.edu">adkinsbra@marshall.edu</a>
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Caldwell, Amy	Internal Medicine	1.1007	<a href="mailto:caldwell7@marshall.edu">caldwell7@marshall.edu</a>
Christopher, Laura	Holmes Wellness Center	1.1730	<a href="mailto:christopherl@marshall.edu">christopherl@marshall.edu</a>
Davis, Evie	Cardiology	1.8536	<a href="mailto:davis118@marshall.edu">davis118@marshall.edu</a>
Ellis, Bert	Pediatrics	1.1341	<a href="mailto:ellis151@marshall.edu">ellis151@marshall.edu</a>
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Jones, Amanda	GME	1.1817	<a href="mailto:cartmel1@marshall.edu">cartmel1@marshall.edu</a>
Jones, Sarah	Surgery	1.6916	<a href="mailto:herbert4@marshall.edu">herbert4@marshall.edu</a>
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McSweeney, Melanie	Ortho	526.2607	<a href="mailto:sargent5@marshall.edu">sargent5@marshall.edu</a>
Montgomery, Jamey	Life Safety	1.1642	<a href="mailto:montgomery34@marshall.edu">montgomery34@marshall.edu</a>
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Nance, Brittany	Surgery	1.6916	<a href="mailto:nance56@marshall.edu">nance56@marshall.edu</a>
Nichols, Marla	Internal Medicine	1.1687	<a href="mailto:mnichols@marshall.edu">mnichols@marshall.edu</a>
O'Dell, David	Neuro	1.1157	<a href="mailto:odell@marshall.edu">odell@marshall.edu</a>
Porter, Amber	Ortho	1.1348	<a href="mailto:byard@marshall.edu">byard@marshall.edu</a>
Preece, Carly	Pharmacy	1.8778	<a href="mailto:preecec@marshall.edu">preecec@marshall.edu</a>
Smith, Amy	Office of Medical Education	1.8684	<a href="mailto:smith305@marshall.edu">smith305@marshall.edu</a>
Spence, Sheanna	Marketing	1.1639	<a href="mailto:smith566@marshall.edu">smith566@marshall.edu</a>
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**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.

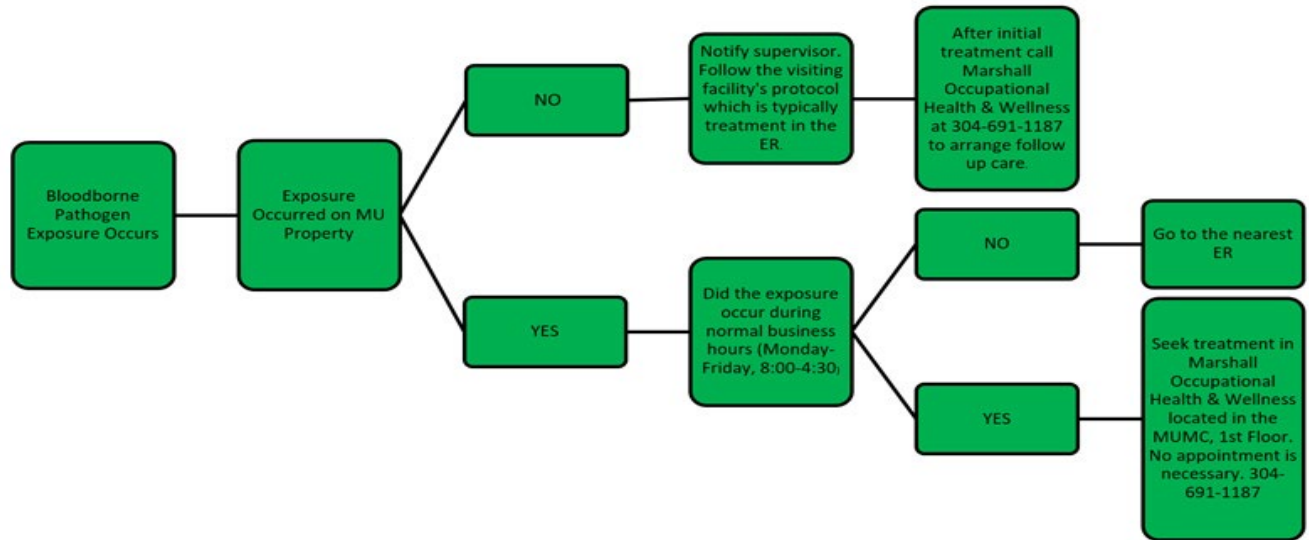
**L. Source Patient:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of exposure to an exposed person.

## 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.

## MUPA Program Policy No. 8 - 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.

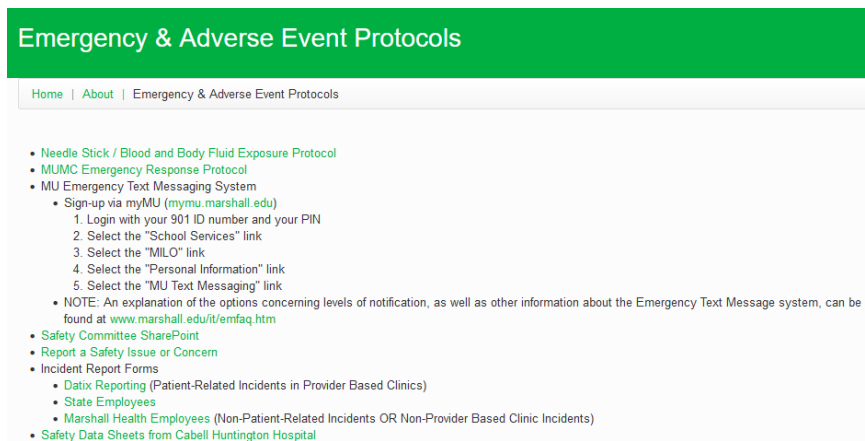
#### Intact Skin Exposure

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 Student Handbook: A Policy and Procedure Manual 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 DCE. 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

By Tuesday at 8:00 pm of the first week of the SCPE rotation, the student should email the DCE a confirmation of their rotation schedule for the remainder of the rotation. The DCE will review all schedules and address any concerns regarding appropriate work hours with the preceptor and student. The MUPA program will address any concerns using Accreditation Council for Graduate Medical Education (ACGME) **guidelines** for the student's well-being.

Students are expected to adhere to arrival time and preceptor instructions for the schedule of each SCPE rotation. Student must notify the DCE of ANY changes to daily schedule within one hour of start time. This includes when a preceptor dismisses the student early, if the preceptor advises the student to come in late, or if there is any other change to the schedule.

A suitable work schedule will be determined by the preceptor or authorized designee and should include a minimum of 32 hours per week averaged over the 4-week rotation. While 32 hours per week is the MINIMUM requirement, the student is required to continue attending the rotation even if they have achieved an average of 32 hours per week. Students should expect to work much more than the 32-hour per week minimum requirement. Average hours under 40 hours per week will mandate a meeting with the Director of Clinical Education and/or Program Director. If hours are determined to be inadequate by the DCE, students will be required to make up time during a scheduled break between rotations (e.g. holiday breaks). Students will not be permitted to make up time during the weekend immediately following the end of the rotation. The Director of Clinical Education will contact the student with the required date/s and time/s to complete additional required hours.

Students should expect to work any time their preceptor is working. Many SCPE sites have different work hours, including shift work and call expectations. As such, different SCPE sites will require students to work evenings, weekends, and holidays during the rotation. Days will often exceed eight hours.

University holidays that fall on scheduled clinic days do not apply to the clinical year. Preceptors and the DCE are not obligated to give time off during holidays or weekends.

Be advised that the program may make random calls or visits to rotation sites to verify student attendance and performance.

Remember that every patient encounter is a valuable addition to your education. Use this time to soak up all the knowledge and experience that you can. The more time spent on site and with patients, the more you will understand about the given specialty.

### Excused Absence

To request an excused absence, students are expected to submit the completed Excused Absence Request Form with necessary signatures and supporting documentation to the DCE two weeks prior to the expected absence. Filling out the form does not guarantee that the excused absence will be approved.

Excused absence requests for events such as vacations, family celebrations, or social events will be denied. Excused absence requests will be determined on a case-by-case basis.

Excused absences of more than one day per rotation must be made-up regardless of the number of hours logged during that rotation. All attempts should be made to reschedule the absence during the same rotation. If this is not possible, the rotation will be considered incomplete until the time is made up. This may result in delayed graduation. The plan for when and how the absence will be made up must be communicated to and approved by the DCE.



For the clinical phase of the program, more than one excused absence per semester is considered a professionalism issue and an obstacle to the student's ability to meet the MUPA technical standards. As such, this will result in referral to the SPC to be evaluated for professionalism probation.

NO absences will be approved during the PAS 690 course.

### Unplanned Absence

In the event of an emergency, the student should contact their preceptor and the DCE at least one hour before the scheduled start of their shift or as soon as possible.

Students are expected to submit the completed Excused Absence Request Form with necessary signatures and supporting documentation within one week of return from the absence. Filling out the form does not guarantee that the excused absence will be approved.

### Unexcused Absence

Defined as a non-emergency absence from any SCPE activity for which a completed Excused Absence Request Form with necessary signatures and supporting documentation is not submitted and approved two weeks prior to a planned absence or within one week after return from an unplanned absence.

This should never occur and will not be tolerated. Unexcused absences are considered a violation of professionalism and subject to consequences up to and including course failure and delay of graduation. Students will be responsible for any tuition or fees incurred because of delayed graduation due to unexcused absences.

All unexcused absences must be made up.

Each unexcused absence in an SCPE rotation will result in a reduction of the final grade. Consequences for unexcused absences will be as follows:

- a) The first event will result in a 50-point reduction in the final SCPE grade.
- b) The second event will result in an additional 100-point reduction in the final SCPE grade.
- c) The third event will result in referral to the SPC for further evaluation.

## Personal Day

The personal day policy has been developed because the MUPA program understands the incredible time commitment of the program and that many students will greatly benefit from a much-needed, rare day off.

There is no personal day granted during the didactic phase because students receive breaks between semesters and holidays off.

The following rules apply to use of the personal day:

- One day for the clinical year.
- Personal days should be requested 48 hours in advance by submitting the Excused Absence Request Form with necessary signatures and supporting documentation.
- Personal day may not be divided. It must be used on only one date. A partial day is equal to a whole day.
- Students are responsible for completing any missed course work.
- A personal day cannot occur during a Call Back Day.
- A personal day cannot be taken on the first or last day of a SCPE rotation.
- A personal day cannot be taken in succession with school breaks, holidays, holiday weekends, or requested excused absences.
- A personal day cannot be taken if it will drop the student below the 32-hour weekly rotation requirement.
- The DCE can deny a personal day if the student has missed other days of the rotation for any reason or if they have concerns for the student's academic success on a rotation.
- Students on professionalism probation may not take a personal day.
- The MUPA program reserves the right to place a moratorium on all personal days for all students for any reason.

## Job Interviews

All attempts should be made by the student to schedule job interviews so that they do not interfere with the SCPE rotation schedule. If this is not possible, the student must first obtain permission from the DCE and request an excused absence two weeks prior to the interview as described previously. Excused absence approvals are at the discretion of the preceptor and the DCE.

Students will not be permitted to attend job interviews on Call Back days, examination days, remediation activities, or during the PAS 690 course.

No more than three days may be used for job interviews during the SCPE year. These three days are included in the six absences allowed for the year. No more than one interview day per rotation will be granted.

Students are required to complete any course work that is missed.

## Extended Absences, Tardiness, and Conferences

Extended absences, tardiness, and conference attendance policies described above also apply to the clinical year.

Arriving on time and staying for the duration of your SCPE rotation day is considered part of professionalism. As such, tardiness to rotations or SCPE events is not acceptable and may be counted as an unexcused absence at the discretion of the DCE.

Conferences that prevent the student from attending Call Back Day, examination days, remediation activities, or the PAS 690 course will not be approved.

Extended absences during the clinical year may delay graduation. Students will be responsible for any tuition or fees incurred because of delayed graduation due to unexcused absences.

## MUPA Program Policy No. 19 - Inclement Weather Policy

Whenever by action of the University President (or their designee) official announcements are made that classes are delayed or canceled due to inclement weather, didactic classes will follow given official announcement. If, for example, the university issues a two-hour delay, the physician assistant class will also be delayed. Because it is the premise of the university that regularly scheduled hours begin at 8 am, classes normally scheduled from 8 - 10 am will not meet; classes meeting from 9 - 11 am will only meet from 10 - 11 am, thus absorbing the two-hour delay. All classes meeting thereafter on that day will not be affected. If the university cancels classes, PA program didactic classes will also be canceled.

During times when the Huntington campus is not in session, such as semester break, and courses or rotations within the PA program are being conducted, the administration of the physician assistant program in conjunction with JCESOM may choose to delay or cancel classes. Delays or cancellations will be posted on the PA program website.

Faculty, administration and support staff will adhere to the regular MU inclement weather policy.

Because clinical students serve in an apprenticeship/relationship with providers in the care of patients, these students will be expected to make every effort to meet their responsibilities. Furthermore, students on rural, out-of-state, or out-of-Huntington area electives are expected to contact the local preceptors for appropriate instruction. Communication should be made with the Director of Clinical Education as safety is our top priority.

## 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 may not pre-log hours, must log hours daily, and the patient log is due within three days of the encounter. Refer to Miscellaneous Directives later in this handbook for additional logging information.

- 1. No prelogging of hours**
- 2. Must log hours daily**
- 3. Patient log is due within three days of encounter**

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 or staff 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 will be distributed along with 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).

Students are not permitted to bring anything with them to the end-of-rotation exam room. Examples include, but are not limited to a cell phone, smartwatch, activity tracker (e.g., Fitbit), blankets, jackets, outside drinks, lip balm, calculator, tissues, cough drops. Backpacks and personal items must be stored in lockers.

End-of-rotation scores will be distributed by the end of Call Back Day unless a technical difficulty arises. Requests for scores prior to this time will not be honored.

## 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.



## 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/or 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. The student's new score on the assessment, if above the original score, may replace the original score. The highest grade a student may obtain is 75% for a grade change. If the student does not score  $\geq 80\%$  on the retake assessment, the student will return to remediation. However, no more retakes will be offered.

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.
  - b. Student may be on probation only one time
  - c. If student's cumulative program GPA is below 3.0, then the student will be referred to the Student Progress Committee
  - d. 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)

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 are:

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. Failure of a remediated EOR exam and subsequent repeat of rotation will result in a letter grade of an 'I' on the student's transcript. Tuition and Fees will be the responsibility of the student and will result in a delayed graduation.

## Miscellaneous Directives

1. Students may not bank hours in anticipation of an absence during that rotation.
2. Students may not pre-log hours.
3. Students must log hours daily.
4. Patient logs are due within three days of encounter.
5. All logging (rotation hours and patient logging) must be completed by 8:00 am on Call Back Day.
6. The student evaluation of site and preceptor must be completed by 8:00 am on Call Back Day.
7. The assignment (except for elective rotation) must be submitted to both the Director of Clinical Education and his/her administrative representative by 8:00 am on Call Back Day.
8. All rotation work hour schedules must be submitted to the Director of Clinical Education by 8:00 pm on the first Tuesday of each rotation.
9. Do not falsify documents (work hours, patient logs, technical skills/procedures, etc.).
10. Scheduled Call Back Days – The expectation is to be present all day without asking to leave early. Any plans, including travel, need to be made for a separate day.

**Failure to comply with the above directives will result in a 50% deduction of the corresponding assignment grade.**



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



PHYSICIAN ASSISTANT PROGRAM

### Excused Absence Request Form

It is the Marshall University Physician Assistant (MUPA) Program policy that students attend all program activities. In the rare event that an activity must be missed, this form must be completed and submitted in accordance with the guidelines outlined in the Absence Policy. Vacation requests will be denied.

1. Meet with your advisor, affected faculty members, and/or preceptor to discuss the need for this absence, assignments that will be missed, and your plan to remediate missed work. Ask them to sign this form if they approve of your absence and remediation plan. Assignments due during your absence need to be turned in PRIOR to the absence.
2. To request an excused absence, this signed and completed form should be submitted to the Program Director, your advisor, affected faculty members, and/or preceptor two weeks prior to an anticipated absence or within one week after an unplanned absence.
3. The Program Director will have one week to return a decision about the request, as there may be need for consideration with the chair of the Student Progress Committee or additional faculty members.

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

DATE/S OF REQUESTED ABSENCE \_\_\_\_\_

DATE OF FORM SUBMISSION \_\_\_\_\_

State the reason for the absence. Please be specific without divulging sensitive personal information.

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

Class missing: PAS \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Class missing: PAS \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Class missing: PAS \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Class missing: PAS \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Please describe your plans to ensure that you successfully remediate missed coursework. Please be aware that individual faculty members are not expected to provide special assistance in this plan.

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

I understand that by submitting this form, my request for an excused absence is pending approval and is not automatically granted. I understand that I will be notified in one week if this request is approved or denied.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

Program Director Approves \_\_\_\_\_ Program Director Disapproves \_\_\_\_\_

\_\_\_\_\_  
PROGRAM DIRECTOR'S SIGNATURE

\_\_\_\_\_  
DATE