



PHYSICIAN ASSISTANT PROGRAM

Supervised Clinical Practice Experience (SCPE) Handbook

2025-2026 Clinical Year

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Director of Clinical Education

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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 policies and protocols remain the same as during the didactic phase; therefore, 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, you should 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. While students are expected to adhere to the MUPA Student Handbook: A Policy and Procedure Manual and University policies, this SCPE Handbook governs policies and procedures specific to the clinical year. In instances where differences exist, the SCPE Handbook supersedes the general MUPA Student Handbook: A Policy and Procedure Manual for clinical activities.

Students are required to follow University policies, the MUPA Student Handbook: A Policy and Procedure Manual, and the policies outlined in this SCPE Handbook. In cases where policies differ, the SCPE Handbook will govern during the clinical year.

The MUPA Program SCPE Handbook is published annually. While every effort is made to provide accurate information at the time of publication, the program reserves the right to modify policies, calendar dates, or any statements within this handbook as necessary. Students will be notified in writing of any changes.

This handbook serves as a guide for students and faculty regarding the standard procedures and expectations during the clinical phase. Accordingly, it is not intended to constitute a legally binding contract, nor does it represent an exhaustive list of every situation that may arise during training or program administration. Unique situations will be addressed with fairness and mutual respect. Marshall University reserves the right to amend, supplement, interpret, rescind, or deviate from any policies or portions of this handbook at its sole discretion, based on the circumstances of each situation.

Message from the Director of Clinical Education

As you begin the clinical phase of your education, you are entering one of the most exciting and rewarding parts of your journey to becoming a physician assistant. Over the next several months, you will have the opportunity to apply what you have learned in the classroom to real-world patient care, developing both your clinical skills and professional confidence.

Your success this year will come from staying engaged, being adaptable, and embracing every learning opportunity. Each rotation offers a chance to grow—not only in medical knowledge, but also in communication, teamwork, and professionalism. Remember, you are representing both yourself and the Marshall University PA Program, and your dedication will leave a lasting impression.

Patient care is a privilege, and every encounter is an opportunity to make a difference while learning from experienced clinicians. Approach each day with curiosity, respect, and a commitment to continuous improvement.

I am here to support you throughout this journey. If you have questions, concerns, or need advice, please feel free to reach out at any time—my door is always open.

I look forward to seeing all that you accomplish in the coming year.

Best regards,

Jessica Dearman, MS, PA-C
Director of Clinical Education
Marshall University Physician Assistant Program

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Supervised Clinical Practice Experience (SCPE) Calendar Spring 2025 – Spring 2026

SCPE	SCPE Dates	Call Back Day
1	May 12-June 5, 2025	June 6
2	June 9-July 2	July 3
3	July 7-31	August 1
4	August 4-28	August 29
5	September 2-25	September 26
6	September 29-October 23	October 24
7	October 27-November 20	November 21
8	November 24-December 19 (Vacation Nov 26-28)	December 22
9	January 5-29, 2026	January 30
10	February 2-26	February 27
11	March 2-26	March 27
Senior Seminar	April 6-24, 2026	

Holidays and Vacation Spring 2025 – Spring 2026

November 26-28, 2025

December 23, 2025-January 2, 2026

March 30-April 3, 2026 – Reserved for remediation, make-up time, independent study, or other academic obligations as determined by the program

Note:

Students should anticipate working whenever their preceptor is scheduled. Many SCPE sites operate with varying hours, including shift work and on-call responsibilities. As a result, students may be required to work evenings, weekends, and certain holidays during rotations. Clinical days will frequently exceed eight hours.

Except for Thanksgiving Day and Christmas Day, University holidays that fall on scheduled clinical days **do not apply** during the clinical year. Preceptors and the Director of Clinical Education are not obligated to provide time off for 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 complete one four-week elective rotation, allowing further training in a key area of 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 request an elective rotation, the Director of Clinical Education reserves the right to authorize or assign the final elective placement. Decisions are based on rotation availability, student requests, individual student needs, performance, and overall program requirements.

It is important for students to understand that submitting an elective rotation request does not guarantee placement in a specific specialty or clinical site. Each student may submit up to three elective rotation requests, with changes permitted until September 1. All requests must be submitted via email to the Director of Clinical Education.

While every effort will be made to accommodate student interests, final placement is determined by rotation availability, program needs, and student performance.

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

1. Failure to achieve a score of $\geq 79.5\%$ on a remediated End-of-Rotation (EOR) examination
2. Unsatisfactory performance on preceptor evaluations
3. Concerns regarding professionalism as documented by the course director
4. Inadequate or incomplete 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 established by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA), to ensure that all students receive high-quality supervised clinical practice experiences appropriate for the PA education.

To meet these standards, the program follows detailed processes for recruiting, securing, and maintaining clinical sites and preceptors. It is the program's sole responsibility to develop and manage these experiences. Students are not permitted to independently arrange their own clinical practice experiences. However, students may recommend potential sites or preceptors they believe would provide valuable clinical training for program consideration.

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 provide proof of tuberculosis screening before beginning clinical rotations. Either a tuberculin skin test (TST/PPD) or an interferon-gamma release assay (IGRA), such as QuantiFERON-TB Gold or T-SPOT, is acceptable per CDC guidelines.
 - 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 twice daily.
9. Communication is essential for a successful SCPE year. All routine communication with the Director of Clinical Education should be conducted via email. For urgent matters during normal business hours, students should contact the Director of Clinical Education at office number (304) 733-7798. If immediate assistance is required outside of business hours, students may contact the Director of Clinical Education via cell phone at 304-916-5171. Students are expected to use professional judgment when determining the urgency of a situation that warrants direct phone communication.
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 clearly identify themselves as "Marshall University Physician Assistant students" at all times while on clinical rotation.
6. Students must follow the dress code and identification requirements of their clinical site and preceptor. If a lab coat is required, the program-issued short white lab coat embroidered with "Marshall University PA Program" must be worn. Regardless of site-specific dress codes, students are required to visibly display the program-approved name tag designating their student status and affiliation with the Marshall University PA Program at all times.
7. Students shall perform only those procedures that are authorized by the clinical site and under the supervision or observation of their preceptor.
8. Students must adhere to all regulations of the MUPA program and the clinical sites.
9. Students must strictly comply with all HIPAA and institutional privacy regulations. It is never permissible to copy, photograph, or remove any portion of a medical record in any form during SCPE activities. Violations will result in immediate referral to the Student Progress Committee and may lead to disciplinary action, up to and including dismissal from the program.
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. Students must adhere to standards related to universal precautions.
16. By 8:00 pm on the first Tuesday of each rotation, students are required to email the DCE with their anticipated four-week schedule.
17. Student must notify the DCE of any changes to their daily schedule within one hour of their scheduled start time.

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, evaluate, or discharge patients without direct supervision and involvement 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 participation in clinical education is both an honor and a privilege, one that requires accountability, professionalism, and respect in every patient interaction. 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 mandatory components of each rotation and must be submitted on time.

Student Documentation Guidelines for Patient Records

Per CMS guidelines, students may document any part of the patient encounter. However, the teaching physician must verify and sign off on all student documentation in the medical record. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making components of the E/M service being billed. The teaching physician may verify student documentation of history, physical exam findings, and medical decision-making rather than re-documenting these components. Students are also required to document their clinical hours and complete all patient encounter and procedure logs on a daily basis, in accordance with program policy.

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.”

If a PA student is unable to document directly in the medical record, they are encouraged to record the patient encounter separately (e.g., on paper) for educational purposes and preceptor feedback. Once reviewed by the preceptor, this document must be securely shredded or electronically deleted in accordance with HIPAA regulations to protect Protected Health Information (PHI) and maintain patient confidentiality.

Regardless of CMS policy, students must always follow the documentation rules established by their clinical site and preceptor. Site policies may limit or prohibit student entries in electronic medical records. Failure to adhere to site-specific documentation requirements may result in disciplinary action or removal from the clinical rotation.

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 scope of activities outlined in program course syllabi and under direct supervision

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 program-issued nametag at all times while participating in SCPEs. This identification badge includes a photo ID taken during orientation and clearly identifies each individual as a physician assistant student affiliated with the MUPA program. Students must follow the dress code expectations of each clinical site and preceptor. If a white lab coat is required, students must wear the program-issued short white lab coat embroidered with the MUPA logo and "PA-S" designation. In settings where lab coats are not customary (e.g., certain pediatric or psychiatric practices), students should follow site-specific guidelines. Regardless of site dress code, students are required to introduce themselves to all patients and healthcare professionals as physician assistant students.

Health Insurance and Immunizations

All physician assistant students are required to maintain active health insurance throughout the clinical year. Failure to provide proof of continuous coverage will result in removal from SCPE activities until compliance is verified. For participation in SCPEs, the MUPA program must provide clinical sites with verification of student immunization records and TB testing status. Students are required to sign a release form authorizing the program to share this information. All other student health records remain confidential and will not be accessible to program faculty, clinical site staff, or preceptors beyond what is necessary for rotation clearance.

MUPA Program Policy No. 3 - Immunization Policy

To ensure compliance with the current Centers for Disease Control and Prevention (CDC) recommendations, all matriculating and current students of the Marshall University Physician Assistant Program (MUPA) must present official documentation of immunity or vaccination for the following:

1. Measles (rubeola), Mumps, & Rubella (MMR) – Documentation of two doses of MMR vaccine or positive serologic titers.
2. Varicella (Chickenpox) – Documentation of two-dose vaccine series or positive serologic titer.
3. Hepatitis B – Completion of the three-dose series and a quantitative titer demonstrating immunity (Hepatitis B surface antibody test).
4. Tetanus, Diphtheria, Pertussis (Tdap) – One adult dose of Tdap, followed by a Td or Tdap booster every 10 years.
5. Tuberculosis Screening (TB Test) – Annual Tuberculin Skin Test (TST) or Interferon-Gamma Release Assay (IGRA) (e.g., QuantiFERON-TB Gold). Students with a positive test must provide chest X-ray results and medical clearance.
6. Influenza (Flu Shot) – Annual influenza vaccination.
7. COVID-19 Vaccination – Completion of at least one dose of a CDC-recommended COVID-19 vaccine (e.g., Pfizer-BioNTech, Moderna, or Johnson & Johnson) is required in accordance with current CDC guidelines for healthcare personnel.

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 Amanda Chaffins, 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's ability to perform their duties must be reported. Documentation of immunity (i.e., titer results) must be submitted with the completed form. If a titer indicates insufficient immunity, additional vaccine doses may be required. Students with a positive TB test (TST or IGRA) must provide documentation of follow-up (i.e., x-ray), documentation of medical evaluation, and necessary treatment.

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 MUPA program. Those granted an extension may have up to one semester to become complaint. In cases of allergy or religious objections, students should 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	adkinsbra@marshall.edu
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Blatt, Michael	Pathology	1.8860	blatt16@marshall.edu
Bowyer, Tammy	Ophthalmology	1.8804	tbowyer@marshall.edu
Caldwell, Amy	Internal Medicine	1.1007	caldwell7@marshall.edu
Christopher, Laura	Holmes Wellness Center	1.1730	christopherl@marshall.edu
Davis, Evie	Cardiology	1.8536	davis118@marshall.edu
Ellis, Bert	Pediatrics	1.1341	ellis151@marshall.edu
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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.

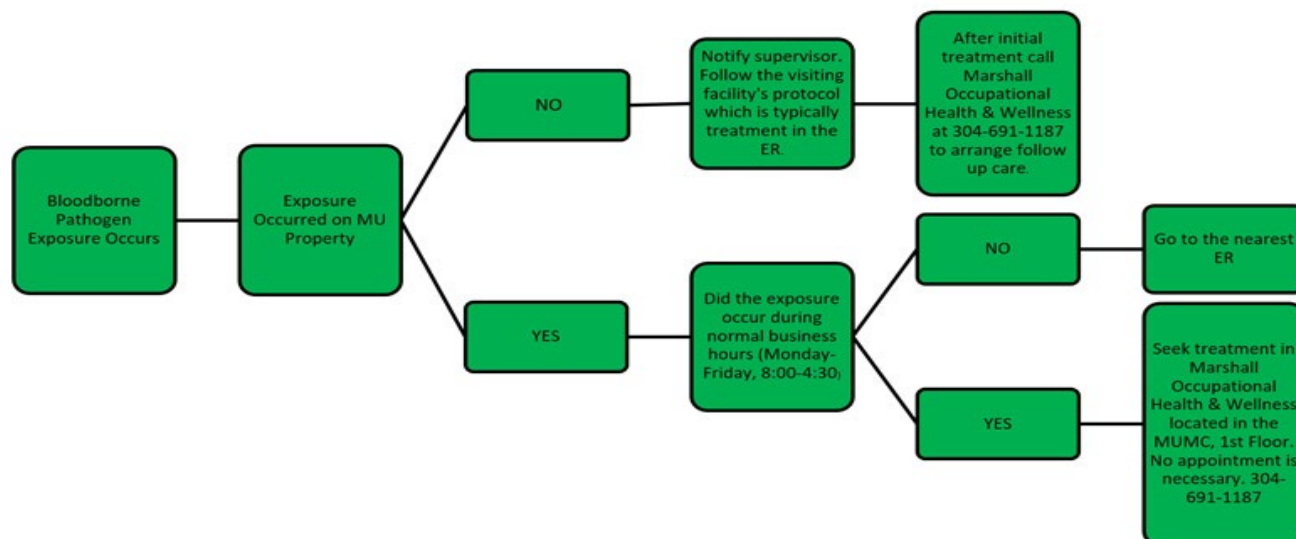
L. Source Patient: any individual, living or dead, whose blood or other potentially infectious materials may be a source of exposure to an exposed person.

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 form (<https://jcesom.marshall.edu/about/emergency-adverse-event-protocols/>). From this website, please select Marshall Health Employees (see screenshot below).

Emergency & Adverse Event Protocols

[Home](#) | [About](#) | [Emergency & Adverse Event Protocols](#)

- [Needle Stick / Blood and Body Fluid Exposure Protocol](#)
- [MUMC Emergency Response Protocol](#)
- [MU Emergency Text Messaging System](#)
 - [Sign-up via myMU \(mymu.marshall.edu\)](#)
 1. Login with your 901 ID number and your PIN
 2. Select the "School Services" link
 3. Select the "MILO" link
 4. Select the "Personal Information" link
 5. Select the "MU Text Messaging" link
 - NOTE: An explanation of the options concerning levels of notification, as well as other information about the Emergency Text Message system, can be found at www.marshall.edu/it/emfaq.htm
- [Safety Committee SharePoint](#)
- [Report a Safety Issue or Concern](#)
- [Incident Report Forms](#)
 - [Datix Reporting](#) (Patient-Related Incidents in Provider Based Clinics)
 - [State Employees](#)
 - [Marshall Health Employees](#) (Non-Patient-Related Incidents OR Non-Provider Based Clinic Incidents)
- [Safety Data Sheets from Cabell Huntington Hospital](#)

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, which is available through the Division of Occupational Health & Wellness administration. 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, which is available through the Division of Occupational Health & Wellness administration. 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 (MUMC HIV (AIDS) Laboratory Consent) for HIV testing by contacting the Division of Occupational Health & Wellness safety officer. 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.

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 its 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 for supplying 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, students must email the Director of Clinical Education (DCE) confirmation of their rotation schedule for the remainder of the rotation. The DCE will review schedules and address any concerns regarding workload or scheduling. While ARC-PA does not define maximum work hours, the program references **ACGME guidelines** as a benchmark to promote student well-being and prevent fatigue.

Students are expected to strictly adhere to preceptor schedules, including arrival times and instructions regarding shift changes. ANY change to the daily schedule, such as early dismissal or late arrival, must be reported to the DCE within one hour of the scheduled start time.

A suitable schedule will be determined by the preceptor or designee and must average a **minimum of 32 hours per week** 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 anticipate working more, in alignment with clinical demands, including evenings, weekends, and holidays. Average hours **below 40 per week** will trigger a review by the DCE and/or Program Director and may result in mandatory make-up time during scheduled academic breaks. Students are not permitted to make up required clinical hours during the weekend immediately following the conclusion of a rotation. The DCE will assign specific dates and times for the completion of any additional required hours. Students must adhere to the schedule provided by the DCE to ensure timely fulfillment of rotation requirements.

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.

The program reserves the right to conduct random calls or site visits to verify student attendance, participation, and professional conduct during clinical rotations.

Each patient encounter represents a critical opportunity to enhance clinical knowledge, develop professional skills, and gain experience within the specialty. Students are encouraged to maximize their time on-site and actively engage in all aspects of patient care to achieve the highest educational value from each rotation.

Excused Absence

Students requesting an excused absence must submit a completed **Excused Absence Request Form**, including all required signatures and supporting documentation, to the Director of Clinical Education (DCE) at least **two weeks prior** to the anticipated absence. Submission of a request does **not guarantee approval**; all requests will be evaluated on a case-by-case basis at the discretion of the DCE.

Requests for excused absences due to personal plans such as vacations, social events, or routine family gatherings are **strongly discouraged** and will generally **not be approved**. However, the program recognizes that significant personal or family events may arise. Such requests will be reviewed individually, with the understanding that all missed time must be made up and that approved absences may still impact academic progression, including potential delays in graduation.

If an excused absence exceeds **one day within a rotation**, the student is required to make up all missed time, regardless of the total hours already logged. Every effort should be made to complete the make-up time within the same rotation. If this is not possible, the rotation will be considered **incomplete** until all required hours are fulfilled.

The DCE must approve all make-up plans in advance. Failure to comply with assigned make-up schedules may result in academic penalties or referral to the **Student Progress Committee (SPC)**.

For the clinical phase of the program, accumulating **more than one excused absence per semester** will be considered a **professionalism concern** and may indicate difficulty in meeting the MUPA program's technical standards. Students exceeding this threshold will be referred to the SPC for evaluation and potential professionalism probation.

No absences will be approved during the PAS 690 Senior Seminar course under any circumstances.

Unplanned Absence

In the event of an emergency or unforeseen circumstance preventing attendance at a scheduled SCPE, students must notify both their preceptor and the Director of Clinical Education within one hour of the scheduled start time. Students are required to submit a completed **Excused Absence Request Form**, including supporting documentation, within one week of the absence. Submission of this form does **not guarantee retroactive approval**; the Director of Clinical Education will review the circumstances on a case-by-case basis.

Unexcused Absence

An **unexcused absence** is defined as any absence from a scheduled SCPE without prior approval or failure to submit required documentation within the designated timeframe following an unplanned absence.

Unexcused absences are considered a serious violation of **professionalism** and failure to meet program expectations. All unexcused absences must be made up at dates and times assigned by the Director of Clinical Education (**DCE**).

In addition to mandatory make-up time, unexcused absences will result in:

- A significant negative impact on the student's **final SCPE grade**.
- Referral to the **Student Progress Committee (SPC)** for professionalism concerns after repeated offenses.
- Potential academic penalties, including course failure, professionalism probation, and/or delay in program progression.

Students will also be responsible for any additional tuition or fees resulting from delayed completion of program requirements.

Proactive communication with both the DCE and preceptors is essential to avoid circumstances leading to unexcused absences.

Personal Day

The MUPA Program recognizes the rigorous demands of clinical training and offers students the opportunity to request **one personal day** during the clinical year. This policy is designed to support student well-being by allowing a brief, planned respite when appropriate.

Personal days are **not permitted** during the didactic phase, as students receive scheduled academic breaks and holidays during that period.

Guidelines for Personal Day Use:

- Students are allowed **one personal day** during the clinical year.
- Requests must be submitted at least **48 hours in advance** using the **Excused Absence Request Form**, with all required signatures and supporting documentation.
- The personal day must be taken as a **full day**; it may not be divided into partial days. A partial day will be counted as a full day.
- Students are responsible for completing any missed coursework or clinical responsibilities resulting from the absence.
- Personal days may **not** be taken under the following circumstances:
 - On a **Call Back Day**.
 - On the **first or last day** of a SCPE rotation.
 - In conjunction with school breaks, holidays, holiday weekends, or other approved excused absences.
 - If use of the personal day would result in falling below the required **32-hour weekly minimum** for the rotation.
- The **Director of Clinical Education (DCE)** reserves the right to deny a personal day request if:
 - The student has missed other days during the rotation for any reason.
 - There are concerns regarding the student's academic performance or professionalism.
- Students currently on **professionalism probation** are not eligible to use a personal day.
- The MUPA Program reserves the right to place a **moratorium** on personal days for all students at any time due to academic, clinical, or administrative needs.

Approval of a personal day is at the sole discretion of the DCE and is not guaranteed, even when requested in accordance with these guidelines.

Job Interviews

The MUPA Program understands that students may receive job interview opportunities during the clinical year. While participation in interviews is encouraged as part of professional development, clinical education remains the priority.

Students must adhere to the following guidelines regarding job interviews during SCPEs:

- All job interview absences must be **requested in advance** by submitting an **Excused Absence Request Form** with appropriate documentation.
- Job interviews will be considered **excused absences** but will count toward the student's total allowable absences for the semester.
- If multiple interviews are anticipated, students should make every effort to schedule them during academic breaks, weekends, or outside of clinical hours.
- Any missed clinical time due to job interviews that exceeds one day per rotation must be **made up** in accordance with program policy.
- Job interview absences are **not permitted** during PAS 690 or on Call Back Days.
- Failure to follow proper request procedures may result in the absence being classified as **unexcused**.

Approval of job interview absences is at the discretion of the Director of Clinical Education and is not guaranteed.

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. **Students will be notified of any program-related delays or cancellations via official Marshall University email communication.** It is the student's responsibility to monitor these notifications regularly.

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 required to accurately log all patient encounters and clinical hours during each SCPE using the designated system, **MedHub**. Instruction on proper logging procedures will be provided prior to the start of the clinical year.

Logging Expectations:

1. **No pre-logging of hours** is permitted.
2. Students must **log hours daily**.
3. All patient encounters must be logged **within three days** of the encounter.

Students are expected to log a minimum of **10 patient encounters per week**. Failure to maintain timely and accurate logs may result in professionalism concerns, impact course evaluations, and could delay progression if benchmarks are not met.

Refer to the **Miscellaneous Directives** section of this handbook for additional logging guidelines.

To ensure adequate exposure across patient populations and clinical settings, students must meet the following **minimum benchmarks** during the clinical year:

- **Patient Age Groups:**
 - 30 Infants
 - 30 Children
 - 40 Adolescents
 - 250 Adults
 - 90 Elderly
- **Operative Experience:**
 - 25 Preoperative
 - 25 Intraoperative
 - 25 Postoperative
- **Encounter Types:**
 - 50 Preventive
 - 40 Acute
 - 50 Chronic
 - 20 Emergent
- **Specialty-Specific:**
 - 40 Women's Health (including prenatal care)
 - 40 Behavioral and Mental Health

Students are responsible for monitoring their progress toward these benchmarks and should communicate with the **Director of Clinical Education (DCE)** if deficiencies are identified.

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 complexity of clinical education, the MUPA Program has established a comprehensive process for monitoring student progress and ensuring the quality of Supervised Clinical Practice Experiences (SCPEs).

Monitoring Student Progress during SCPEs

Student progress is monitored through regular review of patient logging and clinical performance by the **Director of Clinical Education (DCE)** or designated faculty/staff. If it is determined that a student is at risk of not meeting SCPE objectives, the following steps will be taken:

1. The DCE will schedule a meeting with the student to address identified concerns.
2. If concerns persist, a mandatory site visit meeting will be conducted. This meeting will include the DCE (or appointed faculty), the clinical preceptor, and the student.

The purpose of this meeting is to:

- Identify obstacles preventing achievement of SCPE objectives.
- Develop and implement a corrective action plan tailored to the student's needs.
- Ensure that objectives can be met within the rotation timeline.

Remediation strategies may include:

- Focusing encounters on specific patient demographics or conditions.
- Increasing daily patient volume.
- Enhancing exposure to required procedures (e.g., prenatal exams, well-child visits).

If obstacles cannot be resolved at the current site, the student may be reassigned to an alternative clinical site to complete SCPE objectives within the designated timeframe.

At the conclusion of the rotation, if deficiencies remain (e.g., insufficient exposure to required patient populations), the student may be assigned additional clinical experiences. These may replace elective rotations or be added as extra requirements to ensure competency.

Site, Student and Preceptor Evaluations during SCPEs

Site visits during the Marshall University Physician Assistant Program clinical year ensure 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 (DCE)** or designated faculty will conduct a minimum of **two site visits per year** for each student during the clinical phase. These visits are essential to ensure the quality of the educational experience, monitor student progress, and support both students and preceptors.

The DCE or designee will also conduct site visits or communications with preceptors prior to accepting students, as needed. Recognizing that preceptors may not always be available for in-person meetings, site visits may occur through a combination of **in-person visits, phone calls, emails, or other appropriate communication methods.**

During Each Site Visit, the DCE or Designee May:

- Identify and address any **safety concerns.**
- Discuss and resolve **student or preceptor concerns.**
- Review **midpoint evaluations** and student progress, as appropriate.
- Assess adequacy of **supervision, clinical facility resources,** and diversity of the **patient population** to ensure alignment with SCPE objectives.

Additional Site Visits

Additional site visits may be conducted at the discretion of the DCE, Program Director, or Medical Director in response to:

- Student **performance concerns.**
- Issues related to **professionalism.**
- Reports or concerns raised by instructional or principal faculty.
- **Deficient midpoint evaluations.**
- Patterns of **absenteeism.**
- Inadequate supervision, limited patient population diversity, or concerns regarding clinical site resources.

Evaluation Tools Utilized During SCPEs

The MUPA Program employs multiple tools to monitor student performance and clinical site quality throughout the clinical year:

- **Student Logging** (via MedHub)
- **End-of-Rotation (EOR) Examinations**
 - Administered for all required SCPEs; elective rotations utilize alternative assessments per course syllabi.
- **Assignments** as outlined in course syllabi.
- **MedHub Online Evaluations:**
 - Formative **Midpoint Assessment** of the PA Student
 - **Preceptor's Final Evaluation** of the PA Student
 - **Student's Evaluation** of Preceptor and Clinical Site
- **Objective Structured Clinical Examinations (OSCEs)**
- Assessment of **Professionalism** across all rotations
- **Program Summative Evaluation** (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. Malana Kipp ensures that evaluations are sent, via MedHub, to preceptors in a timely manner and is available to answer questions as needed, fussner@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.
 - 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)

Failure of an **End-of-Rotation (EOR) Exam**—defined as a score below **74.5%**—will result in mandatory remediation followed by a retake of the exam within **14 days**. To successfully complete remediation, the student must achieve a score of **≥ 79.5%** on the retake. Failure to do so will require the student to **repeat the rotation**, resulting in a **delay of graduation**.

After repeating the rotation, the student must pass the EOR exam on the **first attempt** with a score of **≥ 74.5%**. Failure to pass the EOR after a repeated rotation will result in **dismissal from the program**. The highest attainable grade for a repeated rotation is **75%**.

Students are permitted a maximum of two (2) EOR exam failures during the clinical year. A third EOR exam failure, regardless of rotation, is grounds for dismissal from the program.

The **elective rotation** may not be used to repeat a rotation for purposes of remediating a failed EOR exam.

Following an EOR exam failure, the student will meet with their assigned **advisor or designated program representative on Call Back Day**. The program representative will review the exam performance and provide a list of missed content areas. The student will be required to complete a targeted remediation assignment addressing:

1. Disease State
2. Significant Detail
3. Clinical Presentation
4. Diagnosis
5. Management

The final grade for each clinical rotation course is based on the following components:

1. Preceptor Evaluation
2. EOR Exam
3. Patient Logging Compliance
4. Assignments
5. Objective Structured Clinical Examination (OSCE)
6. Professionalism

Failure of a clinical rotation course may result from deficiencies in **any** of these components. Passing the EOR exam alone does **not** guarantee passing the course. A failed final preceptor evaluation, or concerns identified at the discretion of the **Director of Clinical Education (DCE)**, will require repetition of the rotation. Other failed components (score below **74.5%**) will require remediation.

Failure of a remediated EOR exam after a rotation repeat will result in a grade of **"I"** (Incomplete) on the student's transcript. All associated **tuition and fees** for repeated rotations or remediation are the responsibility of the student and will lead to delayed graduation.

Miscellaneous Directives

To maintain academic and professional standards during SCPEs, students must adhere to the following expectations. Failure to comply with any directive will result in a **50% deduction** from the associated assignment or evaluation grade.

1. **Banking of hours is not permitted.** Students may not accumulate extra hours in anticipation of future absences during the same rotation.
2. **Pre-logging of hours is prohibited.** Students may not record hours in advance.
3. **Daily logging is required.** Rotation hours and patient encounters must be logged **each day**.
4. **Patient logs must be submitted within three (3) days** of each patient encounter.
5. **All logging (rotation hours and patient encounters)** must be completed in **MedHub** by **8:00 AM on Call Back Day**.
6. **Student Evaluation of Site and Preceptor** must be submitted via MedHub by **8:00 AM on Call Back Day**.
7. **Rotation assignments** (except for electives) must be submitted to the **Director of Clinical Education** and the designated **program administrative representative** by **8:00 AM on Call Back Day**.
8. **Work hour schedules for each rotation** must be submitted to the Director of Clinical Education by **8:00 PM on the first Tuesday** of each rotation.
9. **Falsification of any documentation** (e.g., hours, patient logs, procedure/technical skills) is a serious professionalism violation and will result in disciplinary action, including referral to the **Student Progress Committee (SPC)**.
10. **Call Back Day attendance is mandatory for the full day.** Students are not permitted to leave early for travel or other personal plans. All scheduling must be planned around Call Back Day.



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