PHYSICIAN ASSISTANT PROGRAM

Supervised Clinical Practice Experience (SCPE) Handbook

2026-2027 Clinical Year

Jessica Dearman, MS, PA-C

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.

The SCPE Handbook provides policies and procedures specific to the clinical phase of training. Students are expected to adhere to all University policies, the MUPA Student Handbook: A Policy and Procedure Manual, and the SCPE Handbook.

The MUPA Student Handbook: A Policy and Procedure Manual serves as the primary source for program-wide policies, including academic standards, progression, and disciplinary actions. The SCPE Handbook outlines clinical-year-specific expectations, including rotation requirements, attendance procedures, grading, and remediation policies unique to the clinical phase.

In the event of a discrepancy, the SCPE Handbook will govern matters specific to clinical education, including rotation structure, clinical grading, and remediation processes. The MUPA Student Handbook: A Policy and Procedure Manual will govern all overarching academic and program policies.

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, and/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

Contact Information: PA Program Faculty and Staff

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Supervised Clinical Practice Experience (SCPE) Calendar
Spring 2026 – Spring 2027

SCPE	SCPE Dates	Call Back Day
1	May 11 – June 4, 2026	June 5
2	June 8 – July 1, 2026	July 2
3	July 6 – July 30, 2026	July 31
4	August 3 – August 27, 2026	August 28
5	August 31 – September 24, 2026	September 25
6	September 28 – October 22, 2026	October 23
7	October 26 – November 19, 2026	November 20
8	November 23 – December 18, 2026 (Vacation Nov 25-27)	December 21
9	January 4, 2027 – January 28, 2027	January 29
10	February 1 – February 25, 2027	February 26
11	March 1 – March 25, 2027	March 26
Senior Seminar	April 5 – April 23, 2027	

Holidays and Vacation
Spring 2026 – Spring 2027

November 25 – 27, 2026

December 22, 2026 – January 1, 2027

March 29 – April 2, 2027 – 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** constitute automatic days off 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 ≥ 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, incomplete, or untimely submission of required procedure or patient encounter 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 present current immunization documentation upon request will result in immediate removal from the clinical site. Missed time due to delayed compliance may require make-up rotations and may delay 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 Monday-Thursday, students should contact the Director of Clinical Education at office number (304) 733-7798. For urgent matters outside of normal business hours or on Fridays, students should use previously provided direct contact information for the Director of Clinical Education. Students are expected to use professional judgement when determining the urgency of a situation that warrants direct phone communication.
10. All required documentation for onboarding and credentialing must be submitted in full to the DCE or designee prior to the start of clinical rotations. Delays in submission may prevent a student from beginning a scheduled SCPE and may require reassignment or delay graduation.

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 or another qualified health care professional acting within their scope of practice and in accordance with site policy. Task-specific supervision by licensed ancillary staff is permitted when appropriate, but overall responsibility for supervision and evaluation remains with the assigned preceptor.
3. Students must never function in the place of a paid employee or provide care independently. All clinical responsibilities must involve appropriate oversight and preceptor direction.
4. Students must not treat or discharge a patient from care without the direct oversight of a licensed 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 performed under the supervision of their preceptor or other qualified clinical personnel acting within their scope of practice.
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 services to patients without regard to a patient's race, ethnicity, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, or political beliefs.
12. In the event the assigned preceptor is absent, and no other delegated clinical supervisor is present or available, students must immediately notify the Director of Clinical Education (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 submit their anticipated four-week schedule to the Director of Clinical Education.
17. Students must notify the Director of Clinical Education of any changes to their daily schedule within one hour of their scheduled start time.

Student Roles and Responsibilities

By the time students enter the clinical phase of training, they are expected to competently perform and document a complete history and physical examination, and to orally present their findings. However, the clinical year, like the didactic phase, is an active learning process. The program and preceptors recognize that students vary in experience and may require additional guidance early in training. Students are encouraged to ask questions during clinical encounters, as doing so reflects a commitment to learning and professional growth.

Students must always work under appropriate supervision and are not permitted to independently manage, treat, evaluate, or discharge patients. Clinical responsibilities must involve oversight by a licensed health care provider, and students must never be used as a substitute for any member of the clinical team. While each student is assigned a clinical preceptor who holds primary responsibility for oversight and evaluation, learning opportunities may also involve task-specific supervision by other licensed clinical staff (e.g., registered nurses or respiratory therapists), when appropriate and in accordance with site policy.

Students participating in clinical experiences are ambassadors of the Marshall University Joan C. Edwards School of Medicine Physician Assistant Program, representatives of the PA profession, and invited guests of each clinical site. They are expected to uphold the highest standards of professionalism, ethics, and competency, and to leave a positive impression with each patient and team they encounter. Participation in clinical education is both an honor and a privilege and it demands accountability, discretion, and professionalism at all times.

Professional behavior, including respectful interactions, compliance with HIPAA, and ethical conduct, is a graded component of every rotation. Students who fail to meet these expectations may be referred to the Student Progress Committee. Professionalism concerns may impact course grades, result in remediation, affect progression in the program, or, in cases of serious violations, lead to referral for disciplinary action up to and including dismissal.

All students are also required to complete the Student's Evaluation of Preceptor and Site by 8:00 am on Call Back Day. Completion of this evaluation, as well as all other required grading components (e.g., H&P submissions, assignments, site evaluations) is mandatory. Late or missing submissions may result in academic penalties or referral to the Student Progress Committee.

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 health care 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 must meet current Centers for Disease Control and Prevention (CDC) recommendations for health care personnel.
8. Students must provide documentation of vaccination or approved exemption as required by affiliated clinical training sites. Additional requirements may be imposed by individual clinical sites and must be met in order to participate in clinical rotations.

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 Bridgett Cunningham, APRN FNP-BC, Director of Employee Health, Marshall Health Network, employeehealth@mhnetwork.org / bridgett.cunningham@mhnetwork.org or Amy Johnson, St. Mary's Occupational Health, amy.johnson@st-marys.org. Any treatable conditions that the student is at increased risk for or health impairments that may interfere with the student performance of their 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 compliant. 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 bloodborne 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 Officers

Maynard, Lisa	Administration	1.1720	maynard241@marshall.edu
Ward, Nathan	Administration	1.1705	ward85@marshall.edu
Davis, Evie	Cardiology	1.8536	davis118@marshall.edu
Sizemore, Brittany	Cardiology	1.8528	likens3@marshall.edu
Woodyard, Lexa	Dentistry	1.1246	halstead4@marshall.edu
Alexander, Teresa	Dermatology	1.6829	alexander22@marshall.edu
Lange, Tracy	Director of Nursing/Peds	1.1361	langet@marshall.edu
Lowe, Tamara	Family Medicine	1.1057	lowe16@marshall.edu
Watters, Judy	Family Medicine	1.1190	watters@marshall.edu
Jones, Amanda	GME	1.1817	cartmel1@marshall.edu
Christopher, Laura	Holmes Wellness Center	1.1730	christopherl@marshall.edu
Montgomery, Jamey	Housekeeping Services	740.645.8404	montgomery34@marshall.edu
Caldwell, Amy	Internal Medicine	1.1007	caldwell7@marshall.edu
Johnson, Jim	Internal Medicine	1.6370	johnsonjame@marshall.edu
McCarthy, Mike	IT	1.1765	mccarthy@marshall.edu
Montgomery, Jamey	Maintenance	1.1642	montgomer34@marshall.edu
Spence, Sheanna	Marketing	1.1639	smith566@marshall.edu
Adkins, Brandy	Neurosurgery	304.691.1988	adkinsbra@marshall.edu
O'Dell, David	Neurosurgery	1.1157	odell@marshall.edu
Galloway, Rachel	OB/GYN	1.1464	rachel.sargent@marshall.edu
Lloyd, Mindy	OB/GYN	1.1413	mbates@marshall.edu
Cunningham, Bridgett	Employee Health	304.399.2833	bridgett.cunningham@mhnetwork.org
Frazier, Marie	Academic & Student Affairs	1.1300	smith305@marshall.edu
Woodyard, Lexa	Ophthalmology	1.8804	halstead4@marshall.edu
McSweeney, Melanie	Orthopaedics	304.526.2607	sargent5@marshall.edu
Porter, Amber	Orthopaedics	1.1348	byard@marshall.edu
Blatt, Michael	Pathology	1.8860	blatt16@marshall.edu
Woodrum, Cole	Pediatrics	1.1312	woodrum33@marshall.edu
Maynard, Jessica	Pharmacy	1.6879	maynard153@marshall.edu
Preece, Carly	Pharmacy	1.8778	preecec@marshall.edu
Myhrwold, Angela	Psychiatry	1.1568	myhrwol1@marshall.edu
Montgomery, Jamey	Safety Director	1.1642	montgomery34@marshall.edu
Gerlach, Jarrett	Surgery	1.1298	gerlach8@marshall.edu
Jones, Sarah	Surgery	1.6916	herbert4@marshall.edu

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 bloodborne 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 bloodborne 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. Bloodborne Pathogens: for the purpose of this policy bloodborne 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 bloodborne 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 bloodborne 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.

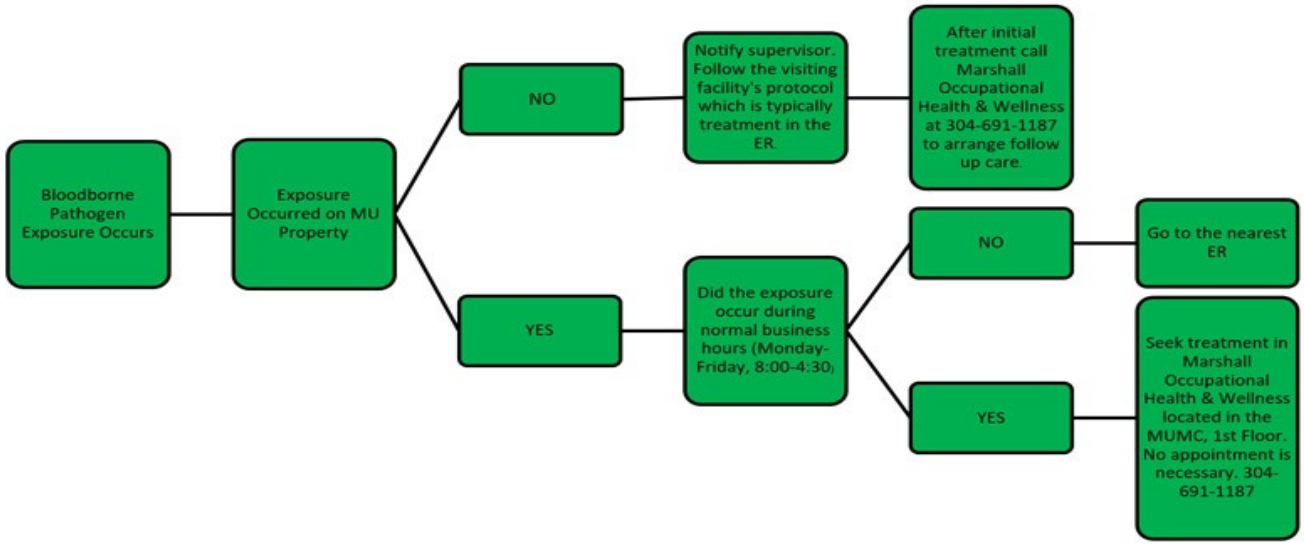
B. The method of dissemination and education regarding such policy shall be the responsibilities of the Department Chairs or their designee (Safety Collateral Officer), the Program Directors for each residency, the Associate Dean of Academic Affairs for medical students and the SOM/UP&S Safety Officer 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 bloodborne 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.

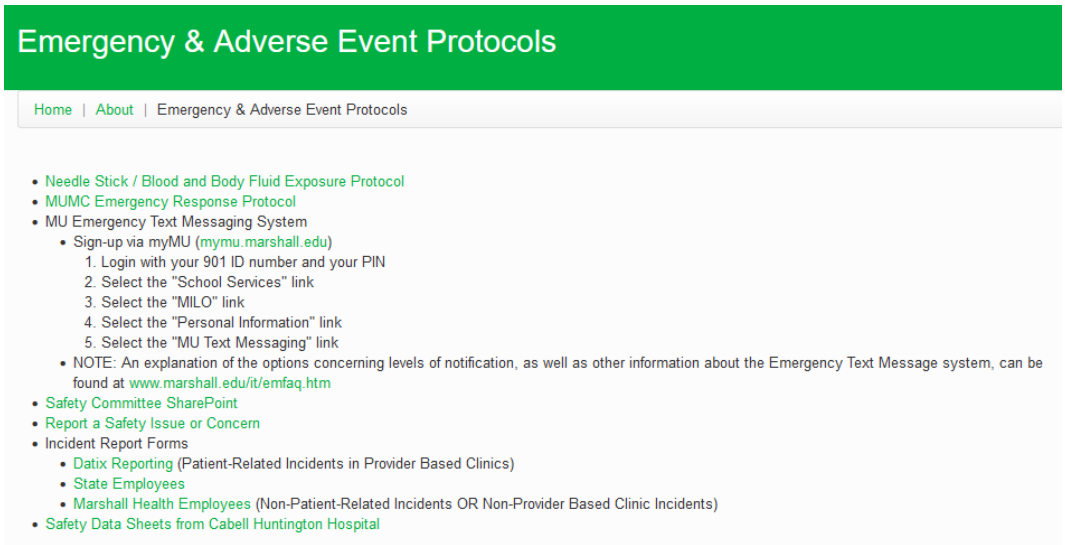
Intact Skin Exposure

Exposure of intact skin to potentially contaminated material is not considered an exposure at any significant risk and is neither considered an exposed person nor 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 bloodborne 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 generates 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).



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 health care 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 bloodborne 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 health care 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. This documentation and questions must be sent to Laura Christopher in the Office of Student Affairs at musomstudentaffairs@marshall.edu. Submit this documentation for payment or reimbursement as soon as possible after the event.

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.

Students are expected to attend all scheduled clinical rotations, Call Back Days, and required program activities.

Six days is the maximum number of absences allowed during the SCPE year. All absences, including excused absences, personal days, and approved interview days, count toward this total.

General Surgery On-Call Requirement

Students are required to complete two (2) 24-hour in-house on-call shifts during this rotation. These shifts must be scheduled in collaboration with the preceptor and should reflect the typical demands of a general surgery service. Full participation during each on-call shift is mandatory. Students are excused from clinical responsibilities on the day immediately following each on-call shift to ensure appropriate rest and recovery.

Excused Absence

Students requesting an excused absence must submit the MUPA Clinical Rotation Excused Absence Request Form (Microsoft Forms), including all required information and supporting documentation, to the Director of Clinical Education (DCE) at least two (2) weeks prior to the anticipated absence.

All absence requests must be submitted using the official Microsoft Forms system. Students are required to notify their preceptor directly as soon as possible for all absences, regardless of form submission.

Submission of this form 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 the MUPA Clinical Rotation Excused Absence Request Form (Microsoft Forms), 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.
- Potential academic penalties, including course failure, professionalism probation, and/or delay in program progression.

Students also will 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 MUPA Clinical Rotation Excused Absence Request Form (Microsoft Forms), with all required information 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** 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 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 the MUPA Clinical Rotation Excused Absence Request Form (Microsoft Forms) 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 Days, 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 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 **ten (10) patient encounters per week**. Failure to maintain timely and accurate logs may result in professionalism concerns, impact course evaluations, and 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 patient encounter **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 must communicate with the **Director of Clinical Education (DCE)** if deficiencies are identified. Students are expected to communicate early and consistently throughout the clinical year to ensure benchmarks are met within the allotted timeframe. Failure to communicate identified deficits in a timely manner may delay graduation or require reassignment to an additional SCPE.

While the program will make every effort to ensure that all required technical skills and procedural benchmarks are accessible across rotations, it is ultimately the student's responsibility to track their progress and notify the Director of Clinical Education if they are not meeting expectations. Timely communication is essential to allow for support or reassignment if needed.

Many technical skills—such as Foley catheter insertion, IV placement, wound care, and suturing—can be obtained cumulatively across multiple rotations, whereas others (e.g., vaginal delivery) are rotation-specific. Students are encouraged to pursue all opportunities for skill development and report deficiencies early in the clinical year.

If a procedure is listed as “Observe,” and the student instead performs it under appropriate supervision, the performance will fulfill and supersede the observation requirement. In such cases, students should log the procedure as “Performed.”

Clinical Encounter and Technical Skill Expectations

The Marshall University PA Program emphasizes that live patient encounters are the foundation for developing clinical competency during Supervised Clinical Practice Experiences (SCPEs). Students are expected to achieve the majority of required clinical exposure and technical skill development through direct, in-person patient care across a variety of clinical settings.

The program recognizes that opportunities to complete certain encounter types or procedural experiences may vary due to patient presentation, case availability, or site-specific factors. In such cases, limited use of simulation or alternative educational methods may be permitted to address unavoidable gaps in clinical exposure. Use of simulation is considered supplemental and requires prior approval from the Director of Clinical Education and/or Program Director. Approval is granted at the discretion of program leadership and will only be considered when specific encounters or procedures are not reasonably available in the clinical setting.

It is the student’s responsibility to proactively communicate any anticipated deficiencies in patient encounters or opportunities to perform technical skills to the DCE in a timely manner. Simulation or alternative experiences will not be approved as substitutes for experiences that are typically accessible during clinical rotations.

Conflicts of Interest in Clinical Placements

To maintain fairness, objectivity, and compliance with ARC-PA Standards, students are generally not permitted to complete clinical rotations under the supervision of immediate family members, significant others, or others with whom they share a close personal or professional relationship.
This policy applies regardless of preceptor credentials or site affiliation. All clinical supervision and evaluation must be conducted by individuals who can provide impartial, unbiased assessment of the student’s performance. If a potential conflict exists, the student must disclose the relationship in writing to the Director of Clinical Education prior to placement so that the program can review the situation and determine whether reassignment or additional oversight is necessary.

Use of MedHub

All students are required to use the designated web-based evaluation and tracking system, MedHub, throughout their SCPEs. This system is used to ensure that students are meeting program expectations and progressing toward the competencies required for clinical practice.

MedHub will be used to collect clinical data, including—but not limited to—student logging of patient encounters, preceptor and site demographics, and both graded and ungraded student and preceptor evaluations. Students are expected to log all patient encounters and clinical hours exclusively within this system.

Regular logging via MedHub allows for timely review of student progress toward SCPE learning objectives. It also enables the Director of Clinical Education and designated program faculty or staff to monitor, review, and address student performance, preceptor feedback, and any site-related 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. It is the student's responsibility to monitor their own progress and to promptly notify the DCE if they are not meeting required SCPE objectives, including technical skills, patient encounter benchmarks, or procedural expectations. If concerns arise, or the student identifies deficiencies, the following steps may be taken:

1. The Director of Clinical Education will schedule a meeting with the student to address identified concerns related to clinical performance, procedural benchmarks, or patient exposure.
2. If concerns persist or the student reports ongoing deficiencies, the DCE will review the student's progress and determine whether additional support, reassignment, or other interventions are warranted. Site visits may be conducted at the discretion of the program. Students are expected to communicate concerns early in the rotation to allow sufficient time for a remediation plan.

The purpose of this meeting is to:

- Identify obstacles preventing achievement of SCPE objectives.
- Develop and implement a remediation 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 or skills), 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, the student 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 of the program. 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 pre-placement communication with preceptors as needed, prior to assigning students to new clinical sites. 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.
- Evaluate the 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**.
- Professionalism concerns.
- 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 outlined in 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's Evaluation of Preceptor and Clinical Site

The Student's Evaluation of Preceptor and Clinical Site is an essential tool for gathering constructive feedback to support clinical site assessment, future placement decisions, and preceptor development. Completion of this evaluation is mandatory at the conclusion of every SCPE.

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 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 follows a structured process for selecting, reviewing, and maintaining clinical rotation sites. As part of the program's clinical site evaluation process, an initial site review will be conducted prior to assigning students to a new rotation site. The MUPA program also conducts periodic evaluations of active clinical sites to ensure ongoing quality, student safety, and alignment with SCPE learning objectives. Site visits may be conducted by the Director of Clinical Education or a designee based on program needs and availability. Additional site visits may be initiated at any time if concerns arise related to student performance, professionalism, preceptor engagement, patient volume, supervision, or other factors that may impact the educational experience.

End-of-Rotation Examinations (EOR Exams)

During the clinical phase of training, all students will complete eleven (11) four-week Supervised Clinical Practice Experiences (SCPEs, i.e., clinical rotations)—10 required core rotations and one elective. These required rotations are structured to ensure comprehensive exposure to core medical disciplines and essential competencies outlined by the program and accreditation standards.

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. Each required SCPE includes a comprehensive, multiple-choice, written examination as part of the grading process. Most of these examinations are developed and owned by the Physician Assistant Education Association (PAEA) and will be administered at the conclusion of each rotation. All policies related to examinations, as detailed in the MUPA Student Handbook: A Policy and Procedure Manual, and as required by PAEA, will be strictly enforced. The elective SCPE will be evaluated through an alternative form of assessment as outlined in the course syllabus.

Students are not permitted to bring any personal items into the testing room. Prohibited items include, but are not limited to, cell phones, smartwatches, activity trackers (e.g., Fitbit), blankets, jackets, outside drinks, lip balm, calculators, tissues, cough drops. Backpacks and personal belongings must be stored in lockers before the exam begins.

End-of-Rotation scores will be released by the end of Call Back Day unless a technical issue delays processing. Requests for early score release 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.

Supervised Clinical Practice Experience (SCPE) Remediation Policy

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 ≥ 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 ≥74.5%. Failure to do so will result in dismissal from the program. The highest recorded grade attainable will be a 75%. The student may fail a maximum of two (2) EOR exams. Failure of three (3) EOR exams is grounds for dismissal from the PA program. Failure of a remediation EOR exam will count toward the maximum of two (2) EOR exam failures before dismissal from the program. 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 student will be provided 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

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 guarantee passage of the course. Students will be required to repeat the rotation in the event of a failed final preceptor evaluation or at the discretion of the Director of Clinical Education. Other failed components (score below 74.5%) will require remediation.

Miscellaneous Directives

To maintain academic and professional standards during Supervised Clinical Practice Experiences (SCPEs), students must adhere to the following directives. 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) calendar 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** (excluding electives) must be submitted to the **Director of Clinical Education** 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** (including but not limited to hours, patient logs, or procedural/technical skill entries) is a serious violation. It will result in disciplinary action, including referral to the **Student Progress Committee (SPC)** and may be grounds for dismissal from the program.
10. **Call Back Day attendance is mandatory for the full day.** Students are not permitted to leave early for travel or other personal obligations. 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: A Policy and Procedure Manual 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 Student Handbook, Marshall University Graduate Catalog and the Marshall University PA Student Handbook: A Policy and Procedure Manual. 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 handbooks. 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 understand that my signature below indicates that I understand the above statements.

_____

STUDENT'S NAME (print)

_____ _____

STUDENT'S SIGNATURE DATE

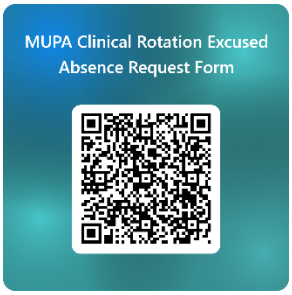
PHYSICIAN ASSISTANT PROGRAM

Excused Absence Request Process

All absence requests during clinical rotations (PAS 650–660) must be submitted using the official MUPA Clinical Rotation Excused Absence Request Form (Microsoft Forms).

Submit absence requests here:
https://forms.cloud.microsoft/r/B6XqDChrBS?origin=lprLink

Scan to access the form:



Students are responsible for ensuring timely and complete submission. Submission does not guarantee approval. All requests are reviewed by the Director of Clinical Education in accordance with program policies.

Students must notify their preceptor directly as soon as possible for all absences.