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FOREWORD

The information contained in this Guidebook is intended to assist you by drawing attention to some of the policies and information you will need to know as a clinical year student in the Master of Physician Assistant Studies (MPAS) Program.

This Guidebook is a supplement to the Florida Gulf Coast University (FGCU) MPAS Program Policies and Student Guidebook and provides guidelines, policies and specific information for clinical year MPAS students. This Guidebook also serves as a supplement to the FGCU Student Handbook, University policies, procedures, rules, requirements, and publications. Students are responsible for all information presented in this Guidebook.

Students enrolled in the Marieb College of Health & Human Services academic programs, should also be knowledgeable of the College’s policies, rules, regulations, and administrative procedures that affect the student.

It is the responsibility of the student to read this Guidebook, as well as the MPAS Program Policies and Student Guidebook, FGCU University Academic Catalog, FGCU Graduate Student Guidebook, FGCU Student Guidebook, and Student Code of Conduct, and to follow all guidelines, rules, and regulations as they relate to FGCU, Marieb College of Health & Human Services, and the MPAS Program.

While every effort has been made to verify the accuracy of this information, FGCU, the Marieb College of Health & Human Services, and the MPAS Program reserve the right and freedom to change, without notice, degree requirements, curriculum, courses, teaching personnel, rules, regulations, tuition, fees, and any other published documents herein. This publication is not to be regarded as a contract.

Welcome to the MPAS Program at FGCU. We look forward to guiding you through this clinical year, and toward your success as a MPAS student!

Nelson Anthony Guzman, PA-C, DHSc

Nelson Anthony Guzman, PA-C, DHSc
Director of Clinical Education
Master of Physician Assistant Studies Program
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<th>ROTATION DATES*</th>
<th>CALLBACK DAY(S)**</th>
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<tr>
<td>1</td>
<td>Monday 1/7/19 through Thursday 1/31/19</td>
<td>Friday 2/1/19</td>
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<tr>
<td>2</td>
<td>Monday 2/4/19 through Thursday 2/28/19</td>
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<tr>
<td>3</td>
<td>Monday 3/4/19 through Thursday 3/28/19</td>
<td>Friday 3/29/19</td>
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<td>Monday 4/1/19 through Thursday 4/25/19</td>
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<td>Monday 4/29/19 through Thursday 5/23/19</td>
<td>Friday 5/24/19</td>
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<td>Monday 5/27/19 through Wednesday 6/19/19</td>
<td>Thursday &amp; Friday 6/20 &amp; 6/21/19</td>
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<td>7</td>
<td>Monday 6/24/19 through Wednesday 7/16/19</td>
<td>Thursday &amp; Friday 7/18 &amp; 7/19/19</td>
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<tr>
<td>Graduate Project</td>
<td>Monday 7/22/19 through Friday 7/26/19</td>
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<tr>
<td>8</td>
<td>Monday 7/29/19 through Wednesday 8/21/19</td>
<td>Thursday &amp; Friday 8/22 &amp; 8/23/19</td>
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<td>9</td>
<td>Monday 8/26/19 through Wednesday 9/18/19</td>
<td>Thursday &amp; Friday 9/19 &amp; 9/20/19</td>
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<td>Thursday &amp; Friday 10/17 &amp; 10/18/19</td>
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<td>11</td>
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<tr>
<td>12</td>
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<td>Thursday &amp; Friday 12/12 &amp; 12/13/19</td>
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<td>Commencement Ceremony 12/15/19</td>
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<td>PANCE Review: TBD**</td>
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* Rotations end at 4PM on the last day of the rotation. The student will be notified of any changes.

**End-of-rotation Callback Day on campus. Attendance is mandatory.

**Attendance during Callback Day(s) and PANCE Review are mandatory.
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OVERVIEW OF THE CLINCAL YEAR
CURRICULUM AND CLINICAL ROTATIONS

The clinical year provides opportunities for MPAS students to develop and refine their skills acquired during the academic phase of training. Students function as an integral part of the healthcare delivery team. As part of their education, they share patient care responsibilities under supervision of their preceptor, but they will not serve as a substitute for paid clinicians or staff.¹

What follows in this section is an overview of the clinical year. As Program policies must apply to all students, as well as all principal faculty, and PA Program Director, all participants in the Program are urged to read through this Guidebook and understand the policies contained therein.² Contact the Director of Clinical Education (DCE) if there are questions, if clarifications are needed, or for issues not covered by this Guidebook. Ignorance of the policies is not an excuse for transgressions and will be considered to be unprofessional behavior on the part of the student.

GOALS OF THE CLINICAL YEAR

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing physician assistant (PA). To this end, the goals of the clinical year include:

- Achieve the FGCU MPAS Program Outcomes
- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop interpersonal skills and professionalism necessary to function as part of a medical team
- Develop an understanding of the PA role in health care delivery
- Develop an indication of the kind of practice setting desired for employment after graduation
- Prepare for the Physician Assistant National Certifying Exam

A. The rotations allow students to apply knowledge and refine skills learned in the academic year, within a supervised clinical practice in order to develop clinical problem-solving skills.

B. At the end of the clinical year, students will be able to (1) efficiently evaluate a clinical database, (2) develop a differential diagnosis, and (3) formulate a rational treatment plan for specified

ARC-PA Standards, Fourth Edition
¹ A3.05, A3.06
² A3.01, A3.02
clinical conditions frequently encountered in physician assistant practice.

C. Each rotation, students will be assessed on specific learning outcomes developed for each required rotation (see Canvas web page for course syllabi for each of the clinical rotations). These outcomes are associated with learning objectives, which essentially are a reading list for self-guided study throughout the rotation. It is anticipated that this clinical year reading program will help prepare students for the Physician Assistant National Certifying Examination (PANCE).

D. The MPAS Program utilizes the PAEA End of Rotation™ Exams for the core rotations. The PAEA End of Rotation™ (EOR) exams are nationally developed by the Physician Assistant Education Association (PAEA), and are based on the NCCPA blueprint, as well as the specific EOR exam blueprint and topic list. For selective rotations, a program-developed written examination is administered, based upon the objectives and topic list for the rotation discipline.

E. The diseases and conditions listed in the topic lists in the clinical rotation syllabi are representative of areas students may be exposed, and common conditions PAs might be expected to evaluate and manage during the rotation. They represent the minimum that the PA Program expects students to accomplish in regard to medical knowledge and related clinical problem-solving skills. However, this is not meant to suggest that the student will be exposed to every situation and condition listed in the rotation general and instructional objectives. The student is responsible to actively seek out learning opportunities, and accomplish the learning outcomes through a combination of exposure during clinical time, as well as through self-study.

REQUIRED AND SELECTIVE CLINICAL ROTATIONS

All clinical rotations are 3 credit hours, and 4 weeks in length. Clinical Year Principal Training Areas are located within a 50-mile radius of the main FGCU campus and include the following counties: Lee, Collier, and Charlotte. Rotations will generally begin on a Monday and end on a Wednesday at 4PM.

The first priority in assigning rotations is to ensure the student has an experience that allows her/him to meet educational objectives. To that end, the DCE will assign rotations primarily based on the student’s educational needs. While every effort will be made to accommodate reasonable requests, the quality of the student’s clinical education will come first, and he/she might not be assigned to their primary choice of selective rotation.

ARC-PA Standards, Fourth Edition

3 B1.09
4 B3.02
A. 9 Required Core Rotations

- PAS 6100 Internal Medicine I (Inpatient)
- PAS 6101 Internal Medicine II (Outpatient)
- PAS 6125 Behavioral Health
- PAS 6200 General Surgery
- PAS 6300 Pediatrics
- PAS 6400 Primary Care I
- PAS 6401 Primary Care II
- PAS 6505 Women’s Health
- PAS 6600 Emergency Medicine

B. 3 Selective Rotations (PAS 6940, PAS 6941, PAS 6942)

According to Merriam-Webster, “Selective” is defined as (1) of, relating to, or characterized by selection; (2) highly specific in activity or effect. The purpose of these rotations is to broaden the student’s knowledge in an area of weakness as indicated by performance during the academic curriculum, or in an area he/she needs more exposure to or is passionate about.

The Selectives are restricted electives. Two of these should be completed in an adult or pediatric medicine specialty.

Subject to the approval of the DCE, and depending on a student’s academic standing, clinical performance, and cooperation with the policies and procedures of the clinical year, students may request an elective rotation for the third Selective.

This elective rotation is a privilege earned throughout the clinical year, and is determined on the priorities of the student’s (1) educational needs, (2) availability, and (3) preferences. While every reasonable effort will be made to place the student in the elective of his or her choice, these priorities must be observed.

The DCE must approve all Selective rotations prior to assignment. Approval for requests is based primarily on the academic needs of the student, and assignments are subject to availability. The DCE reserves the right to override a student’s choice of Selective rotation in order to enhance a student’s skills or knowledge as necessary.

Requests for Selective rotation specialty should be submitted to the DCE no later than 120 days in advance. Requests after this timeframe may not be approved. A specific preceptor may only be requested in the “elective” (third selective) rotation. Aside from this “elective” rotation, specific preceptors may not be requested.
If the student does not submit a Clinical Rotation Request for a Selective rotation to the DCE within 120 days of the scheduled rotation month, the DCE may assign the rotation(s) without the input of the student.

c. PAS 6935 Seminar

This is a one credit hour course in which the student is registered four times during the clinical year, for a total of four credit hours.

Special Topics is conducted on the end-of-rotation Callback Day, and during other times when the student is on campus in between rotations. Attendance is mandatory. Unexcused absences will result in a failing grade for this course. Requests to be excused from these activities may only be approved by the DCE for emergencies or other extraordinary circumstances.

Topics covered include advanced clinical lectures, problem-solving exercises, evidence-based medicine discussions, review of the literature, transition to professional practice, PANCE topics review, etc. Other topics covered may include job searching, certification, licensure, credentialing, preparation of CVs, personal safety, etc. Class participation will frequently be involved. Furthermore, the Graduate Project and Summative Examination fall under the purview of the Seminar courses.

STUDENT RESPONSIBILITIES

The PA Student is committed to:

A. Be responsible by working hours as required by the preceptor, and attending all rotations and Call Back Days as scheduled. If a student must miss a scheduled rotation day, the preceptor and the DCE must be notified in a timely manner.

B. Inform the preceptor on a regular basis of the student’s individual needs; this includes sharing with the preceptor where the student feels he/she “is” and where he/she “ought to be” in specific clinical requirements and clinical skills.

C. Be sensitive to the pressures on the preceptor; the amount of time the preceptor can spend with the student may depend on the number of patients scheduled, the physician’s concern about patients or other issues, or how tired he/she is. The preceptor may also feel pressured by the responsibility of having an expectant, inquiring student.
D. Be sensitive to the wishes of the patient and their willingness to share confidences or to have the student be partially responsible for their care.

E. Be sensitive of the way in which the preceptor deals with his/her patients. The student may not wish to adopt the same attitudes and behavior toward the patients; however, if there appears to be an issue, it should be discussed before a major problem develops.

F. Be sensitive to the demands the student’s presence places on the office staff; check regularly with staff about the increased workload expected of them. If the student is aware and/or informed that the workload has increased to an unbearable level, the student should cooperate in the planning and alleviation of the situation.

G. Be appreciative (courteous to) of the office staff, the preceptor as well as the patient.

H. Complete and submit all required paperwork (see Appendix A), assessments and evaluations for each rotation by the required deadline. Comply program and clinical site requests in a timely manner and contact the DCE as soon as possible if clarification is needed.

I. Review rotation syllabi prior to the start of the rotation and periodically throughout the rotation. To meet learning outcomes of the rotation, the student must actively seek out opportunities to be involved in the care of a wide variety of patients across the lifespan (including infants, children, adolescents, adults, and the elderly) in the outpatient, inpatient, emergency department, and operating room, seeking care for acute, chronic, emergent, surgical, gynecological, prenatal, and preventive conditions.

J. Schedule adequate time for reading, studying, preparing for the PANCE exam, preparing for and passing the end-of-rotation exams for each rotation, composing the capstone project, as well as the summative exam administered within four months of program completion.

K. Keep open communication between the student, their family, their support groups, their preceptor, and the Program. Check their FGCU email account at least once per day for important communication. Notify the program of any problems in a timely fashion.

L. Schedule occasional leisure opportunities.

M. Monitor their own clinical progress and make their needs known to their preceptor and the program.
PROGRAM RESPONSIBILITIES

The PA Program is committed to:

A. The continuous development of clinical sites that provide clinical experiences requisite for Physician Assistant education, to afford the students the ability to meet program-defined expectations.

B. Providing sufficient clinical sites for the PA Program’s required clinical practice experiences.

C. Monitoring and updating affiliation agreements, clinical preceptor licenses, board certifications, and any other documentation related to the clinical phase.

D. Providing clinical preceptors and sites a thorough orientation on PA education, clearly delineating what are the PA Program’s goals and expectations.\(^6\)

E. Providing students a thorough orientation to the clinical phase of the program, clearly delineating the PA Program’s goals and expectations.

F. Providing students and clinical preceptors with rotation specific syllabi with clear learning objectives and goals.

G. Being available to students to answer any question regarding policy and procedure and to intervene should any problem arise. Students will be contacted by the MPAS program by the end of the first week of each rotation to ensure that the student has no questions or concerns regarding the rotation.

H. Being available to clinical preceptors to answer any question regarding policy and procedure and to intervene should any problem arise.

I. Monitoring and assessing the student’s progress and achievement of the goals and objectives at the mid-point and the end of each rotation.

J. Monitoring and assessing that each clinical preceptor provides a high quality clinical experience.

K. Providing remediation and support for those students who are not achieving the goals and objectives of the clinical rotation.

\(^{6}\) B1.10

ARC-PA Standards, Fourth Edition
L. Abiding by the FGCU MPAS Program policies and procedures and the policies and procedures set forth in this manual.

MPAS PROGRAM LEARNING OUTCOMES

Outlined below are the objectives in which the students must become competent in by the end of the clinical year. This list is to guide the student in their academic pursuits and the preceptor in recognizing trouble areas that may need supplementary training during the students’ evolution.

Typically, students in their first three rotations of clinical training are beginning to develop these basic skills. During the fourth through the sixth rotations, students typically are gaining confidence in their abilities and continue to improve their clinical presence. From the seventh rotation to the end of the clinical year, refining the students’ skills is the main emphasis.

Throughout the entire year, students are expected to be fully involved in the activities at the clinical site, to improve upon their skills (i.e., patient workups, attending lectures/rounds, procedures, etc.).

A. Medical Knowledge

Physician assistant students must demonstrate core knowledge about establishing and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Upon completion of the program, graduates will be able to:

1) Demonstrate knowledge of basic sciences and clinical medicine and the ability to apply this knowledge in the diagnosis and treatment of diseases.
2) Differentiate between normal and abnormal signs, symptoms, and diagnostic studies results.
3) Identify the appropriate interventions for treatment and prevention of medical and mental health conditions as seen in emergent, acute and chronic presentations and various clinical practice settings.
4) Demonstrate the ability to make informed, evidence-based, culturally sensitive decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
5) Identify and promote health prevention of diseases and healthy lifestyles through patient education and counselling.

B. Interpersonal and Communication Skills

Physician assistant students must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients’ families, physicians, professional associates and other individuals within the healthcare system. Upon completion of the program, graduates will be able to:
1) Demonstrate the ability to communicate and collaborate effectively with patients, their families, and other health care providers.
2) Demonstrate interpersonal skills promoting ethically sound and therapeutic relationships with patients, families, and members of the healthcare team.

C. **Patient Care**
Patient care includes patient-specific and setting-specific assessment, evaluation and management. Physician assistant students must demonstrate care that is effective, safe, high quality, and equitable. Upon completion of the program, graduates will be able to:

1) Obtain and document a complete and detailed accurate patient history.
2) Perform a thorough physical examination, basic diagnostic procedures, and therapeutic clinical procedures on patients across the lifespan.
3) Demonstrate the need and ability to effectively order and interpret appropriate diagnostic studies resulting in the management of common medical and behavioral conditions.
4) Identify and propose initial therapy for acute life-threatening situations and management plans for chronic disease.
5) Demonstrate safe and effective medical and surgical procedures common to primary care and appropriate to a PA entering the profession.

D. **Professionalism**
Physician assistant students must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician assistants must be reflective practitioners who place their patients’ needs above their own. Upon completion of the program, graduates will be able to:

1) Interact effectively as part of interprofessional teams to address health care needs of patients.
2) Describe the role of the PA including professional, ethical, legal, and regulatory standards regarding the PA profession.
3) Demonstrate sensitivity to a diverse patient population by identifying the cultural, familial, gender, psychological, economic, environmental, and spiritual factors impacting health care and health care delivery; and responding to these factors by planning and advocating the appropriate course of action at both the individual and the community level.

E. **Practice-Based Learning and Improvement**
Physician assistant students must engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purpose of self-improvement and enhancement of the practice. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Upon completion of the program, graduates will be able to:

1) Critically evaluate the medical literature in order to use current practice guidelines and apply the principles of evidence-based medicine to patient care.
2) Demonstrate self-reflection to recognize and appropriately address personal biases, gaps in medical knowledge and limitations in themselves and others and its potential impact on patient care.

F. Systems-based Practice

Physician assistant students must demonstrate an awareness of and responsiveness to the larger system of health care and to provide patient care that balances quality and cost, while maintaining the concern of the individual patient. Physician assistants should work to improve the healthcare system of which their practices are a part. Upon completion of the program, graduates will be able to:

1) Provide advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of health care delivery systems.

2) Identify and abide by the systems - level processes that support continuous quality improvement and patient safety, and use standard precautions in the health care setting.

3) Provide appropriate patient - centered counseling techniques to improve utilization of health care resources, prevention, and patient satisfaction.

SUPERVISED CLINICAL ACTIVITY

A. MPAS students on clinical rotation work under the supervision of a licensed preceptor.7 Preceptors for the MPAS Program are primarily practicing physicians who are board certified in their area of instruction, and PAs who work with these physicians.8 In some cases, the preceptor may be a licensed physician or health care provider experienced in their area of instruction.9 The MPAS Program does not rely primarily on resident physicians for clinical or didactic instruction.10

As MPAS students work under the supervision of licensed clinician preceptors (e.g. physician, PA, nurse practitioner, midwife, etc.), students must not make a diagnosis or carry out any procedure or treatment plan without the explicit approval of a preceptor.

B. When given an order by a preceptor, a student has three possible courses of action:

1) Carry out the order as directed.

2) If there is disagreement with the order, discuss it with the preceptor and mutually agree on a course of action.

ARC-PA Standards, Fourth Edition

7 A2.16, A2.17
8 B3.05, B3.06a, B3.06b
9 B3.06c
10 A2.15
3) Inform the preceptor that the student does not feel qualified to safely carry out the order.

C. At no time will a student change an order or carry out a course of action different from that directed by the preceptor.

D. The performance of procedures by MPAS students will be based upon site/preceptor preferences and availability. If the student is permitted to perform procedures, the student must be under the direct supervision of the preceptor.

E. In the event of the temporary absence of his/her regular preceptor, students must notify the MPAS Program of their alternate preceptor. At no time will students rotate without having a preceptor clearly identified. Likewise, at no time may students replace or fill in for absent clinical site employees.

F. Students are not be allowed to work extra rotation sites outside of their specified clinical rotation requirements (e.g. working extra hours in an ER when the student is scheduled for pediatrics that month). Such activity would place the student and the MPAS Program at great risk since malpractice coverage will not exist.

G. Students must have all charts and written orders countersigned by the preceptor on the day of the patient encounter. This may be on paper charts or on equivalent electronic medical record (EMR) chart. Hospital policy also governs countersignatures. It may be policy in some clinical sites to not allow students to write in the charts. This does not preclude the student from writing up the patient case for the preceptor to critique, but not include in the chart. The student is encouraged to practice documentation and have such documentation reviewed by the preceptor, as the student will be assessed on proficiency at documentation at the end of the rotation.

H. No patient should be discharged from a clinical site by an MPAS student without the preceptor’s approval and signature on the chart.

I. In all clinical activities, MPAS students should be guided by the principle of knowing one’s limitations. This is a concept that must be taken with them throughout their training in the program as well as the rest of their careers.

---

ARC-PA Standards, Fourth Edition

11 A2.17
ASSIGNMENT OF CLINICAL ROTATIONS

A. **The first priority when assigning rotations** is to ensure that every student meets the learning outcomes of the clinical year, and attains exposure to variety of patients in a variety of settings. A well-rounded clinical education requires that students be exposed to a variety of clinical practice settings (in-patient vs. outpatient practices, academic medical centers vs. community-based sites, urban vs. rural practices, operating room, ER, etc.).

1) The DCE will assign rotations *primarily* based on the student’s educational needs. The student’s educational needs are determined through the monitoring of past assessments during the didactic year, as well as assessments during clinical year, and the student’s clinical case logs.

2) While every effort will be made to accommodate reasonable requests, the quality of the student’s clinical education will come first, and he/she might not be assigned to their primary choice of selective rotation.

3) Rotation assignments are always contingent upon the availability of a particular rotation site at any given point in time, and the DCE’s prior approval of the rotation.

4) **The PA Program will not consider requests for rotation changes once the clinical rotation has been confirmed**, except under extraordinary circumstances. This includes confirmed elective and selective rotations. However, the PA Program reserves the right to change student rotation schedules at any time in order insure that the academic requirements of the clinical year are met. Any rotation change requests made subsequent to a confirmed rotation must be approved by the DCE. If a student requests a change of rotation after the rotation has started, the DCE will perform a site visit and meet with the student and preceptor to discuss the rotation and whatever issues there may be. If the DCE determines that the student be placed in a different site, the change will occur as soon as possible, without penalty to the student.

B. **In each rotation that the student is assigned, the preceptor (who by definition is an instructional faculty member of the MPAS Program) is designated by the program to assess and supervise the student’s progress in achieving the learning outcomes.** The preceptor will complete evaluations as mentioned elsewhere in this document. These evaluations are part of the rotation grade. The contact information for the preceptor will be located in Typhon and may include the preceptor’s personal phone number and/or email address. If at any time the student is unable to reach the preceptor, the student must contact the DCE.

C. **Students will not be required to rotate at a site that is greater than 50 miles from the FGCU campus** unless the student agrees to placement at the site.

D. The order in which the student completes his or her rotations has no impact on the quality of the clinical education.
E. Students are not permitted to sign any forms or contracts on behalf of the MPAS Program.

F. Development of Clinical Sites
   1) The MPAS Program coordinates clinical sites and preceptors for rotations. As such, students are not required to solicit clinical sites or preceptors.\textsuperscript{12}
   2) Coordinating clinical practice experiences is the responsibility of the MPAS Program. This involves identifying, contacting and evaluating sites and preceptors for suitability as a required or elective rotation experience. The MPAS Program also ensures that all preceptors hold a valid license that allows them to practice at the clinical site, as well as the education and experience needed to provide instruction.\textsuperscript{13} The requirements of preceptors are noted in the MPAS SCPE Site and Preceptor Development Policy.
   3) Students may make suggestions to principal faculty for sites and preceptors, but are not required to do so. Student suggested sites and preceptors are to be reviewed, evaluated and approved for educational suitability by the program.
   4) Students must not call established rotation sites unless asked to do so by the MPAS Program.

E. Requests for rotations
   1) Requests for rotations are considered only for the following:
      a. With preceptors who are new to the Program
      b. Selective Rotation specialty
      c. Elective Rotation specialty and/or preceptor
   2) Requests are communicated to the DCE.
   3) If a student knows of a potential clinical site:
      a. The name, business address, email address, contact phone and fax numbers of the potential site, as well as the potential preceptor’s name (and practice manager’s name, if known) are to be forwarded to the DCE.
      b. The DCE will then start the evaluation process to determine if the site is suitable.
      c. All potential clinical sites must be willing to precept other PA Program students in the future.
   4) Requests should be submitted 120 days before the rotation is scheduled to begin. This lead time is necessary to ensure that any administrative matters such as inter-institutional affiliation contracts, rotation applications and student credentialing by health care facilities, and other prerequisites imposed by the rotation site are accomplished well in advance of the rotation start date.
   5) Approval of rotation requests is contingent upon the educational value of the rotation, the student’s demonstration of academic and clinical development, and the student’s

\textsuperscript{12} A3.03
\textsuperscript{13} A2.16, A2.01, A2.13
history of cooperating with the policies and procedures of the clinical year. The willingness of a preceptor to give the student access to his/her patients for clinical training, and to provide the student with an end-of-rotation evaluation, are other important factors that are taken into account when considering rotation requests.

6) With respect to Core and Selective Rotations, requests for specific preceptors will not be entertained, unless he or she is not currently a preceptor for the FGCU MPAS Program.

7) Out-of-state rotations are not entertained. All rotations must take place within the State of Florida, primarily within our area as described above.

8) It is strongly recommended that the student discuss any planned rotation requests with the DCE before submitting a Clinical Rotation Request Form. The procedure for arranging a rotation with a preceptor who is new to FGCU will be outlined at that time.

9) Students requesting to do rotations with any healthcare provider (e.g. MD, DO, PA, ARNP, etc.) who are family members, friends of their family, their personal healthcare provider, or where students may be currently/recently employed may be considered on a case-by-case basis with consideration given to academic and professional standing.

STUDENT HOUSING AND OTHER EXPENSES DURING THE CLINICAL YEAR

A. MPAS students are responsible for their transportation, housing, and living expenses during the clinical year. The program is not obligated to provide students with housing while the student is on rotation. Students should plan their clinical year finances in advance to ensure adequate resources for their clinical education. In addition to expenses for tuition, fees, textbooks, and medical equipment, students should include funds for health and disability insurance, transportation, temporary housing and pet expenses (if applicable). Reliable transportation is also essential and required. Each student will be required to return to campus at the end of each rotation for mandatory exams and other administrative and educational activities.

B. Any and all expenses associated with student housing and travel to and from rotation sites and the FGCU campus are the sole responsibility of the student.

C. Estimated expenses can be found in the MPAS Program webpage.\textsuperscript{14}

ATTENDANCE DURING THE CLINICAL YEAR

A. Students normally report to rotations on the first Monday of each rotation block and work until 4PM of the last Wednesday of the rotation block unless directed to do otherwise by the PA Program or preceptor.

\textsuperscript{14} A3.14f
B. **The rotation preceptor controls the student’s schedule, night call, days off, and daily routine.** Students are expected to clarify all schedule issues with the preceptor on the first day of rotation.

1) MPAS students are not to work more than 16 consecutive hours providing patient care unless the student has access to an “on-call” room, and opportunities to rest.
2) Students should receive at least 1 day off per week during their rotation.
3) Call schedules are to be followed as the preceptor/service specifies. On-call experience should fulfill an educational function and not a site staffing need. It should not be excessive. If a problem exists, the PA Program should be notified for clarification.
4) Students should not be required to perform in-house overnight call more frequently than every three days.

C. **Absences from clinical rotations will not be tolerated.** Any student who has an unexcused absence may be brought before the Student Advancement and Professionalism Committee (SAPC). Any absence that occurs must be explained in writing (via e-mail) to the DCE prior to the absence occurring, unless there is an emergency. In the case of an emergent absence the MPAS Program and the preceptor must be notified immediately. A written explanation (via e-mail) must be made to the PA Program office within 24 hours of the absence. Failure to comply with this may result in a substantial reduction in the professionalism grade for the rotation.

D. All students at FGCU have a right to expect that the University will reasonably accommodate their religious observances, practices, and beliefs. Students, upon prior notification to their instructors, shall be excused from class or other scheduled academic activity to observe a religious holy day of their faith. Students shall be permitted a reasonable amount of time to make up the material or activities covered in their absence. Students shall not be penalized due to absence from class or other scheduled academic activity because of religious observances. Where practicable, major examinations, major assignments, and University ceremonies will not be scheduled on a major religious holy day. A student who is to be excused from class for a religious observance is not required to provide a second party certification of the reason for the absence.

E. **Students who must have time off from a rotation** must obtain approval from their preceptor first, and then the DCE. Official approval is obtained by completing an Absence Request Form (available on the Clinical Year website in Canvas) after having discussed the absence with the preceptor. The DCE and the Program Director reserve the right to determine how many and what types of absences will be approved.

F. **Absence from rotation because of acute illness** requires students to call in to their preceptor and the DCE. After returning to the clinical site, an Absence Request Form is completed and submitted as outlined above. Prolonged illnesses may result in repeating the rotation. Medical documentation of the illness by the student’s personal clinician may be required at the
discretion of the DCE.

G. **Excessive absence from a clinical rotation** may result in the student receiving an “incomplete” grade for the rotation, and thereafter being placed in additional clinical experiences, up to a repeat of the entire rotation. This is at the discretion of the DCE, and is considered on a case-by-case basis, as every circumstance is unique. Decisions may be based on several factors including, but not limited to: the previous clinical exposures documented by the student in Typhon, characteristics of the relevant as well as future clinical rotations, and the academic performance of the student. It is possible that excessive absence may result in delayed graduation and/or a referral to the SAPC.

H. **Extended leaves of absence** are requested by writing a letter of request to the Program Director. The granting of a leave of absence is not guaranteed. See the MPAS Program Student Guidebook.

I. **Friends or family members are prohibited from contacting preceptors or rotation sites on a student’s behalf.** Only students or PA Program personnel are permitted to make phone calls or visit rotation sites. Any interference by friends or family members with regard to the student’s scheduling, rotation requests, or rotations in general will be considered the responsibility of the student and may be subject to disciplinary action from the SAPC for unprofessionalism.

J. **In emergency situations**, if family members are unable to reach students by personal phone calls, they should contact the PA Program first. Faculty or staff will either call the student at the rotation site or give instructions to expedite contact. If unable to contact anyone in the PA Program, then family members may call the site with minimal interruption of patient care.

K. **If a student receives a request for jury duty service, the student must report the request to the MPAS Program Director as soon as possible.** The Program will provide a letter of active student status if requested, to facilitate postponement of jury duty service until after the student completes the PA program. If required, any lost clinical time due to jury duty will be made up at a time convenient for the preceptor and coordinated with the DCE.

L. **Conference leaves of absence** - Clinical year students are encouraged to and thus may ask attend a FAPA and/or AAPA conference during their clinical training. The request should be submitted as far in advance as possible, at least 60 days prior to the conference. The DCE will consider each request on an individual basis, taking into consideration the distance to travel, the academic strength of the student, the rotation, and the amount of time the student would miss. A student’s request may be denied if he/she has excessive previous absences, if there are conflicts with scheduled PA Program activities, or if the clinical education outweighs the benefits of attending the conference.
M. End-of-Rotation Callback Day Attendance – Attendance at the monthly end-of-rotation assessments and educational activities is MANDATORY. Students should expect to be on campus from 7am-4pm on Callback Days. The student must plan his or her schedule accordingly. Requests to be excused from these activities will be reviewed on an individual basis by the DCE.

ADDITIONAL ASSIGNMENTS

Rotation sites may require additional assignments (i.e. papers, presentations, exams, etc.) that may be factored into students’ evaluation grade. It is the student’s responsibility to complete all tasks required to the best of their ability. The PA Program supports the decision of any site to present students with additional educational opportunities.

ADDITIONAL SITE REQUIREMENTS

Some sites may have additional requirements to be fulfilled prior to beginning rotations. There may be additional immunization requirements, insurance verifications, HIPAA verification, drug screening, and/or national criminal background check. Some sites that have additional requirements may pay for these services; however, any costs involved are ultimately the responsibility of the student.

STUDENT SAFETY AT CLINICAL SITES

Students must be aware of their surroundings at all times. They must familiarize yourself with the safety procedures at the clinical site. Clinical sites on hospital campuses, such as Lee Health and NCH Healthcare, have comprehensive security departments with security officers on duty 24/7. Students must familiarize themselves with the methods of contacting (i.e. phone numbers) security departments such as these. These security departments offer services such as escorting to vehicles, assistance with vehicle breakdown, and so on. In the event of an emergency, the student must contact site security officers and/or call 911 immediately for further assistance.

Refer to the FGCU PA Program Infection Control and Personal Safety Policy for further details regarding safety. The following are safety tips with which the student should become familiar.

A. Personal Safety:
   1) Have your cell phone on you, and make sure your battery has an adequate charge, in case you need to call for help.
   2) Walk with a friend whenever possible.
   3) When walking at night, stick to well-traveled, well-lit areas.
   4) If you are being followed, walk to a populated area and call 911.

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5) Walk with your head up being aware of your surroundings, making eye contact.
6) Have your car keys ready at all times.
7) Have your bags packed neatly before you leave the clinic, so that you do not appear disorganized and fumbling to get in your vehicle.

B. Keeping Your Property Safe:
   1) Always lock your vehicle no matter how long you will be gone.
   2) Make sure all valuables inside the vehicle are either in the trunk or well hidden.
   3) Do not leave personal property unattended in a public place, even for a short period of time.
   4) Do not display large sums of money.
   5) Report any suspicious behavior that you may observe.

C. Keeping Your Car Safe:
   1) Always lock your vehicle no matter how long you will be gone.
   2) Do not play your radio loud before you park somewhere – it attracts attention from everyone (including thieves).
   3) Keep iPods, iPads, bags, clothing, and other property out of sight, preferably in a glove compartment or the trunk.

D. If You Are Sexually Assaulted:
   1) Get to a safe place as soon as you can.
   2) Call 911 or go to the closest ER.
   3) Don’t shower or go to the bathroom if possible – it can destroy evidence.
   4) It’s not your fault – don’t think that it is.
   5) Don’t worry about prosecution or testifying in court – it is more important to make sure you’re safe.
FLORIDA GULF COAST UNIVERSITY
MARIEB COLLEGE OF HEALTH & HUMAN SERVICES
MASTER OF PHYSICIAN ASSISTANT STUDIES

ADMINISTRATIVE POLICIES AND PROCEDURES OF THE CLINICAL YEAR
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INSTRUCTIONAL ROLES

While it is recognized that many students may already possess skills/expertise in a given area taught in the MPAS Program, students will not be permitted to substitute for regular clinical or administrative staff at a clinical site, or instructional faculty of the MPAS program.\textsuperscript{16}

PROFESSIONAL STANDARDS

A. While students are on clinical rotation, patients and other health professionals will judge their professionalism by and not limited to:

1) Grooming and dress
2) Communication style
3) Conflict resolution skills
4) Work ethic (e.g. showing up on time prepared and ready to work, being motivated and seeking out opportunities).

The community of PAs and PA employers in the Southwest Florida is small. Impressions that a student makes on clinical rotation may influence future employment opportunities and professional licensure, as well as the site’s decision to accept FGCU MPAS students. Students should all strive to project a positive image of themselves, the PA profession and FGCU.

B. The MPAS Program takes professionalism very seriously. PA students, like students in any other professional program (e.g. MD, DO, ARNP, CRNA, etc.) are expected to maintain high standards of honesty and personal integrity. Academic achievement alone will not assure successful completion of the Program. MPAS students must also demonstrate professionalism, maturity, integrity, and those attitudes and behaviors expected of all health professionals. Students are assessed on their professional behavior throughout the clinical year and the program.\textsuperscript{17}

C. The MPAS Program expects all PA students to be professional in their dealings with patients, colleagues, preceptors, faculty, and staff and to exhibit caring and compassionate attitudes. Professional behavior is defined as behavior appropriate to the circumstance. Unprofessional behavior will not be tolerated by the PA Program. Professional behavior reflects on a student’s qualification and potential to become a competent clinician. The student is encouraged to review and refer back to the MPAS Professional Standards policy for more details regarding professionalism and transgressions thereof.

\textsuperscript{16} A3.06
\textsuperscript{17} A3.02
D. **No alcoholic beverages are to be consumed during clinical rotation hours or while on call.** Furthermore, students must not be under the influence of alcohol while during clinical rotation hours or on call.

E. **Students are reminded that use of illicit drugs is incompatible with the professional role of the physician assistant.** Students who use illicit drugs during the clinical year risk dismissal from the PA Program as well as legal consequences.

F. **Clinical year students are representatives of the FGCU MPAS Program** as well as the PA profession as a whole. This should be kept in mind during all interactions with patients, physicians, and other health care personnel during rotations.

G. Students are expected to conduct all personal business and social activities outside of assigned hours of the rotation and end-of-rotation Callback Days.

H. All students, irrespective of gender, will obtain a chaperone for all breast, GU, and pelvic examinations.

I. **Employment during the clinical year is strongly discouraged,** as it almost universally results in a decrease in the academic performance of the PA student. If a student chooses to obtain outside employment, it cannot interfere with academic work or clinical rotation schedules. Outside employment obligations cannot be justification for a student absence.

J. **Examples of unprofessional behavior which could be deemed egregious enough to be grounds for dismissal from the MPAS Program may include but are not limited to:**
   1) Attitudes or behaviors inconsistent with compassionate care
   2) Refusal by, or inability of, the student to participate constructively in learning or patient care
   3) Derogatory attitudes or inappropriate behaviors/conduct directed at patients, peers, faculty, preceptors, or staff
   4) Misuse of written or electronic patient records (i.e. accession of patient information without valid reason)
   5) Substance abuse
   6) Failure to disclose pertinent information on a criminal background check

Inadequate communication and/or failure to respond to communication initiated by the Program is also considered unprofessional, and may result in a substantial reduction in professionalism grade on any given rotation.

**Dismissal from the Master of Physician Assistant Studies Program for unprofessional behavior may jeopardize the student’s eligibility for admission to any other College in the University, as well as the ability to be licensed in any health profession.**
Examples of standards for professional behavior include, but are not limited to the following:

1) Accepting personal responsibility for the care of one’s patients
2) Demonstrating appropriate truthfulness and honesty with colleagues
3) Communicating an attitude of caring (empathy) in the course of health care delivery
4) Recognizing personal beliefs, prejudices, and limitations
5) Demonstrating respect for patients, families, members of the health care team, and colleagues
6) Demonstrating initiative in patient care and a consistently good work ethic
7) Respecting patient confidentiality at all times in verbal and written communication with others

The conferring of the degree Master of Physician Assistant Studies certifies that the student is not only competent to undertake the career as a PA, but possesses the personal traits essential to the profession as judged by the faculty, preceptors, peers, and colleagues.

K. **Students who are not in adherence with the professional standards set forth by the Program may be referred to the Student Advancement and Professionalism Committee (SAPC).** If the Committee determines that unprofessional behavior was demonstrated by a student, the following steps may be taken:

1) Depending on the severity of the behavior, the student may be warned in writing that the behavior is unacceptable and that if the behavior is continued, it may lead to their dismissal from the program.
2) This communication will provide examples about what is or what is not acceptable, and may encourage the student to seek professional help from an appropriate resource.
3) The letter may state that counseling, therapy, and anger management sessions may be considered as options.
4) If there is a second documented case of unprofessional behavior, the student must appear before the Student Advancement and Professionalism Committee and address why he or she should not be dismissed from the MPAS Program.
5) **Some types of behavior may be so egregious as to justify immediate dismissal of a student.** Such behavior might include
   a. Acts of dishonesty
   b. Acts in Section J above or in the appropriate Social Media section below.
   c. Acts that violate the ethics of the PA profession (as described by the AAPA)
   d. Criminal acts
   e. Substance abuse
APPROPRIATE DRESS AND IDENTIFICATION FOR CLINICAL ROTATIONS

A. The student must be clearly identified in the clinical setting as a PA student. As such, a nametag identifying the student as an FGCU PA student is required while on clinical rotation.

B. If the student is in a setting where the student cannot wear his/her nametag and/or white coat with embroidered name and title of “PA student” (such as the operating room), the student must verbally identify him or herself as a PA student. Example: “Good morning, Mr. Doe, my name is Jane Smith. I am a student of the Physician Assistant program at Florida Gulf Coast University.”

C. The student must ensure that he or she is distinguished from physicians, medical students, and other health professions students and graduates.  

D. While in the MPAS program, students may not use previously earned professional titles (e.g. RN, MD, DO, EMT, RT, Ph.D., Dr. etc.) for identification purposes.

E. A program-approved short white coat with embroidered name and title of “PA student” must be worn at all times, with few exceptions (e.g. operating room, when procedures are going to be performed, etc.).

F. All clothing must be clean and appropriate to a professional working environment. Men should wear ties unless directed otherwise by clinical preceptors or when ties would be inappropriate (e.g., in an operating room).

G. Blue jeans, shorts, T-shirts, sandals, open-toed shoes, sneakers, and other casual dress are not appropriate to the clinical setting.

H. Students not in compliance with the above dress code and nametag requirement will be removed from their rotation until they are able to comply. Lost nametags must be reported and replaced by the Program at the expense of the student.

I. The student is required to adhere to the dress code of the clinical site, if applicable.

SOCIAL MEDIA POLICY

A. Refer to the FGCU MPAS Social Media Policy for complete description.
B. Simply put, avoid posting anything on social media that pertains to your studies or clinical rotations. Be professional and do not post anything you would not like to see displayed in news media.

C. PA students must recognize that actions online and posted content may negatively affect their reputations and that of the MPAS Program. These online actions and posted content may have consequences for the university, the program, the student’s medical career, and can undermine public trust in the medical profession.

D. Students must be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from the MPAS Program.

E. The following actions are strictly forbidden and may result in immediate dismissal from the MPAS Program:
   1) Violating patient privacy by disclosing the personal health information of other individuals or accessing information of individuals who are not in the care of the student and preceptor. This is in violation of Federal Law.
      a. Removal of an individual’s name does not constitute proper de-identification of protected health information.
      b. Inclusion of data such as location of clinic or rotation, age, gender, race, diagnosis, date of evaluation, type of treatment, or the use of a photograph may still allow the reader to recognize the identity of a specific individual.
   2) Reporting private academic information of another student. Such information might include, but is not limited to: course or rotation grades, examination scores, or adverse academic actions.
   3) Representation of the student as an official representative or spokesperson for the MPAS Program or FGCU.
   4) Posting comments that are damaging to FGCU, other students, faculty, staff, and clinical institutions and employees.
   5) Comments that are threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic, or other offensive comments.
   6) Any posting that is in violation of any local, state, or federal laws.
   7) Representation of the student as another person, real or fictitious, or otherwise attempt to obscure identity as a means to circumvent the prohibitions listed in this section.

F. Please be aware that no privatization measure is perfect and that undesignated and unintended persons may still gain access to or view what you have posted onto your social networking site. Photos may be forwarded, screenshots may be shared, and so on. A site such as YouTube, of course, is completely open to the public. Future employers and even current preceptors often
review these network sites when considering potential candidates for employment. They may use information garnered to deny employment or a rotation.

G. Finally, although once-posted information can be removed from the original social networking site, exported information cannot be recovered. This information is then out of the control of the original author (i.e., you). Any digital exposure can persist beyond its removal from the original website and continue to circulate indefinitely in other venues. Therefore, think carefully before posting any information on a website or application. The student should always be modest, respectful, and professional in his/her actions.

COURSE REGISTRATION IN THE CLINICAL YEAR

A. Students are responsible for registering for courses as directed by the DCE, as well as ensuring that all fees are paid to the University by the appropriate deadlines. Failure to pay registration fees on time may result in the cancellation of registration by the University and assessment of a late fee. Cancellation of registration may result in cancellation of the rotation(s) for the semester and delayed graduation.

B. Failure to notify both the University and PA Program of address/name changes may result in cancellation of registration and assessment of a late fee by the University. Students may update their current or permanent address at https://gulfline.fgcu.edu. A FGCU UIN and PIN number will be required.

C. All required immunizations and proof of current health insurance must be complete, up to date, and on file prior to attending clinical rotations. Without these requirements students will not be able to attend their clinical rotation. Students may be removed from a clinical rotation if these requirements are not maintained.

D. If registration is cancelled due to non-payment of fees, or due to voluntary withdrawal\(^\text{19}\) from a course, students are IMMEDIATELY terminated from their rotation; the malpractice insurance program covers only registered students. Students terminated from their rotation for any reason are immediately referred to the Student Advancement and Professionalism Committee (SAPC) for further disposition. See section regarding the Student Advancement and Professionalism Committee (SAPC) below.

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ACADEMIC STANDARDS

Any course grade below a “B” in the clinical year of the PA Program may be grounds for dismissal for academic reasons, subject to the decision of the MPAS Program faculty Student Advancement and Professionalism Committee (SAPC).\(^{20}\) If a student who has earned a grade below a “B” is retained in the Program, he/she will be placed on probation and will be required to complete any remedial work prescribed by the faculty; this will result in the student’s delayed graduation and could affect the selection of the Selective rotations in the clinical year.

ACADEMIC HONESTY

All students are expected to demonstrate honesty in their academic pursuits. The University policies regarding issues of honesty can be found in the FGCU Student Guidebook under the Student Code of Conduct and Policies and Procedures sections. All students are expected to study this document, which outlines their responsibilities and consequences for violations of the policy. The FGCU Student Guidebook is available online at [http://studentservices.fgcu.edu/judicialaffairs/new.html](http://studentservices.fgcu.edu/judicialaffairs/new.html)

Sanctions for academic dishonesty may include receiving an “F” in the relevant course – FGCU may impose additional penalties. Any incidents of academic dishonesty may be referred to the FGCU Office of Judicial Affairs.

STUDENT ADVANCEMENT AND PROFESSIONALISM COMMITTEE\(^{21}\)

The Student Advancement and Professionalism Committee (SAPC) will monitor student progress, evaluate issues of student compliance with PA Program requirements, policies, and professionalism. The Committee will review the issue(s) of concern and the circumstances surrounding it and may require the student to appear before the Committee to answer questions or address specific academic/professional concerns. The SAPC will then decide on the appropriate action, which may include remediation as prescribed by the Committee or dismissal from the MPAS Program.

RELEASE OF INFORMATION / REFERENCE LETTERS

A. Throughout the course of the clinical year, the PA Program may have to release information about any student’s academic status to third parties (e.g., information relating to student loan verification, scholarship applications, rotation credentialing, licensure, etc.).

1) If release of information is required, the student MUST fill out a release of information form prior to the School’s releasing any information.

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\(^{20}\) A3.17a

\(^{21}\) C3.03
2) The PA Program will not release any information without the student’s signed consent in compliance with the Buckley Amendment of FERPA. The form is available online at http://www.fgcu.edu/registrar/forms.html

B. Reference letters and telephone employment recommendations by PA Program faculty also require prior release from students. Remember to ask the individual first if he/she will be a reference for you. Fill out the FGCU FERPA Release form located at http://www.fgcu.edu/registrar/forms.html

CRIMINAL BACKGROUND CHECKS AND DRUG SCREENING

A. In order to meet requirements of various clinical agencies where MPAS students have practice experiences, students are required to have background checks and drug screening as a condition of matriculation to the MPAS Program. The MPAS Program requires both a background check through CastleBranch and a national FBI Level 2 background check.

B. Once the initial background check is completed, additional background checks may be requested when the student self-reports a violation or when the clinical affiliated site requires a more recent or more extensive background check. Further background checks are at the expense of the student. Therefore, during the course of the clinical phase of the Program, students may be required to undergo one or more national criminal background checks, which may include fingerprinting. In addition, certain clinical sites that are regularly used by the MPAS Program may require additional drug screening in order for students to have practice opportunities at those institutions. Students are required to comply with these requests. Failure to comply may result in failure to be placed into clinical sites, which may result in the inability of the student to continue in the program. In summary, the student should expect to undergo background checks and drug screens beyond the ones required prior to program admission.

C. An MPAS student with background check results that prevent placement at clinical sites may not be able to continue in the program.

D. Certain findings in a background check could preclude participation in clinical education at certain affiliated clinical sites, and may also preclude the acceptance of the individual as a candidate for licensure as a physician assistant in any state. If it is likely that a student may pose a threat to the welfare of program faculty, staff, students, or patients, the student may be denied continuance in the program.

E. If there are adverse findings in the background checks, the student will be required to meet with the DCE and Program Director and/or Health Science Department Chair to discuss the findings and consequences.

F. In reviewing background check reports, the following factors may be considered:
1) the nature and seriousness of the offense or event,
2) the circumstances surrounding the offense or event,
3) the relationship between the offense or event and the duties to be performed as part of the educational process,
4) the age of the person when the offense or event occurred,
5) whether the offense or event was an isolated or repeated occurrence,
6) the length of time since the offense or event,
7) past employment and history of academic or disciplinary misconduct,
8) evidence of successful rehabilitation, and
9) the accuracy of the information provided by the student.

The safety of program faculty, staff, students, and patients and the educational interests of the student are considered. In reviewing background check reports and supplementary materials, advice may be obtained from university council, university police, and other appropriate advisors.

If the report contains negative findings and the authorized program individual(s) determine that the student is denied continuance in the program, the student will be notified in writing by the Program Director and/or the Department Chair. Any financial losses incurred due to negative criminal background findings resulting in dismissal from the program and university are the responsibility of the student.

If dismissal from the program is warranted, a student may appeal that decision in accordance with the university’s grievance procedure for academic matters found within the Student Guidebook at www.studentservices.fgcu.edu/judicialaffairs/new.html. If the student appeal is granted, the student must be aware that successful completion of the program cannot be guaranteed due to the potential lack of available clinical sites, based on the negative criminal background findings. Furthermore, the negative findings may limit the acceptance of the individual as a candidate for licensure as a physician assistant in any state. It is the responsibility of the student to contact the appropriate state licensing board.

Each student must report within seven calendar days to the program director and DCE any arrests and/or criminal charges or convictions filed subsequent to the completion to the most recent criminal background review.

Failure to report arrests and/or criminal charges or convictions in the required time frame or falsification of information in self-reporting, including omission of relevant information may result in immediate dismissal from the program.

G. Requirement to Report Criminal Incident
Students are required to report any interaction with the police resulting in an arrest or being
brought before the criminal justice system within fifteen (15) days of the incident. This requirement is independent of whether or not there is a conviction involved. The student’s academic standing will not be affected solely due to the reporting of an incident. Students should understand that criminal incidents and unprofessional behavior have the potential to affect the graduate’s ability to be licensed or credentialed to practice medicine in any State or setting.

Failure to report any incident will result in action for unprofessional behavior. The incident itself or the failure to report the incident may result in disciplinary action up to and including dismissal from the PA Program.

H. Drug Screening
Required drug screening prior to matriculation as well as periodic urine drug screens may be required for all students in the Physician Assistant Program. Admitted students will be required to work with CastleBranch for completing the drug screening for the program.

I. The potential to sit for the Physician Assistant National Certifying Exam (PANCE) may be impacted by a criminal record and/or illegal drug use. Many state regulatory boards and government organizations may not grant a license or other document if an applicant has a criminal record. Completion of the MPAS program does not guarantee a student will meet the licensing requirements of any particular state or agency.

COMMUNICATING WITH THE MPAS PROGRAM DURING THE CLINICAL YEAR

STUDENT STATUS CHANGES

Students must immediately inform the MPAS Program of any personal or professional circumstance that affects their standing in the University, the status of the clinical rotation, or the Program itself. Students are also responsible for notifying both the University and the Program of any address or name changes.

EMAIL POLICY

A. **IT IS ESSENTIAL THAT THE STUDENT CHECK HIS OR HER FGCU EMAIL EVERY DAY.**

B. It is expected that the student activated his or her email account before the didactic year and email is checked on a frequent basis.

C. The webpage for FGCU Eagle Mail is [http://eagle.fgcu.edu](http://eagle.fgcu.edu). For help with setting up FGCU Email on the phone or computer, go to [http://eagle.fgcu.edu/faq.html](http://eagle.fgcu.edu/faq.html).
D. Student communication with the PA Program is routinely accomplished via email. Students will be expected to check their FGCU (e.g. “@fgcu.edu”) email accounts every day for essential communications. These may be accessed via the web from any computer at http://email.fgcu.edu/.

E. Email responses are expected in a timely manner. The student will be responsible for the inability of the Program to deliver important email to the student because of failure to appropriately monitor the email account. Failure to do so reflects poorly on the student’s professional development and may be considered a professionalism transgression.

F. When communicating with the Program, only FGCU email accounts will be recognized for student communication.

G. Text messaging is not an appropriate method of communication with the program.

H. **Students should be aware that written and electronic communications and voice mails in the FGCU system are public record and may be subject to disclosure to the public upon request, unless exempt.**

**SEXUAL HARASSMENT**

A. In addition to being a violation of state and federal laws, behavior involving unwanted sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature is incompatible with faculty, staff, and student status in the FGCU PA Program.

B. Students dating individuals at the rotation site (i.e., physicians, nurses, residents, support staff, etc.) is highly discouraged. This can be viewed as a form of sexual harassment.

C. Further information regarding sexual harassment policies is outlined in the sexual harassment policy in the MPAS Program Student Guidebook.

D. Students should contact the PA Program immediately if they have felt as if they have been harassed while on clinical rotation.

**MEDICAL RECORDS AND PATIENT CONFIDENTIALITY**

A. During training as a MPAS student, the student will have occasion to review patients’ medical records and gather health information. All data gathered about a patient and his/her medical condition, including all items within a patient’s medical records or verbal communication from a
patient, is privileged information. Students are not to discuss a patient’s medical record in any manner or situation that would reveal any information about that patient to any person not involved in the patient’s health care. Students must refrain from discussing patients in public places, such as cafeterias and elevators, where conversations may be overheard. Remind those who may be inappropriately discussing patient information, about patient confidentiality.

B. If asked to present information about a patient’s condition while on rotation or as part of a Callback Day activity, all identifying information (name, address, date of birth, and ID numbers) should be deleted from the records that are copied or presented. A patient may be identified according to initials or a fictitious name. Never discuss patients in a dehumanizing or insensitive manner. Although students are required by the MPAS Program to complete HIPAA training, some practices and most hospitals will require the student to sign a confidentiality statement or complete additional training.

C. All entries made by students in patients’ records must be signed with the student’s name followed by PA-S (PA student). The clinical preceptor must countersign all entries/orders before the end of each day during rotation. No student should ever leave the rotation for the day without orders or documentation signed off by his or her preceptor. Additionally, no patient should ever be discharged without a preceptor’s knowledge, approval, and active participation. Non-compliance with these requirements could result in liability issues for the student, the site, and the MPAS Program. All signatures should be legible. It is strongly recommended that in addition to the student’s signature, the name and title be printed under it.

D. Students will adhere to ethical principles and use practical reasoning when treating patients. Refer to the Guidelines for Ethical Conduct for the Physician Assistant Profession Policy of the American Academy of Physician Assistants.

E. No student should medically treat other PA students, friends, family members, or faculty/staff of the program while enrolled in the FGCU MPAS Program. Likewise, MPAS faculty will not participate as health care providers for students, except in an emergency situation.23

STUDENT HEALTH

Students in the MPAS are required to show proof of appropriate immunity, or documented immunization, prior to matriculation and prior to the onset of actual patient contact.24 Ultimately, each student is responsible for his/her health and safety in the clinical/educational setting. Therefore, it is the goal of the MPAS Program that all students learn appropriate policies and procedures to follow in the

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23 A3.09
24 A3.07
event that they are injured or potentially exposed to blood-borne pathogens or other communicable diseases, as well as exposure to environmental hazards.

HEALTH AND IMMUNIZATION REQUIREMENTS

All health and immunization requirements must be up to date and documented in the PA Program office. The following are the requirements of the FGCU MPAS Program:

The FGCU MPAS Program requires that all students comply with immunization requirements prior to starting clinical rotations. See the Infection Control and Personal Safety Policy located in Canvas. Students failing to meet this requirement will NOT be permitted to register for and/or attend clinical rotations. All required immunizations must be kept current throughout enrollment in the PA Program. Failure to meet these requirements may result in cancellation of rotations, delayed graduation, and/or program dismissal.

HEALTH INSURANCE

A. The MPAS Program requires all students to be covered by major medical insurance throughout the duration of their matriculation in the program.

B. The University has Health Insurance available for students; go to http://www.fgcu.edu/studenthealth/insurance-and-billing.html for more details. Students must read their policy carefully and note any exclusions or limitations. Additionally, students are strongly encouraged to carry disability insurance to cover possible consequences in the event of injury or prolonged illness.

C. It is not sufficient for the student to assume that they seek care only through Student Health Services, as they can offer only primary outpatient care.

D. Insurance may be acquired through a family major medical policy, through a private insurance agency, or by purchasing the FGCU Student Health Insurance Plan. It is highly advisable that the insurance plan chosen, offer appropriate, comprehensive coverage (hospitalization, clinic visits, professional fees, diagnostics, prescriptions, etc.) throughout the State of Florida and not simply in Fort Myers and Lee County or at a distant city/county/state only. Copays, coinsurance, and deductibles should be reasonable and budgeted for by the student. The student should check with his/her insurance company as to the coverage provided for accidental exposure.

E. It is important for students to realize that medical expenses for care all provided, including laboratory procedures and emergency care, are the responsibility of the student and not the MPAS Program, University, or clinical rotation site. Any injury or accidental exposure is not
considered workmen’s compensation since the student is not an employee of the site.

STANDARD UNIVERSAL PRECAUTIONS

When providing patient care, regardless of the real or perceived communicable disease status of the patient, all students should follow Standard Universal Precautions:

A. Wash hands before and after patient contact, according to hospital policy, even if gloves are used. Wear gloves when exposure to blood, body fluids, excretions, or secretions is likely.

B. Use gloves appropriately according to aseptic and/or sterile techniques, and change gloves between patients.

C. Wear gowns/aprons when soiling of clothing with blood or body fluids is likely.

D. Wear masks, face shields, and eye protection when aerosolization of blood or body fluids may occur.

E. Dispose of sharps in designated rigid sharps containers. Never recap by hand.

F. Dispose of waste saturated with blood or body fluids in designated red-bag trash containers.

POLICIES FOR POTENTIAL EXPOSURES TO BLOOD-BORNE PATHOGENS AND COMMUNICABLE DISEASES

FIRST, USE THE OCCUPATIONAL EXPOSURE CHECKLIST IN THE APPENDIX OF THIS MANUAL, THEN CAREFULLY READ THE POLICIES BELOW:

A. A “significant occupational exposure” that might place Health Care Providers at risk for Hepatitis B Virus, Hepatitis C Virus, or HIV infection is defined as: a percutaneous injury (e.g., a needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

B. Body fluids that are potentially infectious, to which universal Precautions apply according to the Centers for Disease Control and Prevention, including but not limited to the following body fluids:
   1) Blood

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ARC-PA Standards, Fourth Edition

25 A3.08
2) Semen
3) Vaginal secretions
4) Cerebrospinal fluid
5) Synovial fluid
6) Pleural fluid
7) Peritoneal fluid
8) Pericardial fluid
9) Amniotic fluid
10) Laboratory specimens that contain HIV

C. A significant occupational exposure to bodily fluids is considered an urgent medical concern, which requires immediate attention for proper medical management. Do not delay in seeking medical care.

D. It is the responsibility of the student to report sharp injuries, needle sticks, or other potential exposure to blood-borne pathogens via blood or body fluids immediately to the supervisor at the facility where the accident occurs. The student must also notify the MPAS Program in the event of an exposure incident within 24 hours of the exposure by completing the Non-Employee Incident Report Form. Time is frequently of the essence in managing blood-borne pathogen exposures. For example, some treatment regimens must be started within two hours of exposure to be maximally effective. In the event of a potential blood-borne pathogen exposure, students should immediately take the following steps:

1) The student should immediately notify his/her precepting clinician.
2) Using gloves remove and dispose of all contaminated personal protective equipment (PPE). Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap, if possible. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
3) The student should obtain the name of the source patient, medical record number, room number, and diagnosis. This information is necessary to assist the medical provider in determining the potential severity of the exposure, and it must be protected in accordance with HIPAA and institutional rules.
4) The student must notify the MPAS Program in the event of an exposure incident within 24 hours of the exposure.
5) The student must complete the Non-Employee Incident Report Form located at http://www.fgcu.edu/EHS/Files/Nonemployeeincidentrpt2014.pdf.
6) If the exposure occurs during normal business hours, the student should report to Student Health Services (SHS) (Hours 8:15 am to 4:45 pm Mon-Thur and 9:00 am to 4:45 pm Friday) for testing and for counseling. SHS will provide medical intervention at low cost and/or for insurance coverage. Student will be referred to his/her private physician if extended care is needed.
7) If the exposure occurs outside of business hours, the student should report to the nearest Emergency Department. The student should thereafter follow up with SHS.

8) Many clinical facilities during the second year will begin the post exposure procedure(s) with the student. There is no mandatory requirement for them to do so. Any costs incurred by the student in following such a plan are the responsibility of the student. It is up to the student to ascertain costs (if any) in advance of accepting such services.

9) All MPAS students are required to obtain and maintain health insurance. The student has exclusive responsibility for his or her own medical bills.

E. In the event that the student contracts a communicable disease which potentially poses a risk to patients or co-workers (e.g., tuberculosis, varicella), steps will be taken to prevent dissemination in accordance with Student Health, Public Health, and/or CDC protocols. Certain communicable diseases may also be reported to county or state health authorities, as required by law.
ACADEMIC POLICIES FOR THE CLINICAL YEAR
CLINICAL YEAR TESTING AND EVALUATION

STUDENT ASSESSMENTS AND MONITORING OF EDUCATION DURING CLINICAL YEAR

A. The purpose of the assessment of student performance is to evaluate and determine whether the learning outcomes have been met. Methods of assessment include those listed in Section C below.

B. The continuous monitoring of clinical sites, preceptors, and the training experiences during the clinical year is accomplished by a variety of methods, including but not limited to:
   1) Logging of patient encounters and procedures in Typhon
   2) The preceptor’s assessment of student clinical performance and professionalism
   3) The MPAS program’s assessment of students, outlined in section C below
   4) The students’ assessment of preceptors, clinical sites, and rotations. See the Student Evaluation of Rotation section of this Guidebook.

This continuous monitoring is important, as clinical sites may vary with regard to patient types, number, diagnoses, socioeconomic status, and so on. Continuous monitoring of clinical sites by the DCE ensures that the sites provide sufficient patient exposure to allow each student to meet learning outcomes, and that differences in clinical settings are not impeding the overall accomplishment of learning outcomes.

C. Student assessment during the clinical year will be based on:
   1) End-of-rotation multiple choice exam
   2) Preceptor evaluation of student clinical performance
   3) Preceptor evaluation of student professionalism
   4) Case Logging in Typhon
   5) Rotation-specific written assessment
   6) Written documentation (Patient Write-ups)
   7) Clinical Topics Paper (if applicable – Selective Rotations)
   8) Objective Structured Clinical Examinations (OSCEs)
   9) Summative Evaluations

ARC-PA Standards, Fourth Edition
26 A3.17c, B3.03, C4.01, C4.02
27 C3.01
FGCU PA PROGRAM GRADE SCALE

The following grading system will generally be used for converting percentage grades into letter grades during the clinical year:

- **A** = 90-100
- **B** = 80-89
- **C** = 70-79
- **F** = < 70

Note: Grades below a “B” are considered to be failure in the MPAS program.

END-OF-ROTATION WRITTEN EXAMINATION

A. At the end of all core rotations, the student will complete a two hour, 120-question, multiple-choice examination, developed by the Physician Assistant Education Association (PAEA) based on the Topic List for that rotation:
   1) Behavioral Health
   2) Emergency Medicine
   3) General Surgery
   4) Internal Medicine I & II
   5) Pediatrics
   6) Primary Care I & II
   7) Women’s Health

The examination will consist of 100 scored questions, with 20 un-scored experimental questions. As in the PANCE examination, the un-scored questions will not be specifically identified, and are used for evaluating and selecting future questions for these examinations.

B. At the end of the Selective rotations, the student will complete a program-developed multiple-choice examination. The exam is based on the Topic List for that specific rotation specialty.

C. The end-of-rotation multiple-choice examination will count as 30% of the overall rotation grade.

D. The scaled scores attained by students on the PAEA EOR® Examinations are statistically analyzed and converted (standardized) to z-scores. This is where the scaled score is compared to the national mean and standard deviation on the particular exam. This will account for the varying degrees of difficulty on different versions of the Exams.

E. Consistent with the grading policy of the MPAS program, the minimum passing score for the PAEA EOR® Examination is a “B”. Z-scores are converted into numerical grades, with -1.74 being
equivalent to an 80, 0 being equivalent to a numerical score of 90, and +1.74 and higher being equivalent to a score of 100.

STUDENT CLINICAL PERFORMANCE EVALUATION

A. Each rotation, clinical preceptors will evaluate a student’s performance and ability to meet rotation learning outcomes, based on the preceptors’ day-to-day observation of the student’s clinical work on rotation. These assessments comprise 40% of the student’s rotation grade.

Specific evaluation criteria to be considered include:

1) History Taking Skills
2) Medical Knowledge
3) Physical Exam
4) Laboratory & Diagnostic Studies
5) Differential Diagnosis
6) Pharmacology
7) Treatment Plan and Patient Counseling
8) Health Maintenance and Disease Prevention
9) Communication Skills
10) Medical Documentation
11) System Based Practice

B. The assigned preceptor must complete the preceptor evaluations of student performance. While the student may rotate in part under the supervision of other clinicians in the preceptor’s practice, the assigned preceptor is ultimately responsible to complete the evaluations of the student. The preceptor may elicit feedback from his or her colleagues in completing the evaluation.

C. At the end of each rotation, the student should ensure that the preceptor has received the Typhon Student Clinical Performance Evaluation and Student Professionalism online.

D. The evaluation is normally completed online in Typhon, but in exceptional cases, such as Internet access failures, the preceptor may personally submit in a sealed envelope, or scan and email a paper version of the evaluation forms directly to the FGCU PA Program to nguzman@fgcu.edu. Contact the DCE if a paper form is needed.

E. **Students are responsible for ensuring that the Student Clinical Performance Evaluation is submitted to the MPAS Program in a timely manner.** It is up to the student to communicate with the preceptor appropriately and effectively to get this accomplished. A grade of “incomplete” will be assigned to a rotation where the Student Clinical Performance Evaluation is missing.
F. The MPAS Program will not change a clinical preceptor evaluation grade or negotiate evaluation scores with students or clinical preceptors.

G. Clinical year students are expected to assume responsibility for their education while on rotation. Part of this responsibility includes frequently seeking performance feedback from clinical preceptors throughout the rotation to eliminate “surprises” at the end of the month. At a minimum, students must sit down with their preceptor midway through each rotation, review their progress, and plan strategies for correcting any identified deficiencies. At this time, the student completes the Mid-Rotation Self-Evaluation in Typhon with input from a preceptor.28

H. Each student should review the Preceptor Evaluation of Student Clinical Performance and Professionalism found in the Canvas website to ensure they understand how they are to be evaluated.

I. The preceptor’s evaluation of student clinical performance evaluation will count as 40% of the overall rotation grade.

J. The preceptor will evaluate the student for professionalism. Ethics and professional behavior are the foundations of medicine and form an essential component of all clinicians’ interactions with their patients and colleagues. The student must pass this evaluation component in order to pass the rotation.29

OTHER CLINICAL YEAR ASSESSMENT INSTRUMENTS

A. Written Documentation and Clinical Topics Paper
   1) Written documentation is worth 10% of the rotation grade. Students are required to submit this assessment on Callback Day after completion of each rotation. Throughout the course of the clinical year, the type of written documentation due will vary according to the rotation as follows:
      a. Internal Medicine (Outpatient) – SOAP Note
      b. Internal Medicine (Inpatient) – Admission History & Physical
      c. Primary Care – SOAP Note
      d. Women’s Health – Prenatal Note
      e. Pediatrics – Well Child Exam Note
      f. General Surgery – Post Op Note
      g. Emergency Medicine – Procedure Note
      h. Behavioral Health – Initial Evaluation

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ARC-PA Standards, Fourth Edition
28 C3.03
29 C3.02
i. All Selective Rotations** – Consult Note

2) The written documentation must be presented to the preceptor for feedback and must be signed by the preceptor. Credit will not be given for unsigned submissions. Patient identifiers must be removed in accordance with HIPAA regulations prior to submission to the MPAS Program.

3) **For Selective Rotations, a 2 to 3 page clinical discussion on that patient’s disease (the patient from the H&P) is required to be submitted, including:
   - Description
   - Presentation
   - Differential Diagnosis
   - Clinical Investigations and tests
   - Treatment
   - Course and Prognosis

B. Case Logging into Typhon and Required Patient Experiences

Logging of certain patient information and procedures into Typhon is used to ensure an adequate and robust clinical educational experience is obtained by each student.

The data logged includes but is not limited to the patient’s age, gender, ethnicity, diagnosis (using ICD-10 format). Students will also be required to log their participation in procedures, indicating whether the student observed, assisted, or performed the procedure. All procedures must be supervised by the preceptor, with the immediate in-person availability of the preceptor if needed.

Students will log patient data into Typhon, and will submit logs to the Program at the following intervals: end of the first week of the rotation, end of the second week of the rotation, and at the end of the rotation.

The DCE monitors this data, and may adjust the student’s rotation schedule, including Selective and Elective Rotations, if a deficiency is identified. Deficiencies may be identified based upon assessments during the clinical year or if the patient lacks experiences with:

1) Preventive care patient encounters
2) Emergent care patient encounters
3) Acute care patient encounters
4) Chronic care patient encounters
5) Medical care across the life span to include:

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ARC-PA Standards, Fourth Edition
30 B3.02, B3.03, B3.04
a. Infants (birth to 2 years)
b. Children (2 years to 11 years)
c. Adolescents (12 years to 17 years)
d. Adults (18 to 64 years old)
e. The elderly (65 years and older)

6) Women’s health (to include prenatal and gynecologic care)

7) Care for conditions requiring surgical management, including:
   a. Pre-operative care
   b. Intra-operative care
   c. Post-operative care

8) Care for behavioral and mental health conditions

9) Outpatient clinical settings

10) The emergency department
    a. This is defined by the program as a medical treatment facility specializing in emergency medicine, the acute care of patients who present without prior appointment.
    b. The emergency department may be located within a hospital or may be “free-standing”. This is not meant to include urgent care centers.

11) Inpatient clinical settings within acute care facilities

12) Operating room settings

All students must log the relevant and required clinical data for each and every patient seen. *Failure to perform logging of cases will result in a failing grade for the rotation.*

C. Site Visits by Faculty

Site visits will be performed by the DCE or other program faculty during the clinical year. These may be announced or unannounced and will entail a visit at the clinical site. These will occur at least annually for each active site and each student.

Site visits serve to ensure that the clinical site is safe, secure, and appropriate, in that the site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

The student may request a site visit at any time, for any reason, by contacting the MPAS Program by phone or email.

D. Objective Structured Clinical Examination (OSCE)

The objective structured clinical examination (OSCE) is an assessment of clinical competence and achievement of course objectives and/or learning outcomes. The OSCE is worth 10% of the rotation grade.
1) These assessments will be performed at the end of every rotation and are specific to the rotation discipline. OSCEs will also be performed as a part of the Summative Examination.

2) OSCEs are carried out in a well-planned, structured and objective way and assess clinical knowledge and/or skills and critical thinking.

3) OSCEs may assess any of the following: history-taking; performance of physical exam; discussion of differential diagnosis; choosing appropriate diagnostic tests; interpretation of test results; formulation of assessment and plan; patient education; and communication with patients, clinicians, and other members of the healthcare team.

E. PACKRAT®

This is fundamentally a self-evaluation tool for both the student and the Program. This test is based on the PANCE Blueprint and may help the student prepare for the written summative exam, and the PANCE. While the PACKRAT® may be used to address identified weaknesses in the student’s fund of knowledge, it is never used as an assessment instrument to determine if the student has passed or failed any course, or the Summative Evaluation.31

F. Rotation Specific Written Assessment

1) Students must complete a program-developed rotation-specific written assessment for each clinical rotation. These are worth 10% of the rotation grade.

2) The assessment may include multiple-choice, fill-in-the-blank, and/or essay questions, and is based on the topic list and objectives for the rotation.

3) To successfully complete this requirement, the student must attain a minimum 80% correct percentage score. Failure to attain a minimum score of 80% will result in the need for remediation.32

4) For all rotations, this examination must be completed during the final week of the rotation.

SUMMATIVE EVALUATION

The PA Student will be required to satisfactorily complete a comprehensive summative evaluation, which will be new assessments, not a compilation or portfolio of previous assessments. The summative evaluation will be administered within the last four months of training.33 The summative evaluation will consist of multiple components including but not limited to the following:
A. **Written Summative Examination**, consisting of at least 100 multiple choice type questions, reflecting the NCCPA blueprint. A minimum score of 80% or greater will be required to satisfactorily complete this item.

B. **OSCE**, consisting of standardized patient cases
   1) The student must pass the OSCE with a score of 80% or greater to satisfactorily complete this item.
   2) The OSCE will evaluate the following: history taking, patient communication, physical examination techniques, and recognition and interpretation of diagnostic and laboratory studies.

C. **Simulation Exercise**, using a high-fidelity simulator such as the CAE Apollo patient simulator
   1) The student must pass the exercise with a score of 80% or greater to satisfactorily complete this item.
   2) The exercise will evaluate the following: history taking, patient communication, physical examination techniques, and recognition and interpretation of diagnostic and laboratory studies, and communication with the interprofessional health care team.

D. **Skills Stations**, which may include but are not limited to EKG, radiology, laboratory medicine, suturing, and preventive medicine and patient counseling.
   1) The student must pass the skill stations with a score of 80% or greater to satisfactorily complete this item.
   2) This will evaluate the following: recognition and interpretation of diagnostic and laboratory studies.

E. **Professionalism**, an evaluation of the student’s behavior will be based on:
   1) Faculty interactions during classroom activities on the date(s) that the summative assessments take place.
   2) Demeanor during Summative testing.

F. The PA Student will be required to successfully complete all components of the summative evaluation.

G. If a student fails any component of the summative evaluation, he/she will be required to remediate that component as outlined in the MPAS Program Academic Performance, Progression, and Remediation Policy.

H. If a student fails any component of the summative evaluation and is unable to successfully remediate per Program policy, he/she will be required to meet with the SAPC for further recommendations. The SAPC reserves the right to enforce any and all actions that the
committee deems appropriate for a given case up to and including repeat of a clinical rotation, delayed graduation and/or dismissal from the PA Program.\textsuperscript{34}

TESTING PROCEDURES

A. End-of-rotation (EOR) exams and other clinical year evaluation exercises are scheduled well in advance. Students must be present and on time for all scheduled EOR testing.
   1) In the event of illness or personal emergency on the day of an examination, contact the DCE by phone. If the student has not communicated directly with the DCE or the Program Director, he/she have not been excused from the EOR exam. Other faculty and program staff cannot excuse the student from the EOR exams. Documentation of the reasons for an excused absence (as directed by the DCE) must be provided in all cases before exams will be rescheduled.
   2) Rescheduling of missed exams is at the discretion of the DCE.
   3) Unexcused absences from EOR exams may result in a failing grade for the rotation. As mentioned in previous sections, unexcused absences may result in a hearing before the Student Advancement and Professionalism Committee (SAPC).

B. The allotted time for all PAEA EORTM examinations is 120 minutes. Students shall adhere to the following policies while in the Testing Center:
   1) Students must turn off cell phones and place all personal belongings in the appropriate location within the computer testing center.
   2) Once the exam has begun, the proctor will not answer any questions. Students should remain in their seats at all times until they have finished the examination. Students may be excused during the examination during the break in between sections in order to use the rest room.
   3) Keep in mind that all examinations conducted in the computer testing lab are subject to video monitoring. Do not communicate with other students during exams or do anything that could be construed as cheating.

C. Upon completing and submitting the exam, the student must leave the testing area.

END-OF-ROTATION EXAM REVIEW POLICY

The MPAS Program utilizes the PAEA End of Rotation\textsuperscript{TM} Exams for core rotations. Upon completion of the examination, the student will be able to access a post-exam report from PAEA that outlines their performance by specific organ system and task area, as well as keywords of items missed. This is an excellent tool to guide your study. As in the PACKRAT\textsuperscript{®}, PANCE and PANRE exams, the PAEA does not

\textsuperscript{34} A3.17f
allow review of specific examination questions or responses. It is very important that the student access these reports to identify deficiencies in his or her knowledge base, to facilitate improvement in these areas. The MPAS Program policy for exam review during the clinical year is otherwise unchanged from the didactic year.

STUDENT EVALUATION OF PRECEPTOR, CLINICAL SITES, AND ROTATION

The DCE continuously monitors clinical year education to ensure that the preceptors and sites provide sufficient patient exposure to allow each student to meet learning outcomes, and that differences in clinical settings are not impeding the overall accomplishment of learning outcomes. Student feedback is vital to this process, and is conducted as follows.

A. By the end of the first week of each rotation, the student completes a Rotation Check-In Form. The purpose of the form is to verify that the student is getting hands-on opportunities with adequate patient contacts, that the site is safe and has adequate physical facilities, and that there is appropriate supervision by the preceptor. If the student has any concerns regarding the clinical rotation and/or the preceptor at any point in the rotation, the student must contact the MPAS program immediately. Examples of concerns may include but are not limited to inadequate or a lack of supervision, lack of a hands-on experience where the student has opportunities to evaluate/examine patients, synthesize an assessment and treatment plan, and receive feedback of the same. The DCE will conduct a site visit to determine the appropriateness of the site and reassign the student if needed.

B. At the conclusion of each rotation, students are required to complete an evaluation of each rotation, one for the clinical site and one for the preceptor. Evaluation forms will be posted online on Typhon during the final week of each rotation and must be completed before the final grade for the rotation to be released. Results from the evaluations are used to determine the effectiveness and suitability of clinical sites and preceptors.

PROGRESSION AND PROMOTION THROUGH CLINICAL YEAR

A. Evaluation of the student during the clinical year will be based on the assessment methods in the previous sections.

B. Each student must pass each component of their rotation with a grade of 80% to pass the rotation.

C. If a student earns a grade below an 80% on any rotation component, regardless of the overall average, this will result in a grade of “incomplete” for the rotation and will remain as such until
successful completion of a remediation plan as outlined in the FGCU MPAS Program Academic Performance and Progression Policy.

D. Course remediation is not allowed during the clinical phase. Failure to obtain a final course grade of > 80% or failure to successfully remediate any rotation results in course failure and referral to the SAPC for further review and recommendation that includes at a minimum Academic Probation with repeat of the rotation and delayed graduation, or possible dismissal from the program.

ADDITIONAL REQUIREMENTS

In order to take advantage of educational opportunities as they present themselves throughout the course of the clinical year curriculum, there may be additional experiences required of all students, such as extra classroom sessions, on-line course modules, remedial coursework, quizzes, etc.
APPENDICIES
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APPENDIX A

CLINICAL ROTATION CHECKLIST

☐ **At Least 1 Month Before your Next Rotation:** If the next rotation has any hospital component, the student should complete administrative paperwork needed for hospital credentialing.

☐ **1 Week Before your Next Rotation:** The student must become familiar with the reporting instructions for their next rotation, and contact the preceptor or designee to introduce him/herself. Contact information for the preceptor can be found in Typhon. Contact the DCE if you are having difficulty contacting the preceptor.

1st Day of the Rotation
- ☐ Meet with clinical preceptor to obtain schedule and be oriented to practice. Offer to review rotation objectives with preceptor.
- ☐ Confirm preceptor’s contact information, especially email address, and complete the Typhon contact confirmation form. *This is due by the end of the first week.*
- ☐ A student will often work with multiple different clinicians during a rotation, but only the primary preceptor can submit his/her evaluation. Remember to remind the clinicians with whom you interact of this fact.

End of 1st Week of the Rotation:
- ☐ Submit *Rotation Check-In Form* by the end of the 1st week of the rotation
- ☐ Submit *Typhon Contact Information Verification Form* by the end of the 1st week of the rotation
- ☐ Submit *Typhon Case Log Totals (Graphical) Report PDF* at the end of the 1st week of the rotation

End of 2nd Week of the Rotation
- ☐ Meet with clinical preceptor to discuss performance. Obtain feedback on any areas that need improvement during the last two weeks of rotation.
- ☐ Submit *Mid-Rotation Evaluation of Self (Performance and Professionalism)* in Typhon
- ☐ Submit *Typhon Case Log Totals (Graphical) Report PDF* at the end of the 2nd week of the rotation

Last Week of the Rotation
- ☐ Remind preceptor to complete your *Student Clinical Performance and Professionalism Evaluations* on Typhon.
- ☐ Complete *Rotation, Site, and Preceptor Evaluations* in Typhon
- ☐ Submit *Typhon Case Log Totals (Graphical) Report PDF* at the end of the rotation

Continuously
- ☐ Submit Clinical Rotation Requests for Selective/Elective rotations. These are due at **Least 120 Days Prior to your Next Selective Rotation**, or a rotation will be selected for you.
APPENDIX B

Florida Gulf Coast University
Marieb College of Health & Human Services
Department of Health Sciences
Master of Physician Assistant Studies Program

POST OCCUPATIONAL EXPOSURE CHECKLIST

☐ Immediately notify your preceptor.

☐ Using gloves remove and dispose of all contaminated personal protective equipment (PPE). Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap, if possible. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.

☐ Obtain the name of the source patient, medical record number, room number, and diagnosis. This information is necessary to assist the medical provider in determining the potential severity of the exposure, and it must be protected in accordance with HIPAA and institutional rules.

☐ Notify the MPAS Program in the event of an exposure incident within 24 hours of the exposure.

☐ The student must complete the FGCU Non-Employee Incident Report Form [http://www.fgcu.edu/EHS/Files/Nonemployeeincidentrpt2014.pdf](http://www.fgcu.edu/EHS/Files/Nonemployeeincidentrpt2014.pdf) within 24 hours of the exposure.

☐ If the exposure occurs during normal business hours, report to Student Health Services (SHS) (Hours 8:15 am to 4:45 pm Mon-Thur, 9:00 am to 4:45 pm Fri) for testing and for counseling. SHS will provide medical intervention at low cost and/or for insurance coverage. Student will be referred to his/her private physician if extended care is needed.

☐ If the exposure occurs outside of business hours, report to the nearest Emergency Department. The student should thereafter follow up with SHS.

**Note: Many clinical facilities during the second year will begin the post exposure procedure(s) with you. There is no mandatory requirement for them to do so. Any costs incurred by the student in following such a plan are the responsibility of the student. It is up to the student to ascertain costs (if any) in advance of accepting such services. All MPAS students are required to obtain and maintain health insurance. The student has exclusive responsibility for his or her own medical bills.**
APPENDIX C

Florida Gulf Coast University
Marieb College of Health & Human Services
Department of Health Sciences
Master of Physician Assistant Studies Program

RECEIPT & ACKNOWLEDGMENT OF THE MPAS PROGRAM CLINICAL GUIDEBOOK

I, _______________________________, with my signature below, acknowledge that I have received and read a copy of the MPAS Program Clinical Guidebook. As a professional and aspiring PA, I agree to abide by all of the policies contained therein. I further acknowledge that I have had the opportunity to ask questions and have received adequate explanations regarding the Guidebook contents.

I understand that the MPAS Program Policies, Procedures and Clinical Guidebook remain under review and any section or part may be revised without prior notice during my matriculation in the program. If the Clinical Guidebook is indeed revised, notification will be given via FGCU Email. I will be responsible for abiding to any such revisions.

I understand that failure to abide by the policies contained in the MPAS Program Clinical Guidebook is considered to be unprofessional behavior.

_______________________________  _______________________________
Student Name (printed)    Student Signature

_______________________________
Date
### APPENDIX D

#### ARC-PA 4TH EDITION STANDARDS ADDRESSED IN THIS GUIDEBOOK

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Supervised Clinical Practice Experiences (SCPE) General Policy

- **Origin Date**: 12/9/2016
- **Last Evaluated**: 5/8/2019
- **Responsible Party**: Director of Clinical Education
- **Minimum Review Frequency**: Annually
- **Approving Body**: Principal Faculty

**Background and Purpose**

The SCPE portion of the PA curriculum is designed to provide meaningful direct patient care experiences working in a variety of clinical practice environments that allow students an opportunity to apply the extensive knowledge base developed during the didactic year. This will ensure an optimal clinical education experience for FGCU PA students, ultimately preparing them for certification and professional practice through the successful achievement of FGCU MPAS Program learning outcomes. The MPAS Program ultimately determines whether the student has achieved the program learning outcomes through frequent and varied assessments, after ensuring that the student has had exposure to a wide variety of patients in a wide variety of settings. The purpose of this policy is to define how the program assigns students to clinical rotations and how the student should conduct him or herself during the rotation.

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- **Overview of Clinical Rotations**
- **Assignment of Clinical Rotations**
- **Requests for Rotations**
- **Student Role and Conduct During Clinical Rotations**
- **Clinical Year Testing Policy**
Policy Statement

In compliance with the ARC-PA standards, the following is the Master of Physician Assistant Studies policy for clinical rotation assignment and the role of the student during rotations.

Overview of Clinical Rotations

1. All clinical rotations are 4 weeks in length. Clinical Year Principal Training Areas are generally located within a 50-mile radius from the FGCU main campus and include the following counties: Lee, Collier, Charlotte, and Hendry. Rotations will generally begin on a Monday and end on Wednesday at 4 PM. Students will be advised of the specific dates of their clinical rotations prior to the start of the clinical phase.

2. Students are required to complete 12 clinical rotations, including 9 core and 3 selective rotations. These rotations must occur in a variety of settings.

3. The Selectives are restricted electives.
   a. Two of the Selective Rotations should be completed in an adult or pediatric medicine specialty.
   b. Students may request an elective rotation for the third Selective, subject to the approval of the Director of Clinical Education (DCE). Such approval will be based on the student’s academic standing, clinical performance, and cooperation with the policies and procedures of the clinical year.
   c. The DCE ultimately makes the final determination regarding the assignment of Selective, as the first priority when assigning rotations is to ensure that every student meets the educational objectives of the clinical year and program learning outcomes.

4. For each clinical rotation to which the student is assigned, there must be a preceptor who is designated to assess and supervise the student’s progress in achieving the learning outcomes of the rotation. Students are not permitted to rotate without a preceptor assigned and immediately available to supervise the student.

Assignment of Clinical Rotations

1. The first priority when assigning rotations is to ensure that every student meets the educational objectives and program learning outcomes of the clinical year. A well-rounded clinical education requires that students be exposed to a variety of clinical practice settings (in-patient vs. outpatient practices, academic medical centers vs. community-based sites, urban vs. rural practices, operating room, ER, etc.).

2. The DCE will assign rotations primarily based on the student’s educational needs. The student’s educational needs are determined through the monitoring of past assessments during the didactic year, as well as assessments during clinical year, and the student’s clinical case logs in Typhon.

3. The order in which the student completes his or her rotations has no impact on the quality of the clinical education.

4. While every effort is made to accommodate reasonable requests, the quality of the student’s clinical education will come first, and he/she might not be assigned to their primary choice of selective rotation.

5. The MPAS Program will not consider requests for rotation changes once the clinical rotation has been confirmed, except under extraordinary circumstances. A “confirmed” clinical...
rotation is defined as a rotation where the MPAS Program has contacted a preceptor/clinical site and the preceptor/clinical site has accepted the student for a rotation experience.

6. Any rotation change requests made subsequent to a confirmed rotation must be approved by the DCE. If a student requests a change of rotation after the rotation has started, the DCE will perform a site visit and meet with the student and preceptor to discuss the rotation and whatever issues there may be. If the DCE determines that the student be placed in a different site, the change will occur as soon as possible, without penalty to the student.

7. The MPAS Program reserves the right to change student rotation schedules at any time in order to insure that the academic requirements of the clinical year are met.

8. The rotation schedule is subject to change depending on preceptor availability. Rotation schedules are also subject to change depending on factors beyond the control of the MPAS Program, including but not limited to: preceptor/clinical site needs, and requests. Rotation assignments are always contingent upon the availability of a particular rotation site at any given point in time, and the DCE’s prior approval of the rotation.

9. The Clinical Rotation Schedule will be released in advance of rotations as able, depending on final confirmation by clinical sites.

10. The details regarding the clinical rotation schedule, including assigned preceptor and contact information is located in Typhon.

11. Selective Rotations
   a. The DCE must approve all Selective rotations prior to assignment. Approval for requests is based primarily on the academic needs of the student, and assignments are subject to availability. DCE reserves the right to override a student’s choice of Selective rotation in order to enhance a student’s skills or knowledge as necessary.
   b. Requests for Selective rotation specialty must be submitted to the DCE no later than 120 days in advance.
   c. If the student does not submit a Clinical Rotation Request Form for a Selective rotation within 120 days of the scheduled rotation month, the DCE may assign the rotation(s) without the input of the student.

12. Students will not be required to rotate at a site that is greater than 50 miles from the FGCU campus unless the student agrees to placement at the remote site.

13. Students are not permitted to sign any forms or contracts on behalf of the MPAS Program. If a rotation site requires the student sign a form, the student must inform the DCE and may not sign the form unless authorized by the DCE.

14. Students will not be permitted to be precepted by anyone with whom they are involved in a romantic or sexual relationship.

Requests for Rotations
1. The MPAS Program coordinates clinical sites and preceptors for rotations. As such, students are not required to solicit clinical sites or preceptors. Students may make suggestions to the DCE, who will

2. Requests for rotations are considered only for the following:
   a. With preceptors who are new to the Program
b. Selective Rotation specialty and/or specific preceptor

3. With respect to Core and Selective Rotations, requests for specific preceptors will not be entertained, unless he or she is not currently a preceptor for FGCU.

4. Out-of-state rotation requests are not entertained. All rotations must take place within the State of Florida, primarily within the SWFL area, within 50 miles of the FGCU main campus.

5. Requests are communicated to the DCE.

6. It is strongly recommended that the student discuss any planned rotation requests with the DCE before requesting.

7. If a student knows of a potential preceptor/clinical site, that is not a current preceptor/clinical site for the MPAS Program:
   a. The name, business address, email address, contact phone and fax numbers of the potential site, as well as the potential preceptor’s name (and practice manager’s name, if known) are to be forwarded to the DCE.
   b. The DCE will then start the evaluation process to determine if the site is suitable. The SCPE Site and Preceptor Development Policy will apply.
   c. Potential clinical sites must be willing to precept other FGCU PA Program students in the future.

8. Requests should be submitted at least 120 days before the rotation is scheduled to begin. This lead time is necessary to insure that any administrative matters such as inter-institutional affiliation contracts, rotation applications and student credentialing by health care facilities, and other prerequisites imposed by the rotation site are accomplished well in advance of the rotation start date.

9. Approval of rotation requests is contingent upon the educational value of the rotation, the student’s demonstration of academic and clinical development, and the student’s history of cooperating with the policies and procedures of the clinical year. The willingness of a preceptor to give students access to his/her patients for clinical training, and to provide students with an end-of-rotation evaluation, are other important factors that are taken into account when considering private rotation requests. Refer to the SCPE Site and Preceptor Development Policy for full details regarding the preceptor/site approval process.

10. Students requesting to do rotations with any healthcare provider (e.g. MD, DO, PA, ARNP, etc.) who are family members, friends of their family, their personal healthcare provider, or where students may be currently/recently employed will be considered on a case-by-case basis with consideration given to academic and professional standing.

Student Role and Conduct During Clinical Rotations

1. The student must be clearly identified in the clinical setting as a PA student. As such, a nametag identifying the student as an FGCU PA student is required while on clinical rotation.
   a. If the student is in a setting where the student cannot wear his/her nametag and/or white coat with embroidered name and title of “PA student” (such as the operating room), the student must verbally identify him or herself as a PA student.
   b. The student must ensure that he or she is distinguished from physicians, medical students, and other health professions students and graduates.
2. At no time may students substitute, replace or fill in for absent clinical site employees. While it is recognized that many students may already possess skills/expertise in a given area taught in the MPAS Program, students will not be permitted to substitute for regular clinical or administrative staff at a clinical site, or instructional faculty of the MPAS program.

3. MPAS students on clinical rotation work under the supervision of a licensed preceptor.

4. As MPAS students work under the supervision of licensed clinician preceptors (e.g. physician, PA, nurse practitioner, midwife, etc.), students will not make a diagnosis, or carry out any procedure or treatment plan without the explicit approval of a preceptor.

5. When given an order by a preceptor, a student has three possible courses of action:
   a. Carry out the order as directed.
   b. If there is disagreement with the order, discuss it with the preceptor and mutually agree on a course of action.
   c. Inform the preceptor that as a student, you do not feel qualified to safely carry out the order.

6. At no time will a student change an order or carry out a course of action different from that directed by the preceptor.

7. All students, irrespective of gender, will obtain a chaperone for female breast and pelvic examinations, as well as GU examinations on males.

8. The performance of procedures (invasive or otherwise) by MPAS students will be based upon site/preceptor preferences and availability. If the student is permitted to perform procedures, the student must be under the direct supervision of the preceptor.

9. In the event of the temporary absence of his/her regular preceptor, students must notify the MPAS Program of their alternate preceptor. At no time will students rotate without having a preceptor clearly identified.

10. Students are not be permitted to rotate outside of their specified clinical rotation requirements (e.g. working extra hours in an ER when the student is scheduled for pediatrics that month, or working with a different legal entity from that with whom the assigned preceptor is affiliated). Such activity would place the student and the MPAS Program at great risk since malpractice coverage will not exist.

11. Students must have all charts and written orders countersigned by the preceptor on the day of the patient encounter. This may be on paper charts or on equivalent electronic medical record (EMR) chart. Hospital policy also governs countersignatures. It may be policy in some clinical sites not to allow students to record in the charts. This does not preclude the student from writing up the patient case for the preceptor to critique, but not include in the chart. The student is encouraged to practice documentation and have such documentation reviewed by the preceptor, as the student will be assessed on proficiency at documentation at the end of the rotation.

12. No patient should be discharged from a clinical site by an MPAS student without the preceptor’s approval and signature on the chart.

13. In all clinical activities, MPAS students should be guided by the principle of knowing one’s limitations. This is a concept that must be taken with them throughout their training in the program as well as the rest of their careers.
14. Rotation sites may require additional assignments (i.e. papers, presentations, exams, etc.) that may be factored into students’ evaluation grade. It is the student’s responsibility to complete all tasks required to the best of their ability. The PA Program supports the decision of any site to present students with additional educational opportunities.

15. Students are expected to assume responsibility for their education while on rotation. At a minimum, students must sit down with their preceptor midway through each rotation, review their progress, and plan strategies for correcting any identified deficiencies. At this time, the student completes the Mid-Rotation Self-Evaluation in Typhon with input from and acknowledgement of a preceptor.

16. By the end of the first week of each rotation, the student completes a Rotation Check-In Form. The purpose of the form is to verify that the student is getting hands-on opportunities with adequate patient contacts, that the site is safe and has adequate physical facilities, and that there is appropriate supervision by the preceptor. If the student has any concerns regarding the clinical rotation and/or the preceptor/clinical site at any point in the rotation, the student must contact the MPAS program immediately. If there are concerns about a preceptor and/clinical site, the DCE will conduct a site visit and evaluation to determine the appropriateness of the site. Refer to the Clinical Site and Instructional Faculty Development for Supervised Clinical Practice Experiences (SCPE) Policy for further details regarding preceptor development.

17. At the end of each rotation, the student must ensure that the preceptor has received the Typhon Student Clinical Performance and Professionalism Evaluations online.

18. Students are responsible for ensuring that the evaluations are submitted to the MPAS Program in a timely manner. It is up to the student to communicate with the preceptor appropriately and effectively to get this accomplished. A grade of “incomplete” will be assigned to a rotation where the evaluations are missing.

19. At the end of each rotation, students are required to complete a Student Evaluation of Rotation, Student Evaluation of Clinical Site and a Student Evaluation of Preceptor. Evaluation forms will be posted online on Typhon approximately one week prior to the end of each rotation and must be completed before the final grade for the rotation to be released. These evaluations of the preceptor and clinical site must be completed sometime between the last Monday and the Callback Day for each rotation.

20. Students are expected to study for End of Rotation assessments throughout their clinical rotations and throughout the clinical year. As such, students are not permitted days off toward the end of their rotations for studying. Days off explicitly for studying may be treated as an unexcused absence. See the Attendance and Participation Policy for further details regarding clinical year attendance.

Clinical Year Testing Policy

1. Refer to the Student Assessment & Grading Policy for full details regarding testing, as these policies apply during the clinical year, except as noted in the SCPE Policies.

2. End-of-rotation (EOR) written exams and other clinical year evaluation exercises are scheduled well in advance. The clinical year Callback Days are mandatory attendance days. Students must be present and on time for all scheduled EOR testing.

   a. In the event of illness or personal emergency on the day of an examination, contact the DCE by phone. If the student has not communicated directly with the DCE or the Program Director, he/she has not been excused from the EOR exam. Other faculty
and program staff cannot excuse the student from the EOR exams. Documentation of the reasons for an excused absence (as directed by the DCE) must be provided in all cases before exams will be rescheduled.

b. Rescheduling of missed exams is at the discretion of the DCE.

c. Unexcused absences from EOR exams may result in a failing grade for the rotation. As mentioned in previous sections, unexcused absences may result in a hearing before the Student Advancement and Professionalism Committee (SAPC).

3. The allotted time for all EOR examinations is 120 minutes for core rotations and 60 minutes for selective rotations, except as noted by the DCE. Students shall adhere to the policies noted in the Student Assessment and Grading Policy, Section on Examination Day Procedures, while testing.

Associated ARC-PA Standards

1. **A2.17** “In each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, there must be an instructional faculty member designated by the program to assess and supervise the student's progress in achieving learning outcomes.

ANNOTATION: The program is expected to inform students at each location which instructional faculty member is serving in this role for the location and how to contact this faculty member.

2. **A3.06** “Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.”

3. **B3.01** “PA students must be clearly identified in the clinical setting to distinguish them from physicians, medical students and other health profession students and graduates.”

4. **B3.04** “Supervised clinical practice experiences must occur in the following settings:

ANNOTATION: While patients often use emergency departments for primary care complaints, students are expected to interact with patients needing emergent care in this setting. Urgent care centers may be used for supervised clinical practice experiences, but do not replace the requirement to have students in emergency departments.

   a. outpatient,
   b. emergency department,
   c. inpatient and
   d. operating room.”

5. **B3.07** “Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines:

   a. family medicine,
   b. internal medicine,
   c. general surgery,
   d. pediatrics,
   e. ob/gyn and
   f. behavioral and mental health care.”
Program Expectations for Supervised Clinical Practice Experiences (SCPE) Policy

- **Origin Date:** 12/9/2016
- **Last Evaluated:** 5/8/2019
- **Responsible Party:** Director of Clinical Education
- **Minimum Review Frequency:** Annually
- **Approving Body:** Principal Faculty

**Background and Purpose**

SCPEs are defined as supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management.

The SCPE portion of the PA curriculum is designed to provide meaningful direct patient care experiences working in a variety of clinical practice environments that allow students an opportunity to apply the extensive knowledge base developed during the didactic year. This will ensure an optimal clinical education experience for FGCU PA students, ultimately preparing them for certification and professional practice through the successful achievement of FGCU MPAS Program Learning Outcomes. The MPAS Program ultimately determines whether the student has achieved program learning outcomes through frequent and varied assessments, after ensuring that the student has had exposure to a wide variety of patients in a wide variety of settings. The purpose of this policy is to define program expectations of clinical year students, and to describe how the program will ensure that the FGCU MPAS Learning Outcomes have been met.

**Policy Statement**

In compliance with the ARC-PA standards, the following is the Master of Physician Assistant Studies policy for evaluating whether SCPEs are enabling the student to meet program learning outcomes.
5. The MPAS program requires that student must have experiences and participate in the care of patients (i.e. “hands on experiences”) in the following settings, at a minimum:

a. Patients seeking preventive care
   i. “Preventive care” is defined by the program as care whose purpose is to prevent illnesses or diseases. It also includes counseling to prevent health problems. Other examples include health or wellness screenings and immunizations.

b. Patients seeking emergent care
   i. “Emergent care” is defined by the program as care for a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health (or the health of an unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.

c. Management of patients with acute medical conditions
   i. “Acute medical conditions” is defined by the program as those that are of abrupt onset, is of short duration, rapidly progressive, and in need of urgent care.

d. Management of patients with chronic medical conditions
   i. “Chronic medical conditions” is defined by the program as those that are non-self-limited nature, associated with persistent and recurring health problems, and a duration measured in months and years, not days and weeks.

e. Medical care across the life span to include patients who are:
   i. Infants (defined as under age 2 years)
   ii. Children (defined as 2 to 10 years old)
   iii. Adolescents (defined as 11 to 17 years old)
   iv. Adults (age 18 to 64 years old)
   v. Elderly (aged 65 years and older)

f. Patients seeking care for women’s health conditions
   i. “Women's health” is defined by the program as the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being. This includes but is not limited to reproductive health, prenatal, maternal and child health, genital and gynecologic health, breast health, and endocrine health (e.g. menstruation, birth control and menopause).

g. Patients seeking care for conditions requiring surgical management, including the following phases of care:
   i. Pre-operative care
   ii. Intraoperative care
iii. Post-operative care
h. Patients seeking care for behavioral and mental health conditions
i. Patient encounters in outpatient clinical settings
j. Patient encounters in the emergency department
   i. The "emergency department" is defined by the program as a medical treatment facility specializing in emergency medicine, the emergent and/or acute care of patients who present without prior appointment.
   ii. The emergency department may be located within a hospital or may be “free-standing” (off-site, with respect to its associated hospital).
   iii. This policy is not intended to include urgent care centers.
k. Patient encounters in inpatient clinical settings within acute care facilities
l. Patient encounters in operating room settings

6. All students are required to complete 12 clinical rotations, including the 9 core and 3 selective rotations. Associated with the clinical rotations are rotation-specific learning outcomes.

7. Student clinical experiences are monitored using Typhon tracking software. Students must log every patient contact and procedure into Typhon. The DCE monitors and analyzes aggregate of the Typhon-generated logs for every student at least monthly (at the end of the second week of the rotation month), to ensure that the student is receiving exposure to a variety of medical settings.

8. Students will undergo assessments throughout the clinical year, to ensure that the learning outcomes for each rotation have been met.
   a. The minimum passing score for these assessments is 80% or equivalent.
   b. These assessments will determine if the student has achieved the rotation-specific and program learning outcomes. These assessments include the following:
      i. Written multiple-choice EOR Exams
      ii. Student Clinical Performance Evaluation by the preceptor
      iii. Student Behavior and Professionalism Evaluation by the preceptor
      iv. Written assessments specific to the rotation discipline
      v. Written documentation
      vi. Clinical topic papers (selective rotations only)
      vii. Objective Simulated Clinical Examination (OSCEs)

9. The Summative Examination is administered within the final four months of the program to ensure that the student has met the program learning outcomes.

10. Students found by the DCE to be deficient in a given assessment will be required to remediate the deficiency as noted in the Academic Performance Policy, Section on Remediation.
11. If a student has not met the learning outcomes associated with the criteria listed above, the DCE will ensure that the student has a future rotation(s) assigned that will provide the student an opportunity to meet the learning outcomes that have not yet been achieved. This may be done as a Selective Rotation or as a repeat of a required rotation. The student’s graduation may be delayed as a result.

**Associated ARC-PA Standards**

2. B3.02 “Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes expected of students, to include preventive, emergent, acute, and chronic patient encounters.”

3. B3.03 “Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes expected of students, for patients seeking:
   a. medical care across the life span to include, infants, children, adolescents, adults, and the elderly,
   b. women’s health (to include prenatal and gynecologic care),
   c. care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care and
   d. care for behavioral and mental health conditions.”

4. B3.04 “Supervised clinical practice experiences must occur in the following settings:
   ANNOTATION: While patients often use emergency departments for primary care complaints, students are expected to interact with patients needing emergent care in this setting. Urgent care centers may be used for supervised clinical practice experiences, but do not replace the requirement to have students in emergency departments.
   a. outpatient,
   b. emergency department,
   c. inpatient and
   d. operating room.”

5. C3.04 “The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice.
   ANNOTATION: Evaluation products designed primarily for individual student self-assessment, such as PACKRAT are not to be used by programs to fulfill the summative evaluation of students within the final four months of the program. The ARC-PA expects that a program demonstrating compliance with the Standards will incorporate evaluation instrument/s that correlates with the didactic and clinical components of the program’s curriculum and that measures if the learner has the knowledge, interpersonal skills, patient care skills and professionalism required to enter clinical practice.
Clinical Site and Instructional Faculty Development for Supervised Clinical Practice Experiences (SCPE) Policy

- **Origin Date:** 12/9/2016
- **Last Evaluated:** 5/8/2019
- **Responsible Party:** Director of Clinical Education
- **Minimum Review Frequency:** Annually
- **Approving Body:** Principle Faculty

**Background and Purpose**

The SCPE portion of the PA curriculum is designed to provide meaningful direct patient care experiences working in a variety of clinical practice environments that allow students an opportunity to apply the extensive knowledge base developed during the didactic year. This will ensure an optimal clinical education experience for FGCU PA students, ultimately preparing them for certification and professional practice.

The purpose of this policy is to define program expectations and processes for recruitment, approval, and orientation of Instructional Faculty for SCPEs (i.e., preceptors), as well as the ongoing evaluation of the same.

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Policy Statement
In compliance with the ARC-PA standards, the following is the Master of Physician Assistant Studies policy for evaluating, approving, and orientation of Instructional Faculty (Preceptors), as well as the ongoing evaluation of clinical sites and preceptors, for participation in supervised clinical education components.

Overview
1. With the support of Florida Gulf Coast University and the Marieb College of Health & Human Services (MCHHS), the Director of Clinical Education (DCE) of the MPAS Program is responsible for the recruitment, coordination and evaluation all clinical sites and preceptors for the program mandated SCPE component of the curriculum (clinical rotations), and ensuring that the sites and preceptors are in sufficient numbers for program-required clinical practice experiences.

2. The DCE ensures that the clinical preceptors and sites provide sufficient patient exposure to allow each student to meet program learning outcomes, and that differences in clinical settings are not impeding the overall accomplishment of learning outcomes.

3. The DCE ensures that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

4. The DCE must initially, and at least annually thereafter, review, evaluate, and approve suitability of all clinical sites and preceptors.

5. Preceptors for the MPAS program must primarily consist of practicing physicians and physician assistants. The DCE will ensure that a majority of preceptors are physicians or PAs. This will be verified annually.

6. PA program students are not required to provide or solicit clinical sites or preceptors. Students may make suggestions to the faculty or DCE regarding clinical sites or preceptors but are not required to do so.

Process for Initial Evaluation and Approval of Clinical Sites and Clinical Instructional Faculty
1. When a potential clinical site/preceptor is identified by the DCE, the DCE will evaluate the prospective clinical site/preceptor’s suitability for use in supervised clinical practice experiences (SCPE)/rotations prior to assigning students for rotations.

2. The DCE will meet with the prospective site and preceptor to discuss the MPAS program.
a. The prospective preceptor will be oriented to the learning outcomes and instructional objectives and outcomes pertinent to the rotation, as well as the MPAS program’s learning outcomes and expectations of students and preceptors.

b. A copy of the Preceptor Handbook and the relevant clinical rotation syllabus/syllabi will be provided to the prospective site/preceptor.

3. If the prospective site/preceptor is agreeable and willing to serve as a site/preceptor for the MPAS program:
   a. Site/Preceptor Evaluation Form must be filled out and reviewed by the DCE for further consideration. This form will describe the demographics of the site and practice (e.g. the number of patients seen, common diagnoses encountered, number of exam rooms, other clinicians on site, etc).
   b. A Preceptor Acknowledgement Form must be reviewed and signed by the preceptor and submitted to the DCE. This form serves to document that the preceptor has received the Preceptor Handbook, agrees to accept students for hands-on rotation experiences, and to acknowledge understanding of program expectations and policies.

4. If the clinical site (legal entity of the clinical practice of the preceptor) does not have a Clinical Affiliation Agreement with the university, a fully executed agreement will be required prior to a student being assigned to the site. The Clinical Affiliation Agreement:
   a. Defines the responsibilities of FGCU and the clinical affiliate related to the educational program for students
   b. Specifies whose policies govern and document student access to educational resources and clinical experiences
   c. Acknowledge the terms of participation between the program and the clinical affiliate.
   d. Must be signed by an authorized individual of the clinical affiliate
   e. Are coordinated between the DCE, the FGCU MCHHS Contracts Specialist, FGCU General Counsel (as needed), and the authorized individual(s) at the clinical affiliate.

5. The DCE will evaluate whether the clinical site/preceptor meets program expectations (as described below) and whether the clinical site/preceptor will be suitable for use by the MPAS program.

Program Expectations of Clinical Sites and Preceptors
1. The DCE will consider the following criteria, with regard to whether the clinical site will be approved for use by the program for SCPES:
   a. The clinical site is a safe site for the student.
   b. Space at the site is adequate for accommodating student(s).
   c. Sufficient number of exam rooms to allow the student to see patients.
   d. Site offers an orientation for new students (may be formal or informal).
   e. Site allows for appropriate observation and supervision of students.
f. Clinical affiliation agreement executed between the clinical site and the program.
g. See Clinical Rotation Site Visit Report form for full details

2. The following are required for a clinician to be a preceptor for the MPAS program:
   a. Knowledgeable of the PA profession and role in health care.
   b. At least two years of full time experience in practice as a clinician or advanced training such as residency or fellowship.
   c. Licensure and in good standing with the Florida Board of Medicine, Nursing or other Board as appropriate.
   d. Willingness to be a mentor to and teach PA students, helping them achieve the learning objectives of the rotation.
   e. Willingness to assess student performance.
   f. Willingness to be assessed by students, in the context of the MPAS Program’s efforts to self-evaluate and improve the curriculum.
   g. Appreciation the importance of providing hands-on experiences and agree to provide them.
   h. Willingness to ensure that PA students will be adequately supervised (and will not be used as a substitute for paid staff).
   i. Clinical practice has an appropriate volume of patients and variety of diagnoses encountered. The clinical practice of the preceptor will provide the student exposure to the common diagnoses of the discipline of the rotation.
   j. The preceptor’s anticipated schedule for the student should be, at a minimum, similar to that which is expected of a full-time PA in that practice, and should afford the student exposure to an appropriate volume of patients and variety of diagnoses, to allow the student to meet the objectives of the clinical rotation.
   k. Willingness to be in contact with the program as needed.

3. The DCE will ensure that all preceptors have valid licenses, and will keep the expiration date of the preceptor’s license on file. These are verified at least annually.

4. The DCE will ensure that preceptor is knowledgeable in his or her area of expertise. The professional training and experience of the preceptor will be noted in the preceptor’s file. At a minimum, the preceptor’s file will note:
   a. Professional program attended and year of graduation
   b. Post-graduate education details (institution, dates, specialty)
   c. Length of time in current clinical practice
   d. Previous experience
   e. Board certification status
   f. Whether the preceptor has current privileges to practice in his/her specialty/area of expertise
5. Each clinical site used by the MPAS program must have at least one physician on staff. If a clinical site utilizes non-physician clinicians such as PAs, nurse practitioners, midwives, psychologists and counselors, etc., the clinical site must have at least one physician who supervises and/or collaborates with these clinicians.

6. The priority in recruiting and maintaining clinical sites and preceptors is that at least one physician at the clinical site offering instruction is board certified in the discipline of instruction of the SPCE/rotation. Therefore, each clinical rotation site will have at least one physician that is board certified in the discipline of the rotation who supervises and/or collaborates with the site’s preceptor(s). Exceptions to this are allowed under special circumstances, as noted below.

7. The MPAS program will consider using a physician preceptor who is knowledgeable in his or her area of expertise but not board certified in the discipline of the rotation (or a non-physician clinician preceptor teamed with a physician who is not board certified in the discipline of the rotation) for SCPEs if one of the following are true:
   a. The preceptor is credentialed by an acute care hospital to practice in the discipline of the rotation.
   b. The preceptor has at least two years of full-time experience and/or postgraduate training in his or her area of expertise and the Clinical Affairs Committee approves the use of the preceptor, due to circumstances unique to the program, which may include but are not limited to:
      i. The program has difficulty in recruiting willing physician preceptors that are board certified in the discipline of the rotation or non-physician clinician preceptors teamed with a physician who is board certified in the discipline of the rotation
      ii. The physician began practicing in the discipline of the rotation before 1990 and maintenance of board certification is not mandated for the physician
      iii. The physician is board-eligible for the discipline of the rotation
      iv. The physician preceptor is teamed with another physician in the same practice who is board certified in the discipline of the rotation

Decision to Approve/Deny Clinical Site/Preceptor

1. After consideration of the criteria in the previous section, the DCE may approve or deny the prospective clinical site/preceptor for use by the MPAS Program. It is the duty of the DCE to ensure that the totality of the clinical rotation experiences will allow each student to meet the expected learning outcomes by program completion. Only sites/preceptors that will allow each student to meet the expected learning outcomes by program completion may be approved for use by the MPAS Program.

2. If the site/preceptor is approved, a site visit will be performed in-person (if not already performed at the initial contact with the preceptor) prior to the assignment of the first student, evaluating criteria as outlined in the Site Visit Policy below.

Clinical Preceptor Responsibilities

1. Provide the student with an orientation to the clinical site, including reviewing educational objectives, work schedules, local policies, dress code, and introduction to other essential staff/personnel.
2. To assess and supervise the student's progress in achieving learning outcomes for the clinical rotation.

3. Provide clinical instruction, including hands-on clinical experience, in accordance with the rotation learning outcomes and objectives and the availability of patients and other clinical resources. This instruction may be delivered by the preceptor or designee, but the preceptor is ultimately responsible for the instruction provided.

4. Provide the PA student with frequent feedback on clinical and professional performance, and formally meet with them approximately halfway through their rotation to discuss this feedback and issue guidance, and collaborate with the student in completing the Student's Mid-Rotation Self-Evaluation Forms.

5. Meet with the student during the last week of rotation and complete a Preceptor's End-of-Rotation Evaluation of Student, as well as a Preceptor’s End-of-Rotation Evaluation of Student Behavior and Professionalism form, online in the Typhon Student Tracking System.

6. Notify the DCE of any unexpected student absences, lapses in professionalism, or academic or any other concerns.

7. In an educational capacity, the student may perform tasks similar to paid staff. However, the preceptor is to ensure that the student is not used as a substitute for clinical or administrative staff.

Process for Ongoing Evaluation of Clinical Sites and Clinical Instructional Faculty

1. It is the responsibility of the DCE to continuously monitor the MPAS clinical sites and clinical instructional faculty to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures.

2. This monitoring is accomplished through the following, and is outlined below:
   a. Site visits
   b. Reaffirmation of clinical site and preceptors meeting program expectations as noted in the above section, Program Expectations of Clinical Sites and Preceptors
   c. Students’ assessment of rotations, preceptors, and clinical sites
   d. Logging of patient encounters and procedures in Typhon
   e. Assessment of student performance

3. This continuous monitoring will be used to determine if a clinical site/preceptor will continue to be used by the program.

Site visits

12. Site visits serve to ensure that the clinical site is safe, secure, and appropriate, and that the site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience and meet program learning outcomes.

13. Will be performed at each clinical site prior to the placement of a student at the site, then at least once each year that a student is assigned at the site

14. May be conducted unannounced to the student.
15. Site visits may be requested by the student or preceptor at any time, and for any reason.

16. The site visit will evaluate, at a minimum:
   a. Availability of internet access
   b. Ability of the preceptor to appropriately supervise PA students
   c. Access to physical facility and workstation for students
   d. Provision of orientation to new students
   e. The safety at the clinical site
   f. If a student is present at the site, the following may be discussed as a part of the site visit:
      i. The preceptor’s perception of the student’s performance/progress
      ii. The student’s feedback regarding the site/preceptor and the student’s perception of his/her preparedness to enter the rotation
      iii. The preceptor’s feedback and perception of the MPAS program in general

17. If a student is present at the site, the site visitor should then note the following, if possible/practical:
   a. Interactions between student and other individuals at the site, including preceptor and other staff
   b. Ability of the facility to support a proper learning environment
   c. Ability of the student to see an appropriate number of patients and allowed hands-on experiences with adequate oversight and supervision

Reaffirmation of Program Expectations of Clinical Sites and Preceptors

The criteria noted above in the Program Expectations of Clinical Sites and Preceptors will be reevaluated at least once annually by the DCE for each preceptor/clinical site, to determine the continued suitability of the site/preceptor. Sites/preceptors that do not meet program expectations may be dismissed by the DCE and no longer used by the program as outlined below.

Students’ assessment of rotations, preceptors, and clinical sites

1. After the completion of each rotation, the student will be required to evaluate the preceptor, the clinical site, and the rotation using a 1 (strongly disagree) to 5 (strongly agree) Likert scale. They will be evaluated in part for their effectiveness and ability to allow the student to achieve the stated learning outcomes for the rotations, as well as the perception of the effectiveness of the preceptor’s supervision. These data will be entered into Typhon and aggregated and analyzed by the DCE after each rotation, except for the mid-rotation evaluations, which are analyzed by the DCE at the end of the second week of the rotation.

2. When student evaluations of a clinical site or preceptor identify a specific need for improvement, defined as a score of 2 (disagree) or less, the DCE will meet with the individual preceptor to create an individualized faculty development plan to address that need. This faculty development plan will contain, at a minimum: the identified issue, preceptor’s response, suggestions for improvement, and a date for follow up.
3. When student evaluations of rotation identify a pattern of specific need for improvement, defined as a score of 2 (disagree) or less, the Clinical Affairs Committee will meet to discuss and address the need.

4. If a mid-rotation evaluation of the clinical site or preceptor identifies an area of concern, defined as a score of 2 (disagree) or less, the DCE will immediately reassess the preceptor and/or clinical site for appropriateness. This may include, but is not limited to a site visit, meeting with the preceptor and/or student, analysis of Typhon logs, analysis of previous evaluations of the clinical site and/or preceptor, and academic performance of previously assigned students. After this assessment, at the discretion of the DCE, the student may be retained at the assigned clinical site or reassigned to a different clinical site/preceptor for the remainder of the rotation.

Logging of patient encounters and procedures in Typhon
1. Students log their clinical exposures using Typhon. Typhon data is continuously monitored by the DCE.

2. The aggregate of the logs is analyzed by the DCE at the second week of each rotation, to ensure that the student is receiving exposure to a variety of patient populations.

3. Students are required to be exposed to patient populations as outlined in the Program-Defined Expectations for SCPE Policy.

4. If the analysis of the Typhon logs by the DCE indicates that the student may not be exposed to sufficient patient populations necessary to fulfill program expectations of the clinical experience, the DCE will immediately reconsider the student’s placement at the site. This may include, but is not limited to a site visit, meeting with the preceptor and/or student, analysis of previous evaluations and Typhon logs of the clinical site, previous evaluations of the preceptor, and academic performance of previously assigned students. After this analysis, at the discretion of the DCE, the student may be retained at the assigned clinical site or reassigned to a different clinical site/preceptor for the remainder of the rotation.

Assessment of student performance
The determination that the students are being exposed to sufficient patient populations necessary to fulfill program expectations of the clinical experience shall be made based on:

1. The students’ exposure to all criteria noted in the Program Expectations for SCPE Policy

2. The students’ performance in the variety of assessments administered by the MPAS program, as outlined in the Program Expectations in SCPE Policy. These assessments are given by different individuals and administered frequently during the clinical year, whose aggregate data are analyzed by the DCE monthly.

3. At least at the end of each semester, the DCE will correlate student performance with the clinical sites/preceptors.
   a. If a site/preceptor is found to have a correlation with consistently poor student performance (defined as assessment scores < 80% or equivalent), the DCE will suspend student assignments to the site, pending a meeting with the site/preceptor to discuss student performance, learning outcomes, and program expectations with the site/preceptor.
   b. Further assignment of students to the site/preceptor will depend on the discretion of the DCE. This may include, but is not limited to a site visit, meeting with the
preceptor and/or student, analysis of Typhon logs, analysis of previous evaluations of the clinical site and/or preceptor, and academic performance of previously assigned students.

Dismissal of clinical sites and/or preceptors
Clinical sites/preceptors may be dismissed from the MPAS program at the discretion of the DCE if any of the following are true of the clinical site and/or preceptor:

1. Found to have committed acts of discrimination, harassment, or sexual misconduct, as defined by FGCU policy 1.006 Non-Discrimination, Anti-Harassment, and Sexual Misconduct.

2. Found to have consistently poor evaluations by students (defined as less than 3 on a 1 to 5 Likert Scale) despite meeting with the DCE to discuss program expectations and undergoing an individualized faculty development plan.

3. Found to not be appropriately supervising students, as noted during a site visit or through student evaluations of the preceptor and clinical site, and persisting despite meeting with the DCE to discuss program expectations.

4. Found to be an unsafe environment for students. The program will dismiss any clinical site that is deemed by the Clinical Affairs Committee to be unsafe. No student shall be made to rotate at a site where he or she feels unsafe. Student absence or lateness due to safety concerns shall be considered an excused absence, and must immediately (as soon as practical) be reported to the program. The program will ensure that all sites have a protocol for safety.

5. Found to be associated with consistently poor student performance on clinical year assessments (defined as assessment scores < 80% or equivalent) and persisting despite meeting with the DCE to discuss program expectations and undergoing an individualized faculty development plan.

6. Repeated failure to comply with program policies despite being oriented to them and meeting with the DCE to discuss program expectations. All preceptors are oriented to program policies and expectations prior to being approved for use by the program, and all preceptors are given an orientation guidebook prior to having students assigned.

Process for Orienting Clinical Instructional Faculty
1. The DCE will discuss the MPAS program philosophy, policies, curriculum, and expectations of preceptors with the potential preceptor and shall provide the preceptor with:
   a. A current copy of the Preceptor Handbook, and updates as appropriate
   b. A copy of the syllabus and learning outcomes associated with the discipline to which the clinical rotation pertains.

2. The DCE will ensure that all preceptors understand what is expected of them, prior to having a student assigned to the preceptor, and will verify that the preceptor has continued understanding of the program expectations and learning outcomes at least annually.

Policy for Supervision of MPAS Students during SCPE
1. There must by a member of the MPAS Instructional Faculty (i.e. preceptor) to assess and supervise the student’s progress in achieving learning outcomes.
2. The preceptor or his/her designee is responsible to offer the student feedback in the student’s progress during the rotation, and to submit to the MPAS program an End-of-Rotation Student Clinical Performance and Professionalism Evaluations.

3. No student may be at a clinical site without a designated preceptor to whom the student is assigned and who is supervising that student.

4. Procedures performed by PA students must be done with the physical presence of the preceptor on the premises so that the preceptor is immediately available to the PA student when needed.

Associated ARC-PA Standards

A1.02 “There must be written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for students.”

ANNOTATION: Agreements typically specify whose policies govern and document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the PA program and clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity.

A1.11 “The sponsoring institution must support the program in securing clinical sites and preceptors in sufficient numbers for program-required clinical practice experiences.”

A2.15 “The program should not rely primarily on resident physicians for didactic or clinical instruction.”

A2.16 “All instructional faculty serving as supervised clinical practice experience preceptors must hold a valid license that allows them to practice at the clinical site.”

ANNOTATION: It is the program’s responsibility to verify that the instructional faculty hold valid licenses. Simply indicating there is an affiliation agreement or memorandum with the sites used for supervised clinical practice experiences is not verification that individuals hold valid licenses to practice. The program need not investigate the licensure if it can produce a current document, other than an affiliation agreement/memorandum, completed by others in the sponsoring institution or supervised clinical site attesting to current licensure.

A2.17 “In each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, there must be an instructional faculty member designated by the program to assess and supervise the student’s progress in achieving learning outcomes.”

ANNOTATION: The program is expected to inform students at each location which instructional faculty member is serving in this role for the location and how to contact this faculty member.
A3.03 “Students must not be required to provide or solicit clinical sites or preceptors. The program must coordinate clinical sites and preceptors for program required rotations.”

ANNOTATION: Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and preceptors for suitability as a required or elective rotation experience. Students may make suggestions to principal faculty for sites and preceptors but are not required to do so. Student suggested sites and preceptors are to be reviewed, evaluated and approved for educational suitability by the program.

A3.06 “Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.”

B3.05 “Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.”

B3.06 “Supervised clinical practice experiences should occur with:

ANNOTATION: It is expected that the program will provide supervised clinical practice experiences with preceptors who are prepared by advanced medical education or by experience. The ARC-PA will only consider supervised clinical practice experiences occurring with physician preceptors who are not board certified or with other licensed health care providers serving as preceptors when they are evaluated and determined by the program faculty to be appropriate for the specified area of instruction, under circumstances unique to the program.

a) physicians who are specialty board certified in their area of instruction,

b) PAs teamed with physicians who are specialty board certified in their area of instruction or

c) other licensed health care providers experienced in their area of instruction.”

C4.01 “The program must define, maintain and document effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures.”

ANNOTATION: An effective process or processes involves the program establishing criteria by which to initially evaluate new sites and preceptors as well as those that have an ongoing relationship with the program. The process(es) will focus on the established criteria and fit the individual program.

C4.02 “The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.”

ANNOTATION: Site evaluation involves program faculty monitoring the sites used for supervised clinical practice experiences and modifying them as necessary to ensure the
expected learning outcomes will be met by each student by program completion. It is expected that faculty document that differences in clinical settings do not impede the overall accomplishment of expected learning outcomes. Documentation shows that preceptors are providing observation and supervision of student performance while on supervised clinical practice experiences and that they are providing feedback and mentoring to students.

Next Review: 12/2019
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