



Master of Physician Assistant Studies
Clinical Year Supplement to
Student Guidebook

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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 Guidebook, 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.

We look forward to guiding you through this clinical year, and toward your success as a MPAS student!

Amy Steinhour MMS, PA-C

Clinical Director

Master of Physician Assistant Studies Program

OVERVIEW OF THE CLINICAL YEAR

CURRICULUM AND CLINICAL ROTATIONS

- A. What follows in this section is an overview of the clinical year.
- 1) As Program policies must apply to all students, as well as all principal faculty, and PA Program Director, regardless of location, all participants in the Program are urged to read through this Guidebook and understand the policies contained therein.¹
 - 2) Contact the Clinical Director if there are questions, if clarifications are needed, or for issues not covered by this Guidebook.
 - 3) Ignorance of program, department, or university policies is not an excuse for transgressions of the same. Violations of policy will be considered unprofessional behavior on the part of the student and at the very least will result in a reduction of the professional behaviors part of the rotation grade.
- B. The clinical year provides opportunities for MPAS students to develop and refine their skills acquired during the academic phase of training, in preparation for the clinical practice of medicine.
- C. Students function as an integral part of the healthcare delivery team.
- D. As part of their education, they share patient care responsibilities under supervision of their preceptor, but they must not substitute or function as clinical or administrative staff at the clinical site.²
- E. 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 are consistent with the MPAS Program goals, and include:
- 1) Prepare primary care physician assistants who demonstrate mastery of knowledge and skills necessary to evaluate and treat patients with various medical conditions.
 - 2) Apply principles of evidence-based medicine and patient centered care to clinical practice.
 - 3) Exhibit professionalism, characterized by trustworthiness, ethical practice, integrity, empathy, cultural sensitivity, and effective interpersonal communication.
 - 4) Contribute effectively to inter-professional healthcare teams.
 - 5) Encourage students to serve underserved populations.
- F. The rotations allow students to apply knowledge and refine skills learned in the academic year, within supervised clinical practice experiences to develop clinical and technical skills, clinical reasoning, problem-solving abilities, interpersonal skills, medical knowledge, and professional behaviors required for entry-level PA practice of medicine.

¹ ARC-PA 4th and 5th Edition Standard A3.01, A3.02

² ARC-PA 4th Edition Standard A3.05, A3.06; ARC-PA 5th Edition Standard A3.05

- G. During the clinical year, the Program conducts frequent, objective and documented evaluations of student performance.
- 1) The evaluations align with what is expected and taught, as defined by the rotation-specific instructional objectives and learning outcomes. Note that the clinical year curriculum builds upon the learning that was achieved in the didactic year.
 - 2) Each rotation, students will be assessed on specific instructional objectives and learning outcomes developed for each required rotation (see Canvas web page for course syllabi for each of the clinical rotations).³
 - 3) It is anticipated that this clinical year reading will help prepare students for the Physician Assistant National Certifying Examination (PANCE).
 - 4) The MPAS Program utilizes the PAEA End of Rotation™ Exams for the core rotations.
 - 5) 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. The rotation learning objectives align with the PAEA learning objectives for their exams.
 - 6) For selective rotations, a Program-developed written examination is administered, based upon the learning objectives and topic list for the rotation discipline.
 - 7) **Note:** 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.
 - i. They represent the minimum that the PA Program expects students to accomplish pertaining to medical knowledge and related clinical reasoning and problem-solving skills.
 - ii. However, this is not meant to suggest that the student will be exposed to every situation and condition listed in the topic list.
 - iii. The student is responsible to actively seek out learning opportunities to fulfill the learning objectives and outcomes through a combination of clinical experiences during the clinical rotation, as well as through self-study.

REQUIRED AND SELECTIVE CLINICAL ROTATIONS

A. 9 Required Core Rotations⁴

- 1) PAS 6100 Internal Medicine I (Inpatient)
- 2) PAS 6101 Internal Medicine II (Outpatient)
- 3) PAS 6125 Behavioral Health
- 4) PAS 6200 General Surgery
- 5) PAS 6300 Pediatrics

³ ARC-PA 4th Edition Standard B1.09, ARC-PA 5th Edition Standard B1.03

⁴ ARC-PA 4th Edition Standard B3.02, B3.03, B3.04, B3.06, B3.07; ARC-PA 5th Edition Standard B3.03, B3.04, B3.06, B3.07

- 6) PAS 6400 Primary Care I
 - 7) PAS 6401 Primary Care II
 - 8) PAS 6505 Women's Health
 - 9) PAS 6600 Emergency Medicine
- B. 3 Selective Rotations (PAS 6940, PAS 6941, PAS 6942)
- 1) The Selectives are *restricted* electives.
 - 2) The purpose of these rotations is to broaden the student's knowledge in an area of perceived weakness as indicated by performance during the didactic or clinical curriculum, or in an area to which he/she needs more experience.
- C. All clinical rotations are 3 credit hours, and 4 weeks in length.
- D. **The first priority in assigning rotations is to ensure the student has an experience that allows her/him to meet the Program's learning objectives and outcomes.**
- 1) To that end, the Program will assign rotations *primarily* based on the student's educational needs.⁵
 - 2) While every effort will be made to accommodate reasonable requests for selective rotations, the quality of the student's clinical education will come first, and he/she might not be assigned to their choice of selective rotation specialty.
 - 3) Requests for core rotations will not be entertained except for preceptors who are new to the Program
 - 4) Rotation placements are done by the Program and are determined on the priorities of:
 - a. The student's educational and academic needs
 - b. Preceptor preferences and availability
 - c. Clinical rotation schedule for the cohort as a whole
 - d. Student preferences regarding selective rotation
 - 5) The Program reserves the right to override a student's choice of selective rotation in order to enhance a student's skills or knowledge as necessary.
 - 6) While every reasonable effort will be made to place the student in the selective of his or her choice, the above priorities must be observed.
 - 7) Requests for Selective rotation specialty should be submitted to the Program no later than 90 days in advance for an established preceptor/site, 120 days in advance for a new preceptor/site.
 - a. Requests after this timeframe may not be approved.
 - 8) If the student does not submit a Clinical Rotation Request for a Selective rotation to the Program within 90 days of the scheduled rotation month, the Program may assign the rotation(s) without the input of the student, according to the priorities listed above.

c. PAS 6935 Seminar

⁵ ARC-PA 4th Edition Standard B3.02, B3.03, B3.04, B3.06, B3.07; ARC-PA 5th Edition Standard B3.03, B3.04, B3.06, B3.07

- 1) This is not a clinical rotation, but rather a one credit hour course in which the student is registered for during the clinical year.
- 2) Seminar is conducted on the end-of-rotation Callback Days, and during other times when the student is on campus in between rotations. Attendance is mandatory.
- 3) Unexcused absences will result in a failing grade for this course. Requests to be excused from these activities may only be approved by the Program for emergencies or other extraordinary circumstances.
- 4) Topics covered may include OSCE, clinical simulation, clinical lectures, problem-solving exercises, evidence-based medicine discussions, review of the literature, transition to professional practice, etc. Furthermore, the Graduate Project and Summative Examinations fall under the purview of the Seminar courses.

STUDENT RESPONSIBILITIES

The PA Student must:

- 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 Program must be notified in a timely manner (as described in the attendance section of this document) by calling (239) 745-4477 and leaving a voicemail and/or emailing paprogram@fgcu.edu.
- B. Inform the preceptor on a regular basis of the student's individual needs; this includes:
 - 1) Actively 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; and
 - 2) Actively asking the preceptor for feedback regarding clinical performance.
- C. Be sensitive to the pressures on the preceptor:
 - 1) 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.
 - 2) 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;
 - 1) Check regularly with staff about the increased workload expected of them.
 - 2) 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 of (and courteous to) the office staff, the preceptor as well as the patient.

- H. Complete and submit all required paperwork, assessments and evaluations for each rotation by the required deadline.
- I. Comply with Program and clinical site requests in a timely manner and contact the Program as soon as possible if clarification is needed. Noncompliance with requests and submissions beyond deadlines will result in a decreased rotation grade.
- J. Review rotation syllabi prior to the start of the rotation, at the start of the rotation with the preceptor, and periodically throughout the rotation.
- K. Meet the learning objectives, outcomes, and requirements of the rotation. To accomplish these goals, the student must actively seek out opportunities to be involved in, such as:
 - 1) the care of a wide variety of patients across the lifespan (including infants, children, adolescents, adults, and the elderly);
 - 2) the outpatient, inpatient, emergency department, and operating room settings; and
 - 3) the care of patients seeking care for acute, chronic, emergent, surgical, gynecological, prenatal, behavioral conditions, and patients seeking preventive care.
- L. Schedule adequate time for reading and studying. This includes preparation for the PANCE exam, the end-of-rotation exams and the summative exams. Student should also allow adequate time for completion of the capstone project
- M. Keep open communication between the student, their family, their support groups, their preceptor, and the Program.
- N. Check the FGCU email account at least once per day for important communication.
- O. Notify the Program of any problems in a timely fashion.
- P. 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 instructional objectives, learning outcomes, and competencies.
- B. Providing sufficient clinical sites for the PA Program's required clinical practice experiences.
- C. Monitoring and updating affiliation agreements, clinical preceptor licenses, certifications, and any other documentation related to the clinical phase.
- D. Providing clinical preceptors and sites an orientation on PA education and the preceptor role, clearly delineating what are the PA Program's goals and expectations.⁶
- E. Ensuring that students are not mistreated by preceptors or any other persons.
- F. Providing a thorough orientation to the clinical phase of the Program, clearly delineating the PA Program's goals and expectations.

⁶ ARC-PA 4th Edition Standard B1.10, ARC-PA 5th Edition Standard A2.16c

- G. Providing students and clinical preceptors with rotation specific syllabi with clear learning objectives, outcomes, and goals.
- H. Being available to answer any student questions regarding policy and procedure and to intervene should any problem arise. Students will be monitored by the MPAS Program during each rotation to ensure that the student has no questions or concerns.
- I. Being available to clinical preceptors to answer any question regarding policy and procedure and to intervene should any problem arise.
- J. Monitoring and assessing the student's progress and achievement of the goals and objectives at the mid-point and the end of each rotation.
- K. Monitoring and assessing that each clinical preceptor provides a high-quality clinical experience.
- L. Providing remediation and support for those students who are not achieving the goals and objectives of the clinical rotation.
- M. Abiding by the FGCU MPAS Program policies and procedures and the policies and procedures set forth in this manual, and consistently applying the same to all students and Program faculty.

STUDENT MISTREATMENT

- A. Per the Association of American Medical Colleges, "mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process." Examples of mistreatment include:
 - 1) sexual harassment;
 - 2) discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation;
 - 3) humiliation;
 - 4) psychological or physical punishment; and
 - 5) the use of grading and other forms of assessment in a punitive manner."
- B. It is the goal of the MPAS Program to provide an environment for students that is conducive to learning and free of all forms of harassment.
 - 1) However, we recognize that misunderstandings between individuals do occur, particularly in the high-stress, low-sleep situations in which PA students and preceptors often find themselves.
 - 2) Mistreatment can take many forms, ranging from subtle belittlement or discrimination to blatant hostility or harassment.
 - 3) Mistreatment may cause a variety of emotional responses in a student, from anger to isolation and embarrassment.
 - 4) Fear of retaliation can be a major component.
 - 5) It can be difficult for students to report mistreatment, and the Program has created an easy pathway to do so.
- C. The FGCU MPAS Program is committed to:
 - 1) treating all students fairly regarding both personal and professional concerns;

- 2) ensuring that concerns are promptly dealt with and resolutions reached in a fair and just manner;
 - 3) proactively educating Program faculty (including principle and instructional) and staff regarding student mistreatment and making it clear that student mistreatment is unacceptable;
 - 4) encouraging and enabling students to bring problems to the attention of the Program administration in a timely manner; and
 - 5) ensuring that substantiated acts of mistreatment of students are corrected in a timely manner.
- D. The MPAS Program forbids any retaliatory action against students who present concerns and complaints in good faith.
- E. A mistreatment grievance is defined as dissatisfaction occurring when a student believes that any decision, act or condition affecting her or him is illegal, unjust or has created unnecessary hardship.
- F. Mistreatment grievances may concern, but is not limited to, the following:
- 1) Public belittlement or humiliation
 - 2) Threats of physical harm or actual physical punishment
 - 3) Requirements to perform personal services, such as shopping
 - 4) Being subjected to unwanted sexual advances
 - 5) Being asked for sexual favors in exchange for grades
 - 6) Being denied opportunities for training because of gender, race/ethnicity or sexual orientation
 - 7) Being subjected to offensive remarks/names directed at you based on gender, race/ethnicity or sexual orientation
 - 8) Receiving lower grades or evaluation based on gender, race/ethnicity or sexual orientation
 - 9) Physical punishment or physical threats
 - 10) Sexual harassment
 - 11) Discrimination based on race, religion, sex, sexual orientation, national or ethnic origin, age, disability
 - 12) Repeated episodes of psychological punishment of a student by a particular superior (e.g. public humiliation, threats and intimidation, removal of privileges)
 - 13) Grading used to punish a student rather than to evaluate objective performance
 - 14) Assigning tasks for punishment rather than to evaluate objective performance
 - 15) Requiring the performance of personal services
 - 16) Taking credit for another individual's work
 - 17) Intentional neglect or intentional lack of communication.
- G. When such an incident is believed to occur, the student should:
- 1) Discuss the problem with the individual responsible for the perceived negative action
 - 2) Report the problem to the MPAS Clinical Director or Program Director
- H. The individual contacted by the student will then address the concern and follow up with the student as soon as possible.

- I. If the student feels that the concern has not been adequately addressed, the student may bring the concern to Chair of the Department of Health Sciences, Associate Dean of MCHHS, Dean of MCHHS, or the Office of Institutional Equity and Compliance for further review.

SUPERVISED CLINICAL ACTIVITY

SUPERVISION OF THE PA STUDENT

- A. MPAS students on clinical rotation work under the supervision of a licensed preceptor.⁷
 - 1) Preceptors for the MPAS Program are primarily practicing physicians who are board certified in their area of instruction, and NCCPA-certified PAs who work with these physicians.⁸
 - 2) In some cases, the preceptor may be a licensed physician or health care provider and qualified in their area of instruction through academic preparation and/or experience.⁹
 - 3) The MPAS Program does not primarily rely on resident physicians for clinical or didactic instruction.¹⁰
 - 4) 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. The preceptor will complete evaluations as mentioned elsewhere in this document. These evaluations are part of the rotation grade.
- C. 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.
 - 3) Inform the preceptor that the student does not feel qualified to safely carry out the order.
- D. At no time will a student change an order or carry out a course of action different from that directed by the preceptor.
- E. 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.
- F. **In the event of the temporary absence of his/her regular preceptor, students must notify the MPAS Program of their alternate preceptor.**

⁷ ARC-PA 4th Edition Standard A2.16, A2.17; ARC-PA 5th Edition Standard A2.17

⁸ ARC-PA 4th and 5th Edition Standard B3.05, B3.06a, B3.06b

⁹ ARC-PA 4th and 5th Edition Standard B3.06c

¹⁰ ARC-PA 4th Edition Standard A2.15

- 1) At no time will students rotate without having a preceptor clearly identified, and also knowing how to contact that preceptor.¹¹
 - 2) Likewise, at no time may students substitute or function as clinical site employees.
- G. **Students are not 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 another rotation that month). Such activity would place the student and the MPAS Program at great risk since:
- 1) credentialing students for rotations involves a process that is more than simply seeking the approval of the individual preceptor (e.g. approval of the site credentialing/administrative staff may be required); and
 - 2) malpractice coverage may not exist.
- H. No patient should be discharged (e.g. told it is okay to leave, terminating the clinical encounter, etc.) from a clinical site by an MPAS student without the preceptor's explicit approval and direct hands-on involvement in the patient encounter.
- 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.
- J. 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.
- K. No student should medically treat other FGCU PA students (irrespective of cohort), friends, family members, or faculty/staff of the Program while enrolled in the FGCU MPAS Program. Likewise, MPAS faculty must not participate as health care providers for students, except in an emergency.

¹¹ ARC-PA 4th and 5th Edition Standard A2.17

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 or function as regular clinical or administrative staff at a clinical site, or instructional faculty of the MPAS Program.¹²

ASSIGNMENT OF CLINICAL ROTATIONS

- A. 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.
- B. **The highest priority and ultimate goal when assigning rotations is:**
 - 1) To ensure that every student has experiences that will allow for attainment/achievement of the Program learning outcomes of the clinical year:
 - a. With a variety of sufficient patient populations appropriate to the rotation discipline
 - b. With access to physical facilities appropriate to the rotation discipline
 - c. With supervision by preceptors qualified by academic preparation, experience, licensure, and certification appropriate to the rotation discipline
 - 2) As an example, a well-rounded clinical education requires that students have experiences with a variety of patient populations in different clinical practice settings (in-patient vs. outpatient practices, operating room, ER, etc.).
- C. **Rotation assignments** are made in advance of the clinical rotation to facilitate registration for clinical year courses. It is the goal of the Program to arrange rotations and notify the students of the same, as far in advance as reasonably possible (ideally 60 days prior to the rotation start). However, circumstances beyond the control of the Program may result in placements less than 60 days prior to the rotation start. The student will be notified by email of any changes to his or her rotation schedule as soon as possible.
- D. **Rotation assignments** are always contingent upon the availability of a rotation site at any given point in time, and the Program's prior approval of the rotation.
- E. **The Program assigns rotations *primarily* based on the student's educational needs.**
- F. The student's educational needs are determined in part through the analysis of assessment results (i.e. attainment of Program learning objectives and outcomes) and associated patterns during the didactic and clinical year, and the student's clinical case logs.
- G. The order in which the student completes his or her rotations has no impact on the quality of the clinical education.

¹² ARC-PA 4th Edition Standard A3.06; ARC-PA 5th Edition Standard A3.05b

- H. **Students are notified of their rotation and assigned preceptor's contact information** prior to the start of the rotation. The contact information for the preceptor will be in Typhon and may include the preceptor's personal phone number and/or email address.
- I. If at any time the student is unable to reach the preceptor (i.e. after attempting all contact information provided in Typhon), the student must immediately contact the Program for further direction.
- J. Students are not permitted to sign any forms or contracts pertaining to clinical rotations or any other matter on behalf of the MPAS Program. MPAS students are not considered employees or agents of the university

ROTATION CHANGES

- A. **The PA Program will not consider requests for rotation changes once the clinical rotation has been confirmed (i.e. the preceptor/clinical site have been contacted and the student has been accepted),** except under extraordinary circumstances.
- B. However, the PA Program reserves the right to change student rotation schedules at any time in order ensure that the academic requirements of the clinical year are met.
- C. Any rotation change requests made subsequent to a confirmed rotation must be approved by the Program.
- D. If a student requests a change of rotation after the rotation has started, the Program will perform a site visit and meet with the student and preceptor to discuss the rotation and whatever issues there may be.
- E. If the Program determines that the student be placed in a different site, the change will occur as soon as possible, without penalty to the student.

DEVELOPMENT OF CLINICAL SITES

- A. The complete SCPE Site and Preceptor and Development policy is located in the PA Program portal
 - 1) The MPAS Program coordinates clinical sites and preceptors for rotations. As such, students are not required to solicit clinical sites or preceptors.¹³
 - 2) Coordinating clinical practice experiences is the responsibility of the MPAS Program.
 - a. This involves identifying, contacting and evaluating sites and preceptors for suitability as a required or elective rotation experience.
 - b. The MPAS Program also ensures that all preceptors hold a valid license and certification that allows them to practice in the area of instruction, as well as the education and experience needed to provide instruction.¹⁴
 - c. The requirements of preceptors are noted in the MPAS SCPE Site and Preceptor Development Policy. Refer to that policy for further details.

¹³ ARC-PA 4th and 5th Edition Standard A3.03

¹⁴ ARC-PA 4th Edition Standard A2.01, A2.13, A2.16; ARC-PA 5th Edition Standard A2.01, A2.13, A2.16a, A2.16b

- 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 or otherwise authorized by the MPAS Program.

DOCUMENTATION

- A. The student is required 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 by the preceptor and the Program.
- B. If permitted to document in clinical site charts, 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.
- C. 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.*

MEDICAL RECORDS AND PATIENT CONFIDENTIALITY

- A. During training as a MPAS student, the student will have the privilege to review patients' medical records and gather health information.
 - 1) 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 and must be kept confidential from those not involved in the patient's care.
 - 2) 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.
 - 3) 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.
 - 4) If asked to present information about a patient's condition pursuant to any clinical year activities, 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 alternatively identified according to initials or a fictitious name.
- B. 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:
 - 1) Must be signed with the student's name followed by PA-S (PA student).

- 2) Must have legible signatures, if done by hand. It is strongly recommended that in addition to the student's signature, the name and title be printed under it.
- 3) Must be countersigned by the clinical preceptor before the end of each day during rotation. No student should ever leave the rotation for the day without documentation signed off by his or her preceptor. Non-compliance with these requirements could result in liability issues for the student, the site, and the MPAS Program.

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 or Thursday of the rotation block unless directed to do otherwise by the PA Program or preceptor.
- 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. **Unexcused or excessive absences during the clinical year will not be tolerated.**
 - 1) Any absence that occurs must be explained in writing (via e-mail) to the Program prior to the absence occurring, within 24 hours of knowing that the absence is going to occur, unless there is an emergency.
 - 2) In the case of an emergent absence the MPAS Program and the preceptor must be notified by phone as soon as reasonably possible. The Program's phone number is (239) 745-4477. A voicemail must be left if the call is not answered.
 - 3) A written explanation (via e-mail) must be made to the PA Program within 24 hours of the absence, barring extenuating circumstances.
 - 4) Any student who has an unexcused absence may be brought before the Student Advancement and Professionalism Committee (SAPC).
 - 5) Failure to comply with this (and any policy) may result in a substantial reduction in the professional behavior grade for the rotation.
- D. **Students who must have time off from a scheduled rotation day** must obtain approval from their preceptor first, and then the Program. This process should begin within 24 hours of the student learning that the absence will be necessary.
 - 1) Student should submit absence requests to the Clinical Director in writing
 - 2) Official approval for said absences will be granted by the Clinical Director

- 3) **Absences from assigned rotation days for personal reasons** (e.g. weddings, vacations, other personal matters, and travel to and from locations outside of the SWFL area) **during the clinical year are generally not excused.**
 - a. Students must exercise good judgement in planning trips in between rotations, as delays in returning are not an excused absence, irrespective of travel delays.
 - b. Students are strongly advised to avoid travel outside of the area during a clinical rotation, as delays in returning due to out of area travel during a rotation is considered unprofessional behavior, an egregious unexcused absence.
 - c. Note that during a clinical rotation, students are subject to recall to campus for any reason the Program deems necessary. Inability to promptly return to campus when requested is considered an unexcused absence.
 - 4) The Program reserves the right to determine how many and what types of absences will be approved on a case-by-case basis. Previous determinations are not considered to set a precedent.
- E. **Absence from rotation because of a communicable disease or other acute illness** may be excused but requires students to call in to their preceptor and the Program.
- 1) Prolonged illnesses may result in repeating the rotation – this is determined on a case-by-case basis, depending on multiple factors, including the student’s progress in the rotation, case logs, previous academic performance, and other factors.
 - 2) Medical documentation of the illness by the student’s personal clinician may be required at the discretion of the Program.
- F. **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.
- 1) This is at the discretion of the Program and is considered on a case-by-case basis, as every circumstance is unique.
 - 2) Decisions may be based on several factors including, but not limited to, the following: the previous clinical experiences documented by the student in Typhon, characteristics of the relevant as well as future clinical rotations, and the academic performance of the student.
 - 3) It is possible that excessive absence may result in delayed graduation and/or a referral to the SAPC.
- G. All students at FGCU have a right to expect that the University will reasonably accommodate their religious observances, practices, and beliefs.
- 1) 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.
 - 2) Students shall be permitted a reasonable amount of time to make up the material or activities covered in their absence.
 - 3) Students shall not be penalized due to absence from class or other scheduled academic activity because of religious observances.
 - 4) Where practicable, major examinations, major assignments, and University ceremonies will not be scheduled on a major religious holy day.

- H. 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. **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 for full details.
- I. **Friends or family members are prohibited from contacting preceptors or rotation sites on a student's behalf.**
 - 1) Only students or PA Program personnel are permitted to make phone calls or visit rotation sites.
 - 2) Any interference by friends or family members regarding 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 unprofessional behavior for failure to adhere to this policy.
- 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 Program.**
- L. **End-of-Rotation Callback Day Attendance** – Attendance at the monthly end-of-rotation assessments and educational activities is MANDATORY.
 - 1) Students must expect to be on campus from 7:30am-4:30pm on Callback Days. The student must plan his or her schedule accordingly.
 - 2) Previous Call Back Day schedules do not set a precedent for future schedules.
 - 3) Out of area travel must be planned with caution. Booking flights for prior to 6:30pm on a Friday Call Back Day is ill advised. Students must not seek to be excused early on a Friday.
 - 4) Requests to be excused from these activities will be reviewed on an individual basis by the Program but should expect to be denied, barring extenuating circumstances.

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 SITES¹⁵

- A. The complete Infection Control and Personal Safety policy is located in the PA Program portal.
- B. Students must always be aware of their surroundings.
- C. Students must familiarize themselves with the safety procedures at the clinical site.
 - 1) Clinical sites on hospital campuses, such as Lee Health and NCH Healthcare, have comprehensive security departments with security officers on duty 24/7.
 - 2) Students must familiarize themselves with the methods of contacting (i.e. phone numbers) security departments such as those at hospital campuses.
 - a. These security departments offer services such as escorting to vehicles, assistance with vehicle breakdown, and so on.
 - b. In the event of an emergency, the student must contact site security officers and/or call 911 immediately for further assistance.
- D. Students are never required to rotate at a site where they feel unsafe or where security seems inadequate.
- E. If a student feels that a site is unsafe, then:
 - 1) The student must address personal safety first (e.g. move to a safe location, call security/public safety/police)
 - 2) The student must report any safety issues, events, or concerns to the Program immediately after its occurrence (as soon as it is practical to do so), preferably by phone.
 - 3) The student should also notify the preceptor and/or clinical site personnel, as they can be of assistance in addressing safety and security concerns.
- F. The PA Program will address issues regarding safety and security. The student may be relocated to a new rotation site. Should this occur, there will be no penalty to the student. If the student feels that the PA Program has not adequately addressed security concerns related to clinical rotation site(s), the student is urged to contact the FGCU Office of Institutional Equity and Compliance. Their website is <https://www.fgcu.edu/equity/>
- G. The following are safety tips with which the student should become familiar:
 - 1) Personal Safety:
 - a. Have your cell phone on you, and make sure your battery has an adequate charge, in case you need to call for help.

¹⁵ ARC-PA 4th Edition Standard A1.03g, ARC-PA 5th Edition Standard A1.02g

- b. Walk with a friend whenever possible.
 - c. When walking at night, stick to well-traveled, well-lit areas.
 - d. If you are being followed, walk to a populated area and call 911.
 - e. Walk with your head up being aware of your surroundings, making eye contact.
 - f. Have your car keys ready at all times.
 - g. Have your bags packed neatly before you leave the clinic, so that you do not appear disorganized and fumbling to get in your vehicle.
- 2) Keeping Your Property Safe:
- a. Always lock your vehicle no matter how long you will be gone.
 - b. Make sure all valuables inside the vehicle are either in the trunk or well hidden.
 - c. Do not leave personal property unattended in a public place, even for a short period of time.
 - d. Do not display large sums of money.
 - e. Report any suspicious behavior that you may observe.
- 3) Keeping Your Car Safe:
- a. Always lock your vehicle no matter how long you will be gone.
 - b. Do not play your radio loud before you park somewhere – it attracts attention from everyone (including thieves).
 - c. Keep iPods, iPads, bags, clothing, and other property out of sight, preferably in a glove compartment or the trunk.
- 4) If You Are Sexually Assaulted:
- a. Get to a safe place as soon as you can.
 - b. Call 911 or go to the closest ER.
 - c. Don't shower or go to the bathroom if possible – it can destroy evidence.
 - d. It's not your fault – don't think that it is.
 - e. Don't worry about prosecution or testifying in court – it is more important to make sure you're safe.

ADMINISTRATIVE POLICIES AND PROCEDURES OF THE CLINICAL YEAR

PROFESSIONAL STANDARDS

- A. While students are on clinical rotation, patients and other health professionals will judge their professional behaviors by and not limited to:
- 1) Grooming and dress
 - 2) Communication style
 - 3) Conflict resolution skills
 - 4) Work ethic
 - 5) Attitude

- B. The MPAS Program takes professionalism very seriously.**
- 1) 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 and exhibit caring and compassionate attitudes in their dealings with patients, colleagues, preceptors, faculty, and staff.
 - 2) *Academic achievement alone will not assure successful completion of the Program.*
 - 3) MPAS students must demonstrate professional behaviors, maturity, integrity, and those attitudes and behaviors expected of all health professionals.
 - 4) Students are assessed on their professional behavior throughout the clinical year and the Program.¹⁶
- C. 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.
- 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 during clinical rotation hours or while 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. 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. Students must also avoid wearing the Program white coat, name badge, or scrubs outside of clinical rotation or programmatic activities.
- 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

¹⁶ ARC-PA 4th and 5th Edition Standard A3.02

- 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 always in verbal and written communication with others

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 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.¹⁷
- 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 always be worn, 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

Refer to the FGCU MPAS Social Media Policy in the PA Program portal for complete description.

¹⁷ ARC-PA 4th Edition Standard B3.01, ARC-PA 5th Edition Standard A3.06

STUDENT USE OF HOSPITAL PHYSICIANS' LOUNGES

- A. Many acute care facilities have a “Doctors’ Lounge” or Physicians’ Lounge” available for use by physicians and other professional clinicians. Students do not inherently have the right to access these areas.
- B. Students should make themselves aware of the hospital’s policies regarding student access to lounges prior to the rotation start.
- C. Students may only access lounges as a guest of, and when accompanied by, the preceptor.
- D. Students should avoid using the physician lounges for studying and other school-related work. The hospital cafeteria or medical library are locations better suited to this purpose.

COURSE REGISTRATION IN THE CLINICAL YEAR

- A. Students are responsible for:
 - 1) Registering for courses as directed by the Program 45 days prior to the start of the semester.
 - 2) Ensuring that all the courses required for Program completion, as listed in the MPAS Program website have been registered for.
 - 3) Ensuring that all fees are paid to the University by the appropriate deadlines.
 - 4) Failure to pay registration fees on time may result in the cancellation of registration by the University and assessment of a late fee.
 - 5) Cancellation of registration may result in cancellation of the rotation(s) for the semester and delayed graduation.
 - 6) Failure to properly register for all required clinical year courses may result in delayed graduation.
- B. As indicated on CastleBranch, all required immunizations and proof of current health insurance must be complete, up to date, and on file prior to attending and for the duration of assigned clinical rotations.
 - 1) Students will not be able to register for or attend their clinical rotation if these requirements are not met.
 - 2) Students will be removed from a clinical rotation if these requirements are not maintained.
- C. If registration is cancelled due to non-payment of fees, or due to voluntary withdrawal¹⁸ from a course, students are **IMMEDIATELY** terminated from their rotation. 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.

¹⁸ ARC-PA 4th Edition Standard A3.17e, ARC-PA 5th Edition Standard A3.15d

STUDENT HOUSING AND OTHER EXPENSES DURING THE CLINICAL YEAR

- A. MPAS students are solely responsible for any and all expenses related to transportation to and from rotation sites, to and from the FGCU campus, housing, and living expenses during the clinical year.
 - 1) The Program does not provide students with housing while on clinical rotations.
 - 2) Students should plan their clinical year finances in advance to ensure adequate resources for their clinical education.
 - 3) In addition to expenses for tuition, fees, textbooks, and medical equipment, students should include funds for health insurance and associated copays/deductibles, rotation specific immunity testing, required immunizations, background checks, urine drug screens, transportation and housing expenses.
 - 4) Reliable transportation is also essential and required. Each student will be required to attend rotations as assigned and return to campus at the end of each rotation for mandatory exams and other administrative and educational activities.
- B. Estimated expenses can be found in the MPAS Program webpage.¹⁹

ACADEMIC HONESTY

- A. All students are expected to demonstrate honesty and integrity in their pursuits, academic and otherwise. Students will encourage others to do the same, and report violations to the university.
 - 1) 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.
 - 2) All students are expected to study this document, which outlines their responsibilities and consequences for violations of the policy.
 - 3) The FGCU Student Guidebook is available online at <http://studentservices.fgcu.edu/judicialaffairs/new.html>
- B. Sanctions for academic dishonesty and/or FGCU Code of Conduct violations may include receiving an “F” in the relevant course – FGCU may impose additional penalties, including Program dismissal. Any incidents of academic dishonesty may be referred to the FGCU Office of Judicial Affairs.

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.).

¹⁹ ARC-PA 4th Edition Standard A3.14f, ARC-PA 5th Edition Standard A3.14f

- 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.
 - 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. The complete Criminal Background Check and Drug Screen Policy is located in the PA Program portal.
- B. 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 **and prior to the start of the clinical year.**
- C. **Additional background checks and/or drug screening may be requested when the student self-reports a violation or when the clinical site requires a more recent background check.**
- 1) Further background checks and drug screens are at the expense of the student.
 - 2) Students are required to comply with these additional requests.
 - 3) **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.**
 - 4) In summary, the student should expect to undergo background checks and drug screens beyond the ones required prior to Program admission and at the start of the clinical year.
- D. An MPAS student with background check results that prevent placement at clinical sites may not be able to continue in the Program.
- E. Certain findings in a background check could preclude participation in clinical education at certain 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.
- F. If there are adverse findings in the background checks, the student will be required to meet with the Program Director to discuss the findings and consequences.
- G. Adverse 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.
- H. 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.

- I. Completion of the MPAS Program does not guarantee a student will meet the licensing requirements of any state or agency.

REQUIREMENT TO REPORT CRIMINAL INCIDENT

- A. 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 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.

STUDENT HEALTH

Refer to the Student Health policy, which is located in the Canvas PA Program portal.

HEALTH AND IMMUNIZATION REQUIREMENTS

- A. The complete Infection Control and Personal Safety (https://www.fgcu.edu/mariecollege/healthsciences/files/MPAS_Infection_Control_and_Personal_Safety_6.21.pdf) and Student Health policies (https://www.fgcu.edu/mariecollege/healthsciences/files/MPAS_Student_Health_6.21.pdf) are located on the MPAS Program webpage.
- B. All health screening and immunization requirements (based upon rotation specific requirements and CDC recommendations for healthcare workers)²⁰ must be up to date throughout enrollment in the PA Program and documented in CastleBranch.
- C. All costs incurred for completion of health screenings and immunizations are the sole responsibility of the student.
- D. The FGCU MPAS Program requires that all students comply with health and immunization requirements prior to starting and during the clinical year. Students failing to meet this requirement will NOT be permitted to register for and/or attend clinical rotations. Failure to meet these requirements may result in cancellation of rotations, delayed graduation, and/or Program dismissal.

²⁰ ARC-PA 4th Edition Standard A3.07, ARC-PA 5th Edition Standard A3.07a

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. It is important for students to realize that expenses for all medical care provided, including laboratory procedures, emergency care, follow up care, etc., are the sole responsibility of the student.
 - 1) The MPAS Program, University, or clinical rotation site are not responsible to pay for expenses related to medical care.
 - 2) Any injury or accidental exposure is not considered worker's compensation and any related expenses are the sole responsibility of the student.

HAZARDOUS EXPOSURE

The complete Infection Control and Personal Safety policy is located in the PA Program portal.²¹

- A. Refer to the OCCUPATIONAL EXPOSURE CHECKLIST IN THE APPENDIX OF THIS MANUAL.
- B. It is the responsibility of the student to report sharps injuries, needle sticks, or exposures to environmental or infectious hazards immediately to the preceptor.
- C. The student must also notify the MPAS Program in the event of an exposure incident within 24 hours of the exposure and complete the Non-Employee Incident Report Form.
- D. 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 steps noted in the OCCUPATIONAL EXPOSURE CHECKLIST in the appendix of this manual.**
- E. The student must complete the Non-Employee Incident Report Form located at https://www.fgcu.edu/ehs/files/non_employee_report.pdf

ACADEMIC POLICIES FOR THE CLINICAL YEAR

ACADEMIC STANDARDS

- A. 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).²²

²¹ ARC-PA 4th and 5th Edition Standard A3.08

²² ARC-PA 4th Edition Standard A3.17a, ARC-PA 5th Edition Standard A3.15d

- B. 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.

FGCU PA PROGRAM GRADE SCALE

- A. The grading system for converting percentage grades into letter grades during the clinical year will remain unchanged from the didactic year.
- B. Note that grades below a “B” (< 80%) are considered to be failure in the MPAS Program.

CLINICAL YEAR TESTING AND EVALUATION

STUDENT ASSESSMENTS AND MONITORING OF EDUCATION DURING CLINICAL YEAR²³

- A. The purpose of the assessment, monitoring, and analysis of student performance is:
 - 1) To evaluate and determine whether the learning outcomes have been met. Methods of assessment include those listed in Section D below.²⁴
 - 2) To evaluate the effectiveness of the clinical curriculum as a part of the Program's ongoing self-assessment.
 - 3) To evaluate the effectiveness of clinical sites and preceptors.
- 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 monitoring and analysis of:
 - 1) Patient encounter and procedure logs in Typhon
 - 2) The preceptors' assessment of student clinical performance and professional behaviors
 - 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.
- C. This continuous monitoring is vital, as clinical sites may vary with regard to patient types, number, diagnoses, socioeconomic status, and so on. Continuous monitoring of clinical sites and preceptors by the Program ensures that the sites provide access to physical facilities, patient populations, and supervision to allow each student to fulfill Program learning outcomes.
- D. Student assessments during the clinical year includes:
 - 1) End-of-rotation multiple choice exam
 - 2) Preceptor evaluation of student clinical performance
 - 3) Preceptor evaluation of student professional behaviors
 - 4) Case logging in Typhon
 - 5) Written documentation
 - 6) Written assessments
 - 7) Objective Structured Clinical Examinations (OSCEs)
 - 8) Oral case presentations
 - 9) Summative evaluations

²³ ARC-PA 4th Edition Standard A3.17a, A3.17c, B3.02, B3.03, B3.07, C3.01, C3.02, C3.03, C3.04, C4.01, C4.02; ARC-PA 5th Edition Standard A3.15a, A3.15b, B1.01d, B3.03, B3.07, B4.01, B4.02, B4.03, C2.01

²⁴ ARC-PA 4th Edition Standard C3.01, ARC-PA 5th Edition Standard B4.01

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
- B. Refer to <https://paeaonline.org/assessment/end-of-rotation/> for more information regarding the PAEA EOR™ Examinations.
- C. At the end of the Selective rotations, the student will complete a multiple-choice examination. The exam is based on the Topic List for that specific rotation specialty.
- D. The end-of-rotation multiple-choice examination will count toward the overall rotation grade.
- E. 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 exam.

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 count toward the overall 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
 - 12) Rotation-Specific Learning Outcomes (Appendix C)

- B. The preceptor's evaluation of student clinical performance will count as 40% of the overall rotation grade.
- 1) Students are expected to attain an evaluation equivalent to 80% or greater for each of the specific evaluation criteria listed above and for each of the rotation-specific learning outcomes.
 - 2) If a student receives an evaluation of less than 80% for the specific evaluation criteria (1 - 11 listed above) the student will be required to meet with the CD to discuss their performance.
 1. The CD will consult directly with the preceptor to elicit the details surrounding the evaluation.
 2. The CD will review the student's overall performance for the specific evaluation criteria from all completed clinical rotations and will continue to monitor the student's progress during future clinical rotations.
 3. Under the guidance of the CD, the student will develop an action plan to improve future performance.
 4. If the student receives multiple evaluations of less than 80% for the specific evaluation criteria the student will be referred to the MPAS Student Advancement and Professionalism Committee (SAPC).
 - 3) If a student receives an evaluation of less than 80% for the rotation-specific learning outcomes (12 above) the student will be required to meet with the CD to discuss their performance.
 1. The CD will consult directly with the preceptor to elicit the details surrounding the evaluation.
 2. In the event that a student has failed to achieve an isolated rotation-specific learning outcome, the student will be assigned a remediation assignment by the CD to determine that the student has met the learning outcome.
 3. In the event that a student has failed to achieve multiple rotation-specific learning outcomes, the student will be referred to the MPAS Student Advancement and Professionalism Committee (SAPC).
 4. The committee will determine if the student is required to remediate the clinical course/rotation. Remediation of a clinical rotation may warrant reassignment of one or more of the student's selective rotations and/or delay of the student's graduation.
- C. The assigned preceptor must complete the preceptor evaluations of student performance.
- 1) 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.
 - 2) The preceptor may elicit feedback from his or her colleagues in completing the evaluation.

- 3) The preceptor may delegate the administrative task of completion of the evaluations, but he/she must be a part of the evaluative process.
- D. At the end of each rotation, the student should ensure that the preceptor has received the Typhon Clinical Student Evaluation.
 - E. 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 Clinical Director at asteinhour@fgcu.edu. Evaluation PDFs are available on Canvas.
 - F. The MPAS Program will not negotiate evaluation scores with students or clinical preceptors.
 - G. Clinical year students are expected to actively assume responsibility for their education while on rotation.
 - 1) Part of this responsibility includes frequently and actively seeking performance feedback from clinical preceptors throughout the rotation to eliminate “surprises” at the end of the month.
 - 2) At a minimum, students **must** meet 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.**²⁵
 - H. Each student must review the Preceptor Evaluation of Student found on the Canvas to ensure they understand how they are to be evaluated.
 - I. The preceptor’s evaluation of student clinical performance will count as 40% of the overall rotation grade.
 - J. **The preceptor and Program will evaluate the student for professional behaviors.**
 - 1) Ethics and professional behavior are the foundations of medicine and form an essential component of all clinicians’ interactions with their patients and colleagues.
 - 2) The student must pass this evaluation component in order to pass the rotation.²⁶
 - 3) The student’s professionalism evaluation will count toward the overall rotation grade.

WRITTEN DOCUMENTATION

- A. Written documentation will count toward the overall rotation grade. Students are required to submit this assessment by the scheduled due date (typically 11:59 pm on the last day of the rotation). Throughout the course of the clinical year, the type of written documentation due will vary according to the rotation as follows:
 - 1) Internal Medicine (Outpatient) – Comprehensive H & P based on a geriatric annual/preventive care visit
 - 2) Internal Medicine (Inpatient) – Hospitalized patient discharge summary
 - 3) Primary Care – Comprehensive H & P based on an adult preventive care visit

²⁵ ARC-PA 4th Edition Standard C3.03, ARC-PA 5th Edition Standard B4.02

²⁶ ARC-PA 4th Edition Standard C3.02, ARC-PA 5th Edition Standard B4.02e

- 4) Women’s Health – Comprehensive H & P based on a well-woman exam
 - 5) Pediatrics – Comprehensive H & P based on a well-child exam
 - 6) Surgery – Post procedure admission orders AND a postoperative SOAP note.
 - 7) Emergency Medicine – SOAP note that includes documentation of a procedure
 - 8) Behavioral Health – Evaluation including full psychiatric history and physical exam
 - 9) All Selective Rotations – SOAP note
- B. The written documentation must be presented to the preceptor for feedback. Patient identifiers must be removed in accordance with HIPAA regulations prior to submission to the MPAS Program.

CASE LOGGING IN TYPHON AND REQUIRED PATIENT EXPERIENCES²⁷

- A. 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.
- B. 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.
- C. Students must log patient data and shift times into Typhon.
- D. **The Program monitors this data, and may adjust the student’s rotation schedule, including Selective Rotations, if a deficiency is identified.** Deficiencies may be identified based upon assessments during the clinical year or if the student lacks experiences with:
 - 1) Preventive care patient encounters – 5 patients
 - 2) Emergent care patient encounters – 5 patients
 - 3) Acute care patient encounters – 5 patients
 - 4) Chronic care patient encounters – 5 patients
 - 5) Male Patients – 80 patients
 - 6) Female Patients – 80 patients
 - 7) Medical care across the life span to include:
 - a. Infants (birth to 2 years) – 5 patients
 - b. Children (2 years to 11 years) – 5 patients
 - c. Adolescents (12 years to 17 years) – 5 patients
 - d. Adults (18 to 64 years old) – 5 patients
 - e. The elderly (65 years and older) – 5 patients
 - 8) Women’s health (to include prenatal and gynecologic care) – 5 patients each
 - 9) Care for conditions requiring surgical management, including:
 - a. Pre-operative care – 5 patients

²⁷ ARC-PA 4th Edition Standard B3.02, B3.03, B3.04, B3.07, C4.01, C4.02; ARC-PA 5th Edition Standard B3.03, B3.04, B3.07, C2.01

- b. Intra-operative care – 5 patients
 - c. Post-operative care – 5 patients
 - 10) Care for behavioral and mental health conditions – 5 patients
 - 11) Outpatient clinical settings – 5 patients
 - 12) The emergency department – 5 patients
 - 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.
 - 13) Inpatient clinical settings within acute care facilities – 5 patients
 - 14) Operating room settings – 5 patients
 - 15) Preceptor practicing in family medicine – 5 patients
 - 16) Preceptor practicing in emergency medicine – 5 patients
 - 17) Preceptor practicing in internal medicine – 5 patients
 - 18) Preceptor practicing in surgery – 5 patients
 - 19) Preceptor practicing in pediatrics – 5 patients
 - 20) Preceptor practicing in women’s health including prenatal and gynecologic care – 5 patients
 - 21) Preceptors practicing in behavioral and mental health care – 5 patients
 - 22) Underserved area/population – 20 patients
- E. 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.*

SITE VISITS BY FACULTY

- A. Site visits will be performed by 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.
- B. 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.
- C. The student may request a site visit at any time, for any reason, by contacting the MPAS Program by phone or email.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

- A. The objective structured clinical examination (OSCE) is an assessment of clinical competence, and assesses one or more of the following: medical knowledge, interpersonal skills, clinical and technical skills, and professionalism.

- B. These assessments will be performed periodically throughout the clinical year as formative assessments. The scenarios assess clinical year learning outcomes and objectives. OSCEs will also be separately performed as a part of the Summative Examination.
- C. OSCEs are carried out in a well-planned, structured and objective way and assess clinical knowledge and/or skills and critical thinking.
- D. 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.

PACKRAT®

- A. 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.
- B. 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.²⁸

SUMMATIVE EVALUATION

- A. 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.
- B. The summative evaluation will be administered within the last four months of training.²⁹ The summative evaluation will consist of multiple components.
- C. A minimum score of 80% or greater will be required to satisfactorily complete each component:
 - 1) **Written Summative Examination**
 - a. The student will complete a multiple-choice written examination, consisting of at least 220 questions.
 - b. The Written Summative Exam assesses a PA student’s general medical knowledge as one component of their readiness for graduation.
 - 2) **OSCE**
 - a. Consists of standardized patient cases and simulation exercises using a high-fidelity simulator such as the CAE Apollo patient simulator.
 - b. Evaluates medical knowledge, clinical reasoning and problem-solving abilities, clinical and technical skills, interpersonal skills, and professional behaviors
 - 3) **Skills Stations**

²⁸ ARC-PA 4th Edition Standard C3.01

²⁹ ARC-PA 4th Edition Standard C3.04, ARC-PA 5th Edition Standard B4.03

- a. Including but are not limited to EKG, radiology, laboratory medicine, suturing, and preventive medicine and patient counseling. This will evaluate medical knowledge, clinical reasoning and problem-solving abilities, and technical skills.
- 4) **Professional Behaviors**, an evaluation of the student's professional behavior will be based on:
 - a. Faculty interactions during classroom activities on the date(s) that the summative assessments take place.
 - b. Demeanor during Summative testing.
- D. The PA Student will be required to successfully complete all components of the summative evaluation.
- E. 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.
- F. 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.³⁰

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 Program by phone.
 - 2) If the student has not communicated directly with the Program, he/she has not been excused from the EOR exam.
 - 3) Other faculty and Program staff cannot excuse the student from the EOR exams.
 - 4) Documentation of the reasons for an excused absence (as directed by the Program) must be provided in all cases before an exam will be rescheduled.
 - 5) Rescheduling of missed exams is at the discretion of the Program.
 - 6) Unexcused absences from EOR exams may result in a failing grade for the rotation.
 - 7) 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 EOR™ examinations is 120 minutes. The allotted time for other end-of-rotation exams may vary. Students shall adhere to the following policies while testing:
 - 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.

³⁰ ARC-PA 4th Edition Standard A3.17e, A3.17f; ARC-PA 5th Edition Standard A3.15c, A3.15dd

- 3) Students should remain in their seats at all times until they have finished the examination.
 - 4) Students may be excused during the examination **during the break in between sections** in order to use the rest room.
 - 5) Students must not communicate with other students during exams or do anything that could be construed as a violation of the FGCU Student Code of Conduct.
- C. Upon completing and submitting the exam, the student must leave the testing area.

CLINICAL YEAR EXAM REVIEW POLICY

- A. As previously mentioned, the MPAS Program utilizes the PAEA End of Rotation™ Exams for core rotations.
- B. 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.
 - 1) This is an excellent tool to guide study.
 - 2) **As in the PACKRAT®, PANCE and PANRE exams, the PAEA does not allow review of specific examination questions or responses.**
 - 3) *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.*
 - 4) 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 Program continuously monitors clinical year education to ensure that the preceptors and sites provide sufficient patient experiences 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**.
 - 1) The purpose of the form is to verify that the student is getting hands-on opportunities with adequate and appropriate patient populations, that the site is safe and has adequate physical facilities, and that there is appropriate supervision by the preceptor.
 - 2) 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.
 - a. 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.

- b. The Program 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**.
 - 1) Evaluation forms will be posted online on Typhon during the final week of each rotation and must be completed before 11:59 PM on the Sunday after the EOR Call Back Day. Failure to complete these evaluations before the deadline will:
 - a. Result in a decreased grade for the rotation due to the professionalism transgression
 - b. Result in an “incomplete” grade for the rotation until the delinquent evaluation(s) is (are) completed. If the evaluation(s) are never completed, the student will fail the rotation.
 - 2) 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. A final grade of 80% is required to pass each rotation.
- C. Course remediation is not allowed during the clinical phase. Failure to obtain a final course grade of $\geq 80\%$ 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. Students are required to participate in these in a timely manner as assigned.

APPENDICIES

What follows are appendices to this guidebook including the hazardous exposure checklist, the acknowledgement to be signed by the student and the SCPE rotation specific learning outcomes list.

APPENDIX A

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

HAZARDOUS EXPOSURE CHECKLIST

- Immediately notify your preceptor.

- Dispose of all contaminated personal protective equipment (PPE). It is recommended that you use gloves to handle contaminated 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 (https://www.fgcu.edu/ehs/files/non_employee_report.pdf) within 24 hours of the exposure.

- If the exposure occurs during normal business hours the student has several options for obtaining treatment:
 - Report to Student Health Services
 - Report to the student's private physician
 - Arrange treatment at the rotation facility

- 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 sole 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 B

**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 C

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

SCPE ROTATION SPECIFIC LEARNING OUTCOMES

These learning outcomes correlate with the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) 5th edition Standards of Accreditation.

Standard B3.03 a) 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.

Emergent (Emergency Medicine SCPE)

1. Appropriately assess a patient with a complaint of cardiac chest pain and recommend an appropriate management plan.
2. Assess a patient presenting with neurologic changes and recommend an appropriate management plan.
3. In a patient with sepsis, appropriately evaluate and implement an initial management plan.
4. Evaluate a patient with acute dyspnea and implement an initial management plan.

Acute (Emergency Medicine SCPE)

1. Assess the patient with a complaint of acute dyspnea to include performing a history and physical exam, forming a differential, ordering and interpreting diagnostic tests, and then recommending a management plan.
2. Correctly suture an open wound and provide wound care.
3. In a patient with a musculoskeletal injury, evaluate the patient, order and interpret the x-ray and implement a management plan.
4. Order and correctly interpret a plain chest radiologic film.
5. Appropriately order and interpret a 12 lead EKG for a patient with chest discomfort.

Acute (Primary Care I & II)

1. In a patient presenting with a headache, evaluate the patient, order and interpret diagnostic tests, form a differential diagnosis and recommend initial management.
2. Perform a history and physical exam for patient with a complaint of back pain, interpret appropriate diagnostic tests and determine a management plan.

3. Elicit a problem-focused history and physical exam, order the appropriate labs and diagnostic tests to include radiographs, formulate a differential diagnosis and recommend a management plan for a patient presenting with joint pain.
4. In a patient presenting with dysuria, evaluate the patient, analyze the urinalysis and urine microscopy to recommend pharmacological management.
5. Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.

Acute (Internal Medicine I)

1. Perform a complete history and physical exam for a patient on admission to the hospital.
2. Accurately document an admission note and patient orders for a hospital patient.
3. Recommend appropriate IV fluid management in a hospitalized patient.
4. In a patient presenting with an electrolyte disorder, evaluate and appropriately manage the disorder.
5. Correctly recommend oxygen management for a patient in the hospital setting.
6. When following up on a hospital patient, accurately interpret the urinary input and output, vitals, and laboratory results, perform a problem-focused H&P, and recommend a management plan.
7. Appropriately order a consult for an inpatient if indicated.
8. Accurately write a discharge summary and plan for a hospitalized patient.

Acute (Internal Medicine II SCPE)

1. Appropriately evaluate and manage the patient with an upper respiratory infection.
2. In a patient presenting with a rash, evaluate the patient, develop a differential and recommend a pharmacologic management plan.

Chronic (Primary Care I & II)

1. In a patient with dyslipidemia, recommend appropriate medication management and lifestyle modifications.
2. Perform a history and physical for a patient with type II diabetes mellitus and recommend management to include pharmacological treatment, glucose monitoring and lifestyle modifications.
3. In a patient with cardiovascular disease, take an appropriate history, perform a physical and create a management plan.
4. Educate patients on the importance of compliance with treatment regimens.

Chronic (Internal Medicine II SCPE)

1. Perform a history and physical exam, order and interpret the appropriate labs and diagnostic tests to include an ECG for a patient with chronic elevated blood pressure or hypertension, and determine management.

2. In a patient with chronic dyspnea, assess the patient for stage of disease and recommend management according to the stage.
3. Screen patients for heart failure or chronic ischemia and recommend a management plan when indicated.
4. For a patient with hypo/hyperthyroidism, appropriately evaluate, order and interpret the thyroid labs, and recommend a modification of medication if indicated.

Preventive (Internal Medicine II SCPE)

1. Perform the preventive well patient history and physical in adult and elderly patients
2. Screen patients for dyslipidemia by ordering and interpreting a lipid panel.
3. Identify cardiovascular risk factors for a patient and appropriately educate patients on proper diet, exercise and medication management.
4. Order age-specific preventive screenings for colon and lung cancer in a patient.

Preventive (Primary Care I & II)

1. Educate patients on appropriate healthy lifestyle choices.
2. Appropriately screen patients for hypertension using blood pressure readings and other diagnostic tests.
3. Screen patients for tobacco use and substance abuse.
4. Conduct prostate screening to include performing a DRE and analyzing PSA Labs.
5. For patient screening for osteopenia/osteoporosis, use the FRAX tool and order and interpret DEXA scans to determine bone density status.

Standard B3.03 b) 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,

Infant (Pediatrics SCPE)

1. Perform a preventive well patient history and physical exam on an infant.
2. Determine the developmental milestones in infants and document results.
3. Provide patient education to parents regarding the immunization schedule for infants.
4. Evaluate an infant presenting with a fever and recommend the management.
5. Appropriately assess and manage an infant with an upper respiratory infection.

Child (Pediatrics SCPE)

1. Perform a preventive well patient history and physical for a child
2. Recognize and document normal and abnormal growth and development in children.
3. Recommend the appropriate immunization schedule for a toddler or child to include administering an IM/SC injection if warranted.
4. In a child with a sore throat, perform a H&P, obtain a throat swab, and determine the management.

5. Accurately perform an otoscopic exam on a child presenting with ear pain and recognize normal and abnormal findings.

Adolescent (Pediatrics SCPE)

1. Perform the preventive well patient history and physical exam for an adolescent patient.
2. Provide counseling regarding alcohol, smoking, drugs, and safe sex practices to the adolescent.
3. Assess and recommend the management of the adolescent with a musculoskeletal injury.
4. Determine the Tanner Stages of development in an adolescent and recognize normal and abnormal growth and development.
5. Counsel patients on immunizations that are indicated for adolescents to include HPV.

Elderly (Internal Medicine I SCPE)

1. Assess the functional capacity of an elderly patient in preparation for hospital discharge.
2. Review the medication and correct polypharmacy issues in the hospitalized elderly patient.

Elderly (Internal Medicine II SCPE)

1. Assess an elderly patient for fall risk and recommend fall prevention.
2. Educate an elderly patient regarding advance directives.
3. Order appropriate immunizations for elderly patients, including pneumonia, influenza, and herpes zoster.

Adult (Emergency Medicine SCPE)

1. Appropriately assess a patient with a complaint of cardiac chest pain and recommend an appropriate management plan.
2. Assess a patient presenting with neurologic changes and recommend an appropriate management plan.
3. In a patient with sepsis, appropriately evaluate and implement an initial management plan.
4. Evaluate a patient with acute dyspnea and implement an initial management plan.
5. Assess the patient with a complaint of acute dyspnea to include performing a history and physical exam, forming a differential, ordering and interpreting diagnostic tests, and then recommending a management plan.
6. Correctly suture an open wound and provide wound care.
7. In a patient with a musculoskeletal injury, evaluate the patient, order and interpret the x-ray and implement a management plan.
8. Order and correctly interpret a plain chest radiologic film.
9. Appropriately order and interpret a 12 lead EKG for a patient with chest discomfort.

Adult (Internal Medicine I)

1. Perform a complete history and physical exam for a patient on admission to the hospital.
2. Accurately document an admission note and patient orders for a hospital patient.
3. Recommend appropriate IV fluid management in a hospitalized patient.
4. In a patient presenting with an electrolyte disorder, evaluate and appropriately manage the disorder.
5. Correctly recommend oxygen management for a patient in the hospital setting.
6. When following up on a hospital patient, accurately interpret the urinary input and output, vitals, and laboratory results, perform a problem-focused H&P, and recommend a management plan.
7. Appropriately order a consult for an inpatient if indicated.
8. Accurately write a discharge summary and plan for a hospitalized patient.

Adult (Primary Care I & II)

1. In a patient with dyslipidemia, recommend appropriate medication management and lifestyle modifications.
2. Perform a history and physical for a patient with type II diabetes mellitus and recommend management to include pharmacological treatment, glucose monitoring and lifestyle modifications.
3. In a patient with cardiovascular disease, take an appropriate history, perform a physical and create a management plan.
4. Educate patients on the importance of compliance with treatment regimens.
5. For patient screening for osteopenia/osteoporosis, use the FRAX tool and order and interpret DEXA scans to determine bone density status.
6. In a patient presenting with a headache, evaluate the patient, order and interpret diagnostic tests, form a differential diagnosis and recommend initial management.
7. Perform a history and physical exam for patient with a complaint of back pain, interpret appropriate diagnostic tests and determine a management plan.
8. Elicit a problem-focused history and physical exam, order the appropriate labs and diagnostic tests to include radiographs, formulate a differential diagnosis and recommend a management plan for a patient presenting with joint pain.
9. In a patient presenting with dysuria, evaluate the patient, analyze the urinalysis and urine microscopy to recommend pharmacological management.
10. Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.
11. Educate patients on appropriate healthy lifestyle choices.
12. Appropriately screen patients for hypertension using blood pressure readings and other diagnostic tests.
13. Screen patients for tobacco use and substance abuse.
14. Conduct prostate screening to include performing a DRE and analyzing PSA Labs.

Adult (Internal Medicine II SCPE)

1. Perform a history and physical exam, order and interpret the appropriate labs and diagnostic tests to include an ECG for a patient with chronic elevated blood pressure or hypertension, and determine management.
2. In a patient with chronic dyspnea, assess the patient for stage of disease and recommend management according to the stage.
3. Screen patients for heart failure or chronic ischemia and recommend a management plan when indicated.
4. For a patient with hypo/hyperthyroidism, appropriately evaluate, order and interpret the thyroid labs, and recommend a modification of medication if indicated.
5. Perform the preventive well patient history and physical in adult and elderly patients
6. Screen patients for dyslipidemia by ordering and interpreting a lipid panel.
7. Identify cardiovascular risk factors for a patient and appropriately educate patients on proper diet, exercise and medication management.
8. Order age-specific preventive screenings for colon and lung cancer in a patient.
9. Appropriately evaluate and manage the patient with an upper respiratory infection.
10. In a patient presenting with a rash, evaluate the patient, develop a differential and recommend a pharmacologic management plan.

**Standard B3.03 c) Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, for patients seeking:
b) women's health (to include prenatal and gynecologic care),**

Women's Health SCPE

Gynecological care

1. Perform a pelvic exam on a normal, healthy female patient under the direct supervision of a preceptor and obtain a PAP or cultures as indicated.
2. Perform a breast exam on a normal, healthy female patient under the direct supervision of a preceptor and order mammography if indicated.
3. Assess a patient with a complaint of vaginal bleeding and recommend an appropriate management plan.
4. In a patient with lower abdominal/pelvic pain, conduct a history and physical exam and recommend an appropriate management plan.
5. Evaluate a patient with vaginal discharge by performing a pelvic exam, obtaining and interpreting cultures, and recommending an appropriate management plan

Prenatal

1. Obtain an obstetrical history of a patient to include contraceptive history and gravidity/parity.
2. Appropriately determine fetal heart tones and measure fundal height of the pregnant patient.
3. Determine fetal positioning during a physical exam of a prenatal patient.

4. Educate a pregnant female regarding prenatal care and healthy practices during pregnancy
5. Counsel a pregnant patient regarding symptoms that may occur with of potential complications of pregnancy.

Standard B3.03 d) Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, for patients seeking:

c) care for conditions requiring surgical management, including pre- operative, intra-operative, post-operative care and

General Surgery SCPE

Pre-op

1. Obtain an appropriately focused pre-operative history in a patient presenting for surgery.
2. Perform an appropriately focused pre-operative physical exam on a surgical patient.
3. Assess a patient with a complaint of abdominal pain and recommend an appropriate management plan
4. Determine pre-operative risk for a surgical patient and know when to order ancillary testing.

Intra-op

1. Properly maintain a sterile field in the operating room setting.
2. Correctly identify surgical instruments while assisting the surgeon.
3. Appropriately assist with surgical procedures during a surgical case.
4. Close a surgical wound using appropriate stapling and suturing techniques.

Post-op

1. Perform appropriate post-operative wound care, including placement of dressings, identify signs of infection, and recommend a management plan.
2. Follow patient progress post-operatively and write an accurate post-operative note.
3. In a post-operative patient returning for a follow-up visit, use proper techniques to remove staples or sutures.
4. Accurately write a discharge summary and plan for a post-operative patient.

Standard B3.03 e) Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, for patients seeking:

d) care for behavioral and mental health conditions.

Behavioral Medicine SCPE

1. Screen patients for thoughts of suicide and recommend a management plan where appropriate.
2. Correctly obtain a psychiatric history from a patient in behavioral health.
3. In a patient who is suffering from depression, assess and implement an initial management plan
4. Assess and implement a management plan for the patient who is suffering from anxiety
5. Appropriately use the criteria for involuntary commitment of the psychiatric patient and educate the patient regarding the criteria.
6. Perform a mental status exam on a behavioral health patient.
7. Educate patients and their families regarding behavioral conditions
8. Document an appropriate progress note for a behavioral health patient encounter.