



Master of Physician Assistant Studies

Supervised Clinical Practice Experiences (SCPE) Assignment and Assessment Policy

- **Origin Date:** 12/9/2016
- **Last Evaluated:** 6/2021
- **Responsible Party** Clinical Director
- **Minimum Review Frequency:** Annually

Background and Purpose

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

Policy Statement

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

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Overview of Clinical Rotations

1. All clinical rotations are 4 weeks in length. The majority of Clinical Year Principal Training Areas are located in the following counties: Charlotte, Collier, Desoto, Glades, Hendry, Lee, and Sarasota.
2. Students are required to complete 12 clinical rotations, including 9 core and 3 selective rotations. These rotations must occur in a variety of settings. Selective rotations are restricted electives.
3. For each location to which a student is assigned for SCPEs, the program will inform the student which instructional faculty member is designated as their primary clinical preceptor. The primary clinical preceptor will assess and supervise the student's progress in achieving the rotation learning outcomes. Instructions on how to contact the primary clinical preceptor prior to and during the rotation will be readily available to the student.
 - a. Students must immediately contact the program if the student feels that the primary clinical preceptor is not adequately assessing and/or supervising the student's progress.
 - b. Students are not permitted to rotate without a primary clinical preceptor assigned and immediately available to supervise the student.

Assignment of Clinical Rotations

1. The first priority when assigning rotations is to ensure that every student meets the educational objectives and program learning outcomes for the clinical year.
 - a. Rotation placements are done by the Program and are determined based on the following priorities:
 - i. The student's educational and academic needs.
 - ii. Preceptor preferences and availability.
 - iii. Clinical rotation schedule for the cohort as a whole.
 - iv. Student preferences regarding selective rotations.
 - b. The MPAS Program reserves the right to change student rotation schedules at any time in order insure that each student meets the academic requirements of the clinical year. In addition, the rotation schedule is subject to change at any time as a result of:
 - i. Preceptor availability
 - ii. Clinical site needs and requests
 - iii. The need to meet the academic requirements of the clinical year for all students.
 - iv. Extenuating circumstances beyond the Program's control
2. The MPAS Program is responsible for the coordination and scheduling of clinical sites and preceptors for SCPEs. Students are not required to provide or solicit clinical sites or preceptors.

3. Student rotation scheduling requests and preferences will be considered on a case-by-case basis. Out-of-state rotation requests will not be entertained. Requests for rotations outside of the United States will not be entertained.
4. If, after beginning a rotation, a student requests a change of rotation, clinical site or preceptor the Clinical Director will perform a site visit and meet with the student and preceptor to discuss the student's experience and rotation expectations. If the Clinical Director determines that the student's assignment should be changed, the change will occur as soon as possible, without penalty to the student.

Student Role and Conduct During Clinical Rotations

1. The student must be clearly identified in the clinical setting as a PA student.
 - a. A name tag or white coat identifying the student as an FGCU PA student is required at all times while on clinical rotation.
 - b. If the student is in a setting where the student cannot wear his/her nametag and/or white coat displaying the "FGCU PA Student" title (such as the operating room), the student must verbally identify him or herself as a PA student.
 - c. The student must ensure that he or she is distinguishable from other health profession students and practitioners.
2. At no time may students substitute, replace or fill in for absent clinical site employees. While it is recognized that many students may already possess skills/expertise in a given area taught in the MPAS Program, students will not be permitted to substitute for regular clinical or administrative staff at a clinical site, or instructional faculty of the MPAS program.
3. MPAS students work under the supervision of licensed clinician preceptors (e.g. physician, PA, nurse practitioner, midwife, etc.). As such, students will not make a diagnosis, or carry out any procedure or treatment plan without the explicit approval of a preceptor.
4. Students are not permitted to rotate outside of their assigned clinical rotation site.

Clinical Year Assessment Policy

1. The purpose of the assessment, monitoring, and analysis of student performance during the clinical year is:
 - a. To evaluate and determine whether the learning outcomes have been met.
 - b. To evaluate the effectiveness of the clinical curriculum as a part of the Program's ongoing self-assessment.
 - c. To evaluate the effectiveness of clinical sites and preceptors.
2. 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:
 - a. Patient encounter and procedure logs in Typhon
 - b. The preceptors' assessment of student clinical performance and professional behaviors
 - c. The MPAS Program's assessment of students.
 - d. The students' assessment of preceptors, clinical sites, and rotations.

3. 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.
4. Student assessments during the clinical year may include:
 - a. End-of-rotation multiple choice exam
 - b. Preceptor evaluation of student clinical performance
 - c. Preceptor evaluation of student professional behaviors
 - d. Case logging in Typhon
 - e. Written documentation
 - f. Written assessments
 - g. Objective Structured Clinical Examinations (OSCEs)
 - h. Oral case presentations
 - i. Summative evaluations

END-OF-ROTATION WRITTEN EXAMINATIONS

1. 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:
 - a. Behavioral Health
 - b. Emergency Medicine
 - c. General Surgery
 - d. Internal Medicine I & II
 - e. Pediatrics
 - f. Primary Care I & II
 - g. Women's Health
2. Refer to <https://paeonline.org/assessment/end-of-rotation/> for more information regarding the PAEA EOR Examinations.
3. 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.
4. The end-of-rotation multiple-choice examination will count toward the overall rotation grade.
5. 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.
6. Examinations during the clinical year will be scheduled on EOR Callback Days.
7. Mandatory attendance is applicable to all clinical year examination modalities:
 - a. In the event of illness or personal emergency on the day of an examination, the student must contact the Program by phone.
 - b. If the student does not communicate directly with the Program, he/she will not be excused.
 - c. Documentation of the reason(s) for an excused absence may be required before an examination will be rescheduled.

- d. Rescheduling of missed examinations is at the discretion of the Program.
 - e. Unexcused absences from examinations may result in a failing grade for the rotation.
 - f. Unexcused absences may result in a hearing before the Student Advancement and Professionalism Committee (SAPC).
8. Student should adhere to the following policies during clinical year examinations:
- a. Students must turn off cell phones and place all personal belongings in the appropriate location within the testing area.
 - b. Once the exam has begun, the proctor will not answer any questions.
 - c. Students should remain in their seats at all times until they have finished the examination.
 - d. Students may be excused during the examination during the designated examination section breaks in order to use the rest room.
 - e. 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.
 - f. Upon completing and submitting the exam, the student must leave the testing area

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

STUDENT CLINICAL PERFORMANCE EVALUATIONS

1. 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:
 - a. History Taking Skills
 - b. Medical Knowledge
 - c. Physical Exam
 - d. Laboratory & Diagnostic Studies
 - e. Differential Diagnosis
 - f. Pharmacology
 - g. Treatment Plan and Patient Counseling
 - h. Health Maintenance and Disease Prevention
 - i. Communication Skills
 - j. Medical Documentation
 - k. System Based Practice
 - l. Rotation-Specific Learning Outcomes
2. The preceptor's evaluation of student clinical performance will count as 40% of the overall rotation grade.
 - a. 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.
 - b. If a student receives an evaluation of less than 80% for the specific evaluation criteria (1.a-k listed above) the student will be required to meet with the CD to discuss their performance.

- i. The CD will consult directly with the preceptor to elicit the details surrounding the evaluation.
 - ii. 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.
 - iii. Under the guidance of the CD, the student will develop an action plan to improve future performance.
 - iv. 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).
 - c. If a student receives an evaluation of less than 80% for the rotation-specific learning outcomes (1.I above) the student will be required to meet with the CD to discuss their performance.
 - i. The CD will consult directly with the preceptor to elicit the details surrounding the evaluation.
 - ii. 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.
 - iii. 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).
 - iv. 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.
3. The preceptor and Program will evaluate the student for professional behaviors.
 - a. Ethics and professional behavior are the foundations of medicine and form an essential component of all clinicians' interactions with their patients and colleagues.
 - b. The student must pass this evaluation component in order to pass the rotation.
 - c. The student's professionalism evaluation will count toward the overall rotation grade.
4. The assigned preceptor must complete the preceptor evaluations of student performance.
 - a. 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.
 - b. The preceptor may elicit feedback from his or her colleagues in completing the evaluation.
 - c. The preceptor may delegate the administrative task of completion of the evaluations, but he/she must be a part of the evaluative process.
5. At the end of each rotation, the student should ensure that the preceptor has received the Typhon Clinical Student Evaluation.
6. 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.

7. The MPAS Program will not negotiate evaluation scores with students or clinical preceptors.
8. Clinical year students are expected to actively assume responsibility for their education while on rotation.
 - a. 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.
 - b. 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.**
9. Each student must review the Preceptor Evaluation of Student found on the Canvas to ensure they understand how they are to be evaluated.

WRITTEN DOCUMENTATION/ASSESSMENTS

1. Written documentation and assessments 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).
2. Throughout the course of the clinical year, the type of written documentation due will vary according to the rotation as follows:
 - a. Internal Medicine (Outpatient) – Comprehensive H & P based on a geriatric annual/preventive care visit
 - b. Internal Medicine (Inpatient) – Hospitalized patient discharge summary
 - c. Primary Care – Comprehensive H & P based on an adult preventive care visit
 - d. Women’s Health – Comprehensive H & P based on a well-woman exam
 - e. Pediatrics – Comprehensive H & P based on a well-child exam
 - f. Surgery – Post procedure admission orders AND a postoperative SOAP note.
 - g. Emergency Medicine – SOAP note that includes documentation of a procedure
 - h. Behavioral Health – Evaluation including full psychiatric history and physical exam
 - i. All Selective Rotations – SOAP note
3. 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.
4. Written Assessments will be assigned to students during each rotation. Written assessments are designed to augment student achievement of the learning outcomes. Written assessment details are available in Canvas, they include but are not limited to:
 - a. Submission of an assessment and plan for a patient encounter reflecting a rotation-specific learning outcome
 - b. Completion of rotation-specific Aquifer custom courses
 - c. Submission of student self-reflections based on rotation experiences

CASE LOGGING IN TYPHON AND REQUIRED PATIENT EXPERIENCES

1. 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.
2. 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.
3. Students must log patient data and shift times into Typhon.
4. **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:
 - a. Preventive care patient encounters – 5 patients
 - b. Emergent care patient encounters – 5 patients
 - c. Acute care patient encounters – 5 patients
 - d. Chronic care patient encounters – 5 patients
 - e. Male Patients – 80 patients
 - f. Female Patients – 80 patients
 - g. Medical care across the life span to include:
 - i. Infants (birth to 2 years) – 5 patients
 - ii. Children (2 years to 11 years) – 5 patients
 - iii. Adolescents (12 years to 17 years) – 5 patients
 - iv. Adults (18 to 64 years old) – 5 patients
 - v. The elderly (65 years and older) – 5 patients
 - h. Women's health (to include prenatal and gynecologic care) – 5 patients each
 - i. Care for conditions requiring surgical management, including:
 - a. Pre-operative care – 5 patients
 - ii. Intra-operative care – 5 patients
 - iii. Post-operative care – 5 patients
 - j. Care for behavioral and mental health conditions – 5 patients
 - k. Outpatient clinical settings – 5 patients
 - l. The emergency department – 5 patients
 - i. 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.
 - ii. The emergency department may be located within a hospital or may be "free-standing". This is not meant to include urgent care centers.
 - m. Inpatient clinical settings within acute care facilities – 5 patients
 - n. Operating room settings – 5 patients
 - o. Preceptor practicing in family medicine – 5 patients
 - p. Preceptor practicing in emergency medicine – 5 patients
 - q. Preceptor practicing in internal medicine – 5 patients
 - r. Preceptor practicing in surgery – 5 patients

- s. Preceptor practicing in pediatrics – 5 patients
 - t. Preceptor practicing in women’s health including prenatal and gynecologic care – 5 patients
 - u. Preceptors practicing in behavioral and mental health care – 5 patients
 - v. Underserved area/population – 20 patients
5. 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.*

Associated ARC-PA Standards 5th Edition

1. **A2.17:** In each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program must inform the student which principal or instructional faculty member is designated by the program to assess and supervise the student's progress in achieving the learning outcomes it requires of students and how to contact this faculty member.
2. **A3.03:** The program must define, publish, make readily available and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors.
3. **A3.05:** The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as: a) instructional faculty and b) clinical or administrative staff.
4. **A3.06:** The program must define, publish, make readily available and consistently apply a policy that PA students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.
5. **B3.01** The program must secure clinical sites and preceptors in sufficient numbers to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences.
6. **B3.02:** Clinical sites and preceptors located outside of the United States must only be used for elective rotations.

Next Review: 6/2022

Last Modified:

Results of modification:

6/2021 Policy name change from SCPE General to SCPE Assignment and Assessment

6/2021 Updated ARC-PA Standards