Supervised Clinical Practice Experiences (SCPE) General Policy

- **Origin Date:** 12/9/2016
- **Last Evaluated:** 7/25/2019
- **Responsible Party:** Director of Clinical Education
- **Minimum Review Frequency:** Annually
- **Approving Body:** Principal Faculty

**Background and Purpose**

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

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Policy Statement

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

Overview of Clinical Rotations

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

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

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

4. For each clinical rotation to which the student is assigned, there must be a preceptor who is designated to assess and supervise the student’s progress in achieving the learning outcomes of the rotation.
   a. Students must immediately contact the program if the student feels that the preceptor is not adequately assessing and/or supervising the student’s progress.
   b. Students are not permitted to rotate without a preceptor assigned and immediately available to supervise the student.

Assignment of Clinical Rotations

1. The first priority when assigning rotations is to ensure that every student meets the educational objectives and program learning outcomes of the clinical year. A well-rounded clinical education requires that students be exposed to a variety of clinical practice settings (inpatient vs. outpatient practices, operating room, ER, acute care, chronic care, preventive care, emergent care, etc.).

2. The DCE will assign rotations primarily based on the student’s educational needs. The student’s educational needs are determined in part by, but not limited to student critical self-assessment, the analysis of past assessments during the didactic year, as well as monitoring and analysis of assessments during clinical year, and the student’s clinical case logs in Typhon.

3. The order in which the student completes his or her rotations has no impact on the quality of the clinical education.
4. While every effort is made to accommodate reasonable requests, the quality of the student’s clinical education will come first, and he/she might not be assigned to their primary choice of selective rotations. Furthermore, preceptor availability will impact selective rotation assignments.

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

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

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

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

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

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

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

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

13. Students are not permitted to sign any forms or contracts on behalf of the MPAS Program. If a rotation site requires the student sign a form, the student must inform the DCE and may not sign the form unless authorized by the DCE.
14. Students will not be permitted to be precepted by anyone with whom they are involved in a romantic or sexual relationship.

Requests for Rotations

1. The MPAS Program coordinates clinical sites and preceptors for rotations.
   a. As such, students are not required to solicit clinical sites or preceptors.
   b. Students may make suggestions to the DCE, who will evaluate potential clinical sites and preceptors for suitability for the program, according to program policy.

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

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

4. Out-of-state rotations should not be requested.
   a. Exceptions may be considered on a case by case basis for proposed rotations at a U.S. Government Facility (e.g. military base) and must be approved by the DCE and Program Director.

5. All rotations should take place within the State of Florida, primarily within the SWFL area, within 50 miles of the FGCU main campus.

6. Requests are communicated to the DCE using the appropriate form in Typhon.

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

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

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

10. Approval of rotation requests is contingent upon:
   a. the educational value of the rotation,
   b. the student’s demonstration of academic and clinical development, and
c. the student’s history of cooperating with the policies and procedures of the clinical year.

d. The willingness of a preceptor to give students access to his/her patients for clinical training, and to provide students with appropriate supervision, hands-on instruction, feedback, and an end-of-rotation evaluation, are other important factors that are taken into account when considering private rotation requests.

e. Refer to the SCPE Site and Preceptor Development Policy for full details regarding the preceptor/site approval process.

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

Student Role and Conduct During Clinical Rotations

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

   a. If the student is in a setting where the student cannot wear his/her nametag and/or white coat with embroidered name and title of “PA student” (such as the operating room), the student must verbally identify him or herself as a PA student.

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

2. At no time may students substitute, replace or fill in for absent clinical site employees. While it is recognized that many students may already possess skills/expertise in a given area taught in the MPAS Program, students will not be permitted to substitute for regular clinical or administrative staff at a clinical site, or instructional faculty of the MPAS program.

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

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

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

   a. Carry out the order as directed.

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

   c. Inform the preceptor that as a student, the student does not feel qualified to safely carry out the order.

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

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

8. The performance of procedures (invasive or otherwise) by MPAS students will be based upon site/preceptor preferences and availability. If the student is permitted to perform procedures, the student must be under the direct supervision of the preceptor.
9. In the event of the temporary absence of his/her regular preceptor, students must notify the MPAS Program of their alternate preceptor. At no time will students rotate without having a preceptor clearly identified.

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

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

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

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

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

15. Students are expected to assume responsibility for their education while on rotation.
   a. 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 and acknowledgement of a preceptor.
   b. Students are provided with the rotation learning outcomes, objectives, and topic list prior to the commencement of the rotation via the rotation syllabus. The student is expected to engage in well-planned self-study throughout the rotation, in preparation for end-of-rotation assessments.

16. By the end of the first week of each rotation, the student completes a Rotation Check-In Form.
   a. The purpose of the form is to verify that the student is getting hands-on opportunities with adequate patient contacts, that the site is safe and has adequate physical facilities, and that there is appropriate supervision by the preceptor.
b. If the student has any concerns regarding the clinical rotation and/or the preceptor/clinical site at any point in the rotation, the student must contact the MPAS program immediately.

c. If there are concerns about a preceptor and/clinical site, the DCE will conduct a site visit and evaluation to determine the appropriateness of the site.

d. Refer to the Clinical Site and Instructional Faculty Development for Supervised Clinical Practice Experiences (SCPE) Policy for further details regarding preceptor development.

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

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

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

20. Students are expected to study for End-of-Rotation assessments throughout their clinical rotations and throughout the clinical year.

   a. As such, students are not permitted days off toward the end of their rotations for studying.

   b. Days off explicitly for studying may be treated as an unexcused absence.

   c. See the Attendance and Participation Policy for further details regarding clinical year attendance.

Clinical Year Testing Policy

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

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

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

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

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

Associated ARC-PA Standards

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

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

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

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

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

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

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

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

  a. family medicine,
  b. internal medicine,
  c. general surgery,
  d. pediatrics,
  e. ob/gyn and
  f. behavioral and mental health care.”

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