



Master of Physician Assistant Studies

Program Expectations for Supervised Clinical Practice Experiences (SCPE) Policy

- **Origin Date:** 12/9/2016
- **Last Evaluated:** 6/14/2021
- **Responsible Party:** Clinical Director
- **Minimum Review Frequency:** Annually
- **Approving Body:** Principal Faculty

Background and Purpose

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

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

Policy Statement

In compliance with the ARC-PA standards, the following is the Master of Physician Assistant Studies policy for evaluating whether SCPEs are enabling the student to meet program learning outcomes.

1. The MPAS program requires that student must have experiences and participate in the care of patients (i.e. "hands on experiences") in the following settings, at a minimum:

- a. Patients seeking preventive care
 - i. "Preventive care" is defined by the program as care whose purpose is to prevent illnesses or diseases. It also includes counseling to prevent health problems. Other examples include health or wellness screenings and immunizations.
- b. Patients seeking emergent care
 - i. "Emergent care" is defined by the program as care for a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health (or the health of an unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.
- c. Management of patients with acute medical conditions
 - i. "Acute medical conditions" is defined by the program as those that are of abrupt onset, is of short duration, rapidly progressive, and in need of urgent care.
- d. Management of patients with chronic medical conditions
 - i. "Chronic medical conditions" is defined by the program as those that are non-self-limited nature, associated with persistent and recurring health problems, and a duration measured in months and years, not days and weeks.
- e. Medical care across the life span to include patients who are:
 - i. Infants (defined as under age 2 years)
 - ii. Children (defined as 2 to 10 years old)
 - iii. Adolescents (defined as 11 to 17 years old)
 - iv. Adults (age 18 to 64 years old)
 - v. Elderly (aged 65 years and older)
- f. Patients seeking care for women's health conditions
 - i. "Women's health" is defined by the program as the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being. This includes but is not limited to reproductive health, prenatal, maternal and child health, genital and gynecologic health, breast health, and endocrine health (e.g. menstruation, birth control and menopause).
- g. Patients seeking care for conditions requiring surgical management, including the following phases of care:
 - i. Pre-operative care
 - ii. Intraoperative care
 - iii. Post-operative care
- h. Patients seeking care for behavioral and mental health conditions

- i. Patient encounters in outpatient clinical settings
 - j. Patient encounters in the emergency department
 - ii. The “emergency department” is defined by the program as a medical treatment facility specializing in emergency medicine, the emergent and/or acute care of patients who present without prior appointment.
 - iii. The emergency department may be located within a hospital or may be “free-standing” (off-site, with respect to its associated hospital).
 - iii. This policy is not intended to include urgent care centers.
 - k. Patient encounters in inpatient clinical settings within acute care facilities
 - l. Patient encounters in operating room settings
2. All students are required to complete 12 clinical rotations, including the 9 core and 3 selective rotations. Associated with the clinical rotations are rotation-specific learning outcomes.
 3. Student clinical experiences are monitored using Typhon tracking software. Students must log every patient contact and procedure into Typhon. The CD monitors and analyzes aggregate of the Typhon-generated logs for every student at least monthly (at the end of the second week of the rotation month), to ensure that the student is receiving exposure to a variety of medical settings.
 4. Students will undergo assessments throughout the clinical year, to ensure that the learning outcomes for each rotation have been met.
 - a. The minimum passing score for these assessments is 80% or equivalent.
 - b. These assessments will determine if the student has achieved the rotation-specific and program learning outcomes. These assessments include the following:
 - i. Written multiple-choice EOR Exams
 - ii. Preceptor Evaluation of Student (end of rotation)
 - iii. Written assessments specific to the rotation discipline
 - iv. Written documentation specific to the rotation discipline
 - v. Objective Simulated Clinical Examination (OSCEs)
 5. The Summative Examination is administered within the final four months of the program to ensure that the student has met the program learning outcomes.
 6. Students found by the CD to be deficient in a given assessment will be required to remediate the deficiency as noted in the Academic Performance Policy, Section on Remediation.
 7. If a student has not met the learning outcomes associated with the criteria listed above, the CD will ensure that the student has a future rotation(s) assigned that will provide the student an opportunity to meet the learning outcomes that have not yet been achieved. This may be done as a Selective Rotation or as a repeat of a required rotation. The student’s graduation may be delayed as a result.

ARC-PA Standards 5th Edition

1. **B3.03** Supervised clinical practice experiences must enable all students to meet the program's learning outcomes: a) for preventive, emergent, acute, and chronic patient encounters, b) across the life span, to include infants, children, adolescents, adults, and the elderly, c) for women's health (to include prenatal and gynecologic care), d) for conditions requiring surgical management, including pre-operative, intra-operative, postoperative care, and e) for behavioral and mental health conditions.
2. **B3.04** Supervised clinical practice experiences must occur in the following settings: a) emergency department, b) inpatient, c) outpatient, and d) operating room.
3. **B4.03** The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including: a) clinical and technical skills, b) clinical reasoning and problem-solving abilities, c) interpersonal skills, d) medical knowledge, and e) professional behaviors.

Next Review: 5/2022

Last Modified:

Results of modification:

6/2021 Updated ARC-PA Standards