

Physician Assistant Program  
Clinical Phase Manual  
2023 – 2024



**HARDING UNIVERSITY**

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# Clinical Phase Overview

## Mission

The mission of the Physician Assistant Program at Harding University is to develop caring Physician Assistants who practice competent patient-centered primary care in diverse environments.

During the Clinical Phase of the program students will have opportunities to practice patient-centered care in a variety of environments with exposure to various practice styles, work environments, and patient populations all while utilizing the foundational knowledge of medicine attained during the Didactic Phase.

## Values, Goals, and Philosophy

The Physician Assistant Program is an integral part of Harding University, and embraces the goals outlined in the University's statement of mission and goals.

The goals of the Physician Assistant Program are to:

1. Instruct physician assistants who will provide primary care reflective of their Christian faith and service to their community and to the world.
2. Develop practice-oriented critical thinking, which recognizes dependence on God, is committed to lifelong intellectual excellence, and is built upon a foundation of general cultural knowledge.
3. Promote supportive personal and professional relationships.
4. Nurture lifelong personal habits that lead to a healthier quality of life physically, spiritually, psychologically and socially.
5. Emphasize a servant-leadership lifestyle, which prepares graduates to have a respect for other cultures and an understanding of world missions.

## Clinical Phase Prerequisites

In order to be granted permission to enter clinical training students must:

1. Be recommended for progression to the clinical phase of training by the faculty progression committee.
2. Complete the Health Requirements, including an annual physical, and possess Health Insurance as outlined in the 'Health Requirements and Health Insurance' section of the General Student Handbook.
3. Be certified as having satisfactorily completed BLS and ACLS by American Heart Association standards. Both certifications must be valid through the end of the clinical training period. ACLS certification will be completed in Clinical Orientation and BLS will be renewed during Summer 2.
4. Satisfactorily complete Clinical Orientation.

## Clinical Phase Contacts

Main office phone number: 501-279-5642

Clinical office fax: 501-279-4822

Clinical Director Ms. Nicole Mount, PA-C  
501-279-4840, [lmount@harding.edu](mailto:lmount@harding.edu)

Clinical Assistant Ms. Barbara Collins  
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## **Counseling Services**

Counseling resources and services are available at no cost to the student on campus through Harding's Counseling Center. Students can contact the office at 501-279-4347 or [counseling@harding.edu](mailto:counseling@harding.edu). The center is located in McInteer 313.

Additionally, HU provides students with free access to TimelyCare, a virtual health and well-being platform. The service provides 24/7 access to virtual care for mental and emotional support in addition to virtual scheduled counseling visits. Students have 12 free scheduled counseling visits per year, August – July. Additional visits are \$85 each. The TimelyCare app also features self-care content such as yoga, meditation, and other health and well-being topics. To access, go to this [link](#) or download the TimelyCare app.

## **Changes to Program Policy**

The faculty and staff of the Harding University Physician Assistant Program reserve the right to revise or amend the policies in the Clinical Phase Manual at any time. All students in the Clinical Phase of the program who may be affected by such changes will be notified and an electronic copy of the revised or amended Manual will be made available to each student. All changes made in the Manual are reflected in the online version, available in Canvas.

## **Administrative Policies**

### **Name, Address, and Emergency Contact Changes**

Policies may be found in the General Student Handbook.

### **Transportation and Housing**

Policies may be found in the General Student Handbook.

### **Inclement Weather**

In the case of inclement weather, students are to check in with their preceptor to verify whether the clinical site is open. Closure of the University due to inclement weather does not affect clinical responsibilities if the clinical site remains open. If the student feels that travel would be unsafe due to inclement weather, they are to contact the Clinical Director.

If inclement weather occurs while clinical students are on campus for end of rotation activities, they are to follow the procedures outlined in the General Student Handbook.

### **Child Care**

It is the responsibility of the student to arrange for childcare outside of the clinical site during the Clinical Phase. Children are not to accompany parents to clinical sites.

The HUPA Program recognizes that there will be occasions when it may be necessary for a parent to stay home with a child due to unforeseen circumstances. Clinical students are to contact the Clinical Director as soon as possible when these occasions arise. Failure to communicate in a timely manner will be viewed as a breach of professionalism, which is seen as an academic issue (see General Student Handbook) and may result in a change in academic standing. The following are examples of circumstances when it would not be acceptable for a student to miss clinical time to stay home with a child:

1. Child's school or daycare is closed for a holiday, but clinical site remains open.
2. Child's spring break or summer break from school or daycare.
3. Early morning, evening, or overnight clinical shifts.

### **Latex Allergy**

Latex allergy/sensitivity is a growing concern for healthcare professionals. Harding's Physician Assistant program is unable to guarantee a latex-free environment to learners in either the clinical practice areas on campus or the clinical rotations sites off campus. Students with a known latex allergy/sensitivity are encouraged to consult their healthcare provider prior to entering the program. Students must list any known allergies on the intake questionnaire. During clinical rotations students with a latex allergy should make it standard practice to review the latex content of all supplies.

### **Infection Control/Universal Precautions**

During the clinical phase, students are required to review and be accountable for the infection control and universal precautions policy and procedures of each clinical site prior to patient contact.

For the purpose of this policy, "blood borne pathogens" refers to disease-causing microorganisms present in blood or other potentially infectious body fluids and "high-risk exposure" is defined as an accidental puncture injury, or mucous membrane or non-intact skin exposure to human blood/body fluid. Body fluid includes semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental or oral procedures, any type of body fluid that is visibly contaminated with blood, and all body fluids in

situations where it is difficult or impossible to differentiate between body fluids.

Students are responsible for reporting any “high-risk” exposure to bodily fluids. All “high-risk” exposure should be considered infectious regardless of the source. If an accidental exposure occurs during the clinical phase, it should be reported immediately to the preceptor. Appropriate site procedures should be followed and an Accidental Exposure Form should be completed and turned into the clinical office. This form can be found in the Canvas course for each rotation. As a general rule, the steps outlined below should immediately be taken for “high-risk” exposure and clean needlesticks.

1. Remove contaminated clothing
2. Clean wound with soap and water or wash contaminated body parts
3. Flush mucous membranes for 15-20 minutes with water or normal saline solution.
4. Notify preceptor and the Clinical Director as soon as possible.
5. If considered “high risk”, treatment should begin within 2 hours of exposure, if possible, but may be started within 72 hours. The student is responsible for submitting all costs incurred to his/her health insurance carrier.
6. Complete the Accidental Exposure Form – Clinical Phase which may be found in Canvas. A copy of this form will be kept in the student’s secure file. Students may request a copy at any time.

## **Background Check and Drug Testing**

Students are required to complete a criminal background check as a prerequisite to matriculation into Harding University Physician Assistant Program. Information obtained from the Criminal Background check will be shared only with clinical rotations which require such information. This will be handled through the clinical office.

Updated criminal background checks may be required during the clinical year. These will be done at the student’s expense using a pre-selected vendor. Any negative changes noted from the 1<sup>st</sup> to the 2<sup>nd</sup> background report may prevent the student from participating in that rotation and could be grounds for further disciplinary actions up to and including dismissal from the program.

On occasion, students may also be expected to submit to random drug testing required by clinical practice sites and/or the program. These additional costs will be the student’s responsibility. Criminal background checks and drug screens are common pre-employment procedures.

## **Outside Employment**

Policies may be found in the General Student Handbook.

## **Shadowing Experiences**

At times students choose to participate in clinical shadowing experiences during Program breaks, however these experiences are not considered Program-related activities. PA students are not covered by program malpractice insurance during non-Program related activities and may not log patient encounters or hours that occur during said activities.

## **Harassment and Sexual Harassment**

Policies from the General Student Handbook remain in effect throughout the Clinical Phase and apply at clinical sites. Any student who believes that he or she has been the subject of unwelcome harassment or has been sexually harassed should adhere to the policies set forth in the General Student Handbook as well as any policies that may be in place at the clinical site.

# Academic Policies

## Professionalism

Students are subject to the professionalism policies as outlined in the General Student Handbook while in the Clinical Phase of the program as well as any professionalism policies that may be in place at a clinical site. Professional behavior during the Clinical Phase includes and is not limited to: demonstrating respect for others, civility, integrity, promptness, appropriate dress, adequate preparation for clinic, taking responsibility for one's actions, life-long learning, adhering to codes of conduct, honesty, communication, and involvement in professional activities. Certain aspects of professionalism are further defined in the Learning Outcomes for each rotation and will be assessed via the Preceptor Evaluation of Student – End Rotation form.

Observed student behavior that is considered unprofessional by the Physician Assistant Program faculty, staff or preceptors must be referred to the Clinical Director during the Clinical Phase. Behavior considered unprofessional includes, but is not limited to, the following:

- a) Use of electronic devices for activities that are not patient-care or HUPA program related while on site at a clinical rotation.
- b) Any form of dishonesty including, but not limited to, plagiarism, cheating on assignments or examinations, lying, falsifying patient logs, hours worked, or medical records.
- c) Absenteeism or tardiness to a clinical site without communication and/or approval when required, or chronic absenteeism or tardiness.
- d) Habitual failure to turn in assignments or Program required documents by specified due dates.
- e) Failure to adhere to these policies or to the rules and policies of Harding University, as outlined in the Harding University Graduate Catalog, or the spirit in which they are offered.

## Social Media

Policies may be found in the General Student Handbook.

## Appearance

The following guidelines are designed to further develop a student's professional image while in the Clinical Phase of the HUPA Program. Violations of these guidelines will result in a discussion with the Clinical Director and possible deduction on the Preceptor Evaluation of Student – End Rotation form. Repeated violations will be considered a breach of professionalism, which is seen as an academic issue (see General Student Handbook) and may result in a change in academic standing.

Every effort will be made by the Clinical Office to inform students of the expected attire prior to the rotation start date. In the event that the expected attire is unknown, students should plan to wear business/smart casual as defined below.

Students are required to have their facility nametag (when required) and HUPA badge clearly visible on their person at all times while on site during a SCPE rotation. Students are expected to wear their HUPA Program white coat while on site during a SCPE rotation unless specifically instructed not to by their preceptor.

Acceptable clinical attire

- a) Business/smart casual. For men this includes khakis or trousers with a shirt that has a collar. For women this includes khakis, trousers or a knee-length dress/skirt with a blouse or shirt with collar.
- b) Scrubs with a matching top and bottom, and which are clean and free of holes.
- c) Closed toe shoes are required in all patient care areas.
- d) Hair should be neat and controlled, including facial hair. Hair should be secured in a way that allows for best visibility and avoids interference with the exam or procedure being performed.
- e) Fingernails should be short and clean.
- f) Any necessary equipment.



## Unacceptable clinical attire

- a) A white coat that is visibly dirty or excessively wrinkled.
- b) Wearing a jacket or sweatshirt over the white coat.
- c) Scrubs that are mismatched. Mixing a scrub top with jeans or non-scrub pants or mixing scrub pants with a t-shirt or sweatshirt.
- d) Open toe shoes. This is a violation of OSHA healthcare workplace guidelines.
- e) Shorts, athletic wear to include sweat pants, lycra-like tights, and tank-tops. Leggings may be worn under dresses or with shirts that hit mid-thigh, but are not acceptable when worn as pants.
- f) No undergarments should be visible.
- g) Visible cleavage and/or midriffs.

Clinical sites may impose additional or alternate requirements concerning dress, visible tattoos and/or piercings. Students are expected to review and comply with these requirements.

Students are expected to adhere to the guidelines for “Regularly Scheduled Classes” found in the General Student Handbook when attending EOR activities.

## Identification

Physician assistant students must be readily identifiable at all times. In all clinical areas or places where other health professionals or patients are likely to be met, a Program approved nametag, or “HUPA badge”, identifying the wearer as a Physician Assistant Student must be properly worn and visible. When meeting another health professional or a patient, a Physician Assistant student must introduce him/herself as a Physician Assistant student and do so with sufficient clarity to ensure that the other person understands. Some clinical sites may require additional identification.

At times, students resume previous employment in health care fields during program breaks. For legal reasons, students are not permitted to identify themselves or function as Physician Assistant students while employed in non-Program related capacities. The HUPA white coat and badge may not be worn. Additionally, if a student chooses to shadow or volunteer during program breaks the same policy applies.

## Attendance

Regular attendance in clinic and at EOR is expected during the Clinical Phase of the program. Attendance includes active participation and listening, punctuality, and remaining on site for the duration of a scheduled shift. Students are expected to be at their assigned SCPE site when their preceptor is working.

- Students are strongly encouraged to work an average of 40 hours per week, with a minimum requirement of 30 hours per week. Minimum requirements equate to 6 hours per day during an average work week (Monday-Friday). If the facility is closed due to a federal holiday or other extenuating circumstances the weekly minimum requirement will be adjusted accordingly and the new minimum will be communicated by the Clinical Director.
- If total time worked falls below 30 hours in a given a week, or 18 hours during an EOR week, students will be required to make up the difference. This may be done in one of the following ways:
  - Working with another provider with the approval of the preceptor during the given week
  - Shadowing alternate medically related personnel (billing/coding, nursing, etc...) during the given week
  - Completing alternate assignments as assigned by the Clinical Director
- When completing the Projected Schedule assignment during week 1 of a rotation, students are to discuss plans to make up any known hourly shortages with their preceptor and the Clinical Director.
- If total time exceeds 50 hours a week students are encouraged to communicate with the Clinical Director for feedback and guidance. Students are not typically expected to consistently work over 50 hours per week.

If students are given the opportunity to create their own schedules the following guidelines apply:

- Students are strongly encouraged to work an average of 40 hours per week, with a minimum requirement of 30 hours per week.
- Students may not schedule themselves to be off for  $\geq 5$  consecutive days without approval from the Clinical Director.
- If working in the Emergency Department or in an Urgent Care facility students are strongly encouraged to schedule overnight and weekend shifts for themselves in order to get a robust clinical experience.
- Hours worked may not carry over to the next week without prior approval from the Clinical Director.

## Absences

Although students are expected to be present at their clinical rotation when their preceptor is working, excused absences may occur in the following circumstances:

- Personal Days – Students are allotted four full or eight half days for personal use for the duration of the Clinical Phase. No more than two full or four half personal days may be used in any one semester. A half day is considered taking 3 hours or less off, a full day is considered taking over 3 hours off.
- Master's Project Implementation – Students may require time away from their clinical site in order to implement aspects of their Master's Project.
- Program required activities – Clinical phase students will participate in an Interprofessional simulation which will be scheduled by Program faculty. Students may also be invited to participate in interviews or other Program activities.
- Funeral Days – In the event that a student experiences the loss of a loved one and plans to attend the funeral, they are to communicate plans with the Clinical Director as soon as possible for approval. These absences will be considered on a case by case basis.
- Child-related Absences – Absence may be requested due to the birth of a child and plans will be individualized based on the student and their situation. In the event that a child becomes ill, students are to communicate with the Clinical Director as soon as possible to develop a plan.
- Illness – In the event of an acute illness students are to communicate with the Clinical Director via Remind or email as soon as possible to develop a plan for absence from the clinical site.
- Medical Care – Every effort should be made by the student to schedule personal medical care during off time from their clinical site. If an absence is required students are to communicate with the Clinical Director for approval.
  - If an illness or medical care extends beyond 2 days, requires repeated absences, or requires an alteration to the routine schedule, the student must provide documentation regarding the absences from their health care provider. If the student is unable to complete the curriculum as prescribed, a leave of absence may be recommended by the program. The Clinical Director, in conjunction with the Academic Director, will determine a plan to make up all required program activities. See test administration policies in the General Student Handbook regarding make-up examinations.
- Interview Days – Students are allotted two days during Preceptorship to attend in person interviews with potential employers. Phone interviews should be conducted during lunch breaks or after hours. Any additional days for interviews must be approved in advance by the Clinical Director.

In order for the above listed circumstances to be considered excused, students must follow the procedure listed below. Time off requests that are submitted without following the procedure will be denied.

1. Communicate with the Clinical Director (preferably via email) and obtain approval for the absence.
2. Communicate with the Preceptor and obtain approval for the absence.
3. Submit a time off request in EXXAT stating that approval has been granted by both the Clinical Director and the Preceptor.
  - Note pertinent details regarding the absence in the time off request.
  - Time off requests for Personal Days should be submitted a minimum of 7 days in advance.

With the exception of funeral days and acute illness, absences due to any of the above listed circumstances which put the student below the required minimum of 30 hours of clinical work for the week will require an alternate assignment to make up the time. Time spent in the Interprofessional Simulation will count as clinical hours.

Students are generally discouraged from requesting time off during week 1 of a given rotation. Extenuating circumstances may be discussed with the Clinical Director for approval.

If the student does not follow the procedure as outlined for requesting an excused absence, the student will be required to complete all required coursework to continue progression through the program but will receive any grade penalties for late work as outlined in the course syllabus and will be referred to the Academic Director for disciplinary action for professionalism. Completion of activities is required to demonstrate proficiency in the material covered.

In all situations, it is the responsibility of the student to initiate and maintain communication with the Clinical Director. Failure to communicate regarding planned or unexpected absences will be viewed as a breach of professionalism, which is seen as an academic issue (see General Student Handbook) and may result in a change in academic standing.

## **Academic Testing**

Policies regarding test administration may be found in the General Student Handbook.

## **Program Grading**

Policies may be found in the General Student Handbook.

## **Progression and Retention**

Policies may be found in the General Student Handbook.

## **Remediation and Deceleration**

Failure of any component of a SCPE rotation will necessitate meeting with the Clinical Director and Academic Director to discuss a plan for remediation.

## Clinical Phase Policies

### Supervised Clinical Practice Experience Rotations

#### Overview

During the clinical phase of the HUPA Program students will complete 6 required Supervised Clinical Practice Experience (SCPE) rotations in Primary Care A and B, General Surgery, Emergency Medicine, Internal Medicine, and Mental Health. Students also have the possibility of completing an off rotation, 2 elective SCPE rotations, and a Preceptorship rotation.

Throughout the Clinical Phase students will be required to log the following minimum patient requirements in alignment with the Clinical Phase Outcomes. If at any point the Program determines that a student is unlikely to meet their minimum requirements during their proposed rotation schedule, the Program may alter the rotation schedule. Doing so takes into consideration the timing required to set up a new rotation and complete student credentialing. Meeting the following minimum patient requirements is a requirement for graduation.

<u>Patient Age</u>	
0-1	5
1-12	25
12-18	25
18-65	25
>65	25
<u>Encounter Type</u>	
Acute	150
Chronic	35
Emergent	20
Preventive	10
Well-child	5
Prenatal Care	5
Gynecologic Care	15
Pre-Operative	20
Intra-Operative	20
Post-Operative	20
Behavioral/Mental Health	150
<u>Clinical Setting Type</u>	
Outpatient	300
Inpatient	50
Emergency Dept	200
Operating Room	20

A single patient encounter can meet one requirement for age, one requirement for Encounter Type, and one requirement for Clinical Setting Type, but cannot count for two types in any category. For example, a single patient encounter cannot be counted as both Acute and Emergent.

Encounter types are further defined below.

Acute: Patients who are seen for a brief but severe episode of illness, exacerbation of long-standing disease, or trauma. Examples include patients seen outpatient for strep throat or laceration requiring sutures. Patients seen inpatient for COPD or CHF exacerbations.

Chronic: Patients who are seen for conditions lasting one year or more and who require ongoing medical attention. Examples include follow-up visits for Diabetes, COPD, or CHF.

Emergent: Patients who are seen in situations where rapid or immediate intervention is required to prevent significant harm or threat to life. Examples include patients seen for MI or trauma.

Preventive: Patients who are seen for routine health care where a screening, check-up, and/or patient counseling is performed with the intent of preventing illness, disease, or other health problems. Examples include encounters for vaccinations or annual wellness exams.

Well-child: Patients under the age of 18 who are seen for routine health care where physical exams, measurements, vision/hearing screenings, and/or vaccinations are performed with the intent of preventing illness, disease, or other

health problems and/or monitoring growth. Examples include pediatric annual exams and pre-participation physicals.

Prenatal Care: Patients whose pregnancy affects the health care received. Examples include routine prenatal checks as well as counseling provided to a patient specific to their pregnancy. \*\*When logging in EXXAT you must choose either Prenatal or Gynecologic care, do not choose the “both” option.

Gynecologic Care: Female patients who are seen to discuss menstruation, sexual health, birth control, or the management of menopause. Examples include annual pelvic and pap exams. \*\*When logging in EXXAT you must choose either Prenatal or Gynecologic care, do not choose the “both” option.

Pre-Operative: Patients who are seen for physical or psychological preparation before an operation. Examples include pre-op visits in the hospital as well as in the outpatient clinic.

Intra-Operative: Patients who are undergoing an operation in the operating room.

Post-Operative: Patients who are seen following an operation to monitor recovery and progress. Examples include follow-up visits in the post-op ward of the hospital as well as in the outpatient clinic.

Behavioral/Mental Health: Patients who are seen for treatment of emotional, psychological, and social well-being and mental health and substance use disorders.

## **Expectations during a SCPE Rotation**

### **Expectations of Preceptors**

- a) Allow students the opportunity to meet the Learning Outcomes for the SCPE rotation
- b) Maintain full responsibility for the patient’s medical care and treatment
- c) Maintain administrative and professional supervision of the student while on duty
- d) Provide direct supervision by qualified staff while the student is performing procedures
- e) Review and sign all students’ patient records in a timely manner
- f) Familiarize each student with the protocols, rules, and regulations of the facility and provide a copy of applicable policies and procedures upon request
- g) Provide adequate space for the student to care for patients
- h) Provide students with eating and dressing facilities similar to those of facility employees
- i) Allow students to attend and participate in any educational presentations offered by the facility
- j) Provide the HUPA Program access to the student, facility, and preceptor upon request
- k) Notify the Clinical Director in a timely manner of any unsatisfactory conduct or performance of the student
- l) Complete the Preceptor Evaluation of Student – End Rotation form in a timely manner
- m) In the event of accident or illness, the preceptor will assist the student in seeking medical attention. Any costs incurred will be the sole responsibility of the student, except when injury results from acts or omissions of the facility, its agents, or employees.

### **Expectations of the HUPA Program**

- a) Create the learning outcomes, course syllabi, course assignments, and evaluation forms for SCPE rotations
- b) Assign students to SCPE rotations in a manner that allows them to meet Program requirements
- c) Coordinate with clinical sites to acquire Affiliation Agreements, provider license information, and student credentialing information
- d) Inform the student and coordinate completion of any site specific requirements prior to the SCPE rotation start date
- e) Provide Learning Outcomes and evaluation materials to the preceptor

### **Expectations of Students**

- a) Adhere to policies in the General Student Handbook and Clinical Manual
- b) Take initiative to meet the Learning Outcomes for the SCPE rotation
- c) Take advantage of learning opportunities offered
- d) Discuss expectations for the SCPE rotation with the preceptor
- e) Report patient data in full to the preceptor
- f) Consult with the preceptor before proceeding with management of a patient
- g) Comply with HIPPA and OSHA regulations
- h) Notify the Clinical Director in a timely manner of any unsatisfactory conduct of the preceptor or clinical site employees

## **Student Supervision**

The tasks which physician assistant students may perform are expected to vary from rotation to rotation and from student to student depending upon prior experience, student ability, rotation objectives, preceptor experience, and variations of problems encountered in the clinical practice.

Students function within the academic policies established by the HUPA Program. Preceptors serve by providing clinical learning experiences, direction, and supervision of students during the SCPE rotation. The degree of responsibility delegated to a student depends on the student's ability and attitude. Students have no responsibility for patients except when under the supervision of a preceptor. Students are not to practice medicine without proper supervision.

Students are specifically prohibited from the following:

- a) Initiating unsupervised or unauthorized patient care
- b) Discussing physical findings, lab results, significance of historical data, or treatment plan with the patient without prior discussion with the preceptor
- c) Ordering lab or diagnostic studies without prior consultation with the preceptor
- d) Dispensing or writing prescriptions without authorization and the preceptor's signature
- e) Disobeying protocols, rules, or regulations governing PA students established by the preceptor and/or facility
- f) Discharging a patient from the facility without the patient being seen and evaluated by the preceptor

When a student is given an order by a preceptor, one of the following possible courses of action may be taken:

- 1) Carry out the order as directed
- 2) If the student disagrees with the order, they can discuss it with the preceptor and mutually agree on a course of action
- 3) Inform the preceptor that he/she does not feel qualified to safely carry out the order
- 4) Contact the Clinical Director or Program Director for advice before taking any course of action that may jeopardize the student or a patient

At no time should a student change a preceptor's order or carry out a course of action different from that directed by the preceptor.

In the event of the temporary absence of his/her assigned preceptor, the student must identify an alternate preceptor. At no time should the student work without having a supervising preceptor clearly identified. Likewise, at no time are students to replace or substitute for clinical site employees.

## **Selection of Clinical Sites**

It is the Program's responsibility to develop clinical sites for all required rotations and assignment of a student to a clinical site will be determined by the Program. The Clinical Director and Clinical Assistant will work with students on clinical assignment preferences as much as possible, however student refusal of a rotation assignment may be considered voluntary withdrawal from the program.

It is the general policy of the Clinical office to schedule SCPE rotations within a 1 hour commute from the student's documented address during the Clinical Phase. In instances where students are assigned to a site that is farther than 1 hour from their home the Program will try to help secure housing whenever possible, however ultimately it is the student's responsibility to secure housing and reliable transportation during all SCPE rotations.

Once a SCPE rotation site has been scheduled, changes at the student's request will generally not be permitted. In the event of unforeseen or unusual circumstances the student is to communicate with the Clinical Director as soon as possible and the situation will be reviewed with the Clinical Office and the Program Director.

The HUPA Program reserves the right to change assigned SCPE rotations at any time for administrative or educational purposes.

## Arrangement of a New SCPE Rotation Site

It is the responsibility of the HUPA Program to provide clinical sites for the 6 core required rotations for all students. Students may request to do a SCPE rotation at a new site and will need to follow the steps outlined below to initiate this process:

- a) Student will make initial contact with the site to determine the willingness of the provider to be a preceptor
- b) Students will then provide the Clinical Office contact information for the clinical site and preceptor
- c) Students are not to ask a potential preceptor about specific dates for rotations unless directed to do so by the Clinical Office

The Clinical Office requires the following amount of lead time in order to process new SCPE rotation site requests:

- a) Out of state site with a hospital affiliation – 6 months
- b) Out of state site without hospital affiliation (private clinic) – 3 months
- c) In state hospital or clinic – 3 months

Once contact with a new site has been made and the provider has confirmed that they are willing to be a preceptor the Clinical Office will send out the following:

- a) An Affiliation Agreement form to be completed by the clinical site or preceptor
- b) A Preceptor Information sheet
- c) A copy of the course specific Learning Outcomes
- d) A preceptor handbook

Students will not be able to practice at a clinical site if items a) and b) listed above are incomplete.

## Elective Rotations

Elective rotations may be completed in a variety of medical and surgical settings, to include specialty areas of medicine and/or the core rotation types. Students interested in completing an international rotation will do so as an elective. Elective rotations may be revoked if a student is required to repeat a core rotation due to failure of a core rotation, insufficient logging requirements, or an unsatisfactory preceptor evaluation in a core rotation.

## International Rotations

Students may complete an international rotation provided they meet the following requirements:

- a) Students must be in good Academic Standing
- b) All travel expenses and trip fees will be the responsibility of the student
- c) Students must provide the Clinical Director with a copy of their travel itinerary and emergency contact information
- d) Students will be required to comply with and show proof of CDC vaccination recommendations for their travel destination
- e) Students must purchase and show proof of Medical Evacuation Insurance
- f) Students must plan travel so that they will be present for EOR activities
- g) Students will be required to complete regular rotation assignments

## Off Rotations

Students have the possibility of an off rotation during the Clinical Phase of the HUPA Program. This will be scheduled at the Clinical Director's discretion. Off rotations will occur during rotations 5, 6, or 8. Because eligibility for financial aid is dependent on enrollment each semester, having an off rotation at the beginning of a semester may affect eligibility and disbursement. Students may request a specific rotation off due to personal or family circumstances and are to submit the request along with a reason to the Clinical Director prior to the start of rotation 3.

Students who participate in Guided Learning will not have an off rotation. Off rotations may be revoked if needed for remediation purposes.

## Pregnancy and Rotation Scheduling

If a student becomes pregnant, or if their spouse becomes pregnant, and will be delivering during the Clinical Phase they are asked to notify the Clinical Office as soon as possible. Pregnancy and delivery may affect the scheduling of an off rotation and/or rotations with varied shifts and physical requirements such as Emergency Medicine or General Surgery.

## SCPE Rotation Assessment

### Clinical Phase Learning Outcomes

1. By the end of the clinical phase, students will have received exposure to medical care in the following settings and with the noted patient populations as demonstrated through accurate reporting of patient encounters and by meeting program required encounter numbers:
  - a. Preventive, emergent, acute, and chronic encounters
  - b. Infants, children, adolescents, adults, and elderly
  - c. Women's health to include prenatal and gynecologic care
  - d. Surgical management to include pre-operative, intra-operative, and post-operative care
  - e. Behavioral and mental health
2. By the end of the clinical phase students will be able to demonstrate adherence to clinical phase and standard medical institutional policies through accurate completion of the following:
  - a. Timesheets
  - b. Patient logs/charting
  - c. Time off requests
3. By the end of the clinical phase students will have had opportunities to initiate conversation and seek constructive feedback regarding their performance and growth from supervising preceptors as demonstrated through completion of mid-rotation evaluations.

A variety of methods are used to assess student learning during each SCPE rotation, focusing on the Clinical Phase Learning Outcomes, rotation specific Learning Outcomes, and preparation for the PAEA EOR exams and the PANCE exam. Assessment components and their percentage values are listed below for rotations 1-9:

● Review of Syllabus Form	0%
● Projected Schedule	0%
● Preceptor Evaluation of Student – Mid Rotation	5%
● Preceptor Evaluation of Student – End Rotation	20%
● Student Evaluation of Rotation – Mid Rotation	5%
● Student Evaluation of Rotation – End Rotation	5%
● Patient Logs	10%
● Time Sheets	5%
● Rosh Questions	10%
● ReelDX Assignments	10%
● EOR Exam	30%

During Preceptorship Rosh Questions will account for 15%, Time Sheets for 10%, and there will be no ReelDX assignments.

### Review of Syllabus Form

Preceptors are required to attest to having reviewed the SCPE syllabus. A Review of Syllabus form can be found in Canvas. Students are to have their preceptor sign this form once the syllabus has been reviewed and then upload a PDF of the signed form to Canvas. Typed or stamped signatures will not be accepted. Failure to complete this assignment on time without appropriate communication will be viewed as a breach of professionalism, which is seen as an academic issue (see General Student Handbook) and may result in a change in academic standing.

### Projected Schedule

Students are to discuss the projected schedule for the duration of the rotation with their preceptor within the first 3 days of the rotation and document the projected schedule on the template provided in Canvas. Documentation is to include scheduled shifts and any known plans to miss a typical workday (preceptor vacation, student personal day, doctor's appointments, etc...). If there are weeks where the student is not projected to meet the minimum required hours, a comment is to be submitted in Canvas outlining the student's plan for making up the time.

### Preceptor Evaluation of Student – Mid Rotation

Students will initiate a conversation with their preceptor during week 3 of each SCPE rotation and at minimum will ask for feedback on aspects of their performance that are going well, aspects that could use improvement, feedback on professionalism and soft skills, and for any other general feedback. Students are then to type up a summary of



this conversation and have their preceptor sign off on it. Preceptors are not to complete this evaluation directly. Signatures may not be typed or stamped, preceptors must manually sign.

### **Preceptor Evaluation of Student – End Rotation**

Learning Outcomes for each SCPE rotation are provided in the course syllabi. Preceptors are required to review the Learning Outcomes, and attest to having done so, during the first week of each SCPE rotation. Preceptor evaluations of student performance at the end of each rotation are based on the Learning Outcomes as well as Generic Abilities expected of all PA students in the HUPA Program.

Preceptors will have 3 options when assessing student performance of Learning Outcomes and Generic Abilities:

- **Competent:** The learner consistently demonstrates proficiency in use and application of clinical knowledge and skill. Their contribution to patient care in the area being evaluated promotes quality patient-centered care and outcomes. They seek feedback and are self-directed in applying feedback. In essence, the student is at the performance level of a new-graduate colleague.
- **Inconsistent:** The learner sporadically demonstrates proficiency in application of clinical knowledge and skill. It is evident they possess the knowledge and skill but are not yet confidently and consistently applying the information. They demonstrate capability and initiative to improve. In essence, the student shows appropriate potential but may need targeted areas of study for improvement.
- **Incompetent:** The learner consistently demonstrates incorrect application of clinical knowledge and skill. It is evident they do not possess the underlying clinical knowledge and skill appropriate for the level of learner. They do not recognize their deficiency or demonstrate initiative to improve or apply feedback. In essence, this level of performance is concerning and needs attention.

Feedback from preceptors is encouraged on areas marked inconsistent or incompetent in order to guide any necessary remediation.

Scoring of the Preceptor Evaluation of Student – End Rotation

- For the Competency Domain “Professionalism” grading will be as follows:
  - A deduction of 3.5 points for each item marked “Inconsistent”
  - A deduction of 7 points for each item marked “Incompetent”
- For all other Competency Domains grading will be as follows:
  - A deduction of 2 points for each item marked “Inconsistent”
  - A deduction of 4 points for each item marked “Incompetent”

Students will have access to the completed evaluation forms in EXXAT. If an area is marked “Incompetent” the Clinical Director, in conjunction with the Academic Director, will address the area with the student.

### **Student Evaluation of Rotation – Mid Rotation**

Students will complete an evaluation of the clinical site and preceptor during week 3 of the SCPE rotation. This evaluation will focus on the opportunities provided by the clinical site and preceptor to allow the student to meet the Learning Outcomes. Students will receive credit for completing this evaluation on time.

### **Student Evaluation of Rotation – End Rotation**

In this evaluation the student will assess their own performance in meeting the Learning Outcomes and Generic Abilities throughout the SCPE rotation. Students will also provide an updated evaluation of the opportunities provided by the clinical site and preceptor to allow students to meet the Learning Outcomes. Students will receive credit for uploading a screenshot of the completed evaluation to Canvas.

If a significant discrepancy is noted between the preceptor’s evaluation of the student and the student’s self-assessment of a Learning Outcome, the Clinical Director will have a discussion with both parties.

### **Patient Logs**

Students are to log individual patient encounters in EXXAT. Date of encounter, patient age, and gender are required components of each log in EXXAT. Students are to log patient initials and at minimum a chief complaint in the Clinical Notes section. These logs will provide information necessary for ARC-PA standards, and is also helpful for students upon graduation when sharing clinical experience with potential employers.

Students are encouraged to log patients daily, but at a minimum must turn in a report of patient logs weekly. Logs must be created within 7 days of the encounter and students will not be able to log patients after 7 days have passed. Students working a shift on a Sunday may turn in the patient logs for that day with the next week if necessary. Students will receive credit each week for turning in these reports on time.

### **Timesheets**

Students are to log the hours they worked each day in EXXAT. Students are encouraged to log hours worked daily, but at a minimum must turn in a report of hours worked weekly. Hours worked must be logged within 7 days of the shift and students will not be able to log hours after 7 days have passed. If a student is below the required 30 hour minimum for the week and have been given an alternate assignment by the Clinical Director they must also turn in the assignments with their timesheets in order to receive credit. Students will receive credit each week for turning in these reports on time.

### **Rosh Questions**

Students are required to subscribe to the Rosh PA Student – Clinical Year Rotation Exam Qbank Bundle during the clinical phase. During each SCPE rotation students will be assigned 10 questions a week for weeks 1-5 from the Qbank that corresponds to their EOR exam. If the student scores  $\geq 70\%$  on these questions, they will receive full credit for that week’s assignment. If they score  $< 70\%$  they will receive the score that correlates with their percentage for that week’s assignment. (Example: If a student scores 50% they will get a 5 out of 10)

### **ReelDx Assignments**

During each SCPE rotation students will be assigned a ReelDx case to review each week for weeks 1-5. These cases will have associated assignments which will focus on various aspects of patient care. Students may be asked for feedback on aspects of this assignment, which must be completed in order to earn full credit. Students will receive credit each week for turning in these assignments on time.

### **EOR Exams**

Throughout the clinical phase, students will take PAEA End of Rotation exams that correspond to their SCPE rotation types at each EOR. Students enrolled in PAS 6590 will take the Pediatric exam and students enrolled in PAS 6600 will take the Women’s Health exam. Students will receive a raw score after taking each exam which is then compared to the national average for that exam. Scale scores are determined by the standard deviation from the national average as follows:

<u>Standard Deviation</u>	<u>Score</u>
$\geq 1.5$	100
1-1.49	95
0.5 to 0.99	90
Mean to 0.49	85
-0.5 to -0.01	80
-1 to -0.51	75
-1.5 to -1.01	70
-2 to -1.51	65
-2.5 to -2.01	60
-3 to -2.51	55
-3.5 to -3.01	50
-4 to -3.51	45
$\leq -4.01$	40

## **Program Academic Standing and Criteria for Dismissal**

Policies may be found in the General Student Handbook.

**HARDING UNIVERSITY**  
**PHYSICIAN ASSISTANT STUDIES**  
**Clinical Phase Manual Statement of Acceptance**

**I have received and agree to abide by the stated policies and procedures as outlined in this manual.**

**Print Name:** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Academic Year** \_\_\_\_\_

**Select One:**

- Semester 4 (beginning of rotation 1)**
- Semester 7 (beginning of rotation 9)**