

COLLEGE OF HEALTH SCIENCES AND HUMAN SERVICES
MASTER OF SCIENCE PHYSICIAN ASSISTANT PROGRAM

Supervised Clinical Practice Experience Handbook

WELCOME TO THE CLINICAL PHASE OF THE CURRICULUM

Congratulations! You have successfully completed the challenging and rigorous didactic phase of the curriculum and are about to embark on the journey from classroom to clinical practice. This transition is an exciting and important step in your educational process to becoming a patient-centered, culturally competent health care provider.

As you move on to your clinical assignments, your day-to-day life will change dramatically. You will have many opportunities to learn from you preceptors and their medical staff as you continue your clinical development. You will have the privilege of providing healthcare to diverse populations in varied clinical settings. Your personal commitment, enthusiasm, and motivation to be an excellent health care provider will result in increased knowledge and skill. Take a moment to consider the personal satisfaction and self-respect you gain in knowing that your services can improve a patient's health status and quality of life. This will truly be a time in which what you learn will be a direct result of the effort and commitment you put into your own learning experience.

This handbook is intended to guide you during the clinical education phase of the Program. It includes the information you need to prepare for your clinical rotations: relevant policies and expectations for students, and the clinical curriculum. It is your responsibility to review this handbook carefully as you will be held accountable for all of its contents. Students will be notified of and will be responsible for any updates subsequent to this printing. (ARC-PA: A3.02)

The entire Clinical Team, program faculty and staff wish each of you success in your clinical education as you begin one of the most significant steps toward your future clinical practice as a PA and as a MSPA Program alumnus.

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Purpose

The CSUMB Master of Science Physician Assistant program is dedicated to clinical on-site training with close monitoring provided by program staff and faculty. The training takes place in the office of a preceptor - a practicing physician preceptor who teaches the student during the course of his/her regular practice. In clinical preceptorships, students will examine and evaluate patients in various settings, under the supervision of physician preceptors (and, in some cases, physician assistants, nurse practitioners or nurse midwives, other professionals). During preceptorships, the program retains responsibility for the student's training and evaluation. Syllabi for each supervised clinical practice experience/rotation contain objectives and details for each corresponding rotation.

Each student will be site-visited in their clinical preceptorship sites by representatives of the program at least twice during the clinical year, once during the first six months and once in the second half of the year. The purpose of the site visit is to educate and give feedback to the students in the clinical setting. Site visits are intended to encourage the student's clinical progress, answer questions, provide on-site teaching, help the student gain skills, and aid in preparation for the National Board Exams. The site visit will also assist in monitoring of sites and preceptors. The following areas will be addressed at the site visit:

- Objectives for the site visit will be reviewed. Basic objectives are to observe student with patients and to review chart notes. Other objectives are set on an individual basis.
- Review of clinical variety and student level of responsibility, clinical days completed, and underserved site requirements through EXXAT logging program (see separate EXXAT information).
- Review of student overall performance--clinical and didactic.
- Review with preceptor student's performance including suggestions for continued progress.
- Review of site visit and goals for next visit or any suggested remedial work.
- Monitor site and preceptor to determine ongoing approval as a teaching site.

Student Safety

Crime Awareness and Off-Campus Security

CSUMB makes every effort to ensure student safety when off campus on clinical rotations. The university and program recommend that all students be aware of their surroundings at all times, and utilize common sense security techniques (i.e. keeping one hand free, locking your car and concealing valuables from view in your car.) Additionally, the university and program recommend that students utilize available safety systems present at clinical rotation sites, such as "security escorts to your car".

Harassment

CSUMB is committed to providing a learning environment free of unlawful harassment and abides by federal and state laws that prohibit workplace harassment, including the California Fair Employment

and Housing Act, Government Code Section 12940, et. seq., and Title VII of the Civil Rights of 1964, as amended.

The University prohibits sexual harassment, environmental harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful. This policy applies to all persons involved in the operation of CSUMB and prohibits unlawful harassment by any employee of the University, including supervisors, coworkers and preceptors. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Harassment is any behavior by a person(s) that is offensive, aggravating or otherwise unwelcome to another person. Environmental harassment is any severe or pervasive action that results in a hostile or offensive working environment for the recipient. Environmental harassment is also known as hostile environment harassment. Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature. The conduct need not be motivated by sexual interest, but need only be of a sexual nature to be considered sexual harassment. Sexual harassment is one form of unlawful harassment.

Students experiencing harassment will be removed from the environment during the investigation period. All reports will be submitted to the University for a Protocol Based Investigation. During this investigation, students and witnesses may be contacted for further information.

Important contact numbers

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Clinical Rotations

The clinical rotations emphasize the major areas of study in applied clinical medicine. Students are expected to integrate and apply the knowledge they have acquired from their clinical skills and didactic courses, and develop basic diagnostic and therapeutic skills related to preventive, acute, and chronic problems that commonly arise in primary care. As each student progresses through the clinical rotations, the ability to evaluate a primary health problem is also expected to progress. The ten clinical rotations contain specific goals, objectives and learning outcomes, and evaluation techniques that will guide the student's development and learning during the clinical year. Each student rotates through the ten rotations in a slightly different sequence with all students completing all rotations by the end of the clinical year. In the seventh semester the student will have a 2 day per week longitudinal community preceptorship.

Family Practice Rotations

The Family Practice experience will consist of two 4 week rotations in an outpatient setting(s) with patients covering a full range of ages and genders.

Behavioral and Mental Health Care Rotation

The mental health experience will consist of 4 week rotations in an outpatient setting with patients covering a full range of ages and genders.

Pediatric Rotation

Each student will complete a 4 week rotation in pediatrics.

Women's Health Rotation

Each student will complete a 4 week rotation in women's health (gynecology and prenatal care).

Emergency Rotation

Each student will complete a 4 week rotation in a hospital emergency department.

Surgery Rotation

Each student will complete a 4 week rotation in a hospital surgical setting.

Inpatient Rotation

Each student will complete a 4-week rotation in inpatient medicine, one of which will include an inpatient setting experience with a hospital-based physician and the other is an outpatient setting.

Selective Rotation

A four-week week elective rotation is allowed if all other requirements have been met. The student may repeat any rotation taken to date or select from preceptors in specialty areas. Any preceptor for an elective rotation must go through the same credentialing process as all other program preceptors.

Community Preceptorship Rotation

The seventh semester will provide the student with a longitudinal elective experience, two days per week over the course of the entire semester. Students are encouraged to select a primary care setting for this rotation in order to optimize the continuity-of-care experience and promote increased comfort with working in community primary care settings.

NCCPA Principles of Conduct:

Certified or certifying physician assistants shall protect the integrity of the certification and recertification process.

They shall not engage in cheating or other dishonest behavior that violates exam security (including unauthorized reproducing, distributing, displaying, discussing, sharing or otherwise misusing test questions or any part of test questions) before, during or after an NCCPA examination.

As noted in the NCCPA Principles of Conduct above, discussion of PANCE/PANRE exam questions is considered a breach of the Principles. The Program also adheres to this principle.

Although it is common for students to want to discuss exam questions they felt were hard or that they might have missed, do not do so. This is in violation of the NCCPA Principles. After an exam, students are not to discuss the content of the exam. To do so may be grounds for disciplinary action up to and including dismissal from the Program.

Policies for Clinical Rotations

(Please also see Student Handbook: Policies and Standards)

Each student is expected to conduct her/himself in a professional manner in clinical settings, work cooperatively with other health-care team members, always demonstrate respect to medical staff and patients, respect for all patient rights, observe HIPAA standards, and perform all duties promptly and efficiently. Students are also expected to meet the learning objectives/outcomes of each rotation including but not limited to: professional behavior, prompt and full attendance, attendance of on-call schedules, attendance at grand rounds/conferences/other educational activities as required by the supervising preceptors.

Students are not to negotiate their clinical schedule or time off for personal activities with their preceptor or office administrator. Disregard of this policy may cause an interruption of the student's progression in the clinical year.

Please Note: Students are not allowed to record or to photograph or otherwise capture patient images without a signed patient consent administered by a licensed medical provider on a CSUMB-approved consent form, and prior MSPA Program approval. Refer to the Student Handbook Policies and

Standards for a full description of this policy.

In addition, any posting of patient photographs or recordings via email or on social websites (public or private) will be grounds for dismissal from the Program.

General Clinical Rotations Requirements

Full attendance on clinical rotations is required, and is considered an element of a student's professional behavior. Students are expected to be punctual, work the equivalent of a full-time schedule, attend all required clinical activities, and participate in night and/or weekend call hours per the schedule and assignment of each clerkship setting. Students are expected to work the assigned clinical preceptor's schedule, which may include holidays and weekends. Students are not automatically off for national holidays. If the clinical practice is closed for the holiday, there is no need to make up the clinic time missed

Any anticipated absences or early departures must be discussed and approved by a member of the Clinical Team first. The clinical site preceptor and/or supervisor are not authorized to approve absences without prior program approval. Requests for an anticipated absence must be made in writing and approval obtained from the Clinical Coordinator by email. Failure to notify the Program of absences may result in rotation failure or delay. Habitual patterns of late arrivals, early departures and/or failure to meet the expectations for night/weekend call schedules can result in rotation failure and/or academic delay.

Absences from a rotation will need to be made up at a time and manner determined by the Clinical Team and availability of clinical rotations.

Student Clearance Protocol

Students are required to successfully complete/pass the following requirements prior to starting clinical rotations:

- All didactic coursework
- Pre-clinical assignments
- A criminal background check
- A 10 panel urine toxicology
- All required immunizations and titers

Failure to complete any of these required items by the due date may result in a delayed start to the clinical year and/or clinical site placements. This may in turn delay the student's completion of the Program and may result in additional tuition and or fees.

Some clinical rotations have additional requirements which students will also be required to complete

prior to starting the specific rotation/ field study (i.e. interview, orientation, and time specific background checks/drug testing or physical exam). Students may incur additional costs in order to complete rotation specific clearance requirements. Students may incur additional costs for clearance requirements associated with elective rotations.

Clinical Placement

The Program via the Clinical Team reserves the right to assign a student to any of the existing approved clinical sites, and also reserves the right to make changes in a student's clinical assignment and/or sequence as necessary. In general, students are asked to contact their clinical site at least two weeks before their start date; alternate timelines for contacting the clinical site are evident in Exxat. The name of the contact person will be evident on Exxat. Failure to contact the clinical site prior to the start date of the rotation may result in the student being denied placement at that site.

It is the student's responsibility to meet the onboarding timelines established by a clinical site. The administrative onboarding requirements vary depending on the nature of the clinical site and the patient population e.g., hospital-based assignments, correctional medicine and/or the Veterans Administration clinical sites have extensive clearances that are required. Onboarding requirements can include, but are not limited to, background checks, drug screening, orientation sessions, EMR training, submission of a CV, verifications of training and/or additional health requirements.

Clinical Rotation Placement

Assignment of student rotations is the responsibility of the Clinical Coordinator(s) and Program.

1. Students may NOT develop or arrange their own clinical sites.
2. Students will be given the opportunity to rank preferred geographical locations and preceptors to aid in student placement at desired rotation sites
3. For instructions and criteria for preceptor requests, email the Clinical Team. The Program will accept recommendations and requests from students regarding new sites at least 24 weeks in advance for rotations not yet confirmed. This will allow the Program adequate time to speak to the potential preceptor, evaluate the site's suitability, and develop an affiliation agreement. Completion of the request form does not guarantee student placement in the requested site. Students are not allowed to solicit potential preceptors through "cold call"/ random contact techniques.
4. Students must be in good academic standing within the Program to be considered for placement in a requested site or a requested elective rotation.
5. The Program reserves the right to replace a student's elective rotation with an additional core rotation.
6. Students may not switch site assignments with other students.

7. Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations only.
8. **Students MAY NOT arrange their own clinical sites to avoid moving, placement at a particular rotation site or to aid with employment placement.**

The Program works toward firmly establishing each 4 week block, however unforeseeable events can occur which may require a student to be moved to a different site with short notice, just prior to starting and/or during a rotation. Students are responsible for all financial costs associated with travel and/or relocation regardless of the cause.

Request for Change of Rotation Site Policy

Students are expected to accept their assigned clinical rotations barring unforeseen circumstances. Any request for a change in a rotation site or a change in the sequence of rotation assignments must be submitted by email to the Clinical Coordinator, at least 60 days prior to the start of the respective rotation. The Clinical Team will consider requests on a case-by-case basis.

Student Notification of Clinical Rotation Placement

Initial Notification

Prior to the start of the clinical year, students will receive a list of all confirmed rotations, including the rotation title, the name of the practice and geographical location.

Ongoing Notifications

Students will be notified of confirmed rotation assignments and rotation changes via Exxat clinical software. This email will contain information for both the immediate upcoming rotation as well as information for all confirmed rotations for the remainder of the year.

Students are responsible for reviewing all the information regarding their future rotation schedule to ensure the timely completion of any rotation specific requirements. Failure to complete rotation specific requirements as instructed may result in a delayed start to the rotation or removal from the rotation. This may in turn delay the student's completion of the program and may result in additional tuition and/or fees. While the program makes every effort to not change rotations once confirmed, occasionally this is unavoidable. Students are responsible for all fees incurred due to rotation assignment changes. Students are responsible for reviewing the ongoing notification list of confirmed rotations to monitor for rotation changes.

The program recommends that students open rotation notification emails and attachments on a computer. Opening such documents on other electronic devices (such as smartphones) may result in omission of important information and instructions.

Preparation for Rotations

Prior to beginning any rotation, the student must complete the following tasks:

1. Contact the designated contact person at the site upon receiving the notification email to determine specifics such as reporting time, location, and any special instructions at least one to two weeks prior to the start of the rotation when possible. Students are not to correspond with any intuitional staff until the rotation site has been cleared by the program.
2. Complete all rotation specific requirements. (For Example: obtain ID badge, get hospital clearance, or complete toxicology screen) Be prepared to provide all necessary clearance documents to the appropriate departments (IZ, ACLS, hospital forms, OSHA/HIPAA).
3. Make housing arrangements. (All housing and transportation expenses are the student's responsibility.)
4. Review all rotation objectives. Self assess areas of weakness and develop learning goals for the rotation.
5. Review rotation specific topics (For example, surgical instruments and suture procedures for ER and surgery rotations or IV medications for a hospitalist rotation.)
6. Develop a study plan to address knowledge deficiencies and preparation for examinations.

Students must report to clinical sites fully prepared for work with all necessary equipment (i.e. stethoscope, lab coat, etc.).

Holidays

There are no official holidays during the clinical year. Students on clinical rotations do NOT follow the University academic calendar regarding holidays. If you are scheduled during a holiday you must report to your rotation.

Personal Days

There is a maximum of 10 personal days off during the clinical year. These personal days include holidays, sick days, emergent absences, unexcused absences and other requests for time off. **Students may use a maximum of two days per rotation.** If the student requests additional personal days, these absences will be considered "unexcused absence(s)". Unexcused absences may result in failure of the professionalism requirements of the rotation. Determination of an unexcused absence is at the discretion of the Clinical Coordinator. Students **must** inform the Program prior to the beginning of the clinical year if time off is requested to observe religious holidays (i.e. Rosh Hashanah, Yom Kippur, Christmas, Easter, Ramadan, etc.). Prior approval from the Program and Preceptor is required for utilization of any Personal Days. The Student is required to submit a Student Time Off Request Form in Exxat to the Clinical Coordinator at least 30 days prior to the expected absence. Submission of the

form does not guarantee approval.

Students absent (whether excused or unexcused) for more than two days in one rotation or more than 10 days throughout the entire clinical year may be required to make-up the missed time or repeat a rotation. This may delay completion of the program which may result in additional tuition and/or fees.

Students must keep the Exxat clinical calendar up to date.

Conferences

It is the program's desire to promote dedication to the lifelong learning process needed for our profession. As such, students may request time off to attend regional and national PA conferences (e.g. AAPA National Conference, CAPA). Students must be in good academic standing to attend. While this time will not be counted against Personal Days, prior approval from the Program and Preceptor is required. The number of approved days is at the discretion of the Clinical Coordinator. Failure to adhere to the approved dates shall result in an unexcused absence. Refer to the above consequences for unexcused absences.

Travel Days

For Travel Back to Campus

Students are not allotted any 'free travel' days to return to campus for Post Clinical Assessment Weeks. If additional time is required, the student must submit a Time Off Request Form (See Appendix A) to the Clinical Coordinator(s) at least 30 days prior to the requested dates. If approved, the additional time will count towards the student's personal days.

Attire

The MSPA Program at CSUMB recognizes that dress, grooming, and personal hygiene contribute to the morale of all and the image that the MSPA Program presents to patients, families, and the community. The image presented in interactions with patients, colleagues, and visitors has a major influence on how one is perceived as a professional. As health professionals, Physician Assistant students are expected to maintain the highest possible standards of appearance and grooming. Students are to be neatly and appropriately dressed and groomed throughout all phases of their professional education. Students must wear dress that is professional in nature. Short, student, white coats with CSUMB issued name tags are required unless against the wishes of the preceptor.

Clinic attire: The following guidelines provide the minimum expectations of most patient-care settings. Individual clinics, hospitals or facilities may have additional requirements of students who are placed there. These incorporate the goals of respect for self/others as well as safety.

- Clean white coat
- Name tag/ID easily visible

- Clean clothing and footwear in good repair that allows for appropriate range of movement without constituting a health or safety issue
- Avoid jewelry that interferes with clinical function
- Avoid strong scents out of respect for patient/co-worker sensitivity or allergies
- Manage hair and nails so that they do not interfere with clinical function or constitute a health or safety issue

Identification

Students must ALWAYS introduce themselves as a “physician assistant student”. Students should at NO TIME present themselves to patients or other practitioners as a physician, resident, medical student, or as a graduate or certified physician assistant. While in the Program, students may not use previously earned titles (i.e. RN, MD, DC, PhD, etc.) for identification purposes. Students must wear a short clinical jacket with the Program patch while at all clinical sites unless instructed not to do so by the clinical site or the Program. Students must wear CSUMB issued identification name-tag at all times on clinical sites, in addition to any student identification required by the site, on the outer garment and in plain view, which states the student’s name and title: visible to the patient. Students must report lost or destroyed name-tags within one day and will incur the cost of replacement tags. State of California Physician Assistant Regulations: Section 1399.539 (ARC-PA: B3.01).

Professional Conduct and Ethics

It is expected that students behave with professionalism in all phases of their PA training and education. It is anticipated that students will demonstrate sensitivity, respect, and maturity in all patient encounters and clinical settings. Students are expected to provide medical care with compassion and competence and in a context of mutual respect for other members of the health-care team, patients, staff, and physicians

Students are not to solicit the preceptors, medical staff, administrative or support staff for donations, fundraising activities, or medical supplies.

Students must adhere to all professionalism requirements of the Program (see Student Handbook).

Any student who demonstrates a lack of professionalism or breaches the programs policies and standards will be referred to the Student Progress Committee.

Student Role

Students must be aware of their limitations as students and of the limitations and regulations pertaining to PA practice. Students at clinical sites must always work under the supervision of a

Preceptor. They may not function in the place of an employee or assume primary responsibility for a patient's care. Students should seek advice when appropriate and should not be evaluating or treating patients without supervision from, and direct access to a supervising clinical preceptor at all times. Students shall not treat and/or discharge a patient from care without consultation with the clinical preceptor. Such behavior is fraudulent and illegal, thus will result in communication with the program and may result in disciplinary action. Students shall perform only those procedures authorized by the preceptor. Students must adhere to all regulations of the Program and the clinical sites. The student is to contact the Program immediately with any questions or concerns about the student's role at a site.

Demeanor

Students must conduct themselves in a professional and courteous manner at all times displaying respect for the privacy, confidentiality, and dignity of patients, preceptors, faculty, staff, health care workers and fellow students. Displays of aggression, argumentative speech (in verbal and/or written correspondence), threatening language or behavior, inappropriate sexual conduct or speech, demeaning language, and behavior and language that is deemed to be insensitive to, or intolerant of, race, religion, gender, sexual orientation, and ethnicity toward Program faculty, a preceptor, staff and/or patient will not be tolerated. The physician assistant and physician assistant student role requires teamwork and the ability to carefully follow directions from a clinical supervisor. The role of the clinical preceptor commands the utmost respect. Students displaying this type of behavior will be referred to the SPC which may result in disciplinary action, including possible dismissal from the Program.

Integrity

Students are expected to follow all Program policies in the Student Code of Conduct outlined in this handbook and the Student Handbook including those pertaining to academic/intellectual honesty. Infractions such as forgery (to include patient records, clinical tracking data, evaluation forms, etc.), charting information not obtained or a PE activity not performed, plagiarism, stealing/copying tests, recording information obtained from an examination, cheating on examinations, sharing unauthorized information about a rotation examination or OSCE will not be tolerated. PA students are also expected to display the highest ethical standards commensurate with work as a healthcare professional. Students shall report any illegal or unethical activity to the Program Director or Clinical Coordinator. Students may not accept gifts or gratuities from patients or families. Breaches in confidentiality, falsification of records, misuse of medications, and sexual relationships with patients and preceptors will not be tolerated. The Program recommends strict sanctions for violations of academic dishonesty or violations of integrity.

Examination Integrity

Exam integrity is vital to the assessment of the academic knowledge of students. It is therefore essential that academic and professional standards be maintained at all times to ensure fairness and validity of exams.

The Program is in alignment with the NCCPA Physician Assistant National Certifying Examination ("PANCE") policy regarding examination integrity. All examinations, including examination grading sheets such as for practical/OSCE exams, will remain confidential and in possession of the Program.

No student may retain a copy of an examination or part of an examination. Violation of exam integrity via any method noted below, in the NCCPA Policy, or by any other form of cheating, such as but not limited to, obtaining a copy of the exam, a previous year's exam or questions and/or getting help from another student during the exam, is grounds for disciplinary action up to and including dismissal from the Program.

NCCPA Policy: The content of the NCCPA Physician Assistant National Certifying Examination ("PANCE"), and each of its items, is proprietary and strictly confidential, and the unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to e-mailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after an examination, is strictly prohibited. In addition to constituting irregular behavior subject to disciplinary action such as revocation of certification, revocation of eligibility for future certification, and disciplinary fines, such activities violate the NCCPA proprietary rights, including copyrights, and may subject violators to legal action resulting in monetary damages. <http://www.nccpa.net/PoliciesProceduresPance>.

Confidentiality

In accordance with the Guidelines for Ethical Conduct for the PA Profession (www.aapa.org) and in compliance with HIPAA Standards, students must respect and maintain the confidentiality of patients. Students are not permitted to discuss any patients by name or any other identifiable means outside the clinical encounter. For academic presentations, documentation assignments, all identifiable patient information must be removed as per HIPAA requirements.

Health and Safety

Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. Removal from a clinical rotation may prolong the length of the program and delay the student's graduation.

Nondiscrimination

Students shall deliver quality health care service to patients without regard to their race, religion, gender, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, legal involvement, or political beliefs.

Impairment

Students shall not appear at the university or clinical sites under the influence of alcohol or drugs. Should this occur, the student will be immediately removed from the rotation and referred for disciplinary action. Additionally, in accordance with university policy, any student suspected to be under the influence of alcohol and/or drugs on campus or while representing the university in any manner, may be remanded for immediate toxicology testing, and a formal university investigation will be started.

Student Participation in the Learning Process

Students must take an active part in the learning process during their clinical education. Active listening skills must be applied to all clinical encounters whether observational or interactive. Students should show initiative and an eagerness to learn. Preceptors have very different teaching styles and time constraints. Students must be assertive in pursuing their educational goals but never aggressive or disrespectful. In general, preceptors are likely to invest more time and energy teaching students who demonstrate significant interest and effort. Students are expected to manage their time well and use slow periods for medical reading and preparation for examinations. Students are responsible for all assignments given by the preceptor and the Program.

Flexibility

PA clinical education involves instruction from practicing clinicians with unpredictable schedules. At times, clinical rotations may need to be adjusted with short notice. We require students to be flexible and tolerant of changes. Students must be flexible to accommodate the various teaching styles, schedules of the preceptors/sites.

Weapons

Students are not permitted to carry/possess weapons, incendiaries or explosives (including fireworks) of any kind on campus or to clinical sites.

Registration and Financial Obligations

Students on clinical rotations MUST adhere to deadlines concerning tuition bills, financial aid, registration and current contact information. Refer to Clinical Rotation Calendar for the rotation schedule for each semester. Students are responsible for ensuring correct registration for the appropriate rotations. Failure to do so may result in removal from clinical rotations, delay in program completion and additional tuition/fees. The program is not able to register students for clinical rotations.

Address Forms

Students are required to provide the Program with permanent contact information for the entire rotation year prior to the clinical year. Students are expected to notify the Program immediately, as well as the Office of the Registrar, upon any change of contact data. It is not the responsibility of the Program to confirm the accuracy of this information or report it to the Registrar.

Exposure to Infectious and Environmental Hazards [ARC-PA 5th A3.08]

Blood/Body Fluid Exposure

If an exposure occurs at a clinical site, the supervising physician or supervisor must be notified **IMMEDIATELY**. The protocol at the clinical site may govern the medical approach to that exposure. Immediate medical care and lab work will be done at either the nearest appropriate emergency department or at the rotation site. Additional care and follow up may be with the student's personal provider.

Students must also notify the Clinical Coordinator or Program Director within two hours of the exposure and complete the Student Exposure Form located at the end of this Handbook (Appendix 1)

Clinical sites are under no obligation to provide the student with free medical care. Any and all expenses for care and treatment are the responsibility of the student. [A3.08c] The University is not liable for health care costs accrued if an exposure occurs. Students are expected to submit claims to their own medical health insurance.

Student Responsibilities:

1. Receive office/department orientation regarding infection control policy and post exposure management procedures. (A3.08a Prevention)
2. Utilize appropriate barrier precautions during administration of care to all individuals. (A3.08a)
3. Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment. (A3.08a)
4. **Immediately** report accidental needle sticks and exposure to blood or body fluids.* (see below) (A3.08b Post-exposure)
5. Initiate immediate intervention for the management of accidental exposure to blood or body fluids.* (see below) (A3.08b)
6. Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV. (A3.08b)
7. Complete and submit the Injury/Illness, Damage on Campus or at a University Activity Student Exposure Form (form found at the end of the Handbook). (A3.08b)

Needlestick/Bodily Fluids Exposure Guidelines (A3.08b Post-exposure)

Students who believe they have been exposed to bodily fluids must:

1. Immediately cleanse the affected area thoroughly:
 - Wash area of exposure with soap and water/location of needlestick and cuts with soap and water.
 - Flush splashes to the nose, mouth, or skin with water.
 - Irrigate eyes with clean water, saline, or sterile fluids.

2. Immediately report the exposure to the supervising physician, preceptor or other supervisor and follow clinical site established protocols
3. Immediately seek medical evaluation and treatment. If there is no established protocol on-site, seek treatment at the closest Emergency Department or clinic for post exposure management.
4. Notify the Clinical Coordinator or Program Director within 24 hours of the occurrence, leaving a message if there is no answer.
5. Complete and submit the Injury/Illness, Damage on Campus or at a University Activity Student Exposure Form to the Clinical Coordinator or Program Director within 24 hours.

This information is based on the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) Policy

Criteria for Failure of Rotation

Criteria to fail a rotation, any ONE of the following:

1. Failure of an EOR re-testing assessment (version 2) will result in failure of the rotation. The rotation will be repeated as sites are available. This will delay graduation.
2. Failure of a third End of Rotation examination (EOR).
 - Failure of a third EOR will result in failure of that rotation.
 - A re-testing EOR assessment (version 2) will NOT be given after a third EOR failure.
 - The student will be delayed progress into their next rotation for 4 weeks for targeted, individualized self study remediation and repeat the failed rotation.
 - This will delay graduation.
3. Failure of two final preceptor evaluations (see criteria below):
 - First failure of final preceptor evaluation, student will complete and pass the remediation process determined by the Clinical Coordinator faculty.
 - Second failure of final preceptor evaluation, student will fail the rotation and be referred to the SPC.
4. Failure of attendance and/or failure of completion of all Post Clinical Assessment activities weeks.

Definition of failure of preceptor evaluation, any ONE of the following:

- Score of < 3 on any questions in the professionalism section
- Score of < 3 in more than three sections excluding the professionalism section after rotation 6
- Failure of remediation efforts addressing qualitative negative evaluation comments

Dismissal

- Failure of more than two rotations will be grounds for dismissal
- Failure of the End of Rotation examination (EOR) following a repeated rotation. There are no remediation EOR assessments for repeated rotations.
- Failure of two preceptor evaluations.

Academic Progress

The clinical curriculum is competency-based and therefore, each student must complete and pass each of the ten clinical rotations to progress in the clinical year. This includes meeting the minimum standards of all student performance evaluations (preceptor and faculty), end-of-rotation exams, and OSCEs; meeting deadlines for submission of EXXAT clinical tracking data and written assignments; full attendance and participation in PCA activities; and on-time submission of evaluations of clinical sites and PCA (post clinical) activities (see below).

A student may not waive participation in any of the clinical courses or PCA curriculum based on prior clinical experience or expertise. Attendance for the PCA week dates is mandatory. PCA weeks will include multiple activities. Completion of these examinations and assignments on the day(s) scheduled by the Program is required.

Student Performance Site Visits

Each student will be evaluated via a site visit (in person, Zoom, phone call) during the clinical year. Site visits allow the Program to observe and assess the student directly in their clinical setting. They offer an opportunity for communication and feedback between students and faculty that encourages the improvement of clinical skills and competencies. Clinical site visits also provide additional opportunity for the PA Program to communicate with clinical site personnel and to assess the clinical settings. It is understood that a student's clinical skills will increase and improve as the student progresses through their clinical rotation.

Students will be responsible for:

- Notifying the preceptor and office staff of the date and time of the site visit and making chart notes available for the site visitor's review.
- Maintaining your EXXAT daily logs and calendar.
- Informing the site visitor and preceptor of any change in attendance in preceptorship, i.e., vacation, personal leave, etc.
- Maintaining current addresses and phone numbers with the site visitor and preceptor.

Site Visitors will be responsible for:

- Scheduling site visits.
- Reviewing and returning student assignments in a timely manner (i.e., 2 weeks after submission).
- Submitting any graded forms for written assignments in a timely fashion.
- Regularly communicating with other program faculty regarding questions or problems with the student, preceptor or site.
- Guiding/mentoring student through process, i.e, helping identify gaps and helping to locate, when possible, new sites to address these deficiencies.
- Advising preceptors on the most effective ways to supervise/train the student. Being an advocate for the student at the site.

Post-Clinical Activities (PCA):

PCAs occur during the week following each four week rotation cycle. These activities deliver curricula designed to enhance the student's proficiency in areas such as clinical reasoning,

pharmacotherapeutics, specific training for hospital rotations, patient safety, and technical skills. Activities include OSCEs, end-of-rotation examinations, case presentations, clinical and/or technical skills workshops, and other educational activities. The PCA curriculum augments the student's clinical training and is applicable to future clinical practice.

Complete Technical Skills and Procedures Required for Graduation

- **Bandaging and splinting**
- **Ingrown toenail removal**
- **Injections (intradermal, subcutaneous, intramuscular)**
- **Pulmonary function tests: peak flow**
- **Sterile technique**
- **Surgical scrubbing/assisting**
- **Local anesthetic techniques**
- **Suturing**
- **Vaginal speculum exam**
- **Pap smear**

Clinical Tracking Data

Students must log data pertaining to **each** patient encounter utilizing the EXXAT clinical tracking system provided by the Program. Tracking data files **must** be submitted on or before the due dates posted. Clinical year students are required to document **each** patient encounter while at assigned rotations. In addition, procedures must be logged.

Course Evaluation

Program evaluation is an ongoing process with active participation by students, preceptors, and program faculty. Students are required to complete evaluations of each clinical site they are assigned to. Evaluation of lectures and workshops that occur during the PCA are also required; these evaluations are anonymous.

Evaluations completed on clinical sites are reviewed, summarized and provided to the preceptors at the end of a clinical year. Individual student comments are not provided. Constructive comments regarding the clinical site's suitability as an educational environment, the preceptor's teaching methodology, the breadth of clinical experience available to the student, etc., contribute greatly to the Program's ability to develop and maintain an effective pool of preceptors and clinical sites that meet the mission of the program.

Methods of Assessment

Students are given both formative and summative evaluations using multiple methodologies. See

individual syllabi for each rotation.

Post Clinical Assessment weeks will include various forms of evaluations including Grand Rounds, presentations, OSCEs, assignments, etc. All activities are required to progress to the next clinical rotation.

At the conclusion of each rotation, except for elective and hybrid rotations, each student will take an end of rotation (EOR) assessment. They are scored based on a national standard deviation performance. Failure to meet the passing score will result in meeting with the clinical coordinator, completing remediation, and re-testing the EOR. Availability to re-test an EOR is based on criteria outlined in Criteria for Failure of Rotation (pg. 18).

E-mail

Students are expected to check emails on a regular basis and must respond to email communications from any member of the Clinical Team within 48 hours to include weekends and holidays. It is the student's responsibility to maintain their email box memory at a level that will receive communications from the Program. Repeated "mailbox full" messages that prevent a student from receiving a program communication is considered unprofessional and may result in a disruption in a student's progression during the clinical year.

Failure to practice professionally may result in a student's dismissal from the Program.

Charting and Medical Records

Students are reminded that the medical record is a legal document. In the majority of clinical settings, students will be asked to write their notes in the patient's chart, or enter information into the patient's electronic medical record (EMR). In other settings, students will be prohibited from writing their notes in the patient's chart/EMR. The preceptor determines where students write their patient notes during training. Students should discuss charting requirements with the preceptor the first day of their rotations.

If a student is not allowed to write in the actual patient chart/EMR, they must independently document each encounter in the same fashion to continue to develop their documentation skills. The preceptor should critique these notes.

Whether the student charts on the patient's official medical record or keeps a separate document of their notes, they are expected to follow all appropriate legal procedures as well as clinic policy for both signature and for obtaining "sign-off" by the supervising physician or licensed practitioner (PA/NP/CNMW). Use the following guidelines:

- The PA student must print his/her name.
- Indicate that he or she is a “Physician Assistant Student”.
- Write out the name of the approved licensed supervisor (who is responsible for the patient).
- Obtain a counter-signature with the date the patient was seen by the supervising licensed preceptor on all written records (whether in the patient's chart or in a separately kept document, e.g. EMR).
- Charting should be completed and co-signed immediately after the patient is seen.
- Signature line for students should include their stamped or printed name and student designation. For example:
Kathy Tom, PA-S + (R. Greene, MD) *or*
K. Tom, Physician Assistant Student + (R. Greene, MD) *or*
Kathy Tom, PA-Student + (R. Greene, MD)

Counter/Attestation Signature Example:

Kathy Tom, PA-S Julius Penn, PA-C Rhoda Greene, MD

Signature of PA Student and Date

Signature of Midlevel (Advanced Practice Provider) and Date

Signature of Physician Supervisor and Date

California law has specific requirements regarding the reporting of physician assistant supervision. Building the habit of proper reporting of your supervising preceptor and/or physician during the clinical year will help facilitate your ability to transition into clinical practice as a licensed provider.

Physician Assistant Regulations Section 1399.546: Each time a physician assistant cares for a patient and enters their name, signature or initials, or computer code on a patient’s record, chart or written drug order, the physician assistant shall also enter the name of the supervising physician who is responsible for the patient. When a physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.

Guidelines for Being an Effective Clinical Student

1. Be professional and responsible. Your professionalism as a student is as important as your academic achievements.
 - Arrive to your rotation earlier than the official “start” time.

- Be available at all times (don't leave or "disappear" from the setting or floor without notifying your coworkers of where you're going and how you can be reached).
- Stay through the end of the workday (to the time when your supervisor leaves, which may be after 6:00 p.m.)
- Complete all tasks and responsibilities given to you
- Treat all of your coworkers and staff with respect
- Treat your patients with respect

2. Set goals for each rotation

- Meet with your preceptor on the first day of the rotation to review specific *goals* for that rotation.
- Share with your preceptor your educational background and experience, your strengths and weaknesses, and the areas that you would like to focus on during your clinical clerkship
- Review your goals and objectives with the preceptor (this can happen multiple times during the clerkship)
- If there are specific skills or clinical problems you would like to learn or experience, ask your preceptor if your involvement is within their scope of practice. You should expect to augment your hands-on patient experiences with daily reading and independent study.

3. Be an active learner

- Schedule time for specific questions and answers with your Preceptor. The end of the clinical schedule in the morning and afternoon are great times to discuss the patients you have seen
- Ask questions: e.g., "Dr. Greene, I'm still confused about the treatments for hypertension. I plan to read up on hypertension tonight. Can we take fifteen minutes to discuss what I've read tomorrow? Also, can you suggest some good articles for me to read?" Clinical instructors need to know that you are interested in learning. Asking questions is the primary way the preceptor will measure your initiative and your involvement in your education.
- Read: It is your responsibility to fill the gaps between what you see at the site and your clerkship objectives you'll be tested on. It is not possible for sites to provide you with experiences on every objective.
- Organize mini-courses for yourself: Each week, select a few drugs and learn about them; focus on learning about specific diseases. (You can use your learning objectives to guide you).

4. Practice your patient presentations

- How you present your patient is a major determining factor in your preceptor's decision of what level of teaching to give you.
- Presentations tell the preceptor about your organizational skills, your ability to make basic decisions about the importance of different information, and the thoughtfulness with which you approach a problem.

5. Take advantage of resources within the facility

- Consider asking your preceptor if you can spend time with a specialist who seems particularly interested in teaching:
- A Radiologist, Gastroenterologist, or Pulmonologist who has consulted on your patient.
- Ask to spend an afternoon in the lab reading up on U/A's and CBC's.
- Keep 3"x 5" index cards or electronic notes on each patient, listing basic diagnosis, physical findings, labs, studies, treatments, etc.
- When you have a free hour, do "heart rounds" -- listen to the hearts of all your patients until you can pick-up the gallops, murmurs, arrhythmias, PMI's, etc.

6. Seek out other members of the medical team

- Remember that everyone on the team has something to contribute to your learning and can be a valuable resource. This includes second-year residents, interns, 4th year medical students, nursing and support staff.

7. Do extra work


- Be a team player. You may be asked to help with triage of patients, obtain initial vital signs, start IV's, get lab test results, find lost charts, and arrange for patient transportation. The care of the patient is the priority and it is important that you demonstrate your willingness to work as a team player.

8. Don't forget your physical exam skills

- You will be exposed to many variations on the theme/technique of a physical examination, including shortcuts, omissions and legitimately different approaches. Short-cuts and streamlined techniques are not to be used by student learners. When in doubt, speak with your preceptor. Remember, Program faculty members are also available to discuss this and other issues.

APPENDIX 1

This is the link to CSUMB's Incident-Accident Report:

 [Incident:Accident Report.pdf](#)