



FAULKNER

PHYSICIAN ASSISTANT STUDIES

Clinical Year Handbook

CLINICAL YEAR INFORMATION

The Clinical Year Requirements and Expectations

As students complete the didactic year, the second year of the program will begin their supervised clinical practice experiences, or SCPEs. Students will be evaluated by the clinical preceptors for the competencies set forth by the program. Students must meet the required prerequisites to matriculate into the clinical year.

Director of Clinical Education

The Director of Clinical Education, or DCE, is in charge of the clinical year and will be the contact person. Students should report any issues within the clinical year to the DCE.

Clinical Year Rotations

- Women's Health
- Behavioral/Mental Health
- Pediatric
- Family Medicine
- Internal Medicine
- General Surgery
- Emergency Medicine
- Elective I
- Elective II
- Elective III

Clinical Year Prerequisites

1. The student must complete the didactic year in good standing.
2. Incomplete grades must be resolved prior to entering the clinical year.
3. All students must be enrolled in a comprehensive health insurance program. Students should understand that any costs incurred due to a lack of coverage will be the student's sole responsibility.
4. The PA program requires all students to meet the health and immunization requirements listed below. These immunization requirements are those recommended by the Centers for Disease Prevention and Control (CDC) for health personnel found at <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>. The following immunizations are recommended by the CDC:
 - Hepatitis B
 - Influenza
 - Measles, mumps, rubella

- Varicella
 - Tetanus, diphtheria, pertussis
5. Must have a current BLS and ACLS certification that does not expire until after graduation.
 6. All students must have completed University registration.

Specific Health and Immunization Requirements

- Proof of current health insurance. The Department of Physician Assistant Studies requires that PA students have current health insurance. This is mandatory for each year of enrollment in the program. Students will be required to provide a copy of their insurance card to the program in August of each year. This will be maintained in the student file.
- Proof of two immunizations against measles, mumps and rubella (MMR) or laboratory evidence of a positive (immune) titer against each of the three infections. In the absence of proof of either immunization or immunity.
- Proof of a negative PPD skin test for tuberculosis (by Mantoux) within one month of matriculation, and, if positive, proof of a chest x-ray negative for active disease. Additionally, the TB skin test must be repeated each year. An acceptable alternative test is a negative Interferon-Gamma Release Assay (IGRA). The commercial names of these tests are QuantiFERON TB Gold In-tube or T-SPOT.
- Documentation of two varicella (chickenpox) immunizations or proof of positive (immune) varicella titer.
- Diphtheria, pertussis, and tetanus: documentation of a completed primary series with Tdap or DTP and booster within the last 10 years is required. All students must have documentation of a one-time dose of Tdap either as part of their primary series or as a booster.
- Proof of the three-dose immunization against hepatitis B. This series must be started within 30 days of matriculation. Following completion of the hepatitis B series, a positive (immune) titer must be completed prior to patient contact. Non-converters may require additional immunizations per the CDC recommendations.
- For students with chronic hepatitis B infection, the program will follow the [Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students](#) and require DNA serum levels every six months to monitor infectivity levels. Students whose hepatitis B levels are not undetectable or below the level of 1,000 IU may require limitation of exposure-prone invasive procedures or modifications in their clinical training as required by the program or clinical education sites.
- Proof of influenza vaccination annually; must be given by the end of October of each year enrolled.
- Students are financially responsible for the cost of maintaining compliance with health, health insurance, and immunization requirements.
- With the exception of the hepatitis B immunization series and titer demonstrating immunity, all immunizations must be completed within 30 days of matriculation. Additionally, no student may participate in any clinical experience until all immunizations/titers have been completed.
- A student with chronic hepatitis B infection will be allowed to enroll if they meet all other program requirements, but will be monitored to ensure that they are in compliance with the [2012 Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students](#). In brief, the CDC's updated recommendations provide current medical information about managing students in health-related schools who have hepatitis B.
- Once completed, students must maintain compliance with all CDC recommended

immunizations throughout the program or they will not be allowed to participate in patient care in clinical settings.

**** NOTE:** *At this time Faulkner University College of Health Sciences is not mandating the COVID-19 Vaccination; however, many of our clinical site placements are requiring students to have the vaccine in order to operate on their premises. For all students that chose to decline the vaccine, a total of 2 attempts will be made to place the student. If the student is not able to be placed and still declines the vaccine, the responsibility of site placement will fall on the student. All clinical sites must be in compliance with ARC-PA Standards.*

Student Placement

All clinical placements will be made by the Director of Clinical Education (DCE) in collaboration with the clinical team. Placements are determined by academic and clinical education needs of each student and availability of clinical placements. When possible, the DCE will take the student's personal preference into consideration; however, the academic needs of the student represent the first priority in the final decision for clinical placement. All students may be expected to complete at least one full time clinical experience outside of the Central Alabama region. Exceptions for this policy may be made for students who can document that they have responsibilities that limit their ability to travel outside of the region. For a medical exemption, a note from the appropriate health care provider must be submitted.

In the event that a clinical site must cancel a clinical rotation, available options will be reviewed by the DCE to identify alternative sites for appropriate placement. In the event that a change of sites results in a delayed start every effort will be made to make up the missed time in order to ensure students meet the minimum requirement of 45 weeks of full-time clinical education. In order to avoid any conflict of interest, students must disclose prior sites of employment as well as any affiliated company in which the student is on scholarship. Failure to disclose conflict of interest information may result in removal of a student from a clinical site.

In the midst of the COVID-19 pandemic, Clinical site recruitment and maintenance has become increasingly challenging. The DCE and clinical team will make every effort to place students locally (within a 70 mile radius of Montgomery); however, all students should prepare financially for the potential that they may have to cover living and travel expenses for out-of-state clinical sites during the clinical year. The DCE and clinical team make the following commitment to the students:

- First, an attempt will be made to place the student within a 70-mile radius (one-way) from Faulkner University's College of Health Sciences or within a 70-mile radius (one-way) from a location where the student has indicated they have available housing.
- Second, an attempt will be made to place students together where they can share expenses should they be placed somewhere they do not have housing readily available.
- Third, every attempt will be made to place the student at a clinical site in the continental US that ensures they will graduate on time.

Clinical Experience Expenses

- Students are responsible for all costs associated with the clinical education experience including but not limited to:

- Transportation to and from the clinical facilities as well as appropriate insurance for their vehicle.
- Housing during all clinical experiences.
- Any cost associated with acceptance to the particular clinical site (i.e. drug testing, background check, other facility required documentation)

Student Tasks during the Clinical Year

Students may be responsible for multiple tasks within the clinical year including but not limited to:

- Obtaining patient histories and performing physical examinations
- Charting and responsibility for medical record/patient notes
- Assisting in the operating room
- Care of emergent conditions - with direct supervision
- Care for patients across the life span - from birth to death
- Preventative care
- Care of acute, emergent, preventative and chronic medical conditions
- Care for patients requiring rehabilitation services
- Order and interpret diagnostic studies
- Pre- and post-operative patient care
- Develop differential diagnosis
- Patient education
- Working within the interprofessional team
- Completing patient logs

Students may be responsible for the following technical procedures during the clinical year, including but not limited to:

1. Intravenous lines
2. Central venous lines – indications and uses as well as using ultrasound for guidance using seldinger technique
3. Arterial lines
4. Nasogastric tubes
5. Foley catheters both male and female placement
6. Suturing techniques for wound closures
 - a. Running subcuticular
 - b. Running subcutaneous
 - c. Vertical mattress
 - d. Horizontal mattress
 - e. Simple interrupted
 - f. Dermal glue
7. One and two hand tying
8. Surgical first and second assisting as well as surgical techniques and sterility
9. Injections and infiltrating local anesthetic, intramuscular and subcutaneous
10. Draining and packing abscesses
9. Splinting and wound care, fracture care
10. EKG placement and evaluation
11. Hemocult testing or Guaiac testing
12. Venipuncture
13. Digital blocks

14. Pelvic examinations
15. Lumbar punctures
16. Fluorescein staining and using the woods lamp
17. Radiologic interpretations
18. Evaluating lab data and its uses, including but not limited to:
 - a. Urinalysis
 - b. CBC, basic and comprehensive chemistries
 - c. Liver functions, amylase, lipase
 - d. Wet preps
 - e. Swabs including strep and flu
 - f. Wound culture data, sensitivity and resistance
 - g. D-dimers and limitations
19. ACLS and BLS
20. Treating and evaluating burns
21. Using the Doppler for arterial and fetal pulses
22. Basic ultrasound use, FAST scans and other uses

Information for Preceptors

During their clinical year, students will be given opportunities to practice the clinical skills they will be expected to utilize as professionals. These skills are vast and include patient interviewing, physical examination of patients, communication with patients and colleagues, performing clinical skills and procedures, interpretation of diagnostic studies and clinical data, and demonstration of professional behaviors. Students are expected to apply and practice their skills so that they may become more useful members of the healthcare team, both as lifelong learners and as future healthcare professionals.

A clinical preceptor serves as a guide in facilitating a student's patient encounters, helping the student gain clinical experiences that are relevant to the practice of medicine and appropriate for the student's achievement/experience level. As the student's patient care responsibilities are progressively advanced, he/she should be able to manage all elements of a patient encounter, from the initial chief complaint to discussing final treatment planning with the preceptor. All students should be given guidance up-front on how the preceptor and/or practice system would like patient encounters to occur or be documented, and preceptors should keep in mind that students just starting out their clinical rotations may need additional supervision before they feel comfortable enough working more autonomously.

A Faulkner Physician Assistant student must never be used as a substitute for medical staff or a licensed medical provider in any clinical setting. Students should not be allowed to evaluate, diagnose, treat, or discharge patients without the supervision of the clinical preceptor. Preceptor contact information is found within the EXXAT software system under both the student assigned and clinical site.

Preceptor Responsibilities

1. Orient the student about guidelines and expectations of the rotation
 - To enhance student performance, preceptors should orient the students to the tasks and expectations within the rotation.
2. Provide students with adequate patient encounters
3. Make all learning experiences meaningful for students
4. Provide students with details regarding patient responsibilities while on the particular

rotation

5. Students must be supervised by the preceptor during their clinical experience
6. Guide students in patient interviewing and physical examination skills and technical skills, communication with patients and colleagues, interpretation of diagnostic studies and clinical data, patient assessment and plan and demonstration of behaviors consistent with professionalism
7. Provide ongoing constructive feedback during the rotation
8. Avoid placing students in a position that will exceed their level of training
9. Refuse to utilize students as replacement of staff or another provider
10. Notify the clinical coordinator of any concerns regarding student deficiency or unprofessional behavior
11. Complete a mid-rotation and final-rotation evaluation of the student's performance.

Clinical Site Approval

1. Students are not required to provide or solicit clinical sites. (Standard A3.03)
2. Clinical year rotation selection will occur in the fall semester prior to the January clinical year.
3. The program will assign all clinical rotation clinical sites for each student.
4. The Director of Clinical Education and the clinical team will have an informational meeting to explain the rules of clinical rotation assignment prior to the assignment of rotations.
5. The student will be able to submit preferences for elective rotations. Each student will be able to rank order elective clinical specialties and rank order clinical sites within the specialties. These submissions are merely used to guide the clinical team and are not guaranteed.
6. Once the final schedule is approved it will not be changed at the student's request.
7. The DCE and clinical team reserve the right to make changes to the schedule and/or placements.

Student Guidelines and Responsibilities for the Clinical Year

1. Students should contact the preceptor by phone or email approximately one week before the beginning of the rotation.
2. The student is responsible for meeting with the preceptor to discuss the requirements and objectives of the rotation during the first week of the rotation.
3. The student will follow the same schedule as the preceptor and the schedule will be dependent on the type of rotation. Please contact the Director of Clinical Education or the clinical team regarding any schedule questions.
4. If a student incurs an accidental body fluid exposure, the student should immediately notify the preceptor and the clinical coordinator. Once the mandatory notifications are complete, the student should follow Faulkner University Physician Assistant Studies program body fluid exposure procedures.
5. All absences must be reported to the preceptor and clinical team as soon as the student determines that they will not be present at their clinical site. If the student does not report the absence, this will constitute an unexcused absence.
6. All students should be involved in patient care by the end of the first week of the rotation. If you are not engaged, please notify the DCE and clinical team to discuss.
7. Students must track all patient care interaction for completion of competencies.
8. The mid-rotation evaluation form should be completed by the preceptor. This form allows for dialogue with the preceptor regarding the student's performance, up to this point and if the student was prepared for the rotation. It provides guidance for the student on areas that need to be improved. A final rotation evaluation is required before grades will be

submitted. Please remind the preceptor during your last week to complete the evaluation form. Securing the submission of a final evaluation is ultimately the responsibility of the student.

9. Students must spend additional time studying outside the clinical rotation time. The students should spend approximately 2-3 hours per day reading and studying.
10. Objectives and required goals and competencies are listed for each individual rotation. Students should complete these objectives to the best of their ability
11. Appropriate preceptors are a licensed Physician, Physician Assistant, Certified Nurse practitioner, certified nurse midwife, or podiatrist. Medical residents may provide some instruction but should not be responsible for the student's education. Students must work under the direction of the preceptor and should not make any independent patient decisions without consulting with their preceptor.
12. Students are prohibited from working during the clinical year.
13. No monetary compensation will be paid to any Faulkner Physician Assistant Studies student for work completed as a student.
14. Faulkner Physician Assistant Studies students should never represent themselves as a certified physician assistant. The student must always identify himself or herself as a Physician Assistant Studies student. Faulkner PA Students are required to wear their Faulkner PA white lab coat and name badge, both of which identify them as a PA student.
15. Under no circumstance should a Faulkner Physician Assistant Studies student sign a prescription or order a prescription into the electronic medical records without the direct consent of the preceptor.
16. A Faulkner University Physician Assistant Studies program student should never be utilized to substitute for a clinical assistant or administrative assistant while at a clinical rotation site.
17. Students should not participate in off duty socialization with any preceptor or staff member. Also, a student should not cultivate any type of romantic relationship with a preceptor, staff person, or patient. This is considered unethical behavior and may result in dismissal from the program. Students should always follow the CHS Graduate Student Handbook's Code of Conduct while representing the Faulkner University Physician Assistant Studies program.
18. Students may be expected to work week night shifts, weekend night shifts, evening shifts, and/or day shifts.
19. It is within the student's rights to refuse an order that the student perceives as detrimental to patient care. If the student refuses an order from their preceptor, the student should immediately contact the DCE for instructions.
20. Students should refrain from utilizing their cell phones while on clinical rotation.
21. Students must not post information on any platform or social media site regarding any clinical experience. If any posting is discovered, it will be grounds for immediate dismissal from the program without the possibility of readmission.
22. Students are to exhibit the professional behaviors delineated by Faulkner University and the Physician Assistant program.
23. Students will deliver health care services to patients without regard to their race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, gender identity or expression, disability, veteran status, medical condition, socioeconomic status, religious or political beliefs, or any status protected by law or executive order.
24. Students may perform any procedures authorized by the clinical site and/or preceptor while under supervision. Students must adhere to all rules and regulations of the PA Program and the clinical sites.
25. The preceptor must countersign all chart entries and written orders immediately. Students

must follow the clinical site rules regarding chart entries.

26. Students shall not exhibit any behavior that may jeopardize the health and safety of patients, staff, faculty, or fellow students.

*For any questions or concerns while on rotations contact the clinical team.

Clinical Year Professional Behavior (See Professionalism Policy in PA Student Handbook)**

Students are guests of each rotation site and should create a positive impression of themselves, the Program, and the physician assistant profession. Professional behavior is required by all students in the clinical setting. Student interactions should be courteous and respectful to all persons. Any student scoring below average on any of the professionalism components of the preceptor's final evaluation of the student will be reviewed by the DCE, clinical team, and the preceptor. The DCE will then meet with the student and devise a remediation plan addressing the area of deficiency. Remediation may include: repeating the clinical rotation, dismissal from the program, and/or a written formal apology from the student to the preceptor. The meeting will be documented and a written record will be placed within the student's file. After remediation, if the student continues to exhibit unprofessional behavior(s), they will be subject to dismissal from the program.

No alcoholic beverages or illicit drugs are to be consumed during clinical rotations. If a student is found intoxicated during working or call hours, they will be dismissed from the program. Students are reminded that the use of illicit drugs is a violation of university conduct policies and will be addressed by university officials.

Clinical Year Assessments, Grading, and Evaluations

- Preceptor Evaluations of Student
- End-of-Rotation Examinations
- Rotation Specific Skills Checklist
- Patient tracking data
- Rotation Specific Assignments
- Assigned Kaplan Review Course
- Summative Final OSCE
- End-of-Curriculum Exam
- Student Evaluation of the Preceptor

Preceptor Evaluations of the Student

Students will undergo assessments within each of their clinical rotations. These are calculated and used in the overall determination of the final grade during the rotation. These evaluations will address the knowledge, competencies, and professional behavior of the student. There is a midterm evaluation and end-of-rotation evaluation for each rotation.

End of Rotation Exams – (For Core Rotations)

An End of Rotation Examination (EOR) must be taken at the end of each of the required core clinical rotations. The required core rotations are: Internal Medicine, Family Practice, Women's Health, Pediatrics, Emergency Medicine, Behavioral/Mental Health, and General Surgery. The elective rotations do not have an EOR because they are electives. Attendance for EORs is mandatory. If a student misses an EOR, they will receive a zero for their grade. The only potential excused absence for EORs is for an emergency or illness. If the reason is an illness, the student must present a signed excuse from their medical provider **citing the number of days to be off**

and when clearance will be expected. The student must contact the DCE/clinical team as soon as the decision is made that they will not take the test. The DCE/clinical team will determine if this will be an excused absence.

A student who arrives late to an examination will not be permitted to take the exam if any other students have already finished the exam and left the testing room. Failure to take the exam will result in a grade of zero on that exam.

EOR examinations must be proctored. Students currently rotating outside the 70 mile radius of the University may choose remote proctoring for EOR exams. Students choosing this option must notify the DCE/clinical team prior to the start of the semester in which they will be utilizing this option.

During the examination, students are not permitted to ask the proctor any questions. Students should write any concerns with specific test questions on the assigned material provided by the instructor. Students will clear their desk of everything once the exam is started. Talking is not allowed during exams and other papers or electronic media may not be accessed during the exams. See also Remediation Procedures for EORs.

Clinical Tracking/EXXAT or Comparable System

All students must track his or her patient encounters. This is a requirement to document clinical site patient availability and used to track student competencies. All patient encounters must be documented in EXXAT (or a comparable system adopted for use by the program). Entering data into EXXAT (or a comparable system adopted for use by the program) requires a computer/phone and internet access. Students should enter patient encounter(s) daily. A student's grade may be reduced if the student fails to log patient encounters in a timely manner. Students should not input clinical encounter(s) during his/her work hours unless patient care is not occurring and after having notified the preceptor.

Summative Final OSCE

In the last month of the program, each student will perform a Final Summative OSCE. The student must obtain a passing score to complete the final OSCE. See Remediation Policy for remediating a failed Summative Final OSCE.

Summative Examination (End of Curriculum Exam)

Each student will be required to successfully complete a program summative examination. The examination will consist of multiple choice test questions covering material representative of the NCCPA template topics. The student must achieve a passing score when compared to the National Average and/or cohort performance on the summative examination to be successful. If the student does not achieve passing, they will be required to repeat an exam. The exam will be repeated after sufficient remediation and the student must achieve a passing score when compared to the National Average and/or cohort performance. **Timely graduation is contingent upon successful completion of the Summative Examination the first time.** The summative examination is one component utilized to ensure that the student is competent as a physician assistant.

Remediation Policies and Procedures

Remediation During the Clinical Year

Students are expected to obtain a grade of 80% or greater during the clinical courses within the clinical year. The following policies apply regarding remediation within the clinical year:

- First rotation grade of 70-79% or EOR grade below a 70% = student meets with the

DCE/clinical team. Remediation plan assigned to improve areas of weakness. Student may be required to repeat the rotation.

- Any content area grade less than 70% is considered severe deficiency and warrants a remediation plan assigned.
- A student may only receive two final course grades of 70-79% to continue to progress in the program. A third course grade of 70-79% will result in dismissal from the program.
- Second rotation grade of 70-79% = student meets with DCE/clinical team and program director. Remediation plan assigned to improve areas of weakness. Students may be required to repeat rotation. At this point, the student will be placed on probation.
 - A student may only receive two final course grades of 70-79% to continue to progress in the program. A third course grade of 70-79% will result in dismissal from the program.
- Third rotation grade of 70-79% = student is dismissed from the program.
- A student scoring less than 70% for a clinical service rotation course grade will be dismissed from the program.
- Students that repeat any rotation will be responsible for any fees associated with repeating the course.

Remediation for End-of-Rotation Exams

Students are expected to pass all end-of-rotation exams (EOR exams) when compared to the national average and/or cohort performance. If the student scores below 80% on an EOR exam, he/she will be placed on a remediation plan. Remediation activities may include written assignments, additional PANCE review questions, case studies, oral presentation, simulation exercises, OSCEs, or retake of the written exam.

Remediation of the End of Rotation Evaluation

- Evaluations grades > or equal to 80% are considered passing
- Evaluation grades 70-79% =the student will meet with the DCE/clinical team to discuss the evaluation and assign remediation plan if warranted
- Evaluation grades < 70% are considered severe deficiency. Meetings with the DCE/clinical team, student, and/or preceptor will be scheduled to determine if the student should repeat the rotation or start a remediation plan

Remediation for Professionalism on Clinical Rotations

Any student with noted minor or major concerns on the professionalism component of the preceptor's final evaluation of the student will be reviewed by the DCE/clinical team who may meet with the preceptor. The DCE/clinical team will then meet with the student and devise a remediation plan addressing the area of deficiency. Remediation may include: remediation learning activities, repeating the clinical rotation, and/or a written formal apology from the student to the preceptor. After remediation, if the student continues to exhibit unprofessional behavior(s), they will be subject to dismissal from the program. (See professionalism policy in PA Student Handbook)

Remediation for the Summative Final OSCE

All students are required to pass the summative final OSCE with a score > or equal to 75%.

If a student scores less than 75%, the student will repeat the OSCE. For the remediation OSCE, two evaluators will be present and the resultant score will be an average of both evaluator's scores.

If a student scores less than 75% on the remediation OSCE, they will meet with the evaluators and SPC. The course of action will be determined on a case by case basis and may include: completing extra coursework, repeating a family medicine SCPE, and/or extra didactic training. In such cases, the student's graduation will be delayed; the student is responsible for any subsequent tuition and fees related to the extra coursework.

Remediation for the Summative End of Curriculum Examination

- The student must achieve a passing score when compared to the National Average and/or cohort performance on the summative examination to be successful. If the student does not achieve passing, they will be required to take a written exam. The exam will be repeated after sufficient remediation and the student must achieve a passing score when compared to the National Average and/or cohort performance. **Timely graduation is contingent upon successful completion of the Summative Examination the first time.**
- If a student scores < passing on the remediation OSCE Summative Final Exam they will meet with the DCE/clinical team and SPC. The course of action will be determined on a case by case basis and may include but is not limited to: completing extra coursework, repeating a family medicine SCPE, and/or extra didactic training. In such cases, the student's graduation will be delayed; the student is responsible for any subsequent tuition and fees related to the extra coursework.

* Failure of the post-remediation Summative EOCE and/or OSCE notes severe deficiency at this point in the program. The EOCE and OSCE are an assessment of readiness for graduation. Failure of either of these components indicates lack of achievement of the necessary programmatic outcomes for graduation and will result in dismissal from the program.

Remediation for Patient Tracking Data

Students are expected to meet all patient contact minimums. Students who fail to meet the minimums prior to graduation will be required to repeat a rotation in order to satisfy all required patient encounters. Students found to be falsifying patient tracking data will be subject to disciplinary action.

Academic Integrity and Honesty

The Academic Integrity Policy located in both the CHS Graduate Student Handbook and the PA Student Handbook applies to the clinical year.

Student Attendance in the Clinical Year

Student attendance during clinical rotations is mandatory. If a student is unable to attend any portion of a clinical rotation, the student should ask for pre-approval from the DCE/clinical team. If a student misses clinical rotation days due to illness, documentation must be provided including an excuse from a licensed healthcare provider and clearance to return to the rotation. The DCE/clinical team and preceptor should be notified by the student as soon as possible if an illness is likely to affect student's clinical rotation attendance.

Excused absences

For an absence to be excused, the student must inform the preceptor and the DCE/clinical team immediately. If the student does not notify the preceptor and the DCE/clinical team before the end of the first missed clinic day, the absence will be unexcused. Students must satisfy all clinical rotation assignments despite any excused absences and may be required to make up lost clinical time if the excused absence prevents the student from satisfying the rotation learning outcomes.

Make up can include additional time spent during the rotation (nights/weekends/call), assigned case studies, simulation, and/or an elective rotation assigned in the same discipline of medicine. All makeup work will be assigned by the DCE/clinical team in concert with the preceptor. Typical excused absences include: illness, injury, death of an immediate family member.

Unexcused absences

The DCE/clinical team and your preceptor must pre-approve any absence. The approval should be obtained in advance, unless it is an emergency. Unexcused absences will result in following disciplinary action(s):

1. Counseling by the DCE/clinical team.
2. An unexcused absence will constitute unprofessional behavior, and the student may be dismissed from the program, required to repeat the rotation, or may be required to complete discretionary assignments.
3. After the first unexcused absence or in the event that the first excused absence is not made up, a second professional violation will be written up pursuant to CHS Graduate Student Handbook policies and may result in dismissal from the program and other consequences permitted according to the CHS Graduate Student Handbook.

Personal Leave

Students may receive excused absences for personal leave in rare circumstances. Examples include: illness, illness/death of a family member, or accident. Students must notify the DCE/clinical team in writing and request personal leave. In these situations, the student or family member should contact the DCE/clinical as soon as possible. The DCE/clinical will notify the preceptor of the student's absence. Weddings and other similar events will not be approved for personal leave.

A student may request an administrative withdrawal from the clinical service. If an administrative withdrawal is granted, the student will complete the requirements of the clinical service at the end of the clinical year. This will result in a delayed graduation for the student.

Preceptor Illness or Vacation Time

If a preceptor is absent from the clinical site, the student must immediately notify the DCE/clinical team. The DCE/clinical team will make the determination regarding moving the student to another preceptor on a case by case basis. The DCE/clinical team will ensure that the student receives the best clinical experience. This may require that the student move to another similar clinical site during the preceptor's absence. Any failure to notify the DCE/clinical team of a preceptor's absence may result in the student receiving disciplinary action, as described in the Unexcused Absence policy.

Jury Duty or Military Duty

If the student is required to miss their clinical rotation due to Jury or Military duty, the student will be required to make up missed time at a rate of one day per missed day. The student and the DCE/clinical team will mutually agree on a make-up schedule for the time missed. If the student is required to complete the two-week reserve training, the student is encouraged to request a waiver. If the waiver is not granted by the military, then the student will be required to make-up the missed time.

Inclement Weather on Clinical Rotations

The Department of Public Safety monitors the National Weather Service radio network. A

campus wide alerting system notifies the campus community of threatening weather conditions. If inclement weather occurs, the program director and clinical team will determine if students are required to attend their clinical rotation that day and notify students accordingly.

*****Students with any absences, regardless of cause, must meet all of the core requirements for the rotation before progressing in the program. Inability to successfully complete the course requirements in the allotted rotation time will delay graduation. In such cases; the student is responsible for any subsequent tuition and fees related to the extra coursework.**

Student Employment Policies (Standards A3.04, A3.05, A3.06)

- Training to become a physician assistant demands a full-time commitment. Due to the rigorous nature of the curriculum, students are not permitted to engage in off-campus employment. If a student is approved for federal work-study, the student may be permitted to work a limited number of hours per week on campus.
- Students will not be allowed to work for the program in any capacity.
- Students will not be substituted or function as instructional faculty at any time. While some students with significant experience or skill may function as a peer tutor during laboratory sessions, they will not function as instructional faculty for student assessment or employment.
- Students will not be utilized or substituted as clinical or administrative staff at SCPEs.

Clinical Year Safety

Universal Precautions (Standard A1.03g)

Students are responsible for following OSHA (Occupational Safety and Health Administration) Guidelines for universal precautions at clinical rotation sites, including the use of protective gloves, eyewear and clothing, the proper use and disposal of sharps, regular hand-washing/hand sanitation and other precautionary measures.

These guidelines will be presented in the PA Professional Issues didactic modules and pre-clinical training activities prior to starting clinical rotations. Students will be required to sign an attestation of completion of this training. Any documented allergies to latex products should be reported to the preceptor and the clinical team. Each student is responsible to supply any latex-free products they may need, if they are not otherwise available at a given clinical site.

Exposure to Blood Borne Pathogens Guidelines

Faulkner University Physician Assistant Studies (PA) is a program housed within the College of Health Sciences which has adopted the following BBP guidelines.

Purpose: To outline the expected behavior to be followed by all Physician Assistant Studies (PA) students who have received an accidental exposure incident while in an educational setting in order to decrease risk of infection with hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin (dermatitis, abrasions, chafing, hangnail, etc.), or parental contact with blood or other potentially infectious materials (OPIM) that results from the performance of a PA student's duties.

Annual training on safety precautions and post-exposure expected behaviors will be conducted.

All students (new and returning) are required to participate in this training. PA students are required to show proof of personal health insurance upon admission to the PA program. This insurance will be needed for coverage of laboratory testing and medications (if necessary) in the event of an exposure incident. Safety expected behaviors and universal precautions recommended by the Centers for Disease Control (CDC) will be employed by Faulkner PA Studies program to minimize exposure incidents, including (but are not limited to):

1. Wash hands frequently.
2. Wear gloves if there is a possibility of contact with another person's body fluids.
3. After the removal of gloves or after exposure to blood or other potentially infectious materials, wash hands with antibacterial soap.
4. Wear gloves once and discard; do not attempt to wash and reuse.
5. Clothing or supplies contaminated with body fluids should be placed in doubled plastic bags, tied and discarded.
6. Used needles and sharp/instruments must be discarded in a Biohazard Infectious Waste Sharps Container.
7. Equipment and devices that touch intact mucous membranes but do not penetrate a patient's body surface should be sterilized when possible or undergo high-level disinfection if they cannot be sterilized before being used for each patient.
8. Instruments and other reusable equipment used in performing invasive procedures must be appropriately disinfected and sterilized.
9. Training on proper expected behaviors for finger testing and required equipment is mandatory. Recapping of needles or lancets should not be attempted
10. If a safety lancet is not available, the PA student should ask the source individual to conduct the test on themselves, if possible.
11. Sharps or lancets must not be passed to others or accepted from others.



FAULKNER

PHYSICIAN ASSISTANT STUDIES

PA CLINICAL YEAR HANDBOOK ACKNOWLEDGEMENT

I, _____ (print name), have received and reviewed the PA Clinical Year Handbook and agree to abide by the policies, procedures, and requirements therein. I understand that the program reserves the right to make changes to the handbook as needed, and I understand that if changes or additions are made to this handbook, I will be notified either in writing or via university email.

By signing below, I attest that I have read and will comply with all contents of the PA Clinical Year Handbook.

Student Signature

Date