I. INTRODUCTION AND PURPOSE

Clinical education is a vital component in the professional education of the physician assistant student. In the second phase of the program, students will participate in nine clinical rotations in the following areas: Family Medicine, Internal Medicine, Pediatrics, Women’s Health, Emergency Medicine, Surgery, Psychiatry, a primary care elective and a specialty elective. Clinical experiences provide students with exciting opportunities to apply skills they have learned in the classroom to real life settings and develop new skills under the guidance of a clinical preceptor.

THE PURPOSE OF THIS MANUAL

The purpose of this manual is to provide the Physician Assistant student with the guidance and tools necessary to succeed in their clinical experiences.

We believe that learning the skills necessary to become a competent and compassionate health care practitioner is best accomplished through organized clinical experiences. These experiences include direct observation, hands-on supervised practice, constructive feedback, supplemental reading, and self-directed learning. We view this process as an active partnership between the student, the clinical preceptor and the Franklin Pierce Physician Assistant Program.

In addition to the academic medical competency, the students are expected to learn and demonstrate professional demeanor through honesty, integrity, respect, responsibility, and empathy. Our preceptors are an integral part of modeling, teaching, and evaluating these skills and qualities in our students.

Franklin Pierce Physician Assistant Program Core Faculty and Staff

Douglas R. Southard, PhD MPH, PA-C
Professor and Director
southardd@franklinpierce.edu

Mary Ellen Copening, PA-C
Assoc. Director for Clinical Education
pavnickw@franklinpierce.edu

Pamela O’Brien
Program Coordinator
obrienp@franklinpierce.edu

Scott Shipman, MD, MPH
Medical Director
shipmans@franklinpierce.edu

Deanna Denault, PhD, MEd, MA
Assistant Professor
denaultd@franklinpierce.edu

Julia Pedro
Program Coordinator
pedroj@franklinpierce.edu

Margery Bower, MPAS, PA-C
Assistant Professor
bowerm@franklinpierce.edu

Denise Froehlich, MD
Assistant Professor
froehlichd@franklinpierce.edu

Kristie Kelly
Administrative Assistant
kellyk@franklinpierce.edu

Program Contact Information
24 Airport Road, Suite 19
West Lebanon, NH 03784
(603) 298-6617 phone
(603) 899-4207 fax
paprogram@franklinpierce.edu

After hours contact number
(603) 899-4210 (Rindge)
II. CLINICAL CURRICULUM

The second year consists of thirteen months of clinical training. This provides students with hands-on learning in a variety of rural and community clinics, hospitals and private practices under the supervision of a clinical preceptor. Clinical preceptors may be Physician Assistants, MDs, DOs, Nurse Practitioners, Certified Nurse Midwives, and Clinical Social Workers/Psychologists.

Goal of Clinical Rotations

The overall goal of the clinical rotations is to assist students in developing professional attitudes, roles and skills not traditionally acquired in classroom lectures, case presentations, and simulated practice. The introduction to real life medical situations and patients offers students the opportunity to progress from theory to practice and from textbook symptoms to patient presentations. Experiential learning helps reinforce classroom teaching, encourages professional growth, and prepares students for life as a practicing physician assistant.

Assignment of specific clinical rotations is based primarily on the student's educational needs along with consideration of student preferences when they can be accommodated.

Required Rotations

One rotation each of Family Medicine, Internal Medicine, Emergency Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Psychiatry, a Primary Care Elective, and a general elective make up 13 months of the clinical experience. Women’s Health, Pediatrics, and Psychiatry rotations may be covered within other rotations where there is exposure to these patient populations.

Clinical Phase Course Schedule

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<th>Term</th>
<th>Dates</th>
<th>Credits</th>
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<tr>
<td>5</td>
<td>December – February</td>
<td>11</td>
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<tr>
<td>ME576</td>
<td>Preparation for Clinical Education</td>
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<td>ME631</td>
<td>Clinical Rotation</td>
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<td>ME632</td>
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<td>6</td>
<td>March – May</td>
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<td>ME645</td>
<td>Seminar I</td>
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<td>ME633</td>
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<td>June - August</td>
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<tr>
<td>ME646</td>
<td>Seminar II</td>
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<td>8</td>
<td>September - November</td>
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<td>ME647</td>
<td>Seminar III</td>
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<td>ME638</td>
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<td>December - February</td>
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<tr>
<td>ME619</td>
<td>Elective Clinical Experience</td>
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<tr>
<td>ME692</td>
<td>Preparation for Clinical Practice</td>
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<tr>
<td>ME690</td>
<td>Senior Seminar</td>
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III. GRADUATE COMPETENCIES

The Franklin Pierce PA Program Educational Objectives/Expected Competencies are the “Competencies for the Physician Assistant Profession”, crafted by the four organizations representing PAs and PA education (the NCCPA, ARC-PA, PAEA, and the AAPA). The PA profession defines the specific knowledge, skills, and attitudes required to practice as a physician assistant. Franklin Pierce University’s PA Program is dedicated to providing educational experiences that allow students to acquire and demonstrate the following competencies:

Medical Knowledge

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Graduates of the Franklin Pierce University PA Program must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, graduates are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Graduates are expected to:

- Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or lab studies
- Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities
- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomy, physiology, laboratory findings, and other diagnostic data
- Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- Provide appropriate care to patients with chronic conditions.

Interpersonal & Communication Skills

Interpersonal and communication skills encompass verbal, nonverbal, and written exchange of information. Graduates of the Franklin Pierce University PA Program must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients’ families, physicians, professional associates, and the health care system. Graduates are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- Appropriately adapt communication style and messages to the context of the individual patient interaction
- Work effectively with physician and other health care professionals as a member or leader of a health care team or other professional group
- Competencies for the Physician Assistant Profession
- Apply an understanding of human behavior
- Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.
**Patient Care**

Patient care includes age appropriate assessment, evaluation, and management. Graduates of the Franklin Pierce University PA Program must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Graduates are expected to:

- Work effectively with physicians and other health care professionals to provide patient centered care
- Demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Competently perform medical and surgical procedures considered essential in the area of practice
- Provide health care services and education aimed at preventing health problems or maintaining health.

**Professionalism**

Professionalism is the expression of positive values and ideals as care is delivered.

Foremost, it involves prioritizing the interests of those being served above one’s own. Graduates of the Franklin Pierce University PA Program must know their professional and personal limitations. Professionalism also requires that graduates practice without impairment from substance abuse, cognitive deficiency, or mental illness. Graduates must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Graduate physician assistants are expected to demonstrate:

- Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- Professional relationships with physician supervisors and other health care providers
- Respect, compassion, and integrity
- Responsiveness to the needs of patients and society
- Accountability to patients, society, and the profession
- Commitment to excellence and ongoing professional development
- Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities
- Self-reflection, critical curiosity, and initiative.

**Practice-Based Learning and Improvement**

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Graduates of the Franklin Pierce University PA Program must be able to assess, evaluate, and improve their patient care practices. Graduates are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- Locate, appraise, and integrate evidence from scientific studies related to their patients’ health problems
• Obtain and apply information about their own population of patients and the larger population from which their patients are drawn
• Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
• Apply information technology to manage information, access online medical information, and support their own education
• Facilitate the learning of students and/or other health care professionals
• Recognize and appropriately address gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; and physical limitations in themselves and others.

Systems-Based Practice
Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Graduates of the Franklin Pierce University PA Program must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. Graduate PAs should work to improve the larger health care system of which their practices are a part. Graduates are expected to:
• Use information technology to support patient care decisions and patient education
• Effectively interact with different types of medical practice and delivery systems
• Understand the funding sources and payment systems that provide coverage for patient care
• Practice cost-effective health care and resource allocation that does not compromise quality of care
• Advocate for quality patient care and assist patients in dealing with system complexities
• Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
• Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
• Use information technology to support patient care decisions and patient education
• Apply medical information and clinical data systems to provide more effective, efficient patient care
• Utilize the systems responsible for the appropriate payment of services.

IV. CLINICAL ROTATION COMPETENCIES
Each clinical rotation has specific goals/instructional objectives in addition to the following general competencies. The following represent the general competencies, laboratory skills, diagnostic and procedural skills that students are expected to meet during their clinical rotation year:

GENERAL CLINICAL ROTATION COMPETENCIES
During every clinical rotation, PA students will demonstrate the ability to:
1. Identify common medical and/or surgical problems of ambulatory and/or hospitalized patients.
2. Obtain detailed and accurate patient histories and perform appropriate physical examinations (comprehensive and problem-oriented).
3. Collect data from previous medical records, laboratory reports, other clinicians or staff, etc., as required for complete diagnostic work-up.
4. Identify indications for diagnostic procedures/tests and order as needed, with awareness of cost-effectiveness and risk/benefit.

5. Perform diagnostic and/or therapeutic procedures such as, but not limited to, venipuncture, suturing, common laboratory testing, injections and writing prescriptions.

6. Analyze pertinent medical and laboratory data for the formation of diagnostic and/or management plans.

7. Formulate a differential diagnosis in accordance with their assessment of the patient and prepare a problem list.

8. Implement and monitor health management plans for common, uncomplicated medical/surgical problems, including referral when indicated.

9. Apply the principles of pharmacotherapeutics in the treatment of patients, demonstrating understanding of medication and dose selection, medication interactions, risks, benefits, costs, and contraindications.

10. Interact, educate, and counsel patients at an appropriate level of comprehension, sensitivity, and cultural competency, demonstrating both compassion and respect for all patients.

11. Respond to patient needs which go beyond the scope of the immediate presenting complaint to include the social, emotional, spiritual, economic and environmental aspects of the patient’s problem.

12. Document/chart patient information, including admission notes, discharge summaries, progress notes, initial comprehensive evaluations, problem-oriented notes, consult notes, surgical notes, orders and problem lists, in a complete, clear, and concise manner.

13. Provide a complete, concise, and well-organized oral case presentation on assigned patients.


15. Apply the principles of health promotion and disease prevention to the clinical care of patients.

16. Provide patient education and counseling to patients and their families regarding health problems. This includes explanation of the disease process, extent of injury, therapy, prognosis and available health care services.

17. Function as a member of an interdisciplinary health care team and interact professionally with patients, peers, faculty, staff, and the general public.

18. Function as a health care professional with a positive professional attitude and carry out strategies to promote acceptance of the Physician Assistant role within the professional-patient community.

19. Evaluate current medical literature critically and apply this knowledge and the principles of evidence-based medicine to clinical practices.

20. Recognize limitations and seek help from supervising preceptors.

21. Demonstrate a willingness to seek out and receive constructive criticism.

22. Demonstrate ability to integrate feedback into their evolving practice and professional role.

23. Demonstrate initiative in seeking a variety of opportunities in the clinical setting.

**LABORATORY SKILLS OBJECTIVES**

Students will demonstrate understanding of the indications for ordering and the interpretation of common laboratory studies that include, but are not limited to the following:

- CBC with differential and indices
- Chemistry profiles
- PT/PTT
- Urinalysis
- Arterial blood gases
- Pregnancy test
- Rapid strep test
- Cultures and sensitivities
- Cardiac enzymes
- Glycosolated hemoglobin

PA Student Clinical
Lipid profiles  
HIV antibody testing  
Wet preps  
Hepatitis profiles  

**DIAGNOSTIC STUDIES OBJECTIVES**

Students will demonstrate understanding of the indications for ordering and the interpretation of common diagnostic studies that include, but are not limited to the following:

- EKGs
- PPD Testing
- Echocardiogram
- Pulmonary Function Tests
- X-rays of the chest, abdomen and extremities
- CT Scan or MRI

**PROCEDURAL SKILLS OBJECTIVES**

The physician assistant student will demonstrate, perform if appropriate, and express knowledge of the methods, indications, contraindications, and complications of the following diagnostic and therapeutic procedures:

- Cardiopulmonary resuscitation
- Collection of venous blood specimens
- Collection of arterial blood gas specimens
- Collection of blood cultures and routine culture specimens
- Insertion of large bore intravenous lines
- Insertion of urinary catheters and nasogastric tubes
- Suturing of minor lacerations
- Minor laboratory procedures of hematocrit, gram stain, urinalysis, wet preps
- Obtaining a 12 lead EKG or rhythm strip
- Wound care and dressing
- Burn care
- Administration of medications: SQ, IM, IV, and oral

If the opportunity exists for direct supervision and instruction by the preceptor, and if patient safety allows, it is appropriate for the student to perform the procedures listed below. Training in these procedures is always subject to the direction and protocol of the attending physician and existing institutional policy. Optional opportunities may include:

- Endotracheal intubation
- Lumbar puncture
- Chest tube insertion
- Thoracentesis and paracentesis
- Splinting, casting and cast removal
- Foreign body removal
- I and D and packing of wounds
- Administration of local anesthesia
- Nasal packing
- Suture and staple removing
V. ROLE OF THE CLINICAL PRECEPTOR

The student assigned to a preceptor has successfully completed the requirements of the didactic phase of the program and is now ready to apply that knowledge in the clinical setting. During the time that the student is in each clinical rotation, he/she needs to see and experience as much medicine and/or surgery as possible in a hands-on manner. Observation alone is not satisfactory. Students are not to be used as substitutes for clinical or administrative staff at any time.

What Preceptors are Told to Expect

PA students vary greatly in the extent of their previous medical experience; therefore, early in the clinical year some students may appear to have more skills than others. PA students should not be compared to Medical Students, as their backgrounds and education are quite different. You should expect that a student in their first 2 or 3 rotations will need a greater degree of supervision and feedback than a student further along in their clinical year.

Supervision

The preceptor is responsible for the overall supervision of the physician assistant student’s educational experience at the clinical site. Teaching and clinical supervision tasks can be delegated to other qualified medical practitioners. Supervision includes continuous on-site availability for consultation and evaluation of the quality of the student’s work, including chart review. Supervision must include periodic direct observation of the student in patient encounters.

Objectives

Specific instructional objectives will be provided to preceptors and to the students. The preceptor will determine the student’s work schedule and on-call assignments. Students are expected to spend a minimum of 32, and preferably 40 or more, hours per week in the clinical setting.

Teaching

The preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds or chart review periods, reading assignments, informal consultations between patient encounters, and recommending specific conferences.

Vacation

The preceptor should inform the Program and student if he/she is going to take a vacation of one week or greater during a scheduled rotation. The preceptor may delegate student supervision to another qualified preceptor during brief periods of absence.

Orientation

Generally, the first day of the clinical rotation is the best time to provide a basic orientation for the student. To do this, spend a few minutes getting acquainted and reviewing the Program’s goals and objectives for the rotation, as well as the student’s goals and your expectations.

Evaluation of Student Performance

The program requests that preceptors give feedback throughout the course of a rotation. This process allows preceptors to evaluate the student’s ability to receive constructive feedback and to integrate suggestions into their clinical practice. If significant deficiencies are identified or issues of professional conduct arise, the preceptor is asked to contact the student’s faculty advisor immediately.

Preceptors are encouraged to perform a formal (verbal) assessment of the student’s abilities at midpoint in the rotation so that the student is aware of any concerns, weaknesses, or deficits and areas for improvement can be identified.

Preceptors are asked to complete a formal written evaluation early in the final week of the rotation using the program evaluation form. This form is mailed to preceptors with the original student profile prior to the start of the
rotation. The preceptor may consult with other staff members who have worked closely with the student to prepare the final written evaluation.

Evaluations should reflect the student’s performance as accurately as possible. A preceptor’s accurate assessment of the student is critical, as not all students will be observed by Program faculty in each rotation. It is a disservice to the student, the PA profession, and the community to “pass” a student who has identified deficiencies in knowledge, skills, and/or attitude.

The preceptor should review the evaluation with the student on or near the last day of the rotation. Evaluations should be completed within one week of the end of the rotation. Evaluations that are not returned in a timely manner may result in the delay of a student’s progress or graduation.

VI. RESPONSIBILITIES OF THE PHYSICIAN ASSISTANT PROGRAM

Preparation
The program will adequately prepare the student for the clinical experience both academically and administratively.

Assignment
The program will be responsible for assigning students to clinical sites that will provide a high quality learning experience.

Instructional Objectives
The program will develop instructional objectives for clinical experiences. The program will provide written objectives to students and preceptors.

Affiliation Agreements
The program will ensure that affiliation agreements are in place with all clinical sites.

Insurance
The program will assure that all students have current, University provided, malpractice insurance. Current Certificates of Insurance will be mailed to clinical placement sites annually.

Grading
The student’s final grade for the rotation will be based on the preceptor’s evaluation (60%), end-of-rotation examination (30%) and a professional conduct component (10%). Students will be required to maintain complete and timely patient logs at all clinical rotations. The professional conduct component (10% of the grade) will be based on compliance with the logging requirement, completion of all assignments, and communicating effectively with preceptors and faculty.

Problems or Concerns
The Associate Director for Clinical Education and the student’s faculty advisor are available to address any problems or concerns the preceptor may have. Please call the program at (603)298-6617 to discuss any concerns with the faculty advisor or Associate Director for Clinical Education. If they are not available, the Program Director will be glad to take your call.

VII. ROLE OF THE STAFF AND FACULTY

The Associate Director for Clinical Education and the faculty advisors are responsible for coordinating the educational process during the clinical year. In this role, the faculty advisor provides continuity and serves as a resource for preceptors interacting with the Physician Assistant Program.
The Associate Director for Clinical Education and faculty advisor work with potential preceptors to develop sites in accordance with rotation goals and instructional objectives. During a student’s clinical rotation, the faculty advisor may visit the clinical site to observe the student’s performance, to discuss the student’s performance with both the student and preceptor, to review objectives, and to discuss any problems that may have arisen. These visits will be pre-arranged at the convenience of the preceptor and clinical site.

The program coordinator is a staff person who is responsible for all administrative aspects of the clinical year. He/she will assure that current affiliation agreements are in place, student health forms are up to date (though it is the responsibility of the students to keep track of the physical exam, PPD, and other immunization expiration dates), malpractice binders and student profiles have been mailed, and students have completed all paperwork necessary to enter a new clinical site.

**Student Placements**

Each year preceptors are asked to complete and return a block schedule, indicating their interest and availability to precept students in the coming year (beginning in January). Students will complete a Preferences Sheet in the summer, indicating preferences and limitations they anticipate during the clinical phase of the program. The Associate Director for Clinical Education and faculty advisors will determine clinical assignments. Efforts will be made to meet all students’ needs in the clinical year, with the primary responsibility of the program being that of ensuring a quality clinical experience and education. The program cannot guarantee that students will receive all desired placements or that all exceptions can be accommodated. Once students are matched to their rotation sites, they are not allowed to make changes or swap rotations with one another. Students must be aware that the circumstances of a preceptor or clinical site may result in the need to change a particular placement.

Students are not required to provide their own clinical sites or preceptors for any required rotations. If students have identified a clinical site or preceptor they wish to work with, they must adhere to the following procedure in requesting an “out of program” placement:

1. All requests must be submitted at least 60 days prior to the start of the rotation year.
2. A student should submit the name of the site and/or preceptor and type of rotation to the Program Coordinator who will determine if it is an existing placement or currently being used by another PA program.
3. If the site/preceptor is not in the program database or in conflict with another program, the student may complete a site and/or preceptor profile to present to his/her faculty advisor or Associate Director for Clinical Education.
4. They will inform the student if the site/preceptor is approved within 30 days of receipt of your request.

**Disciplinary Policies/Professional Behavior Violations**

Clinical rotations require professional behavior in terms of conduct, attendance, evaluation, dress, confidentiality, etc. Violations reported to the faculty advisor, either verbally or in writing will be brought to the student’s attention. Depending on the nature and severity of the violation, it will be dealt with in accordance with the Physician Assistant Program policies as outlined in the Student Handbook.

**VIII. RESPONSIBILITIES OF THE STUDENT**

Rotation sites may be identified by students but must be approved by the program in order for the student assignment to be made. The protocol for this process is outlined in the previous section.

While on rotations, students must be prepared to travel to assigned sites. Housing is the responsibility of the student. Whenever possible, the program will assist in identifying housing near the assigned site. The program does not guarantee that students will be able to remain near their homes or families during the clinical year.
Accidents & Injuries
Students are required to carry health insurance at all times during their participation in the Physician Assistant Program. For any accidents and/or injuries that occur during rotations, the student must:

- Immediately seek appropriate attention commensurate with the nature of the injury.
- Inform their preceptor and faculty advisor or Associate Director for Clinical Education.
- Follow the protocols of the host facility.

Regarding Blood-Borne Pathogens Exposure
All physician assistant students have been educated in universal precautions and OSHA regulations and are expected to follow these guidelines. Despite careful attention to these guidelines, students may occasionally come in contact with blood or other potentially infectious materials.

Students must become familiar with and follow the blood borne pathogen exposure protocols at the rotation site. If an incident occurs it must be reported to the preceptor and the PA Program. Students should follow the host site protocol and be referred for evaluation. The student’s health insurance may cover expenses from a blood-borne exposure. The student should have serologic HIV/HBV testing as soon as possible after a blood/body fluid exposure and there should be opportunity for retesting at 3, 6, and 12 months. The student’s health insurance may cover expenses for testing and any required treatment as a result of a blood-borne exposure. Any costs not covered by the student’s insurance are the responsibility of the student.

Responsibility to Preceptor Site
Physician assistant students are responsible to the personnel in charge of the assigned office, agency, or institution and are expected to comply with the rules and regulations of such.

Professional Behavior
Students on clinical rotations are representatives of the Franklin Pierce University Physician Assistant Program and the PA profession at large. As such, students are expected to always conduct themselves in a professional manner. Behavior in a clinical setting that is deemed to be unprofessional will be dealt with immediately through policies outlined in the Student Handbook.

Confidentiality Statement
Professional behavior includes the requirement of strict confidentiality in compliance with HIPAA regulations regarding client/professional interactions. As professionals, physician assistant students are expected to display the highest respect for the privacy of their patients. All Franklin Pierce PA students receive HIPAA training.

Appropriate Dress
Physician assistant students are expected to dress in a professional manner during clinical assignments. Clothing must be clean and pressed. No open toed shoes or hats are to be worn in the clinical setting at any time. In certain circumstances, as dictated by the preceptor and/or clinical site, students may be required to wear scrubs or adhere to additional clothing guidelines.

Physician assistant students must wear their Franklin Pierce University Physician Assistant Program nametags at all times during their clinical rotations. The wearing of short white lab coats is preferred, but may be determined by the preference of the preceptor and clinical site.

Attendance/ Absences
Physician assistant students are expected to attend all clinical rotations according to the schedule as determined by the preceptor. It is expected that students participate in clinical activities for no less than 32 hours per week and preferably 40+ hours per week. The schedule may include on call responsibilities. Time off is not allowed for job interviews or conferences during the clinical year unless approved by the program. As with other professional training programs,
physician assistant students are expected to keep absences to a strict minimum. All absences must be reported to the preceptor and faculty advisor immediately.

**Timeliness**

It is the responsibility of the student to report to the clinical sites promptly at the times assigned by the preceptor. The student must contact the preceptor if he/she will be late. Repetitive tardiness is considered unprofessional and will be dealt with according to the policies outlined in the Student Handbook.

**Problems**

Students are encouraged to initially attempt to resolve any problems or concerns by discussing them in a timely fashion with his/her preceptor. The student should contact the Associate Director for Clinical Education or faculty advisor if they are unable to reach a resolution or if issues such as personality conflicts, harassment, or inadequate communication, supervision, or learning are taking place.

**Learning Opportunities**

Unlike classroom learning, clinical experiences provide the student with unique opportunities to identify gaps in knowledge and to practice new skills. The student is expected to engage in self-directed learning, seeking out appropriate resources both in and outside of the clinical experience. Students are not expected to demonstrate mastery during the clinical year. They are expected to demonstrate an enthusiasm for learning and awareness of their limitations, keeping patient safety foremost in every clinical interaction. Students need to carefully balance the acquisition of new skills with the safety and trust of the general public and the institutions providing these learning opportunities.

**Physical Examination and Immunization Requirements**

All students must have proof of the following prior the start of classes in the program:

1. A health examination within the past twelve months indicating that the student does not have any physical or mental health conditions that may affect their ability to provide medical care or put patients in danger.

2. Completed series of immunizations based on current CDC recommendations including but not limited to Diphtheria, Tetanus, Measles, Mumps, Rubella, Hepatitis B, and Varicella (chicken pox) or proof of immunity via titer. Proof of illness is not sufficient.

3. A two-step tuberculin skin test (PPD).

The Program has contracted with Certified Profiles to track and maintain all student records as required above. A health verification checklist will be mailed to you upon acceptance to the program and must be received by Certified Profiles prior to start of classes. Students will be required to repeat the physical examination and PPD annually based on when the initial service was rendered (not upon date of matriculation), as well as keep other immunizations current. It is the responsibility of students to keep track of expiration dates. Failure to complete the required documentation can prevent or delay students from participating in the program and/or beginning clinical rotations. Only the health summary generated by Certified Profiles will be kept in the student’s locked file on campus. All medical records and verification checklist will be maintained by the office of the student’s primary care provider and/or the Dartmouth Hitchcock Family Medicine as the clinic of record for Franklin Pierce PA Student Health Services.