Master of Physician Assistant Studies Program

2017-2019

Clinical and Professional Phases Handbook

Class of 2019
Welcome to the Clinical Phase!

Congratulations on completing a rigorous academic year! The knowledge and skills you have gained will continue to grow in depth and breadth as you enter the clinical phase of the program. You will now transition from the classroom setting into a variety of clinical environments, as you learn and work alongside your preceptors and many other inter-professional health care providers who provide evidence-based medicine, advocate for patients, and serve diverse communities. All clinical preceptors have been evaluated by the PA Program and selected based on a number of criteria including, but not limited to, expertise, enthusiasm for teaching, willingness to teach, and student safety. Combined with your enthusiasm, thirst for knowledge, and dedication to interprofessional collaborative patient-centered care, the clinical year is sure to be a success!

You may experience health care settings that range from rural communities and urban centers to major university teaching facilities. You will be meeting and caring for people of all races, ages, genders, and socioeconomic backgrounds who will be seeking treatment, guidance, and compassionate care. Your care will influence the lives of the patients you encounter and will last long after their visit or hospitalization has ended.

PAs have become prominent, respected and trusted participants in the healthcare community because those who preceded you represented themselves and their profession with integrity and excellence. You, too, will earn the proud respect of the medical community if you contribute your own excellence to your medical training and practice. We challenge you to represent the very best the PA profession has to offer in every patient and colleague encounter you experience!

Sincerely,

The Franklin Pierce University Master of Physician Assistant Studies Program
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HANDBOOK OVERVIEW & PURPOSE

This handbook has been developed to help you understand the Master of Physician Assistant Studies (MPAS) Program Clinical & Professional Phases, applicable policies and procedures, and to serve as a guide to student responsibilities. Throughout the handbook, references to specific Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) standards, which constitute the requirements to which an accredited program are accountable, are placed in parentheses.

This handbook is intended to supplement the Franklin Pierce University (FPU) Catalogue: http://www.franklinpierce.edu/academics/ugrad/catalog.htm

The policies are reviewed at least annually, and are revised as needed to facilitate the mission of the MPAS program and Franklin Pierce University. The MPAS program reserves the right to alter the contents of this handbook at any time. Any changes apply to all current and prospective students. The faculty reserves the right to alter the curriculum, the schedule of required courses, and other regulations affecting admission and graduation requirements. It is the responsibility of each student enrolled in the MPAS program to read and abide by the regulations and policies outlined in this handbook and within all FPU publications.
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Lebanon Center Phone Number: 603-298-5549
Program Fax Number: 603-298-5573

Center Closings for Inclement Weather:
http://www.wmur.com/weather/closings

Clinical Team Email:
PAClinicalYear@franklinpierce.edu
CLINICAL & PROFESSIONAL PHASES OVERVIEW (B3.03, B3.04)

Clinical Phase
The Didactic Phase built a foundation of knowledge and skills and simulated encounters in preparation for the Clinical Phase of your education. In this second phase of the program, students participate in course work (ME576 Preparation for Clinical Year and Seminar Series: ME645 Seminar I, ME646 Seminar II, ME647 Seminar III), and seven Supervised Clinical Practice Experiences (SCPEs) (Family Medicine, Internal Medicine, Pediatrics, Women’s Health, Surgery, Emergency Medicine, Psychiatry) and two electives (Primary Care Elective and General Elective).

The overall goal of the SCPEs is to provide experiences that allow the application of knowledge from the didactic phase and continue the development of professional attitudes, skills and knowledge. The experiences of real life medical situations and patients offer students the opportunity to progress from theory to practice and from textbook symptoms to patient presentations. Most of the clinical year will be spent learning and refining patient care skills that will enhance and reinforce classroom teaching, encourage professional growth and prepare students for life as a practicing PA. SCPEs occur in a variety of rural and community clinics, hospitals and private practices under supervision of a clinical preceptor. Clinical preceptors may be licensed and certified Physician Assistants, Physicians, Nurse Practitioners, Certified Nurse Midwives and Clinical Social Workers /Psychologists.

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

Professional Phase
The final phase of the program, the Professional Phase, includes course work: ME692 Preparation for Clinical Practice, ME648 Seminar IV, and ME690 Senior Seminar. In Seminar IV, a comprehensive assessment of each student’s achievement of program learning outcomes including medical knowledge, patient care and interprofessional communication skills is performed (see Summative Evaluation, below). The last component of the program, ME690 Senior Seminar, focuses on an intensive review of medical knowledge using the NCCPA blueprint for the Physician Assistant National Certifying Examination (PANCE), along with instruction preparing students for clinical practice.

Course Schedule

<table>
<thead>
<tr>
<th>MPAS Term 5</th>
<th>Credits</th>
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<tr>
<td>ME576 Preparation for Clinical Education</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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ME645 Seminar I
ME633 SCPE/Clinical Rotation
ME634 SCPE/Clinical Rotation

**MPASTerm 7**

ME646 Seminar II
ME635 SCPE/Clinical Rotation
ME636 SCPE/Clinical Rotation

**MPASTerm 8**

ME647 Seminar III
ME637 SCPE/Clinical Rotation
ME638 SCPE/Clinical Rotation

**MPASTerm 9**

ME619 Elective SCPE/Clinical Rotation
ME692 Preparation for Clinical Practice
ME690 Senior Seminar
ME648 Seminar IV

**SUPERVISED CLINICAL PRACTICE EXPERIENCE OBJECTIVES**

Each SCPE has both general (i.e., applicable to all SCPEs) and specific (i.e., targeted to the SCPE practice type) goals/instructional objectives, competencies, laboratory skills, diagnostic and procedural skills that students are expected to meet during the clinical year.

**GENERAL SCPE Instructional Objectives**

At the end of a SCPE, PA students will be able 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 other 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.
8. Apply the principles of pharmacotherapeutics in the treatment of patients, demonstrating understanding of medication and dose selection, medication interactions, risks, benefits, costs and contraindications.

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

10. 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.

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

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

13. 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.

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

15. 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.

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

17. Recognize limitations and seek help from supervising preceptors.

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

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

**SPECIFIC SCPE Instructional Objectives**

The syllabus for each SCPE includes specific instructional objectives and expected learning outcomes. These can be accessed on CANVAS.

**STUDENT RESPONSIBILITIES**

SCPE sites may be identified by students, but **MUST** be approved by the MPAS Program in order for the student assignment to be made. While on rotations, students must be prepared to travel to assigned sites. Costs of transportation and housing for the clinical year 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 MPAS 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 MPAS Program Director.
- Follow the protocols of the host facility.

Blood-borne Pathogens Exposure
All MPAS students have been educated in Standard 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
PA 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 SCPEs are representatives of the Franklin Pierce University MPAS 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.

Students must not appear at the MPAS Program or a SCPE under the influence of alcohol or drugs.

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

Tardiness
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 s/he will be late. Repetitive tardiness
is considered unprofessional and will be dealt with according to the policies outlined in the Student Handbook.

Problems
PA 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 his/her faculty advisor if 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 the classroom learning, SCPEs 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 phase. 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 first day of classes in the program:
1. A health examination within the past twelve months indicating 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 Castle Branch 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 Castle Branch prior to start of classes. Students will be required to repeat the physical examination and PPD at least 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 SCPEs. Only the health summary generated by Castle Branch 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.

Drug Testing
Drug testing may be required by a clinical site. If so, the student will be notified of this in advance and the testing must be completed prior to the start of a SCPE.
Non-Discrimination
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.

Student Evaluation of Preceptor/Site
This evaluation allows Franklin Pierce University PA students to provide constructive feedback for preceptors and help guide the future use of clinical sites. Student feedback should offer insight, constructive criticism (if needed), and informative advice, and should not be judgmental or accusatory in nature. This contribution from students can be a powerful tool in improving medical education by providing the preceptor and program with vital information on preceptor performance, attitudes, and conduct.

Guidelines for giving constructive feedback include the following points:

- Base it on first-hand, personally observed/experiential data (and not on second-hand knowledge of the preceptor/site)
- Keep the tone professional, well-reasoned, and articulate
- Report specific information, rather than generalized impressions
- Provide suggestions for improvement, if needed
- Provide commentary that would help guide other students rotating on the site

Students will complete the Clinical Site Evaluation on Survey Monkey by the last Friday of the rotation at 1pm EST.

PRECEPTOR & CLINICAL SITE RESPONSIBILITIES
The student assigned to a preceptor has successfully completed the requirements of the Didactic Phase of the MPAS Program and is now ready to apply that knowledge in the clinical setting. During the time the student is in each SCPE, s/he 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.

Preceptor Role
Students preparing to become healthcare providers must be given opportunities to practice the clinical skills they will be expected to utilize as professionals. These skills include patient interviewing, physical examination of patients, communication with patients and colleagues, interpretation of diagnostic studies and clinical data, and demonstration of behaviors consistent with professionalism. 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.
Students inevitably enter clinical training with varying levels of healthcare experience and capability, and so delegated responsibility for patient care may need to progress incrementally over the student’s period of training. It is optimal for preceptors to delegate as much responsibility as a given student is able to manage, while still providing the necessary supervision to ensure a quality learning experience for the student and the safety/well-being of patients.

A clinical preceptor will be a leader and 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, s/he should be able to manage all elements of a patient encounter, from the initial chief complaint to discussing final treatment planning. 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.

To make the learning experience more meaningful for students, we encourage preceptors to be receptive to student questions and to preview patient charts with students prior to encounters. After completing these encounters, students should be given the chance to present their history and physical exam findings to their preceptor, transcribe/dictate appropriate notes, review accompanying diagnostic studies, generate a differential diagnosis and treatment plan, and complete follow-up patient phone calls as needed. Preceptor will evaluate the student’s preparedness to perform these tasks within the first week of SCPE, and evaluate the student’s overall performance at the end of the rotation, and will send the appropriate documentation to the program accordingly.

PA students need exposure to and experience with the entire spectrum of clinical services. This should include, but is not limited to:

- Outpatient care
- Inpatient care
- Emergency room care
- Surgical/operative care

The PA student should be involved in all activities that the preceptor would engage in during the clinical day. Students should not be exempt from on-call, evening, weekend, or holiday clinical responsibilities, unless the preceptor has determined these activities not to be contributory to the students’ learning experience.

It is the responsibility of the preceptor to give the student opportunities to perform at least the following:

- Obtain an appropriate history
- Perform a pertinent physical examination
- Interpret diagnostic studies
- Communicate necessary and expected information in oral and written presentations
- Correlate clinical and diagnostic data findings
- Develop differential diagnoses
- Develop treatment plans
- Counsel and educate patients
- Follow up with patients after discharge, as needed

**Important note:** The PA student must never be used as a substitute for a licensed clinical provider in any clinical setting. Students should not be allowed to evaluate, diagnose, treat, or discharge patients without the direct involvement and supervision of the clinical preceptor.

**Preceptor’s Orientation of Student to the Clinical Site**
Each member of the healthcare team plays a role in assuring the student has a successful SCPE. Orientation should include introductions to staff, a tour of all practice sites, and a description of office and hospital protocols (including personal and environmental safety and security), routines, and scheduling. It is critical to familiarize the student with practice site routines and the location of critical resources so the student can be functional and confident in various clinical settings.

**PRCEPTOR & CLINICAL SITE RECRUITMENT & EVALUATION**
SCPEs must provide sufficient patient exposure to allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking: a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly; b) women’s health including prenatal and gynecologic care; c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care; and d) care for behavioral and mental health conditions. For the core SCPEs, the clinical experience should occur with preceptors practicing in family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care.

The MPAS Program assumes responsibility for the recruitment of clinical sites and preceptors in sufficient numbers for the program-mandated clinical component of the curriculum. Students will not be required to provide preceptors or clinical sites for any of the program-mandated SCPEs. Students may voluntarily submit the name(s) of potential preceptors and/or clinical sites not already affiliated with the MPAS Program. However, there is no direct or implied guarantee on the part of the University or the MPAS program that the student will be assigned a SCPE with any requested preceptor or clinical site, including those already affiliated with the program. It is ultimately up to the MPAS faculty and Program Director to decide whether the preceptor or clinical site is deemed appropriate for use as a SCPE.
Establishing and Maintaining Clinical Affiliations
The MPAS program aims to provide comparable clinical education experiences to all students, regardless of the site at which experiential training is obtained. The majority of SCPEs are supervised by a board-certified, residency-trained physician (MD or DO) or experienced PA (PA-C). Other experienced health care providers (nurse practitioners, certified nurse midwives, psychologists, etc.) may also supervise portions of a student’s clinical training.

In summary, the process of establishing a clinical preceptor site is as follows:
1. A clinician or practice is contacted by the MPAS Program, or contacts the MPAS Program directly, regarding interest in preceptorship.
2. A Preceptor Information Packet is given to the potential preceptor.
3. Program faculty conducts an initial site evaluation visit.
4. The Curriculum Committee reviews the site’s prospects and site visit evaluation, and makes recommendation to the Clinical Coordinator and Program Director.
5. An Affiliation Agreement(s) is signed by both parties, and all supporting documentation is gathered (i.e. proofs of medical malpractice and general liability insurance, board certifications, and licenses of all preceptors involved).
6. Confirmation and a copy of the fully executed Affiliation Agreement is sent to the preceptor/clinical site.
7. Availability for student placement and scheduling at any given site is determined by the Clinical Coordinator.

In summary, the process for maintaining a clinical preceptor site is as follows:
1. Faculty will occasionally visit the site to assess student performance and observe student-preceptor interactions.
2. Preceptor feedback, student feedback, and site visit data is reviewed by the Curriculum Committee, which will make recommendations to the Program Director whether to maintain the site relationship.

Site Visits
In addition to the above and according to MPAS Program policy, site visits are mandated under any of the following conditions:
- In reply to a preceptor request or complaint about a student
- In response to a student’s concerns, whether communicated verbally or in conjunction with the mandatory student evaluation of the site/preceptor
- At the discretion of the program

Site visits can be requested for any reason by either the preceptor or the student by contacting the Course Director to discuss the situation and set up a time to meet.

Site visits will occur at a minimum of once every two years. Site visits can be completed by faculty, alumni, adjunct faculty, or other personnel that the program determines to be in appropriate standing. These visits can be performed telephonically, via electronic means (i.e.
email, Skype, Go-To-Meeting, Face-Time), or on physical location. In all cases, MPAS-approved preceptor evaluation forms and site visit forms will be used to obtain consistent data for each site visit. During the site visits, students may also be evaluated.

SCPE GRADING
The student’s final grade for the SCPE will be based on the following:

- **End-of-Rotation Examination (EORE)** 45% (for core rotations*)
- **Preceptor Evaluation of Student** 40%
- **Assignments** 15% total (5% for Clinical Tracking, 5% for Patient Documentation, 5% for Student Evaluation of Preceptor & Site Survey)

*For the 2 non-core rotations (Primary Care Elective and General Elective), there is no EORE requirement, and thus a Reflective Paper will be due and account for 45% of the final SCPE grade.

To insure timely assignment of rotation grades, we ask that the Preceptor Evaluation of Student form be completed and submitted to the Clinical Coordinator during the last week of the SCPE. All final clinical rotation grades are assigned by the program. Students are not to discuss grades with their clinical preceptors. Any questions about clinical rotation grades are to be referred to the Clinical Coordinator.

**End of Rotation Exam (EORE)**
Students will take the EORE on the last Friday of the SCPE at 1:00 pm EST. Students will discuss with preceptors site attendance prior to or after the EORE, but are allowed by the MPAS Program to end the rotation the preceding Thursday if minimum rotation hours have been met overall. Students may return to the MPAS Program to attend the EORE in the computer lab OR may notify the program using PAClinicalYear@franklinpierce.edu of an off-site proctor and site (i.e. preceptor, staff at clinical site, appropriate professional office staff) to take the EORE. Off-site EORE will follow the same guidelines and requirements as on-site including adherence to the student academic Honor Code. EOREs are for the following rotations: Family Medicine, Internal Medicine, Surgery, Pediatrics, Behavioral Medicine (Psychiatry), Women’s Health, and Emergency Medicine.

**Reflective Papers**
For Primary Care Elective and General Elective students will complete reflective papers in place of an EORE. The assignment is due the last Friday of the SCPE at 1:00pm EST. Additional description, grading rubric and learning objectives will be available on CANVAS.

**Preceptor Evaluation of Student**
At the end of the rotation, students will be evaluated by their preceptor in at least the following areas: medical knowledge, patient care skills, interpersonal skill and professionalism. It is recommended that students meet with their preceptor to discuss the evaluation.
Assignments

Clinical Tracking
Students must record each patient encounter and procedure that he/she experiences during the clinical rotation. A patient encounter is any and every interaction with a patient while the student is participating at the clinical rotation site(s). If the student encounters the same patient on multiple days/times, the patient encounter is to be logged once per day. The student must also document the level of participation including whether they observed, assisted, or performed each procedure.

The student may encounter a specialty or site where patient volume prevents achieving the stated goal. When this occurs, students must notify the Course Director ASAP. If not communicated in a timely manner, the grade may be based on the percentage of required volume. For example, logging 50 patients during a 5-week rotation will result in 2 out of 5 points being awarded.

Patient encounters should be logged within forty eight (48) hours of the actual encounter. The final Patient Encounter Log is due prior to the beginning of the EORE day. Any paper notes about patient encounters the student records while tracking the patients must not have any patient identifiers (e.g., patient names, social security numbers, medical records numbers) and must be shredded to avoid potential HIPAA and professionalism violations. Students must not record or save patient encounters including any portion of the patient workup or treatment on any electronic device (e.g., cell phones, thumb drives, personal computers).

Patient Documentation
Students will be required to submit a complete History & Physicals note that will include a thorough written evaluation of History of Present Illness, Medications, Allergies, Review of Systems, Past Medical History, Social History, Family History, and Physical Examination Components. All H&P’s will include Assessment and Plan that are consistent with the History and Physical provided.

The Center for Medicare and Medicaid Services (CMS) guidelines only permit students to document a portion of the History and Physical Exam (the Past Medical History, Family History, Social History, and Review of Systems). The preceptor must personally document all other key elements of the visit. If a particular site does not authorize or allow PA students to officially document patient notes in a paper or electronic chart, it is advisable for students to document the patient encounter on a separate piece of paper so that they can continue practicing their documentation skills and obtain feedback from the preceptor.

Student Evaluation of Preceptor & Site
See above, Student Responsibilities. Students will complete the Evaluation of Preceptor & Site form on Survey Monkey by the last Friday of the SCPE at 1:00pm EST.
**SCPE Remediation**

SCPE grades are comprised of End of Rotation Examinations (EOREs), Preceptor Evaluation, and Assignments (Clinical Tracking, Patient Documentation, Student Evaluation of Preceptor & Site Survey). The passing score for the EORE will be determined using the student’s z-score. It will be clearly noted on the syllabus prior to the start of each SCPE. For all other evaluation processes, 83% will be considered the minimal score per SCPE graded item. In the Clinical Phase:

- Students are only allowed to remediate:
  - Two incidences of failed EOREs for the entire clinical phase. Students are not allowed to remediate the same EORE twice.
  - One incidence of failed clinical tracking
  - One incidence of failed patient documentation
- Failed items must be remediated by the end of week one (1) of the next SCPE. Students will be given a grade of incomplete in the applicable SCPE course until the items are successfully remediated. If the remediation timeline is not met, this will convert to a “F” and may result in program dismissal.
- Failed items on the last SCPE may result in delay of program completion.
- In some cases, the Course Director may determine that a more extensive remediation plan is warranted. The plan will be defined in a written agreement (i.e., learning contract). A student who has utilized all available remediations as described above will be referred to the Student Affairs Committee for further review and recommendation, as described in the Student Handbook.

**Remediation Records**

A record of all student remediation exercises will be kept in the student’s file. A record of remediation for each semester will be kept in a flow sheet in the program files.

**THE PROFESSIONAL PHASE**

The final phase of the program, the Professional Phase, includes the following course work: ME692 Preparation for Clinical Practice, ME648 Seminar IV, and ME690 Senior Seminar. In Seminar IV, a comprehensive assessment of each student’s achievement of program learning outcomes including medical knowledge, patient care and interprofessional communication skills is performed (see Summative Evaluation, below). The last component of the program, ME690 Senior Seminar, focuses on an intensive review of medical knowledge using the NCCPA blueprint for the Physician Assistant National Certifying Examination (PANCE), along with instruction preparing students for clinical practice.

**Summative Evaluation (C3.04)**

Students must demonstrate satisfactory performance in the Summative Evaluation in order to complete the program. The evaluation is used to assess medical knowledge, interpersonal skills, patient care skills, and professionalism prior to completion of the program. The Summative
Evaluation is administered in Seminar IV, and includes:

- Written examination covering the knowledge-base content associated with basic medical and clinical sciences and its application in the practice of medicine.
- Objective Structured Clinical Examination(s) (OSCEs), which are used to evaluate direct patient care skills including obtaining the medical history, physical examination skills, communication, and professionalism.
- Skill-specific testing, which is used to assess the student’s ability to perform/or interpret the diagnostic and therapeutic skills listed in the SCPE course syllabus.
- Clinical case examination to assess the student’s medical decision-making skills and documentation.

**Summative Evaluation Remediation**

Students may remediate up to two (2) components of the Summative Evaluation that do not meet expectations. Each remediation can be performed only once. Successful remediation will result in the original score being raised to a passing score (typically, 83%). Students who are unable to successfully pass the Summative Examination on the first administration will have to complete remediation exercises and retake the exam, which may result in a delay of program completion and graduation, or dismissal from the program.

**MPAS POLICIES & PROCEDURES**

**Advising Policy**

Clinical phase primary advisors will be appointed at the beginning of the clinical year. Advisors from the didactic year will serve as secondary advisors. Students will meet with a clinical year advisor every Seminar and advisors will be available to students by appointment during the clinical year.

**Clinical Year Attendance Policy & Absences**

Each student is expected to attend every scheduled clinical day rotation. Site schedules may vary including evenings, overnights, weekends, and on-call responsibilities. The daily timetable will be determined by the preceptor, and average between 32-40 hours per week. Certain sites, due to the operational tempo of the medicine practiced may be greater than 40 hours per week. The MPAS Program suggests to sites that students work no more than 60 hours per week unless cleared with the Program Director or Course Director in advance. Students, however, may voluntarily elect to work additional hours with permission of the preceptor.

PA students are expected to keep absences to a strict minimum. Students who need time off to take care of personal matters must submit formal notification in advance to both their preceptor and the MPAS Program using the following email address: PAClinicalYear@franklinpierce.edu.
**Excused Absences**
An excused absence is an absence due to: personal emergency or incapacitating illness, of the student or a student’s dependent or immediate family, participation in approved university-sponsored activities (with verification) or government required activities. Business appointments, job interviews, routine dental and doctor appointments, weddings, graduations, family reunions, and other social events are not valid reasons for an excused absence. The Course Director, with possible input from the student progress team and Program Director, will ultimately determine if an absence is excused. In the case of illness, the Course Director must be notified, by email (PAClinicalYear@franklinpierce.edu) within 24 hours of the absence. For other absences, arrangements to have an absence excused must be made prior to the absence. More than two (2) excused absences from a single rotation will result in a grade of "I" (incomplete). Rotations in which students receive an "I" may have the opportunity to complete the rotation at a later date, depending on the rotation availability and at the discretion of the Course Director. Time missed will be made up on an hour for hour basis. Extenuating circumstances will be at the discretion of the MPAS Program.

**Unexcused Absences**
Absences not reported to the MPAS program as described above are considered unexcused absences, regardless of reason.

**Other Situations for Absences**
Job interviews are not considered valid reasons for absences. All attempts must be made to schedule an interview so it does not interfere with the core clinical rotations (preferably during an elective rotation month). In the event that this cannot be accomplished, students must first obtain permission from the course director to attempt to arrange time off for the interview. Subsequently, the preceptor must grant permission for the absence, and students must make up the missed clinical time within the confines of that rotation. The MPAS Program must be notified as outlined above. A maximum total of two (2) days per calendar year will be allowed for interviews.

**IMPORTANT: There are no personal days or a personal day policy during the Clinical Phase.**

**Pregnancy Policy**
All students are encouraged to inform the Program Director immediately in writing once pregnancy has been confirmed. If a student chooses not to inform the Program Director of their pregnancy, the program may be unable to exercise options that could protect the fetus.

For students who voluntarily disclose pregnancy, the Program Director will discuss factors to be considered in cases of pregnancy with the student based on acceptable professional guidelines.

A student is offered three alternatives after the consultation with the Program Director. These are:
1. Immediate withdrawal in good standing from the program. Readmission to the program after the pregnancy will be decided on a case-by-case basis.

2. Continuation in the program after being given specific instruction regarding safety practices, safety monitoring, and specific clinical and laboratory assignments;

3. Continuation in the program with additional safety monitoring but without additional modification of assignments.

The student must be able to progress in all educational experiences of the program, both clinical and didactic. If the student cannot, they will be strongly advised to withdraw as stated in alternative #1 above.

**Leave of Absence Policy**
For a full description of the Leave of Absence Policy, please refer to the Franklin Pierce University Academic Catalog.

**Dress Policy (B3.01)**
PA students are expected to dress in a professional manner during clinical assignments. In certain circumstances, as directed by the preceptor and/or clinical site, students may be required to wear scrubs.

PA students must wear their Franklin Pierce University PA Program nametags OR site name tag at all times during their clinical rotations. This name tag should be visible and clearly identified in the clinical setting to distinguish PA students from physicians, medical students and other health profession students and graduates. It is also recommended that students wear their MPAS short white lab coats which will also aid in the identification. Occasionally and in special circumstances determined by the preceptor and/or clinical site such as the OR, short white coats will not be appropriate.

**Email & Communication Policy**
Program informational emails and document attachments will be sent only to a student’s official FPU account assigned at the time of their admission. Students are responsible for checking their University account daily. This conduit is critical for information sharing. Students bear full responsibility for erroneous or overlooked information if they fail to monitor, read, and respond to email correspondence pertaining to the program.

If you have trouble accessing your Franklin Pierce email account, contact the IT Help Desk at 603-899-4214.

**Issues or Concerns**
Students are encouraged to initially attempt to resolve any issues or concerns by discussing in a timely fashion with his/her preceptor. The student should contact the Course Director or Program Director if unable to reach a resolution or if issues such as personality conflicts, harassment, or inadequate communication, supervision, or learning are taking place.
Late Assignment Policy
Assignments will be due as a file upload during either SCPE or Seminars. Late assignments without prior communication with the Clinical Year faculty and staff may be marked down to a ZERO based on the Course Director’s determination.

Privacy & Confidentiality Policy
PAs have an ethical responsibility to safeguard information obtained in the context of the student-patient relationship during SCPEs. Students are required to maintain strict confidentiality in compliance with HIPAA regulations regarding client/professional interactions. As professionals, PA students are expected to display the highest respect for the privacy of their patients.

Professional Behavior Policy
Students are expected to conduct themselves in a professional manner and to abide by the Academy of Physician Assistant’s Code of Ethics of the Physician Assistant Profession found in the Student Handbook. Violations reported to the MPAS faculty or Program Director either verbally or in writing will be brought to the student’s attention or be dealt with in accordance with the policies and procedures as outlined in the Student Handbook.

Sexual and Other Unlawful Harassment Policy (A3.11, A3.17g)
Franklin Pierce University is committed to providing an environment that is free from sexual harassment. Sexual harassment by any member of the university community if a violation of both the law and University policy and will not be tolerated. Both males and females can be victims of sexual harassment, and both males and females can be perpetrators of sexual harassment. Sexual harassment is an issue that can affect any member of the university community and will be dealt with promptly by the university administration. Violators will be subject to immediate probation and referral to the Academic Progress Committee for discussion to include potential dismissal from the program.

Students are required to abide by the University policy on Sexual and Other Unlawful Harassment as outlined in the current University catalog (see http://www.franklinpierce.edu/academics/ugrad/catalog.htm) and the Sexual Misconduct Policy as described in the Franklin Pierce University Student Handbook (see http://www.franklinpierce.edu/studentlife/student-conduct/Student_Handbook_20162017.pdf#page=22).

Physical Assault
No student, faculty or staff shall push, strike, or physically assault any member of the faculty, administration, staff, student body, or any visitor to the campus. Breach of this policy is considered a major policy violation and will result in the immediate professional probation and referral to the Academic Progress Committee for discussion to include potential dismissal from the program for student violators, and for referral to appropriate authorities for non-student
Infectious & Environmental Hazards Policy (A3.08)
The MPAS Infectious & Environmental Hazards Policy provides students the course of action for addressing potential exposure to infectious and environmental hazards. This policy will be reviewed before students undertake any educational activities that would put them at risk. At a minimum, the instruction will address methods of prevention; procedures for care and treatment after exposure, including definition of financial responsibility; and the effects of infectious and environmental disease or disability on student learning activities. Before patient care or laboratory experiences occur, including on-campus learning activities, students will attend training focused on potential hazards, standard precautions, and safety procedures related to bodily fluids or potentially serious infectious disease exposure. Program faculty and staff will participate in new employee and annual refresher chemical hazard safety and blood borne pathogen Standard Precaution training. All training activities regarding bodily fluid, infectious disease, or environmental hazard exposure control will be documented in the program’s student, faculty, or staff record.

Methods of Prevention
All faculty, staff, and students will utilize Standard Precautions during all activities that present a risk of exposure to blood/body fluids or chemical hazards. Failure to do so will be grounds for disciplinary action. Methods of prevention include the following:

- Standard Precautions: Apply to all patient care and laboratory or technical skills training activities. These practices are designed to both protect healthcare professionals and prevent them from spreading infections to others. Standard Precautions include:
  - Hand Hygiene: Good hand hygiene is critical to reduce the risk of spreading infection.
    - Current CDC guidelines recommend use of alcohol-based hand rubs for most hand hygiene. Washing hands in soap and water should be the rule when:
      - Hands are visibly soiled (e.g., dirt, blood, bodily fluids);
      - After caring for patients with known or suspected infectious diarrhea.
    - Without exception, good hand hygiene must be performed:
      - Before touching a patient, even if gloves will be worn;
      - Before exiting the patient’s care area – after touching the patient or the patient’s immediate environment;
      - After contact with blood, bodily fluids, bodily excretions, or wound dressings;
      - Prior to performing an aseptic task (e.g., placing an IV, preparing an injection);
      - When moving hands from a contaminated body site to a clean body site; and
      - After glove removal.
• Personal Protective Equipment (PPE) includes exam gloves, facial masks, protective eyewear, and gowns. It should be worn whenever the risk of exposure is present. At a minimum, this includes:
  o Exam gloves:
    ▪ Handling blood or bodily fluids;
    ▪ Touching mucus membranes, non-intact skin, or a body orifice;
    ▪ Touching contaminated equipment.
  o Facial masks, protective eyewear and gowns (along with gloves):
    ▪ Performing or assisting procedures with a risk of bodily fluids or other hazardous material exposure (splashes or sprays).

• Safe Injection Practices
  o No recapping of needles unless required by the specific procedure being performed.
  o Use self-sheathing needles and/or needleless systems when available.
  o All needles and other disposable sharps will be placed in designated puncture-resistant container as soon as possible after use.

• Safe Handling of Potentially Contaminated Surfaces or Equipment
  o Environmental cleaning: Areas where patient care is performed will be cleaned and disinfected at the conclusion of every activity.
  o Medical equipment safety:
    ▪ Reusable medical equipment must be cleaned and disinfected (or sterilized) according to the manufacturer’s instructions.
    ▪ If the manufacturer does not provide guidelines for cleaning a device, it may not be suitable for multi-patient use. In this instance, always check with the Course Director or clinical supervisor on how to proceed.

• Respiratory Hygiene/Cough Etiquette
  o Cover mouth/nose when coughing or sneezing.
  o Use and dispose of tissues;
  o Perform hand hygiene whenever hands have contact with respiratory secretions.
  o Consider using a mask to prevent aerosol spread.
  o Sit as far away from others as possible.

Post Exposure Protocols
Should an exposure to blood and/or other bodily fluid or a needle stick injury occur the procedure for obtaining appropriate medical care is as follows:

• Immediate Action
  o Remove any soiled clothing.
  o Wounds and skin sites that have been in contact with blood or bodily fluids
should be washed with soap and water.
- Mucous membranes should be flushed with water (nose, mouth, skin, etc.).
- Irrigate eyes with clean water, saline, or sterile irrigates.
- Note: there is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk of transmission of HIV. However, the use of antiseptics is not contraindicated.
- Use of caustic agents (e.g., bleach) is not recommended.

- **Notify Supervising Preceptor:** The student should immediately notify the preceptor. The preceptor and student should fill out (once immediate medical care needs have been addressed) any “Notice of Incident” form used by the clinical site, and send a copy of the form to the MPAS Program. This form should go with the student to his/her evaluation for treatment.

- **Medical Evaluation:** It is very important that medical evaluation take place immediately because some treatment decisions must be made within 2 hours of exposure. For example, HIV prophylaxis for high-risk exposure appears most effective if started within 2–4 hours. If able, it is also extremely important to evaluate the donor’s risk status immediately. Exposed individuals will go directly to an occupational health clinic, emergency room, or urgent care for assessment and initial prophylactic treatment if needed. If the exposure occurs at an off-campus clinical site, the student should follow the Infection Control policy of that facility (during regular hours). Outside of these hours, the student should go IMMEDIATELY to the nearest emergency room associated with the clinic or office where the incident occurred for the initial evaluation. This evaluation should consider the students (1) current health status, (2) need for tetanus vaccine, (3) hepatitis B immune status, (4) need for HIV testing, and if (5) prophylaxis treatment is needed. Follow up evaluations should occur at an occupation clinic in one week, three months, six months and twelve months. During these visits, the student’s health status is evaluated and repeat HIV testing should be done. If, at any visit, an HIV conversion occurs, the student should be referred to a private medical care that specializes in this treatment. References for current protocol can be found at [http://www.cdc.gov/niosh/topics/bbp/emergndl.html](http://www.cdc.gov/niosh/topics/bbp/emergndl.html).

**Post-Exposure Program Participation**

Continued participation in the activities of the MPAS program will not be affected by any injury or illness that occurs while enrolled, provided the student continues to meet all Technical Standards and fulfill all defined requirements for program progression and is not directly infectious by way of routine contact.

**Insurance and Worker’s Compensation**

As a condition of enrollment, students are required to have health insurance coverage while enrolled in the MPAS program. The cost of insurance and all covered, uncovered or related
health care expenses are the exclusive responsibility of the student and not the responsibility of FPU, SCPE preceptor or SCPE site. These costs may include but are not limited to: immunization, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program-mandated training activities. Proof of insurance coverage must be provided prior to matriculation. In addition, students are not employees of the MPAS program or the hospital, clinic or practice where SCPE rotations occur and therefore they are NOT covered under workman’s compensation. Therefore, students are required to carry medical insurance (throughout the program) to cover the expense should an injury or exposure occur. Costs not covered by insurance are the student’s responsibility.

**Health Insurance Portability and Accountability Act (HIPAA)**
All students are trained in the Health Insurance Portability Accountability Act (HIPAA) ([http://www.hhs.gov/ocr/privacy/index.html](http://www.hhs.gov/ocr/privacy/index.html)) which outlines medical privacy regulations. Students will not be permitted to begin seeing patients without HIPAA training and documentation. Students must demonstrate continuous compliance throughout the course of their education. Failure to do so may result in delay of SCPEs.

**Student Safety During Supervised Clinical Practice Experiences (SCPEs)**
The facility at which the SCPE takes place shall provide to MPAS students access to the facility’s rules, regulations, policies and procedures with which the students are expected to comply, including, the facility’s OSHA, personal and workplace security and personal safety policies and procedures, and shall address all appropriate safety measures for all FPU PA students. It will be the preceptor’s responsibility to take reasonable steps to ensure personal safety and security of students during the SCPE. This is clearly communicated to preceptors and agreed upon in the Affiliation Agreement signed prior to a SCPE.

**Reporting & Responding to Crimes & Emergencies (A1.03)**
All members of the Franklin Pierce University Lebanon campus are encouraged to report emergencies and suspected criminal activity to the Program Director, Associate Directors, Office Manager or administrative staff IMMEDIATELY. The administrative staff will contact the Lebanon Police Department when crimes or emergencies are reported to those offices. The Lebanon Police is part of the 9-1-1 emergency phone system for immediate emergency assistance. If you witness a crime or wish to report an emergency, call 9-1-1 or report in person to the administrative staff office located on the first floor of the Lebanon campus, or to the Program Director or Office Manager located on the second floor of the Lebanon campus.

*When reporting a crime or emergency*
1. Remain calm.
2. Give the location of the incident - building name, room number, and parking lot name.
3. Identify yourself and give a call back telephone number. Your identity will remain confidential if you wish, however it is important we be able to contact you if we need additional information. State the incident you are reporting i.e. theft, medical emergency, etc.
4. Describe the scene - who and how many people are there, if medical treatment is being given, description of subjects, etc.
5. State the subject’s direction of flight, if applicable.
6. Stay on the phone until the dispatcher has recorded all of the information.

When a crime or other serious incident is reported, an officer from the Lebanon Police Department (36 Poverty Lane, Lebanon, NH 03766, 603-448-1212) will be dispatched to the scene to render assistance and/or investigate the incident. If the situation presents a significant or imminent danger to the Community, the Program Director or Associate Directors will determine if notice needs to be made to other members of the campus. All information regarding reports of criminal activity will be forwarded to the Director of Campus Safety at the Rindge campus.

Confidential Reporting
While it is preferable for reports to be made to the Lebanon police department, we understand that some people are not comfortable speaking with an officer. Information regarding an incident can be submitted on a confidential basis to one of the following people:
- Any MPAS Faculty Member: (603) 298-6617
- Dean of the College of Graduate and Professional Studies: (603) 647-3530
- Director of Human Resources and Risk Management: (603) 899-4077

Responding to Emergencies
Response to fire emergencies is provided by the Lebanon NH Fire Department. The Lebanon NH Fire Department provides response to medical emergencies Incidents identified as maintenance related will be referred to the Franklin Pierce University Facilities Department or the building owner as needed.

Evacuation Procedures
Evacuation procedures may be required during a drill or an actual emergency. Evacuation procedures are often implemented during crises that may take some time to investigate. As evacuation from the facility is not business as usual, center or local authorities will provide information during an actual event. Following their instructions is imperative.

Typical evacuation scenarios include but not limited to the following:
- Biological or chemical contaminant released inside or near the facility
- Bomb threat
- Fire and/or smoke alarm

You should follow these steps for all evacuation scenarios:
- Do not hesitate to evacuate (grab your coat if it is cold outside)
- Close office or classroom doors behind you
- Do not use the elevators
- Exit the building down one of the stairwells located in the center of the building
- Gather on the farthest corner away from the building and entrance (if just a drill, you may gather at the picnic tables)
- After you have exited the building, ensure local authorities have been notified at 911
- Wait for “all-clear” instructions from the PA Program Director or faculty

These emergency procedures will be posted where appropriate.

**Fire**

Fires are unpredictable, fast and the smoke from the flames and burning of many different types of material is toxic and deadly. Your safety and the safety of others come first and foremost.

- Sound the building fire alarm, and call 911 immediately.
- Identify the “Fire Exit” nearest your classroom, office or room.
- Leave the building quickly and in an orderly fashion. Do not stop or go back for personal belongings. Do not use the elevator. Use the stairs. Do not lock doors while leaving the building.
- Smoke is the most toxic part of a fire; stay close to the floor.
- Keep out of the way of firemen and police. Remain outside the building. After evacuating, stay with your classmates and/or coworkers so that appropriate personnel can determine if the building has been safely and completely evacuated.
- Notify law enforcement personnel or other authorities on the scene if you suspect someone may still be in the building.
- Do not re-enter a building unless the fire department or Campus Security has issued the “all clear”.
- If you become trapped in a building, DO NOT PANIC!
  - Dial 911 using your cell phone.
  - Put an article of clothing large enough to hang outside the window, if possible, and into the room to mark your location for emergency personnel.
  - If the room has no windows, stay close to the ground; shout out loudly to attract the attention of emergency personnel.

**Note:** If a fire appears controllable, call 911, and then alert everyone to the fire, then use a fire extinguisher to put out the fire.

**Violent Crimes or Hostage Situations**

- If possible, remove yourself and others from harm. If it is not possible to remove yourself from the situation, then hide yourself in a room and lock the door if possible.
- Do not attempt to confront, apprehend or interfere with the perpetrator except in case of self-protection.
- Call 911 for emergency.
  - Provide the location of the suspect(s) including building and classroom.
  - Provide a description of the suspect to include height, weight, sex, race, clothing, age, and name if known.
- Campus Security or local law enforcement is to secure buildings and grounds and alert proper civil officials immediately.
• Do not try to look or peek out windows or doors to see what is happening.
• Do not leave your safe place unless instructed to do so by Campus Security or local law enforcement. Follow their instructions completely.

Medical Emergencies
• Do not move a seriously injured person unless it is a life-threatening situation.
• If you feel you must have immediate help, and it is severe enough that you need Emergency Medical Services, dial 911 from any available telephone.
• Relay important information to Campus Security or local emergency personnel, such as: exact location, your name, name of person injured, type of injury, and extent of injury.
• If possible, do not touch or come in contact with blood or any other bodily fluid because of the possibility of blood borne pathogens, unless you are wearing protective gear such as surgical gloves.
• Stay with the person and reassure them of your presence, and tell them that help will soon be there.

Bomb Threats
Most bomb threats turn out to be false. For the safety and welfare of everyone, however, Campus Security and local law enforcement will not ignore or treat lightly any threat. Each threat is assumed to constitute a clear and present danger to the people on campus and to the campus. If you see something that looks like a bomb or a suspicious package, DO NOT TOUCH IT! MOVE AWAY FROM THE AREA, MOVE OTHER PEOPLE AWAY AND CALL CAMPUS SECURITY. DO NOT USE ANY CELL PHONE OR TWO-WAY RADIO DEVICES.

• Notify Campus Security or call 911 concerning any suspicious package or any threat received by phone, mail, e-mail, text message or any other means.
• If conditions permit, Campus Security or local law enforcement will make a quiet search without alarming faculty, students, staff and visitors.
• If the threat appears credible, evacuate the building and area by quietly asking people to leave or by sounding the fire alarm.
• Do not re-enter an area or building unless Campus Security or local law enforcement gives the “all clear”.

Civil Disturbance
Civil disturbances include demonstrations, riots or assemblies that become disruptive.
• Any person who sees a civil disturbance or becomes aware of the possibility or planning of a civil disturbance must contact Campus Security or local law enforcement.
• Avoid provoking or obstructing demonstrators. Leave the area of the disturbance.
• If you are not in the area, do not go to the area to see what is happening. Avoid the area.
• Close and lock all doors, especially external doors, but do not lock doors to prohibit emergency exits. Close windows and blinds.
• Attempt to continue your normal daily schedule and routine.
• Follow all verbal instructions and commands of Campus Security and local law enforcement.

Problems or Concerns
The Clinical Year faculty and staff are available to address any problems or concerns the student may have. The first step is to email PAClinicalYear@franklinpierce.edu. Emergencies can be directed to the Program Director or to the Course Director.
DECLARATION OF UNDERSTANDING & ACCEPTANCE

A. Working with Diverse Groups
I understand that as part of the educational experience in the MPAS Program, I will work with individuals representing a variety of cultural, religious, ethnic, racial, sexual orientation and socio-economic backgrounds. I agree to participate in such educational experiences with individuals regardless of their background.

B. Health Status
I have reviewed the MPAS Program Technical Standards and, to the best of my knowledge, I do not have any condition which will compromise my ability to perform the duties expected of me as a student in this program. Further, I agree to fulfill any associated health testing or intervention necessary for me to participate fully in assigned SCPEs. I will submit any necessary documentation regarding my health status (e.g., records of immunization) as required by the program or the clinical site, and I will not be permitted to start a SCPE if the documentation has not been completed.

C. BLS & ACLS Certification
I understand that current BLS and ACLS - certifications are required prior to beginning the clinical phase of the MPAS Program and that it is my responsibility to maintain certification and immunizations during the entire clinical curriculum and to provide the appropriate documentation.

D. SCPE Agreement
I understand that the MPAS Program assigns all SCPEs and that there is no guarantee I will be assigned to a specific location or preceptor. I also understand that SCPE sites are subject to change, sometimes without advanced warning. During the clinical curriculum, PA students may have to relocate for periods of time due to availability of clinical sites. Students are expected to provide their own transportation and housing.

E. Communications
I understand that my FPU email is the primary means of communication for the MPAS Program. I will check my FPU email account on a daily basis and respond in a timely manner. Furthermore, I understand that I may be subject to disciplinary action for failure to respond to faculty or staff communications in a timely manner.
F. Statement of Confidentiality
I acknowledge my responsibility under applicable federal law and the Affiliation Agreement between a clinical training facility and FPU to keep confidential any information regarding facility patients, as well as all confidential information of the facility.

G. PA Program Clinical & Professional Phases Handbook
As a Master of Physician Assistant Studies Student at Franklin Pierce University, I have read, understand and accept, and agree to be bound by all the rules, policies and procedures of the Clinical & Professional Phases Handbook.

____________________________________________  _______________________________________
Student Name                                      Date

____________________________________________
Student Signature

This acknowledgement is to be signed and returned to the Course Director by the end of the Preparation for Clinical Education course.

   Note: If students do not sign and return the form, they will still be held to the standards outlined in the handbook.