

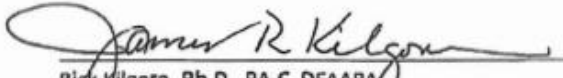


MISSISSIPPI STATE UNIVERSITY™
MERIDIAN
Physician Assistant Studies

CLINICAL HANDBOOK

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Mississippi State University
Master of Physician Assistant Studies Program
2022-2023 Clinical Handbook


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Welcome to the Clinical Phase

Congratulations on completing the didactic portion of the Graduate Program in Physician Assistant (PA) Studies at Mississippi State University-Meridian and welcome to the clinical year! The PA program faculty is very pleased with your accomplishments as you enter this new phase of your training. By working together, I am confident you will have a rewarding and successful clinical year.

During the clinical year, you are responsible for keeping close contact with the program. Please be sure to check your MSU email account daily. This is the only means of communication we have to update you on any changes in assignments or deadlines. Furthermore, please contact the Clinical Coordinator immediately regarding any concerns that arise during your clinical rotations.

The purpose of this manual is to guide you through the transition from the classroom to the clinical setting and it contains specific policies and procedures pertinent to the clinical year. We hope it will help you maximize your clinical learning experiences and make effective decisions during the coming year. Please review and read the contents of this manual thoroughly.

Mission and Vision

Mission

The Mississippi State University-Meridian Master of Physician Assistant Studies Program will educate highly qualified, competent, healthcare providers who will increase access to care and provide primary care services to the diverse citizens of Mississippi.

Vision

The Mississippi State University-Meridian Master of Physician Assistant Studies Program will graduate healthcare professionals who will be leaders in the Mississippi healthcare community, dedicated to increasing access to care and to actively addressing healthcare disparities in the state.

Disclaimer

The information contained in this handbook is an overview of current policies, procedures, and requirements specific to supervised clinical practice experience (SCPEs), elective experience rotations (EERs), and other training/evaluation days during the clinical phase of the MSU-Meridian Master of Physician Assistant Studies Program. It is designed to highlight and outline additional policies, procedures, and requirements specific to these student activities. In no way is it intended to replace the policies and procedures outlined by the Program regarding non-rotation related activities during the clinical year. This handbook is reviewed and updated annually for each cohort. While every effort is made to provide accurate and correct information at the time of publication, the Program and clinical team reserve the right to make changes as necessary to ensure accuracy and alignment with Program and University standards. If changes are made, all students, faculty, and staff will be informed, and an updated handbook will be provided as a PDF file available for download. Please be aware the program does not intend for this handbook to represent an exhaustive list of possibilities that can arise during rotations. Be assured that should unique situations present themselves, they will be handled in a manner that ensures fairness and mutual respect in all cases. All policies apply to all students regardless of location. All final decisions are at the discretion of the Program Director and Head of Campus.

Student Preparation

Get into a “clinical” mindset. Consider yourself a representative of the MSU Master of Physician Assistant Studies and the entire PA profession. Consider preparing yourself with the following:

- *Adequate Fund of Knowledge:* Throughout each clinical rotation and medical career, one will need to continually identify knowledge gaps and determine how to meet these deficits. This will require a frequent, honest self-assessment and the discipline to schedule study time when the student is not in the hospital or clinic. The student should review the syllabi, PAEA End of Rotation Blueprint and Topic List and assess your knowledge of each topic. The student can use these tools to survey progress and get input from the preceptor. Evidence-based medicine skills will be refined and help to develop lifelong learning skills. **Do not depend solely on clinical experience and preceptor to supply all the knowledge needed to succeed on the end-of-rotation exams or the PANCE. The student will need to supplement during the clinical experience with reviewing textbooks, journals, and other resources.**
- *Involvement in Clinical Training:* The greater the effort, the greater the return. Read about each of the conditions encountered daily. Spend as much time as possible at the site, seeking active engagement and volunteering to contribute in any way possible. Many find that the best teaching is "after hours." Step out of comfort zones. Find ways to learn in difficult situations.
- *Emotions:* Many students feel inadequate as they become aware of the responsibilities associated with the PA profession. No one will expect students or professionals to know everything now or while practicing, and most preceptors and staff will be empathetic toward nervousness. It is important to learn to trust yourself, ask questions, listen, and learn. Confidence will develop and grow. It is perfectly acceptable to say, **"I will look it up when I get home and will be able to discuss it with you tomorrow."**

On the other hand, a vast amount of knowledge is gained through this process, and the knowledge base and possibly confidence of the student will rapidly grow. The student should remain humble and recognize significant knowledge gaps which will require daily study.

- *Personal Preparation:* Some rotations require you to take call (to stay at the site late into the evening or overnight), while others may require early morning or late evening hours. Also, all rotations may not be in the local Meridian area of the campus and may require additional lodging and/or transportation planning. The student should anticipate the need for babysitters, dog-walkers, or other care needs.
- *Interpersonal Communication:* One key to a successful rotation is developing a professional and therapeutic relationships with patients, preceptors, and other employees at the site. Mastering “people skills” is a valuable and necessary part of the learning experience and future success as a PA. Be calm, respectful, and courteous to all staff and patients. Be aware of the **tone** of voice, body language, and attitude. It is also important to stand up for yourself when necessary. Learning to balance these two needs is a necessary skill. The clinical rotations provide an excellent opportunity to begin the development of this necessary trait.
- *Oral Presentations:* As part of the rotation requirements, the student will be required to present cases to preceptors, fellow students, and physicians. If the student is uncomfortable with public speaking, practice at home, in front of a mirror, friends, and classmates. Try to practice your presentation beforehand. Adequate preparation and practice will help the student appear confident and well informed. Another tip is to clarify with the preceptor if they prefer an “academic presentation” versus an “abbreviated presentation,” and identify the specialty-specific details which make for a thorough report. It is the responsibility of the student to adjust to the preceptor’s preferences. Be organized and develop a system, and these presentations will become more natural to the student.
- *Getting Help:* The clinical coordinator and program staff are here to support you in times of need. You should call on them as any problem arises which could impact your performance. Do not wait until the situation spirals out of control, and/or your grade is beyond a point to recover. The entire manual is available for download to your personal computer. In addition, each preceptor will be given a manual, which will clarify expectations for the clerkships.
- *Transportation:* Reliable transportation is a program requirement. Many rotations will require the student to drive some distance during off-hours. It is not acceptable to miss time from a rotation due to car trouble. Have a backup plan should car trouble present itself.

Student Clinical Expectations

Curriculum Component Definitions

1. Instructional Objectives: Concepts or behaviors a student will demonstrate after completing the clinical rotation
2. Course Learning Outcomes: Knowledge, skills and behaviors attained at the completion of the clinical.
3. Program Learning Outcomes: Knowledge, attitudes, skills and behaviors required for entry-level PA practice.

LEARNING OUTCOMES [B3.02, 3.03, 3.04]

Rotation – Specific Learning Outcomes

The learning outcomes associated with each rotation are listed in each syllabus. The learning outcomes will be directly assessed for level of competency by the listed clinical preceptor. The syllabi will be distributed to the students and preceptors electronically. The rotation-specific instructional objectives and learning outcomes along with the End of Rotation Exam Topic List and Blueprint located in the syllabi should be the primary focus in preparation for End of Rotation Examination and preceptor evaluation. As each student attains the learning outcomes through each rotation, he/she should have the knowledge, skills, and attitudes to demonstrate the program learning outcomes following the 9th rotation block which are expected for entry-level practice of a physician assistant.

Program Learning Outcomes

MSU has adopted nationally recognized PA Professional Competencies as the basis for the Program Student Learning Outcomes. They articulate what the student will be able to do after he/she completes the Program.

Program Learning Outcome 1 (PLO 1): Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. PA students must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. Graduate PAs are expected to:

PLO 1.1: Apply the medical, behavioral, and social science knowledge necessary to effectively evaluate, treat, and manage patients across the lifespan taking into consideration the patient's personal, social and cultural values as well as social determinants of health.

PLO 1.2: Recognize, assess, diagnose, and longitudinally manage medical conditions in patients across the lifespan with various types of presentations evaluated in various practice settings.

PLO 1.3: Provide counseling, patient education, interventions, and appropriate referral for optimal health with health promotion, maintenance, and restoration.

Program Learning Outcome 2 (PLO 2): Interpersonal and Communication Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. PA students must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system. Graduate PAs are expected to:

PLO 2.1: Demonstrate communication and skills which facilitates the effective exchange of information and collaboration with patients, their families, and other health professionals through a sensitive and respectful manner.

PLO 2.2: Utilize verbal and nonverbal communication skills in a compassionate and culturally responsive manner to accurately assess patient presentation and effectively deliver the management plan through oral and written methods.

PLO 2.3: Exhibit professional and ethical behaviors and attitudes becoming of a medical care provider.

Program Learning Outcome 3 (PLO 3): Patient care

Patient care includes patient- and setting-specific assessment, evaluation, and management. PA students must demonstrate effective, safe, high quality, equitable health care practice. PA students must obtain a relevant medical history, adequately perform physical examinations, and implement treatment plans on patients of all age groups, appropriate to the patient's condition. In addition, PA students must demonstrate proficiency in technical procedures and health care that are effective, patient-centered, safe, compassionate, and culturally appropriate for the treatment of medical problems and the promotion of health. Graduate PAs are expected to:

PLO 3.1: Collaborate effectively within interprofessional teams to provide high quality, multi-disciplinary, patient-centered health care for all patients.

PLO 3.2: Develop patient-centered diagnostic and therapeutic intervention plans based on patient care preferences, current scientific evidence, social determinants of health and informed clinical judgment.

PLO 3.3: Perform procedural and technical skills required for entry-level PA practice.

Program Learning Outcome 4 (PLO 4): Professionalism

Professionalism is the expression of positive values and ideals in the delivery of health care. Professionalism involves prioritizing the interests of others above one's own. PA students must acknowledge their professional and personal limitations. Professionalism requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. PA students must demonstrate a high level of responsibility, ethical practice, sensitivity to diverse patient populations, and strict adherence to legal and regulatory requirements. Graduate PAs are expected to demonstrate:

PLO 4.1: Foster ethical relationships with all members of an interdisciplinary healthcare team, while acknowledging professional and personal limitations.

PLO 4.2: Describe the role of a physician assistant including ethical and profession standards, as well as, legal and regulatory requirements governing PA practice.

PLO 4.3: Demonstrate sensitivity and responsiveness to patients' disability status, healthcare needs, ethnicity, race, gender identity, religion, spirituality, sexual orientation, and social determinants of health in all interactions.

Program Learning Outcome 5: Practice-Based Learning and Improvement

Practice-based learning and improvement includes the processes through which PAs engage in critical analysis of their own practice experience, the medical literature, and other information resources for

the purposes of self- and practice-improvement. PA students must be able to assess, evaluate, and improve their patient care practices. Graduate PAs are expected to:

PLO 5.1: Critically evaluate published practice guidelines and research literature to advance medical knowledge and improve patient outcomes.

PLO 5.2: Engage in self-assessment of medical knowledge, professionalism, behaviors, inherent population bias, and physical limitations to guide on-going professional development and improve patient care.

Program Learning Outcome 6: Systems-Based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. PA students must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Graduate PAs are expected to:

PLO 6.1: Identify components and utilize resources of the healthcare system to support evidence-based patient care and the application of public health and preventative care practices.

PLO 6.2: Demonstrate knowledge of Mississippi healthcare disparities and social determinants of health to develop evidence-based healthcare strategies to reduce these disparities for individuals, communities, and the state.

CLINICAL DUTIES

The role of the student should be that of an active, engaged learner. The student has completed the preclinical training where they learn techniques for history taking, performance of physical examination, various technical skills and proper documentation. Active participation and repetition are the best reinforcement of learning.

- ***The student should***

- actively participate in the role of the provider.
- obtain detailed history and physical examinations.
- formulate a reasoned differential diagnosis.
- recommend diagnostic studies and labs.
- perform and/or interpret diagnostic studies and labs with appropriate supervision
- develop a patient-centered assessment and plan.
- educate and counsel patients across the lifespan regarding health-related issues.
- provide oral presentations.
- complete written documentation.
- engage in multi-disciplinary care coordination.
- participate in disposition planning.
- practice technical skills.
- seek interprofessional learning experiences.
- follow the patient through evaluation processes to better understand continuity of care and procedures.
- seek opportunities to participate in patient follow-up and longitudinal disease management.
- explore in specialty-specific billing and coding.
- seek feedback from the preceptor and other clinical professionals on progress and skills
- complete daily assignments and review with the preceptor and/or other clinical professionals
- participate in clinical activities provided by the clinical site, including but not limited to grand rounds, tumor board, committee meetings, and CME courses.
- maintain the preceptor's schedule, including night shifts, weekend shifts and/or call duty.
- demonstrate emotional resilience and stability, adaptability, and flexibility.
- maintain high ethical and professional standards.

- ***The student is not permitted to***

- function in any role other than that of a student, even if he or she carries an active license or certification for the duty.
- function as an instructional faculty member. **[A3.05]**
- substitute for clinical or administrative staff. **[A3.06]**
- complete personal tasks for preceptors or clinical staff.
- receive any form of compensation for any duties.

Supplies

Arrive to the rotation with the appropriate tools, resources and equipment to be successful. All student property should be labeled with your name and phone number. The university or hosting facility is not responsible to replace lost or stolen equipment. Consider the following supplies to be readily available, dependent upon the specialty of the rotation

- 2 or more pens
- Notebook (pocket-sized)
- Stethoscope
- Tape measure
- Bandage scissors
- Reflex hammer
- Tuning fork
- Otoscope/ophthalmoscope
- Pocket vision screener
- Pocket references
- Specialty-specific text and/or digital access

Informed Patient Consent

The patients are essential partners in this educational endeavor of the PA student. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient's consent must be obtained.

Consent should be confirmed verbally with each patient encounter. The student should be clearly identified as a PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored.

Patients must be informed they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Student Supervision [A2.14, A2.15, A2.16]

Preceptors must hold a current, unrestricted state license in the state in which they are providing care and board certification in the area of instruction. During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an appropriate alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to an alternate, appropriate preceptor.

The student may have additional preceptors in addition to the listed preceptor, providing valuable, broader exposure for the student. Attention should be directed toward ensuring continuity of the learning process. Students are also encouraged to engage in interprofessional activities and may follow patient care through various stages of a multi-disciplinary plan of care (radiology, laboratory, physical therapy, billing and coding, etc.). The program cannot rely primarily on resident physicians for clinical instruction.

[A2.15]

In the case where supervision is not available for any period of time, students should be given an assignment.

A preceptor must interview and examine all patients seen by the student. A preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of competence. Every procedure performed by the student must be evaluated by a preceptor prior to patient discharge.

The PA student is not permitted to order laboratory or diagnostic studies without prior consultation with the preceptor. The PA student is not permitted to evaluate, treat, or discharge a patient without evaluation by a preceptor.

To protect the personal and professional liability and integrity, the student **should not** perform any patient activity in the following scenarios (but not limited to)

- A preceptor is not present on the immediate premises.
- The student has not received adequate instruction and/or demonstrated proficiency to complete the assignment.
- Appropriate supervision is not available at the time the student is expected to complete the assignment.
- There is concern the assigned task may be harmful to the patient.
- The task is beyond the scope of the role of a physician assistant student.

Do not allow a momentary lapse in judgement influenced by a challenge, flattery, or excitement

Student Documentation

Documentation is a critical part of patient care, and students should be provided opportunities to practice this skill and receive feedback. The student should invest time in the first week of the rotation to identify documentation preferences of each preceptor and/or group and take notes to adapt formatting documentation as needed. The student should note that documentation is part of the permanent patient record.

In 2019, the Centers for Medicare and Medicaid Services (CMS) amended the agency's previous restrictions on the use of student medical record documentation during the provision of evaluation and management (E/M) services for billing purposes. Effective January 1, 2020, all preceptors of PA students, including PAs, physicians, and nurse practitioners will be allowed to verify, rather than reperform, documentation provided by students. The link to the final rule is below for reference if needed.

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-24086.pdf>

REMINDERS

- The medical record is a legal document.
- All documented information should be pertinent, concise and accurate.
- Avoid copy and paste.
- Confirm all patient history and information obtained in the intake process.
- Utilize proper format.
- Only use facility – approved abbreviations
- Handwriting documentation is an excellent learning tool.
- The student must indicate authorship by the Physician Assistant Student
 - First Last, PA-S
 - First Last, PA-Student
- All documentation completed by the student must be countersigned by the supervising preceptor.

Appropriate Use of Passwords

A student is not permitted to access electronic patient medical records using another person's username and/or password. There are no circumstances that make accessing the electronic patient medical record under another person's username and/or password acceptable. In the event a student is asked to review or annotate a patient's electronic medical record using another person's credentials, the clinical coordinator should be immediately notified.

Prescription Writing

- Preceptors must review and sign all prescriptions.
- The student's name is not to appear on the prescription.
- It is prohibited to provide the student with pre-signed prescription forms.
- For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription.

PATIENT EXPOSURE

To achieve the established learning outcomes, the student should have exposure to a variety of patient populations and visit types

- a. Throughout the clinical phase, the student should engage in the following rotations **[B3.07]**:
 1. Family Medicine (10 weeks)
 2. Internal Medicine (5 weeks)
 3. Pediatrics (5 weeks)
 4. General Surgery (5 weeks)
 5. Women's Health (5 weeks)
 6. Behavioral Health (5 weeks)
 7. Emergency Medicine (5 weeks)
 8. Elective (5 weeks)
 9. Preceptorship (5 weeks)
- b. Where possible, the student should participate in the care of patients seeking medical care for **[B3.03]**
 1. Patient populations across the lifespan, including pediatric (infant, child, adolescent), adult, geriatric patients
 2. Prenatal and gynecologic care and complications
 3. Behavioral and mental health conditions
 4. Conditions requiring surgical management, including pre-operative, intra-operative, and post-operative care
- c. Where possible, the student should participate in the care of patients in various
 1. Patient Care Settings **[B3.04]**
 - i. Inpatient
 - ii. Outpatient
 - iii. Operating Room (care)
 - iv. Emergency Department
 2. Patient Encounter Types **[B3.02]**
 - i. Acute
 - ii. Chronic
 - iii. Preventive
 - iv. Emergent

- v. Palliative
- vi. Critical care
- d. Where possible, the student should participate in the care of diverse patient populations, including aspects of **[B1.06]**
 - 1. Disability status or special health care needs
 - 2. Ethnicity/race
 - 3. Gender identity
 - 4. Religion/spirituality
 - 5. Sexual orientation
 - 6. Social determinants of health (i.e. socioeconomic status, marriage status, education level, discrimination, healthcare access, etc.)

PROFESSIONALISM [B1.05, C3.02]

As future medical providers, Physician Assistants students are expected to achieve and maintain high standards of conduct and behavior. As the student practices and prepares to become a healthcare professional, these standards of conduct and behavior are an integral part of student assessment, promotion, and completion of the curriculum. In the academic, clinical, and associated settings, the MSU PA Program student is expected to exhibit the following behaviors and/or characteristics

A. Ethical Responsibility to Self and Others [B1.05]

- 1. Acts with integrity in all situations
- 2. Displays academic honesty
 - i. Avoids plagiarism
 - ii. Submits true and accurate reports
 - iii. Completes evaluations objectively and honestly
- 3. Follows rules and procedures of all associated organizations
- 4. Encourages others to behave honestly and ethically
- 5. Assumes responsibility for personal actions performance
- 6. Exercises prudent judgement in decision-making

B. Personal Improvement and Achievement

- 1. Demonstrates initiative to engage in and improve learning
- 2. Demonstrates initiative to improve competence
- 3. Participates in classroom and self-directed learning
- 4. Solicits feedback and guidance with poise
- 5. Performs self-reflection for personal improvement

C. Respect to Self and Others

- 1. Actively engages, listens, and participates in activities
- 2. Speaks respectfully to and about peers, faculty, staff, and patients
- 3. Avoids and disparages vulgar, abusive, or threatening comments or behavior
- 4. Present and punctual for all activities and events
- 5. Works in collaboration with others
- 6. Maintains strict confidentiality of patient records or patient encounters
- 7. Displays cultural sensitivity
- 8. Respects the privacy and property of others

D. Specific Clinical Rotation Considerations

1. A physician assistant walks a fine line when practicing directly under the license of a physician and being an advocate for patients and for the physician assistant profession. It is a PA's duty and responsibility to foster both personal and professional respect. Respect must be earned through hard work, integrity, dedication, and clinical competence.
2. Students should behave as if they are always on a job interview. Professional behavior is always required. Never voice disagreements in front of patients unless a critical situation is at hand. Be slow to form opinions and/or pass judgement; ask for more information before jumping to conclusions. Students will observe clinicians practicing in a variety of styles and making decisions different from that they considered. The student should investigate to understand the rationale for these decisions.
3. During rotations, students may encounter a wide range of opinions among medical personnel regarding physician assistants and the role of PAs in the health care system. Some believe that there is no place for the PA within the practice of medicine. Others have embraced the profession and recognize the contributions to health care. Be prepared to discuss the PA profession, the history, and role within the health care system. Be conscientious to remain calm and professional; avoid taking comments personally. Having a negative interaction with someone who does not support the role is generally not a productive interaction.
4. Patients will also be curious and skeptical to the idea of being cared for by a physician assistant student. Anticipate these responses and develop a way to reassure the patient. Also remember patients have the right to request a different provider or refuse care by any provider. By providing compassionate, high quality care patients will be convinced of the valuable role physician assistants play in the health care system.
5. Students must wear an identification badge which will clearly identify you as a "Student". **You must always clearly introduce yourself as a physician assistant student to each patient you encounter.**
6. Never discuss findings or diagnoses with a patient prior to conferring with your preceptor.
7. Always respect patients' rights and confidentiality. Do not discuss a patient by name with anyone except other members of the health care team, without the patient's consent. Do not discuss a patient's condition with family members without the patient's consent. Never publicly discuss a patient (e.g. in the elevator or hallways).
8. Students must have a chaperone, regardless of gender, for all genitourinary exams and breast exams.
9. You are **PERSONALLY** responsible for the provision of high-quality care to every patient you encounter. You must have personal knowledge (this means personal awareness of the evidence) of the rationale for any treatment plan and personal knowledge of the appropriateness of any therapeutic intervention you deliver or discuss with a patient.

EMPLOYMENT

- a. Students are strongly cautioned against accepting any outside employment while enrolled in the MSU PA Program. The intensity and continuity of the Program is such that employment may detract from course responsibilities and impair academic and/or clinical performance. Each student should also realize that during the clinical year she/he may have requirements for evening, night, weekend, or emergency duty/call, and that some rotations involve changing shifts frequently.
- b. Employment responsibilities are not considered an acceptable excuse for violation of the Attendance policy.
- c. A potential conflict of interest may occur when a clinical training site is also the student's place of employment. In such cases, the student must notify the PA Program prior to beginning the clinical rotation. At the Program's discretion, the student may be reassigned to an alternate clinical experience. In no cases may a student's training overlap with employment.
- d. It is not permissible for students to be paid by their preceptor for the tasks they perform while on clinical rotations. While on clinical rotation, students may not provide services within the clinical supervisor's practice apart from those rendered for their educational value and as part of the clinical instruction experience. **[A3.04]**

USE OF PRECEPTORS AS HEALTH CARE PROVIDERS

At no time during the clinical rotation may a student use a preceptor as a healthcare provider.

Student Requirements

REQUIRED DOCUMENTATION

- a. Successful completion of all components of the didactic phase with GPA ≥ 3.0
- b. Provided documentation of the following:
 1. Background Check
 2. Drug Screen
 3. Medical Clearance
 4. Copy of current driver's license
 5. Comprehensive health insurance coverage
 6. Private transportation
 7. BLS and ACLS certification
 8. Successful and satisfactory completion of Clinical Transitions Course with Clinical Orientation
 9. Successful and satisfactory completion of required safety training
 10. Meets Technical Standards published in the MSU PA Program Student Handbook
 11. Immunization record based on current CDC guidelines for healthcare workers **[A3.07]** is required. Program instructional faculty or staff will not access or review student health records, except for immunization and TB screening results, blood, and/or body fluid exposure reports, drug screening results, criminal background checks and/or any additional information as required for clinical site placement as clearly delineated in the medical release documentation. **[A3.21]**

Vaccines	Recommendations in brief
Hepatitis B	<p>If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should</p> <ul style="list-style-type: none"> Get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks. Get an anti-HBs serologic test 1-2 months after the final dose.
Influenza	Get 1 dose of influenza vaccine annually.
MMR (Measles, Mumps, & Rubella)	<p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).</p> <p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For HCWs born before 1957, see the MMR ACIP vaccine recommendations.</p>
Varicella (Chickenpox)	If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.
Tdap (Tetanus, Diphtheria, Pertussis)	<p>Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).</p> <p>Get Td boosters every 10 years thereafter.</p> <p>Pregnant HCWs need to get a dose of Tdap during each pregnancy.</p>
Meningococcal	Those who are routinely exposed to isolates of <i>N. meningitidis</i> should get one dose.

c. Tuberculosis Screening based on most recently published CDC recommendations as below
Baseline TB Screening and Testing

- All U.S. health care personnel should be screened for TB upon hire (i.e., preplacement). TB screening is a process that includes:
 - A baseline individual TB risk assessment ,
 - TB symptom evaluation,
 - A TB test (e.g., TB blood test or a TB skin test), and
 - Additional evaluation for TB disease as needed
- Information from the baseline individual TB risk assessment should be used to interpret the results of a TB blood test or TB skin test given upon hire (i.e., preplacement). Health care personnel with a positive TB test result should receive a symptom evaluation and a chest x-ray to rule out TB disease. Additional workup may be needed based on those results.
- Health care personnel with a documented history of a prior positive TB test should receive a baseline individual TB risk assessment and TB symptom screen upon hire (i.e., preplacement). A repeat TB test (e.g., TB blood test or a TB skin test) is not required.
- d. During clinical rotations, students must plan for the expense of rotations away from campus (e.g., living expenses, transportation, etc.).
- e. The student is required to survey the requirements for each clinical site at least one month (30 days) prior to beginning the rotation as listed in EXXAT and complete all requirements prior to the start date of the rotation.

- Submit necessary documentation and information for security clearance
 - Submit necessary documentation and information for credentialing
 - Complete necessary computer-based training and/or orientation
 - Complete additional security background checks or urine drug screens
 - The student will be responsible for additional costs associated with any required documentation.
- f. Consequences for failure to notify each clinical site within a timely manner may result in a delayed program completion or graduation due to remediation requirements to fulfill any missed SCPE time and/or competencies.
 - g. The student is required to contact the clinical site at least two (2) weeks, ten (10) business days prior to arriving to a clinical site.
 - h. Students are required to comply with clinical site requirements to provide services within the organization. There are wide variations of requirements regarding testing, screening, and vaccinations. The inability of the student to meet those requirements, and the inability of the PA program to place the student at another approved location within a reasonable time period, may result in the student having to complete another rotation after their clinical rotation assigned sequence, resulting in a delay in their graduation.
 - i. Many clinical sites have COVID-19 vaccination requirements. The mandate may apply to all full-time and part-time workers, vendors, medical and allied health students, contract employees, agency nurses and volunteers.
 - j. Students may be required to demonstrate proof of vaccination before rounding or working at one of the facilities.

LIABILITY INSURANCE

The University will purchase liability insurance on behalf of each student after receiving payment from the student for such coverage. This coverage will extend to claims made against the students during their supervised clinical practice experiences. This policy does not cover a student for clinical or other activities that are not directly associated with the PA Program or assigned supervised clinical practice experiences. The student should request further information from the University's Risk Management Officer if they have any questions related to liability insurance. MSU is a self-insured entity.

SCHEDULE AND ATTENDANCE

The program is responsible for the coordination of clinical sites and preceptors for clinical rotations. Students may not solicit clinical sites. [A2.14, A3.03]

- a. **Clinical Phase Schedule (Calendar [Appendix M](#) ***dates are subject to change***)**
 - All students will complete seven (7) required rotations, (1) elective and (1) preceptorship rotation. Required rotations include [B3.07]
 - Family Medicine
 - Internal Medicine
 - Emergency Medicine
 - General Surgery
 - Pediatrics
 - Women's Health
 - Behavioral Medicine
 - Each rotation is five (5) weeks duration, except family medicine is ten (10) weeks in duration.
 - Students are not allowed to participate in a rotation with a preceptor associated with a family member, friend or any other person who may be influenced by factors other than clinical performance of the student.

- The clinical rotation schedule has been planned with special consideration and concentration on the needs of the students, faculty, and clinical sites; however, it is **subject to change**.
- No international rotations will be scheduled.

b. Clinical Rotation Schedule

- Upon starting each clinical rotation, the student should engage the preceptor to establish a schedule for the duration of the clinical rotation, which must be submitted to the clinical coordinator via email **no later than day 3** of the rotation.
- During the clinical year, students are expected to keep the **same schedule** as their primary clinical preceptor.
 - If the preceptor is working on a scheduled university holiday, the student is expected to work also.
 - If a clinic/preceptor is observing a holiday that is also recognized by the university as a holiday, the student may observe the holiday as well.
 - The student is expected to participate in a minimum of 36 hours of clinical instruction each week, not to exceed 80 hours per week.
- If a preceptor cannot supervise or must be away from the site, the student should contact the clinical coordinator.
- Students do not accrue “vacation time” and should not abuse the privilege of “excused absences.”
- The clinical coordinator must approve all absences; the preceptor may not approve absences, late arrival or early departure.

c. End of Rotation Activities

- Attendance and participation in end of rotation activities, assessments and administrative tasks is mandatory.
- It is the responsibility of the student to check email messages for exact dates, times, and locations.

d. End of Curriculum Activities

- The Summative Experience and Capstone presentations will occur following the 9th block of rotations.
- The students will be required to pass the Summative Experience which will consist of topics such as patient care skills, diagnostic interpretation, medical decision-making, interpersonal skills, and professionalism.

e. Attendance

- Unexcused absences are Professionalism Violations, and the procedures set forth in the Student and Clinical Handbooks will be followed.
 1. More than one (1) unexcused absence in the Clinical Phase is considered a severe/egregious Professionalism Violation and will result in referral to the Promotions Committee for review and consideration of Probation, Remediation, and/or Dismissal.
 2. Arriving more than 15 minutes late on two (2) occasions will be considered an unexcused absence.
 3. Based on the professional judgement of the preceptor, Clinical Coordinator and Promotions Committee, the student may be required to make-up days of unexcused absence and/or repeat the clinical rotation.

- Excused and unexcused absences will be determined in accordance with University policy <https://www.policies.msstate.edu/policy/1209> policies set forth in the Student and Clinical handbooks.
- Excusable absences will require submission of DOCUMENTATION and be consistent with **MSU OP 12.09:**
 1. Illness
 2. Death or serious illness in immediate family/partner
 - i. Leave for grievance is granted for up to three (3) days.
 - ii. Immediate family is defined as student's partner, the student's spouse, the student or spouse's/partner's children, stepchildren, parents, brothers, sisters, grandparents, and grandchildren.
 3. Jury duty
 4. Military service
 5. Subpoena
 6. Natural disaster and weather emergencies
 7. Religious observances
 8. Documentation of the above excusable absences requires signed documentation from the appropriate source (e.g. medical provider, court agent, military supervisor, religious calendar etc.) verifying the student's absence. All documentation must be submitted to each course instructor(s) upon returning to class.
- Absence \geq 1 hour of clinical instruction with appropriate documentation will result in one-half day deduction of allowable excused absences.
- Absence \geq 4 hours of clinical instruction with appropriate documentation will result in one day deduction of allowable excused absences.
- The student will have up to four (4) total days of allowable excused absence for the 15-month Clinical Phase.
- More than three (3) absences in a single rotation will require remediation and possibly repeating the rotation.
- A student with more than 4 absences in the clinical year will be referred to the Promotions Committee for review to determine if clinical exposure has been compromised to a degree which would impede ability to attain competence. Remediation and/or repeating the rotation may be required which may impact the graduation date of the student.
- Requesting Absence
 1. A student may submit the Absence Request Form ([Appendix E](#)) with appropriate documentation to the Clinical Coordinator for approval.
 2. Requests should be submitted > 1 week in advance to be considered.
 3. Request for absence to attend professional conferences must be requested > 2 months in advance. These absences will not be deducted from the allotted four (4) excused absences.
- Reporting Absences and Tardiness
 1. All absences and/or tardiness must be reported to the Clinical Coordinator and the Clinical Preceptor via phone by 8:00 am on the day of the absence.
 2. The Absence/Tardiness Report Form ([Appendix F](#)) must be submitted to the clinical coordinator electronically on the day of the absence/tardy.
 3. More than two (2) late will result in an unexcused absence, and professionalism remediation will be required.

4. Failure to accurately report absences/tardy incidents will be considered an unexcused absence, which is Professionalism violation and a form of academic dishonesty. The student will require professionalism remediation and referral to the Promotions Committee for review.
 5. Abuse or fraudulent documentation of the Attendance and/or Reporting Absences policies will have a significant effect on the student's Professionalism Assessment and may be grounds for dismissal from the Program.
- The Clinical Coordinator will have the authority to approve any schedule modifications to ensure the student has sufficient patient exposure to attain established learning outcomes.
 - Any extenuating/unusual circumstances not clearly defined about will be reviewed by the Clinical Coordinator

IDENTIFICATION [B3.01]

- a. Students must always introduce themselves and be introduced with name and position of "Physician Assistant Student."
- b. Students must wear the Mississippi State University student identification badge when participating in any clinical activity.
- c. Student must wear an identification badge accepted by the affiliated entity hosting the student, which may be in addition to the required MSU student identification badge.

DRESS CODE

- a. **Professional attire is mandatory for students and includes the following:**
 - Conservative fashion, clean and pressed short white lab coat, and nametag as noted in the "Identification" section above.
 - The length of skirts, dresses, etc. must not be shorter than three (3) inches above the superior edge of the patella.
 - Clothing should not be tight fitting.
 - All shirts/tops must either overlap the bottom garment or be tucked inside the bottom garment.
 - Closed toe and heel shoes; shoes must be clean and in good condition.
 - Heels no higher than two inches.
 - Hospital Scrubs are not to be worn in clinical areas except for the operating room unless approved by the clinical preceptor.
 - All body art, piercings must be concealed.
 - Jewelry should be minimal and conservative
 - Limit of 2 earrings per ear; No earring > 1 inch in any direction.
 - No facial or visible body jewelry.
 - No bracelets, or long necklaces, dangling earrings or large rings.
- b. **Hair and Nails**
 - Hair should be clean and arranged not to interfere with patient care activities.
 - Hair should be pulled back and contained in a suitable manner if longer than shoulder length.
 - Facial hair must be neatly groomed.
 - Fingernails should be kept clean and trimmed, not to exceed ¼ inch beyond the fingertip.

- Nail polish, artificial nails/wraps or acrylic overlays are not permitted for reasons of infection control.
- c. **Hygiene and Fragrance**
- Students should have excellent daily hygiene that includes clean teeth, hair, clothes, and body, including use of deodorant.
 - All students must be fragrance-free, including abstaining from wearing cologne/perfume.

TRAVEL

- a. Students may be required to travel beyond the local Meridian area to obtain clinical experiences to provide clinical experiences to achieve desired learning outcomes.
- b. Students are responsible for arranging lodging and all expenses associated with travel including room and board, transportation, parking, and meals.

COMMUNICATION

- a. Email is the main tool for contacting preceptors and associated staff for clinical rotations. It is imperative to be purposeful and prudent in all communication.
 - Always address an email with an appropriate salutation, even if the recipient is less formal (Dear Professor Jones, Dear Ms. Wiles).
 - Always conclude message with a complimentary closing and signature.
 - All message content should be concise, topical professional. If you are questioning the appropriateness of a detail or comment, it is likely prudent to simply exclude.
 - Always respond. Ignoring an email is often perceived as ignoring a phone call.
 - Demonstrate discretion when carbon copying (CC) an email.
- b. Limit texting.
- c. Email and CANVAS will be the primary means for communication between students and the program.
 - It is the responsibility of the student to check email daily.
 - It is the responsibility of the student to check CANVAS for announcements or other updated information daily.

ELECTRONIC DEVICES

- Students are permitted to use electronic devices to aid in patient care and/or medical education.
- Ringtones and ring volume should be appropriate for the learning environment.
- Do NOT take pictures or videos while at a clinical site for any reason.
- Electronic devices are not permitted during lectures, conferences, grand rounds, and/or attending rounds.
- Students should be respectful of others in the learning environment and demonstrate common courtesies.
- Any student observed utilizing electronic device(s) for purposes other than patient care or medical education during clinical hours is subject to Early Concern Notice and professional remediation.
- Preceptor/Clinical Staff Communication
 - Students are not permitted to engage in social activities and/or personal relationships outside the professional learning environment.
 - Communication should be restricted to patient care and/or medical education matters.

- Students are not permitted to communicate with preceptors or clinical staff through social media accounts.
- Each student must not share any identifiable information about patients, other MSU students, faculty, employees, preceptors, or clinical affiliates via electronic means without expressed permission from the source to be identified.
- Each student is expected to know how to protect their own privacy and limit how, when, where and with whom information is shared.
- All electronic communication with the MSU MPAS Program must be conducted via the free, University-supplied email account.
- MSU-MERIDIAN MPAS students are expected to adhere to the standards of conduct listed below in the clinical setting. Laws and policies respecting conflict of interest as well as applicable policies and guidelines for interacting with patients, preceptors, etc., apply online and in the social media context just as they do in personal interactions. Students are fully responsible for what they post to social media sites. Please read the following guidelines and policies and adhere to them throughout the clinical year.
 - Use good judgment about content and respect privacy laws; do not include confidential information about the University, its staff or its students.
 - Post only content that is not threatening, obscene, a violation of intellectual property rights or privacy laws or otherwise injurious or illegal.
 - Representation of your personal opinions as being endorsed by the University or any of its organizations is strictly prohibited. MSU's name or marks may not be used to endorse any opinion, product, private business, cause or political candidate.
 - By posting to contend to any social media site, the poster represents that the poster owns or otherwise has all of the rights necessary to lawfully use that content or that the use of the content is permitted by fair use. Posters also agree that they will not knowingly provide misleading or false information, and they will indemnify and hold the University harmless for any claims resulting from the content.
 - Refrain from using information and conducting activities that may violate local, state or federal laws and regulations. If you are unsure whether certain content is protected by privacy or intellectual property laws, contact the Clinical Coordinator for clarification.
 - Do not post information, photos or videos that will reflect negatively on you, your clinical rotation site, preceptor, academic department or MSU.
 - Participation in Social Networking during clinical rotation hours is strictly prohibited.
 - Posting material that is unlawful, obscene, defamatory, threatening, harassing, abusive, hateful, slanderous to any other person or entity is strictly forbidden.
 - Personally identifiable information that can be used to locate someone offline, including but not limited to photographs, location, patient identifier, job setting or ID badges, phone numbers, home or local addresses, birth date, and email addresses should not be posted.
 - It is recommended that you **NOT** post items such as:
 - "I will be out of town for XYZ rotation"
 - "I'm so tired I can't keep my eyes open"
 - MSU-MERIDIAN MPAS program strictly forbids "friending" patients or caregivers on social media websites unless the friendship pre-dates the treatment relationship.
 - Keep in mind that you should not disclose confidential information about any clinical rotation site, its professionals, or patients. It is also unprofessional to discuss personal opinions about a clinical site and/or its patients and staff.

- Under current law, it is forbidden to disclose any personal health information, including imaging of patients or discuss patient cases in any social network or digital media. Such conduct would be a direct violation of HIPPA guidelines.
- Do not post any derogatory, offensive, disrespectful or disparaging remarks about faculty, fellow students, patients, preceptors or clinical sites. This causes an erosion of trust and demonstrates unprofessional behavior.
- Be respectful and professional in the relationship with clinical site employees, customers, suppliers, other health centers and patient and families in general. Remember whatever you post will be the basis of your professionalism. Employers and hospitals use social media to research new candidates during the hiring and credentialing process.

REQUIRED TRAINING

Students are required to complete training for the following. Failure to complete training may result in a hold on clinical rotations and/or program activities.

1. HIPAA
2. Standard precautions
3. Basic Workplace Safety (OSHA)
4. Bloodborne Pathogens
5. Biosafety

STUDENT HEALTH, SAFETY AND SECURITY [A3.08, A1.03]

For the safety and security of students, patients, and staff, it is essential each student is provided proper orientation to each clinical site regarding safety and security protocols and procedures. General Guidelines below should be considered; however, the established guidelines of each clinical site take precedence.

Standard Precautions

Standard precautions are the minimum practices for injury and infection prevention which should be applied to every patient encounter in every setting. These precautions are exercises to protect patients, families and healthcare professionals from injury and communicable disease spread. Report of failure to properly follow Standard Precautions is a professionalism violation and will warrant appropriate remediation.

1. Hand Hygiene: before and after each encounter, even when gloves are used, is required. An alcohol-based rub should be used except when hands are visibly soiled or after encountering a patient with suspected infectious diarrhea, which warrants soap and water.
2. Personal protective equipment (PPE):
 - a. Examination gloves should be worn when there is potential for contact with mucous membranes, wound, blood, body fluids, contaminated body site or equipment.

- b. Facial masks, protective eyewear and/or gowns should be worn when participating in procedures with risk of splashing or spraying of body fluid, specimen, or hazardous material.
3. Sharps safety:
 - a. Do not recap needles.
 - b. Place all needles and disposable sharps in designated sharps containers as soon as possible; do not leave sharps at bedside.
4. Decontamination of surfaces and equipment
 - a. All areas where patient care activities are performed should be routinely cleaned and disinfected after each patient encounter with the appropriate cleaning supplies to decontaminate any known pathogen.
 - b. Reusable medical equipment must be cleaned and disinfected consistent with the manufacturer's manual.
5. Respiratory hygiene
 - a. Cover mouth and nose with coughing or sneezing with a tissue. Cough into the crook of the elbow.
 - b. Immediately dispose tissue and perform hand hygiene.
 - c. Consider using a mask to prevent spread of communicable disease.

Body Fluid Exposure or Needle Stick Injury [A3.08]

https://www.cdc.gov/hai/pdfs/bbp/exp_to_blood.pdf (**Appendix D**)

<https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

1. Wash with soap and water as appropriate; mucous membranes should be flushed with water.
2. Immediately notify the preceptor.
3. The office to contact will vary by clinical site, but is usually Infection Control, Employee/Occupational Health, or the Emergency Department.
4. Complete an Incident Report at the site and take to evaluation.
5. Complete a Risk Exposure Evaluation at the site and take to evaluation.
6. Seek immediate medical care because treatment decisions must be made within 2 hours.
7. Medical evaluation facility:
 - If the incident occurs in the Starkville, MS area during regular business hours, report to Longest Student Health (662-325-4539).
 - If the incident occurs in the Meridian, MS area during regular business hours, report to Work Force Wellness in Meridian, Mississippi (601-703-4415).
 - If the incident occurs any other time, report to the nearest emergency department for the initial evaluation.
 - Follow-up will occur in the above listed facilities.
8. Notify the Clinical Coordinator or Program Director as soon as possible.
9. Notify Longest University Health Services (662-325-7539) to have the student's medical record updated accordingly. (if appropriate)
10. The program is responsible for all fees associated with occupational exposure evaluation and treatment.
11. Understand that the effects of infectious or environmental hazard injury or exposure may significantly affect student learning activities. This may include, but is not limited to, taking a leave of absence or withdrawing from the PA Program.
12. For additional assistance, contact the Center for Disease Control at 1-888-232-6348 or <https://www.cdc.gov/niosh/topics/bbp/guidelines.html>

Safety and Security

Quick Safety Tips

- Be aware of your surroundings at all times including exit locations.
- Always keep your doors locked.
- Store valuables out of sight in your vehicle.
- Obey all traffic signs.
- Watch out for pedestrians.
- Mark/identify belongings such as computers, thumb drives, umbrellas, etc.
- Do not prop the door open for anyone.

<https://www.meridian.msstate.edu/campus-services/campus-police/safety-tips/>

Threats of violence or dangerous situations

- Leave the area and get to a safety.
- Call 911 and describe the incident and those involved.
- Do not put yourself in harm's way to break up an argument.

Hostage Situations

- Press a "Panic Button" if available or call 911.
- Avoid actions that could escalate the situation or result in further harm of you or others.
- Remain quiet unless directly addressed.
- Position yourself away from windows & doors.
- Remain calm and make mental notes of the suspect(s).

An Active Threat may be someone with a gun, knife, car, or other weapon. The person is indiscriminately attacking targets or opportunity. Mississippi State University recommends remembering Avoid, Deny, and Defend to help your response.

- Avoid – Get away from the threat.
- Deny – If you cannot escape, lock or block yourself into a room. Turn off lights and your cellphone ringer.
- Defend – If you are unable to Avoid or Deny, you may need to defend yourself from an attacker. Coordinate with others and use any objects around you as weapons.

Sexual Harassment and Discrimination [A3.11, A3.12]

- In addition to being a violation of state and federal law, behavior involving unwanted sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature is incompatible with faculty, staff, and student status at MSU-MERIDIAN. Please refer to MSU OP 3.02 and MSU OP 3.04.

<https://www.policies.msstate.edu/sites/www.policies.msstate.edu/files/0302.pdf>

<https://www.policies.msstate.edu/sites/www.policies.msstate.edu/files/0304.pdf>

Examples of prohibited harassment may include, but are not limited to:

- sexual harassment, such as repeated and unwanted sexual or romantic solicitations, displaying sexual images in the workplace, or conditioning favorable treatment in connection with a university program upon sexual favors;
- physical harassment, such as touching, pinching, grabbing, or brushing against another person without their consent;

- severe, pervasive, or persistent insults, jokes, or derisive comments about a person's sex, race, religion, sexual orientation, or other protected characteristic.
- **Reporting**
 - If you experience discrimination, harassment, or retaliation, remove yourself from the situation as quickly as possible and report the incident to the Clinical Coordinator. This may require changing clinical sites, and every effort will be made to avoid disruption in the clinical year education process.
 - You should also contact the Director of Title IX/EEO Programs in the Office of Compliance and Integrity. If you experience workplace discrimination or harassment, you may contact either the Director or the Department of Human Resources Management.
 - The Director of Title IX/EEO Programs is Brett Harvey. He can be reached at [\(662\) 325-8124](tel:662-325-8124) or at brett.harvey@msstate.edu.
 - Human Resources Management is located at 150 McArthur Hall and can be reached at [\(662\) 325-3713](tel:662-325-3713).
- Engaging in romantic or sexual relations or relationships with individuals at clinical rotation sites (i.e. physicians, residents and other students, support staff, etc.) will be considered an egregious professional conduct transgression and be handled as established in the Student Handbook.

Incident or Injury

- In the event of an incident that may place a PA Student in harm's way, but no injury has occurred, the PA student must notify the Program as soon as possible.
- Contacting the PA Program can be accomplished by:
 - Program during office hours ([\(601-696-2320\)](tel:601-696-2320))
 - Program Director ([\(601-484-0196\)](tel:601-484-0196))
- In the event of an incident resulting in an injury to a PA Student occurring during a PA Program activity, the appropriate PA Faculty member must complete the Incident Report Form found in the Student Handbook and submit to the Program Director.
- Once the student has received proper medical care as sought by the student, the PA Program is to be notified within 24 hours.
- In case of emergency, call 911 immediately.

Weather, Emergency, and Disaster-related incidents

- For clinical rotations in the local Meridian area. MSU administration has the capability to transmit pertinent information through the mediums of websites, phone trees, e-mail, and text messaging to the entire spectrum of students, faculty, and staff for emergency, or disaster-related alerts.
 - Important information regarding this emergency notification system may be found at:
 - <https://www.emergency.msstate.edu/guidelines/>
 - <https://www.emergency.msstate.edu/maroon-alert>
- For clinical rotations outside the local Meridian area, students should closely monitor local television and radio stations and follow the recommendations of the facility, local

authorities, and/or National Weather Service. Once the student is in the recommended safe environment, the student should notify the Clinical Coordinator.

Building Evacuations

1. Try to remain in a group as you evacuate.
2. Avoid using elevators.
3. Proceed to an outside meeting area, at least 500 feet from the building(s).
4. Once at the meeting area:
 - Report any important details to local or facility authorities.
 - Stay clear of emergency vehicles.
5. Everyone should stay in the meeting area until instructed by authorities.
6. Do not activate a fire alarm unless there is a fire.

General Evacuation Guidelines

1. Plan for an evacuation before an emergency occurs. You should avoid:
 - Congested areas and intersections
 - Construction zones
 - Emergency or dangerous areas
2. Remain calm as you evacuate and encourage others to do the same.
3. Use caution when walking & driving. Increased pedestrian traffic should be expected.
4. Depending on the emergency, Contra-flow of traffic may be used.
5. Use caution at intersections. Law enforcement may be involved in emergency response and may not be available to direct traffic.
6. Discuss an off-campus reunification location with family & friends.
7. Be patient. You should expect delays during an emergency evacuation.

Earthquake

If indoors, Drop, Cover, and Hold On:

- Drop – Get low to the ground.
- Cover – Get under a table or desk and cover your head & neck.
- Hold on – Hold on until the shaking stops.
- Do not evacuate until the shaking stops and it is safe to move.

If outdoors:

- Stay away from buildings, trees, poles, and other structures.
- Continue to keep clear of buildings and other structures. There could still be a risk of collapse.

If in a vehicle:

- Stop the vehicle away from buildings, poles, overpasses or other structures.
- Remain in the vehicle and avoid driving over bridges or other roadways that may have been damaged.

After an earthquake:

- Anticipate aftershocks.
- Be aware of other hazards (gas leaks, electrical wires, unstable structures, etc.)
- Assist others to safety.
- Do not attempt to enter a building that has been damaged.
- Report injuries and problems to 911.

Severe Weather / Tornado

Stay informed about current weather conditions:

- **Tornado Watch** – Conditions are favorable for a tornado to develop.
- **Tornado Warning** – A tornado has been sighted or indicated by radar.
 - Follow the clinical site's severe weather / tornado response plan.
 - Move to a room with few or small windows and on the lowest level.
 - Assist others, as needed.
 - Laboratories should be secured. Turn off gas burners, properly dispose of sharp material and other equipment that could cause additional hazards.
 - Do not attempt to drive during dangerous conditions. Move to a safe building and follow the instructions above.
- **Severe Thunderstorm Warning** – A strong thunderstorm capable of producing high winds, tornados, and/or hail has been sighted or indicated by radar.
 - Follow the clinical site's severe weather / tornado response plan.
 - Monitor the weather and alert systems closely.
 - Do not attempt to drive during dangerous conditions.
- **Flash Flood Warning** – Weather or other events may cause a rapid flooding of roadways, low-lying areas or areas of poor drainage.
 - Follow the clinical site's severe weather plan.
 - Monitor the weather for alert systems and road closings closely.
 - Do not attempt to drive during dangerous conditions.

Sheltering in Place

Sheltering from severe weather

- Move to the lowest floor and into an interior room.
- If possible, avoid sheltering in rooms with windows.
- Stay completely in the room and cover your head & neck.

Smoke or Fire

When a fire or potential fire is discovered, take the following steps immediately.

1. Warn others. Activate the nearest fire alarm pull box.
2. Notify the facility operator of the proper code per clinical site procedures or call 911.
3. Evacuate the building using the Emergency Evacuation Plan.
DO NOT USE ELEVATORS!
4. Keep all roads clear for emergency response vehicles.
5. No one will be allowed into the building until fire officials deem the building safe and secure.

The mnemonic RACE may help you remember what to do during a fire:

- **R – Rescue & Remove** anyone from immediate danger from a fire. Try to keep groups/classes together.
- **A – Alarm** Activate the nearest fire alarm and/or call 911 with important information.
- **C – Contain** Help contain the spread of the fire by closing doors in the area. Always feel of a door for heat before opening.
- **E – Extinguish** You may be able to extinguish small fires (about the size of an office trashcan). Do not waste evacuation time or put yourself in danger by trying to extinguish a fire. Evacuate for all fires & fire alarms.

Once you are a safe distance from the building, reunite with your group to make sure everyone is safe. Do not attempt to reenter a building.

To operate a fire extinguisher, remember PASS:

- **P – Pull** the pin
- **A – Aim** the extinguisher at the base of the fire

- **S – Squeeze** the handle
- **S – Sweep** from side to side at the base of the fire

Suspicious Devices or substances (gas leaks, bomb threats, drones)

If you find a suspicious device or substance

- Clear the area and call 911 from a safe distance.
- Do not use a phone or radio near the area.
- Follow instructions from police for possible evacuations.
- If you see a drone / UAS flying over campus, please notify the appropriate authorities. If it lands, do not approach or try to capture it.

If a bomb threat is phoned in

- Obtain as much information as possible from the caller. Use the Bomb Threat Information Checklist to help you.
- Try to signal someone to call 911 while you continue taking notes.
- Relay important information to University Police. This may include background noises, voice tone, specific wording, etc.
- Be sure to familiarize yourself with building evacuation plans through each orientation process of each clinical site.

<https://www.emergency.msstate.edu/guidelines/suspicious-devices-substances/>

CLINICAL ROTATION REASSIGNMENTS

The Clinical Coordinator and program faculty carefully screen all clinical preceptors utilized by the program. Despite clinical site evaluation and preceptor orientation, certain challenges may not be predicted. If a challenge presents, a student may request reassignment to another rotation. When this occurs, the Clinical Coordinator will evaluate and render an appropriate decision. If a student is reassigned to another rotation, but the rotation schedule does not allow for an alternate rotation site, the student will be given a grade of incomplete ("I") and will be required to complete the rotation as allowed by scheduling. If there is delay in program completion, the student will not be responsible for additional tuition in this situation.

ASSESSMENTS [c3.01]

Developing an effective and productive medical care provider is multi-faceted; therefore, the assessment of each rotation will reflect this with multiple components. Each rotation is an individual course. All required rotations will be graded in the same fashion. The students return at the completion of each rotation, to complete an end of rotation exam. The only exception being the Family Medicine rotation for which the student will be required to return at the end of the fifth week without taking an End of Rotation examination.

Required Rotations

1. PAEA End of Rotation Examination

The student will take the End of Rotation Exam with content based on the PAEA Topic List and Blueprint specific to each specialty.

- The student should obtain a calculated score ≥ 70 on the End of Rotation Examination.
- If the student fails to obtain a passing score, remediation will be required.
- One retake examination will be permitted after completion of deficiency-specific remediation assignments.
- Failure to obtain a calculated score ≥ 70 on the second attempt of the End of Rotation examination will result in failure of the overall course, regardless of total calculated grade for the course, which will require repeat of the clinical rotation which may include loss of an elective rotation opportunity or additional time in the program.

2. Student Clinical Performance Evaluation

At the conclusion of the clinical rotation, the Student Clinical Performance Evaluation will be completed by the listed preceptor. The evaluation is based on the course learning outcomes and objectives which support the Program Learning Outcomes. The final grade calculated for the Student Clinical Performance Evaluation is to the professional discretion of the Clinical Coordinator.

- The student should obtain a calculated score ≥ 80 on the Student Clinical Performance Evaluation completed by the listed preceptor.
- Any individual section of the evaluation with calculated score < 80 may require remediation at the discretion of the Clinical Coordinator.
- Student Clinical Performance Evaluation evaluations are subject to review and/or learning outcome re-evaluation based on the professional judgment of the Clinical Coordinator.
- A remediation plan may be required. An adjusted overall calculated score < 80 will result in failure of the rotation, regardless of overall calculated course score for the course.

3. *Writing Assignments*

Specialty-specific writing assignments will be required to critically review the current medical literature on a chosen topic to evaluate the care provided to a specific patient.

4. *Board Preparation Assignments*

Students will be assigned board preparation assignments for each rotation. Assignment deadlines should be acknowledged per each course syllabus.

5. *Patient Logging*

Exxat will build a portfolio for you to help market yourself for potential employment. To open as many opportunities as possible, it is in your best interest to log the specifics all patient encounters and all procedures. Logging for each week is due by Sunday no later than 11:59 pm and will be reviewed weekly by a faculty member.

- Student logging is an integral part to proving sufficient exposure to achieve competencies for each clinical rotation.
- Students should log patients they directly assess as well as patients in which they actively engage in a learning experience, including observation and/or discussion i.e. grand rounds.
- Failure to maintain calculated score $\geq 80\%$ will result in failure of the rotation requiring repeat rotation for remediation.
- Logging incorrect information represents academic dishonesty.

6. Formative Assessments

- The Mid-rotation Student Clinical Performance Evaluation ([Appendix I](#)) is a formative assessment to be completed by the preceptor of record and submitted electronically through Exxat. Assignment deadlines should be acknowledged per each course syllabus.
7. **Additional Assessments:** Preceptor Evaluation by the Student and Clinical Site Evaluation by the Student should be completed by the student and submitted electronically. These evaluations will be due on the last day of the rotation at 11:59 pm. Self-assessments will be intermittently completed by the student to evaluate growth.

Elective Rotation Assessment

1. Oral Case Presentation

The student will develop a presentation and orally present a patient case based on the NCCPA blueprint topic. Presentations should be no longer than 15 minutes duration, and the student will be graded on the presentation as well as presentation skills. The rubric can be found in the course syllabus.

2. Student Clinical Performance Evaluation

At the conclusion of the clinical rotation, the Student Clinical Performance Evaluation will be completed by the listed preceptor. The evaluation is based on the course learning outcomes and objectives which support the Program Learning Outcomes. The final grade calculated for the Student Clinical Performance Evaluation is to the professional discretion of the Clinical Coordinator.

- The student should obtain a calculated score ≥ 80 on the Student Clinical Performance Evaluation completed by the listed preceptor.
- Any individual section of the evaluation with calculated score < 80 may require remediation at the discretion of the Clinical Coordinator.
- Student Clinical Performance Evaluation evaluations are subject to review and/or learning outcome re-evaluation based on the professional judgment of the Clinical Coordinator.
- A remediation plan may be required. An adjusted overall calculated score < 80 will result in failure of the rotation, regardless of overall calculated course score.

3. Reflective Journaling

The student will submit three (3) reflective journaling pieces for the elective. See end of document for rubric and assignment instructions. Each piece will be graded independently. Journaling is due by the last Thursday of the rotation no later than 11:59pm. Identify a positive or negative clinical incident in relation to patient interaction, clinical decision making, navigating the healthcare system, or stigma issues. Instructions and rubric for this assignment are in the course syllabus for review.

4. ROSH Review Assignments

Students will be assigned a quiz of 80 questions for each 5 week rotation. Assignment deadlines should be acknowledged per each course syllabus.

5. Exxat Patient Logging

Exxat will build a portfolio for you to help market yourself for potential employment. To open as many opportunities as possible, it is in your best interest to log the specifics all patient encounters and all procedures. Logging for each week is due by Sunday no later than 11:59 pm and will be reviewed weekly by a faculty member.

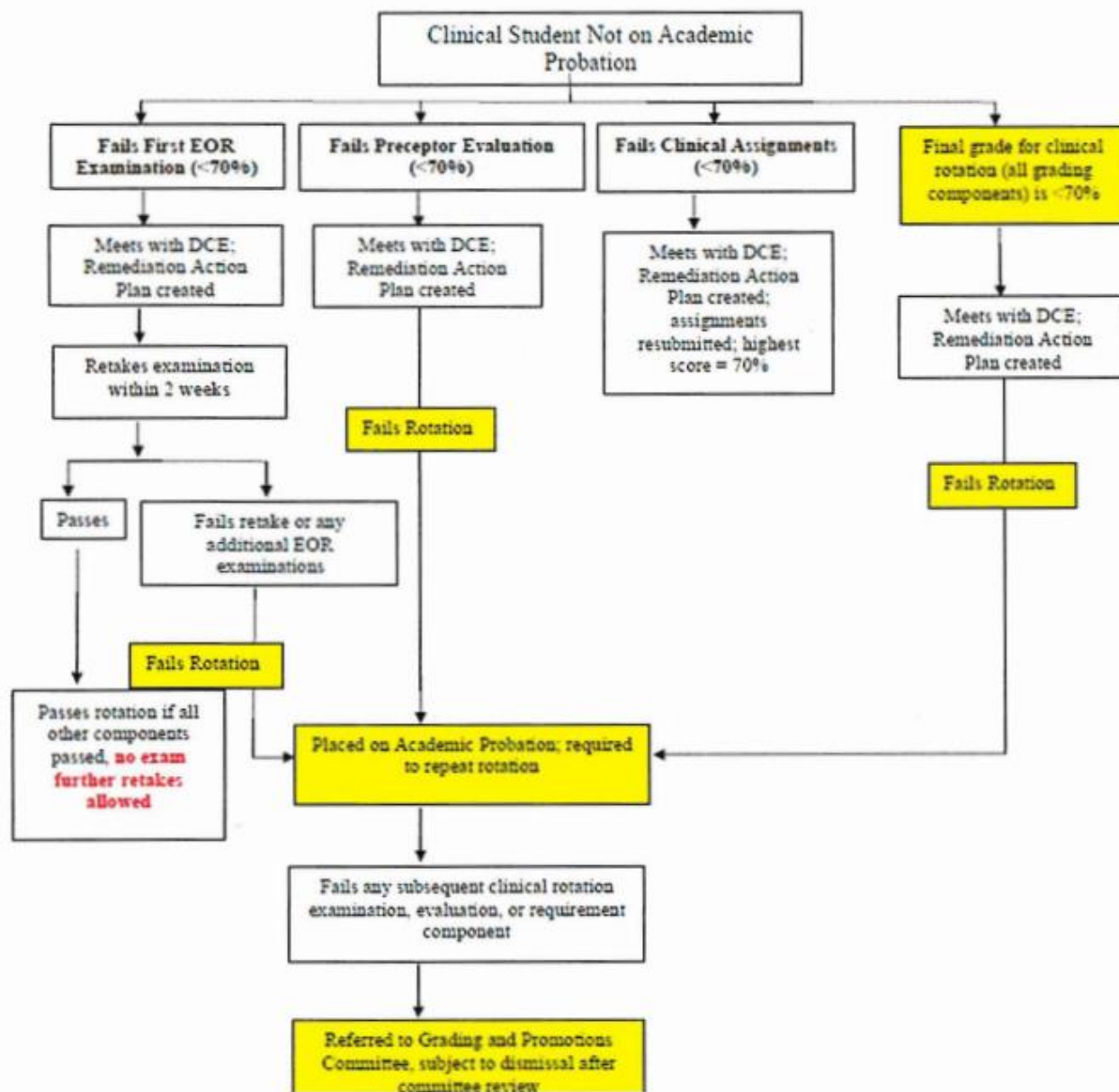
- Student logging is an integral part to proving sufficient exposure to achieve competencies for each clinical rotation.
- Patient encounters will include the following data points
 - Rotation type
 - Rotation site
 - Preceptor
 - Date of encounter

- Patient Age, gender, ethnicity
 - ICD10 codes
 - CPT procedure codes
 - Patients should log patients they directly assess as well as patients in which they actively engage in a learning experience, including observation and/or discussion i.e. grand rounds.
 - Each week of patient logging will count for 20% of this grading component, and the grade will be based on completion.
 - Failure to maintain calculated score $\geq 80\%$ will result in failure of the rotation requiring repeat rotation for remediation.
 - Logging incorrect information represents academic dishonesty.
- 6. Callback Grand Rounds**
- For each rotation, the student will participate in various presentations or complete various assignments. Topics may include self-assessment, provision or withholding of clinical care, confidentiality of patient information, informed consent, patient rights, provider responsibility, business practices, protocols, patient relations or advocacy, management of medical errors, and/or interprofessional relationships. Peer evaluations will be performed.
- 7. Formative Assessments**
- The Mid-rotation Student Clinical Performance Evaluation ([Appendix I](#)) is a formative assessment to be completed by the preceptor of record and submitted electronically through Exxat. Assignment deadlines should be acknowledged per each course syllabus.
- 8. Additional Assessments:** The End of Rotation Self-evaluation ([Appendix H](#)), Preceptor Evaluation by the Student and Clinical Site Evaluation by the Student should be completed by the student and submitted electronically. These evaluations will be due on the last day of the rotation at 11:59 pm.

CLINICAL REMEDIATION

1. End of Rotation Exams
 - i. The student should obtain a calculated score ≥ 70 on the End of Rotation Examination. If the student fails to obtain a passing score, the student may engage in a Remediation Plan based on the identified deficits.
 - ii. One (1) retake examination will be permitted after completion of deficiency-specific remediation assignments within two (2) weeks.
 - iii. Maximum grade adjustment for successful remediation is 80%
 - iv. Failure to obtain a calculated score ≥ 70 on the second attempt of the End of Rotation examination will result in failure of the overall course, regardless of total calculated grade.
 - v. Repeat of the clinical rotation will be required.
 - vi. May include loss of an elective rotation opportunity or additional time in the program. The student will be responsible for additional tuition fees.
2. Student Clinical Performance Evaluation
 - i. The student should obtain a calculated score ≥ 80 on the Student Clinical Performance Evaluation completed by the listed preceptor.
 - ii. Any individual section of the evaluation with calculated score < 80 may require remediation at the discretion of the Clinical Coordinator.

- iii. The Clinical Coordinator, the Preceptor, and the Faculty Advisor may collaborate to design an appropriate method(s) to assess evidence of compliance of mastery of remediated knowledge deficit.
 - iv. Student Clinical Performance Evaluations are subject to review and/or learning outcome re-evaluation based on the professional judgment of the Clinical Coordinator.
 - v. Maximum grade adjustment for remediation with demonstration of competency is 80%.
 - vi. An adjusted overall calculated score < 80 will result in failure of the rotation, regardless of overall calculated course score.
 - vii. Repeat of the clinical rotation will be required.
 - viii. May include loss of an elective rotation opportunity or additional time in the program.
The student will be responsible for additional tuition fees.
- 3. Student logging is an integral part to proving sufficient exposure to achieve competencies for each clinical rotation; failure to maintain calculated score $\geq 80\%$ will result in failure of the rotation requiring repeat rotation for remediation.
 - 4. Students failing a rotation will have thirteen months (13) to remediate the failure.
 - 5. Students may only remediate (1) clinical rotation throughout the curriculum.



*DCE = Clinical coordinator

Clinical Preceptors

DEFINITION

The preceptor is an essential member of the PA student education team. Preceptors will serve as mentors for the student and will facilitate the student to master skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to optimize patient care and outcomes.

REQUIREMENTS

Preceptors will primarily consist of physicians and physician assistants **[B3.05]**. Other licensed health care providers experienced in their area of instruction may be utilized as preceptors as the program deems necessary and appropriate. Prior to student placement, the Clinical Coordinator will verify **[B3.06, A2.13, A2.16]**

1. Active, unrestricted state license in the state of practice and instruction.
2. Board certification in the area of instruction.
3. Review and/or completion of on-site Preceptor Orientation confirmed by signature of the preceptor.

RESPONSIBILITIES

1. Preceptor orientation to familiarize self with **[B1.10]**:
 - a. student requirements and learning outcomes.
 - b. rotation requirements and expectations.
 - c. rotation syllabus, formal evaluations and assessments.
 - d. strategies for incorporating students.
2. Ensure student receives clinical site orientation.
3. Establish daily rotation schedule with the student to submit to the clinical coordinator.
4. Provide opportunities for active:
 - a. patient care experiences.
 - b. clinical and/or technical skill acquisition.
 - c. documentation; audit and co-sign charts.
 - d. problem solving.
 - e. medical decision making.
5. Supervise all clinical activities of the student; the student may engage with residents during the clinical rotation, but the program cannot rely primarily on resident physicians for clinical instruction. **[A2.15]**
6. Monitor student progress in achieving learning outcomes **[A2.14, A2.17]**.
7. Delegate increasing levels of responsibility for clinical assessment and management of patient care.
8. Provide opportunity for patient follow-up and/or longitudinal care.
9. Student Feedback
 - a. Provide frequent, constructive feedback to the student.
 - i. Review general expectations and/or preferences for oral presentations and documentation
 - ii. Daily feedback on performance and progress is recommended; a student should be made aware of deficiencies as early as possible to provide adequate time to improve before the final evaluation is rendered.
 - iii. If there are severe deficiencies or a preceptor needs support in mentoring a student, there should be no delay in contacting the Clinical Coordinator to facilitate.
 - b. Timely completion and submission of Mid-Rotation Evaluation of the student (not associated with formal grade). **[A2.14, A2.17]**
 - c. Timely completion and submission of the Student Clinical Performance Evaluation at the end of the rotation (30% final grade for course) **[A2.14, A2.17]**.
 - i. Evaluations are assessments of the student's achievement of the established learning outcomes set forth in the syllabi.
 - ii. Input can be obtained from multiple preceptors, but the final evaluation must be submitted by the assigned preceptor for the clinical rotation.

FEEDBACK AND EVALUATION

The student and preceptor should daily engage in dialog regarding the student's clinical skills and medical knowledge, discussing both strengths and weaknesses. The dialog should continue to review strategies for growth, setting goals, as well as evaluate of growth and progress. Additionally, preceptor feedback for the program regarding student performance and/or program curriculum is welcome at any time. The Program Director and Clinical Coordinator welcome this correspondence. Preceptors will be requested to provide direct feedback regarding program curriculum as routine part of clinical site visits **[B1.10]**.

1. Student Evaluation of Preceptor ([Appendix G](#)) will be completed at the end of the rotation.
2. Student Evaluation of Clinical Site will be completed at the end of the rotation.
3. Clinical Site Evaluations will be conducted prior to assigning the first student to a clinical site and biennially as a minimum standard for required rotations and triennially as a minimum standard for elective rotations.

DEVELOPMENT

1. **Initial Development**

- a. Each preceptor will be provided with electronic or printed copies of the Preceptor Handbook containing Preceptor Orientation, rotation-specific syllabus, copies of student and preceptor evaluation forms, and an option to attend an on-site Preceptor Orientation and Training. **[A1.04, B1.10]**
- b. Preceptor Orientation will include reviewing the program curriculum and instructional design, clinical year competencies, clinical rotation learning outcomes, student, preceptor, as well as the clinical site roles and responsibilities.

2. **Ongoing Development**

1. Student evaluations of the preceptor and clinical site are completed at the end of each rotation. Any rating less than "Agree/Most of the Time" or "Adequate" will be investigated by the clinical team. Preceptor development and/or requests for improvements may be recommended.
2. For preceptors receiving accolades, the clinical team will investigate strategies to collect and share amongst the remaining instructional faculty.
3. The preceptor is asked for comments and/or suggestions through the required Student Clinical Performance Evaluation. This feedback will identify areas the program can support the preceptors and/or clinical sites **[B1.10]**.

Clinical Sites

RECRUITMENT

1. The program is responsible for obtaining clinical sites for all required supervised clinical practice experiences **[A1.11]**.
2. Students are not required to provide or solicit clinical sites or preceptors **[A3.03]**.
3. Students may submit a request for a clinical site to the clinical coordinator, but the clinical site must undergo the same evaluation as other clinical sites.
4. The clinical site must establish a fully executed affiliation agreement prior to onset of a clinical rotation.

EVALUATION [C4.01, 4.02]

1. **Initial Clinical Site Evaluation Form ([Appendix A](#))**
 - a. A formal initial clinical site evaluation will be conducted by a faculty member and documented to confirm appropriateness of the clinical site to offer the necessary resources for the assigned student to obtain the established learning outcomes for the specific rotation through the following:
 - Orientation
 - Student safety and security
 - Patient and care types
 - Encounter type, setting and quantity
 - Interprofessional experiences
 - Additional resources
2. **Ongoing evaluation**
 - a. Required rotation sites will have formal Ongoing Clinical Site Evaluations ([Appendix B](#)) conducted and documented by a faculty member on a biennial basis, or more frequently if necessary.
 - b. Elective rotation sites will have formal Ongoing Clinical Site Evaluations conducted and documented by a faculty member on a biennial basis.
 - c. Ongoing Clinical Site Evaluations review the following:
 - Encounter type, quantity and setting
 - Patient population and care type
 - Clinical site safety and security
 - Student safety and security
 - Adequate orientation
 - Anticipated changes which may impact clinical site or preceptor availability
 - Preceptor feedback on program curriculum
 - d. While each student is assigned to a clinical site, the Clinical Coordinator will monitor appropriateness of the clinical site weekly through review of patient logging for the duration of the clinical rotation. Monitored information the following, and any concern for deficiency or inadequacy will be reviewed with the student and/or preceptor.
 - Encounter type, quantity and setting
 - Patient population and care type
 - Diagnosis exposure
 - Procedure exposure
 - e. At the conclusion of each rotation, the Clinical Coordinator will review the Student Evaluation of Clinical Site ([Appendix C](#)) to confirm appropriateness of the clinical site; any rating from the student less than “Adequate” or will be investigated by a faculty member to determine if the clinical site is appropriate to remain active.

APPENDICES

Appendix	Document Title	Individual to Complete
Appendix A	Initial Clinical Site Evaluation	Faculty Member
Appendix B	Ongoing Clinical Site Evaluation	Faculty Member
Appendix C	Student Evaluation of Clinical Site	Student
Appendix D	CDC Recommendations for Exposure to Body Fluids	N/A
Appendix E	Absence Request Form	Student and Faculty Member
Appendix F	Absence/Tardy Report Form	Student and Faculty Member
Appendix G	Student Evaluation of Preceptor	Student
Appendix H	End of Rotation Student Self-Assessment	Student
Appendix I	Mid-Rotation Evaluation	Preceptor
Appendix J	Student Clinical Performance Evaluation (Core)	Preceptor
Appendix K	Incident Form	Student
Appendix L	Rush Workforce Exposure Control Checklist	Student
Appendix M	Clinical Phase Calendar Class of 2023 <i>**dates are subject to change**</i>	N/A



Initial Clinical Site Evaluation

Type of Evaluation: ☐ On Site ☐ Virtual ☐ Phone Call

Date: _____

Clinical Site: _____

Faculty Member: _____

Rotation Type: _____

Check all that apply to the site:

Student Schedule	<input type="checkbox"/> M-F 8-5 <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Variable										
Practice Type	<input type="checkbox"/> Private Solo <input type="checkbox"/> Private Group <input type="checkbox"/> Hospital-based <input type="checkbox"/> Other: _____										
Encounter Quantity	Average number daily encounters: _____ Outpatient _____ Inpatient										
Encounter Types	<input type="checkbox"/> Preventive <input type="checkbox"/> Emergent <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Palliative <input type="checkbox"/> Critical Care										
Encounter Settings	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OR <input type="checkbox"/> Emergency Dept <input type="checkbox"/> Critical Care										
Care Types	<input type="checkbox"/> Prenatal/GYN <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Pre-op <input type="checkbox"/> Intra-op <input type="checkbox"/> Post-op										
Patient Types	<input type="checkbox"/> Infants <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Geriatric										
Practice Designation	<input type="checkbox"/> Urban <input type="checkbox"/> Medically Underserved <input type="checkbox"/> Rural Hospital <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> Rural Health Clinic <input type="checkbox"/> Community Health Center <input type="checkbox"/> County/Public Health Agency <input type="checkbox"/> Health Prof. Shortage Area (HPSA) <input type="checkbox"/> Other State/Federally funded facility										
Interprofessional Encounters	<input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Lab Tech <input type="checkbox"/> Rad Tech <input type="checkbox"/> Resp Tech <input type="checkbox"/> Case Mgr <input type="checkbox"/> Social Worker <input type="checkbox"/> Other: _____										
Services On-Site	<input type="checkbox"/> Laboratory <input type="checkbox"/> Radiology <input type="checkbox"/> Other Diagnostics <input type="checkbox"/> Medical library <input type="checkbox"/> Lectures <input type="checkbox"/> Grand Rounds										
Are NPs/PAs employed by entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Is there adequate space for the student for daily activities (i.e. study, meals) and the student's belongings?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Is the student allowed to document in the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Is parking available and safe for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Is housing provided	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Does the facility provide orientation to the student to address the following:	<table border="1"> <tr> <td>Office Safety and Security</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Evacuation Procedures</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Fire/Natural Disaster Procedures</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Student Safety and Security</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Laboratory Safety</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Office Safety and Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evacuation Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire/Natural Disaster Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Safety and Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laboratory Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Safety and Security	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Evacuation Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Fire/Natural Disaster Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Student Safety and Security	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Laboratory Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No										

Name of Preceptors at Clinical Site

Board Certification Verified

State Licensure Verified

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Additional preceptors listed on back

Comments: _____

APPENDIX B – Ongoing Clinical Site Evaluation



Ongoing Clinical Site Evaluation

Type of Evaluation: ☐ On Site ☐ Virtual ☐ Phone Call

Date: _____

Clinical Site: _____

Faculty Member: _____

Rotation Type: _____

Check all that apply to the site:

Student Schedule	<input type="checkbox"/> M-F 8-5 <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Variable
Practice Type	<input type="checkbox"/> Private Solo <input type="checkbox"/> Private Group <input type="checkbox"/> Hospital-based <input type="checkbox"/> Other: _____
Encounter Quantity	Average number daily encounters: _____ Outpatient _____ Inpatient
Encounter Types	<input type="checkbox"/> Preventive <input type="checkbox"/> Emergent <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Palliative <input type="checkbox"/> Critical Care
Encounter Settings	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OR <input type="checkbox"/> Emergency Dept <input type="checkbox"/> Critical Care
Care Types	<input type="checkbox"/> Prenatal/GYN <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Pre-op <input type="checkbox"/> Intra-op <input type="checkbox"/> Post-op
Patient Types	<input type="checkbox"/> Infants <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Geriatric
Practice Designation	<input type="checkbox"/> Urban <input type="checkbox"/> Medically Underserved <input type="checkbox"/> Rural Hospital <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> Rural Health Clinic <input type="checkbox"/> <input type="checkbox"/> Community Health Center <input type="checkbox"/> County/Public Health Agency <input type="checkbox"/> Health Prof. Shortage Area (HPSA) <input type="checkbox"/> Other State/Federally funded facility
Provider Supervision	<input type="checkbox"/> Single Preceptor <input type="checkbox"/> Multiple Preceptors List: _____ _____ _____
Interprofessional Encounters	<input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Lab Tech <input type="checkbox"/> Rad Tech <input type="checkbox"/> Resp Tech <input type="checkbox"/> Case Mgr <input type="checkbox"/> Social Worker <input type="checkbox"/> Other: _____
Services On-Site	<input type="checkbox"/> Laboratory <input type="checkbox"/> Radiology <input type="checkbox"/> Other Diagnostics <input type="checkbox"/> Medical library <input type="checkbox"/> Lectures <input type="checkbox"/> Grand Rounds
Are NPs/PAs employed by entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there adequate space for the student for daily activities (i.e. study, meals) and the student's belongings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student allowed to document in the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is parking available and safe for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is housing provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there planned changes in this practice or facility which would impact the resources available to host skilled clinical practice experiences? (ex: personal transitions, relocation, retirement, partner recruitment, department growth/change, facility growth/change)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when is the change anticipated and what impact is predicted on the resources available to host skilled clinical practice experiences?	
Is additional support requested or required from MSU PA Program to better serve the student and/or preceptor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	_____
Does the facility provide orientation to the student to address the following:	
Office Safety and Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire/Natural Disaster Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Safety and Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____



STUDENT EVALUATION OF CLINICAL SITE

STUDENT NAME: _____ PRECEPTOR NAME: _____ SITE NAME: _____ ROTATION TYPE: _____ ROTATION DATES: _____					
DIRECTIONS: The student evaluation of the site/physical facility should be completed by the student toward the end of the specified rotation. Students should complete one evaluation per physical site. Please, indicate the degree to which each statement applies by checking the box that best reflects your opinion based on your experience and perceptions.	NOT PROVIDED	INADEQUATE	FAIRLY ADEQUATE	ADEQUATE	MORE THAN ADEQUATE
Orientation to daily proceedings, emergency procedures, and safety measure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and security of the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of workspace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability and condition of equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-preceptor staff support of student role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of practice guidelines and other resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of consultative services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time allowed to see patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity of patients (age, pathology, acute/chronic conditions, etc.) to meet learning objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability to follow up on patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability to interact with other members of the healthcare team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My role only included duties and responsibilities of a student.	<input type="radio"/> YES <input type="radio"/> No				
Would you recommend this site to another student? Why or Why not? 					
STUDENT SIGNATURE:					

Exposure to Blood

What Healthcare Personnel Need to Know

OCCUPATIONAL EXPOSURES TO BLOOD

Introduction

Healthcare personnel are at risk for occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Exposures occur through needlesticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. Important factors that influence the overall risk for occupational exposures to bloodborne pathogens include the number of infected individuals in the patient population and the type and number of blood contacts. Most exposures do not result in infection. Following a specific exposure, the risk of infection may vary with factors such as these:

- ◆ The pathogen involved
- ◆ The type of exposure
- ◆ The amount of blood involved in the exposure
- ◆ The amount of virus in the patient's blood at the time of exposure

Your employer should have in place a system for reporting exposures in order to quickly evaluate the risk of infection, inform you about treatments available to help prevent infection, monitor you for side effects of treatments, and determine if infection occurs. This may involve testing your blood and that of the source patient and offering appropriate postexposure treatment.

How can occupational exposures be prevented?

Many needlesticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth, or skin.

IF AN EXPOSURE OCCURS

What should I do if I am exposed to the blood of a patient?

1. Immediately following an exposure to blood:

- ◆ Wash needlesticks and cuts with soap and water
- ◆ Flush splashes to the nose, mouth, or skin with water
- ◆ Irrigate eyes with clean water, saline, or sterile irrigants

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

2. **Report the exposure** to the department (e.g., occupational health, infection control) responsible for managing exposures. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should be started as soon as possible. Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for postexposure treatment with the provider managing your exposure. You should have already received hepatitis B vaccine, which is extremely safe and effective in preventing HBV infection.



Absence Request Form

Name:	Date:
Date of requested absence: Rotation of requested absence: Designated Preceptor:	Reason:
Number of absences to date:	Number of tardy incidences to date:

Date Received: Date Reviewed:	<input type="radio"/> Permission Granted <input type="radio"/> Permission Denied
Comments:	Faculty Signature:



Absence/Tardiness Report Form

Name:	Date:
<input type="radio"/> Absence <input type="radio"/> Tardy Date of reported absence/tardy: Rotation: Preceptor:	If tardy Time of scheduled report time: _____ Arrival time: _____ Reason:
Number of absences to date:	Number of tardy incidences to date:
Date Received: Date Reviewed:	Comments/Actions:
Faculty Signature:	

APPENDIX G – Student Evaluation of Preceptor



STUDENT EVALUATION OF PRECEPTOR

STUDENT NAME: _____ PRECEPTOR NAME: _____ ROTATION TYPE: _____ ROTATION DATES: _____ <i>DIRECTIONS: The student evaluation of preceptor should be completed by the student toward the end of the specified rotation. The student should complete one evaluation per individual preceptor. Please, indicate the degree to which each statement applies by checking the box that best reflects your opinion based on your experience and perceptions.</i>	STRONGLY DISAGREE/NEVER	DISAGREE/RARELY	NEUTRAL/ OCCASIONALLY	AGREE/ MOST OF THE TIME	STRONGLY AGREE/ ALL THE TIME
The preceptor oriented me to the rotation and expectations of my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor demonstrated professional behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor was knowledgeable and competent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor was accessible and approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor managed time effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My preceptor treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor contributed to a teamwork environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor provided learning opportunities to improve my clinical knowledge, reasoning, and decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor provided opportunities to improve my clinical and technical skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor provided problem-solving activities to enhance my learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided opportunities to evaluate and present patients to the preceptor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor mentored me and provided me feedback on a regular basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor was an effective teacher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor provided adequate observation and supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, my learning needs were met during my rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical experience setting opportunities included: <input type="radio"/> Inpatient <input type="radio"/> Outpatient <input type="radio"/> Emergency Room <input type="radio"/> Operating Room **Check all that apply					
Clinical experience care opportunities included: <input type="radio"/> Pre-operative <input type="radio"/> Intra-operative <input type="radio"/> Post-operative <input type="radio"/> Pediatric <input type="radio"/> Prenatal **Check all that apply <input type="radio"/> Gynecologic <input type="radio"/> Behavioral/Mental Health					
THIS PRECEPTOR COULD IMPROVE BY:					
THE BEST THING ABOUT THIS PRECEPTOR IS:					
STUDENT SIGNATURE:					



EOR Student Self-Assessment

Student Name			
Preceptor Name			
Rotation Site/Type			
<i>Based on your performance at the conclusion of the rotation, perform a self-assessment and rate yourself in the following areas. This is simply a reflection and is not graded. It is to encourage you to accurately assess your performance and knowledge in detail to help guide your focus as you move forward.</i>	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE
Exhibits basic fund of medical knowledge adequate for the setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student can apply knowledge to provide basic patient education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interprets clinical features and patient risk factors to formulate a differential diagnosis of common for setting diagnoses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporates knowledge in developing management strategies for patient care which considers the impact of patient access and preference. (CY 7,8,11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately documents <u>History and Physicals and Procedure Notes</u> appropriate for the setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately and effectively communicates with patients and patients' families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivers oral presentations of patient cases in a structured, concise manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs appropriate history and physical examination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides patient education and counseling regarding basic information of disease process and expected clinical course of conditions commonly encountered in setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops patient-centered treatment plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presents self in a professional manner regarding attire, timeliness, preparedness, and engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks, accepts, and applies constructive feedback to improve performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays sensitivity and responsiveness to diversity of patients including culture, age, gender, lifestyles, religion, and/or abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Works collaboratively with peers, providers, and other healthcare professionals to facilitate interdisciplinary patient care relative to interprofessional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate ability to apply principles of evidence-based medicine to health problems of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercises self-reflection and initiative to accurately identify and actively addresses knowledge, clinical skill, and/or professional behavior deficits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitates communication among all members of the health care team and encourages coordination amongst members to promote high-quality, team-based care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies resources within the health care system and community which may augment or facilitate patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Do your grades reflect your attainment of the established learning outcomes? Explain.</p> <p>Do your grades reflect the time, energy, and motivation you are investing? Explain.</p> <p>Describe 2 clinical strengths</p> <p>Describe 2 clinical weakness</p> <p>For each weakness, describe how you plan to improve upon this weakness.</p>			
<p>What can the preceptors or program to do support you to reach your goal?</p>			
Student Signature			
Preceptor Signature			
Date			



Preceptor Mid-Rotation Evaluation of Student

Student Name	
Preceptor Name	
Rotation Site/Type	

Directions: This form is to be completed by the preceptor at the end of the 2nd week of the rotation. It is designed to provide the PA student and program with specific information regarding the student's progress and likelihood of successfully completing the rotation. If a student is performing below the preceptor's expectations, additional resources will be provided to the student to address their areas of weakness. Please provide specific details regarding insufficiencies or contact the Clinical Coordinator to provide guidance on the specific deficiencies warranting intervention. The PA program is greatly appreciative of this early feedback so that appropriate remediation may be offered if necessary.

Far Exceeds Expectations: Performance on topic is consistently well-beyond expected abilities for a student at the given point of clinical education. Exceeds Expectations: Performance on topic is consistently above average expected abilities for a student at the given point of clinical education. Meets Expectations: Performance on topic is consistently at expected abilities for a student at the given point of clinical education Below Expectations: Performance on topic consistently below expected for a student at the given point of clinical education although notable growth identified Far Below Expectations: Performance on topic overall poor and unacceptable; likely requires formal intervention Not observed/Not applicable	FAR BEOW EXPECTATIONS	BELOW EXPECTATIONS	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS	FAR EXCEEDS EXPECTATIONS	NOT OBSERVED
MEDICAL KNOWLEDGE						
Exhibits basic fund of medical knowledge adequate for the setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interprets clinical features and patient risk factors to formulate a differential diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporates knowledge in developing management strategies for patient care which considers the impact of patient access and care preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTERPERSONAL AND COMMUNICATION SKILLS						
Accurately and properly completes medical documentation appropriate for the setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately and effectively communicates with patients and patients' families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivers oral presentations of patient cases in a structured, concise manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PATIENT CARE						
Performs appropriate history and physical examination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides patient education and counseling regarding basic information of disease process and expected clinical course of conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops patient-centered treatment plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROFESSIONALISM

Presents self in a professional manner regarding attire, timeliness, preparedness, and engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks, accepts, and applies constructive feedback to improve performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays sensitivity and responsiveness to diversity of patients including culture, age, gender, lifestyles, religion, and/or abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works collaboratively with peers, providers, and other healthcare professionals to facilitate interdisciplinary patient care relative to interprofessional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROBLEM BASED LEARNING AND IMPROVEMENT						
Demonstrate ability to apply principles of evidence-based medicine to health problems of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercises self-reflection and initiative to accurately identify and actively addresses knowledge, clinical skill, and/or professional behavior deficits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SYSTEMS BASED PRACTICE						
Facilitates communication among all members of the health care team and encourages coordination amongst members to promote high-quality, team-based care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies resources within the health care system and community which may augment or facilitate patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL						
Overall student preparedness for the rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student identifies self as a Physician Assistant student in all settings with displayed required name tags/badges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Comments or Concerns regarding student performance:						
General Comments or Suggestions to the program:						

Student Signature	
Preceptor Signature	
Date	



CLINICAL PERFORMANCE EVALUATION INTERNAL MEDICINE

Directions: This form is to be completed by the assigned Preceptor at the end of the rotation. It is designed to provide the PA student and program with specific information regarding the student's progress towards readiness for entry-level practice.

Please not the Preceptor Evaluation of the student is a major contribution to the overall grade for the clinical rotation

Far Exceeds Expectations: Performance on topic is consistently well-beyond expected abilities for a student at the given point of clinical education	FAR BEOW EXPECTATIONS (60 pts)	BELOW EXPECTATIONS (70 pts)	MEETS EXPECTATIONS (80 pts)	EXCEEDS EXPECTATIONS (90 pts)	FAR EXCEEDS EXPECTATIONS (100 pts)	NOT OBSERVED
Exceeds Expectations: Performance on topic is consistently above average expected abilities for a student at the given point of clinical education						
Meets Expectations: Performance on topic is consistently at expected abilities for a student at the given point of clinical education						
Below Expectations: Performance on topic consistently below expected for a student at the given point of clinical education although notable growth identified						
Far Below Expectations: Performance on topic overall poor and unacceptable; likely requires formal intervention						
Not observed/Not applicable						
MEDICAL KNOWLEDGE (IM 1-3)						
Distinguishes epidemiology, etiologies, risk factors, clinical presentation, pathophysiology, and approach to evaluation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applies knowledge of anatomy and physiology to the evaluation of a patient and technical skill acquisition of a diverse patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporates biological science, behavioral, and social science knowledge in developing management strategies for patient care which considers the impact of patient access and care preference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HISTORY TAKING AND PHYSICAL EXAMINATION (IM 4-10)						
Obtains complete medical history through an effective and structured medical interview for diverse populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtains appropriate focused history through an effective and structured medical interview for diverse populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elicits appropriate interval history of existing conditions for a diverse patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reviews appropriate Review of Systems based on the patient's chief complaint, risk factors, and comorbidities for a diverse patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs a complete physical examination in an efficient manner with proper technique which is appropriate to the age and gender of the patient of a diverse population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performs focused physical examination with proper technique which is appropriate to the age and gender of the patient, guided by the presentation, history, and risk factors of a diverse patient population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately assesses patient compliance, response to and tolerance of interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	FAR BELOW EXPECTATIONS (60 pts)	BELOW EXPECTATIONS (70 pts)	MEETS EXPECTATIONS (80 pts)	EXCEEDS EXPECTATIONS (90 pts)	FAR EXCEEDS EXPECTATIONS (100 pts)	NOT OBSERVED
DIAGNOSTIC EVALUATION AND DIAGNOSIS (IM 11-14)						
Accurately identifies indications, contraindications and risks to order and/or perform diagnostic and therapeutic evaluations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately selects and interprets diagnostic studies pertinent to patient evaluation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthesizes patient history, physical examination and diagnostic interpretation to determine differential diagnosis(es) of patient presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporates medical knowledge, history, physical examination, and diagnostic studies to establish a definitive diagnosis when applicable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLINICAL INTERVENTIONS AND THERAPEUTICS (IM 15-21)						
Develops patient-centered treatment plans involving procedural, pharmacologic, and non-pharmacologic modalities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately identifies patient conditions and presentations which warrant consultation, referral, admission, transfer, or discharge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies indications, contraindications, risks, and benefits to perform medical procedures as appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides patient education regarding basic information of disease process and expected clinical course of medical condition and disease process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommends appropriate follow-up of treatment, investigating of patient compliance and tolerance of intervention and the effectiveness of the treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigates indications, contraindications, interaction, side-effects and pharmacokinetics of medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommend evidence-based pharmacologic interventions based on diagnosis and risk stratification for side effects, adverse events and/or medication recommendations based on the patient profile.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEALTH MAINTENANCE (IM 22-23)						
Provides counsel to patients regarding health promotion and disease prevention for diverse populations with consideration of personal and family medical history, through lifestyle modifications, health maintenance measures, and patient safety and security.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommends appropriate screening and immunization in asymptomatic and/or at-risk patients during for preventive care in diverse populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	FAR BELOW EXPECTATIONS (60 pts)	BELOW EXPECTATIONS (70 pts)	MEETS EXPECTATIONS (80 pts)	EXCEEDS EXPECTATIONS (90 pts)	FAR EXCEEDS EXPECTATIONS (100 pts)	NOT OBSERVED
INTERPERSONAL AND COMMUNICATION SKILLS (IM 24-26)						
Displays sensitivity and responsiveness to diversity of patients including culture, age, gender, lifestyles, religion, and/or abilities with appropriate adaptation of communication style based on the context of the patient and environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivers oral presentations of patient cases in a structured, concise manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately documents patient encounters with accurate and concise written communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROFESSIONALISM (IM 27-29)						
Works collaboratively with peers, providers, and other healthcare professionals to facilitate multi-disciplinary multidisciplinary, promoting high-quality, team-based care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presents self in a professional manner regarding attire, timeliness, preparedness, and engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks, accepts, and applies constructive feedback to improve performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROBLEM BASED LEARNING AND IMPROVEMENT (IM 32-33)						
Recognizes advantages and limitations of diagnostic evaluations with respect to reliability of indicators in review of specificity and sensitivity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercises self-reflection and initiative to accurately identify and actively addresses knowledge, clinical skill, and/or professional behavior deficits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SYSTEMS BASED PRACTICE (IM 34-36)						
Abides by laws, policies and procedures pertaining to provider responsibility, patient rights, privacy and confidentiality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies resources within the healthcare system and community which may augment or facilitate patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engages in acquiring basic knowledge of billing and coding for patient encounters and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLINICAL SKILLS CY (37)						
***VARY BY SPECIALTY. SEE SYLLABUS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL STUDENT PERFORMANCE						
Student preparedness for clinical practice experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
***VARY BY SPECIALTY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student preparedness for entry-level physician assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL PERFORMANCE: Based on the student's current level of clinical training and growth through the rotation, how would you rate the overall performance of the student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Student Comments:

General comments or suggestions to the program:



Mississippi Institutions of Higher Learning General Liability Claim Reporting Form

University: _____

Address: _____

Contact Person: _____ Phone: _____

Date of Loss or Occurrence: _____ Time of Loss: _____

Describe Damage/Loss: _____

How Did Damage/Loss Occur? _____

Employee Responsible: _____ Department: _____

If property was damaged, please complete the following:

Owner of Property: _____ Phone: _____

Address: _____

Description of Property: _____

Where can property be seen? _____

If injuries are involved, please complete the following:

(1) Injured Party's Name: _____ Phone: _____

Address: _____

Description of Injury: _____

Was person taken to doctor/hospital? Yes _____ No _____

If yes, where? _____

(2) Injured Party's Name: _____ Phone: _____

Address: _____

Description of Injury: _____

Was person taken to doctor/hospital? Yes _____ No _____

If yes, where? _____

(3) Injured Party's Name: _____ Phone: _____

Address: _____

Description of Injury: _____

Was person taken to doctor/hospital? Yes _____ No _____

If yes, where? _____

List the names and addresses of any witnesses:

(1) Witness's Name: _____ Phone: _____

Address: _____

(2) Witness's Name: _____ Phone: _____

Address: _____

(3) Witness's Name: _____ Phone: _____

Address: _____

Name of Person Completing Form

Date Form Completed

Send Completed Form to:

Mail: AmFed
P.O. Box 1380
Ridgeland, MS 39158-1380
Fax: 601-427-1588
Email: froi@amfed.com

	EXPOSURE CONTROL PLAN CHECKLIST
---	--

NAME: _____

DATE: _____

RUSH: EXPOSURE CONTROL PLAN CHECKLIST

***PROTOCOL SHOULD BE INITIATED AS SOON AS POSSIBLE!**

EMPLOYEE TO:

1. Wash area of exposure with soap and water, flush eyes or mucous membrane with water.
2. Notify your supervisor of the exposure.
3. Go to Work Force Wellness during regular business hours and the Emergency Department after hours, to be seen by ER provider.

ED PHYSICIAN OR WORKFORCE WELLNESS PROVIDER:

STEP #1 – Determine exposure risk.

A. HIGH RISK - (follow up required)

- Deep, penetrating injury from a large, hollow-bore, blood-filled needle or a deep injury from a sharp object containing blood.

B. AT RISK – (follow up required)

- Needlestick injury or laceration (causing free flowing bleeding) from instrument visible contaminated with blood.
- Exposure of mucous membrane or non-intact skin (exposed skin is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. NOTE: feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are NOT considered potentially infectious unless they are visibly bloody.

- For human bites, a clinical evaluation must include the possibility that both the person bitten and the person inflicting the bite were exposed to bloodborne pathogens.

C. LOW RISK - (follow up required)

Also considered potentially infectious, though risk to healthcare personnel from occupational exposure has not been assessed: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

D. NO DOCUMENTED RISK No follow-up recommended other than washing area

- Contamination of intact skin (small area) by blood
- Injury with instrument not visibly contaminated with blood.

STEP #2 - Review source patient record, IF source known.

NOTE: Expert consultation is recommended for any occupational exposure to HIV!

If assistance is needed in determining need for postexposure chemoprophylaxis, call the National Clinicians Post Exposure Hotline (PEPline) at 888-448-4911 or its visit website at:
<https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>

STEP #3 – Draw lab on source patient, if known.

Patient name: _____ **Pt #** _____ **location** _____

For high risk, at risk, and low risk exposures, the **lab to be drawn on the source patient includes:**
RAPID HIV (#7056 – Rapid HIV ½ - stat) this test has a 30-minute turnaround time.

HbsAg

RPR

Hepatitis C Antibody

Register the source patient in HBO, contract Management, 57-ECP. No patient consent is needed.

STEP#4 – Draw baseline lab on employee

Baseline employee lab to include:

Hepatitis B Antibody

Hepatitis C Antibody

RPR

HIV ½

ALT

***If source patients rapid HIV is positive and Postexposure chemoprophylaxis is given, these additional labs are needed on the employee: CBC, BUN, Creatinine, Hepatic function panel, pregnancy test**

*** For any Hepatitis C positive results, the lab automatically orders the confirmatory test.**

STEP #5 – Determine need for HIV PEP (post exposure chemoprophylaxis)

If Rapid HIV results can be available within 2-3 hours, await results prior to the initiation of PEP (postexposure chemoprophylaxis). If results cannot be obtained within 2-3 hours and PEP is indicated, give PEP.

Postexposure HIV Chemoprophylaxis

The pharmacy shall provide an HIV postexposure chemoprophylaxis kit containing the following items in the AccuDose in the Emergency Department:

1. Typed prescriptions for a 3day supply of the HIV chemoprophylaxis medications.
2. Patient education leaflets for the medications dispensed (printed from Lexicomp)
3. Medications per protocol for a 3day supply. The medications shall be dispensed as follows:
Isentress (raltegravir 400mg)
Quantity: 6
Sig: Take one tablet by mouth twice daily
PLUS
Truvada (tenofovir disoproxil fumarate 300mg + emtricitabine 200mg)
Quantity: 3
Sig: Take one tablet by mouth daily

One packet will be stocked in the AccuDose in the Emergency Department.

STEP #6 – Obtaining the medicine for PEP

Since chemoprophylaxis is most effective when initiated within two hours of exposure, time is of the essence. The following plan should be followed:

- A Workforce Wellness or ED nurse shall obtain the Employee HIV PEP Kit from the ED AccuDose.
- An ED physician shall sign the prescriptions in the packet, and see that the employee receives the first doses of each medication immediately.
- The physician, Workforce Wellness, or ED nurse will then provide the remainder of the medication to the employee. The prescription labels included with the medications in the packet should be completed by the physician or nurse prior to dispensing.
- The physician, Workforce Wellness, or ED nurse shall provide the medication education leaflets included in the kit to the employee and review side effects, potential drug interactions, and proper medication administration. If further medication counseling is needed the pharmacy may be contacted.
- The signed prescriptions along with a copy of the employee's contact information (including name, address, and telephone number) MUST be returned to the inpatient Pharmacy. The prescriptions SHOULD NOT be given to the patient.
- Upon receipt of the prescriptions, a pharmacist will assign a prescription number to meet legal requirements, write the employee's address and telephone number on the prescription (if not already completed), and file the prescription in the narcotic room.
- The pharmacist will then be responsible for ensuring that the packet is replaced immediately in the ED AccuDose.

In the event that the blood test from the source patient is positive, the medications should be continued for a total of four weeks. A prescription to be filled at the designated retail pharmacy should be provided by Workforce Wellness.

STEP #7 – Determine need for Hepatitis B or Hepatitis C postexposure followup – see charts on pages 6 & 7

STEP#8 – Check tetanus status. Offer vaccine, if indicated. Issue a Vaccine Information Statement (<http://www.cdc.gov/vaccines/hcp/vis/current-vis.html>) and get a consent signed prior to give Tdap.

STEP # 9 - Complete counseling form and return appointment info

NOTE: ALL EMPLOYEES WITH AT RISK EXPOSURES should report to WORKFORCE WELLNESS THE NEXT WORKING DAY AFTER THEIR EXPOSURE for CONTINUED FOLLOW UP on lab results to determine discontinuation or continuation of PEP and additional follow up appointments.

Employee: Post Exposure Counseling Information

You have been exposed to the blood of a patient while involved in your job responsibilities. Any lab work done on this patient, to determine the presence of blood borne diseases (such as HIV, Hepatitis B, Hepatitis C, and Syphilis) will be reported to you as soon as it is completed. The probability of transmission following occupational exposure has been the subject of several studies. The probability of transmission following a needle stick from a blood-drawing needle and involving a source patient with high HIV titers would greatly exceed the 0.3% transmission average rate per exposure. On the other hand, the average risk of transmission after mucous membrane or skin contact with HIV-infected blood has been estimated at 0.1% or less. There is accumulating evidence that blood exposure to conjunctivae is an efficient route of transmission of HIV and other blood borne pathogens.

Since the possibility of infection does exist, the following is recommended:

1. Obtain baseline and follow-up testing for six months. This procedure will be fully explained to you by the Employee Health nurse or her designee.
2. During this follow-up period, you are advised to report and seek medical evaluation for any acute febrile illness (especially within 12 weeks after the exposure). Such illness, particularly one characterized by fever, rash, or lymphadenopathy, **may** be indicative of recent HIV infection.
3. You are advised to refrain from donating blood during this follow-up period, and to take special precautions to prevent exposure of another individual to your blood or body fluids, either by sexual contact or by percutaneous or mucous-membrane exposure. Toothbrushes, razors, fingernail clippers or other personal items which may have come in contact with your blood should not be shared during this follow-up period.
4. If you are pregnant or nursing an infant, consult your private physician concerning your exposure.
5. Give consideration to taking post-exposure HIV prophylaxis as determined by the risk of your exposure. Lab work from the patient source (if known) will assist in determining the need for further medical care.

Comments: _____

Employee signature

Date

Return to Workforce Wellness:

Give copy of this form to employee and original to go to Workforce Wellness.

Hepatitis B Postexposure Prophylaxis

22

MMWR

June 29, 2001

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed workers*	Treatment		
	Source HBsAg [†] positive	Source HBsAg [†] negative	Source unknown or not available for testing
Unvaccinated	HBIG [‡] x 1 and initiate HB vaccine series [¶]	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder ^{††}	HBIG x 1 and initiate revaccination or HBIG x 2 ^{§§}	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs ^{¶¶} 1. If adequate,** no treatment is necessary 2. If inadequate, ^{††} administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate, [†] no treatment is necessary 2. If inadequate, [†] administer vaccine booster and recheck titer in 1–2 months

* Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

[†] Hepatitis B surface antigen.

[‡] Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

[¶] Hepatitis B vaccine.

** A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥ 10 mIU/mL).

^{††} A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

^{§§} The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

^{¶¶} Antibody to HBsAg.

Follow up Management of Exposures to Hepatitis C Virus

The following are CDC recommendations for followup of occupational HCV exposures (MMWR Vol.50/No. RR-11)

- For the source, perform testing for anti-HCV.
- For the person exposed to an HCV-positive source
 - perform baseline testing for anti-HCV and ALT activity; and
 - perform follow-up testing (e.g., at 4–6 months) for anti-HCV and ALT activity (if earlier diagnosis of HCV infection is desired, testing for HCV RNA may be performed at 4–6 weeks).
- Confirm all anti-HCV results reported positive by enzyme immunoassay using supplemental anti-HCV testing (e.g., recombinant immunoblot assay [RIBA™]) (13).

Health-care professionals who provide care to persons exposed to HCV in the occupational setting should be knowledgeable regarding the risk for HCV infection and appropriate counseling, testing, and medical follow-up.

IG and antiviral agents are not recommended for PEP after exposure to HCV-positive blood. In addition, no guidelines exist for administration of therapy during the acute

phase of HCV infection. However, limited data indicate that antiviral therapy might be beneficial when started early in the course of HCV infection. When HCV infection is identified early, the person should be referred for medical management to a specialist knowledgeable in this area.

Reference Documentation:	Document Identification:		
Item	Clause / SR	CoP/CFR Number(s):	Other reference no.
ISO / NIAHO	IC.1 SR.1-SR.6		
CMS			
Other:Mgt of Accidental Blood or Body Fluid Exposure/Contamination, Sept 2013Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis			

Policy Genealogy:

Revision #	Date	Reviewed <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Triennially	Title of Responsible Party	Change(s) Identified
1	03/03/2020		Infection Control/WFW	Tailored for Industries

APPENDIX M - Calendars

MSU PA PROGRAM CLASS OF 2023

2022

January						
Su	Mo	Tu	We	Th	Fr	Sa
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April						
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Didactic Coursework
Holiday/Break
Seminar
Rotation
Rotation
Callback Day
Summative
Capstone

2023

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June						
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December						
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24	25	26	27	28	29	30
31						

Enter Year in this cell to automatically update calendar for each month in cells B2 through AF27

- Didactic Coursework
- Holiday/Break
- Seminar
- Rotation
- Rotation
- Callback Day
- Summative
- Capstone
- *Est Graduation

Statement of Understanding [A3.02, A3.17]

Student Name: _____

A. Working with Diverse Groups

I understand that as part of the educational experience in the MSU 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 MSU MPAS Program Technical Standards, and, to the best of my knowledge, I do not have any condition (physical or mental) which will compromise my ability to perform the duties expected of me as a student in this program.

C. BLS & ACLS Certification

I understand that current BLS and ACLS - American Heart Association certifications are required prior to beginning the clinical phase of the program and that it is my responsibility to maintain certification during the entire clinical curriculum and will provide the appropriate documentation.

D. Clinical Rotations Agreement

I understand that the MSU MPAS Program assigns all clinical rotations and that there is no guarantee I will be assigned to a specific location or preceptor. I also understand that clinical rotation 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 email is the primary means of communication for the MSU MPAS Program outside of program activities. I will check my MSU 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. PA Program Student Handbook

I know how to access the online version (pdf) of the MSU MPAS Program Student Handbook, have reviewed it in its entirety and have had all my questions satisfactorily answered. Furthermore, I attest that I understand and agree to comply with all provisions outlined in the Student Handbook

As a Physician Assistant Student at Mississippi State University, I have read, understand, and accept all terms of this statement:

Signature

Date