

Clinical Year Handbook

Institute for Physician Assistant Education
College of Health and Human Services



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INTRODUCTION

This Clinical Year Handbook is designed to provide the Widener University physician assistant student with the information necessary to assist in the successful completion of their clinical rotation year. It will outline the program's educational expectations, rules, regulations and protocols relative to the clinical year. This handbook, along with the individual rotation syllabi, will serve as the primary source of information for the clinical year. The procedures, policies, rules, regulations and protocols set forth in this handbook are intended to guide the student through each phase of their clinical education. They are further meant to establish a baseline standard for professional behavior and integrity and ensure the safety and wellbeing of each physician assistant student during the clinical year.

The transition from classroom to exam room can be daunting. It is, however, the student's responsibility to integrate themselves into their clinical environment. By doing so they will become an essential, respected and valued member of the healthcare team. Physician assistant students must be able to adapt to a myriad of personalities, cultures, teaching modalities, clinical stressors and socioeconomic standards always. It is vital to pay full attention to detail in every aspect of the clinical education experience. Presenting a professional demeanor in attitude and attire, punctuality, demonstrating respect for the patient, their families, and the entire healthcare team, along with a sense of humor, are paramount to successful completion of the clinical year.

The clinical phase of the physician assistant education mandates that students engage in an extensive level of self-directed learning. It is, therefore, imperative that students continue to seek out and take advantage of supplementary methods of augmenting their clinical education experiences. Opportunities to enhance medical knowledge, perfect clinical skills, and identify as a physician assistant will be tantamount to a successful clinical experience.

The student's responsibility will extend beyond their acquired medical knowledge. In addition to maintaining a superior level of professionalism, respect and gratitude for the clinical staff, practice or hospital management, and providers, the student must bear in mind they are representing Widener University, the Institute for Physician Assistant Education and the physician assistant profession; first impressions are lasting impressions. The student must always remember they may be a patient's or preceptor's initial introduction to the physician assistant profession.

Note: The red letters and numbers are references to the ARC-PA Standards found in the Accreditation Manual for Entry Level Physician Assistant Program July 2021 Accreditation Standards for Physician Assistant Education 5th Edition.

ACCREDITATION STATUS

Widener University Institute for Physician Assistant Education has applied for Accreditation - Provisional from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Widener University Institute for Physician Assistant Education anticipates matriculating its first class in September 2024, pending achieving Accreditation - Provisional status at the March 2024 ARC-PA meeting. Accreditation - Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA Standards or when a program holding accreditation- provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

PA PROGRAM OVERVIEW

Mission- The PA program at Widener University will graduate excellent health care professionals to meet the growing need for patients to have access to medicine both locally and globally. The PA program will educate highly effective healthcare professionals equipped to provide patient-centered medical care to diverse populations across the life span. Students will learn to be competent clinicians, culturally sensitive, socially conscious health care providers able to work in collaboration with other members of the healthcare team.

Vision- The PA program at Widener University will be the leader in physician assistant education by providing experiential and collaborative learning, and interprofessional experiences through community and civic engagement, developing leaders in health care and ultimately improving the lives of the patients they serve.

Core Values

1. Excellence in teaching
2. Commitment to service
3. Diversity and inclusion
4. Professionalism
5. Scholarship
6. Collaboration
7. Kindness and compassion

CLINICAL YEAR WISDOM

The clinical year is the physician assistant student's opportunity to "Put it All Together." With each "piece" of the clinical year, the student will be able to build upon their didactic foundation, thus bringing them one step closer to becoming an exceptional medical professional. With each "piece" of the process, the concept of being a physician assistant will become much more focused. As the student's clinical acumen and abilities grow, so will their personal maturity and professional competence.

The clinical year will present new learning challenges to be sure. It is hoped that most of these challenges will be interesting and exciting learning experiences. The following topics will define and discuss some of these potential challenges and offer methods to face and conquer each should they arise.

Core Competencies for New Physician Assistant Graduates

“Core Competencies for New Physician Assistant Graduates” identifies the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the end of their PA training program. There are 47 specific competencies related to knowledge, abilities, or skills that are measurable and observable. These competencies are tailored explicitly for PAs entering practice for the first time and were developed using the “Competencies for the PA Profession” foundation.

The Core Competencies for New Physician Assistant Graduates are organized using the following eight domains:

1. Patient-centered practice knowledge
2. Society and population health
3. Health literacy and communication
4. Interprofessional collaborative practice and leadership
5. Professional and legal aspects of health care
6. Health care finance and systems
7. Cultural humility
8. Self-assessment and ongoing professional development

More details are available on the PAEA website:

<https://paeaonline.org/our-work/current-issues/core-competencies>

PRECEPTOR ROLE AND RESPONSIBILITIES

Definition of Preceptor Role

The preceptor is an integral part of the teaching program, serving as a role model for the student. Through guidance and teaching, they help students improve skills in history-taking, physical examination, effective communication, physical diagnosis, accurate and succinct documentation, reporting, problem assessment, and plan development, including coordination of care. Additionally, by providing feedback, preceptors are a vital resource as students develop and progress.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- Orient each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism ensuring high-quality patient care.

- Delegate increasing responsibilities based on a student's experience and expertise.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Immediate evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Complete and submit the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness or accomplishing the above goals or diminish the overall experience.

The Preceptor–Student Relationship

The student should always maintain a professional relationship with the preceptor in the clinical setting and adhere to appropriate professional boundaries. Social activities and personal relationships outside the professional learning environment should be appropriate and carefully selected to avoid putting the student or preceptor in a compromising situation. Contact through web-based social networking platforms (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. Please consult the clinical coordinator regarding specific school or university policies.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or, when possible, before the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed. The preceptor should provide an orientation to emergency/safety procedures and preparedness, including, but not limited to the facility emergency plan, emergency evacuation routes, location of emergency eyewashes and other emergency equipment, and contact details for emergency services.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals regarding what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation.

Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight and weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Anything else that the preceptor thinks is necessary

Students are expected to communicate with preceptors any special scheduling needs that they might have during the rotation, particularly when they might be out of the clinical setting for personal reasons or program-required educational activities. Please consult the clinical coordinator regarding specific school or university attendance policies.

Many sites find it helpful to create a written orientation manual to be given to the student before the first day of the rotation. A manual helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students that you host, with each “subsequent” student adding to a document that you, as the preceptor, maintain and edit.

Supervision of the PA Student

During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching or designate an alternate preceptor. Educational continuity should be maintained when using multiple preceptors. Although the supervising preceptor might not be with a student during every shift, it is essential to assign students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Sharing preceptorship duties exposes students to important variations in practice style and feedback, which can help learners develop the professional personality that best fits them. If supervision is not available, students may be given an assignment or spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be valuable. The preceptor should be always aware of the student's assigned activities.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen, and every procedure evaluated before patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Laws for Medicare patients are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

Patients are essential partners in the education of PA students. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students must complete HIPAA training before their clinical year. However, patients must be informed that a PA student will participate in their care, and their consent must be obtained. Consent is given through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA students and must also verbally identify themselves as such. If the patient requests a physician, PA, or other licensed clinician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Students' notes are legal and are contributory to the medical record.

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

The introduction of EMRs (electronic medical records) can present obstacles for students if they lack a password or are not fully trained in using a specific institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

Prescription Writing

Students may write or input electronic prescribing information for the preceptor, **but the preceptor must sign/send all prescriptions.** The student's name is not to appear on the prescription. The preceptor MUST log into the system under their password for clinical rotation sites that use electronic prescriptions and personally sign and send them. Students should practice handwriting prescriptions on clinical rotations where the opportunity to electronically input prescriptions is not available.

Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to develop an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may just observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should progressively increase supervised autonomy. If the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training, they are encouraged to address this with the clinical program faculty early in the rotation.

Student Evaluation

The Preceptor's Evaluation of the Student is especially important and typically serves as the primary mechanism for feedback to the program regarding a student's ability to meet the learning outcomes for the rotation. Preceptors are encouraged to discuss the evaluation with the students, focusing on strengths and opportunities for growth, and documentation including specific comments regarding performance is strongly encouraged. Preceptors are also encouraged to familiarize themselves with the program's syllabus and evaluation tools and reach out to the program with any questions. Considerations such as the timing of the rotation (first versus last rotation) and improvement and receipt of feedback throughout the rotation should be noted when completing evaluations. Clinical rotation courses are Pass/Fail. The student must pass or complete all the following to pass the clinical rotation course: (B4.02)

- | | |
|--------------------------------------|------|
| 1. End of Rotation Exam Score | P/F* |
| 2. Written Case Report | P/F |
| 3. Preceptor Evaluation | P/F |
| 4. Patient Logging | P/F |
| 5. Mid-Rotation Reflection | P/F |
| 6. Interim Education Week Activities | P/F |

*Exception: there is no end of rotation exam for elective rotations

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to gain additional insight into the student's professionalism and effectiveness, as health care team members' comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Feedback to Students

While students may have only one formal evaluation during the clinical rotation, they must regularly receive positive and constructive feedback from their preceptors to help improve their clinical performance. Daily or weekly check-ins are recommended and can provide avenues to address any student questions as well as encourage dialogue between student and preceptor.

Evaluations

The preceptors will obtain and submit the Preceptor Evaluation of Student through the EXXAT clinical management system. The student must achieve a ranking of 3 or higher in all categories (5-point Likert scale). A score of 1 or 2 in any category, the PA program will initiate remediation. If an item is not observed, the PA program will supplement exposure to this item to allow for competency.

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Complete any assignments, tasks, and presentations as assigned by their preceptor.
- Attend and engage in clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them.
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.
- Complete all assignments, examinations and Grand Rounds activities as indicated by the preceptor
- Successfully pass the end-of-rotation exam as defined by the associated syllabus
- Successful logging of all patient encounters throughout the clinical year using EXXAT
- Satisfactory student performance evaluations for each clinical rotation
- Successful completion of the end-of-curriculum exam (PAEA)
- Successful completion of the technical and clinical skills practical
- Successful completion of OSCE II

Failure to complete a clinical rotation, pass the end of rotation exam, complete all assignments and evaluations may cause a delay in program completion and subsequent graduation.

Note: It is strongly recommended that extracurricular activities such as full- or part-time employment be avoided during the clinical year

Standards of Professional Conduct

As health care practitioners, PA students are required to conform to the highest standards of ethical and professional conduct required of certified PAs in addition to their program-defined standards. These may include, but are not limited to:

- Respecting flexibility
- Demonstrating academic integrity
- Being honest and trustworthy
- Demonstrating accountability
- Promoting cultural humility

The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and the physician assistant program.

Please refer to the AAPA [Guidelines for Ethical Conduct for the PA Profession](#)

Dress Code (A3.06)

Exhibiting a professional appearance is always mandatory. It is, therefore, imperative that students strictly follow the dress code established by each clinical rotation's needs and standards. Unless otherwise specified by the preceptor, in all clinical sites a short, white lab coat must be worn, with your Widener student ID clearly visible (see below). This, along with the appropriate attire, will reflect an image of professionalism and self-confidence. Personal hygiene and grooming must be a priority. Tattoos must not be visible. Facial piercings, except for modest earrings, must be removed for the duration of your training.

Men are required to wear a shirt and tie, dress pants and business-like shoes. Women are required to wear a skirt and blouse, dress or dress slacks, with appropriate shoes. You should always have your lab coat with you. In certain clinical settings, i.e., pediatrics, the lab coat requirement may be waived by the facility or preceptor. In any case, you are required to always display your Widener University identification badge. Scrubs may be an acceptable alternative based on the clinical sites' specific dress code.

Student Identification Policy (A3.06)

Students must be clearly identified in all clinical settings to distinguish them from other health profession students and practitioners. The students will wear their short white coats, signifying that they are a student. The student will wear their standard issues university name tag in a place that is visible. The ID badge will contain the student's name, institution, program of enrollment, and status as a student.

Attendance

Attendance is mandatory during your clinical education. You are required to be present for clinical duties as scheduled by your preceptor. based on the preceptor's discretion, this may require evening hours, overnight hours, on-call hours, weekends and possibly holidays.

Students are not permitted time-off during the clinical year. Absences are acceptable only for personal illness, family emergencies and/or court appearances. Should a personal absence be necessary, the student is required to contact the clinical principal faculty and the clinical preceptor. Students are required to produce documentation of absenteeism and may be responsible for making up all lost time due to excused absences. Making up lost time will be at the discretion of the clinical principal faculty. Unexcused absences are not acceptable and may result in disciplinary action including, but not limited to, a reduction in professionalism grade, repeating the entire rotation and possible dismissal from the Institute.

For those students serving in the National Guard or other military obligations, absences for deployment will be considered excused. The students' academic status will be evaluated on an individual basis. Please note that military students may have to decelerate causing a delay in graduation.

Professional Behavior

It is the student's obligation to always present themselves in the most professional manner possible –. As a clinical physician assistant student, you represent not only yourselves, but your institution and the entire PA profession. You will be held accountable for your words, actions and deeds while on clinical rotation. As such, at no time will unprofessional, unethical or behavior unbecoming a physician assistant student, be tolerated. Failure to conduct oneself in a professional manner will jeopardize your continued clinical participation.

Your faculty is responsible for making your clinical year as safe, pleasant, and educational as possible. Frustrations, however, are inevitable. If you find yourself in a difficult position – IMMEDIATELY CONTACT a clinical principal faculty member or academic advisor for urgent guidance and assistance. If we do not know, we cannot help. Every possible measure will be taken to rectify the situation so as to ensure your learning experience is the best it can be.

Statement on Academic Integrity

Widener University strongly supports the concept of academic integrity and expects students and all other members of the Widener University community to be honest in all academic endeavors. Cheating, plagiarism, and all other forms of academic fraud are unacceptable; they are serious violations of university policy. In some circumstances, a student's conduct may require review under the research integrity policy, the freedom to learn policy, the judicial review policy, and other university policies. Widener University expects all students to be familiar with university policies on academic integrity, as outlined in this catalog. The university will not accept a claim of ignorance—either of the policy itself or of what constitutes academic fraud—as a valid defense against such a charge.

Violations of academic integrity constitute academic fraud. Academic fraud consists of any action that serves to undermine the integrity of the academic process or that gives the student an unfair advantage, including:

- inspecting, duplicating, or distributing test materials without authorization.
- cheating, attempting to cheat, or assisting others to cheat.
- altering work after it has been submitted for a grade.
- Plagiarizing
- using or attempting to use anything that constitutes unauthorized assistance.
- fabricating, falsifying, distorting, or inventing any information, documentation, or citation.

Each student's program may have on record additional specific acts particular to a discipline that constitutes academic fraud. These specific acts are specified in relevant handbooks or course syllabi.

https://catalog.widener.edu/preview_entity.php?catoid=14&ent_oid=486&hl=%22academic+integrity%22&returnto=search#standards-for-academic-integrity

The Institute for Physician Assistant Education expects all students to adhere to the academic integrity policy. Academic dishonesty is a **dismissible offense**. Plagiarism, falsifying activity logs, patient records, mandatory rotation assignments, and any other Institute requirements will be considered academic dishonesty and handled in the appropriate manner.

Student Activity Logging

Students are responsible for documenting and logging each clinical encounter through EXXAT. This includes medical procedures both observed and performed, participation in grand rounds, M&M conferences, hospital CME lectures, etc.

Clinical Year Check-Ins

Throughout the clinical year, you will have regular check-ins with your clinical principal faculty members. These check-ins will be either virtual or in-person. The purpose of these check-ins is to connect, discuss progress, and identify any concerns or challenges you may be experiencing. You may reach out to your advisor and/or the clinical principal faculty at any time to discuss concerns or challenges during your rotations.

PROGRAM RESPONSIBILITIES

The Institute for Physician Assistant Education will be responsible for the students' overall clinical experience. These responsibilities include:

- Selection and assignment of students to an individual preceptor or clinical site (C2.01), B3.01), (B3.03), (B3.04), (B3.05), (3.06), (B3.07)
- Provide students with the appropriate clinical exposures to develop and enhance their clinical acumen and skills (B3.01), (B3.03), (B3.07)
- Coordinate the educational and clinical activities involving the preceptor, clinical facility, student, and PA program faculty (B3.06), (B3.07)
- Provide students, preceptors and clinical sites with the educational objectives specific to each rotation, as outlined in the course syllabus (B3.03)
- Monitoring student progress throughout the clinical year (B4.02)
- Provide students with the necessary information needed for each clinical rotation, i.e., housing, meals, parking, etc.
- Provide a measurable post-rotation evaluation for each clinical concentration (B4.04)
- Provide students with the opportunity to evaluate the clinical preceptors and sites (B4.01)
- Provide remediation when appropriate (B4.01)
- Make clear that all students are subject to the rules, regulations, policies, procedures and protocols of each clinical rotation (A3.01)
- Provide training referable to infection control, universal precautions, blood and fluid borne pathogens (B2.08), (B2.09)
- Provide for appropriate BLS and ACLS training prior to the start of clinical rotations (B2.08), (B2.09)

CLEARANCES

All students are required to complete the following federal guidelines, as well as any additional requirements mandated by each clinical institution:

1. Child abuse
2. Criminal background check
3. FBI fingerprinting and results
4. Appropriate immunizations

BLOOD and BODILY FLUIDS EXPOSURES and NEEDLE STICKS POLICY (A3.08b, c)

During your clinical rotation you will be at risk for being exposed to patients' blood and other bodily fluids, including urine, saliva, vaginal and penile discharges, feces, sputum, mucous, CSF, and abscesses, etc. Exposures can occur in a variety of ways, such as needle-sticks, lacerations, open wounds, respiratory inhalation and eye contact. Additionally, you will be handling sharp objects and other instruments that may cause you bodily harm, i.e., scalpels, scissors and clamps, suture needles, etc. You must always use extreme caution when handling medical instruments and equipment.

In the event that you experience an exposure of any kind, you are to report it immediately to your preceptor or another appropriate person at your clinical site. They will follow the standard protocols relative to the facilities guidelines for exposures. You must also inform the Director of Clinical Education and submit an Incident Report (Appendix B). Should an exposure occur outside of normal practice hours or on weekends or holidays, you are to follow the office or institutions exposure protocol.

BLOOD-BORNE PATHOGENS TRAINING (OSHA) (A3.08)

The Occupational Safety and Health Administration (OSHA) requires that all health care workers understand the dangers of blood borne pathogens and how to protect themselves and others. IPAE and many of our clinical facilities require that students have the same education. This education is provided during a required course during the first year of the program. This session is mandatory, and students must sign a declaration that they have received such training. The original of this declaration will be maintained in the student's clinical education file, which is housed in Exxat.

A copy of this declaration will be provided to the student's clinical facility upon request. During clinical experiences, students are required to follow facility policy regarding blood borne pathogens. This includes, but is not limited to, regular hand washing and the appropriate use of personal protective equipment such as gloves, gowns, masks, and goggles. Any potential exposure to body fluids must be reported via the facility's reporting mechanism with an additional report made to the clinical principal faculty. Any follow-up care will be on the advice of a physician.

POST EXPOSURE POLICIES (A3.08 b,c)

Injury and illness related to exposure to blood/or body fluids may occur during the course of the professional program. If medical attention is required at any point in the program didactic or clinical, any cost incurred is the students' responsibility. It is important to note that faculty cannot be involved in the health care of the student at any time unless it is a medical emergency. All injuries or illness must be immediately documented with the program by completing an incident report and submitting the report to your assigned faculty advisor. If injury or illness due to exposure occurs during clinical experiences, the facility will facilitate access to emergency medical care for the students who become ill or injured. The student may be expected to provide proof of immunization. The student is also responsible for maintaining

health insurance while enrolled in the physician assistant program. Exposure to blood borne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk during orientation to the program and in the clinical skills course the semester before the clinical phase of the program. Individual clinical sites may also provide orientation sessions regarding blood borne pathogens. Observing universal precautions is one method to reduce risk.

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other persons. Of particular concern are the primarily blood-borne pathogens HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body fluids other than blood, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites' specific policies regarding universal precautions.

UNIVERSAL PRECAUTIONS GUIDELINES

1. Act as though all patients with whom you have contact have a potentially contagious blood borne disease
2. Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions
3. Wear proper PPE when indicated
4. Use gloves to prevent contact with blood, or body fluids, contaminated surfaces or instruments
5. Wear face protection when droplets may be generated during a procedure
6. Dispose of all contaminated articles and materials in a safe manner prescribed by law
7. Dispose of sharps promptly in the appropriate, puncture resistant containers

IN THE CASE OF EXPOSURE TO BLOOD AND/OR BODY FLUIDS THE STUDENT SHOULD:

1. Wash needlestick and cuts with soap and water immediately
2. Flush splashes to the nose, mouth, or skin with water
3. Irrigate eyes with clean water, saline or sterile eyewash
4. Report the incident to a supervisor
5. Immediately seek medical treatment

STATEMENT OF FINANCIAL RESPONSIBILITY (A308c)

In compliance with the university and Institute policies, all students are required to carry health insurance. In case of an emergency, exposure while on clinical rotations such as a needle stick or exposure to blood borne pathogen, the student will assume full financial responsibilities for all expenses incurred.

Students are required to carry an insurance policy while enrolled in the program. Students may maintain their own policy or opt to accept the university insurance policy. Students who do not take the university insurance policy must sign a waiver indicating they do not require the insurance. If the student does not sign the waiver by the due date, they will be automatically enrolled in the university-sponsored health insurance and the policy premium will be added to their student account. Information about services available through the university insurance policy can be found at www.firststudent.com.

HARRASSMENT POLICIES AND PROCEDURES

Widener University and the Institute for Physician Assistant Education does not and will not tolerate harassment of any kind. The university recognizes that harassment based on sex, race, religious or political affiliation, or gender identity is a violation of the laws of the Commonwealth of Pennsylvania.

Harassment is defined as “Aggressive pressure or intimidation.” Widener University is dedicated to providing clinical environments free from both explicit and implicit coercive sexual misconduct. Sexual misconduct is unacceptable and grounds for disciplinary action, which may include arrest and incarceration. Any student who feels they have been the victim of an unwanted sexual advance should immediately report the incident to the local authorities, your preceptor and the PA program. If, however, the perpetrator is the preceptor, contact your clinical principal faculty member at once.

In highly stressful areas of medical practice, i.e. emergency departments, operating rooms, and psychiatric facilities, humor, especially what is referred to as, “gallows humor”, is often times used as a means of releasing tension. It is important to not take such humor personally. Should you encounter an incident that makes you feel threatened or harassed, or places you in an uncomfortable position, clearly convey your discomfort to those involved. If, however, an incident occurs in which you feel places you in imminent peril, safely remove yourself from the situation and immediately contact the appropriate authorities, as well as your clinical principal faculty member.

For more information on Widener University policies, please refer to:

<https://www.widener.edu/sites/default/files/2019-10/Equal-Opportunity-Harassment-Nondiscrimination-Policy-10-2019.pdf>

Student Grievances and Appeals (A3.15g)

Students should be aware that policies and procedures relating to the handling of student grievances and issues of privacy and dignity are outlined in the *Widener Graduate Catalog*. Questions may be directed to the IPAE Program Director.

Nondiscrimination Policy

Title IX of the Education Amendments of 1972 states: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance." Widener University is dedicated to upholding Title IX and committed to creating and sustaining a safe environment for all students and employees. The PA Program supports and upholds the Equal Opportunity, Harassment, and Nondiscrimination Policy and Widener University's commitment to diversity and non-discrimination. Upon receiving a report of misconduct, Widener will address the matter as quickly and fairly as possible. Please see the Title IX website for campus resources.

<https://www.widener.edu/sites/default/files/2019-10/Equal-Opportunity-Harassment-Nondiscrimination-Policy-10-2019.pdf>

<https://www.widener.edu/student-experience/vibrant-community/diversity-inclusion> <https://www.widener.edu/title-ix-sexual-misconduct-resources>

Student Mistreatment (A3.15f)

Student Mistreatment is defined as any unwelcome conduct based on actual or perceived status including sex, gender, race, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, sexual orientation, gender identity, marital status, genetic information, or other protected status. Any unwelcome conduct should be reported to campus officials, who will act to remedy and resolve reported incidents on behalf of the victim and community. See the EOHN Policy for further information. Students enrolled in the PA program should be familiar with the process for reporting violations of student conduct located in the Equal Opportunity, Harassment and nondiscrimination policies handbook.

In the clinical phase of the program, clinical preceptors, other health care providers, medical residents, and staff should treat PA students fairly and with respect. The PA Program does not condone the mistreatment of students in the didactic or clinical phase of the program. If a student believes they have been mistreated, the student should contact the Program Director immediately.

<https://www.widener.edu/sites/default/files/2019-10/Equal-Opportunity-Harassment-Nondiscrimination-Policy-10-2019.pdf>

Reporting options:

Formal, Non-Confidential Reporting Options

- Report directly to the Title IX Coordinator or Deputy Officer
- Report to Campus Safety at 610-499-4200
- Report online with the [Discrimination, Harassment or Sexual Misconduct Reporting Form](#).

On-Campus Confidential Reporting Options

- Report to the Student Health Center at 610-499-1183
- Report to the Counseling Center at 610-499-1261

DIVERSITY AND INCLUSION STRATEGIES

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.ⁱ Additionally, a Diversity Standard (A1.11) was added to the ARC-PA 5th Edition Standards. PA programs continue to develop recruitment and retention efforts to support underserved populations. Furthermore, it is important that students are provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

Recognize that students come from a variety of backgrounds with differences that contribute to variations in habits, practices, beliefs, and/or values.ⁱⁱ

- Encourage the PA student and preceptor to discuss personal biases and/or fears at the beginning of the rotation and ongoing as needed.
- At the beginning of the rotation, the preceptor should discuss any considerations unique to the student's practice setting and patient population. Additionally, the preceptor may provide the student with suggested resources for further research on the unique practice settings and patient population.
- Intentionally seek opportunities for students to care for patients with diverse backgrounds, habits, practices, beliefs, and/or values.
- Engage the student in dialogue about their encounters with diverse patients and team members and provide formative feedback regarding their interactions and perceptions.
- Encourage the student and preceptor to challenge their own beliefs and understand their impact on their care of patients and development as a compassionate, inclusive learner.
- Provide opportunities for the student to interact with community outreach activities as available at the clinical site and in the local community.
- Become a mentor for prospective PA students who are from underrepresented minority groups.
- Encourage students and preceptors to engage in conversations about health equity and social determinants of health.

PAEA has available in the Digital Learning Hub a Diversity, Equity, and Inclusion Toolkit (<https://paea.edcast.com/pathways/diversity-equity-and-inclusion-toolkit>) and best practices guidelines. Ask your clinical coordinator to download and share this resource if you do not have access.

STUDENT SECURITY (A1.02g)

While on clinical rotations your safety and security are the responsibility of the University, as well as the participating medical facility. While each clinical rotation site has been fully vetted, the preceptor should orient each student to the facilities safety and security measures. Most clinical locations will have on-site security departments. Guards will be able to escort you to and from your automobile after hours. You are, however, responsible for exercising good judgement while on clinical rotations. Be always aware of your surroundings. If a security

incident does occur, the student should immediately contact the institutions' security department and/or local authorities for assistance. **You may also contact the clinical principal faculty at any time.**

Faculty Advisor (A2.17)

Each student was assigned a faculty advisor at the beginning of their didactic education. This advisor will follow you through your clinical year. Students are required to meet with their advisor at the end of each clinical rotation. In addition, they are encouraged to contact their advisor within the first week of each rotation to make certain they are acclimating to the locale, patients and administrative personnel.

Student Work Policy (A3.15e)

Due to the nature of, and time commitment required for the clinical rotation year, students are dissuaded from employment of any kind.

Each rotation will essentially represent full-time employment and must be considered as such. Should a student choose or be financially obligated to work outside of their rotation hours, they do so at their own peril. The IPAE will not be responsible for a student's poor performance as a result of any extracurricular activities.

Interim Education Week (B1.01a), (B1.01b), (B1.01c), (B1.01d), (B2.04), (B2.05), (B2.09), (B2.10), (B2.14), (B2.17), (B4.01), (B4.02), (B4.03)

The last week of each rotation is designated as an Interim Education Week. During this time the student will be required to attend (in-person or virtually) scheduled activities to include but not limited to, the EORE, workshops, professional development, PANCE preparation, and educational lectures. Meetings with advisors and remediation may also occur during this time.

Students who are located within 60 miles of the program are expected to attend activities during the Interim Education Week in person. If a student is located greater than 60 miles from the program, they may choose to attend virtually.

SUMMATIVE EVALUATIONS

Summative Evaluations will be given in the last four months of the program (B4.03).
(See Clinical Year Timeline pg. 22.)

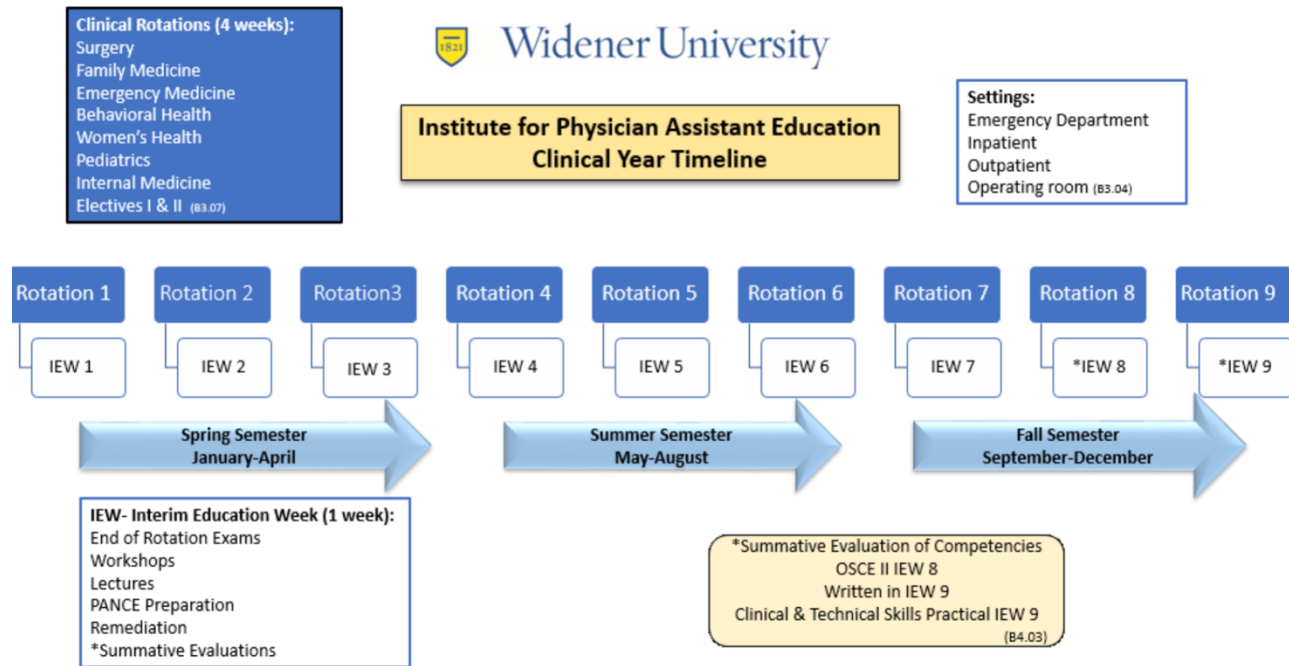
The student must pass Summative II course to graduate from the program. If a student fails any of these exams on the first attempt, they will have one re-take. If the student fails a second time, they must repeat the course and will have a delayed graduation. A third failure will result in dismissal from the program.

Written Summative Exam (PAEA End of Curriculum Exam)	Interim Education Week #6
Summative OSCE	Interim Education Week #7
Clinical & Technical Skills Practical	Interim Education Week #8

Clinical Year Timeline

Didactic Courses- 15 months Semesters I-IV

Clinical Courses – 12 months Semesters V-VII



Clinical Rotations: The Widener University PA Program has clinical agreements with a large variety of clinical sites. All students will complete 7 core rotations and 2 elective rotations. Students will experience a variety of settings, locations, and communities. Students are NOT expected to solicit clinical sites for their rotations. Students ARE responsible for any travel and housing costs associated with their clinical placements.

Clinical Site Placement Timeline

Item	Timing
Student signs up for EXXAT profile	December Yr 1
Student completes Clinical Rotation Wish List (in EXXAT)	January Yr 1
Meetings with clinical principal faculty	February-March-April
Completion of clearances and site requirements	Summer I-Fall II

Changes to Clinical Assignments

Every effort will be made to accommodate each student on their rotation sites.

Distance, environment and compatibility will be considered for each selection. Changes in clinical assignments, therefore, will only be considered under special circumstances. Should a student's circumstances necessitate such a change, requests should be made to the Director of Clinical Education as soon as possible.

Policy for Clinical Site Recruitment (A3.03)

Students are not required to solicit clinical sites or preceptors. Students may inquire about a clinical site and obtain contact information for the Director of Clinical Education to follow up and confirm the rotation for the student.

If a student would like to request a new clinical site, they must complete the New Clinical Site Request Form and submit the form with their rotation requests.

REQUIRED HEALTH SCREENINGS AND IMMUNIZATIONS (A3.07a)

Students are required to have all current immunizations as recommended by the Centers of Disease Control and Prevention (CDC) for health care providers. These immunizations include:

Hepatitis B- If previously unvaccinated, give a 2-dose (Heplisav-B) or 3-dose (Engerix-B or Recombivax HB) series. Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #2 (for Heplisav-B) or dose #3 (for Engerix-B or Recombivax HB).

Influenza- Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM. Live attenuated influenza vaccine (LAIV) is given intranasally.

MMR- For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (Sub-q).

Varicella- For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give Subcutaneously.

Tetanus, diphtheria, pertussis- Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously, Give Td or Tdap boosters every 10 years thereafter Give IM.

PPD- Students are required to have a twostep PPD for TB screening. If the screening PPD is positive, the student will be referred for follow up chest Xray and treatment if necessary.

Covid-19 Vaccination- Pfizer-BioNTech (2 doses), or Moderna (2 doses), or Johnson & Johnson's Janssen (1 dose) plus the booster.

Note: If a student has had the BCG vaccine, they may receive the Tuberculin Skin Test (TST), however, they must be aware that the test may be false positive and additional tests are needed. A student may provide results of a QuantiFERON Gold or T-SPOT tests to prove immunity.

INTERNATIONAL TRAVEL/HEALTH POLICY (A3.07b)

Widener University's Institute for Physician Assistant Education does not participate in international rotations at this time.

DRUG AND ALCOHOL POLICY

Students enrolled in the IPAE program are expected to abide by Widener University's drug and alcohol policy found in the graduate catalog

<https://catalog.widener.edu/content.php?catoid=8&navoid=229#community-standards>

In addition to the University's policies and state laws associated with drug and alcohol use, Physician Assistant students have a professional responsibility to the patients we serve. The IPAE maintains a Drug and Alcohol Policy for On and Off-Campus Experiences and a copy is placed in Canvas for students to review.

SOCIAL MEDIA POLICY

The use of social media platforms by students and health professionals should be done with careful consideration and ethical integrity. Students and health care professionals must take careful and thoughtful precaution when accessing the internet on and off duty. This includes, but is not limited to, email, text, social media outlets, and blogs. Students, faculty, and health care professionals must pay careful attention to protecting the privacy and confidentiality of the patients they serve. These principles apply across all aspects of the IPAE program from the classroom to the clinic, and clinical rotation sites. Students are prohibited from posting patient information online as this breaches confidentiality and professionalism. During their tenure in the PA program, students are strongly discouraged from engaging in direct communications on social media with faculty, staff, instructors, and clinical preceptors. Students must be aware that even though their social media presence is "private," information about patient experiences should not be shared. Any student who violates the social media standard may have to meet with the Student Retention and Promotions Committee and face disciplinary action and professionalism probation.

Resource: <https://www.policymed.com/2012/06/federation-of-state-medical-boards-model-policy-guidelines-for-social-media.html>

PATIENT CONFIDENTIALITY (HIPAA)

Maintaining client/patient confidentiality is of utmost importance in all patient interactions. This is supported by both APTA's *Code of Ethics* and most states' licensure. It is also federal law as described in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Prior to the first full-time clinical experience, students will attend a mandatory session on patient confidentiality and the implications of HIPAA. Students will be required to sign a declaration that they have received this training. It is expected that all students will maintain client/patient confidentiality both in the clinic and in the classroom. A breach of client/patient confidentiality would constitute unprofessional behavior that could result in disciplinary action.

Appendix A

Statement of Receipt and Acknowledgement of the Clinical Year Policies and Procedures

By signing this document, I acknowledge receipt and understanding of the policies and procedures for the Widener University Institute for Physician Assistant Education.

Student Signature:_____

Name (Print) _____

Date: _____

Incident Report Form

Student Information	
Full Name:	
Address:	
Phone Number: Home	Cell

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Appendix C

CLINICAL YEAR CALENDAR

Spring II Semester	Rotation 1 Interim Clinical Education Week <ul style="list-style-type: none">• EOR examination• Workshops• PANCE Prep/Professional Development• Meet with Academic Advisors• Remediation
	Rotation 2 Interim Clinical Education Week <ul style="list-style-type: none">• EOR examination• Workshops• PANCE Prep/Professional Development• Meet with Academic Advisors• Remediation
	Rotation 3 Interim Clinical Education Week <ul style="list-style-type: none">• EOR examination• Workshops• PANCE Prep/Professional Development• Meet with Academic Advisors• Remediation
Summer II	Rotation 4 Interim Clinical Education Week <ul style="list-style-type: none">• EOR examination• Workshops• PANCE Prep/Professional Development• Meet with Academic Advisors• Remediation
	Rotation 5 Interim Clinical Education Week <ul style="list-style-type: none">• EOR examination• Workshops• PANCE Prep/Professional Development• Meet with Academic Advisors• Remediation

Fall III	Rotation 6 Interim Clinical Education Week <ul style="list-style-type: none"> • EOR examination • Summative Written Exam (B4.03) • Meet with Academic Advisors • Remediation
	Rotation 7 Interim Clinical Education Week <ul style="list-style-type: none"> • EOR examination • Summative OSCE II (B4.03) • Meet with Academic Advisors • Remediation
	Rotation 8 Interim Clinical Education Week <ul style="list-style-type: none"> • Clinical & Technical Skills Practical (B4.03) • Meet with Academic Advisors
	Rotation 9 Interim Clinical Education Week <ul style="list-style-type: none"> • Meet with Academic Advisors • Graduation Preparation
	***** GRADUATION *****

Please note the above dates are subject to change with short notification.

ⁱ National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report*. <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>.

ⁱⁱ Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education*. 5th edition. <http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf>.