Master in Physician Assistant Studies
Student Clinical Rotation Guide
2021-2022
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General Policies and Procedures

Students entering clinical rotations are expected to thoroughly review this guide. This manual is in addition to, and not a substitution for, the Master in Physician Assistant Studies (MPAS) Student Handbook that students received upon beginning the program. MPAS students are required to abide by the student handbook, and the policies and procedures contained in this student clinical rotation guide, at all times during the clinical rotation phase of the program. Policies are subject to change. Any Policy modifications occurring during the term of this edition of the guide will be addressed by policy memos and transmitted by postings to common sites (such as CanvasMed) or distributed directly to students (hardcopy or email). Questions related to these policies and procedures should be addressed to the MPAS clinical liaison or clinical director.

Clinical Rotation Requirements

The clinical phase of the MPAS program is an intense training and study period that takes place in a variety of clinical settings including, but not limited to, teaching hospitals, community hospitals, outpatient clinics, private practice clinics and county, state, and federal government facilities. Per the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) standards, students must be exposed to patients across the span of life to include infants, children, adolescents, adults, and the elderly to include preventive, emergent, acute, and chronic patient encounters. Additionally, rotations must occur in the following settings: outpatient, emergency department, inpatient and operating room.

The clinical year is composed of seven (7) core rotations and two (2) elective rotations of 4 weeks duration throughout the clinical year, as follows:

- Internal Medicine
- Emergency Medicine
- Surgery
- Pediatrics
- Obstetrics and Gynecology
- Psychiatry
- Family Medicine
- Elective

Students must successfully complete all seven core and two elective rotations. Students may elect to perform elective rotations in any specialty area such as orthopedic surgery, cardiology, radiology, or students can elect to perform elective rotations in a core discipline. If a student fails a core clinical rotation, an elective rotation will be utilized to repeat the failed rotation. A student may also be required to use an elective rotation to repeat a core rotation if the faculty, through the review of patient logs and procedure logs, determines the student exposure to that core specialty was inadequate or did not meet ARC-PA standards.
The MPAS program, College of Medicine and ARC-PA rules and regulations require formal affiliation agreements between Herbert Wertheim College of Medicine (HWCOM) MPAS and clinical sites as well as individual preceptors, as applicable. Clinical site selection and approval rests with HWCOM and the MPAS program. The MPAS program serves to ensure that clinical sites provide clinical instruction, education, and experiences requisite to physician assistant education.

Clinical rotations are scheduled according to site availability, site location, and student preference as able. Reasonable efforts are made to accommodate student preference, but the MPAS program cannot guarantee that any or all student preferences will be honored at any time.

Additionally, circumstances may arise that require changes to a student’s clinical rotation schedule. Should changes be necessary, students will be informed of changes as soon as possible. A student requesting a change in clinical rotation schedule must complete a MPAS Change of Clinical Rotation Request and submit such requests to the program clinical liaison and clinical director no later than 90 days prior to the rotation start date. Student requests for schedule changes will not be considered if made within 90 days of the start of the rotation, except in exceptional circumstances or at the discretion of the clinical director or clinical liaison.

MPAS students are responsible for making and maintaining their own arrangements for transportation to and from clinical sites. Inability to reach a particular site is not considered an acceptable reason for a request to change any rotation. Site locations in the primary service area of the Modesto campus may be up to 90 miles one-way for travel.

Students are not permitted to completely arrange their own clinical experiences and are not expected or required to do so. Arranging clinical sites is the role and responsibility of the Clinical Education team and the program to ensure quality clinical experiences. Students are strictly prohibited from contacting any clinical site without first obtaining written permission from the clinical director or program director. This may include email communication/permission.

Designated preceptors for student suggested sites must be professionally and educationally credentialed (MD, DO, PA-C, or NP) as well as fully licensed (without restrictions) in the State of Florida. PA-C preceptors must be NCCPA certified. In some cases, Clinical Nurse Midwives (CNM) may be also utilized.

Students wishing to rotate at a nonaffiliated site must complete the Request for Site Affiliation form, found in Appendix A herein, no later than 180 days prior to the rotation start date and must submit it to the clinical liaison. Affiliation depends on the MPAS program’s approval of the site to be added and ability to secure an affiliation agreement. All affiliation agreements are subject to requirements set forth by ARC-PA and HWCOM. Student suggestions for new affiliations, sites or preceptors cannot be guaranteed. Sites can be “rejected” for many reasons related to the site and/or the preceptor(s).

Students may not work at any time during the clinical experience with preceptors who are family relatives. However, students may suggest healthcare provider relatives for other students to work with.
Immunizations
The MPAS program will follow Centers for Disease Control and Prevention (CDC) recommendations for immunizations. All MPAS students will be required to have the following immunizations/titers up to date prior to entering clinical rotations:

- a. Measles, Mumps, Rubella
- b. Tetanus/Diphtheria/Pertussis
- c. Hepatitis B
- d. Chickenpox (varicella)
- e. Influenza
- f. Purified protein derivative (PPD) screening for Tuberculosis (TB)

Immunizations are tracked in the American Data Bank (ADB) system. MPAS students are required to update immunizations/titers prior to beginning clinical rotations and continually maintain all ADB credentials throughout the program. Student may arrange for any vaccinations on their own or through FIU Student Health Services (SHS). Documentation must be consistent with requirements set by the program and/or ADB. Students should receive information on services and pricing prior to any appointment for clinical services. Students may have to repeat any or all credentials required for including but not limited to their physical exam and level-2 background checks prior to beginning clinical rotations. Certain clinical sites may require students to submit to higher-level background checks or separate and distinct credentialing materials. The student is responsible for submitting all such required documentation. Failure to submit any requested information may delay clinical placement and graduation from the program.

MPAS Student Exposure to Infectious and Environmental Hazards
The MPAS program follows the institutional policies of FIU regarding exposure to infectious and environmental hazards while on campus and the institutional policies of its clinical affiliates regarding exposure to infectious and environmental hazards while at clinical sites. The FIU Blood-borne Pathogens Exposure Control Plan (available online in the Florida International University Safety Compliance Guide [https://ehs.fiu.edu/_assets/docs/biological/bloodborne-pathogen-exposure-control-plan.pdf]) and the Department of Environmental Health and Safety offers guidelines to protect students from the risk of occupational infection with HIV, hepatitis B, or other blood-borne pathogens, and to implement the United States Department of Labor Occupational Safety and Health Administration (OSHA) Standard 29 CFR Section 1910.1030 Blood-borne Pathogens. For all exposures, submit a digital exposure form which can be found at https://webforms.fiu.edu/view.php?id=992783 (for blood-borne pathogen exposure) or https://ehs.fiu.edu/report/index.html (for all other incidents).
1. All exposure incidents are regarded as serious and must be reported and documented immediately to the Clinical Director or Program Director.
2. First aid shall be immediately administered for all types of injuries, including cuts and burns; exposed areas must be thoroughly washed with soap and water.
3. The physician faculty or preceptor supervising the student shall be informed immediately. If no faculty member is immediately present, the student will contact the MPAS program.
4. The student, supervisor and/or preceptor should attempt to obtain witness reports of the incident.
5. The supervisor or preceptor shall attempt to determine the nature of the exposure(s) and any associated biohazardous risks, including documentation of routes of exposure(s).
6. If possible, source material of the exposure should be retained and secured in a safe manner.
7. If the supervisor or preceptor determines that the incident constitutes an occupational exposure to biohazardous materials, then he/she immediately will begin documentation of the incident using the Student Exposure Report form provided by the program.
8. All information related to student exposure shall be regarded as confidential health information.
9. Documentation of the incident shall include the activity in which the student was engaged at the time of exposure, the extent to which appropriate work practices and protective equipment were used, and a description of the source of exposure.
10. On-campus injuries: The student is directed to FIU Student Health Services (SHS) during normal business hours for appropriate follow up. If the incident occurs after working hours, or requires emergency care, then the student will be directed to the nearest emergency department for proper evaluation.
11. Off-campus injuries: The student is directed to seek care at the hospital’s emergency department, urgent care or similar (according to the clinical affiliation agreement), or referred to the closest outpatient clinic. Preceptors and other clinical site personnel can act as resource to facilitate this.
12. The student assumes responsibility for all charges and activities associated with diagnosis and treatment of exposure injuries not covered by his/her health insurance plan. A student may request the college’s assistance by discussing the situation with a representative from the director’s office.
13. Students should follow up with SHS or with their primary care physician for all injuries incurred on clinical rotation sites or on campus.

MPAS students are informed of institutional policies in the MPAS Student Handbook, on the programs website, and during orientation to the program. Policies specific to clinical sites are documented in each course syllabus utilizing the site; students are apprised of site-specific policies during orientation to the rotation and/or site or through instructions provided directly to the student by the program, clinical coordinators, preceptors or site personnel. Continued monitoring and enforcement of the FIU Bloodborne Pathogen Exposure policy is critical for maintaining
the safety of MPAS students, faculty, staff, and patients in all learning environments. Student are encouraged to advise the program of any unsafe environment they encounter while a student in the program.

**Liability Insurance**

Each MPAS student is covered for professional liability under the FIU self-insurance program. Students can learn more about this program at: [http://www.flbog.sip.ufl.edu/index.php](http://www.flbog.sip.ufl.edu/index.php). MPAS students rotating at a clinical site must maintain the role of a student; they are prohibited from assuming any responsibilities outside those clearly defined and agreed upon for a student. Students are not allowed to substitute for or function as clinical or administrative staff. Students should be appropriately and routinely supervised by the preceptor of record and must perform duties within the scope of the agreed-upon clinical experience. Remaining within the scope of agreed-upon student duties and responsibilities is vital to preserving the professional liability coverage provided by the university and is important in protecting the student, FIU and the clinical site in the case of legal action sought by a patient.

Students are prohibited from participation in any patient care activity outside the formal rotation assignment, even in the case that an occasion for participation is presented by the clinical site as potential employer. Though these opportunities may be attractive and are seemingly benign, they must be avoided, as FIU’s liability coverage does not cover the student in these circumstances.

MPAS students working in paid positions in a different health-care–related capacity at any time during their physician assistant education are not permitted to assume the role of MPAS student while on duty as a paid employee. Liability insurance will not cover any student assuming the role of an MPAS student outside an assigned clinical rotation.

**General Safety Guidelines**

Students and faculty must be aware of the need for personal safety and act accordingly to minimize risks. The safety and security of students and faculty are the first priority of the MPAS program. Safety and security practices are reviewed prior to community and clinical experiences. Examples of such educational training programs include:

- Universal precautions
- Needle stick prevention
- Response to needle stick or bodily fluid exposure
• De-escalation techniques when dealing with an angry patient, student or co-worker

• Emergency procedures involving medical care (e.g., CPR), natural disasters, terrorism, assault, illegal activities, and others.

While working in community settings, including hospitals, clinics, home visits, and other off-campus venues, MPAS students and faculty should use common sense and take precautions, including but not limited to, the following:

• Be aware of your surroundings
• Don’t stand out (e.g., wearing flashy or expensive jewelry)
• Don’t carry excessive amounts of money
• Don’t leave valuables in plain sight
• Travel in pairs whenever possible
• Keep car doors locked and windows closed

While working or studying on campus, it is important to keep in mind that the University Police Department has jurisdiction over the entire university, including HWCOM. Emergency phones have been installed at strategic locations around FIU, which connect directly to the University Police Department. Students and faculty are urged to take notice of and become familiar with their locations. As members of the FIU community, students and faculty can enhance their personal safety and help keep the campus safe by taking precautions, including but not limited to, the following:

• Walk in pairs in isolated places or during the evening. Students and faculty should not hesitate to call the University Police Department to request a student escort or other security service at night.

• Keep close watch on your personal property. Do not leave personal property such as books, audio or video players, cell phones, PDAs, laptops, purses, wallets, jewelry, cameras, or other valuable objects unattended or out of your sight or in classrooms, the library, restrooms, clinic, campus dining areas, the bookstore, your vehicle, or in any public place.

• Report all on-campus thefts or suspicious persons or activities to the University Police Department. Contact information is listed below.
While fulfilling MPAS educational objectives, students and faculty also must be aware of the need for personal safety and act accordingly to minimize risks. The key message for students and faculty is to be cautious and use common sense. Always listen to your “gut” and follow your instincts. If an environment or situation feels unsafe, stay calm and leave immediately. Discuss the incident with a faculty supervisor and/or call law enforcement.

Emergency contact information:

- For all off-campus emergencies, call 911
- For all on-campus emergencies and urgent scenarios involving safety, call the University Police Department at 305.348.5911 (for the Modesto A. Maidique Campus) or 305.919.5911 (for the Biscayne Bay Campus)
- For non-urgent safety concerns or questions, contact:
  - 305.348.2626 for the Modesto A. Maidique campus
  - 305.919.5559 for the Biscayne Bay campus
Academic Policies

Grading and Evaluation
Students in the MPAS program must earn a grade of 75 (C) or better in all MPAS courses and course enhancements and must maintain an overall GPA of 3.0. Note that to achieve a 3.0 or higher overall, the student must average 83 or higher in each course over the course of the program. For more details, see the MPAS Student Handbook. Grading systems include assessment of participation in program courses and activities and assessment of professionalism.

Final grades will be based on calculations according to the following:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Rotation (EOR) Exam (NOTE: Must pass with 375 scaled score or higher)</td>
<td>50%</td>
</tr>
<tr>
<td>Preceptor Evaluations:</td>
<td></td>
</tr>
<tr>
<td>• Final Rotation Evaluation in eMedley (15%)</td>
<td>30%</td>
</tr>
<tr>
<td>• SCPE Checklist (15%) (MUST have “Meet Expectations” on a minimum of 85% of the mandatory items)</td>
<td></td>
</tr>
<tr>
<td>Patient Log</td>
<td>10%</td>
</tr>
<tr>
<td>Comprehensive Written Note/Case Presentation</td>
<td>10%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
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*End of Rotation Exam*

The program utilizes the PAEA End of Rotation exam. This exam reports its scores on a scale from 300 to 500; the use of this standard metric allows for easy comparisons between versions of the exam over time and forms of the exam delivered to each cohort. By using this exam, it allows the program to compare students’ performance to the national average. The EOR exam will be given during the last week of clerkship and will be administered at the FIU Modesto A. Maidique Campus. The multiple-choice examination assesses clinical knowledge and will account for 50% of the total clerkship grade. To pass each clerkship, students must attain a scaled score of 375 or higher on the EOR exam. Students who fail to attain a scaled score of 375 or higher are required to repeat the examination within 2 weeks of receiving their results. Students who fail their second attempts or do not retake the exam within the required timeframe are not permitted to complete any other remediation and must repeat the clerkship.

*Preceptor Evaluations*

Preceptors evaluate students at the midpoint and end of the rotation period. The mid-rotation evaluation is a formative review to provide the student with official feedback for improvement; the end-of-rotation
evaluation is summative. Preceptors also evaluate students by completing the clerkship-specific SCPE Checklist to enable all students to meet the program’s learning outcomes. To assist the preceptors’ understanding of the clinical performance benchmarks, the program has developed a Clinical Performance Rubric for the SCPE Checklist. Any student who achieves less than 85 percent of the mandatory clerkship outcomes will be required to repeat the rotation; mandatory clerkship outcomes are designated with a red asterisk (*) in the SCPE Checklist. Students who achieve the 85 percent benchmark but fail to pass all of the mandatory clerkship outcomes are required to successfully remediate those competencies within the last 30 days of the program. All three assessment tools (i.e., mid-rotation evaluation, end-of-rotation evaluation, and SCPE Checklist) assess knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities demonstrated by the student during all clerkships and serve as a confirmation of competencies achieved.

**Patient Log/Notes**
Students are required to log and complete 5 cases per day during the clerkship in the online system eMedley, which is worth 10% of the student’s final grade. Students who do not meet the weekly requirement will be penalized 2.5% for each week that they fail to comply. Patient logs are reviewed by the clinical team on a weekly basis.

**Comprehensive Written Note/Case Presentation**
Each Student is to submit, through CanvasMed before the EOR, a typed 2-4-page summary of a case in which they participated. The case must include differential diagnoses. This submission is reviewed by the program’s clinical team, and feedback is given as per the rubric in the clinical syllabi. Students may receive a grade of Incomplete (I) in a clinical rotation, which may result in referral to SEPC.

**CanvasMed**
All rotation syllabi are housed in and distributed through CanvasMed. Any additional announcements, lectures, assignments, and other documents related to rotations will be posted on CanvasMed or distributed directly to the students via email. Students are responsible for checking CanvasMed at least weekly and for remaining up-to-date on current requirements, assignments, communications, and any other information. Students must also check FIU email every 24-36 hours.

**eMedley**
All patient encounters must be logged in eMedley on a daily basis. The preceptor evaluation and student evaluation are also recorded using this tool. Additional training will be made available to effectively utilize this tool in live sessions, video recordings and student manuals for such purpose. Any questions regarding the use and application of eMedley during the clinical year should be directed to the Clinical Director. It is the responsibility of the student to ensure that all patient logs, time logs, preceptor and student evaluations are completed on time for each rotation period.
Clinical Rotation Attendance

During clinical rotations, 100% attendance is required of the student. Students should start their clinical rotations at the time determined by the site and/or preceptors. Unreliable or undependable behavior is considered unprofessional behavior. Scheduled activities and/or clinical rotations may take place on any day of the week (including weekends and holidays), and may take place during day or night hours. Students should follow the instructions from clinical site preceptor(s) regarding the schedule for a particular clinical rotation. MPAS students must maintain sufficient flexibility to respond to schedule changes and unexpected patient care demands.

It is recommended that all absences be approved PRIOR to their occurrence. Students expecting to be absent must complete the Absence Excusal form and submit it to the clinical director. Students cannot miss more than 10% of a clinical rotation, and all missed time must be approved by the clinical director. Students expecting to be absent must complete the Absence Excusal form.

In the event of an emergency, when it is not possible to obtain permission prior to the absence, students must notify the following by phone and a confirmatory e-mail within 3 hours of the time they were expected on site:

- MPAS clinical liaison and MPAS clinical director
- On-site preceptor
- MPAS program office

Students must also complete the Absence Excusal form found in Appendix herein within 24 hours of their absence. Failure to notify and to obtain approval from both the MPAS program clinical director and the clinical site preceptor may result in referral to SEPC and may include sanctions including but not limited to failure of the rotation. Students who are absent from a rotation site for 2 days without authorization and approval by clinical director will be referred to SEPC for further evaluation and action.

Tardiness and early departures from clinical rotations are not permitted and considered highly unprofessional and inconsiderate of clinical site operations and personnel. A student is subject to receiving unsatisfactory scores on his/her clinical performance evaluation for tardiness and early departures, which may result in the student having to repeat part or all of the rotation. Attendance is a critical element in the student’s clinical performance evaluation.

Student Conduct and Professional Behavior

Students are required to follow the rules of conduct, policies, and procedures outlined in the FIU Student Handbook and the MPAS Student Handbook and established at affiliated facilities. The responsibility of assuming the role of a physician assistant demands the highest behavioral, moral and ethical standards. Developing these standards is a lifelong process which continues as an integrated component of the MPAS student’s education in the MPAS program. With this as a fundamental principle, the MPAS program does
not tolerate violations of ethical and moral values. Therefore, violations such as cheating, plagiarism, and unprofessional conduct are not tolerated.
Nepotism and Fraternization
Occasionally students request to serve a rotation with a friend or relative (who is also a health care provider) that will serve as the preceptor. Due to the potential that personal relationships can interfere with the clinical evaluation process, which is both objective and subjective in nature, such rotation arrangements are prohibited.

Students may find themselves attracted to a preceptor (or vice versa) or other personnel at the site(s) at which they are rotating. Pursuit of amorous or sexual relationships between students and clinical rotation personnel during the rotation period compromises the integrity of the education and evaluation processes and should be avoided by students. Students also should be aware of FIU-104 Sexual Harassment policy found at https://regulations.fiu.edu/regulation=FIU-104 and included in the MPAS Student Handbook.

Students with questions or concerns about the above issues should immediately consult the clinical liaison, clinical director, academic director, or program director.

Student Contact Information
Each student has been provided with a FIU e-mail address. This is the only e-mail address used for MPAS program communication. Students are responsible for reading and responding (as required) to e-mail correspondence on a daily basis. In some cases, your lack of response can delay clinical placement and may delay your graduation. We can only work effectively on your behalf with your input and cooperation.

MPAS students must furnish contact information, including mobile phone number and information for an emergency contact, to the clinical director. It is the MPAS student’s responsibility to keep contact information current with the clinical director.

Family Educational Rights and Privacy Act
In compliance with the Family Educational Rights and Privacy Act (U.S. Public Law 93-579; FERPA), the MPAS program requires its students’ written consent to the sharing of personal information with its educational partners (clinical affiliates and practice sites) strictly on a need-to-know basis. This sharing of personal information may include social security number, email address, telephone number, results of drug screening tests, or results of background checks. Notice is hereby given that initial drug screening and background checks (before the clinical rotation phase) and random drug screening or additional background checks may be requested of the student at any time while the student is enrolled in the MPAS program, as well as for placement in certain clinical sites as a matter of standard operating procedures for those sites. The MPAS student will be responsible for the cost of all above drug screening and background tests.
A student’s signature on the form found in Appendix herein stating receipt of this student clinical rotation guide and acceptance of the terms and conditions contained within this guide is considered acceptance of above informed consent.
NEW CLINICAL SITE FORM

Student Name: ___________________________ Date: ___________________________

Preceptor Name (as it appears on FL license): ___________________________ □ MD □ DO □ PA □ NP

Practice Name: __________________________________________________________

Practice Address(es): ______________________________________________________

Contact Name: ___________________________ Contact Phone #’s: __________________________________

Contact Email: ___________________________

Florida license #: ___________________________ Board Certification: □ Yes □ No Specialty: ___________________________

Hospital Affiliation(s): __________________________________________

Is the preceptor related to any member of the class? □ Yes □ No Requested Dates: ___________________________

Number of Years in Practice: ___________________________ Average Number of Patients (per day): ___________________________

Number of Physicians: ___________________________ Number of Physician Assistants: ___________________________

Number of Nurse Practitioners: ___________________________

Practice Setting(s): □ Outpatient □ Inpatient □ Emergency Dept. □ OR □ Other: ___________________________

Please review the attached Physician Assistant Preceptor Agreement template. If you approve the template “as is” please check the following box. The agreement will be routed for signature via DocuSign to the email address listed above. The agreement term will be set to three years, unless noted otherwise. □ Agreement Template Approved

Signature: ___________________________ Date: ___________________________

For MPAS Office Use Only:

□ Approved □ Denied □ Pending

Recommendations:

________________________________________________________________________

Signature: ___________________________ Date: ___________________________
PHYSICIAN ASSISTANT PRECEPTOR AGREEMENT BETWEEN

THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES

AND

THIS PRECEPTOR AGREEMENT, entered into and effective (the “Effective Date”), is between the Florida International University Board of Trustees, on behalf of its Herbert Wertheim College of Medicine, Master in Physician Assistant Studies Program (hereinafter “MPAS”), and ______________, PA (hereinafter the “Preceptor”), hereinafter collectively referred to as the “Parties”.

WHEREAS, MPAS desires that individuals enrolled in its Physician Assistant program (“PA Students”) obtain required clinical experiences at one or more facilities with which it has an affiliation, and under the supervision of the Preceptor;

WHEREAS, the Preceptor is willing to offer a clinical experience in recognition of the need to train PA Students;

WHEREAS, it is to the benefit of both the MPAS and the Preceptor to cooperate in the educational preparation of Students so as to promote excellence in patient care, to ensure professional competence, and to provide maximum utilization of community resources;

NOW, THEREFORE, in consideration of mutual promises set forth herein and other good and valuable consideration, MPAS and Preceptor agree as follows:

1. PURPOSE. The purpose of this Agreement is to establish procedures and guidelines pursuant to which Preceptor shall provide clinical experiences for PA Students in certain health care facilities (“PA Rotations”) who are in good standing with the MPAS and who are accepted for such training by the Preceptor.

2. TERM AND TERMINATION. The term of this Agreement shall be _________ (___) years commencing _________ and ending __________. This Preceptor Agreement may be amended, terminated, extended or renewed upon mutual written agreement of the Parties. This Preceptor Agreement may be terminated by either Party upon Ninety (90) days prior written notice by the other Party.

3. RESPONSIBILITIES OF PRECEPTOR. In accordance with the terms and conditions of this Agreement, Preceptor agrees to provide clinical experiences for Students in connection with the Program, and Preceptor shall:

FRU OGIC – Rev. May 2020
a) Cooperate with the MPAS in enforcing MPAS policies and procedures related to PA Student performance and PA Student conduct, and complying with same, as set forth in the Program Handbook provided to Preceptor.

b) Accept Students into PA Rotations, the number of which shall be determined at the discretion of Preceptor.

c) Ensure Students receive orientation of the health care facility(ies), or orientation packets about the health care facility, which will include training about policies and procedures, including without limitation the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

d) Provide supervised educational experiences for PA Students that fulfill the curriculum requirements of the MPAS and meet the objectives agreed upon by the MPAS and the Preceptor.

e) Complete Student evaluations as requested by MPAS.

f) Plan, administer and retain total responsibility for all aspects of patient care and assure qualified supervision of all patient activities.

g) In his/her sole and absolute discretion at any time, summarily relieve a PA Student from a specific assignment, or request that a PA Student leave a patient care area whose conduct or work with patients, personnel, or medical staff is detrimental to patients or others. Preceptor shall use reasonable efforts to notify MPAS of any PA Student whose work or conduct with clients, patients or personnel is not, in the opinion of Preceptor, in accordance with acceptable procedures or standards of performance or otherwise could disrupt patient care. MPAS agrees to immediately communicate and implement as appropriate the Preceptor’s determination to withdraw such PA Student from the PA Rotation.

h) The parties acknowledge that many student education records are protected by the Family Educational Rights and Privacy Act (“FERPA”) and by applicable state law, and that generally, written student consent must be obtained before releasing personally identifiable student education records to anyone other than MPAS. MPAS agrees to provide guidance to Preceptor with respect to complying with the provisions of FERPA and similar state law. Preceptor agrees to treat all PA Student education records that are specifically identified as such by the parties confidentially and not to disclose such PA Student education records except to MPAS and Preceptor officials who need the information to fulfill their professional responsibilities pursuant to this Preceptor Agreement, or as otherwise required or permitted by law.
4. RESPONSIBILITIES OF MPAS. MPAS shall:

a) Be solely responsible for any and all appointments to its faculty.

b) Provide a contact person at the MPAS with authority over the program for which Student(s) is training, which contact person is set forth below.

c) Provide course outlines to Preceptor that include objectives, goals and classes for each course providing educational experience and coordinate with Preceptor as to the length and timing of the Rotation.

d) Present PA Students who have adequate preclinical instruction and has adequately fulfilled the preclinical requirements for the PA Rotation.

e) Establish and maintain curriculum standards and educational policies that meet MPAS standards and applicable licensing and accreditation requirements.

f) Retain overall responsibility for PA Students and administer, organize and operate the overall educational program and retain responsibility for the education of PA Students in and for the MPAS’s program curriculum, its design, delivery, and quality.

g) Educate PA Students to maintain the confidentiality of all records or information exchanged in the course of the Rotation in accordance with Preceptor policies and all applicable federal and state laws, rules and regulations, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

h) Ensure each Student provides for his or her own housing, transportation, parking, meals and all other expenses not specifically provided for herein; and

i) Ensure that each PA Student confirms in writing that he or she understands and agrees to all of his or her obligations hereunder.

5. INDEPENDENT CONTRACTOR/PA STUDENTS STATUS.

a) The relationship of the Parties hereunder shall be an independent contractor relationship, and not an agency, employment, joint venture or partnership relationship. Neither Party shall have the power to bind the other party or contract in the name of the other party. All persons employed by a party in connection with this Agreement shall be considered employees of that party and shall in no way, either directly or indirectly, be considered employees or agents of the other party.

b) No Student will be deemed to be an employee, agent or volunteer of the Preceptor
by virtue of participation in the Program, nor will the Preceptor be liable for the payment of any wage, salary, or compensation of any kind for service provided by the PA Students while participating in the Rotation. Further, no Student will be covered under the Preceptor’s Worker’s Compensation, social security, or unemployment compensation programs while participating in the PA Rotation.

6. INSURANCE AND INDEMNIFICATION.

a) Insurance of PA Students. FIU shall, at all times during the term of this Agreement, maintain occurrence-based, self-insurance policy as applicable. Notwithstanding the foregoing, FIU is a political subdivision of the State of Florida and is therefore, entitled to sovereign immunity as detailed in Section 768.28, Florida Statute. Self-Insurance shall be provided pursuant to the authority of Section 1004.24, Florida Statutes and BOG Regulation 10.001. To the extent that the State of Florida, on behalf of the Board of Governors and the University Board of Trustees ("FIUBOT"), has partially waived its immunity to tort claims and is vicariously responsible for the negligent acts and omissions of its employees and agents as prescribed by Section 768.28, Florida Statutes, FIUBOT is protected for a claim or judgment by any one person in a sum not exceeding Two Hundred Thousand Dollars ($200,000) and for total claims or judgments arising out of the same incident or occurrence in a total not exceeding Three Hundred Thousand Dollars ($300,000).

b) Insurance of Preceptor. Preceptor agrees that he/she shall maintain general and professional liability insurance for themselves in an amount required by applicable law.

c) Each Party’s Responsibility. The parties agree to indemnify and protect each other subject to the provisions of this section and, as to MPAS, within the limitations of, Florida Statutes, Section 768.28, as amended from time to time. To the extent allowed by Section 768.28 of the Florida Statutes, all employees and agents of the MPAS acting within the scope of this Agreement shall be entitled to sovereign immunity. Each party agrees to be liable for the activities of its respective trustees, officers, employees, and agents (collectively referred to as "personnel"). Preceptor agrees to indemnify and hold harmless MPAS and its personnel from all claims, suits, judgments or damages, arising out of the acts or omissions of Preceptor, or Preceptor’s employees or agents. MPAS agrees to indemnify and hold harmless Preceptor and its personnel from all claims, suits, judgments or damages, arising out of the acts or omissions of MPAS, or MPAS’s employees or agents.

7. MISCELLANEOUS.

a) Assignments. This Agreement may not be assigned, either in whole or in part, to a third party without the prior written consent of the non-assigning party.
b) **Third Party Obligations.** This Agreement is made solely for the benefit of the Parties named in this Agreement, and is not intended to create rights or any cause of action in any third parties, including without limitation, the PA Students.

c) **Performance.** A delay in or failure of performance of either Party that is caused by occurrences beyond the control of either party shall not constitute a default hereunder, or give rise to any claim for damages.

d) **Applicable Law.** The validity, interpretation and enforcement of this Agreement shall be governed by the laws of the State of Florida.

e) **Entirety of Agreement.** This Agreement contains the entire Agreement between the Parties and supersedes all prior agreements and understandings, oral or written, with respect to the subject matter contained herein.

f) **Cooperation.** A Party will reasonably cooperate with the other Party and its counsel in the defense of any claims against a Party in any way arising out of or connected with this Agreement. Such cooperation, including attendance at depositions, trials, conferences, and the rendering of written reports, will be at no expense to the Party not subject to the claim.

g) **Amendments and Modifications to Agreement.** All amendments and modifications to this Agreement shall be made by written mutual consent of both Parties.

h) **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

i) **Notices.** All notices under this Agreement shall be in writing and delivered by personal delivery, United States mail, certified, return receipt requested; or a nationally recognized overnight courier service with tracking requested. Such notices shall be delivered to the following:

Preceptor:

__________________________________
__________________________________
__________________________________
__________________________________

FRU OGC – Rev. May 2020
j) Authority. Each signatory to this Agreement personally represents that, to the best of his/her knowledge, he/she has authority to legally bind his/her respective party to this Agreement. The signatories are not otherwise parties to this Agreement, except as elsewhere set forth in this Agreement.

k) Invalidity. The invalidity or unenforceability of a particular provision of this Agreement shall not affect the other provisions hereof, and the Agreement shall be construed in all respects as if such valid or unenforceable provisions were omitted.
IN WITNESS WHEREOF, the Parties, through their respective authorized representatives, have executed this Agreement as of the Effective Date.

THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES

By: __________________________  By: __________________________

Date of Signature: ________________  Date of Signature: ________________
Appendix B—Absence Excusal Form

Any student anticipating time away for an exceptional event during the clinical portion of the MPAS program should complete and submit this form to the clinical director at least 1 month in advance of the anticipated absence.

Students absent from a clinical rotation as a result of an emergency must fill out and submit this form to the clinical director within 24 of their absence. Failure to do so may result in referral to SEPC.

Student Name (PRINT): ____________________________

Class: ______

Anticipated date(s) off: ____________________________

Reason for Absence(s):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Student Signature: ______________________________

Date Submitted: ______________

Program Use Only

Request Approved: ______ Not Approved: ______ Date: ______________

Clinical Director Signature: _________________________

Program Director Signature: _________________________

Comments:
Appendix C—Student Acknowledgement of Receipt of MPAS Student Clinical Rotation Guide Form

I, ________________________________ (print name), have read and understand the policies and procedures found in this MPAS Student Clinical Rotation Guide. I have also reviewed the FIU Student Handbook and the MPAS Student Handbook. I am familiar with the contents of these documents and the policies and procedures herein. I agree to abide by these regulations.

This form must be signed and returned to clinical director prior to starting clinical rotations.

________________________________________
Student Signature

________________________________________
Clinical Director Signature

__________________________
Date
Appendix D – Exposure Incident Form

Use this form to report incidences involving blood-borne pathogen exposure. Please email completed form to the Biosafety Officer at ehs@fiu.edu.

<table>
<thead>
<tr>
<th>Date of Report:</th>
<th>Date of Incident:</th>
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**PERSONAL INFORMATION (Person Involved in Incident)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
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<table>
<thead>
<tr>
<th>Department:</th>
<th>Location:</th>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Work:</th>
<th>Home:</th>
<th>Cell:</th>
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<tr>
<th>Email:</th>
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**HEPATITIS B STATUS INFORMATION**

<table>
<thead>
<tr>
<th>Vaccine Received?</th>
<th>Date:</th>
<th>Vaccine Declined?</th>
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<tbody>
<tr>
<td>☐</td>
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</table>

**LOCATION OF OCCURRENCE INFORMATION**

<table>
<thead>
<tr>
<th>On Campus?</th>
<th>Campus:</th>
<th>Building:</th>
<th>Room:</th>
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<table>
<thead>
<tr>
<th>Off Campus?</th>
<th>Facility Name:</th>
<th>Address:</th>
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<tr>
<td>☐</td>
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If Off Campus, Was An Incident Report Filed At That Facility?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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If Yes, With Who?  

<table>
<thead>
<tr>
<th>Contact Number:</th>
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**EXPOSURE INCIDENT DETAILS**

<table>
<thead>
<tr>
<th>Potentially Infectious Materials Involved (Blood, body fluid, etc.):</th>
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<table>
<thead>
<tr>
<th>Source (Individual or Supplier):</th>
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</table>

If Source From Individual, Is Their Health Status Known?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was Follow-up Medical Treatment Provided?</td>
<td>Yes</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>If Yes, Where?</td>
<td></td>
</tr>
<tr>
<td>Describe The Task Being Performed At The Time of the Exposure:</td>
<td></td>
</tr>
<tr>
<td>Identify the Route of Exposure (Skin, eye, mucous membrane, etc.):</td>
<td></td>
</tr>
<tr>
<td>List Personal Protective Equipment Used at the Time of Exposure:</td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL INFORMATION**

List Individuals Whom the Incident Has Been Reported To:

1. Name/Title: ______________Location: ______________Phone: ______________
2. Name/Title: ______________Location: ______________Phone: ______________

List Any Witnesses Present:

1. Name/Title: ______________Location: ______________Phone: ______________
2. Name/Title: ______________Location: ______________Phone: ______________

**FORM COMPLETED BY**

Name: ____________________Title: ____________________Location: ____________________