



ROWAN-VIRTUA  
**School of  
Osteopathic Medicine**

# **Physician Assistant Program Preceptor Handbook**

**Academic Year  
2026-2027**

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## Summary of Preceptor Role and Responsibilities

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- Our students will be with you for **5 weeks** on their clinical rotation. The 5<sup>th</sup> week ends on a Wednesday, at 12:00 pm. Students will have an End-of-Rotation (shelf) exam on Friday of the 5<sup>th</sup> week for all core rotations and elective 2, students on an elective 1 rotation will need to give a case presentation on the Thursday of the 5<sup>th</sup> week.
- **Day 1** of a clinical rotation:
  - Confirm the daily/weekly schedule with the appropriate site designee (daily schedule, on-call, rounds, weekend hours, etc.)
  - Review dress code, access to facilities, **safety & security protocols and procedures**, preferred contact methods (phone, text, email, etc), WiFi access, EMR/EHR access, etc.
  - Review access to a Medical Library/Educational Resources (if available)
  - Review expectations, goals, syllabus, patient, and procedure logging
- **Attendance:** Students are expected to work at minimum of 36-hours per week, and a maximum following ACGME guidelines. (See below for more information).
- **Evaluations:** Be responsible for the evaluation of student competence and performance at both the middle (by **Wednesday, of Week 3**) and the end of the rotation (**Wednesday, of Week 5**). The preceptor will be asked to complete a student evaluation form at week 3 and provide direct feedback to the student to highlight strengths, weaknesses, and opportunities for improvement. The evaluation is scored on a Likert Scale (5 = 100% - Excellent, 4, = 90% - Above Average, 3 = 80% - Proficient, 2 = 70% (Below Average), 1 = 60-0% (Needs Improvement). **Any item scored with a 1 or 2 must be addressed directly with the student along with providing written comments. If there are any marks  $\leq 2$  on a 1-5 Likert scale, the preceptor must also contact the Director of Clinical Education immediately to discuss further.**
- Any preceptor who scores a student "N/A" on any component will result on that student placed on a gap analysis within the program. The use of "N/A" should be extremely rare and will require additional feedback from the program as to why the student could not receive a number score for this item.
- Attempt to handle minor problems directly with the student. Major or persistent problems with the student should be referred to the Director of Clinical Education (Tiffany Eben, 856-566-6055, [eben@rowan.edu](mailto:eben@rowan.edu))
- Provide required documentation to the PA Program as required for accreditation, proof of liability insurance, CVs, board certifications, license verification, etc.
- We sincerely thank you for being a valued educator to our PA students!

## Introduction

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The Rowan-Virtua School of Osteopathic Medicine Physician Assistant Program would like to thank you for participating in the education of our students. The commitment you are offering them to create future physician assistants is commendable. These are experiences the students will value throughout their careers. The clinical setting is where synthesis of concepts and application of principles for quality healthcare experiences occur. You are the key to successful learning experiences. The Physician Assistant student will work closely with you and learn from your example, advice and knowledge. Through your supervision, the student will be able to disseminate the knowledge obtained in the classroom to develop skills and clinical judgment that is necessary to become a Physician Assistant.

This preceptor handbook is designed to provide information about the Saint Joseph's University Physician Assistant Program and to offer guidance and educational objectives for supervising and evaluating students on their clinical rotations.

In addition to this handbook, you will be provided with a Syllabus along with copies of the Student Evaluation forms as a reference for you to guide the students' progress

Our 24-month graduate physician assistant program, leading to a Master of Science in Physician Assistant (MSPA) degree. The program encompasses a 3-semester didactic phase (12 months) and a 3-semester clinical phase (12 months). All students must successfully complete both phases of the program, regardless of previous educational/professional background.

The Physician Assistant Program is a comprehensive curriculum that is completed in a consecutive manner with the focus on primary care but prepares our graduates to practice in a wide variety of clinical settings.

The first three semesters of study consist of basic sciences and clinically related didactic courses. All didactic courses are required and must be successfully completed before progressing to the clinical phase.

During the clinical rotations, students are to be supervised by licensed practitioners (MD, DO, PA) and will actively participate in patient assessments, perform common laboratory procedures, interpret common diagnostic examinations and help manage common medical problems. The work hours are set by the preceptor and can include evening and weekend hours. Students are expected to work at minimum of 36-hours per week, and a maximum following ACGME guidelines.

## Program Accreditation Status

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The [Accreditation Review Commission on Education for the Physician Assistant, Inc. \(ARC-PA\)](#) is the accrediting body for Program. ARC-PA has granted Accreditation-Provisional status to the Program.

*The Rowan-Virtua School of Osteopathic Medicine has applied for Accreditation - Provisional from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The Rowan-Virtua School of Osteopathic Medicine anticipates matriculating its first class in August 2026, pending achieving Accreditation - Provisional status at the March 2026 agenda, 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.*

## Mission Statement

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### **Rowan-Virtua SOM Physician Assistant Program Mission Statement:**

The Rowan-Virtua SOM Physician Assistant Program's mission is to develop clinically competent and compassionate physician assistants who are prepared to excel in the evolving interprofessional team-based healthcare landscape by practicing evidence-based medicine.

### [Rowan University Mission Statement](#)

### [Rowan-Virtua School of Osteopathic Medicine Mission](#)

## Program Values and Goals

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The Rowan-Virtua SOM PA Program's Values and Goals can be found here:

<https://som.rowan.edu/physician-assistant/about/mission-values-goals.html>

## PA Program Faculty and Staff Directory

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First point of contact: **Director of Clinical Education**

Second point of contact: **Clinical Education Staff Assistant**

Third point of contact: **Program Director**



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## Goals for the Clinical Year

The PA student, upon successful completion of the didactic year will participate in 9 clinical rotations in 5-week blocks.





- |  |                       |
|--|-----------------------|
| 1. Family Medicine                       | 6. Emergency Medicine |
| 2. Internal Medicine                     | 7. Surgery            |
| 3. Pediatrics                            | 8. Elective 1         |
| 4. Women's Health (OB/GYN)               | 9. Elective2          |
| 5. Behavioral/Mental Health (Psychiatry) |                       |

The clinical year is designed for students to gain hands-on experience through supervised, direct and meaningful patient care. The main goals of the clinical year include:

- Apply clinical knowledge to patient care
- Complete a directed history and physical exam
- Practice oral presentations and formulate an assessment and plan
- Perform clinical procedures
- Improve critical thinking skills
- Encounter patients from diverse populations
- Develop an understanding for the healthcare system and work as part of a healthcare team
- Expand on fund of medical knowledge

## Clinical Rotation Dates & Calendar

Rotation	Start Date	End Date*	Call Back Days
FALL Semester			
1	Start: 9/6/27	End: 10/6/27	10/7/27 & 10/8/27
2	Start: 10/11/27	End: 11/10/27	11/11/27 & 11/12/27
3	Start: 11/15/27	End: 12/15/27	12/16/27 & 12/17/27
SPRING Semester			
4	Start: 1/17/28	End: 2/16/28	2/17/28 & 2/18/28
5	Start: 2/21/28	End: 3/22/28	3/23/28 & 3/24/28
6	Start: 3/27/28	End: 4/26/28	4/27/28 & 4/28/28
SUMMER Semester			
7	Start: 5/1/28	End: 5/31/28	6/1/28 & 6/2/28
8	Start: 6/5/28†	End: 7/5/28	7/6/28 & 7/7/28
9	Start: 7/10/28	End: 8/09/28	8/10/28 & 8/11/28

**\* All clinical rotations end on a Wednesday, and students should be allowed to leave the rotation at 12:00 pm for travel to return to campus for the callback days.**

† Students will take the PAEA End-of-Curriculum (EOC) exam on the morning of 6/5/28 on campus, depending on clinical rotation location students may join the clinical site that afternoon or the following day.

The PA student will return to campus after the completion of the 9th rotation to fulfill the requirements of graduation, complete the Capstone Course PAST 70209, which includes summative evaluations of all program competencies.

## PA Curriculum

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The PA Program at Rowan-Virtua SOM is designed to provide a comprehensive, rigorous and well-rounded education over a 24-month period, culminating in the preparation of skilled, compassionate and versatile physician assistants. This innovative curriculum is structured into two distinct phases: the didactic phase and the clinical phase, each meticulously crafted to ensure that students gain the foundational knowledge and hands-on experience necessary for success in diverse medical settings.

Academic credit offered by the program and required for graduation: 105 credits

For additional information please visit: <https://som.rowan.edu/physician-assistant/curriculum/curricular-components.html>

### Program-Level Student Competencies B4.03

The Rowan-Virtua SOM PA Program level student competencies required to enter clinical practice were developed referencing the competencies from PAEA, AAPA, ARC-PA, and NCCPA, (collectively known as the Cross-Org Competencies Review Task Force) to address clinical and technical skills, clinical reasoning and problem-solving abilities, interpersonal and communication skills, medical knowledge, and professional behaviors; the NCCPA Content Blueprint for entry level medical content and tasks; the ARC-PA Standards and the most common diseases and skills used in medicine. These core competencies will be assessed within the final four months of the program to ensure and verify that each and every student meets the program requirements required to enter clinical practice.

The PA Program-Level Student Competencies can be found here:  
<https://som.rowan.edu/physician-assistant/curriculum/required-competencies.html>

### Course Descriptions

For descriptions of each curricular component and course, please visit:  
<https://som.rowan.edu/physician-assistant/curriculum/curricular-components.html>

## General Rules for Clinical Rotations

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1. PA students on clinical rotation must work under the direct supervision of a board-certified, licensed physician or PA-C.
2. Students must wear the embroidered Rowan-Virtua SOM PA Program patch on their program issued short white coat, and display their program issued name tag



- designating their student status and wear their university student ID badge and/or any other specific ID badge required of the site. Students must always identify themselves as PA students to patients, health care providers, staff, and family members.
3. Students may not function as a substitute for any employee or assume primary responsibility for a patient's care. They must not consult, examine, treat, or discharge a patient from care without consultation with a clinical preceptor or supervisor.
  4. Students shall perform only those procedures authorized by the PA Program, clinical site, and preceptor. Students must adhere to all rules and regulations of the PA Program and the clinical sites.
  5. Students cannot appear at the University or clinical sites under the influence of alcohol or drugs.
  6. Students shall not exhibit any behavior that may jeopardize the health and safety of patients, staff, faculty, or fellow students.
  7. Students will deliver health care services to patients without regard to their race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, gender identity or expression, disability, veteran status, medical condition, socioeconomic status, religious or political beliefs, or any status protected by law.
  8. In the event of the temporary absence of the assigned preceptor, the preceptor or his/her designee will identify an alternate preceptor. At no time will students work at a clinical site without having a preceptor clearly identified.
  9. All charts and written orders must be signed (if applicable) with the student's name clearly written, followed by the designation "PA-S." At no time may PA students use other professional titles (e.g. RN, EMT, DPT, etc.) while on clinical rotations.
  10. The preceptor must countersign all chart entries and written orders immediately.
  11. Students must know their limits while in training. Students must not consent to assess any patient or perform any procedure that is beyond their ability or scope of practice.
  12. The highest levels of patient confidentiality and privacy will always be observed, in compliance with HIPAA guidelines.

## General Considerations

### The Clinical Site

- The Clinical Site team (Preceptors, Director of Clinical Education) will be contacted by the student at least one week prior to the start of the rotation.
- The point of contact may be the preceptor or their designee.
- You must inform the student where and when they are to report on their first day, and provide any additional useful information such as dress code expectations, equipment to bring, parking, etc.
- Much of this information will be available via One45.

## The First Day

- Confirm the daily/weekly schedule with the student through appropriate site designee (daily schedule, on-call, rounds, weekend hours, etc.).
- Provide or plan to obtain a site-specific ID card if required.
- Provide available educational experiences students may be able to attend while on rotation (grand rounds, daily/weekly conferences, CME presentations, etc.).
- Provide access to a Medical Library/Resource Center if available.
- Review site specific safety and security policies and procedures.
- Provide WiFi access.
- Review expectations, patient and procedure logs, plans for evaluations (mid rotation and final) with the student.

## General Guidelines

- Students have no legal standing to practice medicine, and therefore, work entirely under the preceptor's supervision.
- Learning is best achieved by student participation under guidance.
- Learning by "trial and error" without supervision is unacceptable as it jeopardizes patient care and threatens all professionals (nurses, administrators, other technical workers and physicians).
- Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.

Learning "Under Supervision" is defined in the following manner:

- Eliciting a meaningful history – the preceptor is in the hospital or office suite.
- Doing a physical examination – the preceptor is in the hospital or office.
- Progress notes – dependent upon the policies of the individual clinical sites.
- Chart orders of any kind – written by the student after discussion with the preceptor and signed by preceptor.
- Technical procedures – the appropriate professional will be at the student's side or within immediate proximity.

## Responsibilities of the Supervising Preceptor

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The student is assigned a primary preceptor (instructional faculty), who provides a clinical environment for the student's training. The preceptor of record may be a licensed MD, DO, PA who agrees to assume the responsibilities of instruction during the assigned rotation. The primary preceptor of record must be in good standing with their licensing board. Students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable.



## Responsibilities of the supervising preceptor

- Review course specific syllabus and ensure that the student can obtain all learning outcomes during the clinical rotation.
- Review this manual in its entirety.
- Formulate with the student basic goals and expectations such as:
  - Schedule and hours
  - Attendance of educational activities
  - Reviewing documentation/notes and oral presentations
  - Determining degree to which student will participate in care of the patients
- Counsel the student to improve oral presentations
- Indicate clearly to the medical staff, the administration, and nursing/office staff which practitioner will be responsible for the activities of the student.
- Respond to questions as to the scope of the activities of the student.
- Provide the student with an orientation to the site including a review of the site schedule, safety, security, policies, and procedures.
- Assist student in meeting the assigned learning outcomes and instructional objectives for the specific rotation.
- Incorporate teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds or chart review periods, reading assignments, informal consultation between patient encounters, recommending specific conferences. The preceptor should assign the student activities such as: patient care, rounds, H&Ps, surgical assisting, etc.
- Be responsible for the evaluation of student competence and performance at the middle and end of the rotation.
- Students may not substitute for paid or volunteer clinical or administrative staff during supervised clinical practical experiences.
- Attempt to handle minor problems directly with the student. Major or persistent problems with the student should be referred to the Director of Clinical Education, [PAclerkships@rowan.edu](mailto:PAclerkships@rowan.edu) or PA Program Director.
- Provide required documentation to the PA Program, proof of liability insurance, CVs, license verification, certifications, etc.

## Student Evaluations & Grading

The PA student is required to have Mid-Rotation and Final-Rotation evaluations completed by the preceptor. The Final Evaluation is worth 35% of their rotation grade. The PA Program asks that you periodically meet with the student to discuss their strengths and weaknesses, along with how they are progressing in their rotation.

The PA Program has adopted a standard evaluation form which will be given to the preceptor via an email from One45. The email will come directly from “One45”. The subject heading will read: “Student name – Rotation name Mid or End of Rotation Preceptor Evaluation of Student”. Please check your spam folders for this email. Below is an example of this email.

From the email you will be redirected to a webpage where you will be able to evaluate the student on a Likert scale (see the below example). A passing grade for this evaluation is an 80%. **An 80% is represented by a 3/5 on the Rubric Likert scale or aka “proficient” (see below).** The preceptor will select a grade per item line on a Likert scale from 1-5, which correspond to % points as listed on the evaluation form.

#### **SCALE FOR PRECEPTOR EVALUATION OF STUDENT**

<u>Rubrics</u>	<u>% Grade for Assignment</u>
5 (Expert)	100.00
4 (Advanced Proficient)	90.00
3 (Proficient)	80.00
2 (Below Average)	70.00
1 (Needs Improvement)	60.00

The preceptor is responsible for assessing performance and discussing it with the student. The PA student will be evaluated on core medical knowledge necessary for patient care, ability to obtain a medical history, and perform an appropriate physical examination. The evaluation will be utilized to ensure that the student is meeting all of the Learning Outcomes and Instructional Objectives in the syllabi. Included in the evaluation will be the student’s ability to organize, develop a differential diagnosis and management plan, present cases, and demonstrate a rapport with patients and other health care workers. Dependability, attitude, and work ethic are also part of the evaluation. The following Goals will be measured by specific Learning Outcomes and Instructional Objectives by the preceptor:

- Clinical Skills
- Technical Skills
- Medical Knowledge
- Interpersonal and Communication
- Professional Behaviors
- Clinical Reasoning and Problem-Solving Abilities

All evaluations are to be returned to the PA Program electronically upon completion of the rotation. Some preceptors may request input from other providers/clinicians the student has come in contact with to complete a composite evaluation. **Students must obtain an 80% (B) or better on the preceptor evaluation to successfully complete the rotation.\*** Anyone who is unsuccessful in meeting the minimum score on the preceptor evaluation will be required to repeat the rotation. A student must receive a passing grade on this evaluation to be eligible to pass the clinical rotation. This form is to be completed by the preceptor. It will assess the students on the instructional objectives that are listed in the course syllabus. **\*If a student receives an averaged failing grade ( $\leq 2$ ) for the professionalism components, the student is not eligible to pass the rotation.**

**Any item scored with a 1 or 2 must be addressed directly with the student along with providing written comments.**

**If there are any marks  $\leq 2$  on a 1-5 Likert scale, the preceptor must also contact the Director of Clinical Education immediately to discuss further.**

Any preceptor who scores a student “N/A” on any component will result on that student placed on a gap analysis within the program. Students will be required to demonstrate competency of all components marked “N/A” prior to receiving a final course grade. The PA program has designed these evaluations to align with the course specific learning outcomes, the use of “N/A” should be extremely rare and will require additional feedback from the program as to why the student could not receive a number score for this item.

## Preceptor Evaluations of Students

- **Preceptor Mid-Rotation Evaluations:** An interim evaluation will be submitted midway through the clinical rotation. This evaluation will not be graded but will provide the student, preceptor, and Program information on how the student is progressing through the clinical rotation. The Program’s hope is to objectively measure how the students know their expectations. Any student receiving a score of less than “3” on any category will be required to meet with the Director of Clinical Education. Any preceptor who scores a student on any component less than “3” must contact the Director of Clinical Education to discuss a remediation plan. Students unable to improve these scores may fail the rotation. Any preceptor who scores a student “N/A” on any component will result on that student placed on a gap analysis within the program. Students will be required to demonstrate competency of all components marked “N/A” prior to receiving a final course grade. The PA program has designed these evaluations to align with the course specific learning outcomes, the use of “N/A” should be extremely rare and will require additional feedback from the program as to why the student could not receive a number score for this item.
- **Preceptor Final Evaluation:** The student will be evaluated on their ability to understand various roles in health care and working on the health care team, clinical skills, medical knowledge, evidence-based decision-making, preventive care and counseling, and professional behavior. Students must obtain an 80% in the professionalism section of the Preceptor Final Evaluation form, and an 80% overall on the Preceptor Final Evaluation to pass a clinical course. Any preceptor who scores a student “N/A” on any component will result on that student placed on a gap analysis within the program. Students will be required to demonstrate competency of all components marked “N/A” prior to receiving a final course grade. The PA program has designed these evaluations to align with the course specific learning outcomes, the use of “N/A” should be extremely rare and will require additional feedback from the program as to why the student could not receive a number score for this item.

## Mid-Rotation Student Self-Evaluation

The student must fill out a Mid-Clinical Rotation Self-Assessment Check-in prior to attending the mid-rotation preceptor meeting. This form, individualized for each rotation, allows the student to understand their progress towards demonstrating competency in the preceptor evaluation items and guides the student towards ensuring that they are meeting ARC-PA Standards for clinical rotations. A student must inform the Director of Clinical Education if a response indicates that required experiences are not being met. This will prompt a conversation between the Director of Clinical Education, the preceptor, and the student to ensure ample opportunity to meet the requirements before the end of the rotation.

## Preceptor Quick Reference Guide for Scoring & Written Feedback – One45

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### Accessing One45 and Submitting Evaluations

- Look for an email from One45 with the subject: "Student Name – Rotation Name Mid or Final Preceptor Evaluation of Student." Check your spam/junk folder if not received.
- Click the embedded link to access the evaluation form.
- Log in using your Rowan SOM credentials. Use the 'Need Help Logging In?' feature if needed.
- Complete the form, including numeric ratings and written comments.
- Click Submit when the form is complete.

Questions? Contact the Director of Clinical Education at [PAclerkships@rowan.edu](mailto:PAclerkships@rowan.edu)

### One45 Video Guide

[https://rowan.mediaspace.kaltura.com/media/1\\_rugwulw1](https://rowan.mediaspace.kaltura.com/media/1_rugwulw1)

### Evaluation Scale

The PA Program uses a 5-point Likert scale aligned to percentage scores:

- 5 – Expert – 100%
- 4 – Advanced Proficient – 90%
- 3 – Proficient (Pass) – 80%
- 2 – Below Average – 70%
- 1 – Needs Improvement – 60%

Scores of 3 or higher indicate satisfactory progress. Ratings of 2 or below require written comments and a discussion with the student. For mid-rotation evaluations, scores <3 must be reported to the Director of Clinical Education immediately.



## Pass/Fail Criteria

To pass a clinical rotation, students must:

- Earn an average score of  $\geq 3$  (80%) across all evaluation items
- Earn  $\geq 3$  (80%) in all professionalism items. Any rating of 2 or below in professionalism results in automatic rotation failure

If a score of 2 or below is assigned:

- Written justification must be included in the evaluation form
- Issue must be discussed directly with the student
- The Director of Clinical Education must be notified immediately

## Use of “N/A” Responses

- The use of “N/A” as a score should be rare.
- If “N/A” is selected, the student will undergo a gap analysis and must demonstrate competency in that area before receiving a final course grade.
- Preceptors will be asked to explain why a numeric score could not be assigned.

## Written Feedback Expectations

Preceptor written feedback must be provided for any score of any item marked  $< 3$ .

There are two comment fields:

- Student Strengths Comment: Should be specific, example-based, and address both clinical and professional performance.
- Suggestions for Areas Improvement: Not included in the official grade record. Intended to guide future performance and growth.

Examples:

- “Student demonstrated excellent rapport with patients and staff. History-taking was efficient and thorough. A top-performing student.”
- “Student struggled with differential diagnosis formation early on but improved after feedback. Continued practice in prioritizing clinical reasoning is recommended.”
- “Professional, punctual, and an asset to the care team. Presented cases concisely and responded well to feedback.”

- Be specific to the student, quantifiable, and include examples. Specificity of the comments refers to the degree to which the comments describe observed behaviors in this student.
  - For example, “Student A took detailed histories that were accurate and efficiently prepared”
- Be quantifiable when possible, especially if this student’s skill level can be compared to other students at the same level.
  - For example: “Student A had an impressive knowledge base and was particularly good at pharmacology. She was probably in the top 10% of students I have ever precepted”



- Discuss both the “hard clinical skills” (history taking, physical examination, note writing, presentations, procedures) as well as the “soft clinical skills” (professionalism, compassion, rapport with patients/families, enthusiasm for learning, work-ethic, ability to work well with others (including staff)).

## Evaluation Timeline

- Mid-Rotation Evaluation: Week 3, Unscored but required. Used to assess progress and identify areas needing support or remediation.
- Final Evaluation: Worth 35% of the total course grade. Must be completed and submitted electronically via One45 at the end of the rotation, Week 5.

## Clinical Competency Domains Assessed

- Clinical Skills
- Technical Skills
- Medical Knowledge
- Interpersonal and Communication Skills
- Professional Behavior
- Clinical Reasoning and Problem-Solving

## The Responsibilities of the Student

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The Rowan-Virtua SOM PA students must comply with all codes of conduct and standards of professional conduct as listed in the PA Student Handbook.

<https://som.rowan.edu/physician-assistant/about/handbook-and-policies.html>

## Concern for the Patient – Professional Standards

Students must, by their words and behavior, demonstrate concern for the patient. Concern for the patient is manifested in many ways including, but not limited to, the following:

- Students must treat all patients and their families with dignity and respect.
- At all times the physical and emotional comfort of the patient is of paramount importance.
- Students must use appropriate verbal and non-verbal communication to convey concern, pleasantness, and professionalism to the patient.
- The patient’s safety, modesty, and privacy must be considered at all times.
- Students shall deliver health care services to patients without regard to their race, religion, national origin, age, sex, marital status, citizenship, sexual orientation or gender identity, disability, medical condition, socioeconomic status, political beliefs, or any status protected by law.
- Students may not accept gifts or gratuities from patients or their families.
- Students may not give gifts, money, etc. to patients.



- Sexual, romantic, and/or familial relationships with patients are prohibited and will not be tolerated.
- Students may not communicate with patients or patient families (e-mail, phone, text, social media sites) outside of the clinical site.

## 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 more effectively formulate an assessment and plan collaboratively with the preceptor. If the preceptor deems it necessary, students initially may 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 be allowed progressively increasing supervised autonomy.

## Attendance

An assigned clinical site schedule will be determined by the preceptor (or their designee) and should include a minimum of 36 hours per week. Students should reach out to their preceptor as listed in One45, 1 week prior to the start of the rotation to determine their schedule. Rowan-Virtua School of Osteopathic Medicine PA Program follows ACGME federal regulations for "maximum" hours/week.

Students must follow all punctuality and attendance policies as listed in the PA Student Handbook.

<https://som.rowan.edu/physician-assistant/about/handbook-and-policies.html>

## American College for Graduate Medical Education (ACGME) Duty Hour Federal Regulations

2011 ACGME Restrictions, revised 2017

By Federal law, here are the regulations regarding duty hours of any/all students in the hospital setting (residents, interns, medical students, and PA students):

- **Maximum 80 hours/week** (this may be averaged over a 4-week period. i.e. 100 hours one week, 60 hours the next week, etc., for an average of 80 hours/week).
- **Not more than one in every 3rd day on-call.**
- **Continuous duty not to exceed 28 consecutive hours.** 24 hours on-call, and an additional 4 hours for didactic activities, transfer care of patients, or work in the out-patient clinics. No new patient may be accepted for admission after 24 hours of continuous duty. This does not count pre-round time.
- **24 hours off per 7-day period.** Can be averaged over 4 weeks. For example, students may work 14 days straight but then have two days off. Post-call days do NOT count as a day off. A day off is free of any clinical activities.

- **Post-call: minimum of 12 hours off-duty before starting next shift.**

Students should anticipate working some evenings, weekends, holidays, or “on-call” shifts on various rotations and must not refuse to work during these times if it is deemed necessary by the preceptor. **University/State holidays do not apply to students’ schedules during the clinical year, and preceptors are not obligated to grant days off to students on holidays or weekends (but may do so at their discretion).** Keep in mind that PA students only have one year to receive all of their clinical training prior to graduation, so it behooves them to make the most of the time and privilege granted to them of working at clinical sites; the more time spent at a given clinical site, the greater the opportunities available for enhancing one’s learning, skills, and understanding of the overall practice of medicine.

Students are expected to follow all PA Program reporting instructions and must notify the program of any errors or changes.

### School Closing/Inclement Weather Notices

Students at clinical rotation sites should follow the hospital policy if the weather differs by region. For example, if an affiliate hospital is open, because the weather is not as extreme there, please report to rotation as scheduled. Students may contact the assigned clinical sites for further inclement weather procedures. In all cases, students are responsible for informing the clerkships of any absence or lateness.

### On-Call Responsibilities

On-call responsibilities are an essential part of the clinical rotation. On-call assignments are intended to provide students with opportunities to be active participants in patient management, under the direct supervision of the affiliated site house staff. As part of the patient treatment team, students are responsible for collecting and interpreting patient data. Under the direction of the intern on call, students assist in the development of treatment plans for patients needing treatment during the evening and weekend hours.

Students on call are under the direct supervision of the intern/resident on duty for the service to which the student is assigned. Students may also be provided with the opportunity to work with an attending physician or one of the residents on duty. The supervising intern must, except in emergency situations, be notified of the student’s activities. On-call responsibilities are designated by the various clinical departments as a component of each clinical rotation.

Students are responsible for reporting to the Intern or Resident on call in the hospital promptly at the time designated on their call schedule. Any student who has an emergency and cannot report for their on-call assignment must contact the Intern or Resident on duty, the Clerkship Director and the Director of Clinical Education.

The on-call assignment is considered part of the rotation. A student who does not report for call will be considered “incomplete” for the rotation. The Clerkship Director will determine the procedure for remediating a missed on-call assignment. Frequency of call varies by clerkship.

Students who receive instructions or requests for patient care from the nursing staff are to request politely and professionally that the nurse direct the request to the intern/resident on duty. It is not appropriate for a student on call to perform any patient care functions unless they are conducted under the direct supervision of the house staff officer on duty.

## PAEA End of Rotation Exams

PAEA End of Rotation exams (“EOR exams”) are a set of objective, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific clinical rotations. More information on the [content for each of the exams is available here](#).

## Patient Logging

It is imperative for the student to log all of their patient encounters throughout the clinical phase. This tool is vital to ensure that every student is meeting all of the standards related to clinical rotations. This will allow the PA Program faculty to track student progress towards meeting competencies and will allow for intervention if needed.

Students are to submit logs during the Clinical Phase documenting the patient encounters, diagnoses, and procedures while on rotations. It is understood that the number of patients may vary at specific sites.

Logging must be done daily so that data is not lost. Faculty will review this data on a weekly basis. Any technical problems with the electronic logging system should be addressed to the Director of Clinical Education immediately. Patient logging is Pass/Fail and must be completed for every rotation. Failure to log patients or procedures during a rotation will result in a failure of the rotation.

Failure to log patients and procedures on a daily basis (logs will be checked weekly) and/or to submit the Student Self-Assessment Mid-Rotation Form by the due date will result in a 2-point per week deduction from your overall course grade.

It is imperative that all patient encounters and procedures be logged. This data is utilized by the Program to evaluate sites/preceptors and number and type of student/patient experiences. Procedure logging may also help with credentialing post-graduation. The following fields are mandatory: age group, diagnosis, chief complaint, procedure/procedure code, case type, visit type, minutes with patient and preceptor, and the box clicked for Prenatal Care or Psychiatric (mental or behavioral) Care, if appropriate.

## Course-Specific Assignments

Each rotational course has specific assignments related to the course-level learning outcomes. This information can be found in the individual course syllabus.

## Dress Code – Professional Standards

At all times, every student must display a neat, well-kept appearance and good personal hygiene.

Every student must prominently display the student's official University ID card at all times while on campus and display their official name tag while in attendance at all affiliated training locations. During the didactic year of PA education, clinical or professional attire is expected during patient interviews, clinical laboratories, interprofessional activities, and when visiting facilities for further educational opportunities. Any student not dressed appropriately for clinical encounters will not be allowed to participate in clinical experiences and will lose grade points appropriately.

Clinical Year (Supervised Clinical Practice Experiences, SCPEs):

- Business attire appropriate for the setting or scrubs. - Students should confirm the dress code with their preceptor prior to the start of the rotation.
- Avoid wearing ties, dangling/excessive jewelry, dangling scarfs/neck/head coverings, perfume/cologne/body sprays, revealing clothing or clothing not well suited for maneuverability.
- White coat, name tag, and ID badge must be worn at all times, except in the Operating Room, or otherwise instructed by onsite preceptors.
- Closed-toed, non-slip (rubber soled) shoes are required.

Clinical supervisors, preceptors, and physician assistant faculty reserve the right to dismiss from a clinical or educational site any student who is not appropriately attired. That action may result in requiring further professional, developmental training for the student, and may also interfere with an on-time graduation or even completion of the program. While receiving instruction at Rowan-Virtua SOM it is expected that students should dress and comport themselves as PAs in training. As such, it is important to maintain a clean, well-kept, professional outward appearance. Poor student appearance to visiting lecturers, prospective students and other guests provides an unfavorable impression of our students and our School.

In some rotations, the local dress code of the hospital or office may be different than the overall Program dress code. In those cases, the local dress code should supersede. **Any PA student who does not adhere to the dress code may be asked to leave the facility by a member of the medical staff, manager or administrator. They may be permitted to return to the facility when the attire meets acceptable standards.**

## Clinical Patient Encounter Documentation Guidelines

The Center for Medicare and Medicaid Services (CMS) guidelines only permit students to document a portion of the History and Physical Exam (the Past Medical History, Family History, Social History, and Review of Systems). The preceptor must personally document all other key elements of the visit.



## Patient Records, Preceptor Review, and Countersignature

- On each clinical rotation, it is the student's responsibility to ensure that the supervising preceptor also sees all their patients.
- The preceptor should review all PA student notes written in the medical record and countersign.
- If there is any doubt as to the correct format, students must consult with their preceptor.

## Charting Medical Records

Students are reminded that the medical record is a legal document. Whenever a student makes an entry into a patient's medical record (i.e., H&P, progress note, SOAP note etc.), the student must indicate they are a PA Student when signing the entry, as follows:

**Signature:** *John/Jane Doe, PA-S*

**Print:** John/Jane Doe, PA-S

**Time (Military) & Date:** 17:00, 09/01/2028

**Contact phone #:** (555) 867-5309

## Prescription Writing

PA Students are **NOT** permitted to prescribe medications. Students may assist in the writing of a prescription or assist the assigned preceptor or designee with transmission of a prescription, but the preceptor or assigned designee must sign all prescriptions. **MORE SPECIFICALLY, A STUDENT'S NAME IS NOT TO APPEAR ON THE PRESCRIPTION.** Students may not sign a prescription for the preceptor and then write their initials after the preceptor's name. Any student violating the guidelines on prescription writing will have the case referred to the Student Progress Committee and result in possible dismissal from the PA Program. Should you have any further questions or need clarification while on rotations, please contact the Director of Clinical Education.

## Performing Procedures (Technical Skills)

The PA Program encourages all our preceptors to teach and allow our students to practice procedures (while under supervision). Prior to starting the clinical phase of their education, The PA student has demonstrated competence, by way of simulation technical skills lab, in the following procedures:

1. NG-tube placement
2. Bladder Catheterization
3. Urinalysis
4. Splinting
5. Glucose Testing
6. Incision & Drainage
7. Wound Care/Dressing
8. Surgical Knot tying
9. Intramuscular Injections

10. Subcutaneous Injections
11. Intradermal Injections
12. Venipuncture
13. IV Placement
14. Sterile Technique/Sterile Field
15. Surgical Scrubbing
16. Sterile Gowning/Gloving
17. Suture Placement
18. Suture Removal
19. Staple Placement
20. Staple Removal
21. Fetal Heart Tones
22. Pap Smear
23. Culture Collection

The PA student can learn and perform other procedures not listed above (under supervision).

## Clinical Site Special Considerations

If a student has a concern about the professional, academic, or clinical training, the Director of Clinical Education must be made aware immediately. In rare cases, it may be necessary to remove the student from the rotation site. Students must provide written documentation of any issue for program review.

Changes to clinical rotation site assignments are rare and will only occur in extreme situations such as site cancellation, a serious issue that cannot be resolved satisfactorily for all parties, or an emergency on the part of the student or preceptor. Any change to a clinical rotation site assignment will be made at the discretion of the PA Program.

Elective rotation preferred placement is not guaranteed, but the PA Program will make every effort to send students to one of their top three choices. However, the PA Program reserves the option to choose an elective rotation placement based on the student's strengths, weaknesses, or deficiencies in patient logging. Students are encouraged to pick an elective rotation based on their own self-assessment on their strengths and weaknesses. Students are encouraged to pick an elective rotation with the end goal of successfully passing the PANCE and choosing an elective that would help reinforce topic areas of weakness. Students may also want to consider picking an elective with the future goal of working after graduation in a similar area of medicine.

## Clinical Rotation Site Meals

Some clinical sites may provide meals to student providers at their own discretion. The program does not require nor request that any clinical site provide meals to student providers. Students should not assume that they are automatically welcome or invited into physician's lounges or other areas relegated to residents at hospital institutions and should enter these areas only if



invited by a staff member or preceptor. Students should refrain from eating or drinking while in any patient care areas and only eat/drink in designated rest areas or break rooms.

## Clinical Site Electronic Use

During the Clinical Year, students are to use good judgement when using electronic devices at all clinical sites. Mobile electronics should not be used unless directed or approved by a preceptor, and even then, they should only be used for academic or clinical reasons.

Recommended mobile applications for clinical use:

- Epocrates (Pharmacological)
- Sanford Guide to Antimicrobial Therapy (Pharmacological)
- MDCalc (screening guidelines and rules)
- UpToDate (clinical resource)
- Rosh Review
- UWorld

**Rowan-Virtua SOM PA Program does not allow for elective international clinical rotations or didactic coursework. (A3.07b)**

## The Responsibilities of the PA Program

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- Adequately prepare the student for the supervised clinical practice experience.
- Assign students to clinical sites that will provide a quality learning experience.
- Provide the preceptor with the respective syllabus and a set of instructional objectives and learning outcomes.
- Provide the preceptor with a fact sheet about the student.
- Ensure a current affiliation agreement is in place.
- Provide documentation of student malpractice insurance as requested.
- Provide the preceptor/site with health, criminal, child abuse clearances as requested for the students in the PA Program.
- Continuously monitor students throughout their clinical year.
- The Director of Clinical Education or designee will be responsible for assigning a final grade to each student for all rotations.
- The Director of Clinical Education or designee will meet with any student who fails an EOR or other component of a clinical rotation. The DCE will develop a remediation plan for students who fail an EOR. Students cannot remediate a failed clinical site preceptor evaluation.
- The Director of Clinical Education or designee will interact with preceptors on a regular basis and will be available to address any issues or concerns.
- The Director of Clinical Education or designee will arrange and coordinate call back day activities, including elective presentations, EOR exams, didactic sessions, etc.

## Clinical Site and Preceptor Onboarding Process

In order to ensure Program compliance with accreditation standards, all preceptors and clinical sites are evaluated carefully. The required components of establishing a clinical site are outlined below.

1. A preceptor or clinical site is recruited by the Program or contacts the Program directly regarding interest in preceptorship.
2. Program faculty conducts an initial clinical site evaluation.
3. The preceptor manual is given to any potential preceptor at the clinical site.
4. The Director of Clinical Education determines who at the clinical site can serve as a preceptor with a review of their board certification, licensing, and their ability to meet the course learning outcomes.
5. The Director of Clinical Education will provide the syllabus to each preceptor and preceptors will attest to being able to meet the course learning outcomes.
6. The Clinical Year Committee reviews the information gathered above regarding the clinical site and any potential preceptors and endorses the clinical site and/or preceptor for use.
7. A Clinical Education Affiliation Agreement is executed by both parties, and all supporting documentation is gathered (i.e. proof of medical malpractice insurance, general liability insurance, board certifications, and licenses of all preceptors involved).
8. If an approved clinical site has an approved preceptor available, this information is utilized by the Director of Clinical Education to schedule a student to complete a clinical rotation.

## Precepting Process

1. The student is assigned to the clinical site by the Director of Clinical Education.
2. The student information is forwarded to the preceptor (as well as associated clinical sites), and includes: student biography, photograph, immunization records, date of last TB testing, N95 fit test, background check, verification of health insurance coverage, certificate(s) of malpractice insurance coverage, HIPAA training certification, and ACLS/BLS certifications.
3. The student begins the clinical rotation, and the Director of Clinical Education provides the preceptor with the most updated version of the specialty-specific objectives and outcomes.
4. The student will evaluate the clinical site, learning experience, preceptor, and clinical site resources at the conclusion of the clinical rotation.
5. The preceptor will evaluate the student's performance at mid-rotation and at the end of the rotation and will send the appropriate documentation to the Program accordingly.

## Clinical Site and Preceptor Evaluation Process

The PA Program is committed to ensuring the quality and effectiveness of its clinical training sites through a structured evaluation process. Clinical sites and preceptors are continuously assessed to maintain high educational standards and to support student learning outcomes.

The Clinical Year Committee (CYC), chaired by the Director of Clinical Education, oversees this evaluation process, reviewing all SCPE-related data and analysis as supplied by the Data and Assessment Committee (DAC). Evaluations of clinical sites are conducted through student site/preceptor/course evaluations, faculty site evaluations/visits/interviews, preceptor evaluations of students, and student assessment outcomes.

Each clinical site undergoes an initial evaluation by the Director of Clinical Education or a designated faculty member. Every clinical site is re-evaluated each year by the CYC. Student evaluations of clinical sites, courses, and preceptors are analyzed in aggregate and compared across similar rotation sites to identify trends in performance. Sites receiving an evaluation score below the program's established benchmark of 3.5/5.0 on a Likert scale are subject to intervention by the Director of Clinical Education, who will develop an action plan for improvement. If a site does not show measurable improvement within two years, it will no longer be utilized for student placements. The findings from clinical site evaluations are reviewed by the Clinical Year Committee and Curriculum Committee, ensuring that the program's clinical training experiences align with its educational objectives and accreditation standards.

The PA Program verifies preceptor credentials, certifications, and licenses through a formal review process conducted by the Director of Clinical Education, ensuring that all preceptors hold active, unrestricted professional licensure, appropriate board certification, and relevant clinical experience to serve as qualified instructors for PA students.

The program also conducts a formal evaluation of clinical preceptors to assess their effectiveness in mentoring and educating students. Preceptors are evaluated by students at the conclusion of each rotation, with feedback collected on their teaching ability, accessibility, clinical expertise, and professionalism. This data is analyzed alongside student performance metrics and site evaluations to identify patterns or concerns. Preceptors scoring below the established benchmark of 3.5/5.0 are provided with feedback and may be required to participate in faculty development initiatives. The Director of Clinical Education works closely with preceptors to address identified areas for improvement. Preceptors who consistently fail to meet program standards despite intervention may be removed from the program's preceptor network. Findings from the preceptor evaluation process are reported to the Clinical Year Committee to ensure continuous quality improvement and compliance with accreditation standards.

## Clinical Preceptor Credentialing and Evaluation Policy

To ensure the integrity and quality of clinical education, all clinical preceptors serving the Rowan-Virtua School of Osteopathic Medicine Physician Assistant (PA) Program must maintain appropriate licensure, credentials, and board certification in their respective disciplines (where applicable). The program is committed to maintaining a high standard of clinical instruction aligned with accreditation requirements and institutional policies.

All preceptors must provide documentation of their professional licensure and board certification(s) at the time of onboarding. These credentials will be verified by the PA program and re-verified **biannually** to ensure compliance. This credentialing review includes, but is not limited to, state professional licensure status, board certification (if applicable), and confirmation of good standing with relevant regulatory bodies.

Should a preceptor fail to maintain an active license, fall out of good standing, or allow their board certification (if required for practice or instructional credibility) to lapse, they will be immediately removed from the clinical preceptor roster. Such individuals will no longer be permitted to supervise students or serve in any instructional faculty capacity on behalf of the PA program.

This policy is in place to protect the educational experience of students, ensure patient safety, and uphold the regulatory standards set by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The program reserves the right to perform additional credential checks at any time should concerns arise regarding a preceptor's professional status.

## Clinical Site Visits

The Program will conduct periodic site visits to maintain relationships with clinical sites and providers. These site visits can be completed by faculty, alumni, adjunct faculty, or other personnel that the Program determines to be appropriate. Site visits can occur in person, by phone, or by video conferencing.

1. Site visits are mandated under any of the following conditions:
  - In reply to a preceptor request or complaint about a student.
  - In response to a student's concerns, whether communicated verbally or in conjunction with the mandatory student evaluation of the site/preceptor.
  - At the sole discretion of the Program.
2. Site visits can be requested for any reason by either the preceptor or the student by contacting the Director of Clinical Education. Under these circumstances the decision to conduct a site visit will be made by the Director of Clinical Education, in conjunction with the Program Director.
3. All sites have site visits conducted with the initial onboarding process, and then for any reason listed above. Site visits can be completed by faculty, alumni, adjunct faculty, or other personnel that the program determines to be in appropriate standing. Each visit will have a secondary Clinical Site Evaluation form filled out.

## Public Safety and Security Policies A1.02g

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The following policies and procedures are the appropriate security and personal safety measures for PA Students and Faculty in all locations where instruction occurs.

For students on clinical rotations, clinical sites may have their own Public Safety and Security Policies that may supersede or be more specific than these. If a clinical site does not have their own Safety and Security policies, students are asked to refer to these. Clinical preceptors or designated personnel are asked to review these policies with students prior to the start of Supervised Clinical Practice Experiences (SCPE, i.e. clinical rotations) or during day one orientation.

Rowan University's General Safety and Security policy defines a comprehensive, University-wide commitment to protecting the university community by outlining expectations for personal safety, property protection, and access control. It assigns responsibilities across departments and individuals for hazard identification and risk mitigation, mandates prompt incident reporting, and establishes procedures for routine safety inspections, security practices, and educational initiatives. The full policy is available here:

<https://confluence.rowan.edu/display/POLICY/General+Safety+and+Security>.

## Public Safety Department

Public Safety resources, services, and policies are publicly available at

<https://sites.rowan.edu/publicsafety/>.

## Rowan University Clery Act Policy and Report

Rowan University's Clery Act Policy establishes the institution's commitment to compliance with the federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. The policy outlines procedures for tracking, reporting, and analyzing campus crime data; timely warnings and emergency notifications; publishing annual security reports; and maintaining a public crime log. It also defines roles, responsibilities, and timelines to ensure transparency, community awareness, and adherence to federal regulations. Full details can be found here: <https://confluence.rowan.edu/display/POLICY/Clery+Act+Policy>

The Rowan University Clery Report, is available at <https://sites.rowan.edu/publicsafety/clery/>

## RowanSafe Mobile App

RowanSafe mobile app is recommended for download for all University constituents (<https://sites.rowan.edu/publicsafety/safetysecurity/>) and is available for Android and Apple phone users. The RowanSafe app, delivers real-time safety tools directly on mobile devices. It allows users to activate a mobile "blue light" panic button that shares their location with University Police, request monitored virtual escorts or share their travel route with a friend, submit emergency reports or tips, and receive on-campus safety alerts. The app also provides access to emergency plans, campus maps, parking and shuttle information, and support services. These measures collectively reflect the institution's commitment to maintaining a safe and secure environment in all locations where instruction occurs.

## Environmental Health and Safety Policies

Environmental health and safety policies are managed through Rowan's Environmental Health and Safety Office (<https://sites.rowan.edu/facilities/Departments/Operations/EHS/>)

As part of Rowan University's commitment to comprehensive campus safety, the Annual Security and Fire Safety Report ([https://sites.rowan.edu/publicsafety/\\_docs/annual\\_security\\_report.pdf](https://sites.rowan.edu/publicsafety/_docs/annual_security_report.pdf)) outlines detailed security protocols, safety initiatives, fire prevention, reporting, and response protocols that support the program's continuous quality improvement efforts for student, faculty, and staff safety.

## Rowan-Virtua SOM Sewell Campus Safety and Security

Rowan-Virtua School of Osteopathic Medicine's **Sewell Campus Public Safety Office**, located in the Eugene J. McCaffrey College Center (entrance A-8), operates daily from 7:00 a.m. to 11:00 p.m., including during Saturday classes.

In case of emergency or to request a campus escort, call **856-681-6287**.

For non-emergency assistance, use **856-464-5207**.

Off-campus emergencies should be directed to **911**.

More details and related services can be found here: <https://som.rowan.edu/oursom/campus/sewell/safety.html>

## Rowan Housing Safety and Security:

Rowan University's Resident Resources portal outlines essential student housing services, such as health & safety inspections, lockout assistance, laundry and mail handling, WiFi access, for additional information visit: <https://sites.rowan.edu/housing/resources/>.

## Safety and Security - Identification Badges

All students, faculty, and staff are required to wear their Rowan University-issued ID badges at all times while on campus or participating in supervised clinical practice experiences (SCPEs). These badges serve as visible identification and are also programmed to provide controlled access to designated buildings, classrooms, and laboratories, supporting both security and accountability across campus and clinical sites.

**ID Badges are to be worn by all Faculty, Staff and Students at all times while on campus or on clinical rotations.**

Replacement ID Badges are available from Public Safety office located on the 1st floor of the UEC between the hours of 8:00 a.m. to 4:00 p.m.

## Weapons Prohibition on Campus Policy

Rowan University's "Weapons Prohibition on Campus" policy strictly forbids the possession, storage, or use of any weapons—including firearms, knives (beyond typical kitchen use), ammunition, paintball guns, air rifles, arrows, and other potentially harmful or threatening items—anywhere on University property. This ban applies to all students, faculty, staff, visitors, and includes University housing and clinical settings, with violations subject to disciplinary actions and potential criminal prosecution. The full policy can be reviewed here: <https://confluence.rowan.edu/display/POLICY/Weapons+Prohibition+on+Campus>



## Contact Numbers for Public Safety:

Rowan Univ. Police Emergency: 856-256-4911

Rowan Univ. Police/Security Non-Emergency: 856-256-4922

Rowan University Police Anonymous Crime Tip line: 856-256-7428

### *Emergency Telephone Call Boxes*

There are 21 emergency blue telephone call boxes are located throughout the exterior of the campus, including parking lots, sidewalks, etc. Placement of call boxes was determined by Rowan Emergency Management Services.

### *Automated External Defibrillators (AED)*

Automated External Defibrillators equipped with voice instructions and pediatric capable are located throughout Rowan-Virtua SOM campus as follows:

#### Academic Center (AC)

1st Floor lobby near Admissions

2nd Floor lobby, Wellness Center, behind check in-counter

3rd Floor lobby, by Dean's Office entrance

#### University Educational Center (UEC)

1st Floor lobby across from Logistical Services between doors leading to exit and stairs

2nd Floor lobby by stairwell #3

#### Science Center (SC)

1st Floor lobby near classroom 145

2nd Floor lobby near stairwell A

3rd Floor across from room 390

#### Rowan Medicine Building (RMB)

1st Floor lobby near public safety desk

2nd Floor lobby near family medicine across from elevators 3rd Floor lobby across from elevators

#### Rowan Medicine Building Sewell Campus

2<sup>nd</sup> Floor near large classroom atrium

### Safety Tips from RUPD:

Safety precautions to reduce your chances of being a victim of burglary or theft:

- Report suspicious persons to Rowan Univ. Police at (856-256-4911) immediately or the Police Department (9-1-1).
- Be alert for persons "hanging around" on the floors or near entrances.
- Report any suspicious activity to either Rowan Univ. Police (856-256-4911) or the Police Department (9-1-1).
- Make sure that your vehicle is secure; do not leave valuables in your vehicle.



## Information Resources and Technology Security Policies

Rowan University maintains a comprehensive set of information security policies designed to protect institutional data, technology infrastructure, and user systems. These policies collectively address the secure use and development of IT systems, including guidelines for workstation security, physical safeguards for network equipment, and ongoing system monitoring. They also define protocols for managing security incidents, outline expectations for user training and awareness, and require that security be integrated throughout the system development life cycle. Together, these policies promote a secure computing environment and ensure compliance with regulatory standards. Full details can be found in the individual policies linked below:

### Information Security Policy

<https://confluence.rowan.edu/display/POLICY/Information+Security+Policy>

Establishes the framework for protecting Rowan University's digital assets by defining responsibilities, acceptable use, data classification, and compliance with legal requirements.

### Physical Security for IT Network Resources

<https://confluence.rowan.edu/display/POLICY/Physical+Security+for+IT+Network+Resources>

Specifies safeguards for physical access to servers, network closets, and telecommunications equipment to prevent unauthorized use or tampering.

### Security Awareness and Training Policy

<https://confluence.rowan.edu/display/POLICY/Security+Awareness+and+Training>

Mandates regular cybersecurity education for all community members to ensure they understand threats, good practices, and reporting procedures.

### Security Incident Management Policy

<https://confluence.rowan.edu/display/POLICY/Security+Incident+Management+Policy>

Outlines the process for identifying, reporting, responding to, and recovering from security breaches to minimize impact and preserve evidence.

### Security Monitoring Policy

<https://confluence.rowan.edu/display/POLICY/Security+Monitoring+Policy>

Describes continuous network and system surveillance to detect anomalies and potential threats, with protocols for alerting and escalation.

### Security System Development Life Cycle Policy

<https://confluence.rowan.edu/display/POLICY/Security+System+Development+Life+Cycle+Policy>

Requires that all IT systems be designed, implemented, and maintained with security considerations integrated at every stage, from initial planning to retirement.

### Workstation Use and Security Policy

<https://confluence.rowan.edu/display/POLICY/Workstation+Use+and+Security+Policy>

Defines accepted use and security measures for university workstations—including patching, antivirus, and locking protocols—to protect against misuse and cyber threats.





## Mandatory Safety and Security Trainings

All Rowan University students, staff, and faculty are required to complete a series of safety and compliance trainings to ensure a safe working and learning environment across all campuses and clinical sites. Completion of these trainings is mandatory and ensures compliance with university, state, and federal safety standards.

University blood borne pathogens policy and protocol:

<https://confluence.rowan.edu/display/POLICY/Bloodborne+Pathogens>

SOM Needlestick and BBP exposure policy: <https://som.rowan.edu/documents/needlesticks-and-bloodborne-pathogens-exposure-policy-5.23.2023.pdf>

COVID-19 training/info: <https://research.rowan.edu/officeofresearch/sponsoredprograms/covid-19-resources-for-researchers,-grad-students,-and-postdocs.html>

Environmental Health and safety:

<https://sites.rowan.edu/facilities/Departments/Operations/EHS/>

Lab safety training: <https://sites.rowan.edu/facilities/Departments/Operations/EHS/lab-safety/lab-safety-training.html>

Radiation safety training: <https://sites.rowan.edu/facilities/Departments/Operations/EHS/lab-safety/radiation-safety.html>

## Situational Threat Assessment Policy

Rowan University's Situation Threat Assessment Policy and Protocol outlines a structured, multidisciplinary process for identifying, evaluating, and addressing individuals or situations that may pose a threat to campus safety and well-being, with defined roles, assessment steps, and response options. Full details are available here:

<https://confluence.rowan.edu/display/POLICY/Situation+Threat+Assessment+Policy+and+Protocol>

Safety Interim Suspension / Withdrawal

policy: <https://confluence.rowan.edu/pages/viewpage.action?pageId=61424761>

Policy regarding significant risks to health and safety of self or

others: <https://confluence.rowan.edu/display/POLICY/Students-At-Significant+Risks+to+the+Health+and+Safety+of+Self+or+Others>

## Emergency Preparedness

Rowan University's Emergency Preparedness policy outlines the institution's framework for effective crisis management, defining roles, responsibilities, and protocols to ensure coordinated response to campus emergencies. It establishes the Office of Emergency Management and



Department of Public Safety as lead agencies, sets activation procedures for the Emergency Operations Team, and supports a layered communication strategy—including Rowan Alerts—to rapidly inform the campus community. The full policy is available here:  
<https://confluence.rowan.edu/display/POLICY/Emergency+Preparedness>.

**Emergency preparedness quick reference guide:**

[https://sites.rowan.edu/publicsafety/\\_docs/rowan\\_emergency\\_preparedness\\_sheet.pdf](https://sites.rowan.edu/publicsafety/_docs/rowan_emergency_preparedness_sheet.pdf)

**Emergency Response and Communication Protocol:**

<https://sites.rowan.edu/publicsafety/emergencyservices/officeofemergency/emergency-action-guide/communication.html>

## General Evacuation Plan During an Emergency

In the event of an emergency on campus, the Rowan-Virtua SOM Office of Public Safety has the authority to evacuate campus buildings. An evacuation of a building does not automatically result in a cancellation of classes or the closing of all or part of the University. Only the University President or their designee has the authority to approve cancellation of classes or closing of the University.

In the event of an emergency off campus at a location where supervised clinical practice experiences (clinical rotations) occur, all students, faculty and staff must follow the recommendations and procedures as designated by the clinicians, staff of the clinical practice site and/or emergency personnel. In the event that a clinical site does not have defined safety and security measures the following general procedures should be followed.

### *What to Do*

At the sound of the alarm, remain calm, evacuate immediately through the nearest exit, alert others, proceed to assembly points (safe zones), move away from the building, and follow the instructions of the emergency responders.

Assist individuals with disabilities to the nearest fire exit/tower and wait for assistance. In the event that an individual with disabilities is in the fire exit/tower, notify a Public Safety Officer or first responder so rescue arrangements can be coordinated.

Do not return to an evacuated building until the “all clear” signal is given by the Office of Public Safety or an emergency services personnel. On campus, the Department of Public Safety will be working in conjunction with city, state, and federal support agencies to ensure that it is safe to resume normal operations.

Remember: Silencing of the alarm does not mean the emergency is over.

### *Shelter-in-Place*

You may be instructed to shelter-in-place due to an accidental release of chemical, biological, or radiological contaminants, the intentional release of chemical, biological, or radiological

contaminants due to a terrorist incident, a natural disaster, or for personal protection because of a criminal incident. Normally evacuation is the most common protective action taken when an airborne hazard, such as smoke or noxious odor, is found in a building. In most cases, existing general evacuation plans apply to evacuation in response to these types of incidents.

However, a general evacuation may not be the best course of action for an external hazardous materials incident, particularly one that is widespread, such as a tanker car chemical explosion. Since a general evacuation will most likely expose individuals to the hazardous conditions and a rapid evacuation may not be possible, individuals are encouraged to shelter-in-place.

You can achieve a greater level of protection by sheltering-in-place rather than risking direct exposure to the hazardous conditions. You can also achieve a higher level of protection by taking shallow breaths and covering your nose and mouth with a damp cloth.

In all emergencies, follow the instructions provided through the Emergency Notification System and, if possible and safe to do so, use a computer to find out more information or turn on a TV or radio. Most importantly, remain calm.

### **Stay Put - Learn How to Shelter in Place**

Sometimes the best way to stay safe in an emergency is to get inside and stay put inside a building or vehicle. Where you should stay can be different for different types of emergencies. Be informed about the different kinds of emergencies that could affect your area and ways officials share emergency information. Ask your local emergency management agency about the best places to take shelter during different types of emergencies.

#### *Get Inside, Stay Inside*

If local officials tell you to “stay put,” act quickly. Listen carefully to local radio or television stations for instructions, because the exact directions will depend on the emergency situation. In general, you should:

Get inside. Bring your loved ones, your emergency supplies, and when possible, your pets,

- Find a safe spot in this location. The exact spot will depend on the type of emergency,
- Stay put in this location until officials say that it is safe to leave.

#### *Stay in Touch*

Once you and your family are in place, let your emergency contact know what’s happening, and listen carefully for new information.

Once you’re inside and in a safe spot, let your emergency contact know where you are, if anyone is missing, and how everyone is doing.

- Call or text your emergency contact. Let them know where you are, if any family members are missing, and how you are doing.
- Use your phone only as necessary. Keep the phone handy in case you need to report a life-threatening emergency. Otherwise, do not use the phone, so that the lines will be available for emergency responders.



- Keep listening to your radio, television, or phone for updates. Do not leave your shelter unless authorities tell you it is safe to do so. If they tell you to evacuate the area, follow their instructions.

#### *Sheltering with pets*

- Prepare a spot for your pets to poop and pee while inside the shelter. You will need plenty of plastic bags, newspapers, containers, and cleaning supplies to deal with the pet waste.
- Do not allow pets to go outside the shelter until the danger has passed.

#### *Sealing a Room*

In some types of emergencies, you will need to stop outside air from coming in. If officials tell you to “seal the room,” you need to:

- Turn off things that move air, like fans and air conditioners,
- Get yourself and your loved ones inside the room,
- Bring your emergency supplies if they are clean and easy to get to
- Block air from entering the room, and
- Listen to officials for further instructions.

Once officials say the emergency is over, turn on fans and other things that circulate air. Everyone should go outside until the building’s air has been exchanged with the now clean outdoor air. For more details, read [FEMA’s Guidelines for Staying Put](#).

#### *Staying Put in Your Vehicle*

In some emergencies it is safer to pull over and stay in your car than to keep driving. If you are very close to home, your workplace, or a public building, go there immediately and go inside. Follow the “shelter-in-place” recommendations for that location. If you can’t get indoors quickly and safely:

It may be safer to pull your car over and stay put than to keep driving. Listen to local officials to know what to do.

- Pull over to the side of the road.
- Stop your vehicle in the safest place possible and turn off the engine.
- If it is warm outside, it is better to stop under a bridge or in a shady spot so you don’t get overheated.
- Stay where you are until officials say it is safe to get back on the road.
- Listen to the radio for updates and additional instructions.
- Modern car radios do not use much battery power, so listening to the radio for an hour or two should not cause your car battery to die.
- Even after it is safe to get back on the road, keep listening to the radio and follow directions of law enforcement officials.

For more information see: <https://emergency.cdc.gov/shelterinplace.asp>

## Active Shooter Awareness Training

Rowan University Police Department offers Active Shooter Awareness Training and discussion sessions that are open to all students, faculty, and staff across every campus, including Glassboro, Stratford, Sewell, and Camden. These training opportunities, offered both in-person and online, are part of the university's ongoing commitment to emergency preparedness. They equip members of the campus community with vital skills for recognizing threats, responding effectively if an active shooter situation arises, and knowing when and how to report emergencies. Information on upcoming sessions, registration, and related resources can be found here: <https://sites.rowan.edu/publicsafety/activeshooterinformation.html>

## Fire Safety

In the event of a fire, follow the directions of emergency personnel and any guidelines or procedures as indicated from the Office of Public Safety or Incident Command System. In the event that the procedures and guidelines for fire safety are not known for a specific instructional site, once the alarm is sounded evacuate the building in a calm orderly manner.

The following actions may be needed/followed for a fire or fire alarm in an off campus instructional setting:






- If you hear the fire alarm or see flashing lights, close all fire doors in your area.
- Ensure that egress corridors are clear to allow movement of patients and equipment.
- Ready evacuation transport equipment such as wheelchairs, blankets, and gurneys.
- Set in motion a system to move people to designated assembly points.
- Await further instructions.

### *How to Use Fire Extinguishers*

The following are important considerations before you attempt to fight a fire:

- Make sure that everyone else is leaving the area, someone has sounded the alarm, and someone has called the fire department.
- Ensure that you have an unobstructed escape route at your back.
- Verify that the fire is small, confined, and not spreading.
- Make sure that you know what is burning and that you have the appropriate type of extinguisher to fight the fire.
- You are knowledgeable regarding the use of the extinguisher.
- Make sure that you keep your back to a clear exit and stand 2 to 3 meters (6 to 8 feet) away from the fire.
- Your safety is paramount; if the fire is out of control, leave the area immediately.

The four steps in using a fire extinguisher can be remembered through a simple acronym: **PASS**.

		<b>P – Pull the pin</b> This unlocks the operating lever.
		<b>A – Aim low</b> Point the extinguisher nozzle or hose at the base of the fire.
		<b>S – Squeeze</b> Squeeze the lever above the handle to discharge the extinguishing agent. Release the lever to stop.
		<b>S – Sweep</b> Sweep the nozzle or hose from side to side. If the fire is going out, move toward the flames; keep the extinguisher aimed at the base of the fire and sweep back and forth. Watch the fire area once the fire is extinguished and be prepared to repeat the process if it reignites.

## Liability Insurance Coverage for Physician Assistant Students

Rowan-Virtua SOM administers its liability insurance program through the Office of General Counsel. The following addresses liability coverage for physician assistant students enrolled in the PA Program, as it relates to curricular and non-curricular activities.

### Coverage during Curricular Program Activities

Rowan-Virtua SOM University provides students with liability coverage for programs taken for curricular credit whether at an affiliated institution, or while on an external rotation if they are registered as a student. Liability coverage is also provided when an external rotation is taken for curricular credit at an institution that is not affiliated. Further questions regarding student activities, summer work projects or volunteer activities should be directed to Office of Student Affairs. Further questions about curricular issues should be directed to the PA Program office.

**Professional Liability (Malpractice) Insurance** – During clinical rotations, all students will be covered under a limited (claims-made only) professional liability policy provided by the University. It is expected that all incidents involving students and patients will be reported immediately by e-mail to the Director of Clinical Education and (at request) in writing to the Rowan-Virtua SOM PA Program. If the PA Student is involved in care of a patient and an incident occurs, it is expected the PA Program is notified within 24 hours. Examples of incidents involving patients include, but are not limited to the following:

- Fatality



- Major paralytic conditions, such as paraplegia or quadriplegia
- Second or third-degree burns to 25% or more of the body
- Amputation, permanent loss of use or permanent loss of sensation of a major extremity
- Head or brain injuries resulting in coma, behavioral disorders, personality changes, seizures, aphasia, or permanent disorientation
- Loss of sight in one or both eyes, and/or loss of hearing
- Injury resulting in incontinence of bowel or bladder
- Allegations of Sexual molestation, sexual assault, or rape
- Bodily injury resulting from patient care

## Clinical Incident Reporting

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<https://confluence.rowan.edu/display/POLICY/Clinical+Incident+Reporting+Policy>

### **Coverage during Student Organization Activities**

Rowan-Virtua SOM provides liability coverage to student organizations of a professional nature but not to social and/or sports organizations unless those social organizations are taking part in a professionally related activity like health screenings. Examples of professional student organizations include Student Government Associations, Foundation of International Medical Relief of Children (FIMRC), DEI student group, etc.

Any student organization undertaking an activity in the community must first obtain approval from the PA Program. The student organization is asked to consult with the Office of Student Affairs about the need for a potential informed consent waiver form. In general, any activity undertaken with minors (under 18 years of age) needs an individual informed consent waiver form to be signed by the participant's parent or legal guardian. The signed forms will be kept on file in the Office of Student Affairs. A student organization undertaking an approved group program in the community (such as training on self-breast examination with a church group) is required to routinely communicate to the group that the information is presented as community service information and not prescribed medical treatment. Only approved community activities will have liability coverage provided by Rowan-Virtua SOM. Liability alleged to result from non-approved community activities is not covered.

### **Coverage during Research/Volunteer Work Activities**

Students working on research or as a medically related volunteer at Rowan-Virtua SOM, whether in a paid or volunteer capacity, are provided coverage under the University's liability insurance policy. Examples of this include students working on a research project in a clinical department at Rowan University.



## HIPAA Training

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All students will be required to complete online HIPAA training before being permitted to begin their didactic and clinical training.

### Infectious, Environmental Hazards, and Universal Precautions Policy and Procedures A3.08

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#### **For More Information:**

[Bloodborne Pathogens](#)

[HIV, HBV and HCV](#)

#### **PURPOSE OF THE POLICY**

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees and students. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as [29 CFR 1910.1030](#). The purpose of the Bloodborne Pathogens Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and other bloodborne pathogens that employees may encounter in the workplace."

The University believes that there are a number of good general principles that should be followed when working with bloodborne pathogens. These include:

- That it is prudent to minimize all exposure to bloodborne pathogens.
- The risk of exposure to bloodborne pathogens should never be underestimated.
- Our facility should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

An Exposure Control Plan has been implemented to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- To protect our employees and students from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling should an employee or student be exposed to bloodborne pathogens.

#### **Bloodborne Pathogen Training**

In any situation involving possible exposure to blood or potentially infectious materials, students should always practice Universal Precautions and try to minimize exposure by wearing protective barrier devices (i.e., gloves, splash goggles/face shields, gowns, pocket mouth-to-mouth resuscitation masks, etc.).



All students will need to complete online video training on Bloodborne Pathogen Exposure prior to starting any educational activities, which can be accessed at the following site:

<https://www.redcross.org/take-a-class/classes/bloodborne-pathogens-training-online/05447631.html>

Students are required to pay for this training which is included in their mandatory student fees and is non-refundable.

## Methods of Prevention: Universal Precaution A3.08a

Students are responsible for following OSHA Guidelines for universal precautions at clinical rotation sites, including the use of protective gloves, eyewear, and clothing, the proper use and disposal of sharps, regular handwashing/hand sanitation, PPE use, and other precautionary measures. These guidelines will be presented in the Surgery and PA Professional Issues didactic modules and pre-clinical orientation activities prior to starting clinical rotations.

Any documented allergies to latex products should be reported to the preceptor and the Director of Clinical Education. Each student is responsible to supply any latex-free products they may need, if they are not otherwise available at a given clinical site.

### Universal Precautions Guidelines:

1. Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions
2. Avoid injuries from all “sharps”
3. Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions
4. Dispose of all “sharps” promptly in special puncture-resistant containers
5. Dispose of all contaminated articles and materials in a safe manner, as prescribed by law

In practice, using Universal Precautions also requires:

- Students wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other potentially infectious material, students wash their hands and any other exposed skin with soap and water as soon as possible. Students are to also flush any exposed mucous membranes with water.
- Depending on job duties and risk of exposure, use appropriate barriers, which may include gloves, gowns, aprons, hair covers, caps, shoe covers, hoods, lab/white coats, masks, goggles/safety glasses, N95 masks, and/or face shields
- Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed. Recapping may only be done if:
  - It can be demonstrated that there is no feasible alternative.
  - The action is required by a specific medical or research procedure.

- In the two situations above, the recapping or needle removal is accomplished using a mechanical device or is already designed with a one-handed safety device.
- Contaminated sharps are placed in appropriate containers immediately, or as soon as possible after use. Containers must be disposed of when approximately 3/4 full or earlier.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where there is potential for exposure to bloodborne pathogens.
- Mouth Pipetting/suctioning of blood or other infectious materials is prohibited.
- All procedures involving blood or other infectious materials will be conducted in a manner that will minimize splashing, spraying, or splattering and generation of droplets of these materials.
- Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture resistant as well).

### **Personal Protective Equipment (PPE)**

- PPE including gloves, are to be removed after each use and PROPERLY disposed of.
- Gloves and other PPE are NOT to be worn from one patient or activity to another.
- Reusable personal protective equipment (including white coats) is to be cleaned regularly and decontaminated as needed at the student's expense.
- Single use contaminated personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) should be disposed as biohazardous waste. Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- All personal protective equipment is removed prior to leaving the patient room or clinical area.
- Gloves should be worn in the following circumstances:
  - Whenever students anticipate hand contact with potentially infectious materials, fluids, and/or upon instruction by instructional faculty or preceptors.
  - When performing vascular access procedures.
  - When handling or touching contaminated items or surfaces.
  - Examining a patient on any type of contact precautions
  - At the student's discretion
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an exposure barrier.
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious material.
- NOTE: Current COVID-19 protection guidelines: Clinical year students should wear a N95 mask for all patients with confirmed or suspected COVID-19 and/or for any other patient placed on airborne precautions (TB, measles, etc.). Didactic and clinical students should wear a mask when feeling unwell.



- Protective clothing (such as lab coats, gowns and/or aprons) is to be worn whenever potential exposure to the body is anticipated.

## Needlestick and Bloodborne Pathogen Exposure Procedure A3.08b

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<https://som.rowan.edu/documents/needlesticks-and-bloodborne-pathogens-exposure-policy-5.23.2023.pdf>

The Needlestick and Bloodborne Pathogen Exposure Policy and Procedure is instituted to ensure appropriate action is taken to prevent, prepare, and protect SOM students from needlesticks and bloodborne pathogens exposure and provide protocols to follow in the event of these exposures.

All SOM students receive and must complete trainings on infectious hazard methods of prevention and safety, including protocols surrounding access to care and treatment after exposure. The protocols included in this policy must be followed whenever there is the potential for exposure. Students are expected to comply with recommended infection prevention precautions and procedures at the point of patient care at each clinical site.

### **PROCEDURE:**

1. Each student is responsible for their own safety throughout their education at SOM.
  - a. SOM will provide students with education and information regarding appropriate policies and procedures to follow to protect themselves during their educational experience and when they are potentially exposed to blood-borne pathogens and communicable diseases. SOM students are expected to comply with all infection prevention policies and procedures.
2. Education and Training
  - a. All students receive training surrounding infection prevention and procedures to follow in the event of an exposure.
  - b. During first-year orientation, all students receive training and education regarding needle sticks, sharps, and body fluid procedures and the prevention of blood-borne pathogen transmission.
  - c. Prior to their first clinical experience, students receive online and in-person instruction regarding the prevention and understanding of all infectious diseases they may encounter in a clinical setting.
  - d. An exposure checklist (laminated card) detailing the steps to follow in the event of an exposure is provided to all SOM students.
3. Standard Precautions
  - a. Consider blood, body fluids and tissue from ALL PATIENTS to be potentially infectious.
  - b. Perform hand hygiene before/after all patient contacts.



- c. Wear gloves when exposure to blood and body fluids may occur, e.g., during phlebotomy. Change your gloves and perform hand hygiene after each procedure and before contact with another patient.
  - d. Wear a gown, mask and goggles when blood or body fluids splashes may occur (e.g. during surgery, placing nasogastric tubes, etc.).
  - e. Report immediately all incidents of blood and body fluid exposure of the following types:
    - f. Parenteral: needle stick, puncture or cut.
    - g. Mucous membrane: splash to eyes, nose, mouth.
    - h. Cutaneous: contact with blood and body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded, or affected by active dermatitis.
- 4. Immediate Response-Time Matters!
  - a. Clean wounds or punctures with soap and water.
  - b. Flush mucous membranes or skin copiously with water or saline.
  - c. DO NOT “force bleed” the wound.
  - d. DO NOT apply caustics (e.g. bleach, organic solvents, hard surface disinfectants, etc.).
  - e. Notify the resident, attending physician, and/or the nursing supervisor who should request source-person clinical information and blood work (e.g. HBsAG, HCV, antibody, HIV) unless HIV, HBV & HCV status is known.
  - f. When HIV post-exposure prophylaxis (PEP) is indicated, early treatment (within hours) is recommended.
  - g. If you are not on or near Rowan-Virtua SOM Stratford campus, go to the nearest emergency department for evaluation or call 866-HIV-CHEC for advice and locate the nearest emergency center.
  - h. If you are on or near the Stratford campus, immediately contact the Department of Medicine - Division of Infectious Diseases, Rowan-Virtua Medicine Building, Stratford Campus at 856-566-7070 (press 6). Identify yourself as a SOM student with a potential bloodborne exposure and request an urgent appointment or further instructions.
  - i. Save copies of incident reports and ER visit for follow up incident documentation
- 5. Follow Up Incident Documentation
  - a. Complete the online [Rowan incident report](#), and email it to [PAClerkships@rowan.edu](mailto:PAClerkships@rowan.edu). It is your responsibility to obtain copies of your incident report from the hospital/facility, and return your completed Rowan-Virtua SOM incident report.
  - b. Carefully note the type of exposure, type of fluid/tissue involved and appropriate information about the source patient. (risk factors, lab data)
  - c. Submit all claims to your health insurance company. Please note, this is not a worker compensation claim.
  - d. Send outstanding bills and a copy of your Explanation of Benefits to [PAClerkships@rowan.edu](mailto:PAClerkships@rowan.edu).
  - e. The Office of the Dean at SOM will reimburse any residual expenses for acute exposure or injury not covered by the medical student’s health or disability




insurance. The student will not be responsible for costs incurred as part of the treatment of an acute occupational exposure or injury.

6. Learning Environment

- a. If a student has infection with a blood borne pathogen, they are required to confidentially discuss the matter with the Director of Student Health Services. The goals are to protect infected students from discrimination, protect student confidentiality, and protect patients during exposure prone procedures. The director will assess risk to patients, educate the student about their condition, review practices, and provide clinical care if the student does not want care from their own physician.
- b. In order to allow a student to return to the clinical setting following contraction of a communicable disease or disability due to an exposure, the Director of Student Health Services will make a recommendation based on the safety of all involved. If the disease or disability of the student can be accommodated, the student should contact Academic Affairs to request appropriate accommodations. If approved, the accommodations would be reviewed and implemented. All information will be strictly confidential.
- c. SOM is dedicated to ensuring that students with chronic conditions are not discriminated against and can continue in the educational program, despite the presence of a chronic condition, if at all possible, with or without accommodation.

All students are given the below card and should keep this on them alongside their ID badges.



ROWAN-VIRTUA  
School of  
Osteopathic Medicine

**NEEDLESTICK/BLOODBORNE PATHOGEN EXPOSURE GUIDELINES**

**Time is crucial! Act as follows:**

- Wash exposure site thoroughly with soap and water.
- Notify the resident, rotation supervisor, or the nursing supervisor who should request source-person clinical information and blood work (e.g., HBsAG, HCV, antibody, HIV) unless HIV, HBV & HCV status is known.

**On campus/Near Rowan-Virtua SOM/During business hours:**  
Immediately contact the SOM Department of Medicine – Division of Infectious Diseases, Rowan Medicine building, Stratford Campus at 856-566-7070 (press 6). Identify yourself as a SOM student with a potential bloodborne exposure and request an urgent appointment or further instructions.

**Off campus/After business hours:**  
Go immediately to the nearest emergency department for evaluation or call 866-HIV-CHEC for advice and to locate the nearest emergency center.

Front of Needlestick/Bloodborne Pathogen Exposure Card

Exposure Guidelines	<ul style="list-style-type: none"> <li>• Receive appropriate tests, e.g., for HIV, HBV panel, HCV BUN, creatinine, U/A, LFTs, amylase, CBC with diff &amp; pit, electrolytes, glucose, and urine pregnancy test, when appropriate.</li> <li>• Receive risk-assessment counseling and chemoprophylaxis (if needed). If elected, chemoprophylaxis should begin as soon as possible after exposure, best within hours of exposure.</li> <li>• All exposures MUST be reported within 24-hours. Complete an Incident report form at the incident site as well as with Rowan-Virtua SOM. Scan the QR code to begin.</li> </ul>
Submitting Claims	<ul style="list-style-type: none"> <li>• Submit all claims to your health insurance company. <b>Please note, this is NOT a workers compensation claim.</b></li> <li>• Email incident report, bills, receipts, and the explanation of benefits for each visit to <a href="mailto:PAClerkships@rowan.edu">PAClerkships@rowan.edu</a>.</li> <li>• Copies of incident reports from the hospital/facility and Rowan-Virtua SOM are required to process these payments</li> </ul>



Revised 1/25

Back of Needlestick/exposure card.

## Financial Responsibility for Infectious or Environmental Exposures

### A3.08c

The Office of the Dean at SOM will reimburse any residual expenses for acute exposure or injury not covered by the medical student's health or disability insurance. The student will not be responsible for costs incurred as part of the treatment of an acute occupational exposure or injury.

Students are required to obtain and maintain adequate personal health insurance throughout their enrollment in the PA Program. Students are responsible for using their own personal health insurance to pay for any medical visits (including, but not limited to, risk evaluation; screenings; testing; and treatment) associated with the exposure or needlestick incident. Students are responsible for copayments, deductibles, coinsurances, or any other uncompensated healthcare costs.

1. All exposures MUST be reported. Complete an incident report at the site of the injury along with [Rowan-Virtua SOM](#).
2. Submit all claims to your health insurance company. Please note, this is NOT a workers compensation claim.
3. Email the incident report form, bills, receipts, and the explanation of benefits for each visit to [PAClerkships@rowan.edu](mailto:PAClerkships@rowan.edu)
4. Copies of incident reports from the hospital/facility and Rowan-Virtua SOM are required to process these claims.



## Student Identification Policy A3.06

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Student identification cards will be issued to all eligible members of the PA Program. The card must be carried at all times on campus and produced upon the request of a University employee. Identification cards are non-transferable and subject to confiscation, and disciplinary sanctions if used by any person other than the person to whom it was issued. If a card is lost or stolen, the Office of Public Safety & Security should be contacted immediately. A replacement card will be issued for a fee.

In order to be eligible to obtain a Rowan-Virtua SOM student identification card and the subsequent building access related to the card, a student must meet one or more of the following criteria:

- Student is active and registered for a current or future semester.
- Student has an active on-campus housing agreement.
- Student is in pending graduation status.

At all times, students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners. All students are to wear and properly display their name tag, and student ID badge while on campus or while in attendance at all affiliated training locations.

It is mandatory for students to display and state that they are a physician assistant student during all patient encounters, SCPEs, clinical encounters, and volunteer activities. Students may not misrepresent their title at any time. Students MUST verbally introduce themselves as a “PA student” in all simulated or real patient encounters. Students must sign all medical documentation denoting their status as a student, with “PA-S” after their full name.

At no time should a student, either by virtue of their skills or knowledge attained while progressing through the program, misrepresent oneself as being other than a PA student. While in the program, students may not use previously earned titles/certificates/designations (i.e. EMT, RT, PT, OT, RN, MD, DO, PhD, etc.) Failure to identify oneself appropriately or purposely misrepresenting oneself in a clinical setting is considered medical fraud and will result in immediate referral to the Student Progress Committee for possible sanctions up to and including dismissal from the program.

## Transportation and Parking

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Rowan-Virtua SOM PA Program maintains relationships with a number of clinical sites in the South Jersey and Philadelphia metropolitan region. Many clinical sites require travel, and some sites may not be easily accessible by public transportation. Students are responsible for arranging their own transportation to and from the clinical site, along with any associated costs (including, but not limited to, tolls and parking).

## Clinical Year Parking/Travel/Housing

All students admitted to the Rowan-Virtua SOM PA Program should expect that they will be placed at some remote, underserved, and/or rural clinical sites that are not local to Rowan-Virtua SOM PA Program campus. The program strives to afford all students the opportunity to work and receive training in a variety of clinical settings. The goal of this is to ensure that students will become well-rounded, culturally / demographically sensitive, and equitable providers to both the local community and population at large.

The Director of Clinical Education will attempt to place all students at clinical sites near the Rowan-Virtua SOM PA Program. Regardless of whether student placement is near the PA Program, students will be responsible for planning their own living arrangements. Students who attend required rotations and stay in nearby housing are responsible for all costs, risks, and liabilities involved in such housing arrangements. Travel expenses, parking, and housing are not covered by program tuition and will be the student's personal and financial responsibility to cover and/or arrange.

## Supplemental Policies

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All Rowan University Policies are listed at: <https://confluence.rowan.edu/display/POLICY/Home>

All PA Program Policies are included in PA Program Student Handbook here:  
<https://som.rowan.edu/physician-assistant/about/handbook-and-policies.html>

AA / EEO Policies and to File a Complaint

To file a complaint by phone via the 24 hour Alert Line: 855-431-9967 or via the web:

<https://rowan.edu/integrityline>

Policy Prohibiting Discrimination

<https://confluence.rowan.edu/display/POLICY/Policy+Prohibiting+Discrimination+in+the+Work+place+and+Educational+Environment?preview=%2F58654743%2F100901306%2FPolicy%2BProhibiting%2B+Discrimination%2Bin%2Bthe%2BWorkspace.pdf>

**Acceptable Use Policy**

<https://confluence.rowan.edu/display/POLICY/Acceptable+Use+Policy>

**Americans with Disabilities Act**

<https://confluence.rowan.edu/pages/viewpage.action?pageId=52297796>

**Accommodations Policy (ADA)**

<https://confluence.rowan.edu/display/POLICY/Accommodation+Policy>

**Anti-Bullying Bill of Rights Act**

<https://www.state.nj.us/education/students/safety/behavior/hib/>





**Preferred Names**

<https://confluence.rowan.edu/display/POLICY/Preferred+Name+Policy>

**Protection of Minors**

<https://confluence.rowan.edu/display/POLICY/Protection+of+Minors>

**Student Responsibilities, Rights and Disciplinary Procedures**

<https://confluence.rowan.edu/display/POLICY/Student+Responsibilities%2C+Rights+and+Disciplinary+Procedures>

## Preceptor Resources

**Practices are becoming busier each and every day. Your office or inpatient facility provides an increasingly valuable learning environment for our students, future healthcare providers. How can you integrate these learners into your daily practice without interfering with your day-to-day responsibilities? The following are a few resources to help preceptors handle these challenges. If our Program can provide you with any additional information, please do not hesitate to contact us.**

**[PAclerkships@rowan.edu](mailto:PAclerkships@rowan.edu)**

**Rowan-Virtua SOM PA Program Phone #: 856-566-6303**

**Rowan-Virtua SOM PA Program Fax #: 856-566-6777**

# The One-Minute Preceptor: A Method for Efficient Evaluation and Feedback

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The one-minute preceptor is a strategy for efficiently structuring an interaction with a learner. It consists of the following steps:

## **1. Get a learner commitment**

So, what do you think is going on with this patient?

How would you like to treat this patient?

Why do you think the patient came today?

What would you like to accomplish on this visit?

## **2. Probe for supportive findings/evaluate the thinking leading to that commitment**

How did you reach that conclusion?

What makes you...?

What findings support your diagnosis?

What else did you consider?

## **3. Reinforce what was correct/give positive feedback**

I agree with your interpretation.

I am pleased that you included...that aspect of the physical exam.

I appreciate your consideration of the patient's financial situation in prescribing...

## **4. Constructive guidance about errors or omissions/give negative feedback**

I disagree with...the scope of your differential diagnosis.

What else do you think you might have included?

Including the abdominal exam would have been important

A more effective way to...

## **5. Teach a general principle/clarify the "take home" lesson**

So, in general, it's important to remember...

It is always important to think about...

In general, taking a little extra time...

Why don't you read up on this tonight and report back tomorrow...

# FORMS

## Preceptor Letter of Intent (SCPE Slot Count Verification)

Clinical Site	
Clinical Site Address	
Contact Person- Name	
Contact Person- Phone Number	
Contact Person- Email Address	
Representative Fax Number	
<p>Instructional Faculty Present at Site (Please list all potential instructional faculty)</p> <p><i>*Each of the instructional faculty members listed here must have a Clinical Preceptor Initial Evaluation Form &amp; the associated paperwork on file</i></p>	<p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p>

**Please indicate how many students you are willing to precept:**

Discipline	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9
Family Medicine									
Internal Medicine									
Behavioral/Mental Health (Psychiatry)									
Surgery									

Pediatrics									
Women's Health (OB/GYN)									
Emergency Medicine									
Other:									

Please indicate the setting of the learning experience.

Discipline	Inpatient	Outpatient	Emergency Department	Operating Room
Family Medicine				
Internal Medicine				
Behavioral/Mental Health (Psychiatry)				
General Surgery				
Pediatrics				
Women's Health				
Emergency Medicine				
Other				

*The above signifies the intent to participate in the clinical education of Rowan-Virtua SOM's Physician Assistant Program for the 2027-2028 academic year.*

Memo details (date and time of conversation, email, etc.)

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Signature of Rowan-Virtua SOM PA Representative & Date

## Preceptor Evaluations

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All preceptor evaluations will be available electronically via One45. In addition, individual files of the preceptor evaluations will be delivered to preceptors via email prior to the start of every clinical rotation. Every preceptor evaluation has been carefully crafted to reflect the specific learning outcomes for each specific clinical rotation. Preceptors must complete the mid and final preceptor evaluation of the student as described previously. Preceptors must discuss the evaluations with the student.

**To successfully pass each clinical rotation and progress through the clinical year, a student must:**

- Achieve an average score of **≥ 3.0 (80%)** across all evaluation items.
- Earn a score of **≥ 3.0 (80%)** on all professionalism items; any rating of **2 or below** in this domain results in **an automatic failure** of the rotation.

**If a score of 2 or below is assigned on any item, the preceptor must document the rationale within the evaluation and discuss the concern directly with the student.** For mid-rotation evaluations, both the student and preceptor must notify the Director of Clinical Education if any score is less than 3, allowing for timely review and intervention.

**If any item is marked “N/A,” the student will undergo a gap analysis by the program.** The student must demonstrate competency in all areas marked “N/A” before a final course grade can be issued. The PA program has designed these evaluations to align with the course specific learning outcomes, the use of “N/A” should be rare and will require additional feedback from the program as to why the student could not receive a number score for this item.

Questions about expectations or outcomes should be directed to the Director of Clinical Education at [PAClerkships@rowan.edu](mailto:PAClerkships@rowan.edu) or referenced in the SCPE syllabus and this Preceptor Manual.

All Preceptor evaluations can be viewed here:

[https://drive.google.com/drive/folders/1YJsv9dELWMizwfdUNoWl4P8Tdut6-YMP?usp=drive\\_link](https://drive.google.com/drive/folders/1YJsv9dELWMizwfdUNoWl4P8Tdut6-YMP?usp=drive_link)

## PA Clinical Operations Manual

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The RVSOM PA Clinical Operations Manual outlines the structured procedures for the evaluation, approval, onboarding, and ongoing monitoring of clinical sites and preceptors affiliated with the Rowan-Virtua School of Osteopathic Medicine Physician Assistant Program. It details step-by-step workflows for establishing affiliation agreements, verifying preceptor credentials, confirming slot availability, and preparing sites for student rotations. The manual includes annual timelines for evaluations, documentation requirements, student readiness checklists, and expectations for orientation. It ensures compliance with accreditation standards through systematic review, data analysis, and continuous quality improvement across the clinical phase of the program.

The Clinical Operations Manual is available here:

[https://docs.google.com/document/d/1AXlByV46cC2\\_f6Z\\_Rdsp13Lvq2ufdtPA/edit?usp=drive\\_link&ouid=108829288231701366455&rtpof=true&sd=true](https://docs.google.com/document/d/1AXlByV46cC2_f6Z_Rdsp13Lvq2ufdtPA/edit?usp=drive_link&ouid=108829288231701366455&rtpof=true&sd=true)

Initial and ongoing clinical site and preceptor evaluations, along with the SCPE Letter of Intent is available here: [https://drive.google.com/drive/folders/148kBroF8yaTBb9XGtbV-c-rTB4aFoKWh?usp=drive\\_link](https://drive.google.com/drive/folders/148kBroF8yaTBb9XGtbV-c-rTB4aFoKWh?usp=drive_link)



## Student Evaluations of Preceptor, Site, and Self

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To ensure a constructive and reciprocal learning environment, students in the Rowan-Virtua School of Osteopathic Medicine PA Program evaluate their preceptors, clinical sites, and their own performance at the conclusion of each Supervised Clinical Practice Experience (SCPE). The Student Evaluation of Preceptor form assesses the preceptor's teaching effectiveness, professionalism, availability, supervision, and support of student participation in patient care. The Student Evaluation of Clinical Site measures the site's educational value, patient volume, resource adequacy, and integration of the student into the healthcare team. Lastly, the Student Self-Assessment requires learners to reflect on their achievement of learning outcomes, clinical skill development, communication, professionalism, and readiness, helping them identify strengths and areas for growth. These evaluations inform ongoing program improvement and provide valuable feedback to preceptors.

These student evaluations are integral to the program's broader assessment and clinical site evaluation process. Data collected from the Student Evaluation of Preceptor, Student Evaluation of Clinical Site, and Student Self-Assessment are reviewed by the Clinical Year Committee and the Data and Assessment Committee to identify patterns, verify adequacy of supervision and clinical exposure, and ensure alignment with program competencies and ARC-PA standards. Quantitative results and qualitative comments are aggregated across cohorts to assess site and preceptor effectiveness, guide decisions about continued site utilization, and inform targeted improvements or remediation when concerns arise. These evaluations also contribute to the program's self-assessment plan and are included in annual reports presented to the Executive Council for institutional oversight.

The student evaluations of preceptor, site, and a student self-assessment are available here: [https://drive.google.com/drive/folders/1vuUPB9fEji7xE1qIQeNWenQQ0r0XCvtU?usp=drive\\_link](https://drive.google.com/drive/folders/1vuUPB9fEji7xE1qIQeNWenQQ0r0XCvtU?usp=drive_link)