



HEALTH PROFESSIONS

**PHYSICIAN ASSISTANT**

CENTRAL MICHIGAN UNIVERSITY

Thank you Preceptor!

We appreciate all that you do for our students-please see below for what we can provide to thank you.

### Physician Assistant Providers

**Category I CME:** AAPA allows us to give you two Category I CME hours for every week you precept a clinical year student, *unlimited per clinical year*. So, for example, a 5-week rotation (based on 40hr work week) would qualify for **10 hours of Category I CME**. Please email Amanda Scarbrough (information below) if you would prefer Category I hours.

**Category II CME:** Hour for hour awarded for any time not designated for Category I credit.

**Designation as Adjunct Clinical Faculty** - For any preceptor who takes at least 2 students per clinical year, we can offer designation as adjunct clinical faculty which allows access to Central Michigan University's Library, including multiple scientific, and medical related peer reviewed journals, as well as textbooks, videos and other resources.

### Physicians (MD/DO), Nurse Practitioners, other licensed medical providers:

**Category II CME:** Hour for hour awarded for any time not designated for Category I credit.

**Designation as Adjunct Clinical Faculty** - For any preceptor who takes at least 2 students per clinical year, we can offer designation as adjunct clinical faculty which allows access to Central Michigan University's Library, including multiple scientific, and medical related peer reviewed journals, as well as textbooks, videos and other resources.

Again, thank you for all that you do for future healthcare providers. Please reach out to us directly if you need more information on CME or faculty designation.

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Director of Clinical Education  
989-774-1140

Amanda Scarbrough  
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Clinical Placement Coordinator  
989-774-2479

Audrey Shaw PA-C  
[patte2aj@cmich.edu](mailto:patte2aj@cmich.edu)  
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Clinical Coordinators  
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## Mission Statement

To produce well-educated and highly trained physician assistants who provide evidence-based medical services within interdisciplinary primary care environments to include medically underserved and diverse populations.

## Physician Assistant (PA) Program at CMU

The PA Program at CMU is a 27 month fully accredited program that provides the academic and clinical training that prepares its graduates to be certified and licensed to practice medicine with physician supervision in an ethical, compassionate, and professional manner.

Students who successfully complete the requirements of the CMU PA Program are awarded a Master of Science degree.

## Clinical Preceptors

Preceptors are needed to assist in training CMU'S Physician Assistant students. Clinical Preceptors are licensed health professions; MD, DO, PA, NP, that provide clinical education to students in their specific areas of expertise. Preceptors act as role models to help students strengthen their skills in history taking, patient examinations, diagnostic and treatment assessments, performing key clinical procedures, patient education, medical record reporting, referral coordination, counseling and other aspects of patient care.

## CMU Physician Assistant Clinical Preceptors Benefits

Sharing your clinical knowledge and skills with the next generation of PA's is both personally and professionally rewarding. Students are motivated learners whose interactions with you and your patients often bring a new dimension and energy to your practice.

Other benefits include:

Earn CME's, level 1 and 2 credits (as approved through the AAPA and AMA). Please see our Preceptor Thank You Letter in the folder for more information.

Assignment as Adjunct Faculty if you are interested in becoming further involved in the PA student education.

Access to our excellent medical libraries.

## The Clinical Year

The CMU PA Program Clinical Year consists of core modules including Primary Care (consisting of Family Medicine, Pediatrics, Women's Health, and Behavioral/Mental Health) and Critical Care Medicine (Internal Medicine, General Surgery and Emergency Medicine). An elective rotation is also offered near the end of the clinical year for students to pursue a select specialty or return to a practice of medicine that they found interesting. Students return to campus for their required End of Rotation Examination (EORE) after each five-week rotation.

## Evaluation

Preceptors are asked to complete a **Mid and Final Evaluation** of the student. Please see the Evaluation Document in this packet for more information.

Also please view the **Preceptor Attestation** Letter for more information.

Please contact Katie Flannery, PA-C and Amanda Scarbrough if you have any questions.

## Exposure

Please see attached Student Exposure Policy, and Incident Form in the event there is an injury/incident while on this rotation. Please contact the Director of Clinical Education in the event of an incident/injury.

Elizabeth Frutiger, PA-C  
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Susanna Storeng PA-C  
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Clinical Coordinators



## **Applies To: Students**

**Date of Revision:** June 17, 2023

## **BACKGROUND:**

ARC-PA Standard A3.08 states *the program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies must: a) address methods of prevention, b) address procedures for care and treatment after exposure, and c) clearly define financial responsibility.*

## **PURPOSE:**

To ensure clear understanding and education for student exposure to infectious and environmental hazards, and to address methods of prevention, procedure for care and treatment, and also to determine financial responsibility.

## **POLICY:**

In accordance with ARC-PA standard A3.08, it is a mandatory requirement while enrolled in the CMU PA Program to have health insurance coverage. Students are responsible for any costs incurred in treating injuries and illness during matriculation in the PA Program including during the clinical year (e.g., needle stick or bodily fluid exposure) and during didactic instruction. All students enrolled in the CMU PA program will undergo annual OSHA training through Success factors, the online module training program at CMU.

Following an exposure, once the student has followed the clinical site's protocol or protocol of the University if occurs on campus, the affected students must contact the Director of Clinical Education within 24 hours. The student must also complete the **STUDENT EXPOSURE FORM/Incident Form provided by the program** and follow the directions at the top of the form. Subsequently, it is filed in the PA office for tracking, with a copy sent to CMU Risk Management.

## **PROCEDURE:**

While enrolled in the CMU PA Program, the students will undergo OSHA training annually. In the event of an exposure, the student will notify the clinical site, instructor (if in didactic year), and the Director of Clinical Education immediately. The CMU Incident form will be completed by the student. Any further forms deemed necessary by the clinical site will also be completed. All forms will be submitted to the CMU PA program for review. They will be uploaded to the database Typhon as well. The Director of Clinical Education will then inform Risk Management at CMU and submit all documentation accordingly.

The students are notified during new student orientation, and also clinical year orientation, as well written documentation stating such in both didactic and clinical year handbooks stating that they must carry their own personal health insurance, and that all medical costs, even in the case of an exposure in a clinical site, are the student's financial responsibility.



# Student Exposure Policy

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Approved by Faculty Executive Committee on June 17, 2023

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Signature

Date

Katie Flannery, PA-C

CMU PA Program Interim Director

Central Michigan University  
**ACCIDENTAL PERSONAL INJURY REPORT**

\*Please attach/include any paperwork that you may have received from any care that was initiated after the injury.

- Visitor
- Vendor
- Student  
(non-employee)
- Other

This form should be completed and sent to the Clinical Education Director within 24 hours after the accident  
Please email to flannlka@cmich.edu

Name of Injured Person:

Date of Birth:

Address:

Phone:

Exact Location of Accident:

Date of Accident:

Time:

AM

PM

Date Reported:

Activity that Caused the Injury:

Nature of Injury or Illness:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> abrasion or contusion  | <input type="checkbox"/> concussion                          | <input type="checkbox"/> heat exhaustion | <input type="checkbox"/> poisoning         |
| <input type="checkbox"/> bite                   | <input type="checkbox"/> fainting                            | <input type="checkbox"/> inhalation      | <input type="checkbox"/> puncture          |
| <input type="checkbox"/> blood to blood contact | <input type="checkbox"/> foreign body in contact or imbedded | <input type="checkbox"/> laceration      | <input type="checkbox"/> shock, electrical |
| <input type="checkbox"/> burn                   | <input type="checkbox"/> fracture                            | <input type="checkbox"/> nosebleed       | <input type="checkbox"/> sprain-strain     |
| <input type="checkbox"/> Other (explain)        |  |  |  |

Part of body injured (be specific, i.e., left upper arm, third finger right hand, etc.): \_\_\_\_\_

Describe clearly how the incident/accident occurred (attach supplemental pages, material – photos, diagrams, measurements):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify acts and/or conditions which appear as primary cause: \_\_\_\_\_  
\_\_\_\_\_

WITNESSES (people who saw the incident/injury)

Name	Address	Phone	where was witness in relation to the incident/injury
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Describe machine, tool, substance, or product, if any, involved in the injury and how involved: \_\_\_\_\_  
\_\_\_\_\_

Treatment rendered, if any (name of Dr., Hospital, first aid given, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person completing report (PLEASE PRINT)

Signature of person completing form

Department & Campus Address:

Dept. Phone No.:

Date of Report:



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CENTRAL MICHIGAN UNIVERSITY

Thank you for taking the time to precept our Clinical Year students.

As part of our ongoing accreditation there are various standards that we must uphold. One of these standards is **Accreditation Standard A2.16**

The program must:

- a) verify and document that all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license that allows them to practice at the clinical site,
- b) verify and document all instructional faculty actively serving as supervised clinical practice experience preceptors hold valid certification that allows them to practice in the area of instruction, and
- c) orient all instructional faculty to the specific learning outcomes it requires of students.

In order to satisfy the standard, we ask that you **sign and attest to the above**. This is also found in Typhon under your Evaluations. This is required annually.

Please sign, print and date the below, or if you are using Typhon, please do this online.

The Learning outcomes can be found in this packet.

Again, thank you for your time.

Elizabeth Frutiger PA-C

Director of Clinical Education; CMU PA Program

[fruti1e@cmich.edu](mailto:fruti1e@cmich.edu)

In accordance with the ARC-PA Standard A2.16.c I received orientation in regard to the learning outcomes for the supervised clinical practice experience expected by the program. I will hereby agree to facilitate student learning experiences to meet these learning outcomes.

Printed Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_