Guidelines & Policies

Class of 2015

Revised December 2014

All information found in this handbook is subject to change. Please contact the Physician Assistant Program at (208) 282-4726 with any questions or concerns.
# Table of Contents

INTRODUCTION ......................................................................................................................... 2

ISU PA PROGRAM OVERVIEW ............................................................................................... 3

THE MISSION .............................................................................................................................. 5

PA PROGRAM OUTCOME OBJECTIVES .................................................................................. 6

CURRICULUM ............................................................................................................................... 7

DIDACTIC CURRICULUM ........................................................................................................... 7

SAMPLE DIDACTIC SYLLABUS ................................................................................................. 8

CLINICAL CURRICULUM ........................................................................................................... 16

GUIDELINES & POLICIES .......................................................................................................... 18

ISU GUIDELINES & POLICIES ............................................................................................... 18

   Federal Family Educational Rights and Privacy Act of 1974 .................................................. 18
   Americans with Disabilities .................................................................................................... 19
   Policies & Procedures for Student Grievances and Allegations of Harassment .................... 19
   ISU Policy and HIPAA ........................................................................................................... 19
   Medical and Personal Issues .................................................................................................. 20

ISU PA PROGRAM GUIDELINES & POLICIES .................................................................... 21

   1. ACADEMIC STANDING AND GRADES ........................................................................ 21
      A. Progression through PA Curriculum: ........................................................................... 21
      B. Transfer of Credits: .................................................................................................... 21
      C. Time Limits ................................................................................................................ 21
      D. Final Program of Study: ............................................................................................ 21
      E. Application for a Degree: .......................................................................................... 21
      F. Graduation Requirements: ....................................................................................... 21
      G. Academic Progression/Dismissal: ............................................................................. 21
      H. Academic Affairs Committee (AAC): ........................................................................ 22
      I. Repeated Courses and Auditing Courses in the PA curriculum: ................................. 22
      J. Professional Behavior ................................................................................................... 23
   
   2. WITHDRAWAL OR DISMISSAL ....................................................................................... 26

   3. APPEALS OF GRADE OR DISMISSAL ........................................................................... 26

   4. ACADEMIC DISHONESTY ............................................................................................... 27

   5. EMPLOYMENT POLICY .................................................................................................... 27

DIDACTIC YEAR GUIDELINES & POLICIES ........................................................................ 28

   6. DIDACTIC YEAR ATTENDANCE ..................................................................................... 28
   
   7. EVALUATION OF STUDENT PERFORMANCE ............................................................... 28
   
   8. LEARNING OBJECTIVES ................................................................................................. 34
   
   9. TUTORING ....................................................................................................................... 34
   
   10. DIDACTIC YEAR CLINICAL EXPERIENCES ................................................................. 34
   
   11. ENTRANCE INTO CLINICAL YEAR ............................................................................. 34
      A. Progression from Didactic Year to Clinical Year: ......................................................... 34
      B. Background Checks: .................................................................................................. 35

CAPSTONE EXPERIENCE .......................................................................................................... 35

   12. CAPSTONE ASSESSMENT I, II, III ............................................................................... 35
      A. Board Readiness Assessment Tests: .......................................................................... 35
      B. Comprehensive Examination: .................................................................................... 35
      C. Case Presentation: .................................................................................................... 36
      D. Grading for the Capstone Assessment ...................................................................... 37
      E. Continuing Registration for Graduate Students ......................................................... 37
      F. "IP (In Progress) Courses ......................................................................................... 37
      G. Incomplete Grades .................................................................................................. 37

INTRODUCTION TO THE CLINICAL YEAR .......................................................................... 38

   Maximizing your clinical experience .................................................................................. 38
INTRODUCTION

There are numerous components to the concept of professionalism. Not all of them can be enumerated in this guide. However, the Program faculty has identified areas of behavior and activity which it deems essential for student compliance. Expectations are identified which address academic and professional criteria for successful completion of the physician assistant course of study. As a PA student, you are expected to be completely cognizant of such expectations and will be evaluated on the basis of your compliance with them.

The information contained in these Guidelines & Policies is consistent with the Idaho State University Graduate Catalog, the University Student Handbook, the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) Standards and the National Commission on Certification of Physician Assistants (NCCPA).
ISU PA PROGRAM OVERVIEW

Definition of A Physician Assistant (PA)

Physician assistants are health professionals licensed to practice medicine with physician supervision. Physician assistants are qualified by graduation from an accredited physician assistant educational program and/or certification by the National Commission on Certification of Physician Assistants. Within the physician/PA relationship, physician assistants exercise autonomy in medical decision-making and provide a broad range of diagnostic and therapeutic services. The clinical role of physician assistants includes primary and specialty care in medical and surgical practice settings in rural and urban areas. Physician assistant practice is centered on patient care and may include educational, research and administrative activities.

Services performed by physician assistants include, but are not limited to:

- **Evaluation** - Eliciting a detailed medical history, performing an appropriate physical examination, delineating problems, and recording information in the medical record.

- **Monitoring** - Assisting the physician in developing and implementing patient management plans, recording progress notes in office-based and patient health care settings.

- **Diagnostics** - Performing and interpreting (at least to the point of recognizing deviations from the norm) common laboratory, radiologic, cardiographic, and other routine diagnostic procedures used to identify pathophysiologic processes.

- **Therapeutics** - Performing routine procedures such as injections, immunizations, suturing and wound care, managing simple conditions produced by infection or trauma, participating in the management of more complex illness and injury, and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations.

- **Counseling** - Instructing and counseling patients regarding compliance with prescribed therapeutic regimens, normal growth and development, family planning, situational adjustment reactions and health maintenance.

- **Referral** - Facilitating the referral of patients to the community’s health and social service agencies when appropriate.

The extent of the involvement by physician assistants in the assessment and treatment of patients depends largely on the complexity and acuity of the patient’s condition as well as their training, experience, and preparation as assessed by the supervising physician.
**The Profession**

Physician Assistants (PAs) are academically and clinically prepared to provide healthcare services, including the diagnosis and treatment of disease, with the direction and responsible supervision of a doctor of medicine or osteopathy. The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high quality health care. PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services.

The clinical role of PAs includes primary and specialty care in all medical and surgical practice settings. PA practice is centered on patient care and may include educational, research and administrative activities. Nationwide, the starting salary for PA graduates ranges from approximately $55,000 - $101,000 per year.

The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient’s welfare are essential attributes of the graduate PA.

**The Program**

The Physician Assistant (PA) Program at Idaho State University awards the Master of Physician Assistant Studies (MPAS) degree and a PA certificate upon successful completion of its 24 month graduate curriculum. A class of 50-60 students is enrolled each fall semester. Application to the Program is through the Central Application Service for Physician Assistants (CASPA). The Program is fully accredited by the Accreditation Review Commission on the Education of Physician Assistants, Inc., ARC-PA. Graduates of this Program are eligible to take the NCCPA’s Physician Assistant National Certifying Exam (PANCE).
THE MISSION

The mission of the Idaho State University Physician Assistant Program is to:

**Curriculum:**
Provide a quality graduate medical education that emphasizes critical thinking and problem solving, is technologically enhanced, research oriented, and evidence-based, with strength in both the basic and clinical medical sciences.

**Students:**
Seek a culturally, ethnically, and socially diverse student body which will demonstrate the finest attributes of professional health care practitioners, including intellectual curiosity, insight, maturity, ethical behavior, critical thinking, empathy, strong interpersonal skills, a service orientation, and a commitment to evidence-based practice, research and lifelong learning.

**Faculty:**
Employ, develop and maintain outstanding faculty who are appropriate in expertise and number to the needs of the Program, represent the diversity of the nation, are student-centered and committed to the educational needs of the students as well as excellence in teaching, scholarly research, service, and continuing clinical competence.

**Affiliations:**
Establish and maintain, for the educational benefit of Program students, clinical, educational, and other relationships with the medical community and other individuals and organizations that seek to enhance health care to rural and other medically underserved populations of the State, region, and beyond.

**Service:**
Nurture in students sensitivity to the needs of others and a desire and willingness to provide service of the highest quality, in the most caring manner, to all people, especially to those individuals and groups that are medically underserved, regardless of biological, social, political, economic, religious, or other status.
PA PROGRAM OUTCOME OBJECTIVES

Graduates of the ISU PA Program will, using appropriate evidence-based principles, achieve the following objectives:

1. **History:** Elicit an appropriate complete, interval or acute history from any patient in any setting.

2. **Physical Examination:** Perform a complete and focused physical examination on a patient of any age, gender, or condition in any setting.

3. **Diagnostic Studies:** Identify, order, perform and interpret, cost-effective, diagnostic procedures, based on history and physical examination findings, and assist the physician with other diagnostic procedures as directed.

4. **Clinical Knowledge:** Explain the etiology, diagnosis, and management options of health problems within the scope of PA practice.

5. **Differential Diagnosis:** Develop an evidence-based differential diagnosis and diagnostic impression considering the subjective and objective data obtained.

6. **Therapeutics:** Identify, perform, and order cost effective pharmacologic and non-pharmacologic therapeutic modalities and assist the physician with other therapeutic modalities.

7. **Health Promotion/Disease Prevention:** Recognize, develop and implement effective strategies for incorporating health promotion/disease prevention into clinical practice.

8. **Emergency Skills:** Recognize and manage life-threatening conditions jointly with, and in the absence of, the physician.

9. **Communication/Patient Education:** Be able to collaborate and effectively communicate in a medically professional manner, both orally and in writing, to the patient, the family, and with other health professionals.

10. **Research:** Apply evidence-based medical research methodologies to clinical practice.

11. **Cultural Competence:** Demonstrate an understanding that cultural dimensions of health and illness are essential to effective patient care.

12. **Ethics:** Act consistently with the American Academy of Physician Assistant’s (AAPA) Code of Ethics of the PA Profession as presented in Appendix A: Guidelines for Ethical Conduct for the Physician Assistant Profession.
CURRICULUM

The ISU PA Program graduate curriculum is twenty-four (24) months in length, divided into twelve (12) months of didactic and twelve (12) months of supervised clinical education. Each class progresses through the curriculum as a cadre. There is no part-time option.

The fall semester of the didactic curriculum is comprised of foundation courses, followed by modules in the spring semester and summer session that provide an immersion experience in the diagnosis and treatment of diseases commonly encountered in primary care medicine.

**Didactic Curriculum**

### Fall Semester:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOS 5529</td>
<td>Regional Anatomy and Histology</td>
<td>PAS 6601</td>
<td>Intro to Physician Assistant</td>
</tr>
<tr>
<td>BIOS 5564</td>
<td>Lectures in Human Physiology</td>
<td>PAS 6602</td>
<td>Evidence-based Med &amp; Biostats</td>
</tr>
<tr>
<td>BIOS 5563</td>
<td>Human Pathophysiology</td>
<td>PAS 6603</td>
<td>Clinical Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PAS 6604</td>
<td>Pharmacology</td>
</tr>
<tr>
<td>SPAN 4499</td>
<td>Spanish for the PA Program (optional for Class of 2015)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Spring Semester:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAS 6630</td>
<td>Allergy/Immunology Module</td>
</tr>
<tr>
<td>PAS 6631</td>
<td>Infectious Disease Module</td>
</tr>
<tr>
<td>PAS 6632</td>
<td>Hematology/Oncology Module</td>
</tr>
<tr>
<td>PAS 6633</td>
<td>Endocrinology Module</td>
</tr>
<tr>
<td>PAS 6634</td>
<td>Renal Module</td>
</tr>
<tr>
<td>PAS 6635</td>
<td>Pulmonology Module</td>
</tr>
<tr>
<td>PAS 6636</td>
<td>Cardiology Module</td>
</tr>
<tr>
<td>SPAN 4499</td>
<td>Spanish for the PA Program (optional for Class of 2015)</td>
</tr>
<tr>
<td>PAS 6639</td>
<td>Dermatology Module</td>
</tr>
<tr>
<td>PAS 6643</td>
<td>Genitourinary Module</td>
</tr>
<tr>
<td>PAS 6646</td>
<td>Neurology Module</td>
</tr>
<tr>
<td>PAS 6650</td>
<td>Obstetrics/Perinatology Module</td>
</tr>
<tr>
<td>PAS 6651</td>
<td>Pediatrics Module</td>
</tr>
<tr>
<td>PAS 6637</td>
<td>Gastroenterology Module</td>
</tr>
<tr>
<td>PAS 6638</td>
<td>ENT Module</td>
</tr>
<tr>
<td>PAS 6639</td>
<td>Rheumatology Module</td>
</tr>
<tr>
<td>PAS 6640</td>
<td>Orthopedics Module</td>
</tr>
<tr>
<td>PAS 6641</td>
<td>Psychiatry Module</td>
</tr>
<tr>
<td>PAS 6642</td>
<td>Ophthalmology Module</td>
</tr>
<tr>
<td>PAS 6643</td>
<td>Alternative/Occupational Med</td>
</tr>
<tr>
<td>PAS 6645</td>
<td>Surgery Module</td>
</tr>
<tr>
<td>PAS 6646</td>
<td>Emergency Medicine Module</td>
</tr>
<tr>
<td>PAS 6647</td>
<td>Comprehensive Evaluation</td>
</tr>
<tr>
<td>PAS 6649</td>
<td>Geriatrics Module</td>
</tr>
<tr>
<td>PAS 6652</td>
<td>Surgery Module</td>
</tr>
<tr>
<td>PAS 6653</td>
<td>Emergency Medicine Module</td>
</tr>
<tr>
<td>PAS 6654</td>
<td>Comprehensive Evaluation</td>
</tr>
</tbody>
</table>
Sample Didactic Syllabus

Idaho State University PA Program
Module Syllabus and Objectives
12-13

PAS 6123  Help US OUT MODULE

Description: This course along with others have been integrated by the program as a whole in order to present a comprehensive medical education to the PA student with the goal of presenting all NCCPA blueprint material in addition to other information that we feel is important. This will help students achieve a broad competence so that they will graduate with the ability to provide a wide range of care to patients. This will be in keeping with our mission of preparing competent and ethical PA’s who provide high quality primary care to underserved populations. This accomplishes the mission of ISU as a designated educator of health professions in Idaho.

This course will be delivered by video conferencing technology to ISU sites. Moodle is the online learning management system that will be used for delivery of content and testing. Power point, video, handouts, case study, lecture, group work, Turning Point technology and clinical practicum will be utilized as appropriate to deliver the content of the course.

ADD other pertinent data for module that is specific to the module – our typical stuff.

Module/ Course Coordinators: Name or names, email address, office phone, ??? cell phone.

Office Hours: Our program endorses an open door policy, therefore office hours are when faculty are in their offices. Students are welcome any time.

Location: This module will be taught in the PA program classrooms. State any exception.

Instructional Goals: This module will cover anatomy, physiology, pathophysiology, epidemiology, appropriate history and physical exam, disease states or conditions, diagnostic/lab/imaging studies and treatment including pharmacology as well as nonpharmacologic regimens and appropriate preventive health issues of the _______NAME of Module___________ module.

Different for FALL courses so add specific wording for fall courses

Learning Outcomes:
These outcomes will be achieved over the course of the academic year through the curriculum which is modular based.
• Elicit an appropriate, complete, interval or acute history from any patient in any setting.
• Perform a complete and focused physical examination on a patient of any age, gender, or condition in any setting.
- Identify, order, perform and interpret, cost-effective, diagnostic procedures, based on history and physical examination findings, and assist the physician with other diagnostic procedures as directed.
  Explain the etiology, diagnosis, and management options of health problems within the scope of PA practice.
- Develop and evidence-based differential diagnosis and diagnostic impression considering the subjective and objective data obtained.
- Identify, perform, and order cost-effective pharmacologic and non-pharmacologic therapeutic modalities and assist the physician with other therapeutic modalities.
- Recognize, develop and implement effective strategies for incorporating health promotion/disease prevention into clinical practice.
- Identify, discuss, perform, and order therapeutic procedures and treatment modalities for the management of commonly occurring primary care entities.
- Recognize and manage life-threatening conditions jointly with, and in the absence of, the physician.
- Communicate in a medically professional manner, both orally and in writing, to the patient, the family, and other health professionals.
- Apply evidence-based medical research methodologies to clinical practice.
- Demonstrate an understanding that cultural dimensions of health and illness are essential to effective patient care.
- Act consistently with the American Academy of Physician Assistants' (AAPA) Code of Ethics of the PA Professions.

Fall courses may need modification

**Instructional Objectives:**
These are the competencies that the student will attain after completing this module.

**Insert objectives for module here**

**Add Pharmacology objectives if pharmacology part of the module:**
Not needed in all modules if no pharmacology taught.

- **Identify and define the pharmacologic and non-pharmacologic therapeutics of designated diseases as listed in objective ____ above**
  a. Drug class
  b. Indications
  c. Dosing
  d. Pharmacodynamics/pharmacokinetics
  e. Adverse effects/contraindications
  f. Monitoring – lab and other
  g. Drug interactions
  h. Patient Education

**Grading:** Percentages will have to be adjusted if a module doesn’t have all components –
- 1. Final 50%, Mock pt 30 %, Pretest 20%
- 2. Final 70%, Mock pt 30%

PAS 6123 Help Us Out Module 2012-2013 page 2
3. Final 80%, Pretest 20%
4. Final 75%, Pretest 20%, 5% Module Clinic Patients
5. Presentation/participation 100%

PUT the module grading scheme here in dark bold print so that it is obvious

E.g. Final 50%, Mock pt 30%, Pretests 20%

Course grades will generally include the following assessments:
Pretests—some modules do not have pretests
Overall competence
Mock patient exam — some modules do not have a mock patient exam
Final exam
In some modules there will be additional assessments:
Other exams or quizzes
Writing assignments
Presentations
Group projects
Case Studies
Etc.

In order to pass any course or module a student must pass the overall professional development/behavior/critical thinking component, mock patient exam and the written exams individually (excluding “quizzes” and pretests). A student will not be allowed to fail any one of these three assessments and pass the module regardless of the overall grade for the module. However passing all three assessments (the overall professional development/behavior/critical thinking component, final exam and mock patient exam) does NOT guarantee passing the module. Other assessments may be accounted into the final grade which will be outlined in each individual syllabus. All assignments must be satisfactorily completed before a course or module is passed even if the assignment isn’t graded.

The following list describes the requirements for passing these assessments as well as remediation grading policy when a student fails on their first attempt.

1) The final exam will comprise a minimum of 50% of the module grade. The final exam must be passed with a grade of B minus (75%) or better in order to pass the module.
   a. Exam scores will not be rounded but calculated exactly
   b. One remediation is allowed if the first attempt is failed
   c. If the student passes the remediation a score of 75% will be recorded for the final exam
   d. Failure of the remediation will result in a failing grade for the module which will result in the convening of an academic affairs committee
2) Mock patient exam tests will account for a maximum of 30% of the final module grade. The final grade for the mock patient exam will be on a pass/fail basis for the first
attempt with a pass being given a 100% of points available. In order to get the pass and receive the 100% the student must score a 75% or greater on the mock patient exam with a score <75% being a failure. The mock patient exam must be passed with a grade of B minus (75%) or better in order to pass the module. Three components of the mock patient exam must be passed in order to pass – 1) the history/assessment/plan plus 2) the physical exam pass off plus 3) a SOAP note write up, all of which are scored independently and then a combined score is calculated.
   a. One remediation is allowed if the first attempt is failed
   b. If the student passes the remediation a score of 75% of the points available will be recorded for the mock patient
   c. Failure of the remediation will result in a failing grade for the module which will result in the convening of an academic affairs committee

3) Professional development, behavior and critical thinking:
   a. It is understood that this assessment will incorporate some intangible concepts that are not black and white and are somewhat subjective. These are meant to hold the student to a high standard in order to better promote professional and personal development. Also please reference the guidelines and policies on professionalism and behavior as well as competencies for the Physician Assistant.
   b. The student must demonstrate the following in order to pass the module
      i. Synthesis of material
         1. The student will be able to put together material in a workable/useable format that demonstrates understanding and clinical relevance.
      ii. Participation both individual and as a team
         1. The student must contribute meaningful comments in class as opposed to disruptive, unprofessional or inappropriate comments. The student works cooperatively with others in class and group in a meaningful and productive way.
      iii. Professionalism and professional relationships
         1. The student shows respect, humility, willingness to learn and willingness to take constructive criticism from fellow students and faculty and staff, and demonstrates honesty and integrity.
      iv. Communication
         1. The student shows respect in their communication and their communication is appropriate to the task at hand.
      v. Initiative
         1. The student demonstrates an assertive/aggressive/motivated approach to learning, participation in class and participation with classmates.
      vi. Cultural sensitivity/competence
         1. The student is free of judgemental attitudes and behavior and they demonstrate respect for cultural issues without bias. The student is willing to learn culture competence.
      vii. Attendance and punctuality
         1. The student is on time for class and they demonstrate flexibility to changes when needed.
      viii. Clinical judgement and critical thinking

PAS 6123 Help Us Out Module 2012-2013 page 4
1. The student demonstrates the ability to think critically. The student is able to integrate material such that they will be able to effectively help patients in a clinical situation.

ix. Ethics

1. The student demonstrates an appropriate ethical approach to situations with fellow students, faculty and staff. The student is able to show an understanding of ethical judgement with medical information.

x. Electronic use

1. The student does not violate policy by use of cell phone or by computer use during class for internet surfing, emailing, instant messaging, shopping, games and skypeing etc.

c. In order to receive a module/course grade, the student must satisfy the above professional development/behavior/critical thinking components which will be on a pass/fail basis. Failure of any of these components will result in one or more of the following actions: a warning, an incomplete grade, or a failure. Satisfactory achievement of these components will allow the student to receive the grade earned in the course based on the other course criteria (e.g. written exam, mock patient exam, etc.). Satisfactory performance of the professional development/behavior/critical thinking components will not impact the final course/module grade. The grade of pass/fail of these components will be determined by the module coordinator in conjunction with the other faculty teaching or involved in the module. The student will be notified of the unsatisfactory completion. A letter will be placed in the students file describing the problem/violation. The student will be counseled by the module coordinator on the problem. Remediation will be determined by the module coordinator and may include being counseled by the module coordinator only, an incomplete in the module until demonstrating satisfactory performance, completing an assignment (reading, writing, research etc) to demonstrate understanding the problem, preparing a presentation to the faculty or other means of remediation including referral to the Academic Affairs Committee. Repetitive problems or failures of the various components in the modules will result in referral to the Academic Affairs Committee.

4) Pretests will account for a maximum of 20% of the final grade in the module. They will be incorporated into the final module grade but will NOT be incorporated into the grade for the final exam.

**Grading Scale:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-94.99%</td>
</tr>
<tr>
<td>B+</td>
<td>85-89.99%</td>
</tr>
<tr>
<td>B</td>
<td>80-84.99%</td>
</tr>
<tr>
<td>B-</td>
<td>75-79.99%</td>
</tr>
<tr>
<td>C+</td>
<td>72-74.99%</td>
</tr>
<tr>
<td>C</td>
<td>69-71.99%</td>
</tr>
<tr>
<td>C-</td>
<td>66-68.99%</td>
</tr>
<tr>
<td>D+</td>
<td>63-65.99%</td>
</tr>
<tr>
<td>D</td>
<td>60-62.99%</td>
</tr>
<tr>
<td>D-</td>
<td>57-59.99%</td>
</tr>
<tr>
<td>F</td>
<td>&lt;57%</td>
</tr>
</tbody>
</table>

PAS 6123  Help Us Out Module  2012-2013  page 5
Students with disabilities:
The Americans with Disabilities Act (ADA) is the civil rights guarantee for persons with disabilities in the United States. It provides protection for individuals from discrimination on the basis of disability. The ADA extends civil rights protection for people with disabilities in matters which include transportation, public accommodations, accessibility, services provided by state and local government, telecommunication relay services, and employment in the private sector. Idaho State University, in the spirit and letter of the law, will make every effort to comply with “reasonable accommodations”, according to section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the ADA Amendments Act, (ADAAA), of 2008. Idaho State University will not discriminate in the recruitment, admission, or treatment of students or employees with disabilities. Students with disabilities who wish to have accommodations provided by the University must self-identify to the ADA & Disabilities Resource Center for determination of need for accommodations. Information about and applications for accommodations are available at the ADA Center and may be picked up in person or requested by telephone or TDD by calling (208) 282-3599. In order for the ADA Center to arrange accommodations for those who need assistance, they request documentation of disability as early as possible so that timely arrangements can be made. Students and employees who need auxiliary aids or other accommodations should contact the Director of Disability Services. Rendezvous Center, Room 125, Stop 8121, (208) 282-3599.

Schedule:

Schedule template

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>Topic</th>
<th>Lecturer</th>
<th>Objectives</th>
<th>Readings</th>
<th>Evaluation</th>
</tr>
</thead>
</table>

Resources: The following resources are required or recommended for this course/module:

<table>
<thead>
<tr>
<th>Abbr used on sch</th>
<th>Title</th>
<th>Ed</th>
<th>Author</th>
<th>ISBN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rakel</td>
<td>Textbook of Family Medicine, 8th ed.</td>
<td>8</td>
<td>Rakel</td>
<td>978-1-4377-1160-8</td>
</tr>
<tr>
<td>Lab</td>
<td>Mosby’s Manual of Diagnostic and Laboratory Tests</td>
<td>4</td>
<td>Pagana &amp; Pagana</td>
<td>978-0323057479</td>
</tr>
<tr>
<td>Pharm</td>
<td>Pharmacotherapeutics: Clinical Reasoning in Primary Care</td>
<td>2</td>
<td>Gutierrez</td>
<td>978-1-4160-3287-8</td>
</tr>
<tr>
<td>Case</td>
<td>Cases in Clinical Medicine</td>
<td>1</td>
<td>Scott</td>
<td>978-0-7637-7180-5</td>
</tr>
<tr>
<td>Procedures</td>
<td>Procedures for Primary Care</td>
<td>3rd</td>
<td>Pfenninger</td>
<td>978-0-323-05267-2</td>
</tr>
<tr>
<td>POMD</td>
<td>Problem-Oriented Medical Diagnosis</td>
<td>7</td>
<td>Friedman</td>
<td>0-7817-2909-2</td>
</tr>
<tr>
<td>Sanford</td>
<td>Sanford Guide to Antimicrobial Therapy 2012 (POCKET EDITION)</td>
<td>41</td>
<td>Gilbert</td>
<td>978-1-930808-70-6</td>
</tr>
<tr>
<td>Wash</td>
<td>The Washington Manual of Medical Therapeutics</td>
<td>33</td>
<td>Cooper et al</td>
<td>978-16083110036</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------</td>
<td>----</td>
<td>------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Surg</td>
<td>Essentials of General Surgery</td>
<td>4</td>
<td>Lawrence</td>
<td>0-7817-5003-2</td>
</tr>
<tr>
<td>ER</td>
<td>Emergency Medicine Manual</td>
<td>6</td>
<td>Ma &amp; Cline</td>
<td>978-0071410250</td>
</tr>
<tr>
<td>EKG</td>
<td>Rapid Interpretation of EKG's</td>
<td>6</td>
<td>Dubin</td>
<td>0-9129-1206-5</td>
</tr>
<tr>
<td>ECC</td>
<td>Handbook of Emergency Cardiovascular Care for Healthcare Providers 2010</td>
<td>90-1000</td>
<td>AHA book</td>
<td>978-1-61669-000-7</td>
</tr>
<tr>
<td>BLS</td>
<td>BLS For Healthcare Providers Student Manual</td>
<td>90-1038</td>
<td>AHA book</td>
<td>978-1616690397</td>
</tr>
<tr>
<td>Psych</td>
<td>Practical Guide To The Care Of The Psychiatric Patient (spiral bnd)</td>
<td>3</td>
<td>Goldberg</td>
<td>0-3230-3683-X</td>
</tr>
<tr>
<td>Doc for PA</td>
<td>Documentation for Physician Assistants</td>
<td>1</td>
<td>Sullivan &amp; Mattingly</td>
<td>0-8036-1141-2</td>
</tr>
<tr>
<td>Ballweg</td>
<td>Physician Assistant: A Guide to Clinical Practice</td>
<td>4</td>
<td>Ballweg et al</td>
<td>978-1416044857</td>
</tr>
<tr>
<td></td>
<td>Painless Evidence-Based Medicine</td>
<td>1</td>
<td>Dans, Dans, Silvestre</td>
<td>978-0470519394</td>
</tr>
<tr>
<td></td>
<td>Dictionary of Statistics and Methodology</td>
<td>3</td>
<td>Vogt</td>
<td>978-0761988557</td>
</tr>
</tbody>
</table>

Assigned reading should be read prior to class and any pretests will cover assigned readings for the readings that day or for previous days readings described.

**Example below**

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>Topic</th>
<th>Lecturer</th>
<th>Objectives</th>
<th>Readings</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 Mon</td>
<td>0800-0815</td>
<td>PRETEST on reading for the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0815-0900</td>
<td>Yes</td>
<td>Papa</td>
<td>1a</td>
<td>POMD Pg 1-5</td>
<td>Written</td>
</tr>
<tr>
<td></td>
<td>0900-1000</td>
<td>No</td>
<td>Bunnage</td>
<td>2c</td>
<td>Rakel Pg 20-40</td>
<td>Written</td>
</tr>
<tr>
<td></td>
<td>1000-1200</td>
<td>Help</td>
<td>Talford</td>
<td>4d</td>
<td>Mosby Pg 55-58</td>
<td>Mock Pt</td>
</tr>
<tr>
<td></td>
<td>1300-1500</td>
<td>Whatever</td>
<td>Martin</td>
<td>7f</td>
<td>Lab Pg 100-104</td>
<td>Written</td>
</tr>
</tbody>
</table>

**1500-1700 OPEN**

| 1/2 Tues | 0745-0800 | PRETEST on reading for the day |          |            |          |            |
|          | 0800-0900 | Yes                    | Papa     | 1a         | POMD Pg 1-5 | Written   |
|          | 0900-1000 | No                     | Bunnage  | 2c         | Rakel Pg 20-40 | Written   |
|          | 1000-1200 | Help                   | Talford  | 4d         | Mosby     | Mock Pt   |

PAS 6123 Help Us Out Module 2012-2013 page 7
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Instructor</th>
<th>Page</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200-1500</td>
<td>Whatever</td>
<td>Martin</td>
<td>7f</td>
<td>Lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100-104</td>
</tr>
<tr>
<td>1500-1700</td>
<td>Case Studies</td>
<td>Mirly</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0800-0815</td>
<td>PRETEST on reading for the day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0815-0900</td>
<td>Yes</td>
<td>Papa</td>
<td>1a</td>
<td>POMD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1-5</td>
</tr>
<tr>
<td>0900-1000</td>
<td>No</td>
<td>Bunnage</td>
<td>2c</td>
<td>Rakel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20-40</td>
</tr>
<tr>
<td>1000-1200</td>
<td>Help</td>
<td>Taiford</td>
<td>4d</td>
<td>Mosby</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55-58</td>
</tr>
<tr>
<td>1300-1500</td>
<td>Whatever</td>
<td>Martin</td>
<td>7f</td>
<td>Lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100-104</td>
</tr>
<tr>
<td></td>
<td>1500-1700 OPEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0800-0900</td>
<td>Yes</td>
<td>Papa</td>
<td>1a</td>
<td>POMD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1-5</td>
</tr>
<tr>
<td>0900-1000</td>
<td>No</td>
<td>Bunnage</td>
<td>2c</td>
<td>Rakel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20-40</td>
</tr>
<tr>
<td>1000-1200</td>
<td>Help</td>
<td>Taiford</td>
<td>4d</td>
<td>Mosby</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55-58</td>
</tr>
<tr>
<td>1300-1500</td>
<td>Whatever</td>
<td>Martin</td>
<td>7f</td>
<td>Lab</td>
</tr>
<tr>
<td></td>
<td>Lab practical</td>
<td></td>
<td></td>
<td>100-104</td>
</tr>
<tr>
<td>1500-1600</td>
<td>You Bet Ya</td>
<td>Johnson</td>
<td>10c</td>
<td>Handout</td>
</tr>
<tr>
<td></td>
<td>Case Studies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1600-1700 OPEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0800-0900</td>
<td>Yes</td>
<td>Papa</td>
<td>1a</td>
<td>POMD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1-5</td>
</tr>
<tr>
<td>0900-1000</td>
<td>No</td>
<td>Bunnage</td>
<td>2c</td>
<td>Rakel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20-40</td>
</tr>
<tr>
<td>1000-1200</td>
<td>Help</td>
<td>Taiford</td>
<td>4d</td>
<td>Mosby</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55-58</td>
</tr>
<tr>
<td>1300-1500</td>
<td>Whatever</td>
<td>Martin</td>
<td>7f</td>
<td>Lab</td>
</tr>
<tr>
<td></td>
<td>Lab practical</td>
<td></td>
<td></td>
<td>100-104</td>
</tr>
<tr>
<td>1500-1700</td>
<td>Clinic</td>
<td>Johnson</td>
<td>10c</td>
<td>Handout</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Final Written Exam 1/8/10, Mon 0800-1000  
Mock Pt Exam 1/9/10, Tues 0800-1000
Clinical Curriculum

Fall Semester:

PAS 6661  Clinical Rotation I: Supervised clinical practicum in primary care and/or specialty care in medical practice settings.

PAS 6662  Clinical Rotation II: Supervised clinical practicum in primary care and/or specialty care in medical practice settings.

PAS 6663  Clinical Rotation III: Supervised clinical practicum in primary care and/or specialty care in medical practice settings.

PAS 6671  Capstone Assessment I: Capstone Assessment I is the first in the series of three capstone courses through which students will demonstrate comprehensive attainment of Program objectives. Students are required to pass a series of multiple objective examinations in this course and complete a series of case study preparation activities. The case study is presented and defended to a graduate examining committee during the subsequent capstone assessment course.

Spring Semester:

PAS 6663  Masters Project in Physician Assistant Studies: An evidence-based medical case study, completed under the direction of the Program faculty. A written report and oral explication of the case study is required.

PAS 6664  Clinical Rotation IV: Supervised clinical practicum in primary care and/or specialty care in medical practice settings.

PAS 6665  Clinical Rotation V: Supervised clinical practicum in primary care and/or specialty care in medical practice settings.

PAS 6666  Clinical Rotation VI: Supervised clinical practicum in primary care and/or specialty care in medical practice settings.

PAS 6672  Capstone Assessment II: Capstone Assessment II is the second in the series of three capstone courses through which students will demonstrate comprehensive attainment of Program objectives. Students are required to pass a series of multiple objective examinations in this course and present/defend a case study before a graduate examining committee.
**Summer Semester:**

**PAS 6667**  Clinical Rotation VII: Supervised clinical practicum in primary care and/or specialty care in medical practice settings.

**PAS 6668**  Clinical Rotation VIII: Supervised clinical practicum in primary care and/or specialty care in medical practice settings.

**PAS 6673**  Capstone Assessment III: Capstone Assessment III is the third in the series of three capstone courses through which students will demonstrate comprehensive attainment of Program objectives. Students are required to complete a comprehensive, standardized, proctored examination and attend an end of year on-campus meeting.
GUIDELINES & POLICIES

ISU Guidelines & Policies

Federal Family Educational Rights and Privacy Act of 1974

Idaho State University in compliance with the Family Educational Rights and Privacy Act (FERPA), is responsible for maintaining educational records and monitoring the release of information of those records. Staff and faculty with access to student educational records are legally responsible for protecting the privacy of the student by using information only for legitimate educational reasons to instruct, advise, or otherwise assist students.

Only those records defined as "directory information" may be released without the express written permission of the student. Directory information includes the student's name, address listings, telephone listings, e-mail addresses, full-time/part-time status, class level, college, major field of study, degree types and dates, enrollment status, club and athletic participation records, and dates of attendance including whether or not currently enrolled. No other information contained in a student's educational records may be released to any outside party without the written consent of the student.

A student may restrict release of all directory information by filing a Declaration of Non-disclosure of Educational Record Information form in the Office of Registration and Records. Student may choose to restrict release of their address and telephone listings only. This may be done through BENGALWEB. This restriction will apply to the students' address and telephone listings only; all other directory listings will continue to be available for release.

Students must request complete directory information restriction or address/phone listing restrictions during the first week of fall term to prevent their information from being published in the Student Directory. Any restriction is permanent and remains in place even after the student has stopped attending or has graduated from the University unless the student requests, in writing, that it be removed. Additional FERPA information may be found on the web at:

http://www.isu.edu/areg/ferpafacts.shtml
Americans with Disabilities
Statement on Compliance and Services

The Americans with Disabilities Act (ADA) of 1990, is the civil rights guarantee for persons with disabilities in the United States. It provides protection from discrimination for individuals on the basis of disability. The ADA extends civil rights protection to people with disabilities in matters which include transportation, public accommodations, accessibility, services provided by state and local government, telecommunication relay services, and employment in the private sector.

Idaho State University, in the spirit and letter of the law, will make every effort to comply with “reasonable accommodations”, according to section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, and the ADA Amendments Act (ADAAA) of 2008. Idaho State University will not discriminate in the recruitment, admission, or treatment of students or employees with disabilities.

Students with disabilities who wish to have accommodations provided by the University must self identify to the ADA & Disabilities Resource Center for determination of need for accommodations. Information about and applications for accommodations are available at the ADA Center and may be picked up in person or requested by telephone or TDD by calling (208) 282-3599.

In order for the ADA Center to arrange accommodations for those who need assistance, they request documentation of disability as early as possible so that timely arrangements can be made.

Students and employees who need auxiliary aids or other accommodations should contact the Director at the ADA & Disabilities Resource Center, Rendezvous Center, Room 125, Stop 8121, (208) 282-3599.

Policies & Procedures for Student Grievances and Allegations of Harassment

Detailed information regarding the University’s policies and procedures for student grievances and allegations of harassment may be found in the Student Handbook located on the ISU website at http://www.isu.edu/studenta/grievance.shtml.

ISU Policy and HIPAA

“The Health Insurance Portability and Accountability Act (HIPAA) was passed in 1999. ISU is committed to protecting the confidentiality of protected health information and in complying with Federal and State regulations regarding protected health information.”
Medical and Personal Issues

Students may experience medical, dental, vision, psychiatric or personal issues during the PA program. Students are directed to seek appropriate medical help through university resources or through the private sector. Appropriate didactic year or clinical year faculty should be notified by the student in a timely manner regarding any such issue in accordance with attendance policies and procedures outlined earlier in the Guidelines and Policies. If the nature of the problem is urgent or emergent the student is directed to seek care immediately.

Students coming to faculty with difficulties will be referred to the appropriate university resource, such as ISU Student Health, Counseling, ADA Center, or a private provider as appropriate. The role of faculty is to inform students of available sources of help, and not to provide services. Per ARC-PA accreditation standards, faculty members are not allowed to provide personal counseling or health services to students in the Program.

Occasionally medical, dental, vision, psychiatric or personal issues may negatively impact a student’s performance in the program or may be serious or life threatening. Attendance in the didactic year or the clinical year may be negatively impacted. If student performance is deemed by the faculty to be at risk of not meeting academic requirements or of being potentially harmful to the student or others, actions taken by the faculty may include any or all of the following:

1. Faculty holding individual consultations with the student.
2. Referral of the student to a Student Advisory Committee for issues related to personal needs.
3. Referral of the student to an Academic Affairs Committee for issues related to academic performance and professionalism.

The faculty member or committee will assess the problem, determine its impact on student performance, recommend appropriate resources for the student, determine the steps for the student to complete course and program requirements, determine the student’s ability to continue in the Program, and communicate this information to the student. The faculty member or the committee may take any of the following actions, as deemed appropriate by the circumstances, departmental policies, and University policies:

- Recommendation for remediation.
- Recommendation for a medical leave of absence.
- Recommendation for deceleration.
- Recommendation for dismissal from the Program.

Students at no time should consult program faculty, lecturers or clinical preceptors for health care advice for themselves, their family members, or anyone else. Students at no time should avail themselves of drug samples in a preceptor provider’s office. Violation of any of these policies is considered a professional behavior violation.
ISU PA Program Guidelines & Policies

1. **ACADEMIC STANDING AND GRADES**

   A. **Progression through PA Curriculum:**
      i) The Physician Assistant curriculum is a progressive immersion experience and each class of students is expected to move through the curriculum as a cohort.

   B. **Transfer of Credits:**
      i) Transfer of credits from other programs is not permitted.

   C. **Time Limits**
      i) The field of medicine is continually advancing, therefore all requirements for an MPAS degree must be completed within 4 (four) years.

   D. **Final Program of Study:**
      i) A final Program of Study must be submitted to and be approved by the Graduate School during the semester immediately preceding the semester in which the student intends to graduate (typically during the Spring semester).
      ii) The Program will initiate the required forms for the Program of Study.
      iii) The final Program of Study form will list all requirements that must be completed in order to receive the degree or certificate.

   E. **Application for a Degree:**
      i) Within the first two weeks of the fall or spring semester in which the student expects to complete work for the degree, or the last day of spring semester for graduation during summer session, an application for graduation must be filed with the Graduate School.
      ii) An application and diploma fee must be paid at this time in the Office of Registration and Records. Check the Graduate Catalog for the fee amount ([http://www.isu.edu/catalogs.shtml](http://www.isu.edu/catalogs.shtml))
      iii) If the student does not complete requirements during this semester or summer session, an updated application must be submitted for the subsequent semester and a reprocessing fee paid to the Graduate School. Check the Graduate Catalog for the reprocessing fee amount ([http://www.isu.edu/catalogs.shtml](http://www.isu.edu/catalogs.shtml)).
      iv) Applications for degrees will not be approved without the prior approval of a final Program of Study form.

   F. **Graduation Requirements:**
      i) In order to graduate from the PA Program,
         a. Students must successfully complete all Program requirements for the didactic and clinical years.
         b. Students must meet all requirements of the Graduate School.
         c. Throughout the Program, students must possess a cumulative grade point average (GPA) of 3.0 for all course work undertaken as part of the Physician Assistant Program.
G. Academic Progression/Dismissal:
   i) Any student who receives a grade of C+ or below for any one course in any given
      semester must petition the PA Program Academic Affairs Committee (AAC) in order
      to continue in the Program.
   ii) If a student receives a grade of C+ or below in two or more courses/modules in the
       Program, the student will be academically dismissed from the Program, regardless of
       GPA.
   iii) Grades will be reviewed by the Academic and Clinical Coordinators at the end of
       each semester.
       a. Students whose cumulative grade point average falls below 3.0 will be placed on
          academic probation for the following semester.
       b. If the student fails to achieve an overall cumulative average of 3.0 after one
          semester of probation, the student may be academically dismissed from the
          Program.
   iv) Deviations from these standards must be approved by the PA Program Academic
       Affairs Committee (AAC) through formal petition by the student.
   v) There will be a discipline folder in each student’s file. During the Program, any
       discipline, warnings, letters, or other documentation will be filed in the temporary
       discipline file. After a student’s graduation or separation from the Program, only the
       documentation pertaining to significant occurrences will be kept in the permanent
       discipline file. Examples of significant occurrences are but not limited to:
       a. A student being placed on probation.
       b. A student being sent to an Academic Affairs Committee.

H. Academic Affairs Committee (AAC):
   i) The AAC shall be convened in order to further assess the student’s standing in the
      Program as regards either academic or behavioral issues.
   ii) The purpose of the AAC is to provide a recommendation to the Program Director
       based on the student’s files, petition to continue, facts and information presented, and
       demonstrated potential to successfully complete the Program.
   iii) The AAC will be comprised of a minimum of three faculty appointed by the Program
       Director. This Committee will meet as soon as possible in order not to impede the
       academic progress of students who may continue in the Program.

I. Repeated Courses and Auditing Courses in the PA curriculum:
   i) The curriculum is an immersion experience, and all students are expected to move
      through the Program as a cohort.
   ii) Students who have previously taken courses that are part of the Program curriculum
      may petition the AAC to audit the class(es).
      a. Students who are auditing a class are expected to attend lectures and otherwise
         meet all course objectives.
      b. Audits are not allowed if content, labs, or small groups/discussions vary from that
         required by the Program’s objectives.
J. Professional Behavior
In addition to meeting minimum grade requirements, students must adhere to standards of professional behavior which include, but are not limited to the following Professional Behavior Performance Criteria:

i) Successful completion of the Program is dependent upon compliance with professional behavior criteria as well as academic performance. These criteria include, but are not limited to, consistent demonstration of:
   a. Mature demeanor, manner, conduct, behavior, character, deportment, and performance.
   b. Evidence of respect shown for patients, preceptors, staff, instructors and fellow students;
   c. Personal integrity and honesty;
   d. Sensitivity to patients and respect for their rights to competent, confidential service.

ii) Examples of unprofessional behavior include, but are not limited to, the following:
   a. Failure to comply with Program guidelines, regulations and rules;
   b. Failure to participate fully in all aspects of the curriculum.
      1) If a student believes that full participation in this professional curriculum is not possible, it is the student’s responsibility to notify the Program faculty immediately or as soon as the student is aware that there is a limitation.
      2) Failure to participate fully in all aspects of the curriculum or failure to notify Program faculty in a timely manner of the inability to fully participate may result in disciplinary action, including dismissal.
   c. Failure to accept and act upon constructive criticism;
   d. Attendance problems: including failure to notify the instructor, the clinical site, and/or the Program; chronic absences; leaving early; etc.
      1) Absences will be recorded.
      2) Students are required to attend and participate in all scheduled activities.
      3) Classes and/or clinical experiences may include involvement on any day of the week, weekends, evenings, holidays, as well as being on-call.
      4) Anticipated absences must be requested on-line, and discussion with the appropriate faculty member must take place before the absence.
      5) Voice mail messages are not adequate notice of an anticipated absence. Students must always talk personally with a faculty member and preceptor (for clinical rotations) if a student is going to be absent. (Refer to 6A.-D. for Didactic Year, and 15A.-D. for Clinical Year)
      6) Not showing up for class, without prior approval, will be an absence.
   e. Failure to follow protocol or directions of supervising preceptor or Program faculty;
   f. Performing unauthorized procedures or administering services which are not permitted by the Program, supervisor or facility;
   g. Lack of cooperation with faculty, preceptors, lecturers, and fellow students;
   h. Electronic Device Use: Laptop use during class should be solely for academic purposes, not for email, games, or other on-line activities unrelated to the class.
EXCEPTION: To email or message Brian, Jerry, or Chad regarding technical problems during the lecture, e.g., “The volume is too high/low,” “The picture is out of focus,” etc.

1) Access to pornography using the University internet connection, while in an academic or clinical setting, or while on University property is a violation of professional standards and may result in dismissal from the Program.

2) Your use of your computer or other electronic devices must not be a distraction to other students during lecture.

3) Cell phones must be OFF (not even vibrate) during lectures. Emergency calls must come through the Program phones during a lecture.

4) Cell phones can be used during breaks, between lectures. Leaving a lecture to make or take a cell phone call is considered unprofessional.

   i. Hostile and/or disruptive attitudes and behaviors;

j. Quizzes and Tests:
   Students must adhere to standards of professional behavior relating to quiz and test taking procedures. The following guidelines must be maintained during the taking of quizzes and exams. Failure to follow these guidelines will be considered unprofessional behavior. The guidelines are:

   1) Quizzes and tests MUST be taken in the classroom unless determined otherwise by appropriate faculty.

   2) While taking quizzes and exams, students may have only one piece of paper and a pen, only the test window may be open on a student’s computer, and all books/back packs must be outside of the classroom. No other electronic devices are allowed during testing including: MP3 players, phones, special or advanced calculators, PDA’s etc.

      a) The use of a simple calculator is acceptable (functions of addition/subtraction/multiplication/division only)

   3) Silence must be maintained in the classroom during examinations.

   4) Copying exams or quizzes, by any methodology, is forbidden and will be treated as Academic Dishonesty as defined by the University.

l. Comments made in all evaluations (Program, courses, faculty) must be professional.

m. Violating patient confidentiality;

n. Not respecting the rights of patients;

o. Avoiding or failing to perform, or only partially perform assigned tasks and responsibilities;

p. Leaving the clinical setting without informing the supervising preceptor and Program representative;

q. Performing any activity which is beyond the scope of the role of a student or beyond a student’s clinical ability without appropriate supervision;

r. Failure to properly identify yourself as a physician assistant student;

s. Failure to report all observed unethical conduct by other members of the health profession and/or fellow students;

   t. Endangering the health and welfare of any patient.

iii) Violations of professional behavior policy and possible outcomes:
a. Based upon the nature and degree of the precipitating events, students who fail to maintain appropriate behavior, will, as previously described above, be subject to the following disciplinary actions:

1) Guidance Notices:
   a) A Guidance Notice is issued to a student whose behavior or performance, in either the classroom or clinical setting, is perceived as below Program expectations but not requiring the intervention of the Academic Affairs Committee.
   b) A Guidance Notice is a recommendation for student improvement and is not meant to be punitive in nature.
   c) A Guidance Notice is documented on the Program form “Guidance Notice” and is filed in a Program file separate from the student’s permanent file.
   d) Guidance Notices will be purged from the Program file at the time of the student's graduation, and will not be part of the student's permanent record.
   e) Number of Guidance Notices:
      i. Upon receipt by a student of three (3) Guidance Notices, whether for related or unrelated issues, the student will automatically be referred to the Academic Affairs Committee for evaluation.
      ii. All reports and recommendations of the Academic Affairs Committee will be placed in the student's permanent file, and such reports may make reference to issues raised in the Guidance Notices.

2) Written Warning:
   a) Based upon the nature and degree of the precipitating events, students who fail to maintain appropriate behavior, will, as previously described above, be subject to a written warning that will go into the student’s file:
   b) A verbal guidance discussion with a faculty member is not required prior to a written warning.
   c) If a violation of the professional behavioral policy is deemed to have occurred that is perceived by faculty as serious, the Program faculty will meet with the student, outlining the violation, offer remediation and issue a written warning regarding the behavior which will be placed in the student’s file.
   d) Two (2) WRITTEN WARNINGS ON ANY OF THESE BEHAVIORAL MATTERS WILL RESULT IN THE STUDENT BEING REferred TO THE PROGRAM'S ACADEMIC AFFAIRS COMMITTEE.
   e) A student may be referred to the Academic Affairs Committee for significant or egregious violations on a first offense and does not require guidance counseling or a written warning.
   f) Written warnings will carry over from the didactic year to the clinical year.

3) Academic Affairs Committee (AAC) Referrals:
   a) A student may be referred to the Academic Affairs Committee for significant or egregious violations on the first offense. Possible results
from the review may include but are not limited to any combination of the following:

i. No action taken;
ii. A written warning being given to the student and placed in the student’s file;
iii. An individual remediation plan being given to the student;
iv. Other recommendations as deemed appropriate;
v. Student placed on academic probation;
vi. Dismissal of the student from the Program.

2. **WITHDRAWAL OR DISMISSAL**

A. PA Program students may not withdraw from a required course without permission from the Program Director.
   i) Withdrawal from a required course without permission may, at the discretion of the AAC, necessitate dismissal from the Program.

B. Detailed information regarding dropping or withdrawing from graduate courses may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at [http://www.isu.edu/catalogs.shtml](http://www.isu.edu/catalogs.shtml).

3. **APPEALS OF GRADE OR DISMISSAL**

A. **Appeal of a Grade**
   Detailed information regarding Appeal of a Grade may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at [http://www.isu.edu/catalogs.shtml](http://www.isu.edu/catalogs.shtml).

B. **Procedures for the Appeal of a Grade**
   Detailed information regarding Procedures for the Appeal of a Grade may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at [http://www.isu.edu/catalogs.shtml](http://www.isu.edu/catalogs.shtml).

C. **Protocol for Appealing a Grade**
   Detailed information regarding Protocol for Appealing a Grade may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at [http://www.isu.edu/catalogs.shtml](http://www.isu.edu/catalogs.shtml).

D. **Dismissal**
   Detailed information regarding Dismissal may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at [http://www.isu.edu/catalogs.shtml](http://www.isu.edu/catalogs.shtml).
E. Procedures for the Appeal of Dismissal from a Graduate Program
   Detailed information regarding Procedures for the Appeal of Dismissal from a Graduate Program may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at http://www.isu.edu/catalogs.shtml.

F. Protocol for Appealing Dismissal from a Graduate Program
   Detailed information regarding Protocol for Appealing Dismissal from a Graduate Program may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at http://www.isu.edu/catalogs.shtml.

4. ACADEMIC DISHONESTY

   Detailed information regarding Academic Dishonesty may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at http://www.isu.edu/catalogs.shtml.

5. EMPLOYMENT POLICY

   A. Employment in the didactic portion of the program is discouraged.
   B. Employment in the clinical portion of the program is not permitted.
Didactic Year Guidelines & Policies

6. DIDACTIC YEAR ATTENDANCE

A. As stated in the ISU PA Program Guidelines & Policies (Section 1.J.ii)d.2), students are required to attend and participate in all classroom activities.

B. Classes and/or clinical experiences may include involvement on any day of the week, weekends, evenings and holidays.

C. Students are required to submit an online “Absence Report Form” for all absences. The form can be found in the Moodle “PA Didactic Year Commons”.
   i) Anticipated absences:
      a. Students must submit an Absence Report Form at least two business days in advance of the absence.
      b. In addition to the Absence Report Form, students must verbally notify one of the Didactic Year Triad (Dave Martin, Jared Papa, or David Talford) at least 24 hours in advance of an anticipated absence. E-mail and voice mail messages are not acceptable forms of notification.
   ii) Unanticipated absences:
      a. An Absence Report Form must be submitted for an unanticipated absence as soon as is reasonably possible.
      b. Students must verbally notify one of the Didactic Year Triad (Dave Martin, Jared Papa, or David Talford) as close to the time of the unanticipated absence as is reasonably possible.

D. Absences in excess of 16 hours per semester or more than 50% of a module are considered excessive and in violation of the Program’s professional behavior standards. The student may be subject to disciplinary action as outlined in Section 1.J.iii) of these ISU PA Program Guidelines & Policies.
   i) Absences are meant for non-elective events such as sick time, funerals, and other emergent situations. It is not meant for personal/vacation time.

E. Lectures may be recorded for students in case of an urgent/emergent absence but will not be recorded for planned absences typically. This will be at the discretion of the Didactic Year Triad member (Dave Martin, Jared Papa, or David Talford) that the student has talked to about their absence.

F. Students with planned or elective absences will not be allowed to make up pretests or quizzes. Students missing pretests or quizzes for emergent situations will be allowed to make these up at the discretion of the Didactic Year Triad or module/course coordinator.

7. EVALUATION OF STUDENT PERFORMANCE

A. Behavioral Performance Evaluation:
   i) Student behavioral performance will be evaluated based upon the behavioral objectives and expectations listed in Section 1.J. of this document.

B. Course Performance Evaluation:
   i) Non-modular courses (Didactic Year fall semester courses) will be evaluated based on criteria of the syllabus. If a student receives less than a B- for a final grade in a PAS course 6601, 6602, 6603, 6604 this result in referral to an Academic Affairs Committee.
a. More than 2 failures (less than a B-) of written exams for PAS courses 6601, 6602, 6603, 6604 will result in review of the student’s performance with possible consequences of:
   1) No action
   2) Remediation
   3) Referral to the Academic Affairs Committee. Actions of the committee may include:
      a) Dismissal from the Program
      b) Probation
      c) Other actions as appropriate to the situation.

b. More than 2 failures (less than a B-) of practical exams for PAS courses 6601, 6602, 6603, 6604 will result in review of the student’s performance with possible consequences of:
   1) No action
   2) Remediation
   3) Referral to the Academic Affairs Committee. Actions of the committee may include:
      a) Dismissal from the Program
      b) Probation
      c) Other actions as appropriate to the situation.

c. Any exam failure or assignment failure that is graded must be remediated with the exception of quizzes and pretests which may or may not be remediated at discretion of faculty. See Section 1) & 2) below in module course evaluation.

ii) Module course (Didactic Year spring and summer semester courses) performance evaluation:
   a. Each student’s performance in a module will be evaluated by the following criteria:
      1) Objective written examination:
         a) Minimal passing score: 75% or as outlined on the course syllabus.
         b) Failure to obtain a minimal passing score: If a student fails to obtain a minimal passing score on the module examination, one (1) repeat examination will be permitted.
            i. The repeat examination will typically be taken within 5 days of the initial examination, but depending on circumstances, the timing may be shortened or lengthened by the faculty.
            ii. The retake exam may be a repeat of the same exam, a new exam, an essay type exam, a verbal/practical exam, or any variation of the above, as determined by faculty.
            iii. If the repeat examination is passed, the student will receive a score of 75% for the module examination, even if the score on the repeat examination is higher than 75%.
            iv. A student may not take more than one makeup examination for the same course.
            v. Makeup examinations must be taken as scheduled by the PA Program. If a makeup examination is not taken as scheduled, the originally earned grade will prevail.
vi. If the student fails the repeat examination the Academic faculty will determine what action will be taken. Available actions include:
1. No action
2. Remediation
3. Referral to the Academic Affairs Committee. Actions of the committee may include:
   a. Dismissal from the Program
   b. Probation
   c. Other actions as appropriate to the situation.

vii. In the event a student fails more than two written exams in a semester the Academic faculty will determine what action will be taken. Available actions include those previously mentioned in this section.

2) Practical Examinations:
   a) Practical examination (mock patient exams) will be used to evaluate minimal student competence in the following areas:
      i. Clinical assessment
      ii. Clinical procedures
      iii. Other competencies that may be assessed by practical performance or demonstration of a skill
   b) Practical examinations will be graded on a point system with 75% being the minimal passing standard or a pass – fail system as determined by the faculty member in charge of the course.
   c) Same principles apply to practical as written exams, see Section 7.B.ii).a.1)1)b) above.

3) Objective and Practical Exams:
   a) The objective exams must be completed at a 75% level or greater (or as stated on the course/module syllabus) and the practical examinations must be completed at a 75% level or greater (or as stated on the course/module syllabus) in order to pass the module.
   b) Pretests and Quizzes will be added into the final module grade as outlined in the syllabus. They are not typically remediated but exceptions may occur based on discretion of the course/module coordinator.

4) Case Presentations:
   a) Case presentations will be evaluated based upon criteria determined by the faculty making the assignment and as listed on the course/module syllabus.

5) Written Assignments:
   a) Written assignments will be evaluated based upon criteria determined by the faculty making the assignment and as listed on the course/module syllabus.
C. Grades:
   i) The following is the standard Module syllabus grading system:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-94.99%</td>
</tr>
<tr>
<td>B+</td>
<td>85-89.99%</td>
</tr>
<tr>
<td>B</td>
<td>80-84.99%</td>
</tr>
<tr>
<td>B-</td>
<td>75-79.99%</td>
</tr>
<tr>
<td>C+</td>
<td>72-74.99%</td>
</tr>
<tr>
<td>C</td>
<td>69-71.99%</td>
</tr>
<tr>
<td>C-</td>
<td>66-68.99%</td>
</tr>
<tr>
<td>D+</td>
<td>63-65.99%</td>
</tr>
<tr>
<td>D</td>
<td>60-62.99%</td>
</tr>
<tr>
<td>D-</td>
<td>57-59.99%</td>
</tr>
<tr>
<td>F</td>
<td>&lt;57%</td>
</tr>
</tbody>
</table>

   ii) All didactic PAS courses will be graded according to the scale shown above. This is a recommended scale; an instructor may deviate at his/her discretion; see individual course syllabuses.

   iii) Each module must be passed with a 75% final course grade when all graded components are combined.

   iv) If the student fails to pass a module the same principles as written exams, see Section 7 B ii) a B.c.1)b)vi above will apply.

D. Grading:
   i) Course grades will generally include the following assessments:

   a. Pretests (some modules do not have pretests)
   b. Overall competence
   c. Mock patient exam (some modules do not have a mock patient exam)
   d. Final exam

   ii) In some modules there will be additional assessments:

   a. Other exams or quizzes
   b. Writing assignments
   c. Presentations
   d. Group projects
   e. Case Studies
   f. Etc.

   iii) In order to pass any course or module a student must pass the overall professional development/behavior/critical thinking component, mock patient exam, and the final exam individually. A student will not be allowed to fail any one of these three assessments and pass the module regardless of the overall grade for the module. However passing all three assessments (the overall professional development / behavior / critical thinking component, final exam and mock patient exam) does NOT guarantee passing the module. Other assessments may be calculated into the final grade which will be outlined in each individual syllabus. All assignments must be satisfactorily completed before a course or module is passed, even if the assignment is not graded.

   iv) The following list describes the requirements for passing these assessments as well as remediation grading policy when a student fails on their first attempt.

   a. The final exam will comprise a minimum of 50% of the module grade. The final exam must be passed with a grade of B minus (75%) or better in order to pass the module.
      1) Exam scores will not be rounded but calculated exactly.
      2) One remediation is allowed if the first attempt is failed.

3) If the student passes the remediation a score of 75% will be recorded for the final exam.

4) Failure of the remediation will result in a failing grade for the module which will result in the convening of an Academic Affairs Committee.

b. Mock patient exam tests will account for a maximum of 30% of the final module grade. The final grade for the mock patient exam will be on a pass/fail basis for the first attempt with a pass being given a 100% of points available. In order to get the pass and receive the 100% the student must score a 75% or greater on the mock patient exam, with a score <75% being a failure. The mock patient exam must be passed with a grade of B minus (75%) or better in order to pass the module. Three components of the mock patient exam must be passed in order to pass 1) the history/assessment/plan, plus 2) the physical exam pass off, plus 3) a SOAP note write up, all of which are scored independently and then a combined score is calculated.

1) One remediation is allowed if the first attempt is failed.
2) If the student passes the remediation a score of 75% of the points available will be recorded for the mock patient.
3) Failure of the remediation will result in a failing grade for the module which will result in the convening of an Academic Affairs Committee.

c. Professional development, behavior and critical thinking:

1) It is understood that this assessment will incorporate some intangible concepts that are not black and white and are somewhat subjective. These are meant to hold the student to a high standard in order to better promote professional and personal development. Also please reference the Guidelines and Policies on professionalism and behavior as well as competencies for the Physician Assistant.

2) The student must demonstrate the following in order to pass the module:

   a) Synthesis of material:
      i. The student will be able to put together material in a workable/useable format that demonstrates understanding and clinical relevance.

   b) Participation both individual and as a team:
      i. The student must contribute meaningful comments in class as opposed to disruptive, unprofessional or inappropriate comments. The student works cooperatively with others in class and group in a meaningful and productive way.

   c) Professionalism and professional relationships:
      i. The student shows respect, humility, willingness to learn and willingness to take constructive criticism from fellow students and faculty and staff, and demonstrates honesty and integrity.

   d) Communication:
      i. The student shows respect in their communication and their communication is appropriate to the task at hand.

   e) Initiative:
i. The student demonstrates an assertive/aggressive/motivated approach to learning, participation in class and participation with classmates.

f) Cultural sensitivity/competence:
   i. The student is free of judgmental attitudes and behavior and they demonstrate respect for cultural issues without bias. The student is willing to learn culture competence.

h) Attendance and punctuality:
   i. The student is on time for class and they demonstrate flexibility to changes when needed.

i) Clinical judgment and critical thinking:
   i. The student demonstrates the ability to think critically. The student is able to integrate material such that they will be able to effectively help patients in a clinical situation.

j) Ethics:
   i. The student demonstrates an ethical approach to situations with fellow students, faculty and staff. The student is able to show an understanding of ethical judgment with medical information.

j) Electronic use:
   i. The student does not violate policy by use of cell phone or by computer use during class for internet surfing, emailing, instant messaging, shopping, games and Skyping etc.

3) In order to receive a module/course grade, the student must satisfy the above professional development/behavior/critical thinking components which will be on a pass/fail basis. Failure of any of these components will result in one or more of the following actions: a warning, an incomplete grade, or a failure. Satisfactory achievement of these components will allow the student to receive the grade earned in the course based on the other course criteria (e.g. written exam, mock patient exam, etc.). Satisfactory performance of the professional development / behavior / critical thinking components will not impact the final course/module grade. The grade of pass/fail of these components will be determined by the module coordinator in conjunction and consultation with the other faculty teaching or involved in the module.

a) The student will be notified of the unsatisfactory completion.

b) A letter will be placed in the students file describing the problem/violation.

c) The student will be counseled by the module coordinator on the problem.

d) Remediation will be determined by the module coordinator and may include being counseled by the module coordinator only, an incomplete in the module until demonstrating satisfactory performance, completing an assignment (reading, writing, research etc) to demonstrate understanding the problem, preparing a presentation to the faculty or other means of remediation including referral to the Academic Affairs Committee.

e) Repetitive problems or failures of the various components in the modules will result in referral to the Academic Affairs Committee.
f) A student may be referred to the Academic Affairs Committee for significant or egregious violations on the first offense.

d. Pretests will account for a maximum of 20% of the final grade in the module. They will be incorporated into the final module grade but will NOT be incorporated into the grade for the final exam.

8. LEARNING OBJECTIVES

A. The most current learning objectives can be found within the syllabus for each module and are located in Moodle.

9. TUTORING

A. The didactic year academic load is very heavy and may tax even very well prepared students. Some students may desire tutoring. Academic tutoring can be arranged through the Academic Coordinator.

B. In some instances, the PA Program faculty may require a student to obtain tutoring. Tutoring for non PA courses can be arranged through the academic skills office at 282-3662

10. DIDACTIC YEAR CLINICAL EXPERIENCES

A. Each semester clinical experiences in diverse settings may be arranged by faculty.
   i) Attendance may be voluntary or may be appointed and required, as deemed appropriate by the faculty.
   ii) Professional attire is mandatory. Program logo shirts or other professional attire and name badges provided by the Program must be worn during these clinical experiences.

B. All didactic year clinical experiences require the supervision of at least one Program faculty member. For liability purposes, unassigned (personally arranged) clinical experiences are not covered and are not permitted.

11. ENTRANCE INTO CLINICAL YEAR

A. Progression from Didactic Year to Clinical Year:
   In order to enter the clinical year of the Program, each student must meet the following criteria:
   i) Successfully complete all didactic year classes as outlined in this document.
      a. Achieve an overall cumulative average of 3.0
         1) If the cumulative GPA at the end of the didactic phase of the Program is below 3.0 the student may, at the discretion of the AAC, be prohibited from progressing to the clinical year, remediated, or dismissed from the Program.
      b. If a student has been on probation or been before an Academic Affairs Committee in the didactic year, the AAC must determine if the student is ready to enter the clinical year. At the discretion of the AAC the student may be held from entering the clinical year until satisfactory remediation is complete as determined by the AAC.
c. A student that has demonstrated any concern regarding behavior and/or professional issues, healthy concerns, legal issues, behaviors of concern that they may be a danger to the student themselves or to others must go before the AAC for approval of entrance to the clinical year.
d. Students must meet the behavioral and practice standards of the state board of medicine in order to proceed into the clinical year.
e. Have current immunizations, titers, and/or tests as required by ISU and the clinical sites. These include, but are not limited to, MMR, Rubella and Rubeola titers, Tetanus, Hepatitis B immunization, Varicella, Tuberculosis.
f. Complete the PACKRAT examination.
g. Demonstrate competent physical examination and clinical reasoning skills as determined by clinical skills problems via mock patient, objective examinations, or other simulations, administered by the Program faculty.
h. Demonstrate compliance with the PA code of ethics.
i. Conform to professional behavior guidelines in this document.
j. Read the Clinical Year Guidelines and Policies section of this handbook, and agree to abide thereby by signing the accompanying statement.

B. Background Checks:
   ISU requires a background check be done prior to starting clinical rotations. The cost of the first check is covered by ISU. Clinical sites may require an additional background check. Students are responsible for the cost of any additional check(s).

Capstone Experience

12. CAPSTONE ASSESSMENT I, II, III

   Capstone Assessment I, II, III (PAS 6671, PAS6672, PAS6673): a series of three capstone courses through which students will demonstrate comprehensive attainment of Program objectives. In PAS6671, students are required to pass a series of multiple objective examinations in this course and complete a series of case study preparation activities. In PAS672, students will demonstrate comprehensive attainment of Program objectives. Students are required to pass a series of multiple objective examinations in this course and present/defend a case study before a graduate examining committee. In PAS673, students will demonstrate comprehensive attainment of Program objectives. Students are required to complete a comprehensive, standardized, proctored examination and attend an end of year on-campus meeting.

A. Board Readiness Assessment Tests:
   In PAS6671 and PAS6672 students will complete a series of multiple-choice objective examinations. Every exam must be passed. Specific policies and procedures regarding these exams are provided in the syllabuses for each course.

B. Comprehensive Examination:
   In PAS6673, a comprehensive written objective examination will be utilized to assure that all students have acquired a minimal level of factual data in the medical sciences. This examination is also designed to help prepare graduating students for the national
certification examination that is required for certification in the profession. Students must pass this exam in order to pass PAS673. Details are presented in class and provided in the course syllabus.

C. Case Presentation:

In PAS6672, students will give a presentation on a clinical case encountered early in the second year of the Program. The presentation will be an oral, in-depth, critical analysis of the evaluation and care of an actual patient encountered by the student in the clinical year of the Program. This oral presentation will require the application of research skills, critical analysis of the literature, evidence-based medicine, as well as depth and breadth of knowledge in primary care medicine. The oral presentation will be given by the student to his/her examining committee. A schedule of deadlines for all materials will be provided in the course syllabus.

i) Examining Committees:

The oral presentation committees will consist of three University faculty. One faculty member is a designated Graduate Faculty Representative (GFR), who may be chosen by the student, and then recommended by the department to the Graduate School. A list of GFRs is available in the Graduate School catalog. The two remaining committee positions will be occupied by Physician Assistant Program faculty members; one of which will be designated as the committee chair.

ii) Conflict of Interest of Graduate Faculty:

Faculty members are expected to exclude themselves from evaluation of graduate students with regard to whom impartiality may be jeopardized by considerations that are not academic. Such considerations may include, but are not limited to, membership in the same household or close familial relationships.

iii) Written Report:

A brief written report (medical documentation) must be handed in to the chair of the student’s examining committee and to the instructor of the course at minimum by the deadline provided in the course syllabus. This report must be submitted to the examining committee no later than two weeks prior to the date of the presentation. The report will be used as a guide for the detailed oral presentation. If a narrative report is written, the report should conform to the American Medical Association’s (AMA) Manual of Style; otherwise, the report should conform to standards for medical documentation provided by the course instructor and the Committee Chair.

iv) Oral Defense:

The oral defense will consist of an in-depth patient case presentation to the student’s committee and is open to the public.

a. The student will be examined in detail over all aspects of the case. In order to determine a student’s fund of knowledge, students will be asked questions about the specific aspects of the case presented and will be asked questions about aspects relating to the case.

b. Students are free to use supportive materials such as Microsoft PowerPoint, overheads, slides, imaging, etc. during their presentation.

1) Note: Students must request any equipment needed a minimum of two weeks prior to the oral presentation date.
c. Students need to receive permission from their committee chair regarding the use of written materials, PDAs, charts or other aids during the oral examination.

D. Grading for the Capstone Assessment
   i) The course instructor has the discretion to record a grade of Satisfactory (passing grade), Unsatisfactory grade (non-passing grade) or a grade of IP (In Progress) for the course.
   ii) In the event of a Unsatisfactory or failing grade, the course instructor will notify the student of the grade and will provide instructions as deemed appropriate by the instructor.
   iii) If an IP grade is given, the instructor will also provide the student with a Course Completion Contract. The Course Completion Contract must be signed by the student and the instructor stipulating the work and timeline required for completing the course. A copy of the Contract is to be given to the student, a copy retained by the instructor, and the original copy sent to the Registrar’s Office.

E. Continuing Registration for Graduate Students
   i) Detailed information regarding Continuing Registration for Graduate Students may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at http://www.isu.edu/catalogs.shtml.

F. “IP (In Progress) Courses
   i) Detailed information regarding “IP” (In Progress) Courses may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at http://www.isu.edu/catalogs.shtml.

G. Incomplete Grades
   i) Detailed information regarding Incomplete Grades may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2012 should refer to the 2012-2013 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at http://www.isu.edu/catalogs.shtml.
Introduction to the Clinical Year

During the clinical year you will have the opportunity to demonstrate and augment the knowledge and skills which you acquired during the first year of the Physician Assistant Program. You will be assigned to clinical settings which will promote the development of a greater understanding of the health care environment and patient management.

The responsibility entrusted to you as a clinical PA student is significant. Therefore, commitment to a high level of professionalism and clinical skill is an integral part of your obligations to the patients, clinical facilities, PA profession and yourself.

Maximizing your clinical experience

You should be aware that clinical learning experiences and flexibility vary from site to site.

- At some sites you may be permitted a full range of participation in patient care activities;
- Other sites may impose restrictions relative to chart documentation, certain clinical procedures, administration of medication, on-call, etc.
- Restrictions are usually based on institutionally mandated protocols but in some cases preceptors will restrict your activity if they have reservations about your ability or professional conduct.

It is your professional obligation to augment clinical experiences with a daily review of the medical literature. By developing a disciplined approach to reading you will build upon your foundation of medical knowledge. This will not only enhance your personal development but will serve as preparation for end of semester written examinations and the national certification examination.

Keep in mind that at no other time during your professional career as physician assistants are you likely to be exposed to the variety of medical experiences available to you this year. It is up to you to make the most of this opportunity. As a student, you should seek opportunities to work with nursing staff, respiratory therapists, lab and x-ray technicians, billing personnel, and any other members of the health care team.

Clinical Year Guidelines & Policies

<table>
<thead>
<tr>
<th>Typical Class Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
</tr>
<tr>
<td>PAS 6661</td>
</tr>
<tr>
<td>PAS 6662</td>
</tr>
<tr>
<td>PAS 6663</td>
</tr>
<tr>
<td>PAS 6671</td>
</tr>
</tbody>
</table>
13. **CLINICAL ROTATION INFORMATION**

**A. Clinical Rotation Overview:**

The clinical year consists of 3 semesters of clinical rotations courses and a Master’s project course:

i) ISU catalog descriptions:

**PAS 6661 Clinical Rotation I - 4 Credits**

Supervised clinical practicum in primary care or specialty care in medical practice settings. PREREQ: Successful completion of all PAS Didactic Year Requirements. Offered: Fall/Spring/Summer Semesters Graded S/U

**PAS 6662 Clinical Rotation II - 4 Credits**

Supervised clinical practicum in primary care or specialty care in medical practice settings. PREREQ: PAS 661. Offered: Fall/Spring/Summer Semesters. Graded S/U

**PAS 6663 Clinical Rotation III - 4 Credits**

Supervised clinical practicum in primary care and/or specialty care in medical practice settings. PREREQ: PAS 662. Offered: Fall/Spring/Summer Semesters Graded S/U

**PAS 6664 Clinical Rotation IV - 4 Credits**

Supervised clinical practicum in primary care and/or specialty care in medical practice settings. PREREQ: PAS 663. Offered: Fall/Spring/Summer Semesters Graded S/U

**PAS 6665 Clinical Rotation V - 4 Credits**

Supervised clinical practicum in primary care and/or specialty care in medical practice settings. PREREQ: PAS 664. Offered: Fall/Spring/Summer Semesters Graded S/U

**PAS 6666 Clinical Rotation VI - 4 Credits**


**PAS 6667 Clinical Rotation VII - 4 Credits**

Supervised clinical practicum in primary care and/or specialty care in medical practice settings. PREREQ: PAS 666. Offered: Fall/Spring/Summer Semesters. Graded S/U

**PAS 6668 Clinical Rotation VIII - 4 Credits**

Supervised clinical practicum in primary care and/or specialty care in medical practice settings. PREREQ: PAS 667. Offered: Fall/Spring/Summer Semesters. Graded S/U

**PAS 6671 Capstone Assessment I - 1 Credit**
There are three Capstone Assessment Courses in the second year of the PA Program. Together they represent a comprehensive assessment of the students. Capstone Assessment I course is the first one in the series and students are required to study for and pass multiple objective examinations. Offered: Fall/Spring/Summer semesters. Graded S/U

**PAS 6672 Capstone Assessment II - 2 Credit**
There are three Capstone Assessment Courses in the second year of the PA Program. Together they represent a comprehensive assessment of the students. The Capstone Assessment II course is the second one in the series and students are required to study for and pass multiple objective examinations, additionally they are required to complete and present a medical case study, under the direction of the PA Program faculty. Offered: Fall/Spring/Summer Semesters Graded S/U

**PAS 6673 Capstone Assessment III – 1 Credit**
There are three Capstone Assessment Courses in the second year of the PA Program. Together they represent a comprehensive assessment of the students. The Capstone Assessment III course is the third one in the series and students are required to study for and pass multiple objective examinations. Offered: Fall/Spring/Summer Semesters. Graded S/U

**B. Clinical Rotations I - VIII Overview:**
During the clinical year students will complete rotations in: Inpatient Medicine, Outpatient Medicine, Obstetrics & Gynecology, Pediatrics, Emergency Medicine, Psychiatry, Surgery and an elective area. These focus areas can be completed at one site or multiple sites. Typically a rotation is 4 – 6 weeks in length.

**C. Rotation Change Policy:**
The Clinical Year Team has the authority to change any rotation at any time during the clinical year. Once confirmed, a rotation will not be changed unless it is deemed necessary by the team. Any request to change a rotation must be done by email to the entire team. The team will then assess the situation and determine if a change can be made.

**D. Out of Area Clinical Site Policy:**
i) The Clinical Year Team will set up the rotation sites for students in Idaho and at established ISU clinical training sites outside of Idaho.

ii) If a student desires rotations that are not established with the Program, the student must first contact the entire Clinical Year Team and get permission to contact the site. The Team will then facilitate the development and confirmation of that site.

iii) The Team reserves the right to not approve a clinical site if the site doesn’t meet minimum standards or Program mission/objectives.

iv) The Team will give students deadlines by which site identification must be completed. If the deadline cannot be met, the student must perform the rotation at an affiliated site in Idaho.
E. Sites Personally Arranged by Students:
Students may not be present at sites that are arranged personally. All clinical experiences must receive prior approval by the Clinical Year Team.

F. Student Name Tags:
i) Your student identification badge is part of your uniform. It is also a state regulation that you wear your name badge identifying yourself as a physician assistant student.
ii) It must be worn at all times and must clearly identify you as a physician assistant student.
iii) Failure to wear proper identification could be grounds for dismissal from the clinical site.

G. Professional Appearance:
The following policies are established to achieve a professional appearance, protect student and patient health, and appeal to the broadest sensitivity of patients’ desires for their health care provider to dress professionally and demonstrate exemplary personal hygiene.

i) This is a professional program, and students are required to dress professionally and maintain exemplary personal hygiene.

ii) Each preceptor/clinical site will establish the dress code that is appropriate for that site.

iii) Unless otherwise specified by the preceptor, business professional attire, including a lab jacket is expected of all students.

iv) If a student is uncertain regarding appropriate dress/attire it is best to err on the side of conservative professional attire.

a. Jeans are not considered professional attire.

b. Sneakers/Tennis shoes, sandals and open-toed shoes are not appropriate and expose the student to bodily fluids/excretions.

c. Clothing should be clean, well-kept, conservative and tasteful. Clothing should not be tight or revealing.

d. All rings and other jewelry are a source for bacteria and other infectious organisms and therefore put patients and clinicians at risk for infection.

1) Simple bands are acceptable, but require optimal cleanliness.

2) Rings must be removed for procedures requiring sterile technique and some patient handling.

e. Visible body piercings/decorations during clinical encounters:

1) Minimal ear piercings/decorations (one or two simple studs/ear) are acceptable.

2) Dangling earrings are not appropriate, and constitute a danger because they can easily be grabbed by angry or disoriented patients.

3) Tongue piercings/decorations are considered visible, and are not acceptable.

4) Nose piercings/decorations are not acceptable.

f. Other jewelry, necklaces, and bracelets worn purely for fashion should be avoided since they harbor infectious agents and can be grabbed and broken by disoriented or hostile patients.

g. Medic alert bracelets and necklaces are acceptable.

h. Students must maintain the highest level of personal hygiene.
1) Bathe daily using soap.
2) For patient comfort, avoid offensive body odors as well as strong smelling colognes or perfumes.
3) Hair must be clean and neatly styled.
4) Males must be shaved daily or wear clean, neatly trimmed beards and moustaches.
5) Fingernails:
   a) Must be short and clean.
   b) Long fingernails are a source for bacteria and other infectious organisms.

H. Supervision:

i) Appropriate supervision is fundamental to the role of both the student and professional physician assistant. It represents a hallmark of the PA profession and without appropriate supervision the PA cannot legally or ethically provide patient care.

ii) The PA student is assigned to clinical settings in which adequate and appropriate supervision is available.

iii) In the event a circumstance arises in which a student is asked or expected to perform clinical procedures or to deliver patient care services without adequate or appropriate supervision, the student must politely but firmly decline. If there is further concern or question, the student must contact their clinical year advisor.

iv) To protect your personal and professional integrity and to avoid potential legal liability do not perform any patient care activity if:
   a. The authorized preceptor or his/her delegate is not on the immediate premises;
   b. You have not received adequate instruction and/or are not proficient in or knowledgeable about the care you are asked to deliver and direct supervision is not available;
   c. You have reason to believe that such care or procedure may be harmful to the patient;
   d. There is no adequate or appropriate supervision available at the time you are expected to carry out the assignment;
   e. The care or procedure is self-initiated (i.e., the P.A. student assumes or decides that a particular service or procedure should be performed); or
   f. It is beyond the scope of your role as a physician assistant student.

v) In some settings, especially if there are a large number of patients, you may be pressured to perform services which are inappropriate to your level of training or knowledge. It is much easier to defend why you won’t perform a particular task than it is to defend why you endangered a patient’s life.

I. Incident Reports:

i) An incident report is a written statement describing the facts and circumstances regarding an occurrence which took place in the course of your assignment. Such an event usually results from error, accident, or negligence and has the potential to cause harm or injury to self, patient, visitor, employee or others. Common examples of
“incidents” include: errors in the administration of medication, patients falling out of bed, needle sticks, or witnessing a visitor slipping on a wet floor.
ii) The student is responsible for completing an incident report regarding any error, accident, or irregular occurrence which takes place while on clinical rotations.
iii) Regardless of how minor or insignificant an incident may appear at the time, it is essential that it be reported immediately.

14. TRAVEL COSTS

All students will travel during the clinical year and it is the student’s responsibility to pay all travel costs related to Program requirements, including clinical assignments.

15. CLINICAL YEAR ATTENDANCE

A. Clinical Rotation and Meeting Attendance:
   i) Students are permitted three absences over the entire clinical year that do not need to be made up. These are absences in which a legitimate and unavoidable cause such as illness or a death in the family prevents the student from attending the rotation or end of semester activities.
   ii) All absences must be reported to the preceptor and the Clinical Year Team. Failure to report an absence will result in a written warning. Please refer to Section v) below.
   iii) Greater than 3 absences meeting the criteria described in Section i) will be made up 1:1. All absences not meeting the criteria described in Section i) will be made up 2:1.
   iv) If you are absent from your site or a meeting and do not call both the preceptor and the Clinical Year Team, or if your absence is unexcused, you will be required to make up two days for each day lost.
   v) Attendance at clinical rotations and required meetings is mandatory. If you are unable to report to your assigned site for any reason you must:
      a. Call your clinical preceptor before your scheduled reporting time.
      b. You must call your clinical year contact by 10:00 a.m. If you are unable to reach your clinical contact, you must contact another member of the Clinical Year Team.
      c. You must also send an email to the entire Clinical Year Team notifying the Team of the absence.

B. On-Call and Work Schedule Policy:
   i) Students are expected to keep the same clinical hours as their preceptor; a minimum of 40 hours and up to a maximum of 80 hours per week.
   ii) Students are expected to be available during their rotations for call schedule, evenings, weekends (including Sundays), and holidays.
16. CLINICAL YEAR ACADEMIC STANDARDS

A. Grading Criteria for Clinical Rotations 1 – VIII:
   Clinical Rotations 1 through VIII are graded as Satisfactory/Unsatisfactory.

B. Good Academic Standing:
   To successfully complete a clinical rotation and maintain good academic standing, students must meet or exceed all of the following criteria:
   i) Students must receive a passing final evaluation from their preceptor.
   ii) Students must accurately record each patient encounter in E*Value’s PXDX.
   iii) Failure to fulfill any one of the above criteria may result in any of the following at the discretion of the Clinical Year Team:
        a. Receipt of an “In Progress” grade until the work can be completed satisfactorily;
        b. Receipt of an “Unsatisfactory” grade;
        c. Requirement for student to repeat a clinical rotation; or
        d. Referral to the Academic Affairs Committee.

17. CLINICAL YEAR EVALUATION POLICIES & FORMS

A. General Policies:
   i) Each student is deemed to have passed or failed a rotation based on the final evaluation by the preceptor. Therefore, each student should strongly encourage the preceptor to fill out the evaluation and return it to the program. The student is also strongly encouraged to discuss the final evaluation with the preceptor in order to identify strengths and weaknesses. Evaluations may be filled out online or done with paper copies and then mailed, faxed, or hand delivered to the Program.
   ii) Each student will be given the opportunity to anonymously evaluate the clinical year faculty, preceptors and sites throughout the year.

B. Types of Evaluations
   i) Preceptor’s Evaluation of the Student:
      a. A final evaluation needs to be on file for each student for each clinical rotation.
      b. It is strongly recommended that the student and preceptor meet midway through the rotation to discuss strengths and areas of needed improvement. In the event of significant problems, the Clinical Year Team must be notified.
      c. Multiple Preceptors: When there is more than one preceptor at a site, the preceptors can either submit one consensus evaluation (one that they all agree upon) or they can submit individual evaluations.
   ii) Evaluations of the Student and Site:
      a. A site visit will consist of evaluation of the student’s clinical performance and adequacy of the site.
   iii) Student Evaluations of Site:
      a. Students will evaluate preceptors and clinical sites. These evaluations are not anonymous. The evaluation should include only constructive feedback for the site and/or preceptor. Any negative feedback is to be directly submitted to the Clinical Year Team and not included in the site evaluation form.
C. Types of Evaluation Forms
   i) Preceptor Forms:
       a. Mid-Rotation Preceptor Evaluation Form
       b. Final Preceptor Evaluation Form
   ii) Faculty Forms:
       a. Mid-Rotation Site Visit Form
       b. Evaluation of Case Presentation Form
   iii) Student Forms:
       a. Site Evaluation

18. PROGRESSION FROM CLINICAL YEAR TO GRADUATION

In order to graduate, each student must meet the following criteria:
   i) Satisfactorily complete all clinical year rotation courses as outlined in this document (PAS 6661 through 6668).
   ii) Achieve passing scores on each section of the summative evaluation to include assessment of Knowledge, Interpersonal Skills, Patient Care and Professionalism.
   iii) Satisfactorily complete PAS 6671, 6672, 6673 Capstone Assessment Courses (see related Section 12).
A. Clinical Rotations:
   i) **Purpose of Clinical Rotations:** The purpose of the clinical rotations is to enable
      the student to develop fundamental clinical knowledge and skills under appropriate
      supervision. The clinical experience gained during the rotation, taken during the
      second year of the Program, form a crucial part of a PA’s education. During this
      time the student makes the transition from classroom to clinical practice. Students
      are required to have a minimum of one clinical rotation in a medically underserved
      area (e.g. HPSA) and one clinical rotation defined as a Cultural Diverse Group
      clinical setting. On occasion, one specific clinical location might satisfy both of
      these requirements.
   ii) **Student Participation:** Upon entering the clinical ROTATIONS, the student will
       have completed one year of the basic and clinical sciences. In addition, the student
       will have had an introduction to medical practice through a variety of clinical
       practicums integrated throughout the first 12 months of the PA Program. The
       history and physical examination is emphasized throughout the first year.
   iii) **Length:** The clinical year runs August to August of the following year. Individual
       rotations vary in length from 1 week to 16 weeks.
   iv) **Liability Insurance:** The Physician Assistant student is covered by a liability
       policy carried by Idaho State University (ISU). A letter stating the policy number
       and the policy amounts of single and aggregate coverage is provided from the
       University to the preceptor physician.
   v) **Supervision:** ISU will provide the preceptor with rotation objectives. During the
      initial period, the clinical preceptor should meet with the student to review
      objectives. The preceptor should become acquainted with the PA student’s
      capabilities by allowing the student to interact on a one-on-one basis with patients.
      This interaction is at the discretion of the preceptor and should be based on the
      perceived level of the student’s experience and expertise. The patient interaction
      should be utilized as a personalized teaching tool of the preceptor. Students are
      instructed to respectfully decline in engaging in activities for which they are not
      prepared.
   vi) **Evaluation:** The preceptor is requested to conduct regular evaluations. In so doing,
       the preceptor should identify areas of weakness to the student that need
       improvement. The student will then have an opportunity to work on those areas of
       weakness. The preceptor will be asked to complete a formal end-of-rotation
       evaluation and assist in the assignment of a rotation grade. Also, students are asked
       to critique their clinical rotation. The Evaluation of Student form is may be
       completed or downloaded from E*Value.
   vii) **CME:** Preceptors will receive Category II Continuing Medical Education credit for
       medical teaching during the preceptorship period. Credits may be claimed for
       teaching on an hour-for-hour basis. The Program will provide documentation of the
       preceptorship period for CME credit.
   viii) **Affiliate Faculty Status:** Interested preceptors will be accorded the title of Affiliate
       Clinical Faculty to Idaho State University. A certificate will be issued to each
       preceptor along with privileges granted to affiliate faculty. All interested preceptors
must submit a current curriculum vitae/resume with their request to Clinical Coordinator Administrative Assistant, Department of Physician Assistant Studies, 921 S. 8th Ave, Stop 8253, Pocatello, ID, 83209. Questions regarding this status should be directed to the Administrative Assistant at (208) 282-3226.

B. Clinical Rotations:
   i) Clinical sites are recruited and assessed as appropriate in multiple ways: PA Program, PA student or faculty inquiry. The site will be assessed by the Clinical Faculty Team to assure compliance with Program technical standards.
   ii) The ISU Clinical Coordinator will speak directly with a representative of the clinical site and determine if the site is suitable for training PA students. The most important criteria for site suitability are a demonstrated willingness to teach and adequate patient encounters. Once suitability is qualitatively determined, the site is approved for students and the appropriate paperwork is initiated. A member of the Clinical Year Team or other PA faculty then schedules an onsite visit during which the Evaluation of Clinical Training Site form is completed. For sites which are not easily accessible or unlikely to become active sites in subsequent years, the site visit may be conducted by a phone call to the clinical site.
   iii) A Preceptor Packet will be sent no later than 30 days prior to the beginning of the rotation.
   iv) The PA student will contact the preceptor two weeks prior to the beginning of the rotation. During this contact, the student and the preceptor can make arrangements as to the exact time and the place for the beginning of the rotation.
   v) The student and preceptor begin by:
      a. Reviewing the Program objective,
      b. Reviewing the preceptor goals,
      c. Establishing individual student goals.
      d. The first meeting should also include specific rotational learning objectives and rotational study guide (suggested reading list, conferences to attend, rounds, call schedule, etc.).
   vi) Should there be ANY questions and or problems, please contact the Clinical Coordinator at (208)-949-7803 or the PA Program at (208)-282-4726.

C. Preceptor/PA Student Scope of Practice:
Here are some guidelines regarding what a PA student may be permitted to do by the preceptor. Please note that these are guidelines only. The judgment of the preceptor regarding how much responsibility a student is ready for should determine what tasks are delegated and how much supervision is provided.

In most clinical settings the PA student sees patients together with the preceptor during the first part of the preceptorship. As skills develop, the student progresses to seeing the patient alone, discussing the problem with the provider; and then the student and preceptor seeing the patient together. This is usually a rapid progression during the course of the rotation due to the short length of the clinical rotations. It is highly encouraged that the student's level of responsibility be allowed to progress as quickly as their expertise develops.
In Idaho, PA students may perform medical services when rendered within the scope of an approved PA Program and under supervision by a licensed provider.

PA students tend to be quick and motivated learners. Preceptors report that teaching techniques, which are successful with medical students, also work well with PA students. Some have not had technical exposure but other factors will make them good candidates for the PA profession.

Typical tasks assigned to PA students by preceptors include:

1. Taking histories and doing physical examinations.
2. Assessing common medical problems and recommending management.
3. Performing and assisting in routine lab and therapeutic procedures.
4. Counseling patients about health care.
5. Assisting the provider in the hospital and making rounds, recording progress notes, transcribing specific orders of the supervising Preceptor as allowed by the hospital by laws.
6. Evaluation and management of emergencies until the preceptor arrives.
7. Following protocols or standing orders of the preceptor.

D. Responsibilities During Clinical Rotations:

i) Purpose of the Rotation: To provide second year PA students with opportunities to develop basic clinical skills and knowledge under the supervision of licensed practitioners.

ii) Description: During the 12 months of the clinical year, PA students rotate through a cross section of clinical specialties including: a minimum of four weeks in each setting of Outpatient Medicine, Inpatient Internal Medicine, Surgery, Emergency Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry, and electives. While on these rotations the student learns the fundamentals of PA practice under the supervision and direction of the supervising preceptor.

iii) Student Responsibilities:

a. Arranges own transportation, room and board;
b. Abide by the Program attendance policies including mandatory Program meetings;
c. Conduct themselves in a professional manner at all times;
d. Satisfactorily complete each rotation and become familiar with the rotation objectives and directed readings;
e. Complete history and physical write-ups as outlined in each rotation’s objectives.

iv) Preceptor Responsibilities:

a. Be a licensed, practicing provider in good standing with their regulatory board.
b. Provide credentialing information as requested.
c. Provide students with medical opportunities to learn both the art and science of medicine.
d. The preceptor is required to complete a final evaluation of the student. Preceptors are strongly encouraged to discuss strengths and areas needing improvement throughout the rotation. The preceptor is asked to contact a member of the Clinical Year Team immediately in the event of concerns, questions or problems regarding the rotation.
e. Ensure that the student is appropriately supervised.
f. All patients seen by the student must be assessed and examined by the preceptor prior to patient discharge. All documentation in the permanent patient chart must be completed by the preceptor.
g. It is strongly recommended that the preceptor introduce the student to the office personnel, other health care providers, and hospital community personnel.
h. The PA student must never be utilized as a substitute for an ill or otherwise absent employee.

v) Program Responsibilities:
a. Provide the preceptor with a letter documenting the teaching experience for Category II CME credit.
b. Issue the preceptor a certificate of Affiliate Clinical Faculty when University qualifications are met.
c. Coordinate student preceptorships and maintain education records.
d. Maintain PA Program accreditation.
e. Provide malpractice insurance for the student.
f. Prepare the student didactically for the clinical rotations.

E. Evaluation:
i) Subjective Data - Medical History: The student should be able to obtain information sufficient to conceptualize a medical problem, demonstrating ability to:
a. Use the problem-oriented approach to gather subjective information.
b. Collect comprehensive data pertinent to the patient’s problems from the following areas:
   1) Chief Complaint
   2) Present Illness
   3) Past medical history
   4) Family medical history
   5) Personal/social history
   6) Review of systems
   7) Previous medical records
   8) Patient profile (background)
c. Use effective interview methods

F. Objective Data:
i) Physical Examination: The student should be able to:
a. Use effective and systematic examining techniques the results of which are reproducible by other clinicians.
b. Emphasize examination of organ systems identified as problem areas by history.
c. Perform a comprehensive physical examination when indicated.
d. Identify normal/abnormal physical findings through observation and practice.
e. Use the physical findings to support or modify tentative diagnostic impressions developed in the history.

 ii) Laboratory: The student should be able to:
a. Order indicated tests.
b. Obtain technically valid specimens.
c. Perform office laboratory procedures.
d. Evaluate results of diagnostic tests to support or modify the tentative diagnostic impressions.

iii) **Assessment:** The student should be able to:
   a. Analyze information obtained from the history, physical examination, laboratory tests, and procedures to:
      1) List the patient’s problems
      2) Formulate a differential diagnosis

iv) **Plan/Management:** The student should be able to:
   a. Become familiar with the appropriate management of medical emergencies prior to the arrival of the physician.
   b. Recognize indications for physician consultation.
   c. Formulate and assist in implementation of a management plan including:
      1) Patient education and counseling procedures.
      2) Medical therapies, procedures, treatment and referral.
      3) Follow-up care.
      4) Develop skills necessary to perform or assist in the performance of common diagnostic and therapeutic procedures.
      5) Become knowledgeable of community resources and refer to the appropriate agency when indicated.
      6) Record clinical information according to the problem-oriented medical record system using these categories: subjective, objective, assessment, and plan (SOAP Method).
APPENDICES

Appendix A: Guidelines for Ethical Conduct for the Physician Assistant Profession

Policy of the American Academy of Physician Assistants
http://www.aapa.org/uploadedFiles/content/Common/Files/19-EthicalConduct.doc

Introduction
The physician assistant profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and physician assistants should respect these decisions and choices.

Beneficence means that PAs should act in the patient’s best interest. In certain cases, respecting the patient’s autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.
When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere—possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

**Statement of Values of the Physician Assistant Profession**

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

**The PA and Patient**

**PA Role and Responsibilities**

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. Physician assistants have an ethical obligation to see that each of their patients receives
appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination.

Physician assistants are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient’s access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

Physician assistants should always act in the best interests of their patients and as advocates when necessary. Pas should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient’s best interests.

The PA and Diversity
The physician assistant should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination
Physician assistants should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

Initiation and Discontinuation of Care
In the absence of a preexisting patient–PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties. If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.
Informed Consent
Physician assistants have a duty to protect and foster an individual patient’s free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on Confidentiality.)

When the person giving consent is a patient’s surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient’s best interests and personal preferences, if known. If the PA believes the surrogate’s choices do not reflect the patient’s wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality
Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient’s need for confidentiality and the PA’s obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on Informed Consent.)

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.
The Patient and the Medical Record
Physician assistants have an obligation to keep information in the patient’s medical record confidential. Information should be released only with the written permission of the patient or the patient’s legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure
A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient’s interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

Care of Family Members and Co-workers
Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one’s own child for a case of otitis media but it probably is not acceptable to treat one’s spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing “curbside” care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient’s care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing
Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.
PAs should be sure that patients understand the potential consequences of undergoing genetic tests— from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

**Reproductive Decision Making**
Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

When the PA’s personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient’s care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient’s access to all legal options.

**End of Life**
Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

Physician Assistants should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients’ wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician’s agreement and in accordance with the policies of the health care institution.

**The PA and Individual Professionalism**
**Conflict of Interest**
Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the
appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, “Would I be willing to have this arrangement generally known?” or of the American College of Physicians, “What would the public or my patients think of this arrangement?”

Professional Identity
Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

Competency
Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

Sexual Relationships
It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA’s position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

Gender Discrimination and Sexual Harassment
It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
• Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
• Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

The PA and Other Professionals
Team Practice
Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

Illegal and Unethical Conduct
Physician assistants should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

Impairment
Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. “Impaired” means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

PA–Physician Relationship
Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

Complementary and Alternative Medicine
When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Health Care System
Workplace Actions
Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

**PAs as Educators**
All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

**PAs and Research**
The most important ethical principle in research is honesty. This includes assuring subjects’ informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

**PAs as Expert Witnesses**
The physician assistant expert witness should testify to what he or she believes to be the truth. The PA’s review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

**The PA and Society**
**Lawfulness**
Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well being of the community.

**Executions**
Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.
Access to Care / Resource Allocation
Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient–PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well Being
Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient’s best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion
The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.
Appendix B - NeedleStick/Bloodborne Pathogen Exposure Policy:

Purpose: This policy is to provide guidelines for injuries received during a classroom activity, service learning activity clinical rotation, including contaminated needle stick or sharp injury; mucous membrane/non-intact skin exposure to blood or blood containing body fluids.

i. Student should present to Pocatello Family Medicine, (ISU’s Preferred Provider) if the exposure incident occurs on or near the Pocatello Campus. No appointment necessary. If the exposure/incident occurs after hours, or not on or near the Pocatello Campus, student should seek treatment at the Clinic/Hospital of their choice. Note: Be sure to notify provider/clinic/hospital, regardless of location, that this is an occupational injury.

ii. Refer to the CDC Guidelines and Recommendations for Occupational Exposure found at: http://www.cdc.gov/niosh/topics/bbp/emergnedl.html  NOTE: These recommendations supersede all other recommendations.

iii. Requirements:
1. Dispose of the needle/sharp in a hard sided container to prevent further injury.
2. Wash the site vigorously with soap and water. For mucous membrane exposure, flush with copious amounts of water.
3. Notify Supervisor/Preceptor on site immediately
4. Seek Medical Care immediately (refer to (i) above)
5. Follow the site/facility policy for injury/incident reporting.
6. DO NOT GIVE YOUR PERSONAL INSURANCE FOR BILLING: Please give them the following: STATE INSURANCE FUND  P.O. Box 83720, Boise, ID  83720. If you have out of pocket expenses such as Rx or other, please submit receipts to Risk Management and let them know when you contact them.
7. Contact the PA Program by phone- either Didactic Year Contacts or Clinical Year Contacts listed in Moodle. MUST SPEAK TO SOMEONE
8. Contact ISU Risk Management at (208)282-5741 ASAP (within 24 hours if possible)
   Note: DURING BUSINESS HOURS
9. Complete Needle Stick Form in Didactic Year Commons or Clinical Year Commons
10. Follow the site/facility policy for follow-up and treatment of needle stick and/or blood borne exposure.
11. Student’s PA contact to complete Supervisor’s Accident Investigation and Report Form found in the main office of all campuses. White Copy to Risk Management (Campus Stop 8410 in Pocatello), Yellow Copy to Student File

Effective July 1, 2013, Idaho Code §§ 72-102 and 72-205 were modified to change the existing statutes to require a university or college to purchase workers’ compensation coverage for students that fall under the definition of “a work experience student who does not receive wages while participating in the school’s work experience program.”
Please refer to Idaho State University Workers Compensation Policy for further information
Revised: March 31, 2014, December 1, 2014
Appendix C: Medicare Reimbursement Guidelines for Students

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator.

Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation.

Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop.

The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy
Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.
Appendix D: Competencies for the Physician Assistant Profession

Preamble
In 2003, the National Commission on Certification of Physicians Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, Competencies for the Physician Assistant Profession, is a foundation from which each of those four organizations, other physician assistant organizations and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession.

Introduction
The purpose of this document is to communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning, professional growth and the physician-PA team, for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.

1 In 1999, the Accreditation Council for Graduation Medical Education (ACGME) endorsed a list of general competencies for medical residents. NCCPA’s Eligibility Committee, with substantial input from representatives of AAPA, APAP and ARC-PA, has modified the ACGME’s list for physician assistant practice, drawing from several other resources, including the work of Drs. Epstein and Hundert; research conducted by AAPA’s EVP/CEO, Dr. Steve Crane; and NCCPA’s own examination content blueprint.
PHYSICIAN ASSISTANT COMPETENCIES
Vers. 3.5 (3/22/05)

The PA profession defines the specific knowledge, skills, and attitudes required and provides educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

MEDICAL KNOWLEDGE
Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

- understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- identify signs and symptoms of medical conditions
- select and interpret appropriate diagnostic or lab studies
- manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities
- identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- identify appropriate interventions for prevention of conditions
- identify the appropriate methods to detect conditions in an asymptomatic individual
- differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- provide appropriate care to patients with chronic conditions

INTERPERSONAL & COMMUNICATION SKILLS
Interpersonal and communication skills encompass verbal, nonverbal and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients’ families, physicians, professional associates, and the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- appropriately adapt communication style and messages to the context of the individual patient interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
• apply an understanding of human behavior
• demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
• accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

PATIENT CARE
Patient care includes age-appropriate assessment, evaluation and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

• work effectively with physicians and other health care professionals to provide patient-centered care
• demonstrate caring and respectful behaviors when interacting with patients and their families
• gather essential and accurate information about their patients
• make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
• develop and carry out patient management plans
• counsel and educate patients and their families
• competently perform medical and surgical procedures considered essential in the area of practice
• provide health care services and education aimed at preventing health problems or maintaining health

PROFESSIONALISM
Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one’s own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

• understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
• professional relationships with physician supervisors and other health care providers
• respect, compassion, and integrity
• responsiveness to the needs of patients and society
• accountability to patients, society, and the profession
• commitment to excellence and on-going professional development
• commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
• sensitivity and responsiveness to patients’ culture, age, gender, and disabilities
• self-reflection, critical curiosity and initiative
PRACTICE-BASED LEARNING AND IMPROVEMENT
Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients’ health problems
- obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- apply information technology to manage information, access on-line medical information, and support their own education
- facilitate the learning of students and/or other health care professionals
- recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others

SYSTEMS-BASED PRACTICE
Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

- use information technology to support patient care decisions and patient education
- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide more effective, efficient patient care
- use the systems responsible for the appropriate payment of services