



**Department of  
Physician Assistant Studies**

# **Guidelines & Policies**

**Class of 2020**

**2018 – 2020**

**Revised July 2019**

**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.**

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## **INTRODUCTION**

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

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.

# ISU PA PROGRAM OVERVIEW

## Definition of a Physician Assistant

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. 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 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 72 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).

## **Vision Statement**

Idaho State University Department of Physician Assistant Studies is the preferred educational destination for individuals who desire to be trained in a student-centered, service oriented environment.

## **Mission Statement**

The mission of the Idaho State Physician Assistant program is to train PAs through service-oriented, multimodal, innovative learning. Graduates from ISU's PA Program will be highly competent, compassionate health care providers dedicated to serving individuals and their communities.

## **Core Values of the Idaho Physician Assistant**

**Professional Integrity**—promoting the professional ethical standards of students, staff, and faculty

**Excellence**—striving for excellence in all aspects of patient care, professional, academic and personal endeavors

**Learner Centered**—striving to ensure the outcome of every decision is for the overall benefit of students

**Service Oriented**—seeking ways to give back to communities and to serve others

**Inquiry**—seeking evidence based ways to improve patient health and quality of life

**Respectful Collaboration**—creating an environment that recognizes the value of others

## 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: .



# **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 group. 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:**

PAS 6601 Intro to Physician Assistant (IPAS)  
PAS 6602 Evidence Based Medicine (EBMS)  
PAS 6603 Clinical Assessment (CLAS)  
PAS 6604 Pharmacology (PHAR)  
BIOS 5529 Regional Anatomy and Histology  
BIOS 5564 Lectures in Human Physiology  
BIOS 5563 Human Pathophysiology  
SPAN 4499 Spanish for the PA Program (elective)

### **Spring Semester:**

PAS 6631 Infectious Disease Module (INDZ)  
PAS 6630 Allergy/Immunology Module (ALIM)  
PAS 6638 ENT Module (HENT)  
PAS 66454 Ophthalmology Module (OPHT)  
PAS 6635 Pulmonology Module (PULM)  
PAS 6636 Cardiology Module (CARD)  
PAS 6634 Renal Module (RENL)  
PAS 6632 Hematology/Oncology Module (HEMA)  
PAS 6633 Endocrinology Module (ENDO)  
PAS 6637 Gastroenterology Module (GAST)  
PAS 6640 Rheumatology Module (RHEU)  
PAS 6641 Orthopedic Module (ORTH)  
PAS 6642 Psychiatry Module (PSCY)  
PAS 6656 Alternative/Occupational Medicine Module (ALOC)  
SPAN 4499 Spanish for the PA Program (elective)

**Summer Semester:**

PAS 6650 Obstetric/Perinatology Module (OBPN)

PAS 6643 Genitourinary Module (GENU)

PAS 6646 Neurology Module (NEUR)

PAS 6639 Dermatology Module (DERM)

PAS 6653 Surgery Module (SURG)

PAS 6651 Pediatric Module (PEDS)

PAS 6652 Geriatric Module (GERI)

PAS 6654 Emergency Medicine Module (EMER)

PAS 6657 Comprehensive Evaluation

# Idaho State University PA Program Module Syllabus and Objectives 18-19

## PAS 6000 Generic 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 some testing. ExamN will be our main test management system. Power point, video, handouts, case study, lecture, group work, audience response system and clinical practicum may 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 70%, Mock pt 30%
2. Final 80-95%, Quizzes 5-20%, Assignments 5-20%
3. Final 100%, Module Clinic Patients – Required Participation
4. Presentation/participation 100% effort and attendance
5. Quizzes maybe added into some modules or courses
6. AHA with BLS and ACLS will require passing in the courses that they are taught in

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

**E.g. Final 70%, Mock pt 30%**

Course grades will generally include the following assessments:

- Final exam
- Mock patient exam – some modules do not have a mock patient exam
- Quizzes
- Overall competence

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 pass off exam and the individual written exams or final module exam. 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 syllabus, once sent out, is generally considered final but may be changed by the course instructor due to unforeseen or compelling reasons. Students will be notified prior to final grades being recorded with the registrar should there be any changes to the syllabus.

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) A passing grade is B minus (75%) or better for written tests
  - a. Exam scores will not be rounded but calculated exactly
  - b. A failure of a written exam will require a repeat of the exam in some form as set forth in the guidelines and policies
- 2) Mock patient exam tests will account for a maximum of 30% of the final module grade if done as an individual student. The final grade for the mock patient exam will be on an exact point basis with 75% or greater for passing. Three components of the module 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 and preceptor presentation, all of which are scored independently. The history/assessment/plan will comprise the numerical score.
  - a. A failure of the mock patient exam will require a repeat of the exam as set forth in the guidelines and policies
- 3) Mock patient exam tests may be done in groups as assigned. The final grade for the mock patient exam will be pass fail with passing based on an exact point basis with 75% or greater for passing.

The pass or fail will be given to the group. Three components of the module 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 and preceptor presentation, all of which are scored independently. The history/assessment/plan will comprise the numerical score.

- a. A failure of the mock patient exam will require a repeat of the exam as set forth in the guidelines and policies
- 4) For further details regarding failures and remediations refer to the guidelines and policies.
- 5) 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.
      2. Attendance is required for all class times and scheduled activities
    - viii. Clinical judgement and critical thinking
      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 skyping 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 and consultation 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.*

**Grading Scale:**

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

**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

Day/Date	Time	Topic	Lecturer	Objectives	Readings	Evaluation

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

Abbr used	Text Title	Online	Ed	Author	ISBN
CMDT	CURRENT Medical Diagnosis and Treatment 2018	<a href="#">Online link</a>	2018	Papadakis, McPhee, Rabow	978-1259861482
Ballweg	Physician Assistant: A Guide to Clinical Practice	<a href="#">Online link</a>	6	Ballweg et al	978-0323401128
Dict	Medical Dictionary: Illus. (w/ CD)		28	Stedman	9780781733908
Lab	Mosby's Manual of Diagnostic and Laboratory Tests		6	Pagana & Pagana	978-0323446631
BLS	Basic Life Support (BLS) Provider Manual 2015		15-1010	AHA book	978-1-61669-407-4
ECC	Handbook of Emergency Cardiovascular Care For Healthcare Providers 2015		15-1000	AHA book	978-1616693978
Seidel's	Seidel's Guide to Physical Examination, 8e (Mosby's Guide to Physical Examination (Seidel))	<a href="#">Online link</a>	8	Seidel et al	978-0323112406
Merck	The Merck Manual & Professional Online	<a href="#">Online link</a>	20	Porter	9780911910421
Docum	Guide to Clinical Documentation		2	Sullivan	978-0803625839
Seidel's Lab	Student Laboratory Manual for Seidel's Guide to Physical Examination - Revised Reprint, 8e		8	Seidel et al	978-0323358965
Pharm	Basic and Clinical Pharmacology	<a href="#">Online link</a>		9780911910193	978-0071825054



Tarascon	Tarascon Pocket Pharmacopoeia 2017 Classic Shirt-Pocket Edition		32	Hamilton	978- 1284142679
Sanford	The Sanford Guide to Antimicrobial Therapy 2017		47	Gilbert	978- 1944272005
Procedures	Procedures for Primary Care		3	Pfenninger	97803230526 72
Procedures DVD	Multimedia Primary Care Procedures: DVD, Online, and Pocket Procedures Manual			Tuggy, Garcia, Newkirk	97814160009 14
POMD	Problem-Oriented Medical Diagnosis		7	Friedman	978- 0781729550
Surg	Essentials of General Surgery		5	Lawrence, Bell, Dayton, Hebert	97807817849 55
Wash	The Washington Manual of Medical Therapeutics (Lippincott Manual Series (Formerly known as the Spiral Manual Series))		35	Bhat et al	978- 1469890241
Peds	Nelson Essentials of Pediatrics		8	Marcdante, Kliegman	978- 0323511452
EKG	Rapid Interpretation of EKG's		6	Dubin	0912912065
MS exam	Musculoskeletal Examination		4	Gross et al	978- 1118962763
MS Care	Essentials of Musculoskeletal Care		5	Armstrong, Hubbard	978- 1625524157
Psych	Introductory Textbook of Psychiatry		6	Black, Andreasen	978- 1585624706
ER	Emergency Medicine Manual (Paperback)		8	Ma & Cline	978- 0071837026
ACLS	Advanced Cardiovascular Life Support Provider Manual 2015		15- 1005	AHA book	978-1- 61669-400-5

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

### Example below

Day/Date	Time	Topic	Lecturer	Objectives	Readings	Evaluation
1/1 Mon	0800- 0900	Yes	Papa	1a	POMD Pg 1-5	Written
	0900- 1000	No	Bunnage	2c	CMDT Chapter 3 Merck Pg 20-40	Written
	1000- 1200	Help	Talford	4d	Mosby Pg 55-58	Mock Pt Written
	1300- 1500	Whatever	Martin	7f	Lab Pg 100-104	Written
<b>1500-1700 OPEN</b>						

1/2 Tues	0800-0900	Yes	Papa	1a	POMD Pg 1-5	Written
	0900-1000	No	Bunnage	2c	CMDT Pg 590-620 Merck Pg 20-40	Written
	1000-1200	Help	Talford	4d	Mosby Pg 55-58	Mock Pt Written
	1300-1500	Whatever	Martin	7f	Lab Pg 100-104	Written
	1500-1700	Case Studies	Mirly	8		Written
1/3 Wed						
	0800-0900	Yes	Papa	1a	POMD Pg 1-5	Written
	0900-1000	No	Bunnage	2c	Merck Pg 20-40	Written
	1000-1200	Help	Talford	4d	Mosby Pg 55-58	Mock Pt Written
	1300-1500	Whatever	Martin	7f	Lab Pg 100-104	Written
<b>1500-1700 OPEN</b>						
1/4 Thurs	0800-0900	Yes	Papa	1a	POMD Pg 1-5	Written
	0900-1000	No	Bunnage	2c	CMDT Pg 20-40	Written
	1000-1200	Help	Talford	4d	Mosby Pg 55-58	Mock Pt Written
	1300-1500	Whatever Lab practical	Martin	7f	Lab Pg 100-104	Participation and observation by faculty
	1500-1600	You Bet Ya Case Studies	Johnson	10c	Handout	Not tested
<b>1600-1700 OPEN</b>						
1/5 Fri	0800-0900	Yes	Papa	1a	POMD Pg 1-5	Written
	0900-1000	No	Bunnage	2c	CMDT Pg 20-40	Written
	1000-1200	Help	Talford	4d	Mosby Pg 55-58	Mock Pt Written
	1300-1500	Whatever Lab practical	Martin	7f	Lab Pg 100-104	Participation and observation by faculty
	1500-1700	Clinic	Johnson	10c	Handout	Not tested
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: 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 of the series. Students are required to study for and pass multiple objective examinations, and additionally are tasked with selecting the patient case that will form the bases of their Graduate Examination in the future.

### Spring Semester:

- 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: 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 of the series. Students are required to study for and pass multiple objective examinations, additionally they are required to complete and present a medical case study as part of their Graduate Examination, under the direction of the PA Program faculty.

**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: 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, including a summative evaluation.

# **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: <https://www.isu.edu/registrar/ferpa/>.

## **Americans with Disabilities Statement on Compliance and Services**

Idaho State University is committed to providing equal opportunity in education for all students. If you have a diagnosed disability or if you believe you have a disability (physical, learning, hearing, vision, psychiatric) that might require reasonable accommodation in this program, please contact the Disability Services Center, Rendezvous Building, Room 125 (282-3599) or at <https://www.isu.edu/disabilityservices/>. It is the responsibility of students to contact instructors during the first week of each semester to discuss appropriate accommodations.

## **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 <https://www.isu.edu/studenta/student-rights-responsibilities-and-advocacy/student-handbook/> and further assistance with grievances at <https://www.isu.edu/studenta/student-rights-responsibilities-and-advocacy/assistance-and-grievances/>.

Resources for Title IX violations are available at <https://www.isu.edu/aaction/title-ix-notice-of-non-discrimination/>.

## **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.”

<https://www.isu.edu/media/libraries/isu-policies-and-procedures/governancex2flegal/GL-HIPAA-Privacy-Hybrid-Entity-10010.pdf>

The ISU Physician Assistant Program has developed a HIPAA policy for students. Every student will be required to review this policy and sign that they have read it. They will also be required to take a HIPAA test. Documentation will be placed in the students file. Violations of HIPAA policy will result in disciplinary action including evaluation by the academic affairs committee and may include dismissal from the program.

## **Medical and Personal Issues**

Students may experience a variety of medical and/or personal issues during the PA program. When such issues arise, students are directed to seek appropriate 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 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 and 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 and/or attendance issues are 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 appropriate student services.
3. Referral of the student to the Academic Affairs Committee.

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 will work in conjunction with the program director and 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 group.

### B. Deceleration Policy:

- i) The Idaho State University Physician Assistant Program's curriculum is designed to be delivered on a full-time basis to students in a cohort. There is no formal deceleration plan or option to complete the curriculum on a part-time basis.

### C. Transfer of Credits:

- i) Transfer of credits from other programs is not permitted.

### D. Time Limits

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

### E. 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.

### F. Application for a Degree:

- i) Within the first two weeks of the semester in which the student expects to complete work for the MPAS degree, the student must apply for graduation.  
(<http://www.isu.edu/graduate/gradapp.shtml>)
- ii) This application process will not be completed without receipt of a \$20.00 application fee and is good ONLY for the term specified. If you fail to graduate during the term indicated, you will have to re-apply and will be charged a reprocessing fee.
- iii) Applications for degrees will not be approved without the prior approval of a final Program of Study form.

### G. 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.



## **H. 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 either the Academic Coordinator or the Clinical year team 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 applied for via formal petition by the student submitted to the Academic Affairs Office. The Academic Affairs Committee (AAC) will make a recommendation to the program director and/or the faculty as a whole. The program will follow the DISMISSAL POLICY as outlined in the graduate catalog: [coursecat.isu.edu/graduate/](http://coursecat.isu.edu/graduate/).
- v) There is a discipline folder in each student's file. During the Program, any discipline, warnings, letters, or other documentation will be filed in the discipline file. After a student's graduation or separation from the Program, all student records are kept according to ISU record retention policy. (<https://www.isu.edu/records/>) Only the documentation pertaining to significant occurrences will be reported to licensure and credentialing services. Student files with significant occurrences may be kept further than standard retention schedules. 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.

## **I. Academic Affairs Committee (AAC):**

- i) The AAC is an evaluation committee only and makes recommendations to the program director for the faculty as a whole for decision. The AAC will be convened in order to further assess the student's standing in the Program with regards to both academic and behavioral issues.
- ii) The AAC bases its recommendations on the student's files, petition to continue, facts and information presented, and student's demonstrated potential to successfully complete the Program.
- iii) The AAC will be comprised of a minimum of three to four faculty members appointed by the program director. This Committee will meet in a reasonable time period following a student referral.
- iv) Students referred to the AAC for academic or professionalism concerns are subject to any of the following recommendations:
  - a. No action taken;
  - b. A written warning given to the student and placed in the student's disciplinary file;
  - c. An individual recommendation plan

- d. Other recommendations as deemed appropriate
- e. Student placed on academic probation;
- f. Dismissal from the program.

**J. 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 group.
- 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.

**K. Professional Behavior**

In addition to meeting minimum grade requirements, students must adhere to standards of professional behavior, which may include:

- i) Successful completion of the Program includes compliance with professional behavior criteria. These criteria include, but are not limited to a 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 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 program faculty, the clinical site/preceptor, and a Clinical Year Team member; chronic absences; leaving early; etc.
    - 1) Absences will be recorded. During the clinical year, the student must report all planned absences to the clinical year team prior to the absence, or within a reasonable time period following the absence if it is not planned.
    - 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, and holidays.

- 4) Anticipated absences in the academic year must be reported on-line, and discussion with the appropriate faculty member must take place before the absence.
  - 5) Voice mail messages are not adequate notice of a planned 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)
- e. Failure to follow protocol or directions of a 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. Improper Electronic Device Use: Laptop use during class is restricted to pursuits that are related to the current class activity.  
EXCEPTION: To email or message one of the video managers 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 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) The use of a 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
    - 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.
      - a) The use of a simple calculator is acceptable (functions of addition/subtraction/multiplication/division only)
    - 3) All attempts to maintain silence must be maintained during examinations.
    - 4) Copying exams or quizzes, by any methodology, is forbidden and will be treated as Academic Dishonesty.
  - l. Comments made in all evaluations (Program, courses, faculty) must be professional and constructive.
  - m. Any violation of HIPAA standards;
  - 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 clinical year team member;
  - 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 to program faculty;
  - t. Endangering the health and welfare of any patient.
- iii) Violations of professional behavior policy and possible outcomes—  
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 in violation of the professional behavior policy
    - b) A Guidance Notice is a recommendation for student improvement.
    - c) A Guidance Notice is filed in the students discipline 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 the student will automatically be referred to the Academic Affairs Committee for evaluation.
      - ii. The Academic Affairs Committee will make a recommendation to the program director. The program director will make a final determination of action. Documentation of the program director's decision will be placed in the student's permanent file.
    - f) Written warnings will carry over from the didactic year to the clinical year.
  - 2) Academic Affairs Committee (AAC) Referrals. Students may be referred to the AAC for violations of professional behavior. See previous Academic Affairs Committee description.
  - 3) For significant or egregious violations on a first offense, a student may also be referred to the Academic Affairs Committee or to a meeting of the Graduate Faculty without the any previous guidance notices.

**L. The Concern Committee:**

- i) The Concern Committee is an alternative venue for students who wish to air concerns, grievances, or offenses but are uncomfortable bringing it directly to the involved faculty, students, or staff. While it is preferred that individuals attempt to resolve the problem between each other initially, the Program recognizes that interpersonal relations can be difficult to navigate.
- ii) The Committee is comprised of 3 faculty/staff and 3 student representatives.

- iii) Students will not take concerns, grievances, or offenses to other faculty members unless it is their advisor. Students will refrain from involving fellow students with concerns.
- iv) Students, faculty, and staff receiving concerns from other students, faculty, or staff should direct the individual to the Concern Committee.
- v) The individual will present their concern, at which time the Committee will share their opinions, provide feedback, and lead discussion regarding learning points and how the situation can be better handled in the future.
- vi) If it is deemed appropriate or if acceptable resolution cannot be reached, the Committee may bring the concern to the full PA Program faculty for further discussion.
- vii) Circumstances covered under Title IX (sexual harassment, discrimination, or violence) must be reported immediately to the University Title IX Coordinator in the Equal Opportunity/Affirmative Action Office. Students who feel they have been a victim of a Title IX offense can find resources at <https://isu.edu/aaction/title-ix-notice-of-non-discrimination/>.
  - a. Pocatello and Meridian: (208) 282-1439
  - b. Caldwell: (208) 459-5841
- viii) Cases indicating the potential for harm to self or others will be reported to appropriate University authorities.
  - a. The Counseling and Testing Service is available to all students in crisis free of charge at <https://www.isu.edu/ctc/> and <https://www.isu.edu/clinics/counseling-meridian/>. Please reach out if you are in need.
    - 1. Pocatello: (208) 282-2130
    - 2. Meridian: (208) 373-1719
    - 3. Caldwell: (208) 459-5561

## **2. WITHDRAWAL FROM COURSES**

- A.** PA Program students may not withdraw from a required PAS course at any time without permission from the program director.
- B.** Detailed information regarding dropping or withdrawing from graduate courses may be found in the Graduate Catalog in the DROP OR WITHDRAWAL section for the year the student entered the program. (For example, students entering Fall 2017 should refer to the 2017-2018 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at <http://coursecat.isu.edu/graduate/>.

## **3. APPEALS OF GRADE OR DISMISSAL**

### **A. Appeal of a Grade**

Detailed information regarding Appeal of a Grade, Procedures, and Protocols may be found in the Graduate Catalog for the year the student entered the program. (For example, students entering Fall 2017 should refer to the 2017-2018 Graduate Catalog.) The Graduate Catalog may be found on the ISU website at <http://coursecat.isu.edu/graduate/>.

### **B. Dismissal from a Graduate Program**

The Dismissal policy, Procedures, and Protocols for the Appeal of Dismissal from a Graduate Program can be found in the Graduate Catalog for the year the student entered the program.

**4. ACADEMIC DISHONESTY**

Detailed information regarding Academic Dishonesty may be found in the Graduate Catalog for the year the student entered the program.

**5. EMPLOYMENT POLICY**

- A.** Employment in the didactic portion of the program is discouraged, and not permitted at all during class hours.
- B.** Employment in the clinical portion of the program is not permitted.

## **Didactic Year Guidelines & Policies**

### **6. DIDACTIC YEAR ATTENDANCE**

#### **General Tenets:**

- Students pursuing the PA certificate at Idaho State University (ISU) are PA's-in-training who must meet standards of professional conduct and responsibility to develop into effective PA's. As a professional school, ISU requires attendance and active participation in all components of the curriculum. Active participation in the school's courses and other learning activities indicates the student's understanding and mastery of professional responsibilities.
- When it is necessary for students to be absent from a required PA program activity, students must approach such absences with the same standard of professional responsibility required of practicing PA's; professional responsibility extends to one's patients and members of one's team.
- Classes and/or clinical experiences during the didactic year may include involvement on any day of the week, including weekends, evenings, and holidays. The attendance policy includes conferences and educational activities that may occur outside of the regular PA classroom. The IAPA conference is an example.
- Didactic Year (DY) Team consists of Jared Papa, Talia Sierra and Dave Martin.

#### **Policy**

- A. Tardiness may occur due to unforeseen circumstances. It is expected that in those cases, the student will observe professional standards and either wait for a break to enter, or enter the classroom with the least amount of disruption by sitting in the back.
  - i. The DY Team will evaluate students whose tardiness is deemed excessive. The student will be counseled regarding their tardiness. Excessive tardiness will be determined by the DY Team.
  - ii. Continued tardiness will be considered a breach of the professionalism policy. A violation notice will be written and the student may be referred to the Academic Affairs Committee.
  - iii. Tardy is defined by arriving any amount of time after the start time of the class scheduled.
- B. The ISU PA program realizes that absences may occur.
  - i. Absence is not allowed for activities such as labs, group practice, physical exam practice, testing times, and AHA classes. Other times absences are not allowed may be determined by the DY Team or course/module coordinator.
  - ii. Absences must be reported to the DY Team 72 business hours in advance unless there are extenuating circumstances.
    - a. Emergency absences should be reported to the DY Team as soon as possible.
  - iii. Excessive absences, as determined by the DY Team, will result in counseling with the student. Continued excessive absences will be considered a breach of the professionalism policy. A violation notice will be written and the student may be referred to the Academic Affairs Committee.
- C. Availability of video recordings of the class, make-up labs or tests, etc., will be determined by the DY Team on a case-by-case basis.

## **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. Remediation:** Remediation is the term used to describe the student's ability to increase a failed final course/module grade to a maximum of 75%; it is only available after successful repeat or reassessment of the failed exam/course unless otherwise specified. Any grade below a B- (<75%) is considered a fail. In the event that a student fails a final assessment, but has accumulated sufficient points to pass the course/module, the student is not required to apply a remediation to that particular course/module. It is important to note that there are only three remediations permitted during the didactic year.

### **C. Reassessment:** Reassessment is the term used to denote a repeat of failed final written and/or mock patient exams (a failed exam is a score <75%). Course/module coordinators can reassess students' failed final written assessments using a variety of modalities to ensure student comprehension and mastery of the course/module material. A failure of any written or mock patient reassessment results in failure of the course/module. However, mock patient exams have components that can be assessed multiple times; more information can be found below.

### **D. Fall Semester:**

- i) PAS courses: PAS 6601, 6602, 6603, 6604. If a student fails any combination of three exams in the fall semester PAS courses, the student must meet with their advisor to discuss any student's issues. The student's advisor or the Academic Coordinator will then notify the AAC and together, the advisor and AAC will evaluate the student's case. The AAC may decide to meet with the student depending on circumstances and grade issues.
- ii) Four or more exam failures in the PAS courses requires that the student meet with AAC for further evaluation and recommendations to the program director.
- iii) The biology department has the discretion to remediate a student or not. If a student is allowed to remediate a failed biology course in the fall semester, or fails a PAS course during the fall semester, the student is required to use as many remediations as needed to pass the course, but not to exceed the three official remediations available during the didactic year.
- iv) Retaking tests during the fall is at the discretion of the course coordinator to allow the student to repeat a failed exam or not. In the event a student fails a fall PAS course, the student must fulfil a remediation plan at the discretion of the course coordinator and use an official remediation to achieve a score of no greater than 75% for the course.
- v) In regard to clinical assessment pass offs, students must repeat failed clinical assessment pass off(s) in order to become proficient as a clinician. Upon successful completion, the student will retain the original grade for the failed pass off. They must pass the repeat failed clinical assessment before the course can be successfully completed.
- vi) In the event a student fails a PAS course comprehensive final exam, the student must satisfactorily repeat the comprehensive final exam in order to pass the course regardless of overall course grade. A failure to satisfactorily pass a repeat of a PAS



course comprehensive final exam will result in a failure of the course regardless of having enough points to technically pass the course. Only one attempt is allowed to repeat the exam. In the event a student's final course score is below passing, an official remediation would subsequently be required to pass the course with a 75%.

**E. Spring and Summer Semesters:**

- i) Any failed final written or mock patient exam must be reassessed in a manner according to the module coordinator's decision. Students are only allowed one attempt to repeat each failed exam. If a student fails the repeat exam, then the student will receive a failing grade for the module and will be referred to the AAC. A remediation will not be counted against a student if the original module score is passing ( $\geq 75\%$ ), despite failure of an assessment. However, if a student successfully repeats a failed exam but does not have enough combined points to pass the module, then a remediation must be used to increase the failed exam score to a maximum of 75%. When a student must repeat both written and mock patient exams to pass a module (requiring the use of two remediations to pass a module), only one official remediation will be counted. Three remediations are allowed during the didactic year. Once a student uses three remediations, there are no more remediations available to the student.
- ii) Mock patient grading involves the components of the history, assessment, and plan combined with the physical exam pass-off. The numerical grade is based solely on the history, assessment, and plan. The physical exam, SOAP note, and oral presentation are pass/fail. Each component must be passed. If any component is failed, it must be repeated satisfactorily. If the mock patient test is failed and successfully repeated, the student will receive the original score from the history, assessment, and plan component of the mock patient and the score will be incorporated in the final module grade. In addition, the SOAP note and preceptor presentation is not calculated into the final module grade, but both must be completed satisfactorily to receive a final module grade. If the student does not pass the oral preceptor presentation and/or SOAP note, then the student must redo them as many times as necessary until the faculty member is satisfied that the student has met the criteria to pass.
- iii) Final written exam and mock patient test failures result in the following and are subject to the AAC guidelines and policies regarding status in the program:
  - a. 2 failures of any combination of final written and/or mock patient tests will result in the student's advisor and the AAC being notified.
  - b. 3 failures of any combination of final written and/or mock patient tests will result in referral of the student to the AAC.
    - a. After 3 failures and the initial referral to the AAC, each subsequent final written or mock patient failure will result in the referral of the student to the AAC again.
  - c. If the student fails a course/module, they must appear before the AAC.
- iv) Failed quizzes are exempt from reassessment; however, these scores will be calculated in the final module grade and could possibly result in failure of a course/module in any semester.
- v) Probation:

- a. Probation will follow the student through the entire academic year, as well as into the clinical year. Once a student is on probation, any further failures of either a module written exam or a mock patient exam will result in a vote for dismissal.
- b. If a student is maintained in the program after the above, and fails another written exam or mock patient exam, the student will be automatically dismissed from the program.
- c. Exceptions to the above include quizzes and pretests. Quizzes and pretests count toward a course or module's overall grade as outlined in the syllabus.
- d. The Graduate School Catalog's policies allow for students to appeal a dismissal. See the Graduate School Catalog for exact details of the process required for petitions and appeals.

**D. Grades:**

- i) The standard Module syllabus grading system is:

A	95-100%	C	69-71.99%
A -	90-94.99%	C -	66-68.99%
B+	85-89.99%	D+	63-65.99%
B	80-84.99%	D	60-62.99%
B -	75-79.99%	D -	57-59.99%
C+	72-74.99%	F	<57%

- ii) All didactic PAS courses will be graded according to the scale shown above.
- iii) The Graduate School requires a 3.0 GPA for the courses listed on the program of study in order for a student to graduate. See the Graduate Catalog for grading requirements.
- iv) Each module must be passed with a 75% final course grade when all graded components are combined.
- v) If the student fails to pass a module the student will need to petition the AAC to remain in the program. The recommendation of the AAC may include the following possible consequences:
  - i. No action
  - ii. Remediation
  - iii. Probation
  - iv. Dismissal from the Program
  - v. Other actions as appropriate to the situation

**E. Grading:**

- i) In general, course grades are determined using the following assessments:
  - d. Quizzes
  - e. Mock patient exam
  - f. 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

- 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. 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. For example, if a pass line is 75%, and a student earns a 74.9, the student has not passed.
    - 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 written test remediation will result in a failing grade for the module.
  - b. Mock patient testing:
    - 1. If mock patient exam tests are done as an individual student, it will account for a maximum of 30% of the final module grade. The final grade for the mock patient exam will be on an exact point basis with 75% or greater for passing. Three components of the module mock patient exam must be passed in order to pass – 1) the history/assessment/plan, 2) the physical exam pass off, and 3) a SOAP note write up and preceptor presentation, all of which are scored independently. The history/assessment/plan will comprise the numerical score.
      - a. A failure of the mock patient exam will require a repeat of the exam as set forth in the guidelines and policies.
    - 2. Mock patient exam tests may be done in groups as assigned. The final grade for the mock patient exam will be pass/fail with passing based on an exact point basis with 75% or greater for passing. The pass or fail will be given to the group. Three components of the module mock patient exam must be passed in order to pass – 1) the history/assessment/plan, 2) the physical exam pass off, and 3) a SOAP note write up and preceptor presentation, all of which are scored independently. The history/assessment/plan will comprise the numerical score.
      - a. A failure of the mock patient exam will require a repeat of the exam as set forth in the guidelines and policies.
  - c. Professional development, behavior and critical thinking:
    - 1) It expected that students should maintain a high level of professionalism and also strive to demonstrate the following:
      - a. Synthesis of material:
        - i. Assimilate material in a workable/useable format that demonstrates understanding and clinical relevance.

- b. Participation both individually and as a team:
    - i. The student should contribute meaningful and constructive comments in class. 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 a motivated approach to learning, participation in class and participation with classmates.
  - f. Cultural sensitivity/competence:
    - i. The student demonstrates respect for cultural issues without bias. The student is willing to learn culture competence.
  - g. Attendance and punctuality:
    - i. The student is expected to be on time for class and demonstrate flexibility to change.
  - h. Clinical judgment and critical thinking:
    - i. The student should demonstrate the ability to think critically, assimilate and integrate material that will allow them to effectively manage patients in a clinical situation.
  - i. Ethics:
    - i. The student will demonstrate an understanding of ethical concepts in dealing with fellow students, faculty and staff and when presented with medical information.
- 2) Satisfactory performance of the above professional development / behavior / critical thinking components is expected. When it becomes evident that a student is struggling with one or more of the expected components the student will be counseled by the module coordinator or a member of the Didactic Year Team about the problem. 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. Remediation may be required. For consequences of professionalism issues see Professionalism section of this Guidelines and Policies.
- 3) 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. Students may desire tutoring during the didactic year. 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 Student Success Center at <https://www.isu.edu/success/>.

## **10. DIDACTIC YEAR CLINICAL EXPERIENCES**

- A. Clinical experiences in diverse settings are frequently arranged during the didactic year.
  - i) Attendance may be voluntary or may be appointed and required,
  - 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 a Program faculty member or approved preceptor. For liability purposes, unassigned (personally arranged) clinical experiences are not covered and are not permitted.
- C. In order to participate in didactic year clinic experiences/service learning the student MUST have their immunizations fully up to date.
- D. Prior to any didactic year clinic experiences/service learning the student MUST have completed the HIPAA training with the PA program.

## **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 maybe prohibited from progressing to the clinical year, remediated, or dismissed from the Program.
  - b. If a student is, or has been placed, on probation the program faculty will determine if the student is ready to enter the clinical year. At the discretion of the program faculty, the student may be held from entering the clinical year until satisfactory remediation is complete.
  - c. Students must meet the behavioral and practice standards of the Idaho State Board of Medicine in order to proceed into the clinical year.
  - d. Have current immunizations as required by ISU and the clinical sites.
  - e. Complete the PACKRAT examination.
  - f. 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.
  - g. Conform to PA code of ethics as listed in Appendix 1.
  - h. Conform to professional behavior guidelines in this document.

- i. 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**

**A. Capstone Assessment I, II, III (PAS 6671, PAS6672, PAS6673):**

Through these three capstone courses, students will demonstrate comprehensive attainment of Program objectives.

- i) In PAS6671, students are required to complete and pass a series of medical case study preparation activities. This course may include other assignments and/or objective examinations.
- ii) In PAS6672, students are required to complete and pass a series of medical case study preparation activities. This course may include other assignments and/or objective examinations. Students must pass an examination in which they will present this medical case, and answer oral questions before a graduate examining committee.
- iii) In PAS6673, students will demonstrate their readiness for clinical practice by completing and passing a series of multiple-choice objective examinations (PAEA End of Rotation Exams and End of Curriculum Exam) and Objective Structured Clinical Examinations (OSCE). Students will also complete the PACKRAT II in this course and attend a PANCE preparation course (location to be determined).

**B. Case Presentation:**

In PAS6672, students will prepare a medical case as determined by Program faculty. The case will be presented by the student to their examining committee. The presentation will be an oral, in-depth, critical analysis and evaluation of this medical case, and will be followed by a series of oral questions from their committee members. Passing this presentation/examination session 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. A schedule of deadlines for all materials will be provided in the course syllabus. All material must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

- i) Examining Committees:

The oral presentation committees will consist of three University faculties. 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 written report (medical documentation)/presentation must be handed in to the chair of the student's examining committee and to the instructor of the course 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) **Medical Case Presentation/Examination:**

This will consist of an in-depth patient oral 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. This portion of the examination is closed to the public.
- 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 are generally not allowed to access written materials, PDAs, charts, or other aids during the oral examination. Specific expectations may be allowed at the discretion of the student's chair.

**C. Comprehensive Examination:**

In PAS6673, PA students will be evaluated to ensure that each student is prepared to enter clinical practice. Student assessment in this course will be summative in nature. Evaluation instruments will incorporate both didactic and clinical components and assess the student's knowledge, interpersonal skills, patient care skills, and professionalism required to enter clinical practice. The comprehensive examination will consist of the PAEA End of Curricular Exam, and Objective Structured Clinical Examinations (OSCE).

**D. Grading for the Capstone Assessment**

- i) The course instructors have the discretion to record letter grades for the course. A passing grade is required to complete each course.
- ii) In the event of a non-passing grade, the course instructor will notify the student of the grade and will provide instructions deemed appropriate by the instructor.
- iii) If a non-passing grade is given, the course instructor may provide the student with additional course completion instructions. These instructions may stipulate the work and timeline required for completing the course.

**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 2017 should refer to the 2017-201 Graduate Catalog.) Graduate Catalogs may be found on the ISU website at <http://coursecat.isu.edu/graduate/>.

**F. Incomplete Grades**

- i) Detailed information regarding Incomplete Grades may be found in the Graduate Catalog for the year the student entered the program. Graduate Catalogs may be found on the ISU website at <http://coursecat.isu.edu/graduate/>.



## 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 a physician assistant 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 and learn from nursing staff, respiratory therapists, lab and x-ray technicians, billing personnel, and any other members of the health care team.

### Clinical Year Guidelines & Policies

Typical Class Schedule		
Fall	Spring	Summer
PAS 6661	PAS 6664	PAS 6667
PAS 6662	PAS 6665	PAS 6668
PAS 6663	PAS 6666	PAS 6673
PAS 6671	PAS 6672	-

### **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. May also include assignments and objective examinations. Graded by letter grades. PREREQ: Successful completion of all PAS Didactic Year Requirements.

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

Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations. Graded by letter grades. PREREQ: Successful completion of all PAS Didactic Year Requirements.

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

Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations. Graded by letter grades. PREREQ: Successful completion of all PAS Didactic Year Requirements.

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

Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations. Graded by letter grades. PREREQ: Successful completion of all PAS Didactic Year Requirements.

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

Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations. Graded by letter grades. PREREQ: Successful completion of all PAS Didactic Year Requirements.

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

Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations. Graded by letter grades. PREREQ: Successful completion of all PAS Didactic Year Requirements.

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

Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations. Graded by letter grades. PREREQ: Successful completion of all PAS Didactic Year Requirements.

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

Supervised clinical practicum in primary care or specialty care in medical practice settings. May also include assignments and objective examinations. Graded by letter grades. PREREQ: Successful completion of all PAS Didactic Year Requirements.

**PAS 6671 Capstone Assessment I - 1 Credit**

Students are required to complete and pass a series of medical case study preparation activities. This course may include other assignments and/or objective examinations.

**PAS 6672 Capstone Assessment II - 2 Credit**

Students are required to complete and pass a series of medical case study preparation activities. This course may include other assignments and/or objective examinations. Students must pass an examination in which they will present this medical case, and answer oral questions before a graduate examining committee.

**PAS 6673 Capstone Assessment III – 1 Credit**

PA students will be evaluated in this third capstone course to ensure that each student is prepared to enter clinical practice. Student assessment in this course will be summative in nature and involve multiple approaches. Evaluation instruments will incorporate both didactic and clinical components and assess the student's knowledge, interpersonal skills, patient care skills, and professionalism. Students are required to pass a series of multiple-choice objective examinations (PAEA End of Rotation Exams and End of Curriculum Exam) and Objective Structured Clinical Examinations (OSCE). Students will also complete the PACKRAT II in this course and attend a PANCE preparation course.

**B. Clinical Rotations I - VIII Overview:**

During the clinical year students will complete rotations in: Internal Medicine, Outpatient Medicine, Obstetrics & Gynecology, Pediatrics, Emergency Medicine, Psychiatry, General 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:**

Because of the dynamics of medical practices it may be necessary to change any rotation at any time during the clinical year. It is the policy of the PA Program that once confirmed, a rotation will not be changed unless there are extreme and unforeseen circumstances. Any request to change a rotation must be done by email to the entire clinical year 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 role of the Clinical Year Team is to establish and maintain clinical rotation sites for students. Clinical sites are located throughout the United States, however, the majority of sites are located in the Pacific Northwest. The team will consider

new sites in other states based on program needs. Typically in order for the team to consider a new site, it would have to be a rotation type that is difficult to find or the site would be agreeable to precept multiple any students.

- 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. If the site is acceptable the team will facilitate the development and confirmation of that site.
- iii) The Team reserves the right to deny a clinical site request if the site does not meet qualifications 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 as assigned by the team.

**E. Sites Personally Arranged by Students:**

Students **may not** contact any preceptor or arrange any rotation without the express verbal consent of 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 would be grounds for disciplinary action including 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 to be worn in any clinical setting or professional setting during the clinical year.
  - 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 or shower daily using a mildly scented cleanser.
  - 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.
- i. Tattoos must not be visible.

#### **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 or any member of the clinical year team.
- 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. (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.)

**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, following guidelines and forms provided by the clinical site.
- iii) Regardless of how minor or insignificant an incident may appear at the time, it is essential that it be reported immediately to clinic personnel and the Clinical Year Team.
- iv) See Appendix B for information on Needlestick reporting.

**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. HOUSING REIMBURSEMENT POLICY:**

- i) In the event that a clinical rotation is cancelled by a preceptor or organization assigned by the clinical year team, the clinical year team will notify the student as soon as the cancellation is known. If the student is notified by the site or preceptor, they must immediately contact the clinical year team.
- ii) The student must contact any entities where monies for housing have been promised and ask if a refund is possible.
  - a. If a refund is not possible, student must send receipt(s) to clinical team for review.
    - 1. Clinical team will review receipts for potential reimbursement. Only the individual student’s expense will be considered. For example, cost for spouse, pets, etc. will not be considered.
    - 2. Reimbursement up to \$800.00 USD or less.
    - 3. Final reimbursement to be approved by PA Program Director.

**16. CLINICAL YEAR ATTENDANCE**

**A. Clinical Rotation and Meeting Attendance:**

- i) In general, scheduled time-off is not allowed during the clinical year.
- ii) There are absences that are unavoidable due to illness or death in the family.
- iii) If the student is on a clinical rotation, the preceptor must be notified by the student prior to the student’s scheduled start time. The student’s Clinical Contact must be

- notified by 10 AM for any absence during the clinical year. If the student is unable to reach their Clinical Contact, they must contact another member of the Clinical Year Team and notify them of the absence.
- iv) Failure to report an absence will result in a meeting with the Clinical Year Team and possible written warning.
  - v) All absences will be reviewed by the Clinical Year Team. Make-up days will be assigned as deemed appropriate.
  - vi) Attendance during clinical rotations as well as at mandatory meetings is required to successfully pass clinical year.

**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.

**17. CLINICAL YEAR ACADEMIC STANDARDS**

**A. Grading Criteria for Clinical Rotation Courses I – VIII:**

A	95-100
A-	90-94.99
B+	85-89.99
B	80-84.99
B-	75-79.99
Failure	Below 75

- i) Each required rotation, with the exception of the elective rotation, will include the following graded components: a preceptor evaluation, a reflective paper, case logs, and the end of rotation exam. The elective rotation is graded on the following components: a reflective paper, case logs, and a preceptor evaluation, less the end of rotation exam. The final combined percentage must be 75% or greater to successfully pass a rotation course. The Clinical Year Team reserves the right to assign the final grade.
- ii) 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 a “Failing” grade;
  - b. Requirement for student to repeat a clinical rotation; or
  - c. Referral to the Academic Affairs Committee.
- iii) Please refer to the Clinical Year syllabi for further details regarding points and remediation.

**18. CLINICAL YEAR EVALUATIONS**

**A. Evaluations**

- i) Preceptor’s Evaluation of the Student:

- a. A final evaluation needs to be on file for each student for each clinical rotation. If the final evaluation is not received from the preceptor, the Clinical Year Team will contact the preceptor and access a final grade.
- 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) Evaluation of the Clinical Site:
  - a. Periodic site visits will be conducted by instructors as part of the site evaluation.
- iii) Student Evaluations of Site:
  - a. Students will have the opportunity to evaluate preceptors and clinical sites at the completion of each rotation. These evaluations cannot be viewed by preceptors but will be reviewed by the Clinical Year Team periodically and on an as-needed basis.
- iv) Student Evaluations of the Clinical Year:
  - a. Students will also be given the opportunity to evaluate the clinical year instructors.

## **19. PROGRESSION FROM CLINICAL YEAR TO GRADUATION**

In order to graduate, each student must meet the following criteria:

- i) 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, and 6673 Capstone Assessment courses (see related Section 12).



## INFORMATION FOR PRECEPTORS

### 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.
- 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 from August to August of the following year. Individual rotations vary in length from 4-5 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. 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 and their birthdate 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 Rotation Acquisition Process:**

- 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) A member of the Clinical Year Team 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 numbers of 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:**

Provided below 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, Internal Medicine, Surgery, Emergency Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry, and electives. While on these rotations the student learns the fundamentals of PA and medical 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 follow current CMS guidelines (see Preceptor Handbook).

- 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 (Adopted 2000, amended 2004, 2006, 2007, 2008, reaffirmed 2013)

#### **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 Guidelines for Ethical Conduct for the Physician Assistant Profession 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, etc.). 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 understands 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, and/or clinical rotation, including contaminated needle stick or sharp injury; mucous membrane/non-intact skin exposure to blood, blood-containing body fluids, or non-blood body fluids.

- i. Student should present to Pocatello Family Medicine at 465 Memorial Drive, Pocatello, 83201, or ISU Health Center at 990 Cesar Chavez Avenue, Pocatello, 83209 (ISU's Preferred Providers), if the exposure incident occurs on or near the Pocatello campus. No appointment necessary.
- ii. Student should present to Unity Health Center at 745 S. Progress Avenue, Meridian, 83642, if the exposure incident occurs on or near the Meridian campus. No appointment necessary.
- iii. If the exposure incident occurs after hours or is not near the Pocatello or Meridian campuses, student should seek treatment at the clinic/hospital of their choice.
- iv. Note: Be sure to notify provider/clinic/hospital, regardless of location, that this is an occupational injury.
- v. Refer to the CDC Guidelines and Recommendations for Occupational Exposure found at: <https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>. Note: These recommendations supersede all other recommendations.
- vi. 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 the above).
  5. Follow the site/facility policy for injury/incident reporting.
  6. **DO NOT GIVE YOUR PERSONAL INSURANCE FOR BILLING.**  
Give them the following:  
STATE INSURANCE FUND  
P.O. Box 83720  
Boise, ID 83720  
If you have out-of-pocket expenses such as prescriptions or other expenses, 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. You **MUST** speak to someone.
  8. Contact ISU Risk Management at (208) 282-5741 as soon as possible (within 24 hours if possible). Note: During business hours only.
  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 will complete Supervisor's Accident Investigation and Report Form found in the main office of all campuses. The White Copy goes to Risk Management (MS 8410 in Pocatello); the Yellow Copy goes in the student's 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.

**Reviewed: June 2019**

## **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**

Although Medicare revised and relaxed its policy in 2018, it is limited to medical students and Physician preceptors only. PA students are still limited to the following:

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.

The Center for Medicare and Medicaid Services (CMS) provides the rules regarding student documentation: <https://www.cms.gov/Medicare/Medicare.html>

## **Appendix D: Competencies for the Physician Assistant Profession**

### ***Preamble***

Between 2003-2004, the National Commission on Certification of Physician Assistants (NCCPA) led an effort with three other national PA organizations (Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA), and Physician Assistant Education Association (PAEA) -- formerly Association of Physician Assistant Programs (APAP)) to define PA competencies in response to similar efforts conducted within other health care professions and the growing demand for accountability and assessment in clinical practice. The resultant document, *Competencies for the Physician Assistant Profession*, provided a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession.

In 2011, representatives from the same four national PA organizations convened to review and revise the document. The revised manuscript was then reviewed and approved by the leadership of three of the four organizations in 2012; the AAPA House of Delegates will consider the new version in 2013.

### ***Introduction***

This document serves as a map for the individual PA, the physician-PA team, and organizations committed to promoting the development and maintenance of professional competencies among physician assistants. While some competencies will be acquired during formal PA education, others will be developed and mastered as physician assistants progress through their careers. The PA profession defines the specific knowledge, skills, attitudes, and educational experiences requisite for physician assistants to acquire and demonstrate these competencies.

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, and systems-based practice.

Patient-centered, physician assistant practice reflects a number of overarching themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning, and professional growth. Furthermore, the profession's dedication to the physician-physician assistant team benefits patients and the larger community.

### ***Physician Assistant Competencies***

#### **Medical Knowledge**

Medical knowledge includes the synthesis 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 investigative and analytic thinking approach to clinical situations. Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

- evidence-based medicine
- scientific principles related to patient care
- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

### **Interpersonal & Communications Skills**

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective communication skills to elicit and provide information
- adapt communication style and messages to the context of the interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

### **Patient Care**

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system. Physician assistants are expected to:

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- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

## **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 acknowledge 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
- 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 abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

## **Practice-based Learning & Improvement**

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self- and practice-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
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal 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 balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve

the health care system of which their practices are a part. Physician assistants are expected to:

- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- 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 and effectiveness 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 effective, efficient patient care
- recognize and appropriately address system biases that contribute to health care disparities
- apply the concepts of population health to patient care

**Adopted 2012 by ARC-PA, NCCPA, and PAEA**

**Pending adoption by AAPA**